

FILLING THE FIREHOUSE

How emergency services are adapting to declines in volunteers and growth in 911 calls

Across Wisconsin, declining volunteer fire and EMS staffing and rising call volumes have pushed many communities toward the greater use of paid personnel. As local governments work to maintain service levels and address growing costs, this brief reviews years of Forum research on service sharing and consolidation to highlight key benefits, challenges, and options for moving forward.

Volunteer fire departments in the state have lost over 930 positions since 2020, a Wisconsin Policy Forum review of state data shows. This loss has prompted responses that include the addition of 488 full- and part-time paid fire department positions across the state – a 10.4% increase – as well as decisions by local leaders to pursue partnerships with neighboring departments and outside contracts in order to maintain emergency services.

The Forum has studied 84 fire and emergency medical services (EMS) providers across Wisconsin as part of 18 distinct service sharing studies since 2012 (see Figure 1). Those studies generally consider whether greater collaboration or consolidation across neighboring

departments would address service challenges in a more effective manner than if individual departments acted alone. While controlling costs over the long term is often an outcome of such inquiries, maintaining or improving service levels is always the primary goal of these analyses. For smaller communities, service sharing or consolidation may be an opportunity to secure full-time emergency service personnel for a price tag that would not otherwise be affordable. For larger communities facing service expansion demands, the opportunity may lie in spreading the higher level of service across a broader geographic area.

This brief acts as a summary of, and update to, our past service-sharing work. We hope it will assist communities considering service sharing options and financing mechanisms as they look to the future. We first examine the current fire and EMS landscape, sharing key points about its features and challenges, and then offer insights informed by our past work.

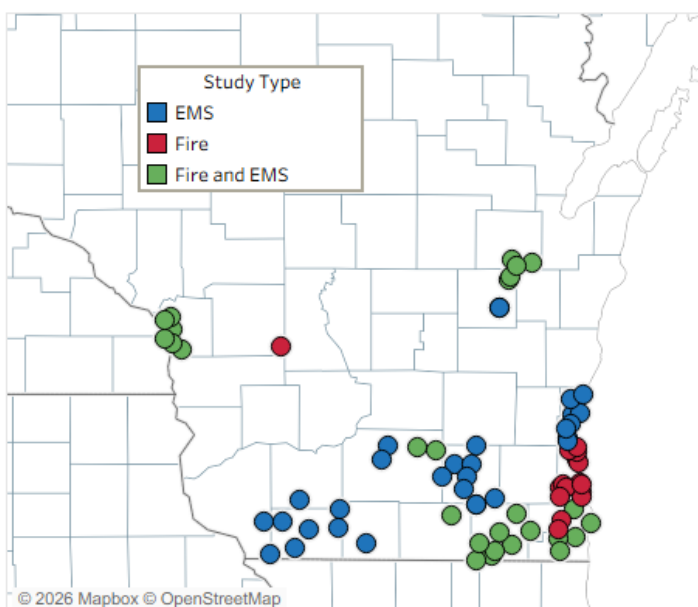
Given that fire and EMS services are regulated separately, this analysis uses Wisconsin Department of Health Services data to describe EMS service levels and locations, and Wisconsin Department of Safety and Professional Services data to assess staffing patterns, recognizing that the majority of departments are represented in both datasets.

ADVANCED EMS SERVICES ARE UNEVENLY DISTRIBUTED

Emergency response capabilities vary substantially across Wisconsin due to differences in EMS licensing levels, staffing models, governance structures, geography, and infrastructure. As of December 2025, 732 EMS agencies were registered with the Wisconsin

Fig 1: WPF Explores Fire & EMS Service Sharing Statewide

Shared services studies, 2012-2025; dots represent individual departments studied



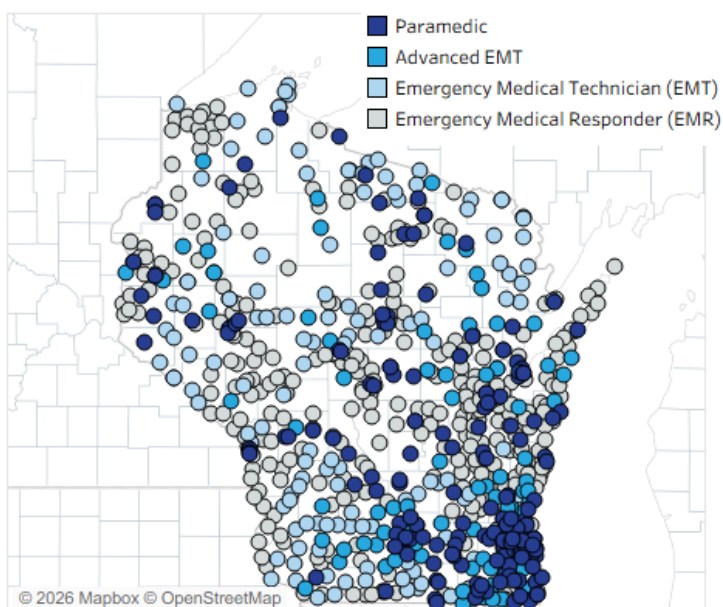
Department of Health Services. These included standalone EMS agencies or combined fire and EMS departments. Services may be operated by municipalities, counties, or private companies.

Figure 2 shows the location of all EMS and fire agencies in Wisconsin, which are color-coded according to their license level, meaning the level of care they are permitted to offer. Perhaps unsurprisingly, the majority of services that offer advanced life support services – which are registered at the paramedic or advanced emergency medical technician (AEMT) levels – are located in southeastern and south-central Wisconsin, which is home to six of the state’s 10 most populated counties (Milwaukee, Dane, Waukesha, Racine, Kenosha, and Rock). Thirteen counties in the state have no department with advanced life support service capabilities, which means that patients with more life-threatening conditions are stabilized to the extent possible by a responding department but must otherwise wait to receive needed treatment until they arrive at the nearest hospital or until an ambulance licensed at a higher level arrives.

As shown in Figure 3 on the next page, the majority (65%) of EMS agencies in Wisconsin are licensed at the Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) levels, at 335 and 141 agencies respectively. These departments are typically staffed by volunteers and provide a basic level of care,

Fig. 2: Most Higher Licensed EMS Agencies Located in SEWI

EMS agencies by location and license level, 2025



Source: Wisconsin Department of Health Services

TYPES OF EMS LICENSING

EMS personnel and agencies are licensed for the level of care they are permitted to perform. These levels are described below in order from most basic to most complex.

Emergency Medical Responder (EMR): Provides basic interventions with minimal equipment. These personnel stabilize patients while awaiting an ambulance with higher-level personnel.

Emergency Medical Technician Basic (EMT-B): Provides basic emergency medical care and transportation of critical and emergent patients. Interventions are performed with basic equipment typically found on an ambulance.

Advanced Emergency Medical Technician (AEMT): An individual licensed to provide basic and limited advanced emergency medical care, as well as transportation of critical and emergent patients. Interventions are performed under medical oversight, with equipment typically found on an ambulance.

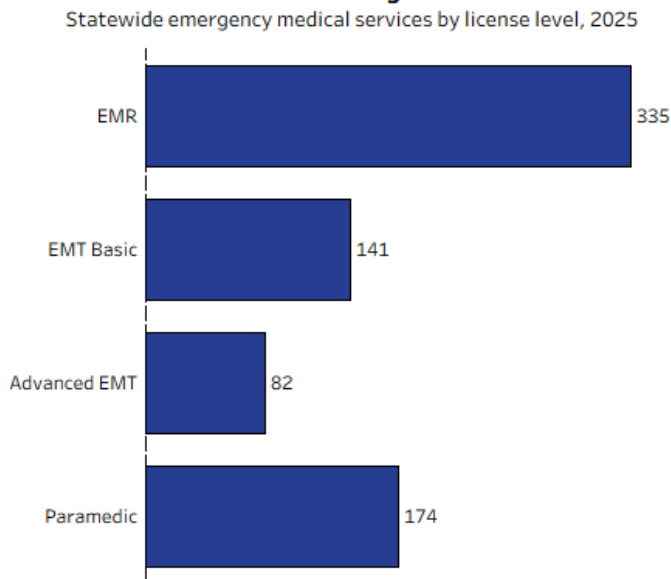
Paramedic: Provides advanced emergency medical care for critical and emergent patients. Interventions often require complex knowledge and skills, are performed under medical oversight, and use equipment typically found on an ambulance.

For an agency to meet its licensing requirement, at least one crew member on every ambulance must possess a personal license that meets or exceeds the license level of the agency. In some cases, an agency will carry a license that allows them to guarantee a certain level of care but also “flex up” to a higher service level when a staff member with a more advanced license is on a crew.

as described in the blue callout box. Although EMR agencies cannot transport a patient in an ambulance, they are a critical component of emergency services in many parts of the state, as they are often fire departments that arrive first at a scene and can stabilize a patient while waiting for professionals trained at a higher level to arrive.

At the highest end of the licensing spectrum are the 174 departments (23.8%) that provide paramedic services, of which 68 have a critical care endorsement that authorizes the transport of critically ill or injured patients between facilities. These are followed by 82 departments licensed at the AEMT level (10.7%).

Fig. 3: Emergency Medical Responders Comprise Nearly Half of EMS Agencies



Source: Wisconsin Department of Health Services

While EMS licensing levels are one indicator of emergency response capability, service quality and patient outcomes also depend on factors such as staffing models, governance arrangements, geography, infrastructure and equipment, and administrative capacity. Fire services, for example, differ in response times as well as response capacity due to variations in the availability of fire hydrants and personnel. For major fires, all but the largest departments rely on neighboring departments to respond to the scene in order to provide sufficient water supply and firefighting personnel. Services that rely primarily on volunteers may have longer response times given that volunteers are typically not on site at the station when a call for service is dispatched.

Larger departments often benefit from more administrative and leadership capacity compared with volunteer departments in which officers may receive only modest stipends and have limited administrative support. The latter's limits can constrain their capacity to collect and analyze data in support of service improvements or to pursue longer-range planning activities.

DECLINING VOLUNTEER LEVELS STRAIN EMERGENCY RESPONSE CAPACITY

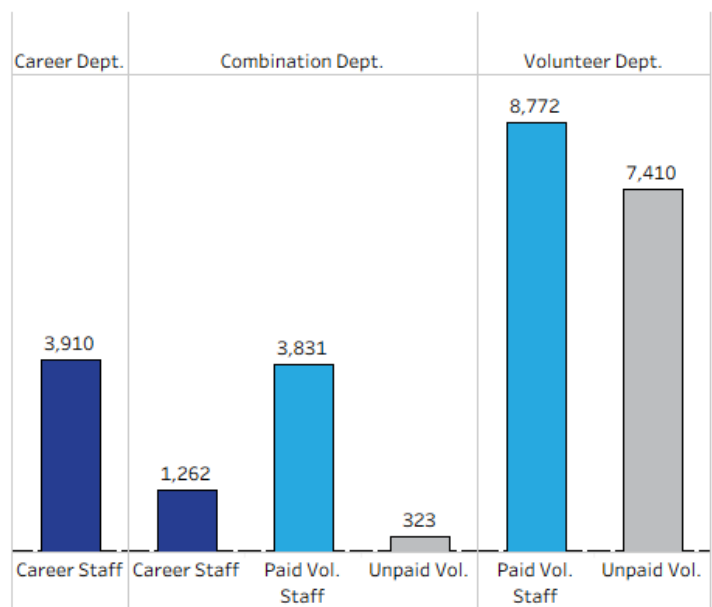
Data provided by the Wisconsin Department of Safety and Professional Services show that fire departments in

the state – the majority of which provide some level of EMS care – operate under one of three models. Those models are: career departments, which are staffed by full-time staff at all hours; volunteer departments; or combination departments, which may have a mix of full- and part-time staff scheduled on shifts, and are sometimes supplemented by volunteers. The prevalence of volunteer departments in Wisconsin is particularly high. According to [data](#) from the U.S. Fire Administration, as of June 2026, 92.5% of the 762 fire departments registered in Wisconsin are volunteer or mostly volunteer – the 14th highest rate in the country.

As of April 2026, the vast majority (63%) of fire personnel in Wisconsin served in volunteer departments (see Figure 4), of which there are 618 in the state. Of those personnel, approximately 8,770 were paid volunteers, and 7,410 were unpaid. Meanwhile, 129 combination departments housed just over 1,260 full- or part-time career staff, 3,830 paid volunteers, and 320 unpaid volunteers. Career departments employed 3,910 full-time staff across 44 departments.

Volunteer positions may be paid or unpaid. Paid volunteers typically receive a small stipend that accrues either per call or hourly while on a call. In some cases, small hourly stipends are also offered when someone commits to being available with a pager for a shift. Though less common, some volunteers are paid an hourly rate to be available on premise at the station.

Figure 4: Fire Departments Heavily Reliant on Volunteers
Comparison of fire/EMS staff by department type, 2026



Source: Wisconsin Department of Safety and Professional Services



Stipends may also be offered for certain tasks such as trainings or events.

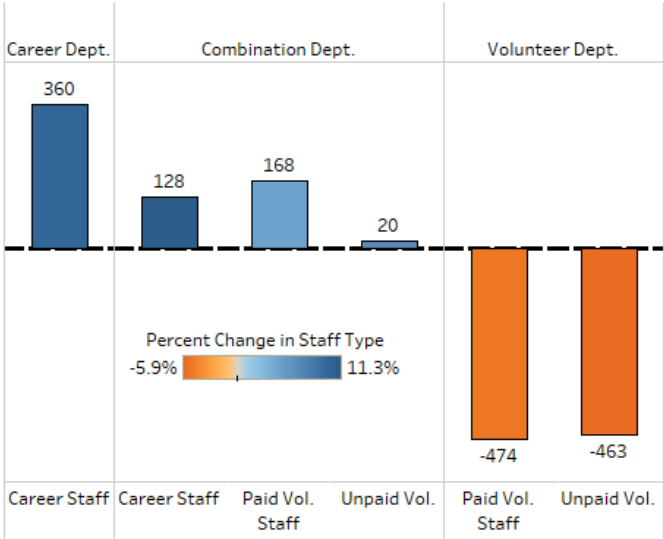
Since 2020, as described in our last brief on the subject – [In Need of Resuscitation?](#) – volunteer department rosters have fallen by 474 paid and 463 unpaid positions (a 5% decrease for each), as shown in Figure 5. Meanwhile, combination departments have increased their staffing by 128 full- or part-time positions (11%) and 168 paid volunteer positions (5%). Career departments have grown by 360 career firefighters (10%).

These staffing shifts are often in response to the loss of volunteers, though they can also be prompted by population growth or call volume increases. In some cases, they are the result of community risk reduction initiatives, which may involve hiring specialized personnel like fire inspectors, public education officials, community risk reduction officers, or hybrid firefighters/inspectors to mitigate emergencies and ensure department leadership’s capacity to manage complex administrative tasks while also being available to respond to emergency calls when needed. However, volunteer rosters often fall further once a staffing model is adjusted, as some are incorporated into part- or full-time positions and others are no longer needed. Even in cases where a mix of salaried staff and volunteers is desired, it is not uncommon for some volunteers to choose to depart anyway. At times, those additional departures can result in the need to hire more career staff than originally planned.

The true status of volunteer fire departments remains somewhat difficult to ascertain, as rosters may appear healthy on paper – often with anywhere from 20 to 40 volunteers. However, sometimes only a portion of the personnel are active. A 2023 [EMS Reliability](#) report by the Wisconsin Office of Rural Health points to this strain. Of the volunteer departments that responded to the survey, 62% of volunteer agencies reported relying on six or fewer staff to cover 80% or more of their calls, and 63% reported having periods when they did not have adequate staffing to provide an ambulance response. Across all 216 agencies surveyed by the Office of Rural Health, including career and combination departments, 78% had responded in the last 12 months to another agency’s request for mutual aid due to a lack of staffing at the first agency.

Age can be another factor that causes staffing turnover. It is not uncommon for firefighters to begin retiring in

Figure 5: Career and Combination Departments Grow, Volunteer Depts. Shrink
Changes in Wisconsin fire and EMS staff by department type, 2020-2026



Source: Wisconsin Department of Safety and Professional Services

their 50s, often as a result of the physical demands of the job. For career departments, pension structures may require firefighters to retire earlier than those in general government positions. Underlying survey data for the 2025 [Reliability of Wisconsin’s Fire Service](#) report by the Wisconsin Office of Rural Health indicates that 26% of the personnel across 417 rural, small urban, and urban departments are between the ages of 46 and 60, and a further 10% are age 61 or older. This means that in a given year, over one-third of firefighter positions in the state are at risk of becoming vacant.

These data bear out the message that fire chiefs and medical directors have been sharing for years – namely, that the volunteer service model that largely defined emergency responses for over a century is struggling in many places and in some, has begun to fail. As volunteers have retired, become less active, or left service altogether, departments have struggled or found themselves unable to maintain the staffing needed to respond to calls twenty-four hours a day.

Mutual aid is intended to support local agencies on occasion when they cannot respond to a call within their service area. In interviews with the Forum, however, department heads have increasingly pointed to mutual aid as a crutch that is propping up a neighboring department’s operating model, rather than acting as the occasional support service for which it was originally intended.



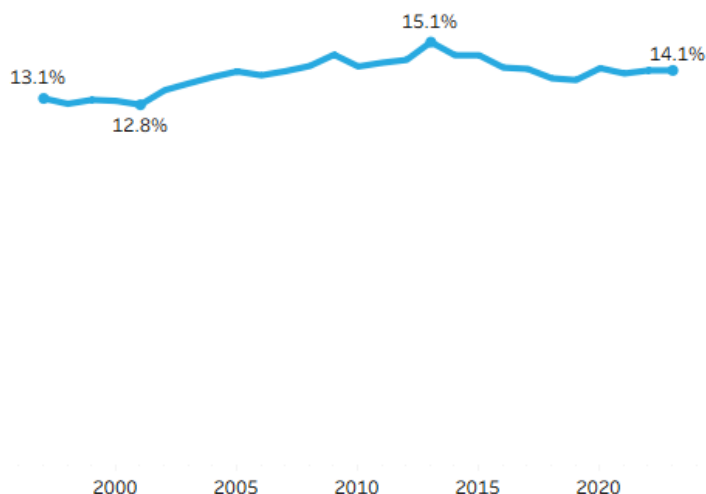
For example, one department in Walworth County reported that it had provided mutual aid to its neighboring communities 186 times in 2024, not counting another 151 instances of aid to a community with which the department was consolidating. In these types of circumstances, reliance on mutual aid often becomes an undue burden on the department providing it, as it strains resources and makes personnel and equipment unavailable for calls within their service area for a number of hours.

For volunteer departments in particular, providing heightened levels of mutual aid calls can become part of a vicious cycle of burnout and volunteer loss, as a limited number of personnel may already be carrying an outsized share of emergency calls for their own departments. Additionally, mutual aid has not always served as the intended backstop in recent years. The 2023 EMS Reliability report found that 10 agencies reported at least one emergency call in the previous year for which no ambulance responded because no staff were available.

Shifting to a part-time or full-time paid staffing model, especially at rural departments, presents an opportunity to not only maintain the existence of emergency services, but also to increase the quality of service by ensuring that at least one staff member with higher EMS licensing is available at all times.

Figure 6: Local Spending on Fire and Ambulance Services Peaked in 2014

Municipal fire and ambulance spending as % of operating and capital costs, 1997-2023



Source: Municipal Financial Reports submitted to the Wisconsin Department of Revenue

SPENDING STABLE DESPITE OPERATIONAL CHALLENGES

An analysis of local spending on fire and ambulance services offers additional context into the scale of fire and EMS emergency responses on a statewide level. As shown in Figure 6, these services represented between 12.8% and 15.1% of total municipal operating and capital spending statewide each year from 1997 to 2023. By 2023, which is the most recent year of available data from the Wisconsin Department of Revenue, fire and ambulance expenditures made up 14.1% of total spending at a cost of \$1.1 billion, compared to 12.8% or \$457 million in 1997.

This relatively steady share of overall municipal spending over time suggests that structural changes in fire and EMS service delivery – including shifts away from volunteer reliance – have been gradual, even as concerns about service capacity have increased. This slow pace of change is consistent with limited local revenue growth options, which constrain the ability of municipalities to finance increased staffing. Even so, as workforce pressures continue and more departments shift toward combination or career staffing models, these dynamics are likely to place upward pressure on local fire and EMS expenditures over time.

COMMON CHALLENGES

Across our growing body of service sharing research, a number of common challenges have emerged that affect agencies across the state.

Staff recruitment and retention can be difficult, regardless of the type of department or staffing model. Competition from neighboring departments with higher compensation can be fierce. The nature of the job can be a particular barrier to volunteer recruitment and retention given the job's unpredictable hours, growing call volumes, high training costs, intense stress, emotional exhaustion, and competing responsibilities across work and personal commitments. For combination departments, strong leadership that can retain a mix of volunteer and career staff can be critical in ensuring the combination model is successful.

Financing ambulance and heavy fire apparatus replacements, such as engines and trucks, can be prohibitive due to dwindling reserves, higher interest rates, and significant inflation in the cost of those



vehicles. For example, a fire engine that cost \$900,000 ten years ago might cost over \$2 million today.

Financing a shift to paid staff or increased staffing can be difficult, as local governments face strict revenue constraints under Wisconsin state law. Many departments that wish to add part-time or full-time staff turn to local voters via a referendum request to exceed levy limits, with varying degrees of success. For example, as we noted in an [April 2024](#) brief, voters in six municipalities in Ozaukee County approved referendum requests on spring 2024 ballots to raise property taxes to hire and retain emergency services staff, authorizing a total of up to \$5.2 million in new property taxes.

However, property tax referenda for municipalities and counties have been less successful than those for school districts. As we [noted in an April 2026 brief](#), only three of the nine spring referenda by municipalities and counties to exceed state levy limits succeeded. The city of Wausau referendum to exceed its limit to retain firefighter-paramedic positions succeeded narrowly, while the city of Sun Prairie referendum to maintain police and fire services and increase staffing failed.

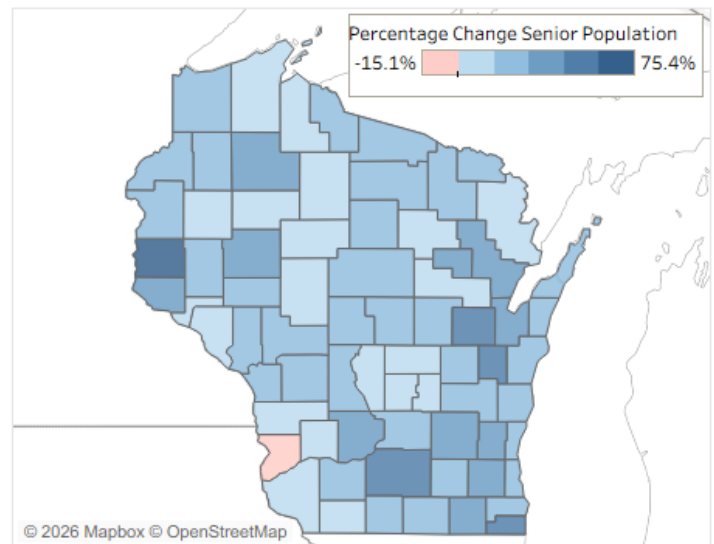
Rural department response times can vary widely. While many calls receive a response in the 10- to 12-minute range, some can take as long as 30 minutes or more, depending on the location of an incident, how long it takes for volunteers to arrive at a station before getting an ambulance on the road, and whether mutual aid ends up responding from a department further away. By contrast, urban departments with career staff have more predictable response times that can take as little as four to six minutes.

Increased difficulty in providing mutual aid when requested. Fire departments are almost always part of an interconnected, regional Mutual Aid Box Alarm System, which dictates how resources are deployed within regions for major fire and EMS incidents. On a smaller scale, most departments also provide mutual aid to neighboring departments, as discussed earlier. Yet, due to the combined forces of staffing struggles and increasing mutual aid requests, chiefs increasingly report needing to refuse these requests for aid, which forces dispatch operators to reach out to departments even further away.

Increased costs due to rising call volumes and inflation. Population projections from the Wisconsin Department

Figure 7: Senior Population Growth Will Likely Increase EMS Requests

Estimated population change by county for seniors age 65 and older, 2020 to 2040



Source: Wisconsin Department of Administration

of Administration indicate that Wisconsin's population will be relatively steady through the next decade, declining by 1% by 2040 (about 52,000 people). Yet, the senior population – which is the population most likely to request EMS services – is projected to grow by 28.5%, or 302,000 people, within that same time period. This suggests that EMS usage will continue to grow rapidly for the foreseeable future even as the overall population available to deliver and pay for these services modestly contracts.

As shown in Figure 7, 51 of Wisconsin's 72 counties are projected to increase their populations of people age 65 and older by at least 15% by 2040, compared to 2020. In nine counties – Dane, Waukesha, Milwaukee, Brown, Outagamie, Kenosha, Washington, St. Croix, and Racine – that growth would exceed 10,000 additional senior residents for each county. The largest increases on a numerical basis would be in Dane County (approximately 39,300 seniors), Waukesha County (25,100), and Milwaukee County (21,000).

Separately, from 2020 to 2025, the U.S. Bureau of Labor Statistics Consumer Price Index increased by 24.4% across all goods and services. The costs of labor-intensive services such as EMS grew by more than that. While EMS services recover a portion of their costs through private insurance, Medicaid and Medicare reimbursements, and patient billing, these revenues often do not fully cover operating expenses. The

remaining costs must be subsidized through property taxes or other local government revenues, creating additional pressure on municipal budgets already constrained by state limits that have capped overall spending and revenue growth at lower levels.

COMMON RECOMMENDATIONS

To address the challenges outlined above, Forum studies typically conclude with a range of options for departments and local governments to consider. These options vary in the level of commitment of time and resources they would require, in recognition that successful collaboration on smaller items can grow relationships between departments and help form a pathway to more intensive service sharing or consolidation efforts. Some common recommendations include:

- Share reserve ambulances or heavy fire apparatus, provided that doing so would not negatively impact operational readiness. In addition, certain stations between departments could be shared so that resources are closer to parts of the agencies' respective service areas.
- Consolidate dispatch centers or create unified dispatch protocols in order to resolve variations in call data management and improve response times.
- Consolidate medical direction for prehospital clinical and administrative oversight to one regional physician, or create unified medical direction protocols.
- Reduce calls, especially from frequent EMS users. One option is to pursue community paramedicine, a practice in which paramedics proactively provide services or medical guidance in a patients' home, often targeting individuals with chronic health conditions who frequently call 911. This proactive work can reduce call volumes because individuals receive care before they require an emergency response. Another possible step is to implement charges for frequent lift assists at nursing homes or other institutions.
- In cases where consolidating into a single, regional department is not an immediate possibility, phase in consolidation by starting with two or three neighboring departments.
- Seek low-hanging fruit such as partnering on community risk reduction activities like fire

code inspections and enforcement and community education; joint procurement of fire and EMS supplies and equipment; cross-credentialing for paid on-call and volunteer staff; creating agreements that clarify the terms of mutual aid; and creating "closest unit response" agreements to improve response times for patients. These partnerships can pave the way for larger service sharing or consolidation opportunities.

COMMON BARRIERS TO CHANGE

Our research has also flagged challenges that often impede departments or community leaders' efforts to pursue service sharing with their neighbors. Awareness of these barriers may help during their planning processes. They include the following:

- Lack of good data across jurisdictions can make it difficult to consider or plan with clarity.
- Multiple dispatch centers run by different governments in a region can prevent seamless coordination across departments or slow response times and resource sharing. These limitations can be due in part to differing protocols or incompatible software and hardware systems.
- Fragmented or inadequate medical direction can hamper mutual aid, discourage the sharing of staff, and create confusion at a scene when paramedics from different departments are operating under different protocols or training.
- Absence of a single coordinator charged with stewarding forward movement can cause efforts to fall to the wayside when major decision points or inevitable hurdles emerge.
- Unwillingness to lose local control, either on the part of agency heads, local politicians, or both can slow or impede exploratory conversations or negotiations.
- Political or personal tension between localities, which may predate service sharing discussions or be a factor in disagreements between neighboring fire chiefs, can hinder discussions.
- Conflict over what would be an appropriate cost-sharing formula for any proposed service sharing activities can prevent parties from reaching an agreement.



FINANCING MECHANISMS AND POLICY INSIGHTS

Beyond the barriers listed in the prior section, financing is the most widespread and prevalent obstacle for local governments that wish to adjust their fire and EMS staffing model or transfer their services to another provider. They may receive additional revenue from the recent increase in state aid to local governments, from a levy limit exemption for county-run EMS services, or from annual levy increases available to fire districts and joint fire departments, which are capped by the rate of inflation as determined by changes in the Consumer Price Index, plus two percent.

In addition, the Innovation Planning Grant and Innovation Grant programs through the Wisconsin Department of Revenue are an opportunity to receive funding for planning or implementation support in transferring certain services, including fire and EMS, to another government or nonprofit entity. In total, there were 50 applications for 2024 Innovation Planning Grant funds on behalf of fire or EMS services, totaling \$2.45 million. Of those, 39 (75%) were approved, for a total of \$1.84 million state funds distributed. Applications for the 2025 Innovation Grants were in the review phase as of this report's publication.

While Wisconsin legislators have given the topics of municipal funding and emergency service funding greater attention in recent years, as evidenced by increases to state shared aid and the availability of the innovation grants, opportunities to support emergency services remain. These include:

- Allow part-time fire and EMS workers to join state healthcare or retirement plans, which could support recruitment and retention efforts.
- Incentivize the career pipeline through grants or loans that help individuals pay for EMS and fire education and licensing costs. A more ambitious version of this option would create a service corps that offers free or reduced college tuition, housing, or a stipend in exchange for service.
- Increase Medicaid reimbursements for ambulance transports from 77.56% to 100% of the Medicare rate. Though it would be costly for the state, it could draw additional federal matching funds and the additional revenues could help local departments offer more competitive compensation.

- Provide state reimbursement for the full cost of non-transport ambulance services. Effective January 1, 2027, the reimbursement rate will rise from \$69 to \$175, though that amount does not cover the full cost of non-transport ambulance services, which can range from \$800 to \$3,000 depending on whether a volunteer or career department provides the service.
- Offer state reimbursement for community paramedicine to lower call volumes by encouraging preventive care.
- Offer modest financial incentives for employers that allow their staff to leave during work hours to respond to emergency calls.
- Allow cities, villages, and towns more flexibility in revenue and expenditure restraint limits for critical public health services such as fire and EMS. This could be similar to the current exemption for counties that provide emergency medical services.
- Allow counties to establish a countywide fire response service that can exceed levy limits without getting approval from voters through a referendum, similar to provisions currently available under state statute for county-run EMS services.
- Create a licensing system that allows for tiered ambulance responses, as recommended by the National Association of Emergency Medical Technicians in its 2025 brief [Rethinking Emergency Medical Services](#). The report suggests that low acuity calls be staffed by lower-level EMS professionals rather than requiring an AEMT or paramedic licensed individual on board for all calls, and that doing so would both preserve advance life service clinicians for high acuity calls and increase opportunities for those personnel to perform their advanced skills on actual patients.
- Establish a formal role for counties or regional entities in governing and setting protocols or standards. These entities could also be responsible for provider education, public education, critical incident review, resource coordination, data gathering and analysis, and ensuring coherent medical direction or dispatch systems across all emergency services touchpoints. Detail on how the states of California, Ohio, Minnesota, and Washington



provide these regional services can be found in our [2021 brief](#). State financial assistance to ensure the provision of these regional services would likely be needed.

PRINCIPLES FOR ASSESSING OPPORTUNITIES

When localities determine that changes to their fire and EMS service model are necessary to ensure stable or improved services over the long term, service sharing or consolidation can often be a means of attaining those goals at a more cost-efficient rate than pursuing changes on their own.

For example, if a volunteer department wished to, on its own, incrementally shift its staffing to full-time positions, it might begin by creating one full-time position per shift while continuing to use volunteers to complete responder crews. That would create four new positions: three to cover the three shifts in a 24-hour period, and a fourth to account for gaps caused by sick leave and vacation. In this scenario, the four new positions could easily cost the department over \$300,000, assuming combined salary and benefits of \$83,000 for a firefighter licensed at the AEMT level.

If the same department instead approached this shift to full-time positions while sharing staffing or consolidating with a neighboring department, it would incur a smaller share of the increased costs than if it pursued the staffing changes alone. Assuming a 50-50 split, the partnering municipalities would each experience an immediate budget expense of \$150,000, but the savings would also be \$150,000 at the outset and would grow to over \$1.5 million over 10 years before factoring in inflation.

Not all partners in a collaboration would always see immediate savings. Indeed, some places may find that the costs for their share of an agreement are higher than they had been under the old model. Still, officials often find that the long-range cost savings outweigh the pain of cost increases in the near term.

To help identify whether service sharing is a possibility that can be reasonably considered, the following questions warrant consideration:

- Would the partnership make the local governments more efficient or effective in their work?

- Would it make more efficient use of duplicative assets or staff?
- Would either community need to incur unplanned costs?
- How strong is the current working relationship between the neighboring agencies?
- How similar are spending and service levels between the two (or more) communities?
- Does the distance between the two (or more) communities allow for the desired response times to be met?
- Are there functions that are less dependent on geography and speed that could be considered for partnership, such as back-office administration, inspections, and maintenance?
- Are there leadership retirements or transitions that may make it easier to pursue change?
- Would the new service be designed as a contract wherein one locality pays the other to operate, and release all governance oversight? Or would the agreement allow for shared governance functions and include a funding formula to fairly allocate costs?
- Are there any roles that a regional body, such as a county government, could play?
- Is there a person (or several people) who can champion the effort until its completion?

CONCLUSION

Across our body of research for Wisconsin communities seeking to maintain and improve their fire and EMS services, without fail we see agencies' commitment, dedication, and care for the people who are ultimately on the other end of an emergency call. Even as operating systems show signs of buckling, agency heads and local officials work to ensure services exist against mounting odds. We have also witnessed successful changes as communities chose to pursue incremental steps toward regionalization or successfully led mergers. In doing so, these municipalities in some cases shifted from prioritizing local control to prioritizing service sustainability, service quality, and patient outcomes.

Our 2015 study, [Come Together](#), was a 20-year review of whether the benefits of the 1995 consolidation of emergency services across seven North Shore municipalities in Milwaukee County had unfolded as intended. Our analysis found a reduction in fire stations (from seven to five) and in fire rescue vehicles (from 31



to 15), reduced personnel levels compared with previously independent department staffing levels, more paramedics, and substantially higher fire capability ratings than any of the individual departments maintained prior to consolidation. Significantly, each of the North Shore municipalities experienced operating savings. For five of the seven, the savings exceeded \$250,000 annually.

Following our 2021 report [First Response](#), which covered nine departments in Ozaukee County, the Mequon and Thiensville departments merged into the Southern Ozaukee Fire and EMS Department in 2023. Then, in 2025, the Grafton and Saukville fire departments merged into the Ozaukee Central Fire Department. Departments in other regions covered by our reports, such as those in [Southern Milwaukee County](#) and [La Crosse County](#), have stopped short of full mergers but implemented improvements such as shared trainings or formalizing automatic aid and mutual aid agreements.

More recently, in the months after publishing our review of the 15 departments in Walworth County – [One Step Ahead](#) – community leaders used the report as a focal point to launch early conversations in the county’s northeast quadrant to consider how they might move toward a regional emergency response system.

These successes illustrate what is possible when communities confront their challenges, set service priorities, and pursue new ways of doing business. The Forum has had the privilege of supporting many of these efforts, and it is with past, present, and future public servants in mind that we offer this research brief summarizing what we have learned. We hope that it can help local governments and fire and emergency service agencies with early conversations as they each chart their own path forward.