

Supplemental Budget Request

Health

Administration

Suppl ID # 3953

Fund 124

Cost Center 124100

Originator: Kathleen Roy

Year 1 2023

Add'l FTE

Priority 1

Name of Request: Behavioral Hlth Fund trf to support WAY Station

X

Department Head Signature (Required on Hard Copy Submission)

Date

Costs:	Object	Object Description	Amount Requested
	8351	Operating Transfer Out	\$113,000
	Request Total		\$113,000

1a. Description of request:

Companion to Supplemental ID #3952-2023 Way Station Funding
Behavior Health Fund - Transfer to contribution for Health Offices on 2nd floor WAY Station Project located at 1500 N State Street, Bellingham WA

1b. Primary customers:

2. Problem to be solved:

3a. Options / Advantages:

3b. Cost savings:

4a. Outcomes:

4b. Measures:

5a. Other Departments/Agencies:

5b. Name the person in charge of implementation and what they are responsible for:

6. Funding Source:

Supplemental Budget Request

Status: Pending

Non-Departmental

Suppl ID # 3934 Fund 130 Cost Center 130110 Originator: Rosalee Cowan

Expenditure Type: One-Time Year 1 2023 Add'l FTE Add'l Space Priority 3

Name of Request: 2023 Paramedic Training

X

Department Head Signature (Required on Hard Copy Submission)

Date

Costs:	Object	Object Description	Amount Requested
	7210	Intergov Prof Svcs	\$76,208
	Request Total		\$76,208

1a. Description of request:

WCEMS is requesting a Budget Supplemental where The County shall pay costs up to and not to exceed \$66,916.00 associated with the preceptorship and onboarding of lateral Paramedics in 2023. A lateral Paramedic is described as an already trained and certified Paramedic in the State of Washington. This amount includes administrative costs for formal evaluations and wages for Department employees who hire through the lateral Paramedic process, not to exceed 6 months in duration over the next 9 months. The Department will pay all other costs of training associated with the duties and responsibilities required to be employed as a City of Bellingham Firefighter/Paramedic. WCEMS is also requesting \$9,292 to completely fund the Whatcom County Paramedic Training contract with the Bellingham Fire Department not associated with the training of lateral Paramedics.

1b. Primary customers:

This budget supplemental will continue to fund lateral Paramedic training for the Bellingham Fire Department. This budget supplemental will add to the current ASR #2023-6715 amount to pay for the complete expenses of non-lateral Paramedic Training for BFD.

2. Problem to be solved:

There is a regional shortage of certified Paramedics. The Bellingham Fire Department and the County recognize the financial benefit and reduced training time required when hiring an employee that already holds a national or state paramedic licensure. When the Department hires an employee that already has experience and is certified as a firefighter/paramedic, this recruiting strategy is described as a lateral hire. This is one of two methods for recruiting Paramedics. The other method is training Paramedics in the County through a local Paramedic training program. This training is for individuals who do not hold a Paramedic license and who will be trained, certified, and then employed in Whatcom County.

3a. Options / Advantages:

The primary option is to train already employed EMTs (BFD/FD7) EMTs to become Paramedics. This is a year process where the Paramedic Candidate works towards certification through didactic, labs, and practical exams with State certification testing. Once graduated there is about a two-month evaluation phase before fully vetted by the MPD. The \$9,292 completes funding for this option.

The alternative option is to hire already trained Paramedics into the Fire Departments where they spend approximately 3 to 6 months onboarding to become locally certified. This onboarding and training can take 3 to 6 months until proficiency is demonstrated. Typically, recruiting for Lateral paramedics does not result in a large number of applicants however BFD is optimistic to train up to four in 2023 and 2024

3b. Cost savings:

It costs about \$190,000 per year (wages/tuition) to train one Paramedics Locally. Lateral paramedic training costs are about \$34,000 per trainee over a maximum of 6 months of training.

Supplemental Budget Request

Status: Pending

Non-Departmental

Suppl ID # 3934

Fund 130

Cost Center 130110

Originator: Rosalee Cowan

4a. Outcomes:

Lateral Paramedics will successfully be trained to work in Whatcom County. In 2023, 2 Paramedics will be onboarded and completed with training by 2nd Quarter 2023 and 2 Lateral Paramedics onboarded with completed training by sometime in Mid-2024. (Onboard/hiring dates are uncertain as of today as the Fire Department is beginning that hiring process).

Bellingham Fire Department will have the complete amount of funding needed to support the training of Paramedics at the Whatcom County Paramedic School in 2023.

4b. Measures:

WCEMS will be notified of the training completion dates while reporting the length of training for each trainee as well as when the trainee is integrated into the Paramedic program. Success is measured by the successful certification in Whatcom County to practice Paramedicine for both lateral trainees and Paramedic school trainees.

5a. Other Departments/Agencies:

This request will impact the City of Bellingham and the Bellingham Fire Department.

5b. Name the person in charge of implementation and what they are responsible for:

Bellingham Fire Department/the City of Bellingham is responsible for the implementation of lateral Paramedic training. The BFD Medical Services Officer is in charge of implementation and reporting those success measurements. The Whatcom County EMS Medical Program Director is responsible for verification of completing the training standards and recommends certification once the training is completed. The MPD reports this verification to the State Department of Health for credentialing.

Bellingham Fire Department/the City of Bellingham is responsible for the operation of the 2023 Paramedic Training Program in accordance with Washington State Department of Health and Commission on Accreditation of Allied Health Education Programs standards and requirements.

6. Funding Source:

The EMS Levy is the funding source of this request.

Supplemental Budget Request

Non-Departmental

Suppl ID # 3951 **Fund** 138 **Cost Center** 1382401 **Originator:** T. Helms

Year 1 2023 Add'l FTE Priority 1

Name of Request: Laurel & Forest - Childcare

X

Department Head Signature (Required on Hard Copy Submission)

Date

Costs:	<i>Object</i>	<i>Object Description</i>	<i>Amount Requested</i>
	4331.2102	American Rescue Plan Act	(\$110,936)
	6610	Contractual Services	\$110,936
	Request Total		\$0

1a. Description of request:

This request is to reappropriate budget authority for a three-year ARPA funded contract that expires at the end of 2023. These funds are directed to the Laurel and Forest Childcare development project under contract 202111035. Funds will be used to support the development of a childcare facility located within the Laurel and Forest Street facility serving low-income households.

1b. Primary customers:

2. Problem to be solved:

Childcare opportunities are in critical demand. Funding will be used to increase the number of spaces for low-income families.

3a. Options / Advantages:

N/A

3b. Cost savings:

N/A

4a. Outcomes:

A new 5,000 square foot childcare facility which will include three classrooms and the ability to serve up to 65 children. This low-income childcare facility is located in a Qualified Census Tract in accordance with the American Rescue Act Plan.

4b. Measures:

Up to 65 children from low-income families will be served in a quality childcare facility. Required grant reports and summary reports will be completed at project completion.

5a. Other Departments/Agencies:

Opportunity Council as grant subrecipient.

5b. Name the person in charge of implementation and what they are responsible for:

6. Funding Source:

American Rescue Plan Act (ARPA)

Supplemental Budget Request

Non-Departmental

Suppl ID # 3954 Fund 332 Cost Center 332100 Originator: Tyler Schroeder

Year 1 2023

Add'l FTE

Priority 1

Name of Request: EDI trf in support of WAY Station Fund

X

Department Head Signature (Required on Hard Copy Submission)

Date

Costs:	Object	Object Description	Amount Requested
	8351	Operating Transfer Out	\$2,580,000
	Request Total		\$2,580,000

1a. Description of request:

Companion to Supplemental ID #3952-2023 Way Station Funding
EDI - Transfer for additional funds to cover shortfall.

1b. Primary customers:

2. Problem to be solved:

3a. Options / Advantages:

3b. Cost savings:

4a. Outcomes:

4b. Measures:

5a. Other Departments/Agencies:

5b. Name the person in charge of implementation and what they are responsible for:

6. Funding Source: