To request translation or disability-related accommodations, please contact us at **PublicHealthContract@clackamas.us| 503-742-5300**

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **PublicHealthContract@clackamas.us| 503-742-5300**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по: **PublicHealthContract@clackamas.us| 503-742-5300**

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **PublicHealthContract@clackamas.us| 503-742-5300**.

如需翻译服务或残障相关的协助，请与我们联系：
PublicHealthContract@clackamas.us| 503-742-5300

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **PublicHealthContract@clackamas.us| 503-742-5300.**

Clackamas County
www.clackamas.us

Health, Housing & Human Services
CLACKAMAS COUNTY

Mary Rumbaugh
Director

October 1, 2026

BCC Agenda Item: _____

Board of County Commissioners
Clackamas County

Approval to apply for The Garrett Lee Smith Youth Suicide Prevention and Early Intervention Grant. Award period is 3 years. Funding is provided by the Oregon Health Authority and is up to $101,558 for year 1, $133,696 for year 2, and $134,595 for year 3. Total Grant value is up to $369,849.00.
No County General Funds are involved.

Previous Board Action/Review: No Previous Board Action
Performance Clackamas: Healthy People
Counsel Review: Yes, Andrew Naylor
Procurement Review: N/A
Contact Person: Kim La Croix
Contact Phone: 971-806-0004

EXECUTIVE SUMMARY: The Clackamas County Public Health Division (CCPHD) of the Health, Housing & Human Services Department requests approval to apply for the Garrett Lee Smith Youth Suicide Prevention and Early Intervention grant of up to $369,849.00 over 3-years to strengthen and expand a coordinated, community-wide approach to youth suicide prevention and early intervention. The proposed project will leverage the already established county wide suicide prevention infrastructure and will not create a new program.

By the end of the grant award period, Clackamas County will have expanded the number of adults trained to recognize and respond to youth suicide risk, increased the number of schools implementing evidence-based prevention strategies, strengthened suicide risk identification and referral practices within youth-serving systems, and established more coordinated pathways between community, healthcare, behavioral health, and crisis response systems.

RECOMMENDATION: Staff respectfully request that the Board of County Commissioners approve applying for the Garrett Lee Smith Youth Suicide Prevention and Early Intervention grant and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh
Health, Housing, & Human Services Director

For Filing Use Only

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

If renewal or direct appropriation, complete sections I, II, IV & V only. Section III is not required.

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

CONCEPTION

Section I: Funding Opportunity Information - To Be Completed by Requester

Award type: ☐ Direct Appropriation (no application) ☐ Subrecipient Award ☑ Direct Award

Award Renewal? ☐ Yes ☑ No

Lead Fund # and Department:	Fund 240, Dept. 40, LOB 4004 Public Health Division
Name of Funding Opportunity:	Garrett Lee Smith Youth Suicide Prevention and Early Intervention

Funding Source: ☐ Federal – Direct ☑ Federal – Pass through ☐ State ☐ Local

Requestor Information: (Name of staff initiating form)	Galli Murray
Requestor Contact Information:	gallimurr@clackamas.us
Department Fiscal Representative:	Sherry Olson
Program Name & Prior Project #: (please specify)	Mental Health Promotion/Suicide Prevention Program 40040323

Brief Description of Project:

The proposed activities will strengthen Clackamas County's youth suicide prevention system by expanding evidence-based suicide prevention and response training for schools, healthcare providers, and youth-serving organizations; increasing implementation of school-based prevention programs; strengthening suicide risk identification, assessment, referral, and follow-up; improving coordination among schools, behavioral health, healthcare, crisis services, and other community partners; expanding youth and young adult engagement and leadership; using suicide fatality and attempt data to identify gaps and guide prevention strategies; and increasing public awareness of suicide prevention resources, including 988 and lethal-means safety. This will build and strengthen existing suicide prevention infrastructure, rather than creating any new programs.

Name of Funding Agency: Oregon Health Authority (pass through), Injury & Violence Prevention Program (IVPP) with support fro Substance Abuse and Mental Health Service Admin

Notification of Funding Opportunity Web Address: OHA notified PH that the opportunity will post Sept. 30, 2026.

OR

Application Packet Attached: ☐ Yes ☑ No

Completed By: Date:

***** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE *****

Section II: Funding Opportunity Information - To Be Completed by Department Fiscal Rep

☑ Competitive Application ☐ Non-Competing Application ☐ Other

Assistance Listing Number (ALN), if applicable:	NA	Funding Agency Award Notification Date:	December 15, 2026
Announcement Date:	September 30, 2026	Announcement/Opportunity #:	
Grant Category/Title	NA	Funding Amount Requested:	350,000
Allows Indirect/Rate:	Yes, 15%	Match Requirement:	No Match
Application Deadline:	November 15, 2026	Total Project Cost:	350,000
Award Start Date:	January 1, 2027	Other Deadlines and Description:	
Award End Date	September 29, 2029		
Completed By:	Galli Murray	Program Income Requirements:	NA
Pre-Application Meeting Schedule:	August 18, 2026		

Additional funding sources available to fund this program? Please describe:

This funding will leverage, strengthen and expand a coordinated, community-wide approach to youth suicide prevention and early intervention. The proposed project will leverage the already established county wide suicide prevention infrastructure and will not create a new program.

How much General Fund will be used to cover costs in this program, including indirect expenses?

No County General Funds

How much Fund Balance will be used to cover costs in this program, including indirect expenses?

No Fund Balance

In the next section, limit answers to space available.

Section III: Funding Opportunity Information - To Be Completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Fiscal

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list all funding sources and amounts.

No

2. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, local grant, etc.)?

No Match

3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

Yes, 15%

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

Yes, the Mental Health Promotion/Suicide Prevention Program in Public Health

Organizational Capacity:

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

Yes, this funding supports current staffing.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

yes, budget partnerships are already established

3. If this is a pilot project, what is the plan for sun setting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

This is not a new program

Collaboration

1. List County departments that will collaborate on this award, if any.

NA

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

OHA has contracted with the Regional Research Institute for Human Services to conduct the evaluation of this grant. RRI will provide reporting templates and technical assistance to meet reporting requirements. Reporting requirements may change based on additional reporting requirements from SAMHSA throughout the grant period. Requirements will include: training reports including number of participants identified by number who serve youth and number of other participants.
- Report the: (1) number of suicide risk screenings conducted, (2) referrals made to mental health or related services, and (3) the number of youth that received services after that referral as a result of this funding opportunity (SAMHSA GLS funds). Grantees can work with RRI to develop a system to collect data, if needed.
- Annual written report on grant activities per template provided by OHA.

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

OHA has contracted with the Regional Research Institute for Human Services to conduct the evaluation of this grant. RRI will provide reporting templates and technical assistance to meet reporting requirements. Reporting requirements may change based on additional reporting requirements from SAMHSA throughout the grant period. Requirements will include: training reports including number of participants identified by number who serve youth and number of other participants.
- Report the: (1) number of suicide risk screenings conducted, (2) referrals made to mental health or related services, and (3) the number of youth that received services after that referral as a result of this funding opportunity (SAMHSA GLS funds). Grantees can work with RRI to develop a system to collect data, if needed.
- Annual written report on grant activities per template provided by OHA.

3. What are the fiscal reporting requirements for this funding?

Not sure yet

Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

As a program, the MH Promotion and Suicide Prevention Program is committed to promoting mental wellness, preventing suicide, and strengthening protective factor across the lifespan through equitable, community-centered, and culturally responsive strategies. This funding aligns with our goal of promoting mental health and well-being, reducing suicide and deaths of despair, and building a more connected Clackamas County.

2. Who, if any, are the community partners who might be better suited to perform this work?

This project addresses disparities in youth (24 and younger) suicide risk and access to timely, culturally responsive suicide prevention and behavioral health services. Youth do not experience suicide risk or access to prevention resources equally. Young people who experience social, economic, cultural, geographic, or systemic barriers may be less likely to have access to trusted adults, early identification, appropriate behavioral health services, and timely follow-up following a suicide crisis. Existing partnerships with schools, youth serving agencies, parents/caregivers/other trusted adults will be leveraged.

3. What are the objectives of this funding opportunity? How will we meet these objectives?

This project addresses disparities in youth (24 and younger) suicide risk and access to timely, culturally responsive suicide prevention and behavioral health services. Youth do not experience suicide risk or access to prevention resources equally. Young people who experience social, economic, cultural, geographic, or systemic barriers may be less likely to have access to trusted adults, early identification, appropriate behavioral health services, and timely follow-up following a suicide crisis. Existing partnerships with schools, youth serving agencies, parents/caregivers/other trusted adults will be leveraged.

Other information necessary to understand this award, if any.

Program Approval:

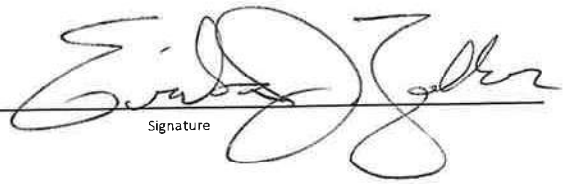
Sherry L. Olson	08/31/26	Sherry L. Olson	Digitally signed by Sherry L. Olson Date: 2026.08.31 15:44:24 -07'00'
Name (Typed/Printed)	Date	Signature	

***** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR*****

*****ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN*****

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

Erika Zoller	09/01/26	
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Philip Mason-Joyner	Sep 3, 2026	
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION

Bouavieng Bounnam	Sep 8, 2026	Bouavieng Bounnam
Name (Typed/Printed)	Date	Signature

EOC COMMAND APPROVAL ***(WHEN NEEDED FOR DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)***

Name (Typed/Printed)	Date	Signature

Section V: Board of County Commissioners/County Administration

(Required for all grant applications. If your grant is awarded, all grant awards must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)

For applications $150,000 and below:

COUNTY ADMINISTRATOR	Approved: ☐	Denied: ☐
Name (Typed/Printed)	Date	Signature

For applications up to and including $150,000 email form to BCC staff at CA-Financialteam@clackamas.us for Gary Schmidt's approval.

For applications $150,000.01 and above, email form with Staff Report to the Clerk to the Board at ClerktotheBoard@clackamas.us to be brought to the consent agenda.

BCC Agenda item #: _____ Date: _____

OR

Policy Session Date: _____

County Administration Attestation

County Administration: re-route to department at _____

and

Grants Manager at financegrants@clackamas.us

when fully approved.

Department: keep original with your grant file.

H3S-PH-Lifecycle_Fund_240_Garrett Suicide Prev Lifecycle Process Form 8-31-26

Final Audit Report 2026-09-08

Created:	2026-09-04
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAABnHww-j4a17iad4YLh59Pr1nVdFcUDF7

"H3S-PH-Lifecycle_Fund_240_Garrett Suicide Prev Lifecycle Process Form 8-31-26" History

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