

March 12, 2026

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval of a Grant Application to the Oregon Health Authority for suicide prevention training and firearm vaults. Grant Value is \$10,000 for 1 year. Funding is through the Oregon Health Authority. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	No previous board action.		
<b>Performance Clackamas</b>	Safe, Secure, and Livable Communities.		
<b>Counsel Review</b>	NA	<b>Procurement Review</b>	No
<b>Contact Person</b>	Kim La Croix	<b>Contact Phone</b>	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 one-time Oregon Suicide Prevention Grant of up to \$10,000 to address the intersection of substance use prevention and suicide prevention. CCPHD will partner with Clackamas County’s Juvenile Department for this project. This funding will not create a new program.

73% of youth in Oregon’s juvenile justice system have a history of alcohol or drug use, with 60% meeting criteria for abuse or dependence. Substance use disorders (SUD) are associated with a greatly increased risk of suicide, ranging from a 2.0x higher risk for tobacco to over 11x higher for combined alcohol, drug, and tobacco use.

If funded, this project will provide, a) free suicide prevention training for parents/caregivers of youth involved in the juvenile justice system to better understand the risk and signs of suicide for system involved youth and where in our county supports are available, b) free secure storage items to parents/caregivers such as medication lock boxes and firearm vaults, and c), education to families on safe storage practices and proper use of distributed lock boxes and firearm vaults to enhance household safety and reduce suicide risk across the lifespan.

For Filing Use Only

Funding will be distributed on/before April 27, 2026, and project completion will be on/before June 2027.

**RECOMMENDATION:** Staff respectfully request that the Board of County Commissioners approve applying for the Oregon Suicide Prevention Grant and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

*Mary Rumbaugh*

Mary Rumbaugh  
Director of Health, Housing, & Human Services

# 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

<b>Lead Fund # and Department:</b>	H3S Public Health
<b>Name of Funding Opportunity:</b>	Oregon Suicide Prevention Grant

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

Requestor Information: (Name of staff initiating form)	Galli Murray
Requestor Contact Information:	gallimur@clackamas.us / 971-201-8468
Department Fiscal Representative:	Sherry Olson
Program Name & Prior Project #: (please specify)	Mental Health Promotion & Suicide Prevention Program

**Brief Description of Project:**

73% of youth in Oregon's juvenile system have a history of alcohol or drug use, with 60% meeting criteria for abuse or dependence. Substance use disorders (SUD) are associated with a greatly increased risk of suicide, ranging from a 2.0x higher risk for tobacco to over 11x higher for combined alcohol, drug, and tobacco use. This project will provide, a) free suicide prevention training for parents/caregivers of youth involved in the juvenile justice system to better understand the risk and signs of suicide for system involved youth and where in our county supports are available, b) free secure storage items to parents/caregivers such as medication lock boxes and firearm vaults.

Name of Funding Agency: Oregon Health Authority

Notification of Funding Opportunity Web Address: <https://oregonalliancetopreventsuicide.org/> - funding application will be under the suicide prevention coalitions pull down tab on 2/20

**OR**

Application Packet Attached:  Yes  No

Completed By: Galli Murray Date: 2/17/26

**\*\* 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:	n/a	Funding Agency Award Notification Date:	April 13, 2026
Announcement Date:	2/20/26	Announcement/Opportunity #:	N/A
Grant Category/Title	Oregon Suicide Prevention Grant	Funding Amount Requested:	\$10,000
Allows Indirect/Rate:	Yes (up to 10%)	Match Requirement:	N/A
Application Deadline:	March 30, 2026	Total Project Cost:	\$10,000
Award Start Date:	May 1, 2026	Other Deadlines and Description:	N/A
Award End Date	June 30, 2027		
Completed By:	June 30, 2027	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:	Informational Webinar 2.17.26		

Additional funding sources available to fund this program? Please describe:  
None

How much General Fund will be used to cover costs in this program, including indirect expenses?  
None

How much Fund Balance will be used to cover costs in this program, including indirect expenses?  
None

## 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.)?

N/A

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. Up to 10%.

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

Yes - Mental Health Promotion & Suicide Prevention program.

#### **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.

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

Yes - partnerships are key to the success of this work.

- Clackamas County Suicide Prevention Coalition which is comprised of approximately 100+ community members and professionals who are invested in the work of suicide prevention.
- Clackamas County Juvenile Department
- Oregon Health Authority for technical support and assistance
- Other community partners TBD

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.)?

N/A

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 funding will not create a new program.

**Collaboration**

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

H3S and Juvenile Department

**Reporting Requirements**

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

One-page progress report by January 2027 and a final report by June 30, 2027

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?

There are no evaluation expectations from the funder however the Mental Health Promotion & Suicide Prevention program will develop a way in which to measure performance through existing and newly developed data sources.

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

None. There is a one-page progress report by January 2027 and a final report by June 30, 2027.

**Mission/Purpose:**

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

This funding opportunity supports the Clackamas County Public Health Division's vision of a vibrant and healthy Clackamas County and Clackamas County's Strategic Plan for healthy people. Providing training to parents/youth about how to identify when a young person is struggling and what to do/where to go in our community is an upstream prevention strategy to saving lives.

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

None

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

**Deliver Suicide Prevention Trainings**

Conduct a minimum of three (3) suicide prevention trainings for parents and caregivers of youth involved in the juvenile justice system within the project period.

**Increase Caregiver Knowledge and Skills**

Improve caregivers' ability to recognize warning signs of suicide, respond to crisis situations, and access appropriate mental health resources, as measured by post-training evaluations.

**Reduce Barriers to Training Participation**

Provide meals at each training session to increase attendance, engagement, and accessibility for participating families.

**Distribute Secure Storage Devices**

Provide medication lock boxes and firearm storage vaults to juvenile justice-involved families to reduce youth access to lethal means.

**Promote Lethal Means Safety Practices**

Educate families on safe storage practices and proper use of distributed lock boxes and firearm vaults to enhance household safety and reduce suicide risk.

Other information necessary to understand this award, if any.

None.

Program Approval:

Galli Murray

2/17/26



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)

Kim La Croix	2/17/26	<i>Kim LaCroix</i>
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Philip Mason-Joyner	Feb 19, 2026	<i>Philip Mason-Joyner</i>
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION

Ethel Gallares	Feb 19, 2026	<i>Ethel Gallares</i> Ethel Gallares (Feb 19, 2026 17:36:27 PST)
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: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Name (Typed/Printed)	Date	Signature

**For applications up to and including \$150,000 email form to BCC staff at [CA-Financialteam@clackamas.us](mailto: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](mailto: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](mailto:financegrants@clackamas.us)  
when fully approved.

Department: keep original with your grant file.

# H3S-PH- Lifecycle\_Fund 240\_ OR Suicide Prevention Grant (002)

Final Audit Report

2026-02-20

Created:	2026-02-20
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAqT9t9KlaR3CLSv2RdAtDvtv-2rgSVsow

## "H3S-PH- Lifecycle\_Fund 240\_ OR Suicide Prevention Grant (002)" History

-  Document created by Qudsia Sediq (QSediq@clackamas.us)  
2026-02-20 - 1:13:00 AM GMT- IP address: 71.238.54.32
-  Document emailed to pmason@clackamas.us for signature  
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-  Email viewed by pmason@clackamas.us  
2026-02-20 - 1:15:18 AM GMT- IP address: 52.44.135.122
-  Signer pmason@clackamas.us entered name at signing as Philip Mason-Joyner  
2026-02-20 - 1:17:22 AM GMT- IP address: 198.245.132.3
-  Document e-signed by Philip Mason-Joyner (pmason@clackamas.us)  
Signature Date: 2026-02-20 - 1:17:24 AM GMT - Time Source: server- IP address: 198.245.132.3
-  Document emailed to Ethel Gallares (EGallares@clackamas.us) for signature  
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-  Document e-signed by Ethel Gallares (EGallares@clackamas.us)  
Signature Date: 2026-02-20 - 1:36:27 AM GMT - Time Source: server- IP address: 198.245.132.3
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