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December 10, 2024

To the Board of Commissioners
Linn County
Linn County, Oregon

We have audited the basic financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Linn County for the year ended June 30, 2024. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards and *Government Auditing Standards and the Uniform Guidance*, as well as certain information related to the planned scope and timing of our audit. Professional standards also require that we communicate to you the following information related to our audit.

Purpose of the Audit

Our audit was conducted using sampling, inquiries and analytical work to opine on the fair presentation of the basic financial statements and compliance with:

- generally accepted accounting principles and auditing standards
- the Oregon Municipal Audit Law and the related administrative rules
- federal, state and other agency rules and regulations related to expenditures of federal awards

Our Responsibility under U.S. Generally Accepted Auditing Standards and the Uniform Guidance

As stated in our engagement letter, our responsibility, as described by professional standards, is to express opinions about whether the basic financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the basic financial statements does not relieve you or management of your responsibilities.

In planning and performing our audit, we considered internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinions on the financial statements and not to provide assurance on the internal control over financial reporting. We also considered internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the Uniform Guidance.

As part of obtaining reasonable assurance about whether the basic financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, noncompliance with which could have a direct and material effect on the determination of the basic financial statement amounts. However, providing an opinion on compliance with those provisions is not an objective of our audit. Also in accordance with the Uniform Guidance, we examined, on a test basis, evidence about compliance with the types of compliance requirements described in the OMB's Compliance Supplement applicable to each of the major federal programs for the purpose of expressing an opinion on compliance with those requirements. While our audit provided a reasonable basis for our opinion, it does not provide a legal determination on compliance with those requirements.

Our responsibility for the supplementary information accompanying the basic financial statements, as described by professional standards, is to evaluate the presentation of the supplementary information in relation to the basic financial statements as a whole and to report on whether the supplementary information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

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Planned Scope and Timing of the Audit

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the basic financial statements; therefore, our audit involved judgment about the number of transactions examined and the areas to be tested.

Our audit included obtaining an understanding of the government and its environment, including internal control, sufficient to assess the risks of material misstatement of the basic financial statements and to design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government. We also communicated any internal control related matters that are required to be communicated under professional standards.

Results of Audit

1. Audit opinion letter - an unmodified opinion on the basic financial statements has been issued. This means we have given a “clean” opinion with no reservations.
2. State minimum standards – We found issues requiring comment as noted on page 129 of the report.
3. Federal Awards – We found no issues of non-compliance and no questioned costs. We have responsibility to review these programs and give our opinion on the schedule of expenditures of federal awards, and tests of the internal control system, compliance with laws and regulations, and general and specific requirements mandated by the various awards.
4. No Management letter was issued.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used are described in Note 1 to the basic financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2024. We noted no transactions entered into during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the basic financial statements in the proper period.

Accounting estimates are an integral part of the basic financial statements prepared by management and are based on management’s knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the basic financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most significant estimates in the financial statements are the actuarial estimate of the portion of the statewide Net Pension Liability (or Asset) and Other Post Employment Benefits. Other sensitive estimates affecting the basic financial statements were Management’s estimate of Accounts Receivable and Capital Asset Depreciation, which are based on estimated collectability of receivables and useful lives of assets. We evaluated the key factors and assumptions used to develop these estimates in determining that they are reasonable in relation to the basic financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

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Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements or determined that their effects are immaterial. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, taken as a whole. There were immaterial uncorrected misstatements noted during the audit which were discussed with management. The uncorrected misstatements or the matters underlying them could potentially cause future period financial statements to be materially misstated, even if, in our judgment, such uncorrected misstatements are immaterial to the financial statements under audit.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the basic financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the basic financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards with management each year prior to our retention as the auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Required Supplementary Information

We applied certain limited procedures to the required supplementary information that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the required supplementary information and do not express an opinion or provide any assurance on it.

Supplementary Information

We were engaged to report on the supplementary information, which accompany the basic financial statements but are not required supplementary information. With respect to this supplementary information, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the basic financial statements. We compared and reconciled the supplementary information

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to the underlying accounting records used to prepare the basic financial statements or to the basic financial statements themselves.

Other Information

We were not engaged to report on the other information, which accompanies the basic financial statements but is not required supplementary information. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

Other Matters – Future Accounting and Auditing Issues

In order to keep you aware of new auditing standards issued by the American Institute of Certified Public Accountants and accounting statements issued by the Governmental Accounting Standards Board (GASB), we have prepared the following summary of the more significant upcoming issues:

GASB 101 – COMPENSATED ABSENCES

The requirements of this Statement are effective for fiscal years beginning after December 15, 2023, and all reporting periods thereafter. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures.

This Statement requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. Leave is attributable to services already rendered when an employee has performed the services required to earn the leave. Leave that accumulates is carried forward from the reporting period in which it is earned to a future reporting period during which it may be used for time off or otherwise paid or settled. In estimating the leave that is more likely than not to be used or otherwise paid or settled, a government should consider relevant factors such as employment policies related to compensated absences and historical information about the use or payment of compensated absences. However, leave that is more likely than not to be settled through conversion to defined benefit postemployment benefits should not be included in a liability for compensated absences.

This Statement requires that a liability for certain types of compensated absences—including parental leave, military leave, and jury duty leave—not be recognized until the leave commences. This Statement also requires that a liability for specific types of compensated absences not be recognized until the leave is used.

This Statement also establishes guidance for measuring a liability for leave that has not been used, generally using an employee's pay rate as of the date of the financial statements. A liability for leave that has been used but not yet paid or settled should be measured at the amount of the cash payment or noncash settlement to be made. Certain salary-related payments that are directly and incrementally associated with payments for leave also should be included in the measurement of the liabilities.

With respect to financial statements prepared using the current financial resources measurement focus, this Statement requires that expenditures be recognized for the amount that normally would be liquidated with expendable available financial resources.

This Statement amends the existing requirement to disclose the gross increases and decreases in a liability for compensated absences to allow governments to disclose only the net change in the liability (as long as they

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identify it as a net change). In addition, governments are no longer required to disclose which governmental funds typically have been used to liquidate the liability for compensated absences.

GASB 102 – CERTAIN RISK DISCLOSURES

The requirements of this Statement are effective for fiscal years beginning after June 15, 2024, and all reporting periods thereafter. The requirements of this Statement will improve financial reporting by providing users of financial statements with essential information that currently is not often provided. The disclosures will provide users with timely information regarding certain concentrations or constraints and related events that have occurred or have begun to occur that make a government vulnerable to a substantial impact. As a result, users will have better information with which to understand and anticipate certain risks to a government's financial condition.

State and local governments face a variety of risks that could negatively affect the level of service they provide or their ability to meet obligations as they come due. Although governments are required to disclose information about their exposure to some of those risks, essential information about other risks that are prevalent among state and local governments is not routinely disclosed because it is not explicitly required. The objective of this Statement is to provide users of government financial statements with essential information about risks related to a government's vulnerabilities due to certain concentrations or constraints.

This Statement defines a *concentration* as a lack of diversity related to an aspect of a significant inflow of resources or outflow of resources. A *constraint* is a limitation imposed on a government by an external party or by formal action of the government's highest level of decision-making authority. Concentrations and constraints may limit a government's ability to acquire resources or control spending.

This Statement requires a government to assess whether a concentration or constraint makes the primary government reporting unit or other reporting units that report a liability for revenue debt vulnerable to the risk of a substantial impact. Additionally, this Statement requires a government to assess whether an event or events associated with a concentration or constraint that could cause the substantial impact have occurred, have begun to occur, or are more likely than not to begin to occur within 12 months of the date the financial statements are issued.

If a government determines that those criteria for disclosure have been met for a concentration or constraint, it should disclose information in notes to financial statements in sufficient detail to enable users of financial statements to understand the nature of the circumstances disclosed and the government's vulnerability to the risk of a substantial impact. The disclosure should include descriptions of the following:

- The concentration or constraint
- Each event associated with the concentration or constraint that could cause a substantial impact if the event had occurred or had begun to occur prior to the issuance of the financial statements
- Actions taken by the government prior to the issuance of the financial statements to mitigate the risk.

This information is intended solely for the information and use of the Board of Commissioners and management and is not intended to be and should not be used by anyone other than these specified parties.



Tara M. Kamp, CPA
PAULY, ROGERS AND CO., P.C.



LINN COUNTY SHERIFF'S OFFICE

Michelle Duncan, Sheriff
1115 Jackson Street SE, Albany, OR 97322
Phone: 541-967-3950
www.linnsheriff.org

MEMORANDUM

To: Linn County Board of Commissioners

From: Undersheriff Micah Smith

Date: December 17, 2024

Re: Resolution & Order 2024-414 – Request for Proposal for Construction Manager/General Contractor Services

The Linn County Sheriff's Office is under contract with DLR Group for Architectural and Engineering Services for our Jail Renovation Project to expand the female adults in custody capacity at the Linn County Jail. Continued work by DLR Group and project staff at the Sheriff's Office has resulted in a pre-design narrative and diagrams. This level of work has brought the project to the stage of publishing a Request for Proposal for Construction Management/General Contractor (CM/GC) services.

In consultation with County Counsel, as well as DLR Group, the CM/GC method has the best advantages for the County, and ultimate project success.

We believe it in the best interest of the Sheriff's Office, and taxpayers of Linn County, for the Sheriff's Office to solicit through a Request for Proposal, on a competitive basis, a professional Construction Manager/General Contractor firm for this jail renovation project.

The attached RFP has been carefully put together to meet the needs of the Sheriff's Office and match us with an eventual selected CM/GC who can provide the required services.

LINN COUNTY DEPARTMENT OF HEALTH SERVICES BOARD OF HEALTH REPORT

ITEMS FOR BOARD OF HEALTH

AGENDA

December 17th, 2024

Reports for November 2024

- I. Communicable Disease Report
 - A. November Report

- II. Vital Statistic Reporting
 - A. Births 48
 - B. Deaths 107
 - 1. Vital Statistics Summary
 - 2. Vital Statistics Detail

LINN COUNTY DEPARTMENT OF HEALTH SERVICES COMMUNICABLE DISEASE REPORT

	November 2024	*5 YR Avg November	Current Calendar Year to Date (YTD)	Previous Calendar YTD	Previous Calendar Year Total	**Avg YTD for Prior 5 Calendar Years
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Food and Waterborne/Ingestion Illness

Brucellosis	0	0	0	0	0	0
Botulism	0	0	1	0	0	0
Campylobacteriosis	5	4	36	32	35	30
Cryptosporidiosis	0	1	8	10	10	10
Giardiasis	1	1	5	14	15	7
Hepatitis A	0	0	0	0	0	0
Hepatitis E	0	0	0	0	0	0
HUS	0	0	0	0	0	0
Lead Poisoning	1	0	9	1	2	4
Listeriosis	0	0	0	1	1	1
Salmonellosis	2	1	27	9	10	8
Shiga-toxicogenic E. coli	0	0	5	9	9	7
Shigellosis	1	0	5	2	2	2
Taeniasis/Cysticercosis	0	0	0	0	0	0
Trichinosis	0	0	0	0	0	0
Typhoid	0	0	0	0	0	0
Vibrio	0	0	0	1	1	0
Yersiniosis	1	0	3	2	2	1

Bloodborne/Sexually Transmitted Illness

AIDS/HIV	0	0	6	6	6	5
Chancroid	0	0	0	0	0	0
Chlamydia	27	30	310	292	315	358
Gonorrhea	2	7	69	66	74	108
Hepatitis B/Acute	0	0	0	0	0	0
Hepatitis B/Chronic	0	0	5	3	3	3
Hepatitis C/Acute	0	0	1	0	0	0
Hepatitis C/Chronic	16	11	93	104	115	140
Hepatitis D	0	0	0	0	0	0
Syphilis	1	2	26	37	39	29

Vector-borne/Zoonotic Illness

Animal Bites	18	24	395	323	352	326
Arthropod Vector-borne Disease	0	0	2	2	2	2
Dengue Fever	0	0	1	0	0	0
Hantavirus	0	0	0	0	0	0
Malaria	0	0	0	0	0	0
Q Fever	0	0	1	0	0	0
Tularemia	0	0	0	0	0	0

* "5 Yr Avg" does not include the current year.

** The "Avg YTD for Prior 5 Yrs" number is the average of the year to date number for the prior five years. It includes the previous year to date value. It does not include the current year.

*** Influenza laboratory confirmed death of a person <18 years of age.

LINN COUNTY DEPARTMENT OF HEALTH SERVICES COMMUNICABLE DISEASE REPORT

November 2024	*5 YR Avg November	Current Calendar Year to Date (YTD)	Previous Calendar YTD	Previous Calendar Year Total	**Avg YTD for Prior 5 Calendar Years
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Illness Acquired via Respiratory Exposure

A. Vaccine Preventable

Haemophilus Influenzae	0	0	4	3	3	2
Influenza***	0	0	0	0	0	0
Measles	0	0	0	0	0	0
Meningococcal Disease	0	0	0	0	0	0
Mumps	0	0	0	1	1	0
Pertussis	6	0	31	1	1	4
Rubella	0	0	0	0	0	0

B. Other

Coccidioidomycosis	0	0	1	0	1	0
COVID-19	0	451	0	1109	1109	6093
Cryptococcosis	0	0	0	0	0	1
Legionellosis	1	0	2	0	0	1
Tuberculosis	0	0	1	1	1	1

Miscellaneous

Carbapenem Resistant Enterobacteriaceae	1	0	7	4	5	4
Nontuberculous Mycobacterial Infection	0	0	3	3	3	2
Candida Auris	0	N/A	0	1	1	N/A

* "5 Yr Avg" does not include the current year.

** The "Avg YTD for Prior 5 Yrs" number is the average of the year to date number for the prior five years. It includes the previous year to date value. It does not include the current year.

*** Influenza laboratory confirmed death of a person <18 years of age.

LINN COUNTY DEPARTMENT OF HEALTH SERVICES
LINN COUNTY BIRTHS

REPORTING MONTH:

November 2024

FEMALES	24
MALES	<u>24</u>
TOTAL	48

VITAL STATISTICS SUMMARY

Linn County Death Report 11/30/2024

Female: 57
Male: 50
Total: 107

	<u>Primary Cause of Death</u>
Age 20 - 29 yrs 3	1 Blunt Force Injuries 1 Blunt Force Trauma 1 Gunshot Wound to Head
Age 40 - 49 yrs 3	1 Amyotrophic Lateral Sclerosis 1 Blunt Force Trauma 1 Ligature Strangulation
Age 50 - 59 yrs 7	3 Cancer: Squamous Cell 1 Liver Cirrhosis 1 Natural Causes 2 Toxicology Pending
Age 60 - 69 yrs 15	2 Cancer: Adenocarcinoma 1 Cancer: Carcinoma 1 Cancer: Malignant Neoplasm 1 Cancer: Metastatic 1 Cancer: Ovarian 3 Cancer: Squamous Cell 1 Cardiac Arrest 1 Coronary Artery Disease 1 Liver Cirrhosis 1 Natural Causes 1 Stroke 1 Toxicology Pending
Age 70 - 79 yrs 24	1 Alzheimer's Disease 1 Cancer: Breast 1 Cancer: Carcinoma 2 Cancer: Lung 2 Cancer: Malignant Neoplasm 1 Cancer: Pancreatic 3 Cancer: Prostate 1 Cancer: Squamous Cell 1 Cardiopulmonary Arrest 1 Cardiovascular Disease 1 Cerebrovascular Disease 1 Coronary Artery Disease 1 Heart Failure 1 Hypoxemia 1 Ischemia 1 Respiratory Failure

Primary Cause of Death

- 1 Toxicology Pending
- 3 Undetermined Natural Causes

Age 80 - 89 yrs 39

- 2 Alzheimer's Disease
- 1 Aortic Stenosis
- 2 Atherosclerosis
- 1 Brain Tumor
- 2 Cancer: Adenocarcinoma
- 1 Cancer: Glioblastoma
- 1 Cancer: Lung
- 1 Cancer: Lymphoma
- 2 Cancer: Malignant Neoplasm
- 1 Cancer: Metastatic
- 1 Cardiac Arrest
- 1 Cerebrovascular Disease
- 1 Congestive Heart Failure
- 1 COPD Chronic Obstructive Pulmonary Disease
- 1 Coronary Artery Disease
- 1 Frailty Syndrome
- 1 Gunshot Wound to Head
- 1 Heart Disease
- 1 Heart Failure
- 1 Hypercalcemia
- 1 Ischemia
- 1 Kidney Disease
- 1 Lewy Body Dementia
- 1 Liver Failure
- 1 Muscular Atrophy
- 4 Parkinson's Disease
- 1 Renal Failure
- 1 Septic Shock
- 1 Stroke
- 1 Valvular Heart Disease
- 2 Vascular Dementia

Age 90 - 99 yrs 16

- 2 Alzheimer's Disease
- 1 Bacteremia
- 1 Cancer: Lymphoma
- 1 Cancer: Malignant Neoplasm
- 1 Cancer: Metastatic
- 1 Cancer: Multiple Myeloma
- 1 Congestive Heart Failure
- 1 Degenerative Brain Disease
- 4 Heart Failure
- 1 Intracranial Hemorrhage
- 1 Pulmonary Edema
- 1 Septic Shock

Primary Cause of Death

Total All Ages: 107

Tobacco Related: 22 20.56%
Alcohol Related: 5 4.67%
Diabetes Related: 9 8.41%
Drug Related: 3 2.80%

VITAL STATISTICS DETAIL

Linn County Death Report

11/30/2024

Female: 57

Male: 50

Total: 107

Ages Age 20 - 29 yrs

Primary COD	Contributing Causes	Death Date	Gender	Age	Manner of Death	Tobacco	Alcohol	Diabetes	Drug
Blunt Force Injuries, to Head		11/8/2024	M	22	Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blunt Force Trauma	Pedestrian Collision w/Motor Vehicle; Drug Abuse	11/8/2024	F	29	Undetermined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gunshot Wound to Head		11/18/2024	M	24	Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Deaths by Decade: 3

Ages Age 40 - 49 yrs

Primary COD	Contributing Causes	Death Date	Gender	Age	Manner of Death	Tobacco	Alcohol	Diabetes	Drug
Amyotrophic Lateral Sclerosis		11/20/2024	F	43		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blunt Force Trauma	Motor Vehicle Accident	11/22/2024	F	44	Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ligature Strangulation, Hanging		11/14/2024	M	40	Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Deaths by Decade: 3

Ages Age 50 - 59 yrs

Primary COD	Contributing Causes	Death Date	Gender	Age	Manner of Death	Tobacco	Alcohol	Diabetes	Drug
Cancer: Squamous Cell, Carcinoma of the Head & Neck - Floor of Mouth & Base of Tongue Bilateral Cervical Lymphadenopathy	Hx of Cigarette Smoking & Prior Alcohol Abuse	11/14/2024	M	52		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Squamous Cell, Carcinoma of the Left Tonsil	Left Neck Lymph Nodes Metastasis, Malignant Right Pleural Effusion	11/16/2024	M	57		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Squamous Cell, Maxillary Sinus, Left, Metastasis to Left Neck Lymph Nodes	Malignant Neoplasm of Right & Left Lung	11/26/2024	M	59		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver Cirrhosis, Alcoholic	Alcohol Use Disorder	11/24/2024	M	57		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Causes, Unspecified	Cirrhosis, Chronic Drug & Alcohol Abuse	11/13/2024	M	56		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Toxicology Pending		11/8/2024	M	51	Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxicology Pending		11/20/2024	F	54	Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Deaths by Decade: 7

Ages Age 60 - 69 yrs

Primary COD	Contributing Causes	Death Date	Gender	Age	Manner of Death	Tobacco	Alcohol	Diabetes	Drug
Cancer: Adenocarcinoma, Head of Pancreas, Malignant Ascites	Cirrhosis of Liver w/Ascites	11/22/2024	M	69		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thursday, December 12, 2024

Cancer: Adenocarcinoma, Non-Small Cell, Right Lung, Metastatic to Mediastinal Lymph Node	Hx of Melanoma 2006, Tobacco Dependence	11/3/2024	F	64	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Carcinoma, Left Ureter Metastatic to Left Kidney & Bone	HTN	11/4/2024	F	69	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Malignant Neoplasm, Colon	Metastatic to Lung & Brain	11/28/2024	F	67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Metastatic, Sarcomatoid Renal Cell Carcinoma	Septic Shock d/t E.Coli Bacteremia of Unknown Source, Immunotherapy-Related Pneumonitis w/Acute Hypoxic Respiratory Failure, Both Onset 1 week Prior to Death	11/5/2024	F	66	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Ovarian, Recurrent, Left Recurrent March 2024, Left Pelvic Mass, Tumor Encasing Left Iliac Veins, Iliac Artery	Adrenal Mass, Multiple Lymphadenopathies	11/26/2024	F	64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Squamous Cell, Carcinoma of Right Lung	DM2, Atrial Fibrillation	10/12/2024	F	66	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer: Squamous Cell, Keratinizing, Carcinoma of Left Lung	COPD, Hx of Methamphetamine Use, Metastatic Prostate Adenocarcinoma 6/2023	11/18/2024	M	65	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cancer: Squamous Cell, Carcinoma of Left Lung	CAD	11/8/2024	F	69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Arrest	Acute Respiratory Failure w/Hypoxia, Ruptured Infrarenal AAA	11/8/2024	M	60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Disease, Atherosclerotic, Probable Acute Complication	DM	11/5/2024	F	68	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liver Cirrhosis	Chronic Hepatitis C & Alcohol Use; Nonrheumatic Aortic Valve Stenosis, COPD	11/16/2024	M	69	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Causes	HTN	11/18/2024	F	63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke, Embolic Middle Cerebral Artery Distribution Cerebral Vascular Accident	Atrial Fibrillation & Right Upper Arm DVT, Subtherapeutic INR, Holding Warfarin in Setting of Ureteral Stent Placement; Recent UTI s/p Ureteral Stent Placement for Nephrolithiasis	11/4/2024	F	67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxicology Pending		11/12/2024	M	68	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Deaths by Decade: 15

Agnes Age 70 - 79 yrs

Primary COD	Contributing Causes	Death Date	Gender	Age	Manner of Death	Tobacco	Alcohol	Diabetes	Drug
Alzheimer's Disease	Squamous Cell Cancer of Left Cheek, Skin, Hx of Malignant Melanoma, Pancreatic Mass	11/19/2024	M	76		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Breast, Left, Neoplasm	Metastatic to Bone & Liver	11/29/2024	F	74		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Cancer: Carcinoma, Esophageal	Emphysea, DM2	11/21/2024	M	76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Lung, Right Lower Lobe, Stage 4 Neoplasm	Non Metastatic; Heart Failure w/Preserved Ejection Fraction, COPD, Atrial Fibrillation	11/27/2024	M	72	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer: Lung, Left, Non-Small Cell	Pulmonary Emphysema, HTN, Mixed Alzheimer's & Vascular Dementia Hx of Tobacco Use	11/10/2024	F	73	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Malignant Neoplasm, Lateral Wall of Bladder, Metastasized to Bone	Hx of Tobacco Use	11/19/2024	M	71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Malignant Neoplasm, Endometrium, Metastatic to Right Lung		11/20/2024	F	70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Pancreatic, Metastasized to Liver	HTN, DM2	11/29/2024	M	78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer: Prostate, Metastatic to Bone		11/27/2024	M	76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Prostate, Metastatic to Liver, Bone, Lymphagitic Carcinomatosis of Both Lungs, Bilateral Hilar & Mediastinal Adeno	Multiple Myeloma, Craniotomy 11/7/2024 to Treat Spontaneous Hemorrhage	11/10/2024	M	78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Prostate, Metastatic to Bone		11/27/2024	M	76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Squamous Cell, Right Lung	Tobacco Smoker; Pulmonary HTN, Hypertensive Heart Disease	11/28/2024	F	70	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary Arrest	Cholecystitis s/p Cholecystostomy Tube, Acute Renal Failure, Acute Tubular Necrosis	11/4/2024	F	79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular Disease	Hyperlipidemia; DM2	10/30/2024	F	73	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular Disease	Metastatic Lung Cancer Requiring Multiple Brain Surgeries	11/6/2024	F	79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Disease, Atherosclerotic, Probable Acute Complications	Pacemaker for Heart Block	11/20/2024	M	75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure, w/Reduced Ejection Fraction	Adenocarcinoma of Right Lung, COPD, Severe Aortic Stenosis	11/17/2024	M	78	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypoxemia	Respiratory Failure, CHF Exacerbation	11/5/2024	F	74	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ischemia, Cerebral, Chronic		11/19/2024	F	78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Failure, Acute on Chronic	COPD Exacerbation, Restrictive Lung Disease/Pulmonary Fibrosis, Hx of Tobacco Use	11/7/2024	M	75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxicology Pending		11/23/2024	F	78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undetermined Natural Causes	Severe Chronic Pulmonary Disease, Vascular Dementia, Abdominal Aortic Aneurysm, Weight Loss, HTN, Hyperlipidemia, Pontine Stroke	11/17/2024	M	73	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undetermined Natural Causes	Rheumatoid Arthritis, Systemic Lupus w/Hx of Lupus Nephritis, CAD, Heart Failure w/Reduced Ejection Fraction, HTN, DM2	11/12/2024	F	71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Undetermined Natural Causes 10/22/2024 M 78

Large Cell Neuroendocrine Carcinoma of the Lung, Multi-Infarct Dementia

Summary of Deaths by Decade: 24
Ages Age 80 - 89 yrs

Primary COD	Contributing Causes	Death Date	Gender	Age	Manner of Death	Tobacco	Alcohol	Diabetes	Drug
Alzheimer's Disease		11/14/2024	F	80		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease		11/13/2024	F	86		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aortic Stenosis, Moderate	Hx of Squamous Cell Carcinoma of Skin of Left Ear & External Auditory Canal, NSTEMI	11/19/2024	M	87		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atherosclerosis, Cerebral	COPD, Hx of NSTEMI, CHF	11/18/2024	F	82		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atherosclerosis, Coronary	Hypertlipidemia, HTN, Obesity, Parkinson's Disease, Prostate Cancer, Renal Cancer, Obstructive Sleep Apnea	11/8/2024	M	83		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain Tumor, Mass	Parkinson's Disease, Hx of Prostate Cancer, Urothelial Cancer of Bladder	11/4/2024	M	88		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Adenocarcinoma, Lung Metastatic to Bone & Liver		11/30/2024	F	81		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Adenocarcinoma, Right Colon Metastatic to Liver		11/14/2024	F	80		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Glioblastoma, Centered Over the Corpus Callosum w/Surrounding Vasogenic Edema		11/24/2024	F	86		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Lung, Primary, Metastatic	Alcohol Cirrhosis, Atrial Fibrillation, HTN, Hyperlipidemia, CAD, Reactive Airway Disease, OSA on CPAP, Hx of TIA	11/30/2024	M	81		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Lymphoma, Mantle Cell	Malignant Neoplasm of Prostate, Severe Protein Calorie Malnutrition	11/25/2024	M	80		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Malignant Neoplasm, Upper-Outer Quadrant of Right Female Breast R Inv Lob GR 2 ER-PR-HER2+Ki 67 15%	Lymphangitic Spread from Right Breast to Left	11/26/2024	F	81		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Malignant Neoplasm, Primary of Lung, Metastatic to Spleen, Bone	Hx of Tobacco Use	11/26/2024	F	84		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Metastatic, Malignant Melanoma to Bone & Brain, Cervical Spine C3-C4. Parietal Lobe of Brain	SCC of R Glottis s/p Laryngectomy & Neck Dissection 2014, Malignant Melanoma of Skin 2023 July	11/29/2024	M	88		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Arrest	CAD, Diabetes; Metastatic Prostate Cancer	11/11/2024	M	88		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular Disease, Atherosclerotic Congestive Heart Failure	HTN	11/15/2024	F	86		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hypertensive Heart Disease, HTN	11/4/2024	M	84		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COPD Chronic Obstructive Pulmonary Disease	DM2, Heart Failure w/Improved Ejection Fraction	10/25/2024	M	84	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Disease, Atherosclerotic, Probable Acute Complications		11/20/2024	M	82	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frailty Syndrome, Geriatric Patient	Age Related Cognitive Decline, Senile Dementia; Dyslipidemia	11/3/2024	F	85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gunshot Wound to Head		11/12/2024	F	81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease, Hypertensive & Renal Disease w/CHF	Hx NSTEMI	11/21/2024	F	86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure, Chronic Systolic	CAD; Essential HTN, CKD3, Hx of Coronary Artery Bypass Grafting	11/29/2024	F	87	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypercalcemia		11/6/2024	F	84	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ischemia, Cerebral, Chronic		11/23/2024	F	88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease, Chronic, Stage 4		11/21/2024	M	83	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lewy Body Dementia		11/9/2024	F	80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver Failure, Chronic	Hx of Breast Cancer, Myelodysplasia, Severe Protein-Calorie Malnutrition	11/20/2024	F	87	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscular Atrophy, Kennedy's Disease		11/21/2024	M	81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease		11/21/2024	M	88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease	HTN	10/22/2024	M	84	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease		10/19/2024	F	80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease		11/23/2024	M	82	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal Failure	Heart Failure, Atrial Fibrillation & HTN; DM, Hyponatremia, Mitral Valve Regurgitation	11/28/2024	F	87	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic Shock	Infectious Colitis Chemotherapy Induced Immunosuppression, Large Cell Neuroendocrine Lung Cancer Metastatic to Liver & Lymph Nodes; Tumor Lysis Syndrome, Renal Failure, Pancytopenia w/ Severe Neutropenia	11/3/2024	M	81	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke, Ischemic	Hyperlipidemia, HTN	11/19/2024	F	88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valvular Heart Disease, Severe Aortic Valve Insufficiency	Chronic Diastolic Heart Failure, HTN	10/27/2024	F	86	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Dementia		11/7/2024	F	88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Dementia	Adult Failure to Thrive in Geriatric Patient	11/13/2024	F	89	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Deaths by Decade: 39

Ages Age 90 - 99 yrs

Primary COD	Death Date	Gender	Age	Manner of Death	Tobacco	Alcohol	Diabetes	Drug
Alzheimer's Disease	11/23/2024	F	93	Stick Sinus Syndrome HTN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thursday, December 12, 2024

Alzheimer's Disease																				
Bacteremia, d/t Streptococcus Pneumonia																				
Cancer: Lymphoma, Follicular, Posterior Scalp																				
Cancer: Malignant Neoplasm, Lung Unspecified Laterality, Malignant Effusion, Liver Lesions																				
Cancer: Metastatic, Unknown Primary																				
Cancer: Multiple Myeloma, Relapse Congestive Heart Failure																				
Degenerative Brain Disease, Senile																				
Heart Failure, Chronic w/Preserved Ejection Fraction																				
Heart Failure, w/Preserved Ejection Fraction																				
Heart Failure, Acute on Chronic Systolic, NYHA Class 4																				
Heart Failure, w/Preserved Ejection Fraction																				
Intracranial Hemorrhage, Traumatic Pulmonary Edema																				
Septic Shock																				

Summary of Deaths by Decade: 16																				
Total of All Deaths is 107																				
Tobacco Related:	22	20.56%																		
Alcohol Related:	5	4.67%																		
Diabetes Related:	9	8.41%																		
Drug Related:	3	2.80%																		

LINN COUNTY ENVIRONMENTAL HEALTH

MONTHLY ACTIVITY REPORT

FISCAL YEAR

2024-2025

FOR MONTH OF NOVEMBER

	THIS MONTH	YEAR TO DATE	PREVIOUS YTD
ON-SITE SEWAGE DISPOSAL			
Site Evaluation Applications	7	37	48
Permit Applications			
New	0	20	35
Alterations/Remodels/Replacements	3	17	19
Repair	2	30	41
Renewal/Transfer	1	4	3
Authorization to Connect Applications	1	19	34
Plan Review Applications on Existing Systems	0	0	0
Precovers Requested	18	154	140
Precovers Waived	0	1	2
Septic Pumper Truck Inspections	0	0	2
Operations & Maintenance Log Reviews	0	0	8
Complaints Received	0	9	6
LICENSED FACILITIES			
Food Service Facilities			
Routine Inspections	71	263	117
School Kitchens	32	42	50
Mobiles/Commissaries	22	99	59
Follow-up Inspections	33	158	61
Failed to Comply	3	12	3
Licensed Facility Plan Reviews	3	15	18
Pre-Opening Inspections	2	14	22
Temporary Restaurants	4	76	72
Benevolent Restaurants	3	30	25
Recreational Facilities			
Organizational Camps	0	6	3
Recreational Vehicle Parks	0	10	10
Swimming Pools & Spas	10	53	31
Hotels/Motels	2	5	2
Day Cares	1	24	29
Complaints Received	8	36	24

LINN COUNTY ENVIRONMENTAL HEALTH
MONTHLY ACTIVITY REPORT
FISCAL YEAR
2024-2025
FOR MONTH OF NOVEMBER

	THIS MONTH	YEAR TO DATE	PREVIOUS YTD
PUBLIC WATER SYSTEMS			
Routine Sanitary Surveys	0	2	3
Deficiency Follow-ups	2	10	5
Alerts	13	72	24
SOLID WASTE			
Complaints Received	0	2	2
TOTAL NET FUNDS DEPOSITED	\$193,523	\$572,358	\$595,658



Linn County Health Services

"Working Together to promote the health and well-being of all Linn County residents"

Toll Free: 800.304.7468

TTY/Oregon: 800.735.2900

PO Box 100, Albany, OR, 97321

linncountyhealth.org

Board Summaries for December 12, 2024

R&O 2024-399

This is an Intergovernmental Agreement between Lebanon School District and Linn County to provide Behavioral Health services to students who are uninsured or underinsured. This contract has a not to exceed amount of \$20,000 for a term of November 1, 2024, to June 30, 2025.

R&O 2024-410

This is a Memorandum of Understanding between Benton, Lincoln, Linn Counties and Intercommunity Health Network (IHN-CCO) for a Community Advisory Council Coordinator. The three counties agree to contribute to funding this position. Linn County's portion is \$25,000 for July 1, 2024 to June 30, 2025.

R&O 2024-415

This is a Request for Proposal for Architectural Services – Crisis Stabilization Center. The Health Department has previously entered into design exploration services with Pinnacle Architectural to discover the feasibility of designing an effective Crisis Stabilization Center at the 7th Street location.

Linn County Health Services (LCHS) is opening a Crisis Stabilization Center (CSC) located at 1040 7th Ave SE, Albany, OR 97321. The CSC will be open 24/7 and allow community members who are experiencing a mental health crisis to meet with a crisis worker. We will have an intake area, respite area (23-hour facility), short-term stabilization area for children, adolescents, and adults, offices, support area, and central staff amenities. LCHS plans to expand our crisis response system to include a 24/7/365 Crisis Stabilization Center as the third and last State initiative in developing a comprehensive system of crisis care for our community. This will be a place where individuals in crisis will receive targeted support from trained professionals including risk assessment, crisis recovery planning, treatment, and referrals/resources. Individuals needing enhanced support can access stabilization services in a stress-free environment for up to 23 hours while a collaborative aftercare crisis plan is developed reducing visits to the hospital emergency room.

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The Linn County Stabilization Center Project goals are focused in three main areas:

- **Patient Experience:** Creating an environment that fosters calmness, self-regulation, and de-escalation, emphasizing both perceived and actual safety for all patients. This includes maintaining patient privacy and dignity, ensuring patient autonomy and choice, providing a secure and welcoming space for children, adolescents, and adults in crisis, and providing support and care to anyone in need.
- **Staff and First Responder Needs:** Designing a streamlined and cohesive operational and supportive work environment that fosters the relationship between behavioral health crisis care and law enforcement, and that provides a more integrated response to crises, including enhanced security and safety of both staff and first responders.
- **Community Impact:** Enhancing the healthcare landscape of Linn County by introducing new levels of care, including immediate access to behavioral health services for both youth and adults. A primary objective is providing a more therapeutic approach to behavioral health needs, with a focus on reducing behavioral health stigma within the neighboring community and enhancing community relations through the inclusive design process and the final design of the building.

The attached RFP has been carefully put together to meet the needs of the Health Department's office and match us with an eventually selected firm, who can provide the required services.

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REPORT TO COMMISSIONERS
Update for November 2024

Submitted by Torri Lynn; Juvenile Department Director

Detention

Benton: 2 youth were held for 9 total of days of care, 1 female and 1 non-binary.
 Total Admissions to Detention = 2
 Average Daily Population = 0.30 youth
 Average Length of Stay = 4.50 days

Linn: 21 youth were held for 244 total of days of care, 6 females and 15 males.
 Total Admissions to Detention = 26
 Average Daily Population = 8.13 youth
 Average Length of Stay = 9.38 days

Lincoln: 4 youth were held for 72 total days of care, 0 females and 4 males
 Total Admissions to Detention = 4
 Average Daily Population = 2.40 youth
 Average Length of Stay = 18 days

Clackamas: 0 youth were held for 0 total days of care, 0 females and 0 males
 Total Admissions to Detention = 0
 Average Daily Population = 0 youth
 Average Length of Stay = 0 days

Facility: Unduplicated youth: 27
 Total Admissions: 32
 Total Days of Care: 325
 Average Daily Population: 10.83
 Average Length of Stay: 10.16

Time for Change Program: 0

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Probation

The Juvenile Department received 55 referrals during the month of November 2024.

Of the 55 referrals, 9 represent dependency, 19 status and 27 criminal.

There are currently 174 youth in the Probation Unit either on probation or pending court with 30 of those being assessed high-risk.

There are currently 109 youth under the Community Programs Unit serving on informal probation and the Intervention Specialist is currently serving 49 youth. 45 of those youth are from the community with no involvement with law enforcement.

Victim Advocate made contacts.

Cases Unassigned:

OYA Cases:

DA Review:

Work Crew

Tier 1 – 6 youth completed 58.50 hours of community service in 6 project days. In 2023 11 youth completed 170.25 hours of service during the same time period.

Tier 2 – 29 youth completed 637.25 hours of work crew in 18 project days. In 2023 16 youth completed 291.00 hours of service during the same time period.

Miscellaneous Business -

With GAPS being on Strike there was no school but the Intervention Specialist was able to still serve about 45 youth during the month of Nov. conducting groups in person at the juvenile department and on line using Zoom.

Torri Lynn
Director
Juvenile Department

tlynn@co.linn.or.us

Rob Perkins Jr.
Supervisor
Community Programs

rperkins@co.linn.or.us

Lisa Robinson
Supervisor
Probation Services

lrobinson@co.linn.or.us

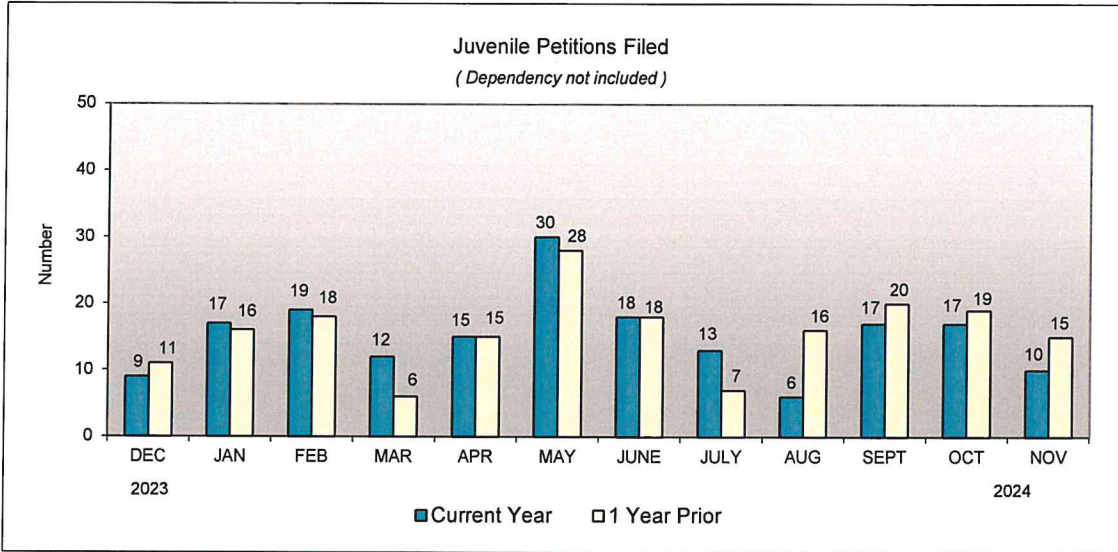
Tracy Rieker
Office Manager
Juvenile Department

trieker@co.linn.or.us

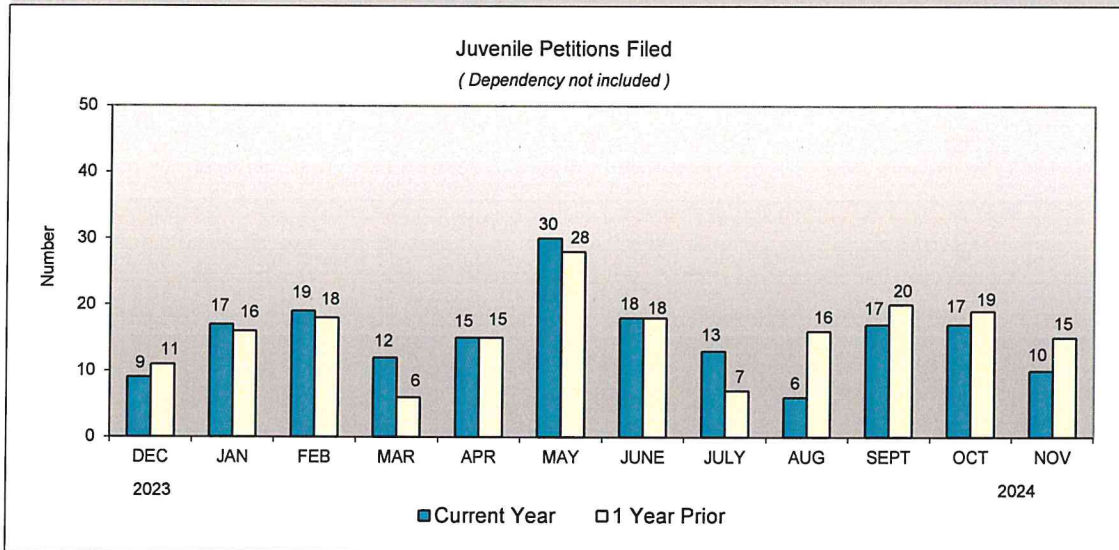
Kevin Husk
Detention Manager
Linn Benton Detention Center

(541) 791-9397
khusk@co.linn.or.us

Linn County Juvenile Department
NOVEMBER 2024 Statistics

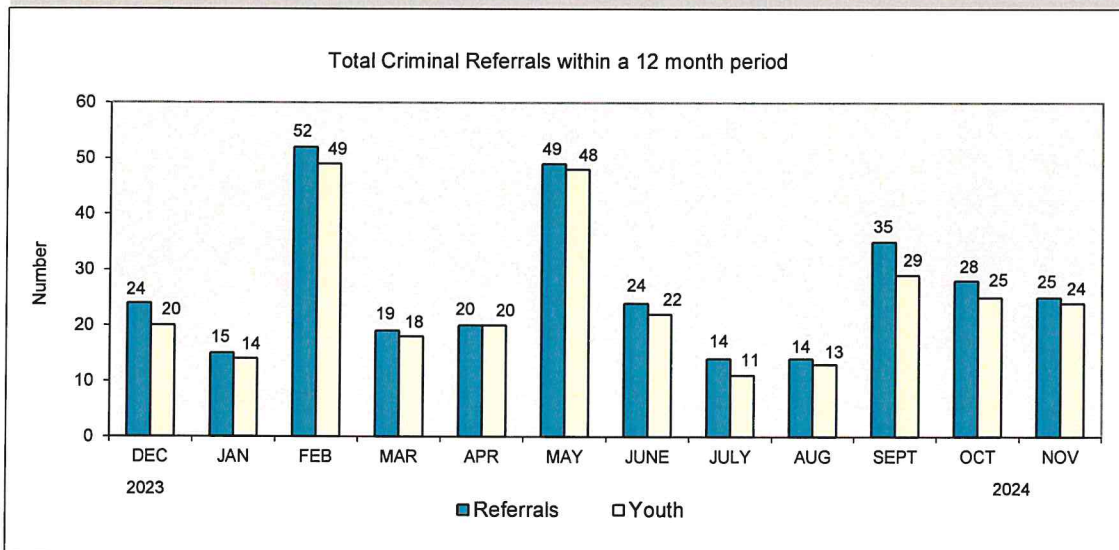


PETITIONS	
Current	183
Last	189
Difference	-6



REFERRALS	
Current	468
Last	429
Difference	39

YOUTH	
Current	415
Last	384
Difference	31

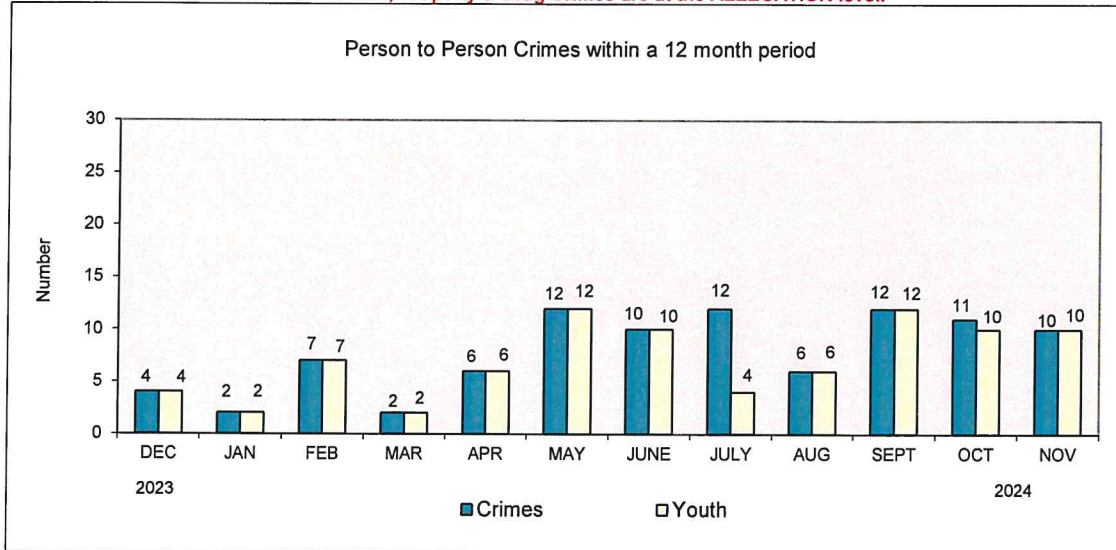


CRIMINAL REFERRALS	
Current	319
Last	264
Difference	55

YOUTH	
Current	293
Last	246
Difference	47

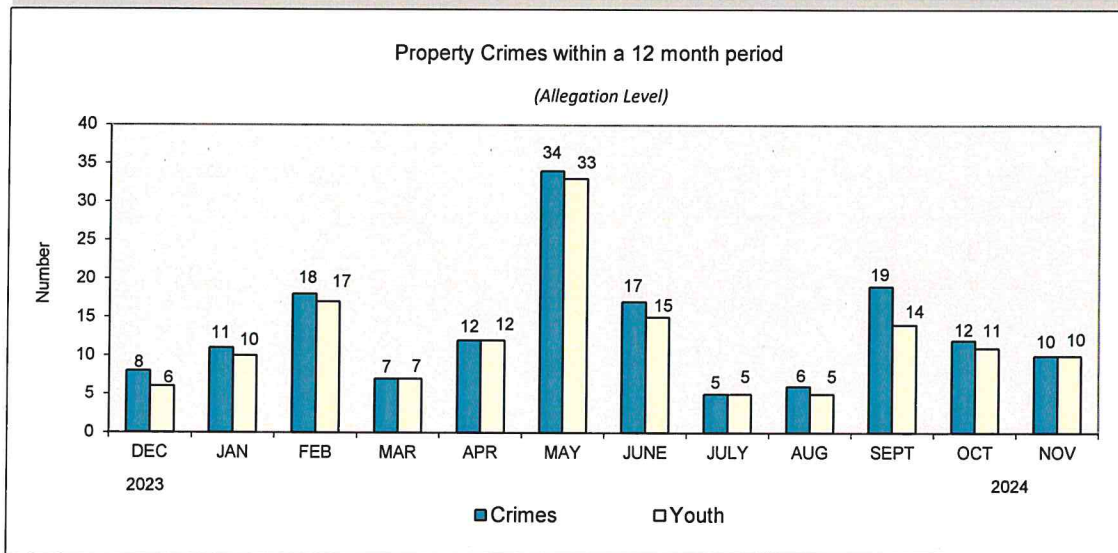
Linn County Juvenile Department
NOVEMBER 2024 Statistics

Note: Person, Property & Drug Crimes are at the ALLEGATION level.



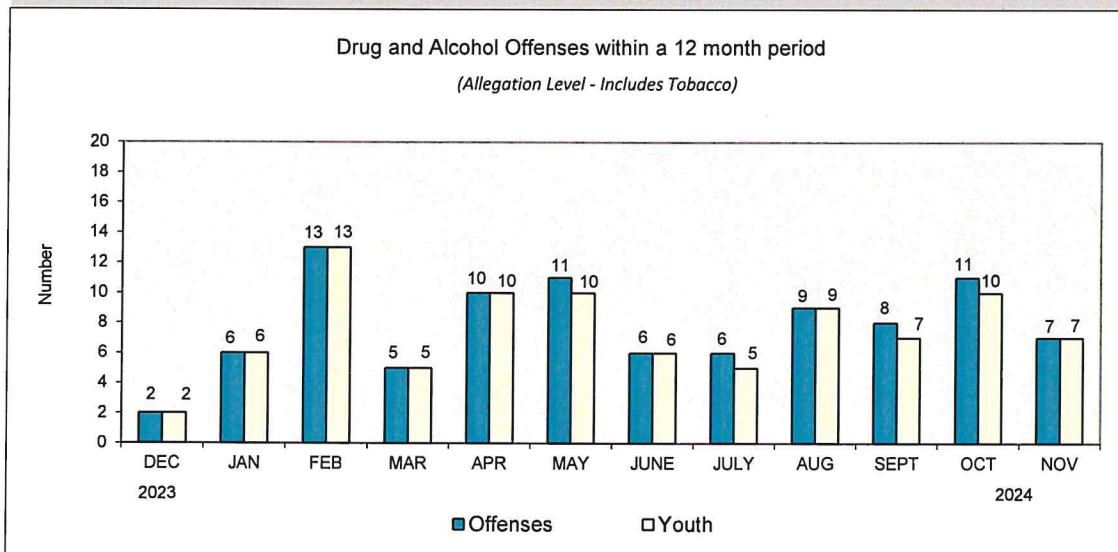
CRIMES	
Current	94
Last	75
Difference	19

YOUTH	
Current	85
Last	71
Difference	14



CRIMES	
Current	159
Last	137
Difference	22

YOUTH	
Current	145
Last	113
Difference	32



CRIMES	
Current	94
Last	73
Difference	21

YOUTH	
Current	90
Last	70
Difference	20



Linn County Road Department

*Providing safe and efficient transportation to
citizens and visitors of Linn County.*

Memorandum

Date: 12/11/2024

To: Linn County Board of Commissioners

From: Wayne Mink, Roadmaster *WEM*

RE: Background Information for Agenda Items – 12/17/2024

The Road Department has the following items on the Board of Commissioners agenda for the weekly meeting on December 17, 2024. The following is a brief description of the items.

Award Recommendation – Cox Creek (Waverly Drive) Bridge (City of Millersburg)

Request for Proposals were opened for the Cox Creek (Waverly Drive) Bridge (City of Millersburg) project on Monday, December 2. Four personnel reviewed, evaluated and ranked the proposals submitted based on evaluation criteria. Please see the attached Award Recommendation Memo.

Resolution & Order 2024-407 – Frequency Access Intergovernmental Agreement

This is a Resolution and Order to approve an intergovernmental agreement with the State of Oregon, Department of Transportation (ODOT) and delegate authority to Wayne E. Mink, Roadmaster. This agreement grants the Road Department access to ODOT's radio frequencies to improve emergency communications. There is no cost associated with the agreement.

We request your approval.



Linn County Road Department

*Providing safe and efficient transportation to
citizens and visitors of Linn County.*

Memorandum

Date: December 11, 2024
To: Linn County Board of Commissioners
From: Wayne Mink, Roadmaster *WEM*
RE: Cox Creek (Waverly Drive) Bridge (City of Millersburg)
– Contract Award Recommendation

Proposals for “Architecture and Engineering Services (Full Contract)” have been received by Linn County Road Department, Engineering Section, for the Cox Creek (Waverly Drive) Bridge (City of Millersburg).

Three (3) proposals were received for the project. Proposals were reviewed and all three were determined to be responsive.

This is a Qualification Based Selection (QBS) process with Federal Highway Administration (FHWA) Funding. As such, there is Zero Cost for the award of this contract.

Based on evaluation of established Scoring Criteria required for each proposal, the submittal from David Evans and Associates, Inc. was ranked the highest.

It is recommended that the contract be awarded to David Evans and Associates.

The Summary of Scores for the proposals is attached for your use.

Enclosures

SCORE SUMMARY
RFP BS148B-01

Cox Creek (Waverly Drive) Bridge (City of Millersburg)

SOP Evaluation Summary Scores

Number of Proposal evaluators:
 Evaluation Team

4

Firm	Evaluation Team				Total	Score	
	evaluator 1	evaluator 2	evaluator 3	evaluator 4		Average	Rank
OTAK, Inc.	36	50	61	30	177	44	3
Consor North America, Inc.	76	73	64	61	274	69	2
David Evans and Associates, Inc.	78	75	78	67	298	75	1

Statistics

High Score
 Low Score
 Range

78	75	78	67
36	50	61	30
42	25	17	37



LINN COUNTY PLANNING AND BUILDING DEPARTMENT

Steve Wills, Director

Room 114, Linn County Courthouse
PO Box 100, Albany, Oregon 97321
Phone 541-967-3816 Fax 541-926-2060
www.linncountyor.gov

TO: Linn County Board of Commissioners (Board)
FROM: Alyssa Boles, Planning Manager
DATE: December 17, 2024
RE: Resolution & Order No. 2024-207 and Ordinance 2024-208

The following items are scheduled to be signed by the Board on December 17, 2024:

Resolution & Order No. 2024-207 and Ordinance 2024-208 – BC19-0002; A hearing on remand from the Oregon Land Use Board of Appeals of Resolution and Order No. 2021-396 and Linn Ordinance 2021-397, which approved applications by Ronald & Virginia Henthorne for a *Comprehensive Plan (Plan)* Map amendment and Zoning Map amendment on a 108.59-acre property. The amendments would change the *Plan* designation on the subject property from Farm/Forest to Non-Resource and change the zoning from Farm/Forest (F/F) to Non-Resource 5 acre minimum (NR-5).

The Board conducted a public hearing regarding this matter and voted 3-0 to approve the applications.



LINN COUNTY
INFORMATION TECHNOLOGY SERVICES
Karen Guilford, Director

Linn County Courthouse
300 SW 4th Ave, Room 109, Albany, Oregon 97321
Phone (541) 967-3803

To: Board of Commissioners

From: Karen Guilford

A handwritten signature in blue ink, appearing to be "KG", is written over the printed name "Karen Guilford".

Date: June 21, 2024

Re: Resolution & Order No. 2024-411

The following item is scheduled to be heard on December 17, 2024:

Resolution & Order No. 2024-411: This resolution outlines the proposal to enter into a three-year agreement with CDW-G for the renewal of VMware license subscriptions. VMware is the critical software that supports our virtual environment, making it indispensable for our operations. The extended agreement aims to reduce overall costs, with a total expenditure surpassing \$50,000, thereby necessitating board approval. This strategic move is essential to ensure the continuity and efficiency of our virtual infrastructure, reinforcing the importance of this mission-critical software in our daily functions.

Financial Impact: Three-year total is \$64,500 billed annually at \$21,500. This is a recurring cost that has been budgeted for in the ITS budget.

Staff Recommendation: Approve