

LINN COUNTY DEPARTMENT OF HEALTH SERVICES BOARD OF HEALTH REPORT

ITEMS FOR BOARD OF HEALTH

AGENDA

May 17, 2022

Reports for April 2022

- I. Communicable Disease Report
 - A. April Report
- II. Vital Statistic Reporting
 - A. Births 66
 - B. Deaths 126
 - 1. Vital Statistics Summary
 - 2. Vital Statistics Detail

LINN COUNTY DEPARTMENT OF HEALTH SERVICES

COMMUNICABLE DISEASE REPORT

Page 2 of 2

April 2022	*5 YR Avg April	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	0	1	1	1
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	0	0	0
Pertussis	0	0	0	0	0	3
Rubella	0	0	0	0	0	0

B. Other

Coccidioidomycosis	0	0	1	0	0	0
Covid-19	501	N/A	10766	1874	13487	N/A
Cryptococcosis	0	0	0	0	2	0
Legionellosis	0	0	0	0	2	0
Tuberculosis	0	0	0	1	2	0

Miscellaneous

Carbapenem Resistant Enterobacteriaceae	2	1	3	1	6	2
Nontuberculous Mycobacterial Infection	0	0	0	0	2	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

VITAL STATISTICS SUMMARY

Linn County Death Report 4/30/2022

Female: 52
Male: 57
Total: 109

	Primary Cause of Death
Age 1 - 9 yrs 1	
	1 Blunt Force Injuries
Age 10 - 19 yrs 1	
	1 Respiratory Failure
Age 30 - 39 yrs 1	
	1 Blunt Force Trauma
Age 40 - 49 yrs 4	
	1 Cardiac Arrest
	2 Respiratory Failure
	1 Toxicology Pending
Age 50 - 59 yrs 2	
	1 Respiratory Complications
	1 Respiratory Failure
Age 60 - 69 yrs 17	
	1 Blunt Force Chest Trauma
	1 Blunt Force Trauma to Head
	1 Cancer: Adenocarcinoma
	1 Cancer: Esophageal
	3 Cancer: Lung
	1 Cancer: Ovarian
	1 Cancer: Prostate
	1 Congestive Heart Failure
	1 Dementia
	1 Failure to Thrive
	1 Gastroparesis
	1 Liver Cirrhosis
	1 Parkinson's Disease
	1 Respiratory Failure
	1 Toxicology Pending
Age 70 - 79 yrs 29	
	1 Aspiration Pneumonia
	1 Cancer: Adenocarcinoma
	1 Cancer: Bladder
	1 Cancer: Breast
	1 Cancer: Colorectal
	1 Cancer: Liver
	1 Cancer: Lung
	2 Cancer: Lymphoma
	1 Cancer: Pancreatic
	1 Cardiac Arrest
	1 Cerebrovascular Accident
	1 COPD Chronic Obstructive Pulmonary Disease
	1 Diabetic Ketoacidosis

Primary Cause of Death

Total All Ages: 109

Tobacco Related:	23	21.10%
Alcohol Related:	2	1.83%
Diabetes Related:	15	13.76%
Drug Related:	1	0.92%

Blunt Force Chest Trauma, & Pelvis, Crushing	Motor Vehicle Accident	4/16/2022	M	61	Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blunt Force Trauma to Head, Massive	Pedestrian Collision w/a Train, Depression	4/22/2022	M	65	Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Adenocarcinoma, Gastric	Metastatic to Peritoneum, Liver	4/4/2022	F	60		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Esophageal, Metastatic	Emphysema, Peripheral Vascular Disease	4/2/2022	M	62		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Lung	COPD, CAD, Essential HTN, Pancytopenia	3/31/2022	M	68		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Lung, Stage 4, Squamous Cell		4/28/2022	F	69		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Lung, Right, Small Cell	Former Tobacco Smoker; Metastatic to Brain, COPD, CAD, Chronic Lymphocytic Leukemia	4/4/2022	M	66		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Ovarian	Bone Metastasis, Pulmonary	4/7/2022	F	68		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Prostate	MI, A. Fib., HTN, High Cholesterol, COPD; Tobacco Use, Alcoholism	4/16/2022	M	67		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congestive Heart Failure		4/16/2022	M	65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia, Frontotemporal	COVID-19 (April 2021)	4/12/2022	M	64		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to Thrive	CVA, Hemangiopericytoma - Brain	4/22/2022	M	69		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastroparesis	CKD Stage 4, Lung Mass, Hx of Cervical Cancer	4/19/2022	F	66		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver Cirrhosis	Heavy Alcohol Use	4/1/2022	M	69		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease		4/29/2022	M	65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Failure	Panlobular Emphysema; Stroke, Hypercarbia, Anemia	4/17/2022	F	62		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxicology Pending		4/6/2022	M	61	Pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Deaths by Decade: 17

Ages 70 - 79 yrs

Primary COD	Contributing Causes	Death Date	Gender	Age	Manner of Death	Tobacco	Alcohol	Diabetes	Drug
Aspiration Pneumonia	Traumatic Intracranial Hemorrhage, Fall from Standing Height; Parkinson's Disease	4/29/2022	M	77	Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Adenocarcinoma, Esophageal	Pulmonary Nodules, Mediastinal Adenopathy, Enlarge Retroperitoneal Lymph Nodes	4/29/2022	F	77		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Bladder, Metastatic	End Stage COPD, CHF, A. Fib.	4/15/2022	M	73		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Breast, Metastatic, Recurrent	Leptomeningeal Disease, Hx of Tobacco Use	4/5/2022	F	79		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Colorectal	Hepatic Metastasis, Pulmonary Emboli	3/29/2022	M	79		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Undetermined Natural Causes	Diabetes Type 2, HTN, Cerebrovascular Disease	4/10/2022	F	71	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Undetermined Natural Causes		4/14/2022	M	75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undetermined Natural Causes	HTN, Meningioma, Dementia, Adult Failure to Thrive	4/5/2022	M	70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Deaths by Decade: 29

Ages Age 80 - 89 yrs

Primary COD	Contributing Causes	Death Date	Gender	Age	Manner of Death	Tobacco	Alcohol	Diabetes	Drug
Alzheimer's Disease, Dementia		4/26/2022	F	80		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease	Rectal Mass	4/19/2022	M	86		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease	CKD	4/27/2022	M	80		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Adenocarcinoma, Esophageal, Metastatic to Lung/Liver, Stage 4 at Presentation, Genetic Markers PD-L1 (22C3 PharmDx) TIPS: <1%	37 Pack Year Hx of Smoking Cigarettes (Quit 1984); CKD, Recent Upper GI Bleed, Depression, Obstructive Sleep Apnea, Obesity	4/23/2022	F	84		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Lung, Left	Metastatic to Brain, Non-Smoker, Pulmonary Embolism, DVT	4/10/2022	F	80		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Malignant Neoplasm, Left Lung	Tobacco Smoking; Pulmonary Emphysema	4/4/2022	F	81		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Prostate		4/22/2022	M	84		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Prostate, Bladder Cancer		4/25/2022	M	81		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary Arrest		4/10/2022	M	83		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary Collapse	Acute Hypoxic Respiratory Failure, COVID PNA	3/24/2022	F	80		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiorenal Syndrome	Progressive Metastatic Cancer of Gynaecological	4/5/2022	M	84		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Vascular Disease, Late Effects	CKD Stage V, Systolic & Diastolic CHF, HTN, CAD, Atrial Fibrillation	4/3/2022	M	84		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colitis	HTN, COVID-19 3/2022, Diabetes Type 2, Stage 3 CKD	4/6/2022	F	83		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Congestive Heart Failure	Constipation, Metastatic Cancer to Liver, Spleen & Bone of Unknown Primary; Hypothyroidism, HTN, Diabetes, Spinal Stenosis, Rheumatoid Arthritis, Hx of Left Breast Cancer, Paroxysmal Atrial Fibrillation, GERD, Polygalia	4/9/2022	F	85		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Disease	CAD; Mitral & Tricuspid Regurgitation, Atrial Fibrillation, Stage 3 CKD, HTN	4/17/2022	F	85		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	Cerebrovascular Accident; COPD, CHF, HTN, Aortic Stenosis	4/29/2022	F	89		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Undetermined Natural Causes	Emphysema, CHF, CAD, CKD Stage 4	4/22/2022	M	87	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undetermined Natural Causes	Relapsing Polychondritis, Late Onset Alzheimer's Disease	4/25/2022	F	81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undetermined Natural Causes		4/20/2022	M	87	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Deaths by Decade: 35

Ages Age 90 - 99 yrs

Primary COD	Contributing Causes	Death Date	Gender	Age	Manner of Death	Tobacco	Alcohol	Diabetes	Drug
Alzheimer's Disease		4/13/2022	M	96		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aortic Intramural Hematoma	HTN; Stage IV CKD, Peripheral Vascular Disease	4/1/2022	F	94		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congestive Heart Failure	CKD, HTN	4/5/2022	F	91		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Disease	HTN, Sick Sinus Syndrome, Pulmonary Fibrosis; Hypothyroidism	4/21/2022	F	92		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia, Progressive	HTN	4/26/2022	F	91		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia, Senile	Advanced Age	3/14/2022	F	93		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease, & Kidney Disease, Hypertensive	Chronic Atrial Fibrillation, Pulmonary HTN	4/9/2022	F	94		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease, & Renal Disease, Hypertensive w/CHF	Pulmonary HTN, A. Fib.	4/30/2022	M	94		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease, Hypertensive	Diastolic CHF; Renal Disease, A. Fib., Dysphagia, HTN, Severe Mitral Regurgitation	4/23/2022	M	90		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure, Chronic Diastolic Intracranial Hemorrhage		4/29/2022	F	96		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Blunt Force Trauma, Fall from Standing Height; HTN	4/13/2022	M	99		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ischemia, Cerebral, Chronic Respiratory Failure	Recurrent UTI, HTN, Dysphagia	4/5/2022	M	90		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pulmonary Edema, Ventricular Tachycardia, Chronic Heart Failure; Atrial Fibrillation, HTN, CKD, Hypothyroidism	4/5/2022	F	98		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Failure	Hypertensive Heart Disease; Renal Disease, CHF	4/23/2022	M	90		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Failure	Aortic Stenosis; HTN, Angina	4/21/2022	F	93		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Failure	Cerebral Atherosclerosis; Mild Obstructive Pulmonary Disease, Aortic stenosis, A. Fib., HTN	4/23/2022	M	92		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tumor, Left Lung	Left Pleural Effusion, HTN, DM Type 2, Paroxysmal Atrial Fibrillation	4/1/2022	F	94		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Undetermined Natural Causes	HTN, Atrial Fibrillation, Systolic CHF, Dementia, Pulmonary Embolism	4/2/2022	F	94		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Obstruction, w/Hematuria	Hypematremia, Dysphagia, Dementia	4/3/2022	M	90		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LINN COUNTY ENVIRONMENTAL HEALTH
MONTHLY ACTIVITY REPORT**

**FISCAL YEAR
2021-2022**

FOR MONTH OF APRIL

	THIS MONTH	YEAR TO DATE	PREVIOUS YTD
ON-SITE SEWAGE DISPOSAL			
Site Evaluation Applications	5	97	72
Site Evaluation Amendments	0	0	3
Permit Applications			
New	4	62	61
Alteration	4	52	47
Repair	1	46	71
Renewal/Transfer	4	6	7
Authorization Notice Applications			
Field Visit	6	56	90
Record Review	3	8	11
Evaluation Report Applications			
Existing System Evaluation	0	3	6
Existing System Confirmation	1	2	2
Precovers Requested	5	152	167
Precovers Waived	1	6	6
Annual Inspections Performed			
Pumper Truck	0	1	3
O&M Reviews	0	507	230
Complaints Received	1	11	34
LICENSED FACILITIES			
Permanent Restaurant			
Semi-Annual	38	254	199
Semi-Annual Rechecks	14	120	74
Failed to Comply Reinspection	2	9	3
Pre-Opening Inspection	11	31	9
Temporary Restaurant	5	36	3
Benevolent Restaurant	6	23	8

LINN COUNTY ENVIRONMENTAL HEALTH			
MONTHLY ACTIVITY REPORT			
FISCAL YEAR			
2021-2022			
FOR MONTH OF APRIL			
	THIS	YEAR TO	PREVIOUS
	MONTH	DATE	YTD
LICENSED FACILITIES (Continued)			
(Includes Revisits)			
Organizational Camps	0	5	6
Recreational Park	8	12	10
Swimming Pool & Spa	16	66	36
Traveler's Accom	4	18	13
Commissaries	1	12	1
Vending/Mobile	7	75	35
Warehouse	3	28	8
Licensed Facility Plan Review	4	30	16
Complaints Received	2	45	64
COMMUNITY HEALTH			
Day Care Inspections	1	37	37
Jail Inspections	0	1	4
Food Handler Cards	0	0	0
Animal Bite Investigations	0	231	287
School Kitchen & Kidco	27	81	24
Complaints Received	0	9	14
PUBLIC WATER SYSTEMS			
Sanitary Surveys	7	29	35
Deficiency Follow-ups	1	9	15
Alerts	2	35	58
Technical Assists	2	45	35
Reserved for future use	0	0	0
Complaints Received	0	0	1
SOLID WASTE			
Complaints Received	2	16	19
TOTAL NET FUNDS DEPOSITED	\$64,229	\$1,056,844	\$1,040,467



Linn County Department of Health Services

PO Box 100, Albany, OR 97321

Toll Free (800) 304-7468 | TTY/Oregon (800) 735-2900

www.linncountyhealth.org

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

Board Summaries for May 17, 2022

R&O 2022-050

This is an Intergovernmental Agreement between Linn County and State of Oregon, acting by and through its Department of Corrections (DOC) to provide .25 FTE Adult Drug Court Probation Officer. This agreement is in effect from July 1, 2021 to June 30, 2023 for a not to exceed amount of \$96,285.00. This agreement is for pass thru funds from the Criminal Justice Commission, Specialty Courts Grant Program.

R&O 2022-173

This is an Intergovernmental Agreement between Linn County and Benton County for Backup Health Officer Coverage. Linn and Benton County will both pay \$125 per hour for back up coverage to the Public Health Department. This agreement is in effect from July 1, 2022 to December 31, 2022.



COMMISSIONER UPDATE

5/16/2022

Revenue Comparison		20/21	21/22	Up/Down	
21/22 Budgeted \$ 734,445.00 61,204	July	\$ 13,529.00	\$ 4,413.00	\$ (9,116.00)	
	August	\$ 15,989.00	\$ 17,219.00	\$ 1,230.00	
	September	\$ 11,067.00	\$ 20,573.00	\$ 9,506.00	
	October	\$ 1,536.00	\$ 33,627.00	\$ 32,091.00	
	November	\$ 9,985.00	\$ 45,110.00	\$ 35,125.00	
	December	\$ 192,067.00	\$ 86,525.00	\$ (105,542.00)	
	January	\$ 4,008.00	\$ 20,951.00	\$ 16,943.00	
	February	\$ 66,355.00	\$ 114,140.00	\$ 47,785.00	
	March	\$ 3,901.00	\$ 88,511.00	\$ 84,610.00	
	April	\$ 224,067.00	\$ 21,280.00	\$ (202,787.00)	
	May	\$ 35,551.00			
	June	\$ 38,913.00			
		\$ 616,968.00	\$ 452,349.00	\$ (90,155.00)	
					Balance Remaining \$ 282,096.00

M & S Comparison		20/21	21/22	Up/Down	
21/22 Budgeted \$ 581,850.00 48,488	July	\$ 37,677.00	\$ 21,535.00	\$ (16,142.00)	
	August	\$ 37,856.00	\$ 17,723.00	\$ (20,133.00)	
	September	\$ 21,508.00	\$ 39,674.00	\$ 18,166.00	
	October	\$ 30,824.00	\$ 35,991.00	\$ 5,167.00	
	November	\$ 33,519.00	\$ 28,156.00	\$ (5,363.00)	
	December	\$ 42,826.00	\$ 39,041.00	\$ (3,785.00)	
	January	\$ 22,145.00	\$ 22,163.00	\$ 18.00	
	February	\$ 21,416.00	\$ 31,219.00	\$ 9,803.00	
	March	\$ 26,116.00	\$ 39,991.00	\$ 13,875.00	
	April	\$ 89,135.00	\$ 95,764.00	\$ 6,629.00	
	May	\$ 29,056.00			
	June	\$ 45,493.00			
		\$ 437,571.00	\$ 371,257.00	\$ 8,235.00	
					Balance Remaining \$ 210,593.00

Personnel Services		20/21	21/22	Up/Down	
21/22 Budgeted \$ 920,725.00 76,727	July	\$ 43,342.00	\$ 56,296.00	\$ 12,954.00	
	August	\$ 53,760.00	\$ 75,245.00	\$ 21,485.00	
	September	\$ 53,752.00	\$ 63,874.00	\$ 10,122.00	
	October	\$ 56,365.00	\$ 72,677.00	\$ 16,312.00	
	November	\$ 53,740.00	\$ 72,680.00	\$ 18,940.00	
	December	\$ 54,150.00	\$ 106,033.00	\$ 51,883.00	
	January	\$ 53,675.00	\$ 53,814.00	\$ 139.00	
	February	\$ 53,730.00	\$ 56,600.00	\$ 2,870.00	
	March	\$ 53,736.00	\$ 55,005.00	\$ 1,269.00	
	April	\$ 53,705.00	\$ 53,238.00	\$ (467.00)	
	May	\$ 53,870.00			
	June	\$ 52,484.00			
		\$ 636,309.00	\$ 665,462.00	\$ 135,507.00	
					Balance Remaining \$ 255,263.00



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Albany, OR 97322
(541) 926-4314
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5-16-22

Board of Commissioners

RE: American Red Cross

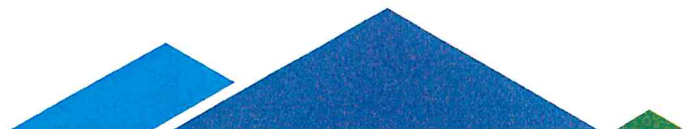
This contract has come before you previously. Section 1 has been amended so that we can refuse access to LC FEC.

Thank You

A handwritten signature in blue ink, appearing to read "Randy Porter". The signature is written in a cursive, flowing style.

Randy Porter

Director





Facility Use Agreement

The American National Red Cross ("Red Cross"), a non-profit corporation chartered by the United States Congress, provides services to individuals, families and communities when disasters strike. The disaster relief activities of the Red Cross are made possible by the American public who support the Red Cross with generous donations. The Red Cross's disaster services are also supported by facility owners who permit the Red Cross to use their buildings as shelters and other service delivery sites for disaster victims. This agreement is between the Red Cross and a facility owner ("Owner") so the Red Cross can use the facility to provide services during a disaster. This agreement only applies when Red Cross requests use of the facility and is managing the activity at the facility.

Parties and Facility

Owner:

Full Name of Owner	Linn County Expo Center
Address	3700 Knox Butte Road, Albany, OR, 97322
24-Hour Point of Contact Name and TitleWork Phone Cell Phone	Randy Porter, Expo Manager, work phone: 541-926-4314, Cell: 541-979-4050
Address for Official Notices (only if different from above address)	Same as above

Red Cross:

Chapter Name	Southwest Oregon Chapter (Cascades Region)
Chapter Address	440 East Broadway, Suite 200, Eugene, Oregon 97401 541-344-5244
24-Hour Point of Contact Name and TitleWork Phone Cell Phone	Duty Officer 1-888-680-1455
Address for Official Notices	American Red Cross, Disaster Cycle Services Logistics, 8550 Arlington Blvd., Fairfax, VA 22031

Facility:

Linn County Expo Center: The Willamette Event Center and the Santiam Building will be used as the sleeping areas. The Conference Center will be the eating area.

Terms and Conditions

1. **Use of Facility:** After receipt of written request and if determined to be feasible in the reasonable discretion of Owner, Owner will permit the Red Cross to use and occupy the Facility or portions of the Facility on a temporary basis to conduct emergency, disaster-related activities. The Facility may be used for the following purposes (both parties must initial all that apply):

Facility Purpose	Owner Initials	Red Cross Initials
Service Center (Operations, Client Services, or Volunteer Intake)		
Storage of supplies		
Parking of vehicles		
Disaster Shelter		

2. **Facility Management:** The Red Cross will designate a Red Cross official to manage the activities at the Facility ("Red Cross Manager"). The Owner will designate a Facility Coordinator to coordinate with the Red Cross Manager regarding the use of the Facility by the Red Cross.
3. **Condition of Facility:** The Facility Coordinator and Red Cross Manager (or designee) will jointly conduct a survey of the Facility before it is turned over to the Red Cross. They will use the first page of the Red Cross's **Facility/Shelter Opening/Closing Form** to record any existing damage or conditions. The Facility Coordinator will identify and secure all equipment in the Facility that the Red Cross should not use. The Red Cross will exercise reasonable care while using the Facility and will not modify the Facility without the Owner's express written approval.
4. **Food Services** (This paragraph applies only when the Facility is used as a shelter or service center.): Upon request by the Red Cross, and if such resources are available, the Owner will make the food service resources of the Facility, including food, supplies, equipment and food service workers, available to feed the shelter occupants. Facility Coordinator will designate a Food Service Manager to coordinate meals at the direction of and in cooperation with the Red Cross Manager. Food Service Manager will establish a feeding schedule and supervise meal planning and preparation. Food Service Manager and Red Cross Manager will jointly conduct a pre-occupancy inventory of the food and food service supplies before the Facility is turned over to the Red Cross. When the Red Cross vacates the Facility, the Red Cross Manager and Facility Coordinator or Food Service Manager will conduct a post-occupancy inventory of the food and supplies used during the Red Cross's activities at the Facility.
5. **Custodial Services** (This paragraph applies only when the Facility is used as a shelter or service center.): Upon request of the Red Cross and if such resources are available, the Owner will make its custodial resources, including supplies and workers, available to provide cleaning and sanitation services at the Facility. The Facility Coordinator will designate a Facility Custodian to coordinate these services at the direction of and in cooperation with the Red Cross Manager.
6. **Security/Safety:** In coordination with the Facility Coordinator, the Red Cross Manager, as he or she deems necessary and appropriate, will coordinate with law enforcement regarding any security and safety issues at the Facility.
7. **Signage and Publicity:** The Red Cross may post signs identifying the Facility as a site of Red Cross operations in locations approved by the Facility Coordinator. The Red Cross will remove such signs when the Red Cross concludes its activities at the Facility. The Owner will not issue press releases or other publicity concerning the Red Cross's activities at the Facility without the written consent of the Red Cross Manager. The Owner will refer all media questions about the Red Cross activities to the Red Cross Manager.
8. **Closing the Facility:** The Red Cross will notify the Owner or Facility Coordinator of the date when the Red Cross will vacate the Facility. Before the Red Cross vacates the Facility, the Red Cross Manager and Facility Coordinator will jointly conduct a post-occupancy inspection, using the second page of the *Shelter/Facility Opening/Closing Form*, to record any damage or conditions.

9. Reimbursement: The Red Cross will reimburse the Owner for the following:

- a. *Damage to the Facility or other property of Owner, reasonable wear and tear excepted, resulting from the operations of the Red Cross. Reimbursement for facility damage will be based on replacement at actual cash value. The Red Cross, in consultation with the Owner, will select from bids from at least three reputable contractors. The Red Cross is not responsible for storm damage or other damage caused by the disaster.*
- b. *Reasonable costs associated with custodial and food service personnel and supplies which would not have been incurred but for the Red Cross's use of the Facility. The Red Cross will reimburse at per-hour, straight-time rate for wages actually incurred but will not reimburse for (i) overtime or (ii) costs of salaried staff.*
- c. *Reasonable, actual, out-of-pocket costs for the utilities indicated below, to the extent that such costs would not have been incurred but for the Red Cross's use of the Facility. (Both parties must initial all utilities that may be reimbursed by the Red Cross):*

	Owner Initials	Red Cross Initials
Water		
Gas		
Electricity		
Waste Disposal		

- d. The Owner will submit any request for reimbursement to the Red Cross within 60 days after the occupancy of the Red Cross ends. Any request for reimbursement must be accompanied by supporting invoices. Any request for reimbursement for personnel costs must be accompanied by a list of the personnel with the dates and hours worked.
- e. If the disaster is a Federally-declared disaster and Owner is a municipal or state government entity, then the Owner will work with appropriate emergency management agencies to seek cost reimbursement through the Federal Emergency Management Agency's program for administering Public Assistance Category B under the Robert T. Stafford Act. The Red Cross is not obligated to reimburse the Owner for costs covered by Public Assistance Category B.

10. Insurance: The Red Cross shall carry insurance coverage in the amounts of at least \$1,000,000 per occurrence for Commercial General Liability and Automobile Liability. The Red Cross shall also carry Workers' Compensation coverage with statutory limits for the jurisdiction within which the facility is located and \$1,000,000 in Employers' Liability.

11. Indemnification: The Red Cross shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to claims for bodily injury, death, and property damage arising from the negligence of the Red Cross during the use of the Facility.



Facility Use Agreement

12. Term: The term of this agreement begins on the date of the last signature below and ends 30 days after written notice by either party.

The American National Red Cross

Owner (Legal Name)

(Legal Name)

By (Signature)

By (Signature)

Name (Printed)

Name (Printed)

Title

Title

Date

Date



Linn County Road Department

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

Memorandum

Date: 5/12/2022

To: Linn County Board of Commissioners

From: Wayne Mink, Roadmaster *WEM*

RE: Background Information for Agenda Items – 5/17/2022

The Road Department has the following items on the Board of Commissioners agenda for the weekly meeting on May 17, 2022. The following is a brief description of the items.

Resolution & Order 2022-169 – Delegation of Authority, Oil Rock Purchase

This is a Resolution & Order to approve a delegation of authority to the Roadmaster for purchase of oil rock for the 2022 chip seals project. This purchase is from Knife River for the delivery to the Lebanon maintenance yard in the amount of \$58,700.

Resolution & Order 2022-170 – Delegation of Authority, Oil Rock Purchase

This is a Resolution & Order to approve a delegation of authority to the Roadmaster for purchase of oil rock for the 2022 chip seals project. This purchase is from Knife River for the delivery to various stockpile locations in the Sweet Home maintenance district in the amount of \$80,226.50.

Resolution & Order 2022-171 – Delegation of Authority, Oil Rock Purchase

This is a Resolution & Order to approve a delegation of authority to the Roadmaster for purchase of oil rock for the 2022 chip seals project. This purchase is from Knife River for the delivery to the Scott Mountain Quarry site in the amount of \$83,248.

Resolution 2022-172 – Authorize Road Closure, Main Street in Scio (County Road 611)

This is a Resolution to authorize the closure of a portion of Main Street in Scio for the Linn County Lamb and Wool Fair Parade and related activities. The dates requested for the closure are May 20 and 21 at the times indicated. Event organizers coordinate with the Road Department and the Linn County Sheriff's Office.

We request your approval.

LINN COUNTY TREASURER



MICHELLE HAWKINS

Treasurer

mhawkins@co.linn.or.us

Rhonda Walters

Chief Deputy Treasurer

rwalters@co.linn.or.us

*Linn County Courthouse
P.O. Box 100, Albany, Oregon 97321
(541) 967-3861 FAX: (541) 926-8228*

To: Board of Commissioners

From: Linn County Treasurer/Budget Officer

Date: May 17th, 2022

Re: **Order # 2022-162**

Resolution & Order #2022-162 is a request from the Steve Wills for the Fire Hardening Grant from the State of Oregon. We need to increase the amount they will be receiving as they have spent what they first received. This should take them through the end of the fiscal year.

Financial Impact. There is no financial impact.