

**NOTICE OF WORK SESSION  
DELAWARE CITY COUNCIL  
MONDAY, MARCH 2, 2020  
6:30 P.M.  
1 SOUTH SANDUSKY STREET  
COUNCIL CHAMBERS**

**AGENDA**

1. ROLL CALL
2. PUBLIC COMMENTS
3. CONSIDERATION of Resolution No. 20-22, a resolution to accept the One Ohio Memorandum of Understanding regarding Opioid Litigation Settlement.
4. CONTINUED REVIEW and DISCUSSION of Council's Priorities and City Manager's 2020 Work Program
  - A. City Budget Questionnaire (See enclosed memo)
5. DISCUSSION of Transportation Funding Options
6. ADJOURNMENT



## FACT SHEET

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AGENDA ITEM NO: 3

DATE: 03/02/2020

ORDINANCE NO:

RESOLUTION NO: 20-22

READING: FIRST

PUBLIC HEARING: NO

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TO: Mayor and Members of City Council

FROM: R. Thomas Homan, City Manager

VIA: Darren Shulman, City Attorney

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**TITLE OF PROPOSED ORDINANCE/RESOLUTION:**

A RESOLUTION TO ACCEPT THE ONE OHIO MEMORANDUM OF UNDERSTANDING REGARDING OPIOID LITIGATION SETTLEMENT.

**BACKGROUND:**

A lawsuit was filed by many municipalities against opioid manufacturers and distributors. While Delaware did not participate in the suit, all governments in Ohio are eligible to receive settlement funds.

**REASON WHY LEGISLATION IS NEEDED:**

Pursuant to an Ohio Municipal League Legislative Bulletin, legislative bodies have until March 6 to pass a resolution accepting the MOU.

**COMMITTEE RECOMMENDATION:**

**FISCAL IMPACT(S):**

Delaware is slated to receive .1151% of the settlement, which is intended to go for the purpose of covering costs related to opioid abatement efforts in the City.

**POLICY CHANGES:**

N/A

**PRESENTER(S):**

Darren Shulman, City Attorney

**RECOMMENDATION:**

Approval

**ATTACHMENT(S)**

MOU

Letter from One Ohio

Ohio Abatement Strategies

RESOLUTION NO. 20-22

A RESOLUTION TO ACCEPT THE ONE OHIO  
MEMORANDUM OF UNDERSTANDING REGARDING  
OPIOID LITIGATION SETTLEMENT.

AN EMERGENCY RESOLUTION AUTHORIZING the City Attorney to accept the One Ohio Memorandum of Understanding regarding the pursuit and use of potential opioid litigation settlement funds.

WHEREAS, the City of Delaware Ohio (herein “Municipality”) is a municipal entity formed and organized pursuant to the Constitution and laws of the State of Ohio; and

WHEREAS, the people of the State of Ohio and its communities have been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the Opioid Pharmaceutical Supply Chain; and

WHEREAS, the State of Ohio, through its Attorney General, and certain Local Governments, through their elected representatives and counsel, are separately engaged in litigation seeking to hold Opioid Pharmaceutical Supply Chain Participants accountable for the damage caused by their misfeasance, nonfeasance and malfeasance; and

WHEREAS, the State of Ohio, through its Governor and Attorney General, and its Local Governments share a common desire to abate and alleviate the impacts of that misfeasance, nonfeasance and malfeasance throughout the State of Ohio; and

WHEREAS, the State and its Local Governments, subject to completing formal documents effectuating the Parties Agreements, have drafted a One Ohio Memorandum of Understanding (“MOU”) relating to the allocation and the use of the proceeds of any potential settlements described; and

WHEREAS, the MOU has been collaboratively drafted to maintain all individual claims while allowing the State and Local Governments to cooperate in exploring all possible means of resolution; and

WHEREAS, nothing in the MOU binds any party to a specific outcome; and

WHEREAS, any resolution under the MOU will require acceptance by the State of Ohio and the Local Governments; and

WHEREAS, Council understands that the purpose of the MOU is to permit collaboration between the State of Ohio and Local Governments to explore and potentially effectuating earlier resolution of the Opioid Litigation against Opioid Pharmaceutical Supply Chain Participants; and

WHEREAS, Council understands that an additional purpose is to create an effective means of distributing any potential settlement funds obtained under the MOU between the State of Ohio and Local Governments in a manner and means that would promote an effective and meaningful use of the funds in abating the opioid epidemic throughout Ohio; and

WHEREAS, Council wishes to agree to the non-binding Memorandum of Understanding

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL FOR THE CITY OF DELAWARE, STATE OF OHIO.

SECTION 1. That the City Attorney is authorized to accept the One Ohio Memorandum of Understanding on behalf of the City of Delaware.

SECTION 2. That it is found and determined that all formal actions of the Council relating to the adoption of this resolution were adopted in an open meeting of this Council, and that all deliberations of this Council and any of its committees that resulted in such formal action, were in meetings open to the public, in compliance with all legal requirements.

SECTION 3. That this resolution shall take effect and be in force immediately after its passage.

PASSED: \_\_\_\_\_, 2020

YEAS\_\_\_ NAYS\_\_\_

ABSTAIN \_\_\_

ATTEST: \_\_\_\_\_

\_\_\_\_\_

CITY CLERK

MAYOR

## ONE OHIO MEMORANDUM OF UNDERSTANDING

Whereas, the people of the State of Ohio and its communities have been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the Pharmaceutical Supply Chain; and,

Whereas, the State of Ohio, through its Attorney General, and certain Local Governments, through their elected representatives and counsel, are separately engaged in litigation seeking to hold Pharmaceutical Supply Chain Participants accountable for the damage caused by their misfeasance, nonfeasance and malfeasance; and,

Whereas, the State of Ohio, through its Governor and Attorney General, and its Local Governments share a common desire to abate and alleviate the impacts of that misfeasance, nonfeasance and malfeasance throughout the State of Ohio;

Now therefore, the State and its Local Governments, subject to completing formal documents effectuating the Parties' agreements, enter into this Memorandum of Understanding ("MOU") relating to the allocation and use of the proceeds of Settlements described.

### A. Definitions

As used in this MOU:

1. "The State" shall mean the State of Ohio acting through its Governor and Attorney General.
2. "Local Government(s)" shall mean all counties, townships, cities and villages within the geographic boundaries of the State of Ohio.
3. "The Parties" shall mean the State of Ohio, the Local Governments and the Plaintiffs' Executive Committee of the National Prescription Opiate Multidistrict Litigation.
4. "Negotiating Committee" shall mean a three-member group comprising one representative for each of (1) the State; (2) the Plaintiffs' Executive Committee of the National Prescription Opiate Multidistrict Litigation ("PEC"); and (3) Ohio Local Governments (collectively, "Members"). The State shall be represented by the Ohio Attorney General or his designee. The PEC shall be represented by attorney Joe Rice or his designee. Ohio Local Governments shall be represented by attorney Frank Gallucci, or attorney Russell Budd or their designee.
5. "Settlement" shall mean the negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the State, PEC and the Local Governments.

6. “Opioid Funds” shall mean monetary amounts obtained through a Settlement as defined in this Memorandum of Understanding.
7. “Approved Purpose(s)” shall mean evidence-based forward-looking strategies, programming and services used to (i) expand the availability of treatment for individuals affected by substance use disorders, (ii) develop, promote and provide evidence-based substance use prevention strategies, (iii) provide substance use avoidance and awareness education, (iv) decrease the oversupply of licit and illicit opioids, and (v) support recovery from addiction services performed by qualified and appropriately licensed providers, as is further set forth in the agreed Opioid Abatement Strategies attached as Exhibit A. For purposes of the Local Government Share, “Approved Purpose(s)” will also include past expenditures.
8. “Pharmaceutical Supply Chain” shall mean the process and channels through which Controlled Substances are manufactured, marketed, promoted, distributed or dispensed.
9. “Pharmaceutical Supply Chain Participant” shall mean any entity that engages in or has engaged in the manufacture, marketing, promotion, distribution or dispensing of an opioid analgesic.

## **B. Allocation of Settlement Proceeds**

1. All Opioid Funds shall be divided with 30% going to Local Governments (“LG Share”), 55% to the Foundation (structure described below) (“Foundation Share”), and 15% to the Office of the Ohio Attorney General as Counsel for the State of Ohio (“State Share”).
2. All Opioid Funds, regardless of allocation, shall be utilized in a manner consistent with the Approved Purposes definition. The LG Share may also be used for past expenditures so long as the expenditures were made for purposes consistent with the remaining provisions of the Approved Purposes definition. Prior to using any portion of the LG Share as restitution for past expenditures, a Local Government shall pass a resolution or take equivalent governmental action that explains its determination that its prior expenditures for Approved Purposes are greater than or equal to the amount of the LG Share that the Local Government seeks to use for restitution.
3. The division of Opioid Funds paid to Local Governments participating in an individual settlement shall be based on the allocation created and agreed to by the Local Governments which assigns each Local Government a percentage share of Opioid Funds. The allocations are set forth in Exhibit B. With respect to Opioid Funds, the allocation shall be static.
4. In the event a Local Government merges, dissolves, or ceases to exist, the allocation percentage for that Local Government shall be redistributed equitably based on the



composition of the successor Local Government. If a Local Government for any reason is excluded from a specific settlement, the allocation percentage for that Local Government shall be redistributed equitably among the participating Local Governments.

5. If the LG Share is less than \$500, then that amount will instead be distributed to the county in which the Local Government lies to allow practical application of the abatement remedy.
6. Funds obtained from parties unrelated to the Litigation, via grant, bequest, gift or the like, separate and distinct from the Litigation, may be directed to the Foundation and disbursed as set forth below.
7. The LG Share shall be paid in cash and directly to Local Governments under a settlement or judgment, or through an administrator designated in the settlement documents who shall hold the funds in trust in a segregated account to benefit the Local Governments to be promptly distributed as set forth herein.
8. Nothing in this MOU should alter or change any Local Government's rights to pursue its own claim. Rather, the intent of this MOU is to join all parties to seek and negotiate binding settlement or settlements with one or more defendants for all parties within Ohio.
9. Opioid Funds directed to the Foundation shall be used to benefit the local community consistent with the by-laws of the Foundation documents and disbursed as set forth below.
10. The State of Ohio and the Local Governments understand and acknowledge that additional steps should be undertaken to assist the Foundation in its mission, at a predictable level of funding, regardless of external factors.
11. The Parties will take the necessary steps to ensure there is the ability of a direct right of action under the expedited docket rules to the Ohio Supreme Court relative to any alleged abuse of discretion by the Foundation.

### **C. Payment of Counsel and Litigation Expenses**

1. The Parties agree to establish a Local Government Fee Fund ("LGFF") to compensate counsel for Local Governments if the Parties cannot secure the separate payment of fees and associated litigation expenses for their counsel from a settling entity.
2. The LGFF shall be calculated by taking 11.05% of the total monetary component of any settlement accepted ("LGFF Amount"). Fees related to product or other items of value shall be addressed case by case.

3. The first 45% of the LGFF amount shall be drawn from the LG Share. The remaining 55% shall be drawn from the Foundation Share. No portion of the LGFF Amount may be assessed against or drawn from the State Share.
4. To the extent the Parties can secure the separate payment of fees and associated litigation expenses from a settling entity, the amount to be drawn for the LGFF will be proportionally reduced.
5. This LGFF Amount will be deposited into the LGFF and shall be divided with 60% being allocated to the National Prescription Opiate MDL (“M.D.L.”) Common Benefit fund for fees and expenses and 40% to contingency fees.
6. Local Government contingent fee contracts shall be capped at 25% or the actual contract rate whichever is less. Eligible contingent fee contracts shall be executed as of March 6, 2020 and subject to review by the committee designated to oversee the Local Government Fee Fund.
7. Common Benefit awards will be coordinated as set forth in the M.D.L. Common Benefit Fee Order. Expenses will be addressed consistent with the manner utilized in the M.D.L.
8. Any balance left in the LGFF following the payment of fees shall revert to the Foundation.
9. Any attorney fees related to representation of the State of Ohio shall not be paid from the LGFF but paid directly from the State Share or through other sources.

**D. The Foundation**

1. The State of Ohio will be divided into 19 Regions (See attached Exhibit C). Eight of the regions will be single or two county metropolitan regions. Eleven of the regions will be multi-county, non-metropolitan regions.
2. Each Region shall create their own governance structure so it ensures all Local Governments have input and equitable representation regarding regional decisions including representation on the board and selection of projects to be funded from the region’s Regional Share. The Expert Panel (defined below) may consult with and may make recommendations to Regions on projects to be funded. Regions shall have the responsibility to make decisions that will allocate funds to projects that will equitably serve the needs of the entire Region.
3. The Parties shall create a private 501(c)(3) foundation (“Foundation”) with a governing board (“Board”), a panel of experts (“Expert Panel”), and such other regional entities as may be necessary for the purpose of receiving and disbursing Opioid Funds and other purposes as set forth both herein and in the documents establishing the Foundation. The Foundation will allow Local Governments to take

advantage of economies of scale and will partner with the State of Ohio to increase revenue streams.

4. Board Composition

a. The Board will consist of 29 members comprising representation from four classes:

- Six members selected by the State (five selected by the Governor and one selected by the Attorney General);
- Four members drawn from the Legislature
  - One representative selected by the President of the Ohio Senate;
  - One representative selected by the Ohio Senate Minority Leader;
  - One representative selected by the Speaker of the Ohio House of Representatives; and,
  - One representative selected by the Ohio House Minority Leader
- Eleven members with one member selected from each non-metropolitan Regions; and
- Eight members, with one member selected from each metropolitan Regions.

b. All board members shall serve as fiduciaries of the Foundation as required by Ohio Revised Code § 1702.30(B) governing directors of nonprofit corporations.

5. Board terms will be staggered. Five members, (one from each of the first three classes above, and two from the metropolitan class) will be appointed for an initial three-year term, eight members of the Board (two from the first class, including the Attorney General's representative, one from the second class, four from the third class, and one from the fourth class) will be appointed for an initial term of one year. The remaining members will be appointed for a two-year term. Board members may be reappointed. All subsequent terms will be for two years.

6. Eighteen members of the Board shall constitute a quorum. Members of the Board may participate in meetings by telephone or video conference or may select a

designee to attend and vote if the Board member is unavailable to attend a board meeting.

7. In all votes of the Board, a measure shall pass if a quorum is present, the measure receives the affirmative votes from a majority of those board members voting, and at least one member from each of the four classes of Board members votes in the affirmative.
8. The Foundation shall have an Executive Director appointed by the Governor.
  - a. The Governor shall appoint the Executive Director at his or her discretion from a list of three candidates provided to the Governor by the Board. If the Governor finds all three candidates to be unsatisfactory, the Governor may reject all three candidates and request the Board to provide three new persons to select from.
  - b. In choosing candidates to be submitted to the Governor, the Board shall seek candidates with at least six (6) years of experience in addiction, mental health and/or public health and who shall have management experience in those fields.
  - c. No funds derived from the Foundation Share shall be used to pay the Executive Director or any of the foundation staff in excess of the maximum range (range 42) of the Department of Administrative Services Exempt Schedule E2 or that schedule's successor.
  - d. The Executive Director shall serve as an ex officio, non-voting member of both the Board and the Expert Panel.
9. The Board shall appoint the Expert Panel. The Expert Panel shall consist of six members submitted by the Board Members representing the Local Governments, two members submitted by the Governor and one member submitted by the Attorney General. Expert Panel members may be members of Local Governments or the State. The Expert Panel will utilize experts in addiction, pain management, public health and other opioid related fields to make recommendations that will seek to ensure that all 19 regions can address the opioid epidemic both locally and statewide. Expert Panel members may also be members of the Foundation Board, but need not be.
10. The Foundation Board and the Regions shall be guided by the recognition that expenditures should ensure both the efficient and effective abatement of the opioid epidemic and the prevention of future addiction and substance misuse. In recognition of these core principles, the Board and the Regions shall endeavor to assure there are funds disbursed each year to support evidence-based substance abuse/misuse prevention efforts.

11. Disbursement of Foundation Funds by the Board

- a. The Foundation Board shall develop and approve procedures for the disbursement of Opioid Funds of the Foundation consistent with this Memorandum of Understanding.
- b. Funds for statewide programs, innovation, research, and education may also be expended by the Foundation. Any statewide programs funded from the Foundation Share would be only as directed by an affirmative vote of the Board as set forth in paragraph D(7) above. Expenditures for these purposes may also be funded by the Foundation with funds received from either the State Share (as directed by the State) or from sources other than Opioid Funds as provided in paragraph 14 below.
- c. Funds approved for disbursement to the nineteen Regions shall be allocated based on each Region's share of Opioid Funds ("Regional Share"). Each Regional Share shall be calculated by summing the individual percentage shares of the Local Governments within that Region as set forth in Exhibit B. The Regional Shares for each Region are set forth in Exhibit D.
- d. Regions may collaborate with other Regions to submit joint proposals to be paid for from the Regional Shares of two or more Regions for the use of those Regions.
- e. The Foundation's procedures shall set forth the role of the Expert Panel and the Board in advising, determining, and/or approving disbursements of Opioid Funds for Approved Purposes by either the Board or the Regions. Proposed disbursements to Regions of Regional Shares shall be reviewed only to determine whether the proposed disbursement meets the criteria for Approved Purposes.
- f. Within 90 days of the first receipt of any Opioid Funds and annually thereafter, the Board, assisted by its investment advisors and Expert Panel, shall determine the amount and timing of Foundation funds to be distributed as Regional Shares. In making this determination, the Board shall consider: (a) Pending requests for Opioid Funds from Regions; (b) the total Opioid Funds available; (c) the timing of anticipated receipts of future Opioid Funds; (d) non-Opioid Funds received by the Foundation; and (e) investment income. The Foundation may disburse its principal and interest with the aim towards an efficient, expeditious abatement of the Opioid crisis considering long term and short term strategies.
- g. Votes of the Board on the disbursement and expenditure of funds shall, as with all board votes, be subject to the voting procedures in Section D(7) above. The proposed procedures should provide for the Board to hear appeals by Local Governments from any denials of requested use of funds.

12. The Foundation, Expert Panel, and any other entities under the supervision of the Foundation shall operate in a transparent manner. Meetings shall be open, and documents shall be public to the same extent they would be if the Foundation was a public entity. All operations of the Foundation and all Foundation supervised entities shall be subject to audit. The bylaws of the Foundation Board regarding governance of the Board as adopted by the Board, may clarify any other provisions in this MOU except this subsection. This substantive portion of this subsection shall be restated in the bylaws.
13. The Foundation shall consult with a professional investment advisor to adopt a Foundation investment policy that will seek to assure that the Foundation's investments are appropriate, prudent, and consistent with best practices for investments of public funds. The investment policy shall be designed to meet the Foundation's long and short-term goals.
14. The Foundation and any Foundation supervised entity may receive funds including stocks, bonds, real property and cash in addition to the proceeds of the Litigation. These additional funds shall be subject only to the limitations, if any, contained in the individual award, grant, donation, gift, bequest or deposit consistent with the mission of the foundation.

#### **E. Settlement Negotiations**

1. All Members of the Negotiating Committee, and their respective representatives, shall be notified of and provided the opportunity to participate in all negotiations relating to any Ohio-specific Settlement with a Pharmaceutical Supply Chain Participant.
2. No Settlement Proposal can be accepted for presentation to Local Governments or the State under this MOU over the objection of any of the three Members of the Negotiating Committee. The Chair shall poll the Committee Members at the conclusion of discussions of any potential settlement proposal to determine whether such objections exist. Although multiple individuals may be present on a Member's behalf, for polling purposes each Member is a single entity with a single voice.
3. Any Settlement Proposal accepted by the Negotiating Committee shall be subject to approval by Local Governments and the State.
4. As this is an "All Ohio" effort, the Committee shall be Chaired by the Attorney General. However, no one member of the Negotiating Committee is authorized to speak publicly on behalf of the Negotiating Committee without consent from the other Committee Members.
5. The State of Ohio, the PEC or the Local Governments may withdraw from coordinated Settlement discussions detailed in this Section upon 5 days' written

notice to the remaining Committee Members and counsel for any affected Pharmaceutical Supply Chain Participant. The withdrawal of any Member releases the remaining Committee Members from the restrictions and obligations in this Section.

- 6. The obligations in this Section shall not affect any Party's right to proceed with trial or, within 30 days of the date upon which a trial involving that Party's claims against a specific Pharmaceutical Supply Chain Participant is scheduled to begin, reach a case specific resolution with that particular Pharmaceutical Supply Chain Participant.

**Acknowledgment of Agreement**

We the undersigned have participated in the drafting of the above Memorandum of Understanding including consideration based on comments solicited from Local Governments. This document has been collaboratively drafted to maintain all individual claims while allowing the State and Local Governments to cooperate in exploring all possible means of resolution. Nothing in this agreement binds any party to a specific outcome. Any resolution under this document will require acceptance by the State of Ohio and the Local Governments.

FOR THE STATE OF OHIO:

\_\_\_\_\_  
**Mike DeWine, Governor**

\_\_\_\_\_  
**Dave Yost, Attorney General**

FOR THE LOCAL GOVERNMENTS AND  
PLAINTIFFS' EXECUTIVE COMMITTEE:

**Frank L Gallucci III**

Plevin & Gallucci Co., LPA

**Anthony J. Majestro**

Powell & Majestro PLLC

**Michelle Kranz**

Zoll & Kranz, LLC

**Donald W. Davis, Jr.**

Brennan, Manna & Diamond, LLC

**Joe Rice**

Motley Rice, LLC

**Russell Budd**

Baron & Budd, PC

**Robert R. Miller**

Oths, Heiser, Miller, Waigland  
& Clagg, LLC

**D. Dale Seif, Jr.**

Seif & McNamee, LLC

**James Lowe**

Lowe, Eklund & Wakefield Co., LPA

**Peter H. Weinberger**

Dustin Herman  
Spangenberg, Shibley & Liber LLP

**Kevin M. Butler**

Law Offices of Kevin M. Butler



We the undersigned ACCEPT / REJECT (Circle One) the One Ohio Memorandum of Understanding (“MOU”). We understand that the purpose of this MOU is to permit collaboration between the State of Ohio and Local Governments to explore and potentially effectuating earlier resolution of the Opioid Litigation against Pharmaceutical Supply Chain Participants. We also understand that an additional purpose is to create an effective means of distributing any potential settlement funds obtained under this MOU between the State of Ohio and Local Governments in a manner and means that would promote an effective and meaningful use of the funds in abating the opioid epidemic throughout Ohio.



**MIKE DEWINE**  
GOVERNOR OF OHIO



**DAVE YOST**  
OHIO ATTORNEY GENERAL

February 19, 2020

Dear Local Government Leaders,

A little more than two years ago, Ohio became one of the first states to file lawsuits against the opioid manufacturers and distributors that pushed millions of addictive pills into our state. Since then, local leaders like you – from townships, villages, cities, and counties both within and outside Ohio – have filed suit against these same companies.

We know that the opioid epidemic has left no part of our state untouched, with every community having had to address the unique needs of those suffering from substance use disorder. We have learned, however, that we are stronger when we work together. Now, united as One Ohio, we want to move in one direction – to expand our prevention efforts, invest in treatment, support our law enforcement, and strengthen our efforts for a sustained recovery.

We are not asking you to walk away from your individual lawsuits. By working together, though, we can:

- Bring a swift resolution to this matter in Ohio and continue the real work of helping those in need.
- Ensure a settlement for Ohio that recognizes how every corner of the state has been hit hard by this crisis.

Because of your commitment to Ohioans' future, we have been charting a new way forward during the past few months. No plan is perfect, but One Ohio allows us to achieve our primary goals of a common purpose, local control, and a visionary statewide foundation to help combat the drug crisis for years to come. The fund will remain flexible to meet evolving needs while aiding families torn apart by this epidemic.

Moving forward, we genuinely believe that it is in everyone's best interest for Ohio to have a united front regarding any potential settlement. Your support of this effort signals hope for the families that are struggling.

Let this plan guide us as we work together. Let us speak with one voice. Let us be One Ohio.

Very respectfully yours,

Mike DeWine  
Ohio Governor

Dave Yost  
Attorney General

# OHIO ABATEMENT STRATEGIES

## Opioid-Related Definition:

Funds from any settlement dollars should be used to prevent, treat and support recovery from addiction including opioids and/or any other co-occurring substance use and/or mental health conditions which are all long-lasting (chronic) diseases that can cause major health, social, and economic problems at the individual, family and/or community level.

## Ohio Abatement Strategy Overview

Similar to and including many national settlement strategies, to abate addiction in Ohio, we have created an abatement plan that includes three main components that will work collaboratively to address Ohio's needs and also serve as a complement to and should be integrated with all other state and local government plans:

1. **Strategies for Community Recovery:** Included but not limited to prevention, treatment, recovery support and community recovery projects (examples include child welfare, law enforcement strategies and other infrastructure supports). These strategies have a hyper-local focus that allows communities to collaborate and expand necessary services to their community.
2. **Strategies for Statewide Innovation & Recovery:** Included but are not limited to strategies included in Community Recovery Component but also projects that promote statewide change and regional development for prevention, treatment, recovery supports and community recovery (examples include regional treatment hubs, drug task forces, data collection and dissemination). This component also includes research and development to understand how to better serve individuals and families in Ohio.
3. **Strategies for Sustainability:** Ohio's addiction and mental health epidemic was not created overnight, and it will not go away immediately. By collaborating to share resources and knowledge, Ohio's state and local communities can build a sustainable financing strategy and infrastructure to reverse the damage that has been done and prevent future epidemics and crises.

## **PART ONE: Community Recovery**

### **Treatment**

Expanding availability of treatment, including Medication-Assisted Treatment (MAT), for OUD and any co-occurring substance use or mental health condition.

Trauma-informed treatment services and support for individuals, their children and family members who have experienced trauma during their lives including trauma as a result of addiction in the family.

Expand access and support infrastructure developments for telemedicine / telehealth services to increase access to OUD treatment, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

Improve oversight and quality assurance of Opioid Treatment Programs (OTPs) to assure evidence-informed practices such as adequate methadone dosing.

Engage non-profits and faith community to uncover and leverage current community faith-based prevention, treatment and recovery support in partnership with medical and social service sectors.

Expand culturally appropriate services and programs that address health disparities in treatment for persons with mental health and substance use disorders, including for programs for vulnerable populations (i.e. homeless, youth in foster care, etc.); citizens of racial, ethnic, geographic and socio-economic differences, and new Americans to ensure that all Ohioans have access and treatment and recovery support services that meet their needs.

Development of National Treatment Availability Clearinghouse – Fund development of a multistate/nationally accessible database whereby healthcare providers can list locations for currently available in-patient and out-patient OUD treatment services that are both timely and accessible to all persons who seek treatment.

Ensure that each patient's needs and treatment recommendations are determined by a qualified clinical professional. Offer training and practice support to clinicians on the American Society of Addiction Medicine (ASAM) levels of care (or other models) and the most effective methods of treatment continuation between levels of care for people with addiction including opioids and any other co-occurring substance use or mental health conditions and make all levels of care available to all Ohioans.

### **Early Intervention and Crisis Support**

Fund the expansion, training and integration of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Screening, Treatment Initiation and Referral (STIR) programs and ensure that healthcare providers are screening for addiction and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for mental health and substance use disorders.

Support work of Emergency Medical Systems, including peer support specialists, to effectively connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

Create an intake and call center to facilitate education and access to treatment, prevention and recovery services for persons with addiction including opioids and any co-occurring substance use or mental health conditions.

Create a plan to meet the distinct needs of families of children and youths who experience severe emotional disorders and provide respite and support for these caregivers to reduce family crisis and promote treatment.

Create community-based intervention services for families, youth, and adolescents at-risk for addiction including opioids and any co-occurring substance use or mental health conditions.

Create school-based contacts who parents can engage with to seek immediate treatment services for their child.

Develop best practices on addressing individuals with addiction in the workplace, including opioids and any other co-occurring substance use or mental health conditions.

Implement and support assistance programs for healthcare providers with OUD and any co-occurring substance use disorders or mental health (SUD/MH) conditions.

### **Address the Needs of Criminal-Justice Involved Persons**

Address the needs of persons involved in the criminal justice system who have opioid use disorder (OUD) and any co-occurring substance use disorders or mental health (SUD/MH) conditions.

Support pre-arrest diversion and deflection strategies for persons with addiction including opioids and any other co-occurring substance use or mental health conditions, including established strategies such as sequential intercept mapping and other active outreach strategies such as the Drug Abuse Response Team (DART) or Quick Response Team (QRT) models or other co-responder models that engage people not actively engaged in treatment.

Support pre-trial services that connect individuals with addiction including opioids and any other co-occurring substance use or mental health conditions to evidence-informed treatment, including MAT, and related services.

Support treatment and recovery courts for persons with addiction including opioids and any other co-occurring substance use or mental health conditions, but only if these problem-solving courts provide referrals to evidence-informed treatment, including MAT.

Provide evidence-informed treatment, including MAT, evidence-based psychotherapies, recovery support, harm reduction, or other appropriate services to individuals with addiction

including opioids and any other co-occurring substance use or mental health conditions who are incarcerated, on probation, or on parole.

Provide evidence-informed treatment, including MAT, evidence-based psychotherapies, recovery support, harm reduction, or other appropriate re-entry services to individuals with addiction including opioids and any other co-occurring substance use or mental health conditions who are leaving jail or prison or who have recently left jail or prison.

Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis substance use disorder/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

### **Mother-Centered Treatment and Support**

Finance and promote evidence-informed treatment, including MAT, recovery, and prevention services for pregnant women, post-partum mothers, as well as those who could become pregnant and have addiction including opioids and any other co-occurring substance use or mental health conditions.

Training for obstetricians and other healthcare personnel who work with pregnant women or post-partum women and their families regarding treatment for addiction including opioids and any other co-occurring substance use or mental health conditions.

Invest in measures to address Neonatal Abstinence Syndrome, including prevention, care for addiction and education programs.

Fund child and family supports for parenting women with addiction including opioids and any co-occurring substance use or mental health conditions.

Enhanced family supports and childcare services for parents receiving treatment for addiction including opioids and any co-occurring substance use or mental health conditions.

### **Recovery Support**

Identify and support successful recovery models including but not limited to: college recovery programs, peer support agencies, recovery high schools, sober events and community programs, etc.

Provide technical assistance to increase the quantity and capacity of high-quality programs that model and support successful recovery.

Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users. To reduce stigma and to normalize a culture of recovery, government staff will be provided with onboarding and training that generates a cultural shift and provides all government employees with tool and resources to feel supported and to support colleagues who may be struggling with substance use disorder.

Convene community conversations and trainings that engage non-profits, civic clubs, the faith-based community, and other stakeholders in training and techniques for providing referrals and supports to those persons to family and friends struggling with substance use disorder.

Identify and address transportation barriers to permit consistent participation in treatment and recovery support.

Support the development of recovery-friendly environments in all sectors, schools, communities and workplaces to promote and sustain health and wellness goals. Put resources toward:

1. Supportive and recovery housing;
2. Supportive employment/jobs;
3. Certification of peer coaches, peer-run recovery organizations, recovery community organizations;
4. Crisis intervention and relapse prevention; and
5. Services and structures that support young people living a life in recovery including, recovery high schools and collegiate recovery communities.

## **Prevention**

Invest in school-based programs that have demonstrated effectiveness in preventing drug misuse and that appear promising to prevent the uptake and use of opioids. Investment in school and community-based prevention efforts and curriculum that has demonstrated effectiveness in reducing Adverse Childhood Events (ACEs) and their impact by increasing resiliency, and preventing risk-taking, unhealthy or dangerous behaviors such as: drug use, misuse, early alcohol use, and suicide attempts.

Assist coalitions and community stakeholders in aligning state, federal, and local resources to maximize procurement of school and community education curricula, programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, aging and elderly community members and others in an effort to build a comprehensive prevention and education response that addresses prevention across the lifespan.

Invest in environmental scans and school surveys to identify effective prevention efforts and realign prevention and treatment responses with those emerging risk factors and changing patterns of substance misuse.

Fund community anti-drug coalitions that engage in drug prevention efforts and education.

## **Prevent Over-Prescribing of Opioids and Other Drugs of Potential Misuse**

Training for healthcare providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

Continuing Medical Education (CME) on prescribing of opioids and other drugs of concern.

Support for non-opioid pain treatment alternatives, including training providers to offer or refer patients to multi-modal, evidence-informed treatment of pain.

Development and implementation of a National Prescription Drug Monitoring Program (PDMP) – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to: a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for healthcare providers relating to opioid use disorder (OUD) and other drugs of concern.

### **Prevent Overdose Deaths and Other Harms (Harm Reduction)**

Increase availability and distribution of naloxone and other drugs that treat overdoses for use by first responders, persons who have experienced an overdose event, patients who are currently prescribed opioids, families, schools, community-based service providers, social workers, and other members of the general public.

Promote and expand naloxone strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then engaged and retained in evidence-based treatment programs.

Provide training and education regarding naloxone and other drugs that treat overdoses for first responders, persons who have experienced an overdose event, patients who are currently prescribed opioids, families, schools, and other members of the general public.

Develop data tracking software and applications for overdoses/naloxone revivals.

Invest in evidence-based and promising comprehensive harm reduction services and centers, including mobile units, to include; syringe services, supplies, naloxone, staffing, space, peer-support services, and access to medical and behavioral health referrals.

Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

### **Services for Children**

Review the continuum of services available to Ohio's youths, young adults, and families to identify gaps and to ensure timely access to appropriate care for Ohio's youngest citizens and their parents.

Fund additional positions and services, including supportive housing and other residential services to serve children living apart from custodial parents and/or placed in foster care due to custodial opioid use.

Expand collaboration among organizations meeting the prevention, treatment, and recovery needs of Ohio's young people and organizations serving youths, such as Boys & Girls Clubs, YMCAs and others. Support the growth of recovery high schools, collegiate recovery communities, and alternative peer groups for youths recovering from mental illness and substance use disorders.



## **First Responders (EMS, Firefighters, Law Enforcement and other criminal justice professionals)**

Provide funds for first responders and criminal justice professionals and participating subdivisions for cross agency/department collaboration and other public safety expenditures relating to the opioid epidemic that address both community and statewide supply and demand reduction strategies including criminal interdiction efforts.

Training public safety officials and responders safe-handling practices and precautions when dealing with fentanyl or other drugs.

Provide trauma-informed resiliency training and support that address compassion fatigue and increased suicide risk of public safety responders.

## **Workforce**

Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

Scholarships/loan forgiveness for persons to become certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD/MH field, and scholarships for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD/MH field for continuing educations licensing fees.

Funding for clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for opioid use disorders.

Training for healthcare providers, students, and other supporting professionals, such as peer recovery coaches/recovery outreach specialists to support treatment and harm reduction.

Dissemination of accredited web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

## **PART TWO: Statewide Innovation & Recovery**

### **Leadership, Planning and Coordination**

Provide resources to fund the oversight, management, and evaluation of abatement programs and inform future approaches.

Community regional planning to identify goals for opioid reduction and support efforts or to identify areas and populations with the greatest needs for prevention, treatment, and/or services.

A government dashboard to track key opioid/and addiction-related indicators and supports as identified through collaborative community processes.

Provide funding for grant writing to assist already established community coalitions in securing state and federal grant dollars for capacity building and sustainability.

### **Stigma Reduction, Training and Education**

Commission statewide campaigns to address stigma against people with mental illness and substance use disorders. Stigma and misinformation deeply embed the deadly consequences of Ohio's public health crisis. These prevent families from seeking help, fuel harmful misperceptions and stereotypes in Ohio communities, and can discourage medical professionals from providing evidence-informed consultation and care. Ohio's campaign to end stigma should include chronic disease education; evidence-based prevention, treatment, and harm reduction strategies; stories of recovery; and a constant reframing of mental illness and addiction from a personal moral failing to a treatable chronic illness.

Coordinate public and professional training opportunities that expand the understanding and awareness of adverse childhood experiences (ACEs) and psychological trauma, effective treatment models, and the use of medications that aid in the acute care and chronic disease management of both mental illness and addiction.

Strengthen the citizen workforce by providing community-based trainings, such as Mental Health First Aid, Crisis Intervention Training, naloxone administration, and suicide prevention. These best practice trainings should be allowable as Continuing Education Units for professional development and when offered in an educational setting, provide academic credit.

Development and dissemination of new accredited curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service Medication-Assisted Treatment.

Training for emergency room personnel treating opioid overdose patients on post-discharge planning. Such training includes community referrals for MAT, recovery case management and/or support services.

Public education relating to drug disposal.

Drug take-back disposal or destruction programs.

Public education relating to emergency responses to overdoses.

Public education relating to immunity and Good Samaritan laws.

Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

Invest in public health education campaigns that inform audiences about the ease of contraction of hepatitis C, and that engage persons at-risk to receive testing and treatment.

Convene and host community conversations and events that engage local non-profits, civic clubs, and the faith-based community as a system to support prevention.

Fund programs and services regarding staff training, networking, and practice to improve staff capability to abate the opioid crisis.

Support infrastructure and staffing for collaborative cross-systems coordination to prevent opioid misuse, prevent overdoses, and treat those with addiction including opioids and/or any other co-occurring substance use and/or mental health conditions (e.g. behavioral health prevention, treatment, and recovery services providers, healthcare, primary care, pharmacies, PDMPs).

Support community-wide stigma reduction regarding accessing treatment and support for persons with substance use disorders.

## **RESEARCH**

Ensuring that funding is flexible to invest in short and long-term research and innovation projects that embrace new advances, technology and other strategies that meet the needs of Ohioans today and in the future.



## MEMORANDUM

TO: R. Thomas Homan, City Manager  
FROM: Alycia Ballone, Budget and Management Analyst  
DATE: January 28, 2020  
RE: Citizen Budget – Questionnaire Preview

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*The following is a preview of the Citizen Budget questionnaire. The questionnaire begins with introductory text greeting the participant and explaining why their participation is valuable. From there, the participant is asked a series of ten questions. Each question will have some background information and photographs to provide context.*

*As the participant makes adjustments to the budget with each question, there is a balance the budget scale on the screen showing their surplus/deficit in relation to the 2020 budget.*

### **Introductory Text:**

## BALANCE THE BUDGET

The City of Delaware works to balance priorities and challenges to deliver the highest quality municipal services at the lowest possible cost. But sometimes, needs and wants are greater than what can be afforded at one time.

We invite you to learn about the budget process through this interactive budget simulator tool. This tool will give you the power to decide how much funding various City services and departments should be allocated. You'll also have the ability to see how raising and lowering income tax rates impacts the overall budget.

## HOW IT WORKS

This tool is for educational and feedback-collection purposes. We welcome you to explore as many scenarios as you like before submitting your final choices.

The services and departments listed below are ones that do not have a dedicated revenue source other than our general-fund income tax.

- Increase, decrease or remain the same. Move the sliders to the left or right to indicate the percentage of change you feel should be allocated to that service or department.

You can simulate a budget increase or decrease or leave the service at the 2019 budget amount.

- Read about the impact on each service. As you move the sliders to the spot you like best, you will see the overall impact to that service.
- Review and reflect. After you have made your choices, check how your budget impact compares to other residents' input. How does your City budget reflect your priorities?
- Share. Share your opinions and the results on your favorites social media platform.

Thank you for your participation!

### **Question 1:**

The Police Department annually handles about 30,000 calls for service. In most cases, the department is the primary resource for citizen contact regarding emergency and non-emergency needs. The department provides around-the-clock service and is made up of patrol, administrative, detective, records and support personnel.

Would you increase, decrease, or maintain the current level of funding for the Police Department?

*The survey participant would have a sliding scale to answer the question. Each notch on the scale would represent an increase/decrease to the funding. The impacts of the change on the department/service's budget would be called out. i.e. an increase in funding would mean the addition of two police officers.*

*The remaining questions will be answered using the sliding scale unless otherwise specified.*

### **Question 2:**

The City has a substantial overall investment in its 162 miles of roadway pavement. The following annual programs are managed through the Street Division: (1) Street Maintenance (pothole repair, pavement patching, base repairs, crack sealing and berm restoration); (2) Concrete Maintenance (ADA ramp repairs, infill projects, and downtown paver/tree-well maintenance); (3) Parking Lot Maintenance; (4) Pedestrian and bike path maintenance; (5) Street sweeping; (6) Winter snow & ice management; (7) Special event traffic management.

Would you increase, decrease, or maintain the current level of funding for Streets and Roads?

### **Question 3:**

Our Property Maintenance Code is administered through the City of Delaware Planning and Community Development Department. Primary areas of enforcement are trash and debris, tall grass and weeds, and general property maintenance. When a property is found to be in violation, the property owner is notified by the City and a period of time given to correct the violation. There is one full-time code enforcement officer for the City with the Chief Building Official providing assistance in more complicated cases.

Would you increase, decrease, or maintain the current level of funding for Code Enforcement?

**Question 4:**

The Parks and Natural Resources Department maintains 24 parks and 368 acres of parkland.

Would you increase, decrease, or maintain the current level of funding for Parks and Natural Resources?

**Question 5:**

The Parks and Natural Resources department currently maintains 24 miles of trails. The budget for trail improvements is currently included with the City's parks improvements.

Would you increase, decrease, or maintain the current level of funding for Trails?

**Question 6:**

The City of Delaware contracts with the YMCA of Central Ohio to manage the City's recreation programs.

How satisfied are you with the recreation services and programs provided through this partnership?

*This question would be answered with multiple choice ranging from Very Satisfied to Very Dissatisfied.*

**Question 7:**

The City of Delaware typically uses around 15% of your City income tax dollars for capital projects like infrastructure, changes to utilities and roadways, playground replacement, park development and vehicle replacement.

Would you increase, decrease or maintain the level of funding for capital projects?

**Question 8:**

Downtown Delaware's success and popularity has created a vibrant city core, but has also created challenging parking conditions, with many residents, business owners and visitors perceiving that there is currently a parking shortage. Currently there are over 3,300 parking spaces within the downtown. Of these, approximately 46% are public and 54% are private.

Are you satisfied with the availability of parking in the Downtown?

*This question would be answered with a yes/no.*

**Question 9:**

The City of Delaware has a 1.85% income tax rate. Of that, 1% goes toward the General Fund, .7% to Fire/EMS and .15% to pay for debt on recent recreation upgrades and for building the community center.

Is the City of Delaware tax rate too high, too low, or about right?

**Question 10:**

The City of Delaware would like to thank you for your time and interest in the budget process. We hope this exercise has been informative and helps illustrate the challenge with providing quality services with limited resources.

Please use the area below for any further comments you would like to bring to the City's attention.

*This question will be a text area where the participant can type in a response.*

*Following each question in the survey, there will be space for the participant to leave comments in a text area.*

*Each question will also have a "learn more" feature that will pop up with additional information about the department or service and if available, a link to their website or additional documentation.*



CITY OF  
**DELAWARE**  
OHIO

# City Council Work Session

February 3, 2020



# Work Session Goals

- Revisit mission, vision, values and strategic pillars
- Review and confirm Council priorities from Spring 2019 Retreat
- Discuss initiatives/tactics supporting priorities
- Discuss high-level strategic goals
- Dialogue between Council and Staff to confirm alignment



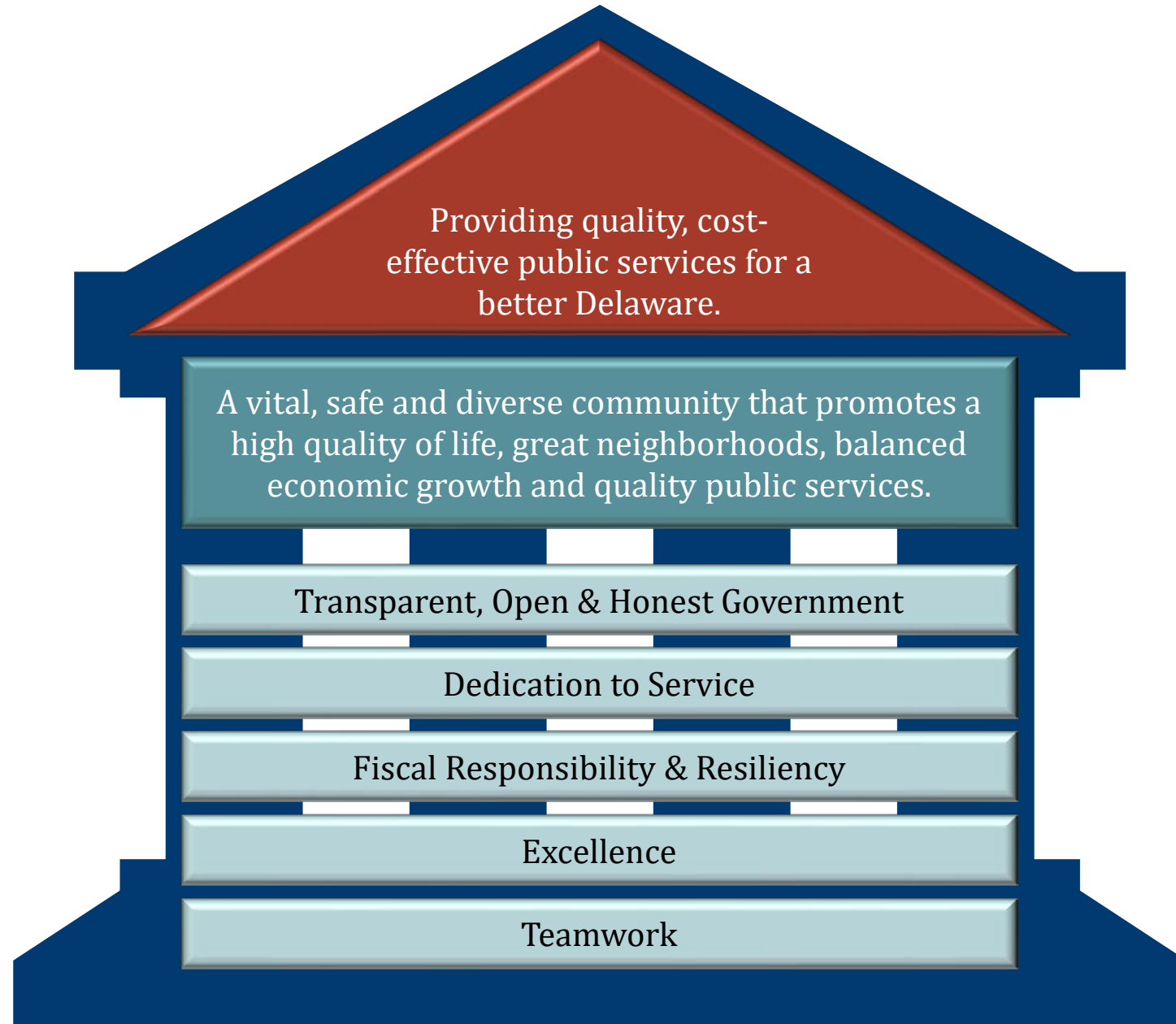
Mission



Vision



Values



# Four Pillars



# Priorities from 2019 City Council Retreat

2020 Council Goals Prioritized		
Pillar	Strategic Items To Be Prioritized	Priority by # of Points
HE	Develop and implement a targeted strategy to attract more “white collar” employers, including office uses if possible.	<b>1</b>
HE	Increase development opportunities, especially in the Sawmill Parkway and Airport corridor	<b>2</b>
GC	Increase transportation funding resources for local streets maintenance: Request the City’s Finance Committee to determine a recommended dollar amount for the levy. This study should point out the tradeoffs of different funding levels (what cannot be done in the absence of additional revenue) as well as different types of taxes (income vs. property tax).	<b>3</b>
HE	Secure a downtown parking garage. If the current developer’s interest wanes, then intentionally pursue another developer.	<b>4</b>
GC	Address the need for workforce housing to meet the city’s projected demand in this area; including defining what is workforce housing and considering multi-family units as part of mixed use development or stand-alone developments where appropriate.	<b>5</b>
GC	Ensure that “greenway corridors”, bikeways, and walkways are coordinated, connected, and implemented in a priority order per the Bikeway and Park plans.	<b>6</b>

# Four Pillars

- White Collar Jobs
- Development Opportunities
- Downtown Parking
- Attainable Housing

- Increase Transportation Funding
- Greenway Corridors



# Priority #1: White Collar Jobs (Healthy Economy)

- Downtown Office Space
- Mixed-Use Development
- Marketing & Branding
- Market Study
- Continued Conversations with Developers
- Special Improvement District (SID)
- Focused Plans for Prime Office Areas:
  - Downtown
  - Riverfront District
  - Southern Gateway
  - Sawmill Parkway

## QUICK FACTS DELAWARE COUNTY

**>60%** Workforce with  
Undergraduate  
Degree or Higher

**MOST EDUCATED  
COUNTY IN OHIO**

**\$95,000** Average  
Household  
Income

**HIGHEST EARNING  
COUNTY IN OHIO**

**+15%** Increase in  
Population since  
the 2000 Census

**FASTEST GROWING  
COUNTY IN OHIO**

# Economic Development: 2020 Employment & Payroll Goals

- Create 550 net new jobs
- 60% of the net new jobs will be in targeted, white collar industries
- Generate \$17.6M in new payroll





## Priority #2: Development Opportunities (Healthy Economy)

- Near East Side/Riverfront District
- Sawmill Parkway
- Airport & Partnerships
- Southern Gateway
- Creative use of Economic Development tools



# Priority #3: Transportation Funding (Great Community)

- Permissive fee
  - Public Works Committee
  - Finance Committee
  - Public Hearing February 10<sup>th</sup>
- Other Funding Strategies



# Priority #4: Downtown Parking Strategy (Healthy Economy)



- Downtown Parking Strategy
- Update Delivery Matrix from MKSK Report
- Partnership for Parking Structure/Garage
  - Redevelopment
- Permits for Employees
- Long-term vs Short-Term Parking
- Metering Strategy
  - Pay Meters vs Mobile vs Kiosk

# Priority #5: Attainable Housing (Healthy Economy)

- MORPC Housing Task Force
  - Participating in MORPC Regional Housing Study to be completed by Spring 2020
- Delaware Together (Comprehensive Plan)

# Priority #6: Greenways & Connectivity (Great Community)



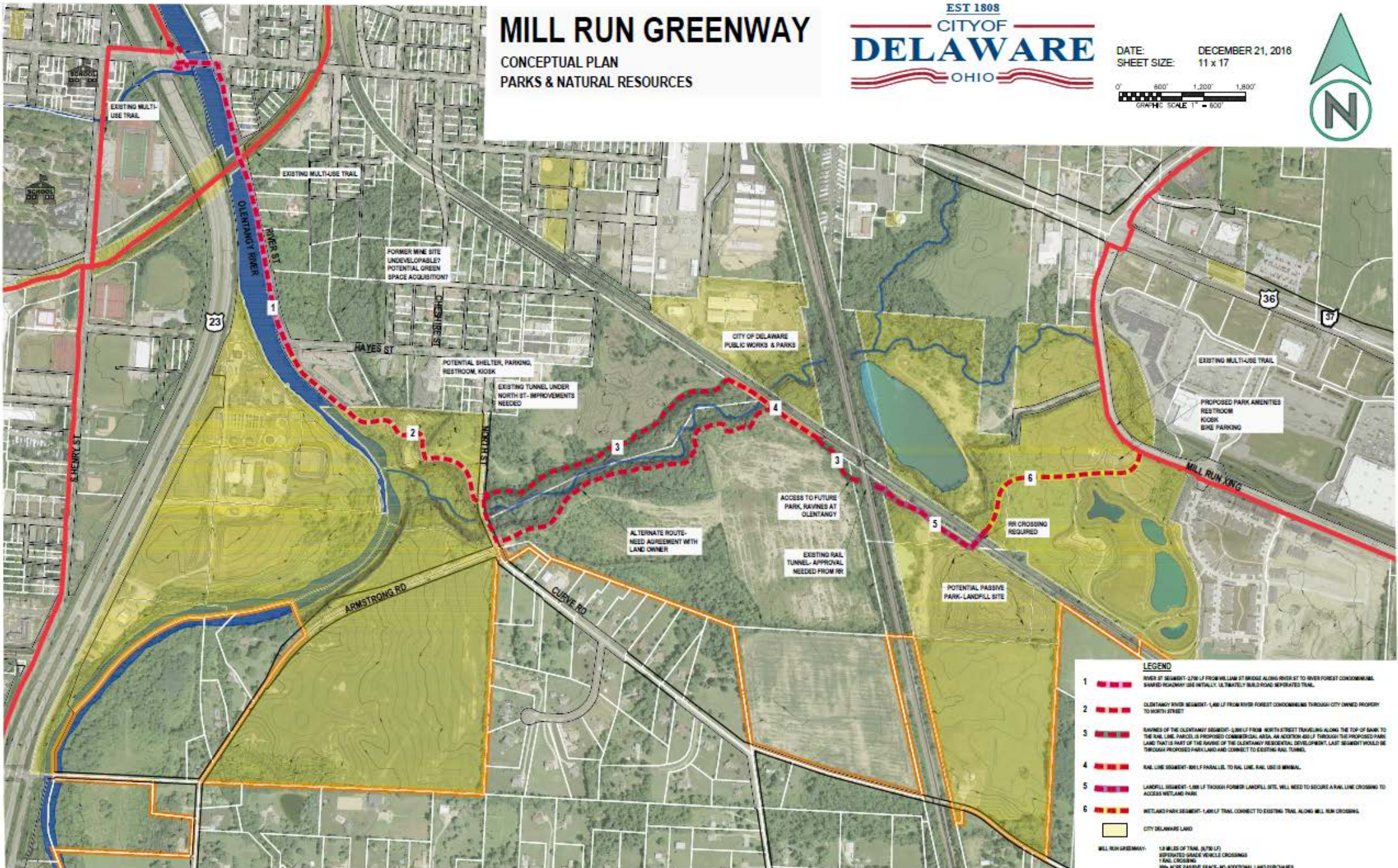
- Work with the Greenway Committee
  - Develop Greenway Plan
  - Pursue trail segment along Delaware Run
- Review and update Bikeway Master Plan
- Work with Preservation Parks
- Bruce Rd – Pennsylvania Path (BROPATH)

# MILL RUN GREENWAY

CONCEPTUAL PLAN  
PARKS & NATURAL RESOURCES



DATE: DECEMBER 21, 2016  
SHEET SIZE: 11 x 17



- LEGEND**
- 1 RIVER ST SEGMENT- 2700 LF FROM WILLIAM ST BRIDGE ALONG RIVER ST TO RIVER FOREST CONDOMINIUMS. SHARED ROADWAY USE INITIALLY. ULTIMATELY BUILD ROAD SEPARATED TRAIL.
  - 2 OLENTANGY RIVER SEGMENT- 1,400 LF FROM RIVER FOREST CONDOMINIUMS THROUGH CITY OWNED PROPERTY TO NORTH STREET
  - 3 RAVINES OF THE OLENTANGY SEGMENT- 1,200 LF FROM NORTH STREET TRAVELING ALONG THE TOP OF BANK TO THE RAIL LINE. PARCEL IS PROPOSED COMMERCIAL AREA. AN ADDITIONAL 400 LF THROUGH THE PROPOSED PARK LAND THAT IS PART OF THE RAVINE OF THE OLENTANGY RESIDENTIAL DEVELOPMENT. LAST SEGMENT WOULD BE THROUGH PROPOSED PARK LAND AND CONNECT TO EXISTING RAIL TUNNEL.
  - 4 RAIL LINE SEGMENT- 800 LF PARALLEL TO RAIL LINE. RAIL USE IS MINIMAL.
  - 5 LANDFILL SEGMENT- 1,800 LF THROUGH FORMER LANDFILL SITE. WILL NEED TO SECURE A RAIL LINE CROSSING TO ACCESS WETLAND PARK
  - 6 WETLAND PARK SEGMENT- 1,400 LF TRAIL CONNECT TO EXISTING TRAIL ALONG MILL RUN CROSSING.
  - CITY DELAWARE LAND
  - MILL RUN GREENWAY- 1.3 MILES OF TRAIL (9750 LF)  
SEPARATED GRADE VEHICLE CROSSINGS  
1 RAIL CROSSING  
200+ ACRE PASSIVE SPACE- NO ADDITIONAL LAND PURCHASES

# DELAWARE RUN GREENWAY GRADY HOSPITAL TO BLUE LIMESTONE PARK



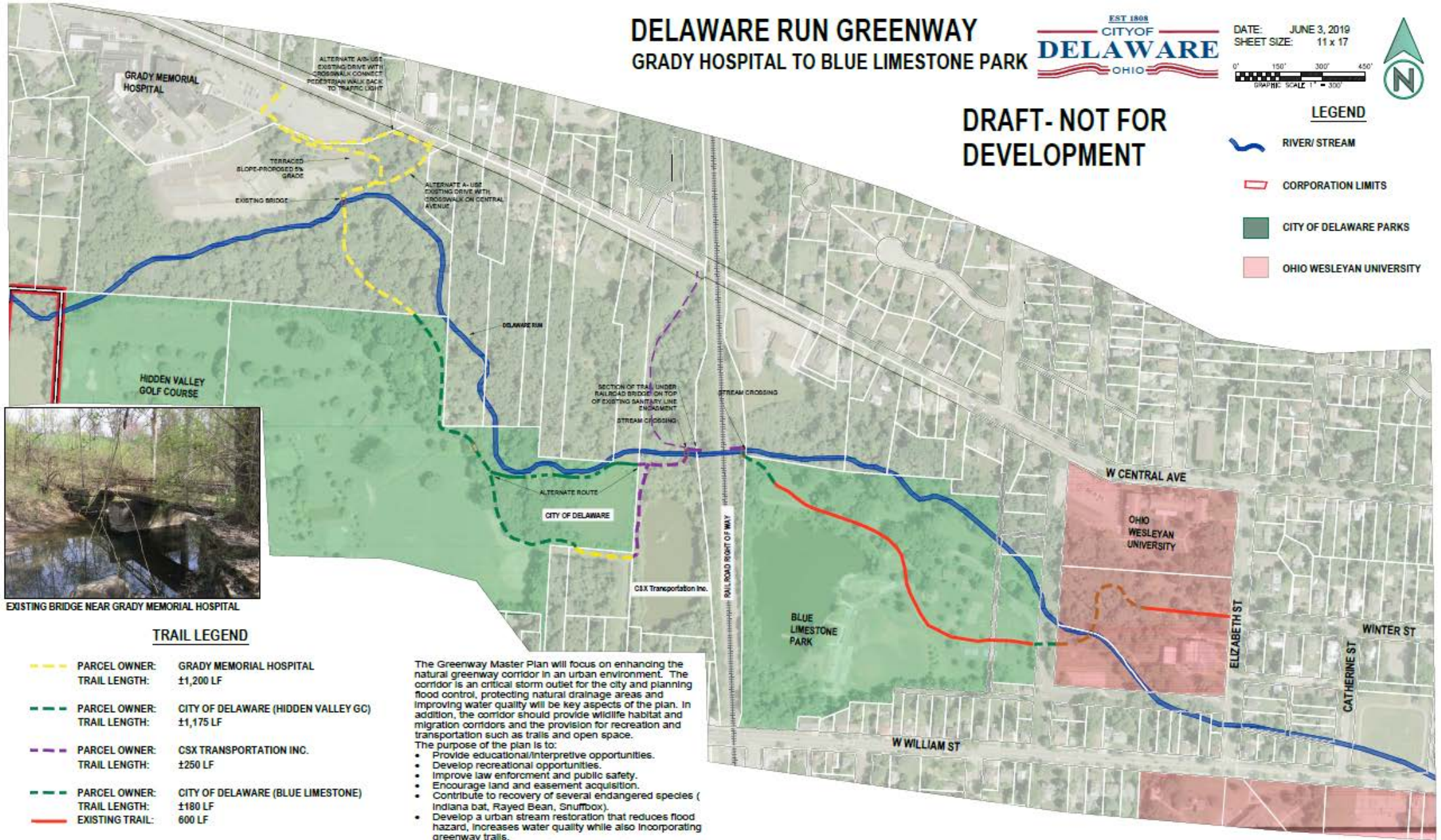
DATE: JUNE 3, 2019  
SHEET SIZE: 11 x 17



## DRAFT - NOT FOR DEVELOPMENT

### LEGEND

- RIVER/ STREAM
- CORPORATION LIMITS
- CITY OF DELAWARE PARKS
- OHIO WESLEYAN UNIVERSITY



EXISTING BRIDGE NEAR GRADY MEMORIAL HOSPITAL

### TRAIL LEGEND

	PARCEL OWNER:	GRADY MEMORIAL HOSPITAL
	TRAIL LENGTH:	±1,200 LF
	PARCEL OWNER:	CITY OF DELAWARE (HIDDEN VALLEY GC)
	TRAIL LENGTH:	±1,175 LF
	PARCEL OWNER:	CSX TRANSPORTATION INC.
	TRAIL LENGTH:	±250 LF
	PARCEL OWNER:	CITY OF DELAWARE (BLUE LIMESTONE)
	TRAIL LENGTH:	±180 LF
	EXISTING TRAIL:	600 LF
	PARCEL OWNER:	OHIO WESLEYAN UNIVERSITY
	TRAIL LENGTH:	±340 LF
	EXISTING TRAIL:	250 LF

The Greenway Master Plan will focus on enhancing the natural greenway corridor in an urban environment. The corridor is an critical storm outlet for the city and planning flood control, protecting natural drainage areas and improving water quality will be key aspects of the plan. In addition, the corridor should provide wildlife habitat and migration corridors and the provision for recreation and transportation such as trails and open space.

The purpose of the plan is to:

- Provide educational/interpretive opportunities.
- Develop recreational opportunities.
- Improve law enforcement and public safety.
- Encourage land and easement acquisition.
- Contribute to recovery of several endangered species ( Indiana bat, Rayed Bean, Snuffbox).
- Develop a urban stream restoration that reduces flood hazard, increases water quality while also incorporating greenway trails.
- Support urban stormwater management along small tributaries that yield cumulative flood hazard, water quality and wild life habitats.
- Increase opportunities for trail linkages to schools, recreational areas, residential areas and businesses.



**5 Minute Recess!**

# Four Pillars

- White Collar Jobs
- Development Opportunities
- Downtown Parking
- Attainable Housing

- Increase Transportation Funding
- Greenway Corridors
- Conduct Parks & Recreation Needs Assessment

- Police Strategic Goals
- Fire/EMS Strategic Goals
- Water Quality & Sustainability Strategic Goals

- Del-AWARE Mobile
- Citizen Budget
- Project Management/Process Improvement
- Project BOOST







# Conduct Parks & Recreation Needs Assessment (Great Community)

- PROS Needs Assessment
- YMCA Partnership Evolution
  - Jack Florance Pool
  - Mingo Recreation Center
  - Recreation Department
- Master Plan Development
- Park Additions
  - Unity Park
  - Boulder Park

# Police Department's Working Goals (Safe City)



- Acquisition and implementation of records management system
- Enhance training by use of new DPD range
- Initiate a Traffic Safety Program
- Addition of Service Coordinator position



## Fire/EMS Working Goals (Safe City)

---

- Establish and implement a program to recruit DACC students as employees
- Conduct two emergency management tabletop exercises
- Continue to pursue the update and modernization of a regional pre-hospital care system, including the increased reimbursement to the City

# Water Quality & Sustainability Goals

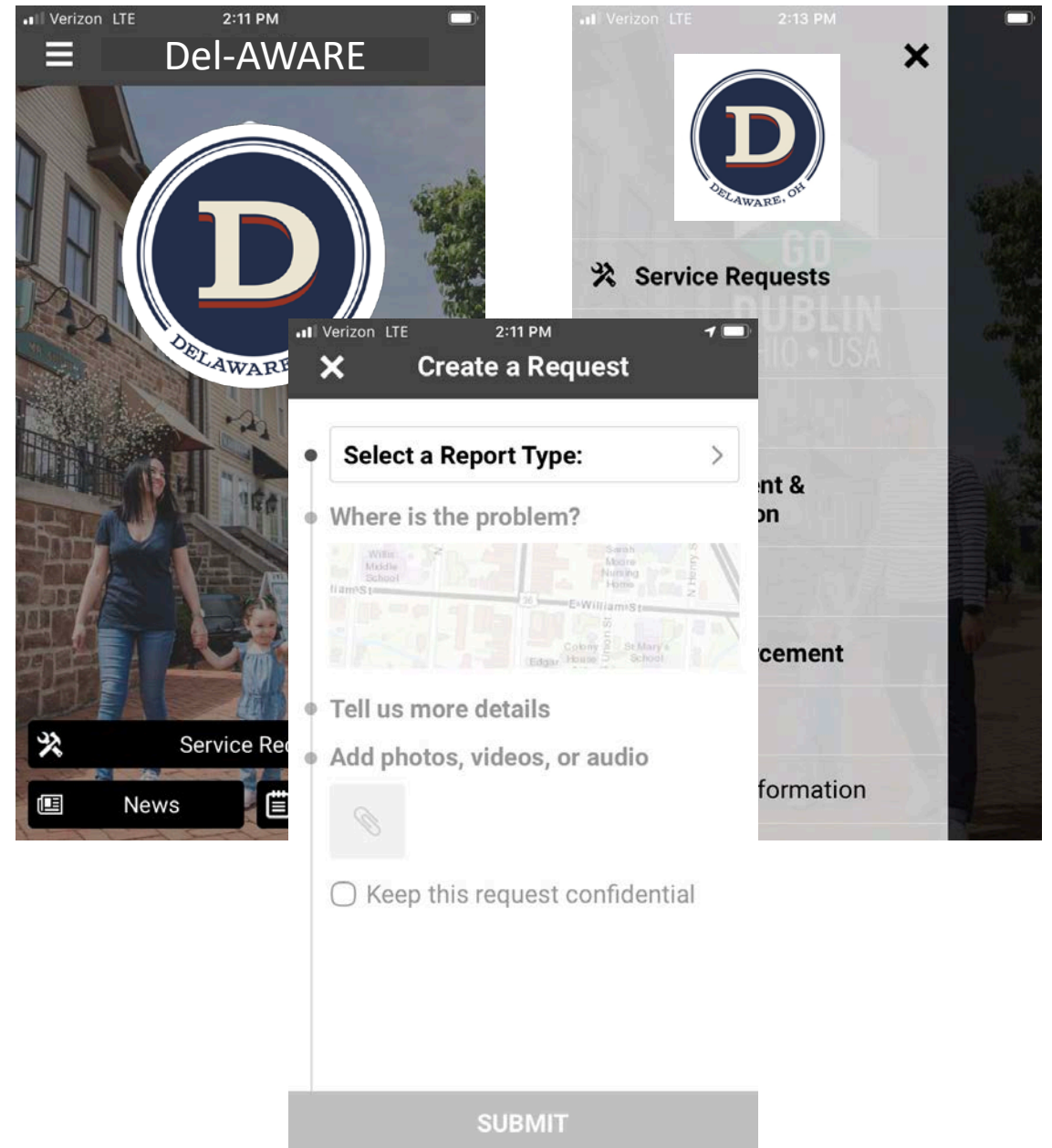
(Safe City)

- City to earn Solsmart certification
- Perform utility rate analysis
- Creation of internal sustainability group
- Mobile water station for City events



# City Staff Initiatives (Effective Government)

- Project BOOST Implementation
- Del-AWARE Mobile
  - Real time, mobile civic engagement platform
  - Free, simple and intuitive tool to identify and report civic issues
- Project Management/Process Improvement
- Citizen Budget



## Update Schedule for Council Priorities

Goal	Update Expected			
	Q1	Q2	Q3	Q4
<b>Healthy Economy</b>				
<b>Council Priority #1 - White Collar Jobs</b>				
Increase Downtown Office Space	X			
Mixed-Use Development		X		
Marketing & Branding		X		
Market Study		X		
Special Improvement District		X		
<b>Council Priority #2 - Development Opportunities</b>				
Near East Side/Riverfront District		X		
Sawmill Parkway				X
Airport & Partnerships			X	
Southern Gateway				X
<b>Council Priority #4 - Downtown Parking</b>				
Downtown Parking Strategy		X		
Update Delivery Matrix from MKSK Report	X			
Partnership for Parking Structure			X	
<b>Council Priority #5 - Attainable Housing</b>				
MORPC Housing Task Force			X	
Delaware Together (Comprehensive Plan)			X	
<b>Great Community</b>				
<b>Council Priority #3 - Transportation Funding</b>				
Other Funding Strategies	X			
Permissive Fee	X			
<b>Council Priority #6 - Greenways &amp; Connectivity</b>				
Greenway Committee				
Develop Greenway Plan		X		
Pursue trail segment from Grady Memorial Hospital to Downtown Delaware		X		
Review and update Bikeway Master Plan			X	
Work with Potential Stakeholders			X	
BROPATH			X	

Item Indicator	Pillar	Strategic Items To Be Prioritized	Priority # of Points								
				Chris Jones	Lisa Keller	George Hellinger	Kent Shafer	Carolyn Riggie	Jim Browning	Kyle Rohrer	
A	HE	Develop and implement a targeted strategy to attract more “white collar” employers, including office uses if possible.	1	5	6	6	5	2	3		27
B	HE	Increase development opportunities, especially in the Sawmill Parkway and Airport corridor	2	4	5	5		3	4		21
G	GC	Increase transportation funding resources for local streets maintenance: Request the City’s Finance Committee to determine a recommended dollar amount for the levy. This study should point out the tradeoffs of different funding levels (what cannot be done in the absence of additional revenue) as well as different types of taxes (income vs. property tax).	3	2	4	4	6	1	1		18
C	HE	Secure a downtown parking garage. If the current developer’s interest wanes, then intentionally pursue another developer.	4	6	1		4	6			17
E	GC	Address the need for workforce housing to meet the city’s projected demand in this area; including defining what is workforce housing and considering multi-family units as part of mixed use development or stand-alone developments where appropriate.	5		3		1	5	5		14
K	GC	Ensure that “greenway corridors”, bikeways, and walkways are coordinated, connected, and implemented in a priority order per the Bikeway and Park plans.	6			2			6		8
D	HE	Develop goals, strategies, and policies that describes and shows the types of housing that could meet demand and that focuses locations for housing development of different types (“what does it look like and where does it go”).		3	2	1		4			10
F	GC	Address the need for Affordable housing (low and moderate income) including rehabilitation of existing units, development of new units, and determining where these might be more or less appropriate within the overall community.									
H	GC	Update the current zoning code as needed to enable implementation of the comprehensive plan, including the option of more and perhaps more intense mixed-use development in appropriate areas as determined by the Comprehensive Plan.				3	2				5
I	GC	Update the current zoning code as needed to enable implementation of the comprehensive plan, including allowing more administrative decision making processes to ensure consistency of outcome and speed up the development review process while better defining regulations.					3		2		
J	GC	Ensure that the Gateway & Corridor Plan as well as the Wayfinding Plan coordinates the look of each major entry to the City.		1							1

# Public Works Department

## 2020 Roadway Maintenance Program

*Submitted by William L. Ferrigno, P.E., Public Works Director/City Engineer  
Revised January 21, 2020*

This update summarizes the funding resources and corresponding expenditures for the 2020 Roadway Maintenance Program, with recommendations for additional funding required to support a sustainable street, traffic and pavement maintenance operation. As growth continues across the City, the need to dedicate additional resources toward the maintenance and repair of existing highway pavement and traffic management infrastructure becomes more pressing. At existing funding levels, the Roadway Maintenance Program is not sustainable. An additional \$1.6 million in annual funding is recommended to fully support a sustainable roadway maintenance program.

2020 Roadway Maintenance Program – Funding	
Ohio Gas Tax	\$2,045,000
License Fees	\$698,000
Ohio Public Works Commission Grant (OPWC)*	\$495,000
Delaware County OPWC Grant Match*	\$150,000
<u>General Fund Revenue (Income Tax)</u>	<u>\$1,266,572</u>
<b>Total Revenues</b>	<b>\$4,654,572</b>

\*\$645,000 of the funding is available through a competitive grant application process and is not a guaranteed annual revenue source.

2020 Roadway Maintenance Program – Expenses	
<u>Street Maintenance:</u>	\$1,838,025 allocated for staffing and the maintenance and repairs to public streets including potholes, patching, crack sealing, parking lots, bikepaths, sidewalk, curbs, bridge maintenance, and snow and ice removal.
<u>Traffic Maintenance:</u>	\$966,547 for staffing and the maintenance and repairs to traffic signals, street lights, pavement markings, roadway signage and guardrails.
<u>Street Resurfacing:</u>	\$1,850,000 for paving residential and arterial streets.



## Roadway Maintenance Program – Annual Funding Levels

<u>Street Paving</u>	<u>Current</u>	<u>Recommended</u>
Pavement Resurfacing & Preservation	\$1,850,000	\$3,050,000
Alley Resurfacing	\$0	\$50,000
	<b>\$1,850,000</b>	<b>\$3,100,000</b>
<u>Street Maintenance</u>	<u>Current</u>	<u>Recommended</u>
Pavement Repairs	\$310,000	\$400,000
Pedestrian Paths & Bikeways	\$35,000	\$100,000
Public Parking Lots	\$60,000	\$130,000
Bridge Maintenance	\$50,000	\$50,000
Sidewalk & ADA Ramp Repairs	\$200,000	\$200,000
Curb Repairs	\$0	\$150,000
Snow & Ice Removal	\$200,000	\$200,000
	<b>\$855,000</b>	<b>\$1,230,000</b>
<u>Traffic Maintenance</u>	<u>Current</u>	<u>Recommended</u>
Streetlights	\$55,000	\$55,000
Street Signage	\$40,000	\$40,000
Pavement Markings	\$105,000	\$105,000
Traffic Signal System	\$185,000	\$200,000
Guardrail Maintenance	\$45,000	\$75,000
	<b>\$430,000</b>	<b>\$475,000</b>
<b>Totals</b>	<b>\$3,135,000</b>	<b>\$4,805,000</b>

The difference between the current available and proposed funding is \$1.67 million

## Roadway Maintenance Program Activities

**Street Resurfacing & Pavement Preservation** – The street network in Delaware is made up of 171 miles of Arterial, Collector and Local roadway. Based on the age and condition of Delaware’s overall street network, a sustainable pavement maintenance program requires an estimated \$3.1 million in annual funding. Each new mile of roadway constructed in Delaware increases the overall annual street resurfacing program cost by an estimated \$20,000 per year for local streets and \$28,000 for collector streets. The anticipated useful life of an asphalt pavement surface of any given street varies depending on pavement age, traffic volumes, and how well it has been preserved, and can generally be expressed in ranges from 10-15 years for arterials, 15–25 years for collectors, and 20–30 years for local residential streets. Delaying pavement maintenance work including preservation treatments and surface course replacement, ultimately results in shorter pavement life cycles, higher repair costs, and an overall increase in the cost of establishing a sustainable pavement maintenance program. Based on the current condition of Delaware’s local streets, additional funding is required to address all streets throughout the community.

The City road network has increased by 67% (68.6 miles) in the past 25 years while the cost of asphalt has more than doubled.

Annual Pavement Maintenance Costs (2020)							
Pavement Network				Life Cycle Costs			
	% City Responsibility	CL Miles	Area (SF)	AVG YRS	Area/Year	\$/SF	Annual Cost
Local Streets	100	94.31	12,890,946	25	515,638	2.93	1,510,819
Collector Streets	100	43.07	6,614,175	20	330,709	2.93	968,977
Arterials	100	10.13	2,218,158	15	147,877	3.25	480,601
SR/US Arterials	20	13.96	3,115,859	10	311,586	1.50	93,476
US23	0	9.77	3,489,002	10	N/A	N/A	0
Alleys	100	9.1	509,789	20	25,489	1.50	38,234
<b>Totals</b>		<b>171.24</b>	<b>28,328,140</b>		<b>1,331,299</b>		<b>3,092,106</b>

**Alley Maintenance** – The city has 78 public alleys with a combined length of 9.1 miles, many of which are in serious disrepair. Alleys provide primary, and in some cases, the only access for many resident’s properties, and as such, greater consideration to alley maintenance should be included as part of a sustainable pavement maintenance program. The last comprehensive alley improvements by the City were completed in the 1990’s. Alley maintenance by the City is currently limited to pothole repair and patching. Public alleys require resurfacing the same as the local residential streets, and as such should be repaved every 20-25 years.

**Pavement Maintenance & Repairs** – Annual pavement maintenance work performed by the Public Works Street crew includes pothole repairs, pavement patching, berm and edge repairs, crack filling and sealing, and pavement base repairs. Much of this work is completed by the Public Works Street crew, though contractors are used for some activities such as crack sealing and concrete repairs. Though the local and collector street network has expanded by over 70% in the last 25 years, the staffing level dedicated to the maintenance and repair of our public streets has remained stagnant. As such it becomes increasingly difficult to maintain the same level of service regarding street maintenance and repair efforts through the Street Division.

**Pedestrian & Bike Paths** - The City's inventory of pedestrian and bikeway trails continues to increase as new development and capital initiatives expand the public system. The current network totals just over 24 miles of pathway requiring ongoing maintenance, and ultimately pavement replacement. Like asphalt streets, paved paths require routine maintenance and eventually resurfacing. The majority of maintenance work over the past several years has been limited to surface sealing, crack sealing and edge repairs. Each additional mile of new bikeway constructed adds an estimated \$4,500 per year to the overall cost of network maintenance. Applying conservative estimates for the longevity of a properly maintained bikeway and assuming a pavement life cycle of 25 years, an annualized program cost of \$100,000 is estimated for the existing public pathway network.

**Public Parking Lots** – The City maintains 28 public parking lots including the downtown lots, public buildings, and park properties. The pavement requires both routine asphalt maintenance and eventual replacement as surfaces deteriorate. Parking areas are sealed and restriped every five years. Pavement replacement is anticipated every 20-30 years. Based on the current inventory of parking lots, the annualized maintenance cost is estimated at \$130,000.

The City maintains 24 miles of public pedestrian paths and bikeway, 28 public parking lots and 22 bridge structures

**Bridge Maintenance** – The City is responsible for the full maintenance and replacement responsibility of sixteen vehicular, and six multi-use path bridges. An additional eighteen State bridges within Delaware require minor maintenance by the City for items including pothole repair, crack sealing, crash barrier, striping, and signage. The City allocates \$50,000 per year to address minor bridge maintenance needs as identified through annual bridge inspections. Separate large bridge projects are identified through the 5-Year Capital Improvement Plan and include initiatives such as the Springfield Branch Trail Bridge over US23, the old clay mine rail tunnel under North Street, and the Delaware Run Bridge on Houk Road.

**Sidewalks & ADA Ramps** – The City completed the successful Safe Walks Program in 2017 capping a 10-year initiative to address residential sidewalk safety community wide. Nevertheless, sidewalks continue to deteriorate requiring ongoing maintenance. The City responds to customer driven complaint as a means to address sidewalk deficiencies throughout the community. In some cases, the repairs become the responsibility of the abutting property owner; However, the majority of

deficiencies are city responsibility and are associated with sidewalk sections heaving from the tree roots. \$150,000 has been allocated to address sidewalk repairs with an additional \$50,000 for ADA ramp repairs by the Public Works crew. An estimated 3,775 feet missing sidewalk has been identified through the last inventory with a construction cost estimated at \$280,000, though no funding is currently available to address this work.

**Curb Repairs** – Many of the City's 174 miles of local, collector and arterials streets include both concrete and sandstone curb in various states of disrepair. The appropriate time to address curb repairs is when a street is being resurfaced, though limited funding prevents implementation of such an approach. As a result, the need to address deteriorating curb conditions continues to grow. Some communities include curb repair as part of their resurfacing program while others assess the cost of repairs to abutting property owners. Additional funding is required to include spot curb repair as part of the annual resurfacing efforts by the city.

**Snow & Ice Removal** – The Street Division is responsible for snow plowing operations throughout the winter season. This work requires on average, the application of 2,500 to 3,000 tons of road salt and 110,000 gallons of pretreatment brine solution during the winter season. Participation in the annual ODOT Road Salt Fill Program provides cost control and reliable material availability for the season. The use of salt brine allows for the more efficient, effective and reduced waste of road salt, maximizing level of service to the community while lowering environmental impacts. Because winter temperatures and precipitation vary widely in Ohio, the total materials and labor dedicated toward snow and ice management vary by year making it difficult to determine consistent budgetary needs.

**Streetlights** - The City currently maintains 2,312 streetlights, a number continually increasing with each new residential development. In addition to the cost of routine lamp, photo-eye, and ballast replacements, future cost increases are anticipated to address conduit and wiring repairs, and the re-painting of streetlight poles as the equipment ages. In 2018, the City implemented new streetlight standards requiring more energy efficient LED fixtures to be installed, replacing the former High-Pressure Sodium (HPS) lamps. The City is evaluating the cost to replace all remaining HPS lamps with LED fixtures. Such an initiative would be included as part of a future 5-Year Capital Improvement Plan and could cost upward of \$875,000.

The City maintains  
62 traffic signals,  
2,312 streetlights  
and 8,986 traffic  
control signs

**Street Signage** – The City maintains 8,986 regulatory, warning, directional and informational signs throughout the community. Retro-reflectivity standards apply to all regulatory and warning signage, of which we have a total of 3,765 (excluding parking). The City adopted the “expected sign life” methodology in 2014 to abide by the standards and has focused on regulatory and warning sign replacements on Expressway and Arterial roadways. The majority of sign maintenance and repair is performed by the Public Works Traffic crew.

**Pavement Markings** – Pavement markings on roadways have important functions in providing guidance and information to the road user, especially during reduced visibility conditions at night and/or rainy and foggy conditions. To maintain the appropriate level of highway safety, the City must maintain pavement markings by restriping arterials every 2-4 years, collectors every 6 years, and

local streets every 10 years. The majority of 'short line work' i.e. crosswalks, stop bars and pavement symbols is managed by the Traffic crew, while 'long line work' is managed through state bid contractors who has the equipment to perform the long line striping.

**Traffic Signals & Equipment** – The City maintains 62 traffic signals and 24 school zone flasher units, with two additional signals anticipated over the next two years. The total number of traffic signals and school zone flashers has doubled since the early 1990's, not including the more recent installation of RRFB's and speed feedback signs. The Traffic Division implemented a maintenance program in 2015 which includes routine maintenance/replacement of signal components. This program has greatly reduced the number of unexpected call-outs for emergency signal malfunctions; however, there is still need for additional funding to replace aged equipment.

The City maintains seven rectangular rapid flashing beacons (RRFB's) installations throughout the community and has plans to install three in 2020, and an additional three in future years at a cost of \$15,000 per pair. Study and local results support that these devices increase motorist awareness of the presence of pedestrians in crossings and as a result, a reduction in the number of accidents and injuries. The use of dynamic speed feedback signs (DSFB) offer a means to appease neighborhood concerns over speeding through the provision of visual enforcement measures, and for a relatively modest cost of \$7,000 per installation. Eligibility criteria was developed which yielded 18 identified locations for potential installation with the first permanent installations planned for 2020.

The Traffic Division is responsible for addressing maintenance of traffic operations for the 40 planned special events and approximately 10,000 utility locate requests received annually for all underground street lighting, traffic signal lines, and fiber cable owned by the City. City owned utilities must be identified and marked within 48-hours of a request being submitted. In Delaware, this activity requires 50% of a traffic technician's time on an annual basis.

**Guardrail Maintenance** – The City currently maintains an inventory of 13.6 miles of roadside barrier in various locations throughout the City. Over 85% of all roadside barrier is located on US23, US42, US36, and SR37. \$50,000 is budgeted annually for the maintenance of existing guardrail, excluding accident related guardrail repairs, generally covered through insurance claim reimbursements. The City has identified ten locations requiring an estimated 4,200 LF of new guardrail to address highway safety. These installations will protect traffic at locations that include sharp curves, steep embankments and bodies of water. The cost to complete the installations is estimated at \$130,000 and will be included in future 5-Year Capital Improvement Plans.

# The Facts about Road Maintenance in Delaware

## Additional Funding Would Help

The city needs an additional \$1.6 million in annual funding to fully support a sustainable street maintenance program

## The City Road Network has Increased by 69%

In 1995 the City maintained 102 miles of roadway. In just 25 years the total miles of roadway the City maintains has increased to 171 miles

## Is the New Gas Tax Helping?

The State enacted an additional Motor Fuels Sales Tax "Gas Tax" in 2019 providing the City with an additional \$758,000 per year for our local street maintenance program, and helping close a \$2.5 million gap in annual roadway maintenance

## Where Does the Money Go?

- Street paving
- Potholes & Patching
- Snow Plowing
- Crack sealing
- Bikeways
- Public Parking Lots
- Traffic Signals
- Street lights
- Pavement Striping
- Guardrail
- Street signs

## Your Tax Dollars Don't Go as Far

In 1995 the cost of asphalt paving was just under \$30.00 per ton. Today that figure has increased over 300% to \$90 per ton for street paving; and the cost today to pave a mile of residential street can exceed \$300,000

## What do we Maintain?

US 23	10 miles
US & State Routes	14 miles
Local Arterials	10 miles
Collector Streets	43 miles
Local streets	94 miles
Alleys	9 miles

## Street Surfaces Wears Out

Residential streets need to be repaved every 20 to 30 years depending on its condition and how well it's been maintained.

## We Need to Pave More Residential Streets in Delaware

There are currently over 100 residential streets in Delaware in need of paving at an estimated cost of \$8 million.

**Local Street Resurfacing Program (DRAFT)  
'Poor' & 'Very Poor' Rated Streets**

Revised January 22, 2020

<b>Street</b>	<b>Length(ft)</b>	<b>CL Miles</b>	<b>Area SF</b>	<b>Cost</b>
ABLEMARLE CIRLE	927	0.18	22,257	\$72,334
ASH ST	930	0.18	22,329	\$72,571
ASPEN CT	859	0.16	20,621	\$67,017
BERNARD AVE	985	0.19	19,223	\$62,474
BOULDER DR	1,320	0.25	42,255	\$137,329
BOWTOWN RD	2,897	0.55	52,138	\$169,448
BRANCH ST	748	0.14	11,963	\$38,880
BRIDGEPORT WAY	1,672	0.32	40,123	\$130,398
CALM ST	769	0.15	12,311	\$40,009
CAPITAL CT	202	0.04	5,241	\$17,035
CARLISLE AVE	294	0.06	4,710	\$15,308
CASTLETON WAY	650	0.12	16,239	\$52,777
CATHERINE ST	518	0.10	15,529	\$50,468
CHAMBERLAIN ST	684	0.13	14,366	\$46,689
CHAMBERLAIN ST	592	0.11	9,464	\$30,758
CHANNING ST	1,471	0.28	32,359	\$105,166
CHATHAM LN	174	0.03	4,527	\$14,713
CHATHAM LN E	299	0.06	7,769	\$25,251
CHATHAM LN W	326	0.06	8,466	\$27,515
COBBLESTONE DR	1,408	0.27	45,066	\$146,465
COLOMET DR	1,622	0.31	40,543	\$131,763
COURT ST	509	0.10	9,157	\$29,759
DARLINGTON RD	416	0.08	8,311	\$27,009
DAVIDSON LN	638	0.12	30,646	\$99,601
DOGWOOD DR	930	0.18	22,329	\$72,569
EAST BRANCH RD	384	0.07	9,972	\$32,409
EAST POINT XING	1,291	0.24	27,112	\$88,113
ELIZABETH ST	996	0.19	33,864	\$110,058
FAIR AVE	2,218	0.42	46,001	\$149,502
FIRESTONE DR	1,617	0.31	42,051	\$136,664
FLINTWOOD DR	735	0.14	19,114	\$62,122
FOLEY ST	255	0.05	5,103	\$16,585
FOREST AVE	1,773	0.34	49,642	\$161,335
GIBRALTAR CT	210	0.04	5,462	\$17,751
GOLD DUST DR	156	0.03	4,061	\$13,197

GRAND CIRCUIT BLVD	974	0.18	31,161	\$101,274
GRANITE CT	345	0.07	8,969	\$29,148
GRISWOLD ST	291	0.06	8,733	\$28,384
HALSTEAD CT	154	0.03	3,707	\$12,048
HAMMOND ST	362	0.07	6,523	\$21,201
HAMMOND ST	173	0.03	3,106	\$10,096
HAVENS RD	757	0.14	15,145	\$49,222
HAYES ST	772	0.15	16,209	\$52,679
HEARTHSTONE DR	2,886	0.55	75,034	\$243,861
HICKORY LN	1,351	0.26	24,314	\$79,019
HILLSIDE DR	2,399	0.45	41,451	\$134,717
HILLS-MILLER RD	796	0.15	17,513	\$56,917
KENSINGTON DR	2,452	0.46	61,289	\$199,191
LANDEMERE CT	241	0.05	5,788	\$18,812
LEWIS ST	483	0.09	14,481	\$47,062
LITTLE ST	486	0.09	14,080	\$45,759
LUSK LN	558	0.11	6,143	\$19,966
MAPLE STREET	812	0.15	17,000	\$55,250
MASON AVE	1,060	0.20	21,202	\$68,907
MINERAL CT	207	0.04	5,386	\$17,505
N FRANKLIN ST	4,102	0.78	126,263	\$410,354
N WASHINGTON ST	3,466	0.66	92,551	\$300,792
N WASHINGTON ST	1,614	0.31	38,634	\$125,562
NEIL ST	717	0.14	10,044	\$32,642
NOBLE ST	1,455	0.28	33,353	\$108,396
NORTH ST	1,386	0.26	30,482	\$99,065
NORTHHAMPTON CT	449	0.09	10,786	\$35,053
NUTTER FARMS LN	1,709	0.32	61,510	\$199,906
OAK HILL AVE	2,518	0.48	63,132	\$205,180
OHIO ST	450	0.09	7,647	\$24,854
OHIOHEALTH BLVD	786	0.15	37,706	\$122,544
ORCHARD LN	610	0.12	10,976	\$35,673
OWEN-FRALEY RD	2,295	0.43	39,010	\$126,782
PADDOCK CT	141	0.03	3,532	\$11,479
PAGE CT	236	0.04	6,130	\$19,922
PARK LN	639	0.12	11,493	\$37,353
PARKER ST	537	0.10	9,664	\$31,407
PENICK AVE	1,053	0.20	33,701	\$109,528
PERKINS ST	599	0.11	10,176	\$33,071
PICKAWAY ST	349	0.07	6,289	\$20,441
PINOAK CT	390	0.07	9,361	\$30,423
POTTER ST	1,635	0.31	39,388	\$128,010
PROVIDENCE LN	1,549	0.29	39,824	\$129,428
REID ST	1,110	0.21	19,973	\$64,914
RENNER ST	1,041	0.20	14,568	\$47,345
ROCK CREEK DR	2,840	0.54	90,879	\$295,356
ROSS ST	617	0.12	13,565	\$44,087



SHELDON ST	717	0.14	11,479	\$37,307
SMITH ST	439	0.08	7,896	\$25,661
SOUTH ST	658	0.12	11,190	\$36,368
SPRING ST	1,470	0.28	51,434	\$167,161
STILSON ST	728	0.14	11,642	\$37,837
SUNBURY RD	129	0.02	3,861	\$12,549
SUPREME CT	442	0.08	11,498	\$37,370
SYCAMORE LN	911	0.17	33,664	\$109,408
TARPY'S LN	796	0.15	14,335	\$46,590
TAYLOR AVE	429	0.08	13,730	\$44,621
THORNAPPLE TRL	565	0.11	13,551	\$44,039
TODD ST	177	0.03	3,177	\$10,327
TODD ST EXT.	683	0.13	12,300	\$39,976
TOLEDO ST	576	0.11	13,834	\$44,960
VANDEMAN AVE	735	0.14	12,497	\$40,615
VERNON AVE	4,013	0.76	45,000	\$146,250
VINE ST	873	0.17	12,218	\$39,709
W FOUNTAIN AVE	1,735	0.33	48,594	\$157,930
W HULL DR	351	0.07	11,233	\$36,507
W LINCOLN AVE	368	0.07	7,368	\$23,946
WALNUT ST	156	0.03	1,562	\$5,076
WEBB ST	600	0.11	12,000	\$38,999
WILLOW ST	449	0.09	8,535	\$27,737
WOODLAND AVE	675	0.13	13,498	\$43,869
YORK AVE	723	0.14	17,361	\$56,424
YORKSHIRE RD	907	0.17	22,668	\$73,670
		<b>19.63</b>	<b>2,454,317</b>	<b>\$7,976,531</b>

#### Notes:

Included streets have condition ratings as 'Poor' or 'Very Poor' per the 2018 pavement condition evaluation.

Average cost to repave streets in "Poor" to "Very Poor" is \$400,000 per mile including anticipated base repairs, shoulder repairs, areas of full depth replacement, pavement planing, use of SAMI, and pavement overlay.