MEETING AGENDA
August 30, 2010
3:00 PM

BOARD OF COUNTY COMMISSIONERS
CYNTHIA MOORE CHESTNUT, CHAIR
LEE PINKOSON, VICE CHAIR
MIKE BYERLY
PAULA M. DELANEY
RODNEY J. LONG

CITY OF GAINESVILLE COMMISSIONERS
CRAIG LOWE, MAYOR
SHERWIN HENRY, PRO-TEM
JACK DONOVAN
THOMAS HAWKINS
JEANNA MASTRODICASA
LAUREN POE
RANDY WELLS
CALL TO ORDER

WELCOME

INTRODUCTION: CYNTHIA MOORE CHESTNUT, CHAIR ALACHUA COUNTY COMMISSION
CRAIG LOWE, MAYOR CITY OF GAINESVILLE

ADOPTION OF THE AGENDA

1. ONE STOP HOMELESS CENTER
   • An overview of the Needs Assessment of Unsheltered Homeless Individuals in Gainesville, FL as provided by Max Tipping during the Implementation Commission meeting
   • The amount of money that needs to be committed, by the County, to the Ten Year Plan to End Homelessness
   • Summary of Activities of the Office on Homelessness during the past quarter

2. FORMAL OVERSIGHT BOARD FOR GRACE MARKETPLACE
   • Where do we stand with the purchase; contracting with a plan/design/build firm; permitting process of the GRACE Marketplace site?

3. KOPPERS UPDATE

COMMISSION GENERAL COMMENTS AND INFORMAL DISCUSSION

CITIZEN COMMENTS

ADJOURN
A Needs Assessment of Unsheltered Homeless Individuals In Gainesville, Florida
Presentation to Joint Gainesville and Alachua County Commission Meeting - August 30, 2010

Background

• More than 3.5 million are homeless in a given year in the U.S. (Urban Institute 2000).
• The age adjusted mortality rate for homeless people is 4 times that of housed populations (Hibbs et al. 1994; Barrow et al. 1999). The average age at death is approximately 47 years old (CDC 1987; Hwang et al. 1997).
• Homeless service providers normally use general descriptive data to determine the needs of their clients rather than formal needs assessments. Such information is often incomplete and can be misleading.

Methods and Setting

• This study conducted a needs assessment of unsheltered homeless individuals in Gainesville, FL using a sample of 30 people (5.7% of the population) in order to develop a quantitative understanding of this population’s need for services, difficulty obtaining services, utilization of services, and satisfaction with those services.
• There are about 947 people without housing in Gainesville on a given night. There are 333 shelter and transitional housing beds.
• All subjects were recruited and surveyed in the downtown area (Plaza, Library, Sweetwater Branch Park).

Results and Recommendations

• Food, Clothing, and Restrooms
  o These services, while important, are also significantly easier to obtain suggesting that the community is doing a good job meeting the most basic survival needs.
  o This result does not mean that everyone is well-fed and adequately clothed or that funding for such activities should be reduced; these needs are ongoing and have been increasing.

• Mental Health and Drug/Alcohol Treatment
  o These services are considered significantly less important than most others and are also relatively easy to obtain.
  o Those who have been homeless for a longer period of time and those who are frequently incarcerated find these services to be more important.
  o The centralized intake of the GRACE Marketplace should target these services to these sub-populations.

• Transportation
  o This service is one of the most important but is also relatively easier to obtain.
  o For the GRACE Marketplace to be accessible to this population there must be regular, frequent transportation to and from downtown.

• Physical Healthcare
  o This service is important but is also relatively easier to obtain.
  o Lack of health insurance is correlated with lower healthcare utilization and increased use of more expensive emergency care relative to outpatient care.
  o To increase utilization and reduce costs, a free health clinic should be included in GRACE Marketplace focused on preventive care.

• Dental Care
  o This service was ranked high in need and difficulty to obtain.
  o The inclusion of a low-cost clinic in the GRACE Marketplace would centralize services and reduce significant financial and transportation barriers.

• Shelter and Housing
  o These and related services are among the highest ranked in terms of need and difficulty to obtain showing that this need is not being met.
  o Shelter services had the lowest satisfaction ratings of all types of services.
  o The GRACE Marketplace will fill a significant gap in services by providing low barrier shelter, transitional housing, a drop-in/day center, and financial assistance. It should also establish a formal, transparent, and impartial procedure for handling complaints and grievances.
  o Shift focus to permanent supportive housing, a proven and cost-effective strategy for re-housing chronic homeless people (more than 30% of Gainesville’s unsheltered homeless population).

Please contact Max Tipping at mtipping@acha-fl.com or 352-378-0460 with any questions about this report.
## Tables

### Table 1: Beds available for different groups of the homeless population.*

<table>
<thead>
<tr>
<th>Subgroup</th>
<th># of Beds Available</th>
<th>% of Total Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
<td>85</td>
<td>26%</td>
</tr>
<tr>
<td>Veterans</td>
<td>76</td>
<td>23%</td>
</tr>
<tr>
<td>Unaccompanied Youth</td>
<td>40</td>
<td>12%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>37</td>
<td>11%</td>
</tr>
<tr>
<td>Various</td>
<td>50</td>
<td>15%</td>
</tr>
<tr>
<td>Other Adults (Non-Vet, Non-DV, Non-Family)</td>
<td>45</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>333</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*Source: ACCHH 2010

### Table 2: Demographic characteristics for the sample population compared to the total population.

<table>
<thead>
<tr>
<th></th>
<th>Sample Pop.</th>
<th>Total Pop.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>46</td>
<td>43</td>
</tr>
<tr>
<td>Male</td>
<td>80%</td>
<td>76%</td>
</tr>
<tr>
<td>Female</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>White</td>
<td>70%</td>
<td>63%</td>
</tr>
<tr>
<td>Black</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Source: ACCHH 2010
<table>
<thead>
<tr>
<th>Table 3: General demographics and other characteristics.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time Homeless</strong></td>
</tr>
<tr>
<td>Less than 1 year</td>
</tr>
<tr>
<td>1-2 Years</td>
</tr>
<tr>
<td>More than 2 years</td>
</tr>
<tr>
<td><strong>Veteran</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>Less than 12 years</td>
</tr>
<tr>
<td>12-15 years</td>
</tr>
<tr>
<td>16 years or more</td>
</tr>
<tr>
<td><strong>Cause of Homelessness</strong></td>
</tr>
<tr>
<td>Employment Issues</td>
</tr>
<tr>
<td>Medical Problems</td>
</tr>
<tr>
<td>Housing Issues</td>
</tr>
<tr>
<td>Jail/Prison</td>
</tr>
<tr>
<td>Domestic Violence</td>
</tr>
<tr>
<td><strong>Chronic Medical Condition</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>18-35</td>
</tr>
<tr>
<td>36-45</td>
</tr>
<tr>
<td>46-55</td>
</tr>
<tr>
<td>55 and over</td>
</tr>
<tr>
<td><strong>Receiving Treatment</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Medicaid</td>
</tr>
<tr>
<td>VA</td>
</tr>
<tr>
<td>Medicare</td>
</tr>
<tr>
<td><strong>Race</strong></td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td><strong>Time in Jail/Prison</strong></td>
</tr>
<tr>
<td>Less than 3 weeks</td>
</tr>
<tr>
<td>More than 3 weeks</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td><strong>Victimization</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Income</strong></td>
</tr>
<tr>
<td>$0</td>
</tr>
<tr>
<td>$1-$200</td>
</tr>
<tr>
<td>$201-$400</td>
</tr>
<tr>
<td>$401-$600</td>
</tr>
<tr>
<td>$600 or more</td>
</tr>
</tbody>
</table>
**Table 4. Means (± SE) for Need and Difficulty by service.**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Services</th>
<th>Mean ± SE</th>
<th>Services</th>
<th>Mean ± SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Perm./Aff. Housing</td>
<td>3.9 ± 0.1 a</td>
<td>Perm./Aff. Housing</td>
<td>3.9 ± 0.1 a</td>
</tr>
<tr>
<td>2</td>
<td>Free Meals</td>
<td>3.7 ± 0.1 ab</td>
<td>Trans./P.S. Housing</td>
<td>3.8 ± 0.1 a</td>
</tr>
<tr>
<td>3</td>
<td>Trans./P.S. Housing</td>
<td>3.6 ± 0.1 abc</td>
<td>Fin. Ass. (Utilities)</td>
<td>3.8 ± 0.2 a</td>
</tr>
<tr>
<td>4</td>
<td>Fin. Ass. (Rent, SD)</td>
<td>3.6 ± 0.1 abc</td>
<td>Emergency Shelter</td>
<td>3.7 ± 0.2 a</td>
</tr>
<tr>
<td>5</td>
<td>Transportation</td>
<td>3.4 ± 0.2 abcd</td>
<td>Fin. Ass. (Rent, SD)</td>
<td>3.6 ± 0.2 ab</td>
</tr>
<tr>
<td>6</td>
<td>Drop In/Day Center</td>
<td>3.4 ± 0.2 abcd</td>
<td>Drop In/Day Center</td>
<td>3.5 ± 0.2 abc</td>
</tr>
<tr>
<td>7</td>
<td>Physical Healthcare</td>
<td>3.3 ± 0.2 abcd</td>
<td>Job Training/Placement</td>
<td>3.3 ± 0.2 abcd</td>
</tr>
<tr>
<td>8</td>
<td>Emergency Shelter</td>
<td>3.2 ± 0.2 abcde</td>
<td>Dental Care</td>
<td>3.3 ± 0.2 abcd</td>
</tr>
<tr>
<td>9</td>
<td>Public Restrooms</td>
<td>3.1 ± 0.2 bcde</td>
<td>Further Education</td>
<td>3.2 ± 0.4 abcde</td>
</tr>
<tr>
<td>10</td>
<td>Job Training/Placement</td>
<td>2.9 ± 0.2 cdef</td>
<td>Eye Care</td>
<td>3.1 ± 0.3 abcde</td>
</tr>
<tr>
<td>11</td>
<td>Clothing</td>
<td>2.7 ± 0.2 defg</td>
<td>SSI/SSDI Ass.</td>
<td>2.8 ± 0.3 bcde</td>
</tr>
<tr>
<td>12</td>
<td>Dental Care</td>
<td>2.7 ± 0.2 defg</td>
<td>Legal Ass.</td>
<td>2.8 ± 0.3 cdef</td>
</tr>
<tr>
<td>13</td>
<td>Eye Care</td>
<td>2.7 ± 0.2 efg</td>
<td>Physical Healthcare</td>
<td>2.8 ± 0.2 cdef</td>
</tr>
<tr>
<td>14</td>
<td>Further Education</td>
<td>2.4 ± 0.3 fgh</td>
<td>Transportation</td>
<td>2.6 ± 0.2 cdef</td>
</tr>
<tr>
<td>15</td>
<td>ID Ass.</td>
<td>2.2 ± 0.2 ghi</td>
<td>Mental Healthcare</td>
<td>2.5 ± 0.5 def</td>
</tr>
<tr>
<td>16</td>
<td>Food Stamp Ass.</td>
<td>2.1 ± 0.2 ghi</td>
<td>Drug/Alcohol Treatment</td>
<td>2.4 ± 0.4 f</td>
</tr>
<tr>
<td>17</td>
<td>Legal Ass.</td>
<td>2.0 ± 0.2 hi</td>
<td>Public Restrooms</td>
<td>2.2 ± 0.2 f</td>
</tr>
<tr>
<td>18</td>
<td>Fin. Ass. (Utilities)</td>
<td>1.7 ± 0.2 hi</td>
<td>Food Stamp Ass.</td>
<td>2.1 ± 0.3 f</td>
</tr>
<tr>
<td>19</td>
<td>SSI/SSDI Ass.</td>
<td>1.6 ± 0.2 i</td>
<td>Clothing</td>
<td>2.1 ± 0.2 f</td>
</tr>
<tr>
<td>20</td>
<td>Mental Healthcare</td>
<td>1.5 ± 0.1 i</td>
<td>ID Ass.</td>
<td>2.0 ± 0.3 f</td>
</tr>
<tr>
<td>21</td>
<td>Drug/Alcohol Treatment</td>
<td>1.5 ± 0.2 i</td>
<td>Free Meals</td>
<td>1.3 ± 0.1 g</td>
</tr>
</tbody>
</table>

1Means in a column followed by different lower case letters are significantly different using Tukey’s HSD (SAS 2003).

**Note.** The scale for importance is as follows: 1=Never Need, 2=Don’t Usually Need, 3=Usually/Sometimes Need, and 4=Always Need. The scale for difficulty is as follows: 1=Always Easy, 2=Usually/Sometimes Easy, 3=Usually/Sometimes Difficult and 4=Always Difficult.
Table 5: Difference in means between Need and Difficulty by service.

<table>
<thead>
<tr>
<th>Service</th>
<th>Need Rank</th>
<th>Mean Need ± SE</th>
<th>n</th>
<th>Difference</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perm./Aff. Housing</td>
<td>1</td>
<td>3.9 ± 0.1 a</td>
<td>29</td>
<td>0.034</td>
<td>0.571</td>
</tr>
<tr>
<td>Free Meals</td>
<td>2</td>
<td>3.7 ± 0.1 ab</td>
<td>30</td>
<td>2.400</td>
<td>14.697**</td>
</tr>
<tr>
<td>Trans./P.S. Housing</td>
<td>3</td>
<td>3.6 ± 0.1 abc</td>
<td>26</td>
<td>-0.077</td>
<td>-0.811</td>
</tr>
<tr>
<td>Fin. Ass. (Rent, SD)</td>
<td>4</td>
<td>3.6 ± 0.1 abc</td>
<td>25</td>
<td>0.240</td>
<td>1.541</td>
</tr>
<tr>
<td>Transportation</td>
<td>5</td>
<td>3.4 ± 0.2 abcd</td>
<td>28</td>
<td>0.821</td>
<td>3.401**</td>
</tr>
<tr>
<td>Drop In/Day Center</td>
<td>6</td>
<td>3.4 ± 0.2 abcde</td>
<td>25</td>
<td>0.120</td>
<td>0.486</td>
</tr>
<tr>
<td>Physical Healthcare</td>
<td>7</td>
<td>3.3 ± 0.2 abcde</td>
<td>26</td>
<td>0.731</td>
<td>2.774**</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>8</td>
<td>3.2 ± 0.2 abcde</td>
<td>27</td>
<td>-0.296</td>
<td>-1.615</td>
</tr>
<tr>
<td>Public Restrooms</td>
<td>9</td>
<td>3.1 ± 0.2 bcde</td>
<td>29</td>
<td>0.966</td>
<td>3.780**</td>
</tr>
<tr>
<td>Job Training/Placement</td>
<td>10</td>
<td>2.9 ± 0.2 cdef</td>
<td>22</td>
<td>0.136</td>
<td>0.530</td>
</tr>
<tr>
<td>Clothing</td>
<td>11</td>
<td>2.7 ± 0.2 defg</td>
<td>28</td>
<td>0.821</td>
<td>3.481**</td>
</tr>
<tr>
<td>Dental Care</td>
<td>12</td>
<td>2.7 ± 0.2 defg</td>
<td>22</td>
<td>-0.136</td>
<td>-0.420</td>
</tr>
<tr>
<td>Eye Care</td>
<td>13</td>
<td>2.7 ± 0.2 efg</td>
<td>19</td>
<td>0.316</td>
<td>1.302</td>
</tr>
<tr>
<td>Further Education</td>
<td>14</td>
<td>2.4 ± 0.3 fgh</td>
<td>11</td>
<td>0.545</td>
<td>1.491</td>
</tr>
<tr>
<td>ID Ass.</td>
<td>15</td>
<td>2.2 ± 0.2 ghi</td>
<td>18</td>
<td>0.889</td>
<td>2.758*</td>
</tr>
<tr>
<td>Food Stamp Ass.</td>
<td>16</td>
<td>2.1 ± 0.2 ghi</td>
<td>18</td>
<td>0.667</td>
<td>2.129*</td>
</tr>
<tr>
<td>Legal Ass.</td>
<td>17</td>
<td>2.0 ± 0.2 hi</td>
<td>18</td>
<td>-0.278</td>
<td>-0.591</td>
</tr>
<tr>
<td>Fin. Ass. (Utilities)</td>
<td>18</td>
<td>1.7 ± 0.2 hi</td>
<td>12</td>
<td>-1.250</td>
<td>-2.803*</td>
</tr>
<tr>
<td>SSI/SSDI Ass.</td>
<td>19</td>
<td>1.6 ± 0.2 i</td>
<td>14</td>
<td>-0.571</td>
<td>-1.529</td>
</tr>
<tr>
<td>Mental Healthcare</td>
<td>20</td>
<td>1.5 ± 0.1 i</td>
<td>6</td>
<td>0.500</td>
<td>0.591</td>
</tr>
<tr>
<td>Drug/Alcohol Treatment</td>
<td>21</td>
<td>1.5 ± 0.2 i</td>
<td>11</td>
<td>-0.182</td>
<td>-0.319</td>
</tr>
</tbody>
</table>

*P < 0.05  **P < 0.01

1Means in a column followed by different lower case letters are significantly different using Tukey’s HSD (SAS 2003).

Note. The scale for importance is as follows: 1=Never Need, 2=Don’t Usually Need, 3=Usually/Sometimes Need, and 4=Always Need. The scale for difficulty is as follows: 1=Always Easy, 2=Usually/Sometimes Easy, 3=Usually/Sometimes Difficult and 4=Always Difficult.

Table 6: Service utilization rates.

<table>
<thead>
<tr>
<th>Service</th>
<th># of Users</th>
<th>% of Total</th>
<th>Total # of Times Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>3</td>
<td>10%</td>
<td>4</td>
</tr>
<tr>
<td>Trans./P.S. Housing</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Cold Night Shelter</td>
<td>26</td>
<td>87%</td>
<td>167</td>
</tr>
<tr>
<td>Physical Healthcare (In.)</td>
<td>9</td>
<td>31%</td>
<td>13</td>
</tr>
<tr>
<td>Physical Healthcare (Out.)</td>
<td>4</td>
<td>13%</td>
<td>10</td>
</tr>
<tr>
<td>Free Medical Clinic</td>
<td>6</td>
<td>20%</td>
<td>7</td>
</tr>
<tr>
<td>Dental Care</td>
<td>3</td>
<td>10%</td>
<td>3</td>
</tr>
<tr>
<td>Mental Healthcare (In.)</td>
<td>1</td>
<td>3%</td>
<td>1</td>
</tr>
<tr>
<td>Mental Healthcare (Out.)</td>
<td>1</td>
<td>3%</td>
<td>1</td>
</tr>
<tr>
<td>Substance Abuse Trt.</td>
<td>3</td>
<td>10%</td>
<td>3</td>
</tr>
<tr>
<td>Legal Services</td>
<td>2</td>
<td>7%</td>
<td>2</td>
</tr>
<tr>
<td>Job Training/Placement</td>
<td>10</td>
<td>33%</td>
<td>32</td>
</tr>
<tr>
<td>Other (Bus passes, IDs, etc.)</td>
<td>14</td>
<td>47%</td>
<td>14</td>
</tr>
</tbody>
</table>
Table 7: Satisfaction with services.

<table>
<thead>
<tr>
<th>Service</th>
<th># of Ratings</th>
<th>Avg. Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Trans./PS Housing</td>
<td>0</td>
<td>---</td>
</tr>
<tr>
<td>Cold Night Shelter</td>
<td>26</td>
<td>3.1</td>
</tr>
<tr>
<td>Physical Healthcare (In.)</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Physical Healthcare (Out.)</td>
<td>4</td>
<td>4.5</td>
</tr>
<tr>
<td>Free Medical Clinic</td>
<td>6</td>
<td>4.3</td>
</tr>
<tr>
<td>Dental Care</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Mental Healthcare (In.)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Mental Healthcare (Out.)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Substance Abuse Trt.</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Legal Services</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>Job Training/Placement</td>
<td>10</td>
<td>3.7</td>
</tr>
<tr>
<td>Other (Bus passes, IDs, Glasses, etc.)</td>
<td>14</td>
<td>4.2</td>
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Note: The scale for Satisfaction is as follows: 1= Entirely Negative, 2= Mostly Negative, 3= Indifferent, 4= Mostly Positive, and 5= Entirely Positive.
A NEEDS ASSESSMENT OF UNSHELTERED HOMELESS

INDIVIDUALS IN GAINESVILLE, FLORIDA

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Honors Thesis- 2010

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Abstract

A needs assessment of unsheltered homeless individuals in Gainesville, FL was conducted using a sample of 30 people (5.7% of the population) in order to develop a quantitative understanding of this population's need for services, difficulty obtaining services, utilization of services, and satisfaction with those services. Basic needs such as food, clothing, and restrooms were among the most important needs but were relatively easier to obtain, suggesting the need for these services is currently being met. Permanent housing and housing services (i.e. financial assistance with rent), were significantly more important than most other services but were also among the most difficult to access. Emergency shelter and job training/placement services were also ranked high in both need and difficulty in obtaining them. While transportation was frequently cited as a barrier to obtaining many other services and was ranked high in terms of need, it was relatively less difficult to access. The difficulty in obtaining physical healthcare was also significantly lower relative to the need for it. Lack of health insurance was significantly correlated with lower utilization of healthcare overall and increased use of more expensive emergency care. Mental healthcare and drug/alcohol treatment were significantly less important than most other services. Despite this, the need for these services was positively correlated with number of recent incarcerations and mental healthcare was considered more important by those who had been homeless for longer periods. Implications of these findings are discussed with a focus on a new shelter and service center currently under development by the local government.
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Homelessness and Needs Assessments

While it is true that there have always been people in the United States without housing, over the past three decades homelessness has grown and transformed into large-scale, permanent, and accepted feature of the social landscape. An estimated 3.5 million Americans now experience homelessness every year, making this a problem of enormous political and social importance (Urban Institute 2000). Further increasing the urgency of this issue are the significant dangers involved with not having a regular place to stay. Homelessness places one in a position of increased susceptibility to both petty and violent crimes (National Coalition for the Homeless 2008) as well as increased rates of morbidity (Gelberg and Linn 1989; Gelberg et al. 1990). The toll of this dangerous condition was examined by two separate studies which both found that the age adjusted mortality rate of homeless individuals was nearly four times greater than that of housed populations (Hibbs et al. 1994; Barrow et al. 1999). Similarly, a study by Hwang et al. (1997) found that the average age at death of homeless individuals was only 47 years old.

Agencies at all levels of government have responded to this massive and dangerous threat and now provide substantial amounts of funding to homeless service programs each year. As a result, community kitchens, emergency shelters, and a variety of other services have become common sites throughout much of urban and rural America. In spite of these efforts, homelessness has not decreased, and, especially with the current economic crisis, is actually showing signs of increasing (U.S. Conference of Mayors 2008). Given this disturbing trend, it is crucial for us to have a clear understanding of what services are needed by those Americans experiencing homelessness to help get them back into housing. Coming to such an understanding is no easy task however, as the opinions and values of this population are largely
unaccounted for by our democratic political system. Similarly, information on their economic needs is also unavailable since they are often not fully integrated into the market as consumers, but rather forced to rely on the charity of others. The lack of a socially established feedback system means that there must be a regular and systematic effort to gather information on their needs.

The most logical means of gathering this information is through a needs assessment, one of the most important tools used by social scientists to evaluate social services. They are often used to gather information on the needs (particularly unmet needs) and values of a specific population in order make more informed policy choices (Witkin and Altschuld 1995). Ideally, this information should also allow those in charge of relevant social service agencies to prioritize their goals for change and improvement by helping them decide which programs to keep, expand, or eliminate (Witkin and Altschuld 1995).

Unfortunately, homeless service providers have often opted against conducting organized needs assessments in favor of using basic descriptive data about the homeless population to determine their needs (Acosta and Toro 2000). There are two problems with such a strategy. First, such an approach risks misinterpreting the needs of the clients (i.e. just because there are high rates of substance abuse among homeless individuals does not automatically those same homeless people would like to see, and be willing to enroll in, more substance abuse treatment programs). Second, crucial information such as what services clients actually use and what issues influence utilization rates is not considered. A formal needs assessment addresses such information gaps by employing a systematic methodology that provides service agencies with accurate information on which services are most crucial and effective so that they can develop programs to fill gaps in the existing web of services available to the homeless.
The present study was designed to accomplish this task by using a sample of 30 unsheltered homeless individuals living in Gainesville, Florida as a part of a comprehensive needs assessment. The goal of this study was to provide agencies and policy makers in the city with relevant and useful information on the service needs of the unsheltered homeless, their perceived access to those services, the utilization rates of those services, and satisfaction with those services. Several additional characteristics of study participants (e.g. demographics, chronic health problems, education, recent arrests, and monthly income) were also recorded in order to reveal any patterns in need, difficulty, utilization, and satisfaction among different subgroups of the sample. Both the design of the survey instrument as well as the overall goals of the research were guided by the academic literature on needs assessments of the homeless, which will be discussed below.
Relevant Literature

Since the early 1980’s and the dramatic rise in the U.S. homeless population, a substantial body of literature on homelessness has been developed by social scientists from a variety of disciplines. Unfortunately, much like homeless services agencies, the bulk of this research has attempted to determine what homeless people need by looking at rates of mental illness, substance abuse, and other general characteristics of the homeless population. Only a limited number of studies have been dedicated to developing a quantitative scientific understanding of the needs of the homeless by actually asking the homeless what their needs are. Many of those studies that have been conducted in such a direct manner have focused on only one aspect of need in isolation (i.e. only ask what respondents what they need most), leaving service providers with an incomplete picture of how to respond. In general, the three main concentrations in this body of literature have been need and the difficulty meeting those needs, utilization of services, and satisfaction with those services.

Need and Difficulty

Several studies have examined what services are the most important for those experiencing homelessness. For most of these studies, the basic survival needs of food, housing, and employment/income were consistently found to be the most frequently cited or most important (depending on the format of the questions) needs (Moxley and Freddolino 1991; Ball and Havassy 1984; Roth and Bean 1986; Mulkern and Bradley 1986; Morse and Calsyn 1986; Rosnow et al. 1986; Herman et al. 1994, DiBlasio and Belcher 1995, Morse and Calsyn 1992). Some studies found that other needs sometimes took priority over these three basic needs including good health (Linn and Gelberg 1989), dental care (King and Gibson 2003), and
personal safety and transportation (Acosta and Toro 2000). Overall, it is clear that most homeless people consider their basic needs (e.g. food, housing, income, health, safety) to be the most important.

Another finding of this research was that services such as mental health and substance abuse treatment were not frequently cited as important needs. This may seem surprising given the great deal of research which has found much higher rates of alcohol and drug abuse and mental illness among the homeless population compared with those in housing (for a review of the wide range of findings on this issue, see Fischer and Breakley 1991). Mulkern and Bradley (1986) found that only 21% of respondents wanted help with alcohol and drug treatment and 25% wanted help with mental health treatment, compared to 45% who expressed a need for food or food stamps and 53% who needed help obtaining clothing. Roth and Bean (1986) reported that 26% of respondents had sought alcohol and drug treatment while DiBlasio and Belcher (1995) found that only 14% of respondents expressed a need for alcohol and drug treatment and 13% for psychological help. Likewise, Herman et al. (1994) found that just 19% wanted help with drugs and 13% wanted help with alcohol. Lastly, Acosta and Toro (2000) ranked drug and alcohol treatment fifteenth out of the 20 needs rated by respondents. There are a number of studies with contrasting results but their study populations were exclusively made up of homeless people with mental illness (Moxley and Freddolino 1991; Morse and Calsyn 1986; Morse and Calsyn 1992; Rosnow et al. 1986) or only examined a limited number of needs (Linn and Gelberg 1989; King et al. 2003).

The differences in survey methodologies among the aforementioned studies make broad synthesis problematic. For instance, different studies focused on different sub-populations of homeless individuals: Herman et al. (1994), Morse and Calsyn (1986), and DiBlasio and Belcher
(1995) chose to only survey homeless people living in shelters while Moxley and Freddolino (1991) and Ball and Havassy (1984) focused only on mentally ill homeless people. Different studies also employed a wide range of survey designs which included ranking needs on a Likert scale (Acosta and Toro 2000), having respondents prioritize a limited number of needs (Linn and Gelberg 1989), yes-no questions (Herman et al. 1994; Morse and Calsyn 1986), and open ended questions (Moxley and Freddolino 1991). The inclusion of different possible needs in different studies clearly influenced the results by limiting the possible responses. For example, Acosta and Toro (2000) found that further education was the second highest ranked need while affordable housing was ranked fourth. Here it may be logical to assume that respondents were interested in education as means for obtaining employment and, while no other studies have included such options, it is possible that if they had they would have found a similar pattern.

These final two points, the format of the survey and the inclusion of certain needs over others, represent significant limitations in and of themselves. Needs assessments that are conducted with limited responses to a fixed number of possible needs diminish the ability of study participants to effectively communicate their exact needs and which are the most important (Herman et al. 1994; Morse and Calsyn 1986). Alternatively, those studies based entirely on open ended questions make their results especially difficult to generalize (Moxley and Freddolino 1991). Such studies group responses into broad categories, effectively preventing examination of the prevalence and relative importance of specific needs. One way of trying to overcome this paradox is to employ Likert scales (Acosta and Toro 2000). Using this format, respondents are able to more accurately express the importance of their different needs while still allowing the results to be specific enough to be compared with other studies.
It would seem that the next logical question in a needs assessment after “what do you need?” would be “how difficult is it for you to meet those needs?” However, there have been few studies which have sought to determine the perceived availability of different homeless services. Koegel et al. (1990) found that for between 42% and 46% of homeless respondents in LA, obtaining food, clothing, and a place to clean up was rarely or never difficult while the remaining respondents sometimes or usually had difficulty meeting these needs. Gelberg et al. (1997) found that 47% of respondents rarely or never had any difficulty meeting these same needs (which in this case were combined into one question). Acosta and Toro (2000) conducted a study that asked respondents about both their perceived needs and perceived difficulty in meeting those same needs, a design that yielded unexpected results. For example, the authors found that drug/alcohol treatment was ranked fifteenth in importance and also second to last in difficulty to obtain revealing that substance abuse treatment was not only undesired, but also readily available if one did desire it. Such results should motivate service providers to regularly re-evaluate the priorities of their own service delivery.

An important limitation with these three studies (Koegel et al. 1990; Gelberg et al. 1997; Acosta and Toro 2000) is that they fail to examine why the respondents believe some services are more difficult to obtain than others. Such information is crucial as it highlights perceived barriers to services, thereby allowing service providers to design ways for clients to navigate around those issues. Although some studies have dealt with this issue, most have focused only on barriers to utilization of medical treatment. For example, Gelberg et al. (1997) found that those homeless people who had trouble meeting their basic needs were less likely to utilize healthcare services. The authors concluded that “competing priorities” may be a barrier for
many homeless people in obtaining medical treatment without first determining the reasons why basic needs were difficult to meet in the first place.

**Utilization of Services**

A second sub-division of research on the needs of the homeless is focused on their utilization of services. The majority of these studies are dedicated to examining patterns of utilization of physical healthcare, mental healthcare, and substance abuse treatment services. This is not surprising given the high incidence of mental health and substance abuse disorders (Fischer and Breakley 1991) as well as the elevated rates of both morbidity and mortality among the homeless (Gelberg and Linn 1989; Gelberg et al. 1990; Hibbs et al. 1994; Barrow et al. 1999; Hwang et al. 1997).

Unfortunately, such high rates of mental health and addiction problems do not seem to correlate with higher utilization rates of available treatment programs. North and Smith (1993) found that homeless individuals with mental illness severely underutilized available mental health services. Koegel et al. (1999) found that only one fifth of those homeless adults with mental illness or substance abuse had received treatment for that condition in the previous two months.

With respect to physical healthcare, researchers have found that homeless individuals are more likely to be admitted to the hospital (Martell et al. 1992; Fischer et al. 1986) and tend to stay there longer than housed patients (Salit et al. 1998; Surber et al. 1988). These trends are also indicative of larger-scale patterns of service use. In particular, several studies have found that homeless individuals tend to rely heavily on acute care (i.e. short-term emergency care) and are less likely to receive outpatient treatment than those in housing (Fischer et al. 1986; O’Toole
et al. 1999; Padgett et al. 1990; Duchon et al. 1999; Kushel et al. 2001). Such patterns of service use are not only dangerous for the homeless individuals themselves since they only seek care for medical problems that are often at a life-threatening stage, but are also more expensive for health care providers who are forced to try to help patients with progressed medical problems instead of being able to treat them in a preventative manner.

Of course, the homeless do not willingly forego necessary medical treatment but are often prevented from accessing these services by a wide variety of obstacles. A study by Gelberg et al. (1997) found that the competing priorities of other basic survival needs caused homeless individuals to use less medical services. Another more obvious barrier is the lack of health insurance among many homeless people, the negative effects of which have been noted in several studies (Kushel et al. 2001; Padgett et al. 1990; Brubaker et al. 2009). However, based on the findings of a study by North and Smith (1993) this trend may not hold true for mental health services. While the authors did find that lack of health insurance was frequently cited as a perceived barrier, having health insurance was not associated with increased use of mental health services. Another study by Douglas et al. (1999) examined barriers to care among a homeless population in Michigan in which all the respondents were covered by a state-run health insurance program for low-income people not eligible for Medicaid. The authors found that since everyone already had health insurance, transportation was now the biggest barrier to receiving care. This was especially true of the unsheltered homeless population, whose lack of transportation led to less utilization of health care services than those homeless people living in shelters. It should also be noted that lower health care utilization rates for unsheltered homeless compared to those in shelter have also been found by several other studies (Nyamathi et al. 2000; O’Toole et al. 1999; Wenzel et al. 1995).
Besides medical care, there have also been some studies which focused on the utilization of other homeless services. Calsyn and Morse (1990), for example, noted that homeless men were less likely than homeless women to use shelters, local housing assistance agencies, and public benefits programs such as welfare and food stamps. In contrast, Acosta and Toro (2000) found that men were more likely to use shelters than women, as were the elderly compared to younger people. The authors also found that those people who had been without housing for a longer period and those with less social support used soup kitchens at a higher rate than other homeless people.

**Satisfaction with Services**

A final area of focus is the satisfaction of homeless people with the services that they use. This information, like that on barriers to general services and medical care, is also critical to understanding need as interactions between the homeless and service providers are often much different from what may be expected or understood by an outside observer. For example, if homeless people are mistreated by shelter staff, most outside observers will remain unaware of this problem since there are usually no formally established channels that allow the homeless to voice their concerns or describe such negative experiences.

Much of the academic literature on this issue is based on the review of “biographical” accounts in which interviewers analyze the life stories of those who have experienced homelessness. In doing so, the authors often come to understand the respondent's opinion of service providers. A good example of the insight that can be gained through such accounts can be found in a study by Liebow (1993). For several years, the author observed shelter staff and residents in two women’s shelters in Washington, DC and noted the central roles of fear and
power in their interactions. Another study by Hoffman and Coffey (2008) reviewed more than 500 interviews with homeless people, finding that many respondents had negative interactions with service providers, citing experiences of “objectification and infantilization” (p.212). Such interactions caused many people to avoid the service system altogether in order to maintain their dignity. A study by Snow and Anderson (1987) found that respondents frequently criticized the staff of the local Salvation Army, a phenomenon which the authors attributed to respondents’ attempts to maintain their sense of self. Freund and Hawkins (2004) reported that many homeless people believed drug treatment programs to be ineffective because they were often not linked with housing away from “drug-infested” neighborhoods. Lastly, Acosta and Toro (2000) found that older respondents and those respondents with greater social support were more likely to report positive interactions with service providers. Similar to Freund and Hawkins (2004), however, they also found drug treatment programs to have very low ratings of satisfaction.

Clearly, such “biographical” accounts and more formal studies like that of Acosta and Toro (2000) have an important role in understanding the needs of the homeless. It should be noted that all of the studies described above, with the exception of Acosta and Toro (2000) who used Likert scales, employed an open ended question format, allowing respondents to fully describe their feeling and thoughts. As with those studies on need, the problem again arises of being able to compare results while at the same time capturing the full view of the respondent’s opinion. In this case, however, most people would probably agree that the opinions of the homeless are already so rarely heard that such questions should be designed to allow for the highest degree of freedom in the possible responses.
Limitations and Solutions

To review, those studies on the needs of the homeless have been faced with several limitations. First, there is the issue of being able to examine specific needs while still allowing for the results to be generalized. One possible solution to this paradox is the use of Likert scales to determine the relative importance of specific needs while still allowing for comparison. Second, only one study (Acosta and Toro 2000) has examined both the relative importance of specific needs as well as the perceived difficulty of meeting those same needs. However, even this study did not allow for respondents to describe what perceived barriers made obtaining those services difficult. These problems can be solved by simply incorporating a mix of Likert scales with open ended questions when appropriate. Third, most studies have focused on medical treatment rather than general services. The scope of such research should be broadened to include non-medical services such as shelters, community kitchens, etc. Fourth, those studies on satisfaction with services are subject to the same general versus specific concerns as those studies on need. Again, one solution to this issue is to employ a mix of Likert scales and open ended questions. Finally, in order to gain a full understanding of what is needed and how to best meet that need, each of these different aspects of need must be examined together rather than separately. This study sought to conduct a needs assessment that would both fill these gaps in the literature and improve upon the methodologies of past studies.

Before moving on, there is an additional difference between the present study and the majority of the literature reviewed above that must be noted and explained. Namely, the focus of the study was limited to those homeless individuals who are unsheltered. Such a constraint may seem contradictory to the idea of obtaining results that are easily comparable and indeed in many cases it is. However, in the case of this study, it was more important to sacrifice the ability to
generalize in favor of focusing on the needs of the most vulnerable group within the homeless population. Not only are unsheltered individuals more isolated and marginalized from available services, thereby causing their needs to be both greater and more urgent that those living in shelter, but these same needs are often overlooked by services providers.

This assertion is supported by numerous studies which found that compared with those homeless people living in shelters, unsheltered homeless are more likely to be older (Rosnow et al. 1986; Roth and Bean 1986), to have been out on the streets for longer (Rosnow et al. 1986; O’Toole et al. 1999; Hannappel et al. 1989; Gelberg and Linn 1989), and to be unemployed (Roth and Bean 1986; Hannappel et al. 1989). Roth and Bean (1986) also found that they have less people that they can “count on” and are less likely to be receiving public benefits. Several studies found that unsheltered homeless were less likely to utilize health care services (O’Toole et al. 1999; Wenzel et al. 1995; Nyamathi et al. 2000). This is not surprising in light of a study by Douglas et al. (1999) that found that 36% of unsheltered homeless people lacked the transportation necessary to receive medical care compared with only 17% of those living in shelter. Higher rates of mental illness (Larsen et al. 2004; Nyamathi et al. 2000) and substance abuse (Larsen et al. 2004; Gelberg and Linn 1989) were also noted among the unsheltered homeless. Additional disparities exist between unsheltered and sheltered homeless that are particularly troubling. Gelberg and Linn (1989) found that unsheltered respondents were more likely to have injured skin, to have foot pain, to report vomiting and diarrhea, and to have been victimized. A study by Nyamathi et al. (2000) of homeless women found that those without shelter reported poorer health and were more likely to have been robbed or physically assaulted. Clearly, those homeless people living on the streets, in the woods, under bridges, or any number of other locations not meant for human habitation are much more vulnerable and in need of
services than those living in shelters. For this reason, I chose to focus exclusively on this subpopulation, in order to develop useful information about a group of people whose needs have been largely ignored.
Methodology

Setting

This study was conducted in the city of Gainesville in Alachua County, a city of approximately 117,000 people in North Central Florida, 50,000 of which are students at the University of Florida (U.S. Census Bureau 2008; University of Florida 2009). At the time this research was conducted, Gainesville had a homeless population of 947 men, women, and children according to the annual homeless census conducted by the Alachua County Coalition for the Homeless and Hungry (ACCHH 2010). The census directly surveyed 369 people, 321 of which were unsheltered.

There are 333 total emergency shelter and transitional housing beds available for Gainesville’s homeless population (ACCHH 2009). However, of these beds, 85 are reserved for families with children, 76 for veterans, 40 for unaccompanied minors, 37 for domestic violence survivors, and 50 are split between homeless people with a variety of specific characteristics including being pregnant or having substance abuse or mental health problems (Table 1). Most of these programs are constantly operating at capacity and have stringent screening processes that leave them unattainable for most of those people who meet their general criteria. This means that the remaining 435 homeless adults (59% of the total adult homeless population) in Gainesville who are not veterans, domestic violence survivors, or members of a family with children are left competing for just 13% of the total shelter beds (Table 1) (ACCHH 2010).

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1 Based on the State of Florida definition of homelessness. See Appendix 1 for a discussion of the different federal and state definitions of homelessness.

2 This estimate was calculated using data from the ACCHH survey. The percentage of respondents who described themselves as non-veterans, non-domestic violence survivors, and not members of a family with children was multiplied by the total homeless adult population (n=735) to get a total of 485. Fifty were then removed from this number under the assumption that they might be qualified for the beds in the “Various” category as seen in Table 1. Those remaining would have access to 45 beds.
Table 1: Beds available for different groups of the homeless population.∗

<table>
<thead>
<tr>
<th>Subgroup</th>
<th># of Beds Available</th>
<th>% of Total Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
<td>85</td>
<td>26%</td>
</tr>
<tr>
<td>Veterans</td>
<td>76</td>
<td>23%</td>
</tr>
<tr>
<td>Unaccompanied Youth</td>
<td>40</td>
<td>12%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>37</td>
<td>11%</td>
</tr>
<tr>
<td>Various</td>
<td>50</td>
<td>15%</td>
</tr>
<tr>
<td>Other Adults (Non-Vet, Non-DV, Non-Family)</td>
<td>45</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>333</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*Source: ACCHH 2010

Given the paucity of shelter beds available for most homeless people it is not surprising that, on the night of the ACCHH census, 575 people in Gainesville, or 59% of the total homeless population, were found to be unsheltered and living on the street, in the woods, in their cars, or in a variety of other locations (ACCHH 2010)³. Of this group, an estimated 526 were individuals (ACCHH 2010)⁴. It was this population from which the sample was drawn for the present study.

Survey Instrument

This study was designed with two goals in mind: 1) provide a comprehensive and improved examination of the needs of the homeless, and 2) provide Gainesville’s homeless service providers and policy makers with useful and relevant information on the needs of the most vulnerable segments of the city’s population. Given these dual goals, the survey sought to answer several key questions about homeless individuals in this community: 1) what are their most important needs? 2) how difficult is it for them to meet those needs and why? 3) what services do they actually use? 4) are they satisfied with the quality of those services and the

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³ The total unsheltered homeless population (n=575) includes unsheltered veterans, families, and domestic violence survivors.
⁴ This estimate was calculated using data from the ACCHH survey. The percentage of unsheltered respondents who were not members of a family with children was calculated and multiplied by total unsheltered homeless population.
treatment they receive from staff?, and 5) are there any other characteristics that are correlated with these primary variables?

The resulting survey instrument was composed of five sections and was approved by the University of Florida IRB-02 (Appendix 2). The first section was composed of three simple questions and was meant to establish trust between the surveyor and the respondent. Section Two had respondents rate how much they needed 21 different services on a scale of one (never need) to four (always need). The list of services included was based on surveys used in the ACCHH homeless census that is updated every year based on advice from homeless service providers and homeless individuals. Of the 18 services used in the ACCHH survey, two of these (“Financial Assistance” and “Help Applying for Public Benefits”) were expanded and four (“Veteran’s Services,” “Childcare,” “Food Stamps/Other Public Benefits,” and “Counseling/Other Support”) were eliminated (ACCHH 2010). “Financial Assistance” was expanded to distinguish between those who needed help with first month’s rent or a security deposit and those who had unpaid utility bills. “Help Applying for Public Benefits” was expanded to determine if the respondent needed help with either food stamps or SSI/SSDI. “Childcare” was taken out because the current study only surveyed individuals. “Veteran’s Services” was excluded because it was consistently considered one of the least needed services, with slightly less than 5% of respondents reporting such a need in 2010 (ACCHH 2010). “Food Stamps/Other Public Benefits” was covered under the expanded question on “Help Applying for Public Benefits.” “Counseling/Other Support” was covered by the questions on “Mental Healthcare” or “Drug/Alcohol Treatment.” Section Two also included one open ended question on the services most needed to get back into housing.
Section Three was composed of the same list of services from Section Two but respondents were asked to rate their difficulty in obtaining them from one (always easy) to four (always difficult). This section also included an open ended question on why some services were so difficult to obtain. Section Four measured the respondent’s use of several different medical and non-medical services in the previous six months as well as having them rate their satisfaction with the quality of the service and the staff providing that service. Unlike the needs and difficulty ratings, this section used a scale from one (entirely negative) to five (entirely positive) in order to provide a middle option (a rating of three corresponded to feeling indifferent) for those respondents who did not have strong opinions of the services they received. Two open ended questions were included to determine why the respondent’s use of these services was either positive or negative. Finally, Section Five included both yes-no and open ended questions on a variety of characteristics including gender, age, race, veteran status, education, health, victimization, incarceration, and income. Questions for this section were included to see if these factors were correlated with need, difficulty meeting needs, utilization, or satisfaction.

Study Participants and Procedure

Thirty unsheltered homeless individuals (5.7% of the total population) were chosen to participate in this study in a haphazard fashion. It is difficult to employ a truly random sampling design when surveying the homeless, especially those without any shelter. Most of the studies reviewed above that included unsheltered homeless did not use random sampling designs, but rather attempted to recruit participants from a wide variety of different locations, sometimes using a quota selection system (Gelberg and Linn 1989; Linn and Gelberg 1989). Several studies have employed probability sampling techniques that estimated the total number of homeless
people using services at a variety of locations and selected a proportional number from each place (Acosta and Toro 2000; Koegel et al. 1990, Burnam and Koegel 1988). However, Koegel et al. (1990) noted that sampling in “outdoor locations” was not used “because of the extreme difficulty of engaging in probability sampling in areas characterized by no real boundaries and constant population movement” (p.87).

In this study of unsheltered homeless individuals, this difficulty is unavoidable because there are no “indoor locations,” except for a small number of community kitchens, where the majority of the unsheltered homeless population congregates or has a reasonable probability of visiting in a relatively short amount of time. Unsheltered homeless people are widely distributed throughout the city and are therefore difficult to find. Many stay at hidden campsites in the many wooded areas on the fringes of the city’s downtown and are often not there except during the night. Others simply spend the night wherever they can avoid contact with the police. Despite these difficulties, two locations in downtown Gainesville were chosen where participants were selected and surveyed: the Alachua County Public Library and the Bo Diddley Community Plaza. These locations were selected because of strong anecdotal evidence from homeless service providers and other homeless people that many of those people sleeping in hidden locations can be found in either the library or on the plaza at some point in a given week.

There are several reasons that unsheltered homeless people are drawn to these locations. The library offers one the few places that the homeless can go during the day to escape the cold, heat, or rain and also provides them the chance to use the internet or to read. The plaza, which is only a block away from the library, is a place where the homeless can "hang out" and socialize with friends during the day and use the public restrooms that are available on most days of the week. Additionally, the plaza is centrally located between the major service agencies that
provide food to the homeless with several agencies actually serving food on the plaza itself. Together, these two locations serve as a de facto “day center” for the homeless. Focusing the surveying efforts here made it possible to capture a much wider variety of respondents than would have been possible using any other means of selection.

Another advantage in sampling this group was their important role in the ongoing public and political controversy that surrounds the homeless in Gainesville. Since these people are the most visible section of the city’s homeless population, they have often served as a flashpoint between local government officials, businesses, and law enforcement on one hand and homeless service providers, advocates, and the homeless themselves on the other. Surveying this group provided an opportunity to develop a more nuanced understanding of their needs and concerns which, if handled responsibly, might ultimately provide useful insight in finding common ground to ease or resolve the current conflicts.

Sampling was done on different days of the week and at different times during February, 2010 in order to avoid disproportionately sampling any one group of homeless people that were consistently on the plaza at certain days and times each week to receive a meal from a specific organization that serves food there. Potential participants were approached and asked about their current housing arrangements. If they had been without housing and shelter or in jail for most of the previous month they were considered unsheltered and informed consent was obtained for participation in the study. A crucial exception that should be noted is that people who said that they had stayed in the Cold Night Shelter (a program that operates during the winter months and provides emergency shelter when the temperature drops below 45 degrees) for most of the previous month were included. This decision was made because if this sampling had been conducted just a few months later, these people would not have had access to this shelter service.
Indeed, when those participants who used Cold Night Shelter were asked where they stay on those winter nights that stay above 45 degrees, every one of them answered that they slept either on the street, in a tent, or an abandoned building. Each participant was given five dollars upon completing the survey, resulting in a 100% response rate for all those asked to take the survey.

The sample used in this study was found to be relatively representative of the overall demographic characteristics of the city's unsheltered homeless population. As seen in Table 2, participants in this study were on average three years older, and slightly more likely to be white and male than those who participated in the city-wide survey (ACCHH 2010).

<table>
<thead>
<tr>
<th></th>
<th>Sample Pop.</th>
<th>Total Pop.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>46</td>
<td>43</td>
</tr>
<tr>
<td>Male</td>
<td>80%</td>
<td>76%</td>
</tr>
<tr>
<td>Female</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>White</td>
<td>70%</td>
<td>63%</td>
</tr>
<tr>
<td>Black</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Source: ACCHH 2010

Data Analysis

The numbers for the variables were compiled and averaged with the respondent considered as the experimental unit (n = 30). Means and standard errors for need and difficulty were calculated and separated within each category (need, difficulty) using Tukey’s HSD test (SAS 2003). The differences between need and difficulty were compared using paired t-tests (SPSS 2009). Other comparisons between categorical variables like gender with quantitative variables like use of medical services were done using independent t-tests (SPSS 2009).
Correlations between continuous variables were analyzed using Pearson’s correlation test while categorical variables were compared using contingency tables and separated using chi-square analysis (SPSS 2009). Only comparisons that were statistically different were referred to as different in this study.
Results

General Demographics and Other Characteristics

The general demographics and other characteristics of the sample population are described in Table 3. Mean age was 46 years old, most were men (80%), and the majority considered themselves to be white (70%), while the remaining respondents considered themselves to be black (30%). No other ethnicities or races were reported. Four of the respondents (13%) were veterans. The mean number of years of education completed was 12.3, with 16 (55%) respondents with at least a high school diploma and five (17%) with bachelor’s degrees or higher. Mean monthly income was about $300, with 13% of respondents reporting income from employment and 33% reporting no income whatsoever. Food stamps were the most commonly reported type of income with 53% of respondents receiving between $60 and $210 per month as a part of this program.

Of the 47% of respondents reporting chronic medical conditions, only 43% were receiving any sort of treatment for their condition. The most frequently reported medical conditions were high blood pressure, arthritis, diabetes, and blindness. Other conditions reported included leukemia, neuropathy, vascular disease, and kidney disease. Two of the respondents were not ambulatory and required wheelchairs. Three respondents were missing most or all of their teeth. Twenty-seven percent of respondents had some form of health insurance through Medicaid (17%), the Department of Veterans Affairs (7%), or Medicare (3%).

The majority (53%) of all respondents had been to jail or prison in the last year. Of these, 63% were incarcerated for a total of three weeks or less. Three respondents (10% of those who had been incarcerated) said that they received some assistance upon their release (e.g. transportation, recruitment into a substance abuse treatment program) while the remaining 13
(90%) reported receiving no assistance. In fact, five (31% of those who had been incarcerated) commented that they had been let out in the middle of the night and had to walk back to downtown Gainesville. Most of the crimes (79%) were non-violent and included violation of probation, open container violations, trespassing, panhandling, marijuana possession, petty theft, and burglary. There were four violent crimes committed: two cases of simple battery and two cases of assault. Thirty percent of the study group participants had themselves been the victim of crimes in the last year including seven cases of robbery and four cases of assault where, of those, one person was hit over the head with a pipe, one was stabbed, and one was shot.

<table>
<thead>
<tr>
<th>Table 3: General demographics and other characteristics.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time Homeless</strong></td>
</tr>
<tr>
<td>Less than 1 year 10 33%</td>
</tr>
<tr>
<td>1-2 Years 7 23%</td>
</tr>
<tr>
<td>More than 2 years 13 44%</td>
</tr>
<tr>
<td><strong>Veteran</strong></td>
</tr>
<tr>
<td>Yes 4 13%</td>
</tr>
<tr>
<td>No 26 87%</td>
</tr>
<tr>
<td><strong>Cause of Homelessness</strong></td>
</tr>
<tr>
<td>Employment Issues 12 40%</td>
</tr>
<tr>
<td>Medical Problems 8 27%</td>
</tr>
<tr>
<td>Housing Issues 5 17%</td>
</tr>
<tr>
<td>Jail/Prison 4 13%</td>
</tr>
<tr>
<td>Domestic Violence 1 3%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>Less than 12 years 8 28%</td>
</tr>
<tr>
<td>12-15 years 16 55%</td>
</tr>
<tr>
<td>16 years or more 5 17%</td>
</tr>
<tr>
<td><strong>Chronic Medical Condition</strong></td>
</tr>
<tr>
<td>Yes 14 47%</td>
</tr>
<tr>
<td>No 16 53%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>18-35 4 13%</td>
</tr>
<tr>
<td>36-45 9 30%</td>
</tr>
<tr>
<td>46-55 11 37%</td>
</tr>
<tr>
<td>55 and over 6 20%</td>
</tr>
<tr>
<td><strong>Receiving Treatment</strong></td>
</tr>
<tr>
<td>Yes 6 43%</td>
</tr>
<tr>
<td>No 8 57%</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
</tr>
<tr>
<td>None 22 73%</td>
</tr>
<tr>
<td>Medicaid 5 17%</td>
</tr>
<tr>
<td>VA 2 7%</td>
</tr>
<tr>
<td>Medicare 1 3%</td>
</tr>
<tr>
<td><strong>Time in Jail/Prison</strong></td>
</tr>
<tr>
<td>None 14 47%</td>
</tr>
<tr>
<td>Less than 3 weeks 10 33%</td>
</tr>
<tr>
<td>More than 3 weeks 6 20%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
</tr>
<tr>
<td>White 21 70%</td>
</tr>
<tr>
<td>Black 9 30%</td>
</tr>
<tr>
<td><strong>Victimization</strong></td>
</tr>
<tr>
<td>Yes 9 30%</td>
</tr>
<tr>
<td>No 21 70%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Male 24 80%</td>
</tr>
<tr>
<td>Female 6 20%</td>
</tr>
<tr>
<td><strong>Income</strong></td>
</tr>
<tr>
<td>$0 10 33%</td>
</tr>
<tr>
<td>$1-$200 8 27%</td>
</tr>
<tr>
<td>$201-400 4 13%</td>
</tr>
<tr>
<td>$401-$600 3 10%</td>
</tr>
<tr>
<td>$600 or more 5 17%</td>
</tr>
</tbody>
</table>
The most common reason given for being homeless was employment issues (40%), followed by medical problems (27%), housing issues (17%), recent incarceration (13%), and domestic violence (3%). Respondents had been homeless an average of 26.5 months and had been in Alachua County an average of 121 months. Most (53%) had lived in the county before becoming homeless, 17% had become homeless upon moving to the area, and 30% had already been homeless before arriving in Alachua County.

**Need and Difficulty**

The means (± SE) of the ratings for need for services are listed in Table 4. There were no differences among the top eight ranked needs of permanent/affordable housing, free meals, transitional/permanent supportive housing, financial assistance with rent or security deposits, transportation, a drop in/day center, physical healthcare, and emergency shelter. Affordable housing was more important than 62% of all other services (13 out of 21) and free meals were more important than 57% of all other services, including job training/placement, clothing, and dental care. Two of the services directly related to the need for long-term housing (transitional/permanent supportive housing and financial assistance with rent or security deposits) were more important than 52% of all other services. Financial assistance with utilities, the other service directly related to the need for long term housing, was less important than 62% of all other services. Transportation was more important than 42% of all other services and a drop in/day center, physical healthcare, and emergency shelter were all more important than 38% of all other services. Assistance with obtaining SSI/SSDI, mental healthcare, and drug/alcohol treatment were ranked lowest and were less important than 66% of all other services.
### Table 4. Means (+ SE) for Need and Difficulty by service.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Services</th>
<th>Need Mean + SE</th>
<th>Difficulty Services</th>
<th>Mean + SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Perm./Aff. Housing</td>
<td>3.9 ± 0.1 a</td>
<td>Perm./Aff. Housing</td>
<td>3.9 ± 0.1 a</td>
</tr>
<tr>
<td>2</td>
<td>Free Meals</td>
<td>3.7 ± 0.1 ab</td>
<td>Trans./P.S. Housing</td>
<td>3.8 ± 0.1 a</td>
</tr>
<tr>
<td>3</td>
<td>Trans./P.S. Housing</td>
<td>3.6 ± 0.1 abc</td>
<td>Fin. Ass. (Utilities)</td>
<td>3.8 ± 0.2 a</td>
</tr>
<tr>
<td>4</td>
<td>Fin. Ass. (Rent, SD)</td>
<td>3.6 ± 0.1 abc</td>
<td>Emergency Shelter</td>
<td>3.7 ± 0.2 a</td>
</tr>
<tr>
<td>5</td>
<td>Transportation</td>
<td>3.4 ± 0.2 abcd</td>
<td>Fin. Ass. (Rent, SD)</td>
<td>3.6 ± 0.2 ab</td>
</tr>
<tr>
<td>6</td>
<td>Drop In/Day Center</td>
<td>3.4 ± 0.2 abcde</td>
<td>Drop In/Day Center</td>
<td>3.5 ± 0.2 abc</td>
</tr>
<tr>
<td>7</td>
<td>Physical Healthcare</td>
<td>3.3 ± 0.2 abcd</td>
<td>Job Training/Placement</td>
<td>3.3 ± 0.2 abcd</td>
</tr>
<tr>
<td>8</td>
<td>Emergency Shelter</td>
<td>3.2 ± 0.2 abcd</td>
<td>Dental Care</td>
<td>3.3 ± 0.2 abcd</td>
</tr>
<tr>
<td>9</td>
<td>Public Restrooms</td>
<td>3.1 ± 0.2 bcde</td>
<td>Further Education</td>
<td>3.2 ± 0.4 abcd</td>
</tr>
<tr>
<td>10</td>
<td>Job Training/Placement</td>
<td>2.9 ± 0.2 cdef</td>
<td>Eye Care</td>
<td>3.1 ± 0.3 abcd</td>
</tr>
<tr>
<td>11</td>
<td>Clothing</td>
<td>2.7 ± 0.2 defg</td>
<td>SSI/SSDI Ass.</td>
<td>2.8 ± 0.3 bcde</td>
</tr>
<tr>
<td>12</td>
<td>Dental Care</td>
<td>2.7 ± 0.2 defg</td>
<td>Legal Ass.</td>
<td>2.8 ± 0.3 cdef</td>
</tr>
<tr>
<td>13</td>
<td>Eye Care</td>
<td>2.7 ± 0.2 efg</td>
<td>Physical Healthcare</td>
<td>2.8 ± 0.2 cdef</td>
</tr>
<tr>
<td>14</td>
<td>Further Education</td>
<td>2.4 ± 0.3 fgh</td>
<td>Transportation</td>
<td>2.6 ± 0.2 cdef</td>
</tr>
<tr>
<td>15</td>
<td>ID Ass.</td>
<td>2.2 ± 0.2 ghi</td>
<td>Mental Healthcare</td>
<td>2.5 ± 0.5 def</td>
</tr>
<tr>
<td>16</td>
<td>Food Stamp Ass.</td>
<td>2.1 ± 0.2 ghi</td>
<td>Drug/Alcohol Treatment</td>
<td>2.4 ± 0.4 f</td>
</tr>
<tr>
<td>17</td>
<td>Legal Ass.</td>
<td>2.0 ± 0.2 hi</td>
<td>Public Restrooms</td>
<td>2.2 ± 0.2 f</td>
</tr>
<tr>
<td>18</td>
<td>Fin. Ass. (Utilities)</td>
<td>1.7 ± 0.2 hi</td>
<td>Food Stamp Ass.</td>
<td>2.1 ± 0.3 f</td>
</tr>
<tr>
<td>19</td>
<td>SSI/SSDI Ass.</td>
<td>1.6 ± 0.2 i</td>
<td>Clothing</td>
<td>2.1 ± 0.2 f</td>
</tr>
<tr>
<td>20</td>
<td>Mental Healthcare</td>
<td>1.5 ± 0.1 i</td>
<td>ID Ass.</td>
<td>2.0 ± 0.3 f</td>
</tr>
<tr>
<td>21</td>
<td>Drug/Alcohol Treatment</td>
<td>1.5 ± 0.2 i</td>
<td>Free Meals</td>
<td>1.3 ± 0.1 g</td>
</tr>
</tbody>
</table>

Note. The scale for importance is as follows: 1=Never Need, 2=Don’t Usually Need, 3=Usually/Sometimes Need, and 4=Always Need. The scale for difficulty is as follows: 1=Always Easy, 2=Usually/Sometimes Easy, 3=Usually/Sometimes Difficult and 4=Always Difficult. 

The most frequent responses to the question “which of these specific services or combination of services do you most need in order to get off the street and into housing?” were employment or help finding employment, followed by transportation, financial assistance, and shelter. Public benefits, getting an ID, and healthcare were also cited as important in regaining housing.

Several analyses were conducted to reveal any differences or correlations in the need for services for different groups of respondents. Correlation analyses revealed negative relationships between respondent age and their perceived need for both job training/placement (n = 29,
r = -0.375, \(P < 0.05\) and further education (n = 28, r = -0.409, \(P < 0.05\)). There was a positive correlation between the number of months the respondent had been homeless and the importance of mental healthcare (n = 30, r = 0.371, \(P < 0.05\)) and the number of times that a respondent had been to jail in the previous year was positively correlated with their rating for the importance of mental healthcare (n = 30, r = 0.540, \(P < 0.01\)) and drug/alcohol treatment services (n = 30, r = 0.503, \(P < 0.01\)). Average need (the mean of all ratings of need for each respondent) was greater for those who had no income compared with those with an income (\(t = 2.38, P < 0.05\)).

The means (± SE) of the ratings for difficulty obtaining services are also listed in Table 4. There were no differences in the difficulty obtaining any of the top ten ranked services including permanent/affordable housing, transitional/permanent supportive housing, financial assistance with utilities, emergency shelter, financial assistance with rent or security deposits, a drop in/day center, job training/placement, dental care, further education, and eye care. Of these services, the top four were more difficult to obtain than 52% of all other services and financial assistance with rent or a security deposit was more difficult to obtain than 47% of all other services, including physical healthcare and transportation. The other five services ranked in the top ten were more difficult to obtain than 33% of all other services, including mental healthcare, drug/alcohol treatment, public restrooms, and clothing. Free meals were less difficult to obtain than every other service.

The most frequently cited barriers to obtaining these services were lack of money, transportation, and not knowing where to go. For permanent housing services, the primary barriers were lack of money, waiting lists, and the intensive screening processes. One person also commented that most landlords only want student tenants. Barriers to emergency shelter included an employment requirement, the lack of shelters that will accept individuals, and the
view that many local shelters are often dangerous and unsanitary. Physical healthcare and dental care were considered difficult to access because of a lack of insurance and having to go to several different doctors and clinics all over the city in order to get a simple procedure done. This was problematic for the many people without bus passes or bicycles and even more difficult for those people who have a disability that makes walking or moving painful. Those who found job training/placement services hard to access cited the lack of programs available and their preference for younger people.

The relative difficulty respondents had in meeting their basic needs was lower in comparison to the findings of other studies. Koegel et al. (1990) and Gelberg et al. (1997) both found that slightly more than half of those people interviewed found it difficult to get food, clothing, and place to get clean. In this study, only 40% of respondents had trouble finding clothes, 41% had trouble finding a place to clean up (in this case, a public restroom), and 7% found it difficult to get free meals. Unlike the findings of Gelberg et al. (1997), there were no correlations between the average difficulty meeting these three basic needs and the utilization of medical services (total number of visits to a medical service provider). Other analyses found that the mean difficulty in meeting these basic needs was higher for those respondents with no income compared to those with some income ($t = 2.120, P < 0.05$).

The need for services was directly compared with the difficulty in obtaining those services (Table 5). A positive difference indicated that the difficulty in obtaining that service was relatively less that the need for that service, which suggests that the need is currently being met. A negative difference or no difference indicated that the difficulty in obtaining that service was relatively greater or no different than the need for that service, suggesting that the need is currently not being met. This comparison is particularly compelling for the most needed services.
such as permanent/affordable housing, free meals, transitional/permanent supportive housing, financial assistance with rent or a security deposit, and transportation.

Table 5: Difference in means between Need and Difficulty by service.

<table>
<thead>
<tr>
<th>Service</th>
<th>Need Rank</th>
<th>Mean Need + SE</th>
<th>n</th>
<th>Difference</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perm./Aff. Housing</td>
<td>1</td>
<td>3.9 ± 0.1 a</td>
<td>29</td>
<td>0.034</td>
<td>0.571</td>
</tr>
<tr>
<td>Free Meals</td>
<td>2</td>
<td>3.7 ± 0.1 ab</td>
<td>30</td>
<td>2.400</td>
<td>14.697**</td>
</tr>
<tr>
<td>Trans./P.S. Housing</td>
<td>3</td>
<td>3.6 ± 0.1 abc</td>
<td>26</td>
<td>-0.077</td>
<td>-0.811</td>
</tr>
<tr>
<td>Fin. Ass. (Rent, SD)</td>
<td>4</td>
<td>3.6 ± 0.1 abc</td>
<td>25</td>
<td>0.240</td>
<td>1.541</td>
</tr>
<tr>
<td>Transportation</td>
<td>5</td>
<td>3.4 ± 0.2 abcd</td>
<td>28</td>
<td>0.821</td>
<td>3.401**</td>
</tr>
<tr>
<td>Drop In/Day Center</td>
<td>6</td>
<td>3.4 ± 0.2 abcd</td>
<td>25</td>
<td>0.120</td>
<td>0.486</td>
</tr>
<tr>
<td>Physical Healthcare</td>
<td>7</td>
<td>3.3 ± 0.2 abcde</td>
<td>26</td>
<td>0.731</td>
<td>2.774**</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>8</td>
<td>3.2 ± 0.2 abcde</td>
<td>27</td>
<td>-0.296</td>
<td>-1.615</td>
</tr>
<tr>
<td>Public Restrooms</td>
<td>9</td>
<td>3.1 ± 0.2 bcde</td>
<td>29</td>
<td>0.966</td>
<td>3.780**</td>
</tr>
<tr>
<td>Job Training/Placement</td>
<td>10</td>
<td>2.9 ± 0.2 cdef</td>
<td>22</td>
<td>0.136</td>
<td>0.530</td>
</tr>
<tr>
<td>Clothing</td>
<td>11</td>
<td>2.7 ± 0.2 defg</td>
<td>28</td>
<td>0.821</td>
<td>3.481**</td>
</tr>
<tr>
<td>Dental Care</td>
<td>12</td>
<td>2.7 ± 0.2 defg</td>
<td>22</td>
<td>-0.136</td>
<td>-0.420</td>
</tr>
<tr>
<td>Eye Care</td>
<td>13</td>
<td>2.7 ± 0.2 efg</td>
<td>19</td>
<td>0.316</td>
<td>1.302</td>
</tr>
<tr>
<td>Further Education</td>
<td>14</td>
<td>2.4 ± 0.3 fgh</td>
<td>11</td>
<td>0.545</td>
<td>1.491</td>
</tr>
<tr>
<td>ID Ass.</td>
<td>15</td>
<td>2.2 ± 0.2 ghi</td>
<td>18</td>
<td>0.889</td>
<td>2.758*</td>
</tr>
<tr>
<td>Food Stamp Ass.</td>
<td>16</td>
<td>2.1 ± 0.2 ghi</td>
<td>18</td>
<td>0.667</td>
<td>2.129*</td>
</tr>
<tr>
<td>Legal Ass.</td>
<td>17</td>
<td>2.0 ± 0.2 hi</td>
<td>18</td>
<td>-0.278</td>
<td>-0.591</td>
</tr>
<tr>
<td>Fin. Ass. (Utilities)</td>
<td>18</td>
<td>1.7 ± 0.2 hi</td>
<td>12</td>
<td>-1.250</td>
<td>-2.803*</td>
</tr>
<tr>
<td>SSI/SSDI Ass.</td>
<td>19</td>
<td>1.6 ± 0.2 i</td>
<td>14</td>
<td>-0.571</td>
<td>-1.529</td>
</tr>
<tr>
<td>Mental Healthcare</td>
<td>20</td>
<td>1.5 ± 0.1 i</td>
<td>6</td>
<td>0.500</td>
<td>0.591</td>
</tr>
<tr>
<td>Drug/Alcohol Treatment</td>
<td>21</td>
<td>1.5 ± 0.2 i</td>
<td>11</td>
<td>-0.182</td>
<td>-0.319</td>
</tr>
</tbody>
</table>

*P < 0.05 **P < 0.01

Means in a column followed by different lower case letters are significantly different using Tukey’s HSD (SAS 2003).

Note. The scale for importance is as follows: 1=Never Need, 2=Don’t Usually Need, 3=Usually/Sometimes Need, and 4=Always Need. The scale for difficulty is as follows: 1=Always Easy, 2=Usually/Sometimes Easy, 3=Usually/Sometimes Difficult and 4=Always Difficult.

Needs with a positive difference included free meals, transportation, physical healthcare, and public restrooms. In each of these cases, respondents found that these needs were important but relatively easier to obtain, especially free meals ($t = 14.697, P < 0.01$). In contrast, needs with no difference included permanent/affordable housing, transitional/permanent supportive housing, financial assistance with rent and security deposits, a drop in/day center, emergency
shelter, and job training/placement. Respondents considered these needs to be important but also difficult to obtain.

Utilization and Satisfaction

Free meals were the most frequently used service with every respondent usually receiving at least one free meal per week and most (73%) reporting receiving at least one per day. On average, respondents received approximately nine free meals per week. The most frequently cited organizations that provided food were St. Francis House, the Salvation Army, Holy Trinity Episcopal Church, Fire of God Ministries, and the HomeVan.

Utilization rates of all other services are presented in Table 6. After free meals, Cold Night Shelter was the most frequently used service with approximately 87% of respondents staying there at least once for an average length of stay of six nights. Other shelter services were utilized far less frequently with only three people (10%) using an emergency shelter, and no one using transitional or permanent supportive housing services. The highest rate of utilization for other non-medical services was for assistance with general needs (47%). Most (64%) of the general services received were help obtaining bus passes, followed by help obtaining IDs (21%), clothing (7%), and glasses (7%). Additionally, 33% of respondents had received job training or placement services and two people (7%) had received legal assistance.

Less than half (44%) of respondents had received physical healthcare in the last six months. The majority (69%) of those people who had seen a doctor did so in an inpatient (i.e. emergency room) rather than outpatient setting. Three other people also visited a free medical clinic during this time, as did three of the people who had been to the emergency room. Only 10% of respondents had any dental treatment during this time. Mental healthcare and substance
abuse treatment were the least utilized medical services with only one person using inpatient mental healthcare, two people using substance abuse treatment, and one person using both outpatient mental healthcare and substance abuse treatment (Table 6).

<table>
<thead>
<tr>
<th>Service</th>
<th># of Users</th>
<th>% of Total</th>
<th>Total # of Times Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>3</td>
<td>10%</td>
<td>4</td>
</tr>
<tr>
<td>Trans./P.S. Housing</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Cold Night Shelter</td>
<td>26</td>
<td>87%</td>
<td>167</td>
</tr>
<tr>
<td>Physical Healthcare (In.)</td>
<td>9</td>
<td>31%</td>
<td>13</td>
</tr>
<tr>
<td>Physical Healthcare (Out.)</td>
<td>4</td>
<td>13%</td>
<td>10</td>
</tr>
<tr>
<td>Free Medical Clinic</td>
<td>6</td>
<td>20%</td>
<td>7</td>
</tr>
<tr>
<td>Dental Care</td>
<td>3</td>
<td>10%</td>
<td>3</td>
</tr>
<tr>
<td>Mental Healthcare (In.)</td>
<td>1</td>
<td>3%</td>
<td>1</td>
</tr>
<tr>
<td>Mental Healthcare (Out.)</td>
<td>1</td>
<td>3%</td>
<td>1</td>
</tr>
<tr>
<td>Substance Abuse Trt.</td>
<td>3</td>
<td>10%</td>
<td>3</td>
</tr>
<tr>
<td>Legal Services</td>
<td>2</td>
<td>7%</td>
<td>2</td>
</tr>
<tr>
<td>Job Training/Placement</td>
<td>10</td>
<td>33%</td>
<td>32</td>
</tr>
<tr>
<td>Other (Bus passes, IDs, etc.)</td>
<td>14</td>
<td>47%</td>
<td>14</td>
</tr>
</tbody>
</table>

No correlations were found between age and utilization of shelter services or time spent homeless and use of community kitchens, outcomes that were reported by Acosta and Toro (2000). Unlike Calsyn and Morse (1990), this study found no difference in mean utilization rates of non-medical services between males and females. However, women were found to be more likely to use medical services than men ($t = 2.020$, $P < 0.05$) as were people with chronic health problems compared with those without such problems ($t = 2.222$, $P < 0.05$). Those with health insurance used more general medical services ($t = 2.899$, $P < 0.01$) and physical health services ($t = 3.592$, $P < 0.01$) compared to those without health insurance. In addition, those with health insurance were more likely to use less expensive outpatient services than were those without insurance who were more likely to use more expensive inpatient services ($\chi^2 = 4.95$, $n = 13$, $P < 0.05$).
Overall satisfaction with all services was 4.2 (mostly positive). Of those who commented on their satisfaction in response to the open ended questions, thirteen (50%) made both positive and negative comments, ten (38%) made only positive comments, and three (12%) made only negative comments. Respondents were generally more satisfied with medical services relative to non-medical services, with emergency and Cold Night shelter services receiving the lowest overall ratings (Table 7). In particular, respondents were most often impressed by the patience, willingness to help, and dedication of the staff of healthcare service providers. There were a wide range of non-medical services used and an even wider range of satisfaction with those services. Interactions with staff, rather than the quality of the services received, were usually the driving factor behind most respondents’ satisfaction ratings.

<table>
<thead>
<tr>
<th>Service</th>
<th># of Ratings</th>
<th>Avg. Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Trans./PS Housing</td>
<td>0</td>
<td>---</td>
</tr>
<tr>
<td>Cold Night Shelter</td>
<td>26</td>
<td>3.1</td>
</tr>
<tr>
<td>Physical Healthcare (In.)</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Physical Healthcare (Out.)</td>
<td>4</td>
<td>4.5</td>
</tr>
<tr>
<td>Free Medical Clinic</td>
<td>6</td>
<td>4.3</td>
</tr>
<tr>
<td>Dental Care</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Mental Healthcare (In.)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Mental Healthcare (Out.)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Substance Abuse Trt.</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Legal Services</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>Job Training/Placement</td>
<td>10</td>
<td>3.7</td>
</tr>
<tr>
<td>Other (Bus passes, IDs, Glasses, etc.)</td>
<td>14</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Note: The scale for Satisfaction is as follows: 1=Entirely Negative, 2=Mostly Negative, 3=Indifferent, 4=Mostly Positive, and 5=Entirely Positive.

The most frequently used and rated service provider was St. Francis House (a local shelter). A total of twenty-two respondents regularly received meals from St. Francis House, twenty-five had stayed there as part of the Cold Night Shelter program, and two had been
residents of its emergency shelter program. The average satisfaction rating for these services was 2.8 (slightly negative). Positive comments mostly focused on the staff being helpful and “doing the best they can.” Negative comments were primarily focused on the physical services available there. Some of the more frequently cited problems included lack of organization and regulation, having to sleep on the floor (for Cold Night Shelter), the food (especially the salad) sometimes being rotten, the bathrooms and showers being dirty, and the blankets being infested with bedbugs and never washed. The most frequent negative comments about staff members mentioned their rudeness, their lack of knowledge, and accusations that some take the best donations of food or clothing for themselves.

There were no other significant relationships between satisfaction and other surveyed variables.
Discussion and Recommendations

This needs assessment was conducted in order to develop a comprehensive quantitative understanding of what services unsheltered individuals in Gainesville need, what services are difficult to obtain, what services are actually used, and their satisfaction with those services. The findings of this study will now be discussed, focusing on five categories of need: 1) Basic Needs, 2) Shelter/Housing, 3) Employment, 4) Medical Services, and 5) Transportation. At the end of each section I will provide my recommendations for service providers and policy makers based on these findings. While this discussion is relevant to all service providers in the city, most specific recommendations will be focused towards those policy makers involved in the current development of a large homeless service center called the Grace Marketplace, a joint effort between the city of Gainesville and Alachua County governments. This focus on one specific provider is appropriate because the Grace Marketplace will potentially become the largest single homeless service agency in the city, especially for those who are currently without shelter. Also, while existing agencies are often relatively fixed in the array of services they can provide, the services to be provided by Grace Marketplace are still under development. The information generated by the present study may provide some guidance into which services or bundles of services might better serve the target population.

Basic Needs

This study found significant evidence that unsheltered homeless people’s most basic needs of food, clothing, and restrooms are currently being met. While these three services were ranked higher than most other services in terms of need they were all relatively less difficult to access (Table 5). This difference was most apparent for free meals which, while ranked second
in need, were ranked last in the difficulty in obtaining them and were less difficult to obtain than all other services (Table 4).

**Recommendation- Basic Needs:** These findings do not mean that efforts or funding currently dedicated to meeting this need should stop or decrease. These needs are ongoing, and meeting a need is not the same as eliminating it. Future efforts should focus on meeting other critical needs of the homeless with the same level of success achieved by these programs.

**Shelter/Housing**

It was also evident from this study that housing and shelter were among the most critical needs. As a group, these services made up five of the top eight ranked needs and were more important than 38% of all other services (Table 4). Permanent/affordable housing in particular was considered more important than well over half (62%) of all other services (Table 4). In addition, shelter and financial assistance were two of the services that were most frequently cited as necessary for regaining housing. Unfortunately, not only were these services the most important, but they were also the most difficult to access (Table 5). Respondents believed this difficulty was mainly due to their lack of money, the intensive screening processes of shelters and housing programs, and the lack of such programs that take individuals. Utilization rates for shelter and housing programs reflected these difficulties with only three respondents utilizing an emergency shelter and none utilizing a transitional or permanent supportive housing program (Table 6). The Cold Night shelter program, however, was used by almost all respondents, suggesting that if more shelter was available for individuals with minimal requirements for entry, it would be utilized by many unsheltered homeless people (although at perhaps not as high a rate during the warmer months of the year) (Table 6).
**Recommendation- Shelter:** Increasing shelter beds and a establishing a drop in/day center should be among the highest priorities of policy makers. The planned 60 beds and 100 permanent campsites of the Grace Marketplace would meet a significant portion of the need for shelter and provide the homeless with a place to go during the day to shower, do laundry, receive mail, or just get out of the weather. It is also important that this facility establish a formal and impartial system for receiving and responding to the concerns and complaints of shelter users. Such a system would enhance overall satisfaction with services thereby increasing both the utilization and effectiveness of those services.

**Recommendation- Housing:** The top priority of policy makers should be to develop programs that help people move into long term housing. Obviously, this is no easy task and securing the funding necessary to accomplish it will require a great deal of political will from officials who may feel that the city has already "done enough" for the homeless. Without trivializing the significant support that many have shown the homeless over the years, what is primarily needed now is a large-scale permanent supportive housing program that moves beyond meeting basic needs and focuses directly on getting people into housing and ensuring that they stay there.

There is already one such program that is operating in the city and is highly successful. The HUD/VASH program currently subsidizes the rent and provides case management services for 119 veterans. This program is jointly funded by the Department of Housing and Urban Development and the Department of Veterans Affairs and is designed to help homeless veterans become self-sufficient, including those with severe mental illness and/or substance abuse problems. While it is true that these programs are expensive, studies in several cities have found that the resulting decreases in shelter use, hospitalization, and incarceration, may actually offset
most if not all of the costs (Culhane et al. 2002, Rosenheck et al. 2003; Rog 2004; Martinez and Burt 2006). Besides the potential net financial benefits in the long term, such a program would also be able to move those most in need of help directly into housing, resulting in a dramatic increase in the quality of life for program participants.

For these reasons, city and county officials should consider funding a pilot program, starting with perhaps ten unsheltered homeless individuals, to determine the feasibility of this model. From the beginning there must be a framework in place to evaluate the cost of the services, long term housing retention rates, and the cost savings from any reduction in utilization of public services. This pilot program would need funding for several years before any determination of its effectiveness could be made. If the program successfully keeps most of the participants in permanent housing with minimal or negative net cost to the community, then its expansion would be justified. A large-scale permanent housing program that meets these requirements would represent one of the most effective and cost-efficient means for the city to drastically reduce its unsheltered homeless population.

Employment

Housing was not the only unmet need of the unsheltered homeless found by this study. Employment problems were the cause of homelessness for 40% of respondents and finding employment was their most frequently cited need for regaining housing. Job training/placement services were ranked tenth with no significant difference in the relative difficulty in obtaining them, suggesting that the need for these services is not being met (Table 5). Despite this difficulty, 33% of all respondents had used job training/placement services in the past six months, the highest utilization rate of any one service after Cold Night shelter (Table 6). It was
also clear that most people were physically able to work since only four respondents received disability and assistance with obtaining SSI/SSDI was significantly less important than 66% of other needs (Table 4). These findings clearly demonstrate that these people can and want to work and many are actively seeking employment.

**Recommendation- Employment:** Job training/placement agencies such as FloridaWorks should be made available and easily accessible for all visitors to the Grace Marketplace. However, participating in such programs should not be a requirement for shelter access because of the crucial need for shelter itself.

**Medical Services**

*Mental Healthcare and Drug/Alcohol Treatment*

This study found several patterns in the need for different medical services. Mental healthcare and drug/alcohol treatment were the two lowest ranked needs, with only four people using either service in the past six months (Table 4 and Table 6). These two services were also not significantly more difficult to obtain relative to the need for them (Table 5). These findings clearly indicate that most unsheltered homeless are not interested in these services and, if they were, would not find them too difficult to access. Exceptions to this statement were people who had been homeless for longer as well as those people who were frequently incarcerated. The former group expressed a greater need for mental healthcare, while the later group expressed a greater need for both mental healthcare and drug/alcohol treatment. Such correlations indicate that those with mental health issues tend to have a more difficult time staying in housing and staying out of jail. Although this study did not attempt to quantify rates of mental health or
substance abuse problems, these results suggest that these people have an interest in utilizing these services.

**Recommendation - Mental Healthcare and Drug/Alcohol Treatment:** Agencies providing these services should attempt to target these groups. One agency already does this by working with the Gainesville jail to identify homeless people with substance abuse problems and recruit them into treatment programs. It is more difficult to target people based on how long they have been homeless and agencies would likely have to rely on intensifying their own outreach efforts in order to accomplish this task.

**Dental Care**

Dental care was significantly more important and more difficult to obtain than mental health and substance abuse treatment with just three people receiving dental care in the past six months (Table 4 and Table 6). The most significant barriers to receiving dental care were high costs, waiting lists, lack of insurance, and transportation. An illustrative example of these barriers was provided by one woman in this study who was required to go to four separate locations throughout the city to get a simple filling. This process took over two months to finally complete because of her lack of transportation and waiting lists. This lack of access to dental care for those who need it is quite troubling given the tremendous pain and suffering that is often involved with dental problems. Even those lucky enough to have enough money to receive treatment must often wait months before being seen, even for simple extractions. Not surprisingly, many of these people turn to alcohol or drugs to try to ease the pain, which then causes other problems.
**Recommendation- Dental Care:** The incorporation of a low cost dental clinic into the Grace Marketplace, especially one focused on preventative care, would provide one central location for this service and would reduce the wait time and unnecessary suffering of many of the people seeking treatment.

**Physical Healthcare**

Physical healthcare was another important need although, unlike the need for housing and employment, the relative difficulty in obtaining healthcare was less than the perceived need for it (Table 5). Of the 44% of respondents who received physical healthcare services, 69% had used inpatient services while the rest received care as outpatients (Table 6). Those with health insurance were more likely to use physical healthcare in general and outpatient services in particular. This information suggests that most people who need physical healthcare are able get it, albeit at a very high cost to the public because the uninsured were more likely to use more expensive inpatient services like emergency rooms.

**Recommendation- Physical Healthcare:** A permanent free health clinic with an emphasis on preventative care should be incorporated into the Grace Marketplace. Making these services easily accessible would likely reduce use of emergency healthcare services and lessen the cost burden that is currently born by the rest of the community.

**Transportation**

Transportation was considered one of the most important needs but also relatively less difficult to obtain, suggesting that the need is currently being met (Table 5). However, it should be noted that this service is essential to meeting most if not all of the other needs described above.
and, as such, should be a correspondingly high priority in the development of services offered by the Grace Marketplace. This point is especially relevant because the center will be located almost five miles from the downtown area where most other homeless services are found.

**Recommendation- Transportation:** There must be a free shuttle that makes frequent trips from the center to downtown Gainesville. Without this service, the shelter, employment, and medical services of the Grace Marketplace will remain inaccessible for most of the unsheltered homeless population.

**Conclusion**

Solving the problem of homelessness in Gainesville is, at its core, an issue of politics. Policy makers and the city residents who vote for them will be the ones who decide what programs should be funded and which needs of the homeless should be given priority. Cost is usually the single most important consideration in these decisions. Recognizing this fact, I submit that prioritizing shelter, housing, employment, and healthcare would not only provide the greatest benefit to the homeless population, but would also be the most cost-efficient approach. Increasing available shelter beds and legal campsites would dramatically reduce time and money the city now spends on law enforcement to keep the homeless from trespassing on private property. Helping people find employment would decrease reliance on other publicly funded services such as community kitchens and emergency shelters. Incorporating permanent dental and physical health clinics into the planned service center would reduce the use of expensive acute healthcare services. Finally, the development and evaluation of a pilot program that provides permanent supportive housing may reveal an additional way of further reducing all of these costs. Policy makers should consider these factors while formulating and developing plans
for the Grace Marketplace in order to significantly improve the quality of life for its most vulnerable residents while minimizing the cost to the community.
Appendix 1: Definitions of Homelessness

There are currently many different definitions of homelessness used throughout the U.S including two federal definitions, one used by the Department of Housing and Urban Development (HUD), the other by the Department of Education. The HUD definition is as follows (U.S. Code, Title 42, Chapter 119, Subchapter I, 2009):

(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and

(2) an individual who has a primary nighttime residence that is—

(A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

(B) an institution that provides a temporary residence for individuals intended to be institutionalized; or

(C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The definition used by the Department of Education is based on the McKinney-Vento Act which adds another category to this definition (U.S. Code, Title 42, Chapter 119, Subchapter IV, 2009):

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.
However, while this definition includes doubled-up schoolchildren as homeless, it does not consider their parents to be homeless. In response to this seemingly illogical distinction, several states, including Florida, have created their own definitions of homelessness that consider those people sharing housing with others to be homeless regardless of their age (Florida Statues 2009). The State of Florida definition is used here to describe the total homeless population in Gainesville since it is the more representative of the true scale of homelessness and therefore more useful to service providers. It is important to note that the size of the sample population (unsheltered homeless individuals) for this study remains the same regardless of which of these definitions is used.
Appendix 2: Survey Instrument

Section 1: Opening Questions

1. What caused you to be homeless?

2. How long have you been homeless?

3. How long have you been living in Alachua County?

4. About how many nights in the last month have you spent in an emergency shelter, motel, or other temporary housing (note if cold night shelters)?

Section 2: Needed Services

Next, I will be asking about what services you need and your perceived access to those services. Please rate the following needs on a scale from 1 to 4 with 1 being Never Need, 2 being Don’t Usually Need, 3 being Usually/Sometimes Need, and 4 being Always Need.

<table>
<thead>
<tr>
<th>Needed Services</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>DK</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help getting IDs</td>
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<tr>
<td>Clothing</td>
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<tr>
<td>Transportation</td>
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<tr>
<td>Public Restrooms</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Help getting Food Stamps</td>
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<tr>
<td>Help getting SSI/SSDI</td>
<td></td>
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<tr>
<td>Financial Assistance for First Month’s Rent/SD</td>
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<tr>
<td>Financial Assistance for Unpaid Utilities</td>
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<tr>
<td>Legal Assistance</td>
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<tr>
<td>Drop In Center</td>
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<tr>
<td>Permanent/Affordable Housing</td>
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<tr>
<td>Shelter</td>
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<tr>
<td>Transitional/PS Housing</td>
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<tr>
<td>Physical Healthcare</td>
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<td>Mental Healthcare</td>
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<td>Dental-care</td>
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<tr>
<td>Eye-care/Glasses</td>
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<tr>
<td>Drug/Alcohol Treatment</td>
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<tr>
<td>Further Education</td>
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<tr>
<td>Job Training or Placement</td>
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<td>Other</td>
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</tbody>
</table>

In your opinion which of these specific services or combination of services do you most need in order to get off the street and into housing?
**Section 3: Perceived Access to Services**

Please rate these same needs according to how easy or difficult to they are to obtain. Once again the scale is from one to four with 1 being Always Easy, 2 being Usually/Sometimes Easy, 3 being Usually/Sometimes Difficult and 4 being Always Difficult.

<table>
<thead>
<tr>
<th>Perceived Access</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>DK</th>
<th>Ref</th>
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<tbody>
<tr>
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<tr>
<td>Financial Assistance for First Month’s Rent/SD</td>
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<td>Financial Assistance for Unpaid Utilities</td>
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<td>Legal Assistance</td>
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<td>Drop In Center</td>
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<td>Permanent/Affordable Housing</td>
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<td>Shelter</td>
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<td>Transitional/PS Housing</td>
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<td>Physical Healthcare</td>
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<td>Mental Healthcare</td>
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<td>Dental-care</td>
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<td>Eye-care/Glasses</td>
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<tr>
<td>Drug/Alcohol Treatment</td>
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<td>Further Education</td>
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<td>Job Training or Placement</td>
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<td>Other</td>
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</table>

For those needs which you described as Always Difficult to obtain, please explain why you are unable to get those services.
Section 4: Utilization of and Satisfaction with Services

In this section, I will be asking about your actual use of several different services.

How many times per week do you normally receive free food or meals? From whom?

In the past six months have you used any of the following services? How many times? How long was your stay (if applicable)?

<table>
<thead>
<tr>
<th>Name of Service Provider</th>
<th># Times</th>
<th>Total time</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>DK</th>
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<td>Dental</td>
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<td>Other Medical Clinic</td>
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<td>Job Train. or Place.</td>
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<tr>
<td>Other (IDs, Bus passes, Clothing)</td>
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Next, please rate your overall satisfaction with your experiences with these services, taking into account the quality of both the service and the staff providing the service. Feel free to rate services that you have not used in the past six months but have used at some time in the past. Again the scale will be from 1 to 5 with 1 being Entirely Negative, 2 being Mostly Negative, 3 being Indifferent, 4 being Mostly Positive, and 5 being Entirely Positive.

For those experiences which you described as Entirely or Mostly Negative, please explain why.

For those experiences which you described as Mostly Positive, please explain why.
Section 5: Demographics and General Info

1. Gender:  O Male  1 O Female
2. Age:

3. Race:  1 O Black/African American  2 O White  3 O Hispanic/Latino
          4 O Native American  5 O Asian  6 O Pacific Islander
          7 O Other

4. Are you a military Veteran?  O Yes  1 O No

5. How many years of education have you completed?

6. Do you have any chronic physical health problems?  O Yes (explain)  1 O No

   Do you receive any treatment for these problems?  O Yes  1 O No

7. Do you receive:  O None  1 O Medicaid  2 O Medicare
                   3 O Private Health Insurance  4 O VA Health Insurance

8. In the past year have you been the victim of a crime?  O Yes (explain)  1 O No

9. In the past year have you spent time in either a jail or prison?  O Yes (explain)  1 O No
   How many separate times?
   How many total days?
   What were you charged with?

   Were you given any assistance upon your release (transportation, motel voucher, etc.)?
   O Yes (explain)  1 O No

10. Do you receive any of the following sources of income and if so approximately how much each month?
    O No Income
    O Employment______ O Help from family______ O Child Support______
    O Veterans Benefits______ O Social Security______ O Disability (SSDI)______
    O Food Stamps______ O Panhandling ________ O Welfare/TANF______
    O Unemployment______ O Other _________________________
Bibliography

ACCHH. (2009). *Gainesville housing inventory for the HUD Continuum of Care* (Grant).


Introduction of new Director
Theresa Lowe accepted the position of Director of the City of Gainesville/Alachua County Office on Homelessness and began work on May 5, 2010. Prior to joining the Office on Homelessness, Ms. Lowe served as the Operations Director for the Areawide Council on Aging of Broward County, Inc. That agency functions as both the Area Agency on Aging and the Aging and Disability Resource Center for Broward County, Florida, serving Broward County’s 347,000 elders. In her capacity there, Ms. Lowe was responsible for developing and implementing the plan to convert the agency infrastructure to the Administration on Aging’s model for an “Aging & Disability Resource Center,” which is similar to the basic structure of the planned One-Stop, minus the residential component.

Area Conditions
In the July 2010 report by The National Coalition for the Homeless and The National Law Center on Homelessness & Poverty’s entitled “A Place at the Table: Prohibitions on Sharing Food with People Experiencing Homelessness,” the City of Gainesville’s rule, Code A6 § 30-11, concerning the 130 people per day meal limit on soup kitchens, was sited as a “growing restriction by cities on food sharing.” Of note, and not mentioned in the report, is the fact that actions similar to three of the constructive alternatives reported are already taking place in Gainesville: Fort Myers, Florida’s Hunger Task Force; the Feeding America’s BackPack Program; and the EBT Restaurant Meals Program. The report is attached in full to the OoH Quarterly Report provided July 12, 2010.

The Annual Point in Time Survey was conducted between January 26 and 27, 2010. During that time, the Alachua County Coalition for the Homeless and Hungry counted 1,292 people in Gainesville without adequate housing. This represents a decrease from the last year’s count. Of those without housing, 242 (20%) are under the age of 18. Changes in the Alachua County School Board’s methodology for counting homeless children led to a 25% decrease in the overall homeless population count from the previous year. The unsheltered population also decreased by 9%.

Overview of Activities
Of special note regarding Outreach and Administration

1. The Director participated in the planning and ongoing enrollment of the Florida Department of Children and Families Gainesville/Alachua County Pilot Program “Restaurant EBT/Food Stamp Service for Homeless Persons.” As of June 30, 2010, 43 persons had signed up to participate in the program (note that as of August 17, 2010 108 homeless people had signed up for the program.)

2. Participated in a trip to Daytona Beach to learn about the local Salvation Army’s program “Downtown Street Teams.” This program was recognized nationally as a Salvation Army best practice model for community capacity building. A meeting to discuss replicating this program in Gainesville is being planned for late August/early September.

3. Participating in the planning of “Ten Days for the Ten Year Plan.” This public awareness campaign, planned for October 1 – 10, 2010 (10-10-10), is designed to highlight the realities of homelessness in Gainesville/Alachua County. The ten days of events will be coordinated by and benefit the various members of the Alachua County Coalition for the Homeless and Hungry. Planned events include lectures, exhibits, film screenings, concerts, and book signings. The Annual Breakfast on the Plaza is being planned in conjunction with this series of events for October 7, 2010.

Please see the full report provided to Commissioner Long, John Skelly and Mark Sexton on behalf of and for sharing with the Alachua County Board of Commissioners, and to Commissioner Donovan, Asst. City Manager Fred Murry, and Jacqueline Richardson on behalf of and for sharing with the City of Gainesville Commissioners on July 12, 2010 for additional activities and details.

Submitted August 20, 2010
By Theresa Lowe
City of Gainesville/Alachua County
Office on Homelessness

Quarterly Report

April 1, 2010 – June 30, 2010

Submitted to the Gainesville City Commission and the
Alachua County Board of Commissioners
July 13, 2010
Introduction of new Director
Theresa Lowe accepted the position of Director of the City of Gainesville/Alachua County Office on Homelessness and began work on May 5, 2010. Prior to joining the Office on Homelessness, Ms. Lowe served as the Operations Director for the Areawide Council on Aging of Broward County, Inc. That agency functions as both the Area Agency on Aging and the Aging and Disability Resource Center for Broward County, Florida, serving Broward County’s 347,000 elders. In her capacity there, Ms. Lowe was responsible for developing and implementing the plan to convert the agency infrastructure to the Administration on Aging’s model for an “Aging & Disability Resource Center,” which is similar to the basic structure of the planned One-Stop, minus the residential component.

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The Annual Point in Time Survey was conducted between January 26 and 27, 2010. During that time, the Alachua County Coalition for the Homeless and Hungry counted 1,292 people in Gainesville without adequate housing. This represents a decrease from the last year’s count. Of those without housing, 242 (20%) are under the age of 18. Changes in the Alachua County School Board’s methodology for counting homeless children led to a 25% decrease in the overall homeless population count from the previous year. The unsheltered population also decreased by 9%. The media release issued concerning this issue is included as Attachment B.

Overview of Activities
Outreach and Administration

1. Attends meetings of the Alachua County Coalition for the Homeless and Hungry Board, Resource Development, Hunger Workgroup and General meetings, and the Alachua County Nutrition Alliance.

2. Oversees the Faces of Graces Speakers Bureau which serves to dispel the stereotypes of homelessness. The Bureau targets area youth organizations to host a Speaker’s activity.


4. Participated in the planning of, and attended, the City of Gainesville/Alachua County Community Workshop on Meal Services.
5. Participated in eCivis training sponsored by Alachua County.

6. Oversaw the reporting of the Homeless Prevention and Rapid Re-Housing Program. This grant from the Department of Housing and Urban Development funds the City of Gainesville over $567,000 to provide interim One Stop services and financial assistance to homeless and near homeless individuals in Alachua County.

7. Participated in the planning and ongoing enrollment of the Florida Department of Children and Families Gainesville/Alachua County Pilot Program “Restaurant EBT/Food Stamp Service for Homeless Persons.” As of June 30, 2010, 43 persons had signed up to participate in the program (15 additional people were signed up on July 6th. Based on numbers provided by DCF, this brings the total to nearly 5% of all Alachua County homeless participants in the EBT program.) While on-site at the Alachua County Housing Authority during Tuesday enrollments, the staff from the Florida Department of Children and Families are conducting program reviews for all enrollees, enrolling new consumers, and assisting anyone else who happens to walk in while DCF is on-site with program issues. Consumer documents regarding the program are included as Attachment C.

8. Participated in a trip to Daytona Beach to learn about the local Salvation Army’s program “Downtown Street Teams.” This program was recognized nationally as a Salvation Army best practice model for community capacity building. A meeting to discuss replicating this program in Gainesville is being planned. A program brochure is included as Attachment D.

9. Participated in the planning and execution of the City of Gainesville/Alachua Community Workshop on Meal Provision

10. Participating in the planning of “Ten Days for the Ten Year Plan.” This public awareness campaign, planned for October 1 – 10, 2010 (10-10-10), is designed to highlight the realities of homelessness in Gainesville/Alachua County. The ten days of events will be coordinated by and benefit the various members of the Alachua County Coalition for the Homeless and Hungry. Planned events include lectures, exhibits, film screenings, concerts, and book signings. The Annual Breakfast on the Plaza is being planned in conjunction with this series of events for October 7, 2010.

Grant writing

1. Prepared the Alachua County Community Agency Partnership Program (CAPP) grant application on behalf of the Alachua County Coalition for the Homeless and Hungry. The grant seeks funding in the amount of $50,000 to provide the services of a Coordinator/Case Manager to the Coalition. An award decision has not yet been made.

2. Applied, on behalf of the Alachua County Coalition for the Homeless and Hungry, for $20,000 under the Tom’s of Maine “50 States for Good” initiative. Winners will be announced October 4, 2010. If our application wins, the funds will be used to hire and outfit a part-time Volunteer Coordinator who will oversee volunteer Outreach/Benefits Counselors.
Committee Reports

1. The Implementation Committee met May 24, 2010. Staff arranged and prepared appropriate documentation and background materials for these meetings. Materials associated with the meetings are found in Attachment E.
ATTACHMENT A

Report by The National Coalition for the Homeless and The National Law Center on Homelessness and Poverty

A Place at the Table: Prohibitions on Sharing Food with People Experiencing Homelessness
ATTACHMENT B

2010 Point in Time Survey Media Advisory re: Results
Media Advisory:

Annual count shows decrease in local homelessness

The Alachua County Coalition for the Homeless and Hungry counted 1,292 people in Gainesville without adequate housing, over the 24-hour period between January 26th and 27th, 2010. This represents a decrease from the last year’s count. Of those without housing, 242 (20%) are under the age of 18. Changes in the Alachua County School Board’s methodology for counting homeless children led to a 25% decrease in the overall homeless population count from the previous year.

The unsheltered population also decreased by 9%. Homeless advocates attribute this decrease to the eviction of Tent City residents and continued efforts to prevent the formation of large-scale homeless encampments. Such efforts have caused the unsheltered homeless population to scatter throughout the city and remain as well hidden as possible, making it difficult for surveyors to find and count all of them.

Key Findings:

• More than half (55%) are homeless because they lost their job and can’t find work, up 20% from 2009. Only 6% are homeless because of substance abuse problems, down from 14% in 2009. Consistent with this information and with current economic conditions, 82% were unemployed, up 19% since 2008.
• Men’s violence against women caused the current episode of homelessness for 1 in 7 women, similar to last year’s findings.
• Since 2003, the number of women without shelter has increased seven-fold with a 49% increase from last year.
• For the fifth year in a row, the jail housed more homeless individuals than any single housing program.
• The most frequently cited needs were permanent housing, healthcare, dental care, shelter, transportation, and job training.
• 52% lived in Alachua County when they became homeless.
• Only 5% came to Alachua County specifically for shelters and/or services. Of these, 89% were disabled.
• 52% were homeless for the first time and 61% had been homeless for less than 1 year.

Since its 2003 inception, the annual survey has helped bring over 200 shelter beds and $8 million in state and federal funds to the local homeless assistance network.
Acting Coalition Director, Jayne Moraski, stressed there is still tremendous need in the community. The Homeless Prevention and Rapid Re-housing Program (Project GRACE) is a federally funded Recovery Act program that has helped approximately 100 families prevent homelessness since its inception in October 2009. But there are stringent program guidelines and these funds are only temporary. Therefore, long term affordable housing needs to remain at the forefront of local policy discussions. The county has more than 12,500 vacant housing units, though most of those units remain out of reach for people who live and work in the community.¹

Information from previous surveys is online at the Alachua County Coalition for the Homeless and Hungry’s new website: http://alachuahomeless.com/.

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<tr>
<td>Persons housed in Local Homeless Housing Programs</td>
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<td>352</td>
<td>278</td>
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<td>Persons in Streets, Encampments, Vehicles Incarcerated, Alachua County Jail Hospitals, Detox, CSU (Incomplete) Unsheltered (Street Count) SUBTOTAL:</td>
<td>575</td>
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<td></td>
<td>672</td>
<td>742</td>
<td>616</td>
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<tr>
<td>Homeless Schoolchildren, as reported by the School Board of Alachua County</td>
<td>255</td>
<td>546</td>
<td>413</td>
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<tr>
<td>TOTAL HOMELESS POPULATION:</td>
<td>1,292</td>
<td>1,624</td>
<td>1,365</td>
<td>952</td>
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ATTACHMENT C

Implementation Committee Handouts
I. Call to Order / Quorum Call
II. Introductions
III. Adoption of Agenda
IV. Adoption of Minutes
V. Old Business
   1. GRACE Marketplace update
   2. Interim One Stop services update
   3. Medical Services update
   4. 501c3 structure
   5. Update on EBT Restaurant Pilot Program
   6. Workshop on Homeless Food Provision
   7. Update on Public Safety Committee
VI. New Business
   1. Needs Assessment Presentation
   2. Developing Formal Oversight Board
   3. New RFP for One Stop
VII. Committee comments
VIII. Citizen Comments
IX. Next meeting: July 26, 2010 @ 1 pm Grace Knight Conference Room
X. Adjourn
I., II. Acting Chair McGurn called the meeting to order at 1:04pm. A quorum was confirmed. Introductions were made.

III. and IV. Action: Gail Monahan moved and Christina St. Clair seconded approval of the agenda. Motion carried. Gail Monahan moved and Christina St. Clair seconded the approval of the minutes. Motion carried.

V. Old Business

1. GRACE Marketplace update – The City has purchased the property and voted to rezone the property for One Stop 7-0 on Thursday March 4, 2010. The group discussed the Request for Proposals for a design/build firm to construct the building. They then discussed operations of the building and a combined funding of state, federal and local funds to do the operations. Staff suggested they would like to hold a half-day community forum and have specific agenda of how to proceed and the new RFP for operations of the facility discussed.

2. Jayne Moraski reported on the numbers served with the Homeless Prevention and Rapid Re-housing Program. As of March 1, 2010 have expended $60,230 in homeless prevention and rapid re-housing services. 95 households have been assisted, average of $634.00 in assistance per family.

A new round of money is slated from the state, due April 20th and will be an additional $164,000 for the coalition to expend in a five county area.

3. Medical Services – Ms Moraski noted that the Coalition and OoH partnered with College of Nursing and FloridaWorks to write a mutual of America grant to provide funds for bus passes to work and bus passes to medical appointments (reducing ER use).

Commissioner Long noted that the county staff went with UF faculty to view the Jonesville fire station building. He noted that the college of medicine folks felt it was too small and wouldn’t meet the needs of a medical facility at the One Stop. However, Jenny Parker of the Santa Fe Community College may be another avenue to pursue in creating a stand-alone medical facility on site. Perhaps if materials were donated, the students in the construction school could help build a portion of a medical building or other components of the One Stop.

4. 501c3 – Jayne Moraski explained that staff would need input from the Implementation Committee to determine changes to the 501c3 application for the Grace Marketplace. Subcommittee appointed by Rodney Long met on February 23, 2010 to discuss the matter. The group decided on several name choices, reviewed the articles of incorporation and determined they would like the 501c3 to remain a separate entity from existing non-profits such as the ACHA or ACCHH 501c3. Identified first board of officers, and asked staff to work with a pro-bono attorney to start the process over again. Staff reviewed a potential funding source for the creation of the housing trust—but the OoH was
City of Gainesville/Alachua County
Office on Homelessness

determined ineligible due to receipt of federal funds. Staff will review files, incorporate and begin the 501c3 process prior to next Imp Com meeting.

5. Committee replacement process – No responses came from the 6 or 7 letters Ms. Moraski sent. The group decided to wait until a new mayor is selected to determine how to replace members of the Imp Com.

6. Caroline Schultz gave an update on the EBT Restaurant Pilot program being done with the Coalition, DCF and the Office on Homelessness. Seven restaurants have agreed to participate. Alachua County is the only community in the Southeast doing this program. They will offer a 10% discount to clients, and will not require tax or gratuity. Co-chair Long noted that when the group is ready to create a press release, he would like to help create the document. The next conference call is March 31, 2010.

VI. New Business

1. Community Workshop on Feeding– The City Commission has asked staff to prepare a workshop on how to better coordinate meal services to the homeless and hungry. Dan Kahn noted that he thought the workshop’s intent was to unify our community vision on how to feed the homeless. Co-chair Long noted that the 10-year plan is our vision and that it may be useful to have a joint city/county workshop to review the progress of the 10-year plan. That may also be a time to mention that the County has previously committed to fund the One Stop operations.

2. Update on Public Safety Committee
   a. Commissioner Long met with Chief Judge Lott about the Homeless Court a month ago and reminded her it is part of the 10-year plan. Co-Chair Long also noted that State Attorney Bill Cervone said he is not interested in a monthly model, and is not interested in working with Veterans only, and wants to avoid dealing with serious offenses. The Veterans Stand Down is October 29-30 at the MLK Center. Office on Homelessness staff will try to set a meeting with Judge Lott and Commissioner Long to discuss the Stand Down and a possible Homeless Veterans Court.
   b. Prisoner Re-Entry Coalition is applying for a Second Chance Grant again this year and the Office on Homelessness helped write the grant that features a partnership between the Prisoner Re-entry Coalition members and the Alachua County Housing Authority.

VII. Committee Comments—

1. Commissioner Long noted that he is interested in calling Jane Parker from the Santa Fe College of building and Construction to determine if a portion of the One Stop could be a class project for the construction school. Perhaps Lowes or Home Depot would donate the materials necessary for the students to construct either a medical facility or the campgrounds pavilion and restroom facility.

IX. Next meeting – Monday May 24, 2010 at 1 pm in the same location.

X. Chair Long adjourned the meeting at 1:40 pm.

Minutes prepared and submitted by Jayne Moraski
GAINESVILLE REGION/ALACHUA COUNTY EMPOWERMENT for the Homeless (10 year plan to end homelessness)

UPCOMING MEETINGS:

The Implementation Committee tries to meet the 4th Monday of the month every other month:

Monday, July 26, 2010 (note: this meeting was later changed to August 9)
1 pm Grace Knight Conference Room

Monday, September 27, 2010
1 pm Grace Knight Conference Room

Monday, November 22, 2010
1 pm Grace Knight Conference Room

Monday, January 24, 2011
1 pm Grace Knight Conference Room
ATTACHMENT D

Restaurant EBT/Food Stamp Service for Homeless Persons
ATTACHMENT E

Salvation Army Daytona Beach
Downtown Street Teams
A Place at the Table:

_Prohibitions on Sharing Food with People Experiencing Homelessness_

A Report by
The National Coalition for the Homeless
And
The National Law Center on Homelessness & Poverty

July 2010
The National Coalition for the Homeless

The National Coalition for the Homeless, founded in 1982, works to bring about social change necessary to prevent and end homelessness and to protect the rights of people experiencing homelessness. NCH achieves this by engaging our membership in policy advocacy, capacity building, and sharing solutions to homelessness with the greater community. NCH is a national network of people who are currently or formerly homeless, activists and advocates, service providers, and others committed to ending homelessness. We are committed to creating the systemic and attitudinal changes necessary to prevent and end homelessness and working to meet the immediate needs of people who are currently experiencing homelessness.

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You are invited to join the network of attorneys, students, advocates and activists who make up NLCHP’s membership. By becoming a member you can help make a difference in the lives of millions of homeless Americans. For more information about membership, please visit our website at www.nlchp.org/join_us.cfm.

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Executive Summary

Three years after the 2007 publication of *Feeding Intolerance: Prohibitions on Sharing Food with People Experiencing Homelessness*, cities still choose to implement measures that criminalize homelessness and, at times, penalize those who serve homeless persons. These measures, such as anti-camping laws, often target activities homeless people are forced to do in public spaces because of their lack of a home or shelter.

This report specifically focuses on ordinances, policies, and tactics that discourage or prohibit individuals and groups from sharing food with homeless persons. Uncomfortable with visible homelessness in their communities and influenced by myths about homeless people’s food access, cities use food sharing restrictions to move homeless people out of sight, an action that often exacerbates the challenges people experiencing homelessness face each day just to survive.

The report also highlights constructive alternatives to food sharing restrictions, in the form of innovative programs that both adults and youth are implementing to share food with people experiencing homelessness in their communities.

Increasing Homelessness and Hunger Across the U.S.

Many people are confronting homelessness and hunger in the current economic recession, some for the first time. The 2009 Hunger and Homelessness Survey conducted by the U.S. Conference of Mayors¹ found:

- 82% (22 of 27) of cities surveyed, in 2009, reported having to make adjustments to accommodate an increase in the demand for shelter over the past year.
- 25% of requests for emergency food assistance went unmet in 2009.
- 26% was the average increase in demand for assistance reported by cities in 2009, which represents the largest average increase since 1991.

Growing Restrictions by Cities on Food Sharing

More cities have chosen to target homeless individuals by restricting groups or individuals who share food with homeless people in private and public spaces, since 2007. Examples of these measures include:

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- Gainesville, Florida began enforcing a rule limiting the number of meals that soup kitchens may serve to 130 people in one day.²

- Phoenix, Arizona used zoning laws to stop a local church from serving breakfast to community members, including many homeless people, outside a local church.³

- Myrtle Beach, South Carolina adopted an ordinance that restricts food sharing with homeless people in public parks.⁴ Although permits are free, groups may only obtain a permit four times a year.⁵

Legal Challenges and Human Rights Implications

Such restrictions raise legal issues, and some have been challenged in court. For example:

- In Orlando, Florida the American Civil Liberties Union (ACLU) filed a lawsuit against the City of Orlando on behalf of local organizations, challenging a 2006 law requiring a groups sharing food with 25 or more people to obtain a permit that was only available twice a year per park. A federal district court found the law to be unconstitutional and in violation of Free Exercise of Religion and Freedom of Speech in October of 2008.⁶ The city has appealed the decision and the appeal is pending.

- In San Diego, California the zoning department attempted to prohibit a local church from serving a weekly meal to community members, many of them homeless.⁷ In 2008, attorney Scott Dreher successfully defended the church's First Amendment right to practice its religion. The weekly meal continues to take place on church property and serves 150 to 200 people each week.⁸

Such restrictions also raise human rights concerns. The right to food is a recognized human right, explicitly addressed in over 120 instruments of international law since 1920 and included in the domestic constitutions of 22 nations.⁹ The International Convention on Economic, Social and Cultural Rights (ICESCR) explains that states have an obligation to respect, protect and fulfill certain rights. For the right to food this means a state, or nation, must not take action resulting in preventing access to food, must ensure that enterprises or individuals do not deprive someone of their access to food, and must take proactive action to increase access to food.¹⁰

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² Gainesville, Fla., Code A6 § 30-11.
⁶ ACLU Florida Chapter, Federal Judge Strikes Down Orlando Homeless Feeding Ban
⁷ Ronald Powell, City to allow food-for-needy program, Union-Tribune, April 22, 2008.
⁸ Email from Pastor April Herron, Pacific Beach United Methodist Church, to NCH. (On file at NCH).
Constructive Alternatives to Food Sharing Restrictions

Despite the prevalence of food sharing restrictions that hinder access to food for individuals experiencing homelessness, there are examples of positive ways hunger is being addressed. These examples include the expansion of existing federal nutrition programs, innovative new programs, and collaboration between cities and local service providers. Some examples include:

- The city of Ft. Myers, Florida abandoned plans to limit food sharing programs that serve homeless individuals in public parks, due to a negative public response to the proposal, in 2007. Subsequently, a city council member and local service providers collaborated to address community concerns surrounding public food sharing. Ultimately, the city council promised to work with local homeless service providers to create a Hunger Task Force, which has strengthened local alliances and resources.¹¹

- In Los Angeles, California Jonathan Lee, while a student at UCLA, recognized that there were hundreds of unused student meal plan meals at the end of the semester and identified those as potential meals and snacks to be donated to people experiencing homelessness and hunger in the community. He recruited help and started Swipes for the Homeless, a quarterly program that collects hundreds of donated meal card swipes from their peers.¹²

- A federal program, the EBT Restaurant Meals Program, allows people experiencing homelessness to use SNAP/Food Stamp benefits at authorized restaurants. Participation is up to each state, and while many states do not take advantage of the program, it has expanded in the several states that do. California’s Los Angeles County has 477 restaurants participating in the program, including Subway, Domino’s Pizza, El Pollo Loco and Jack in the Box. Michigan and Arizona also have restaurants participating, and Florida is in the process of implementing a pilot program.¹³

Policy Recommendations

- Cities should collaborate with food sharing groups to effectively address the problems of hunger and homelessness. Local authorities should reach out to food sharing groups to coordinate the provision of food and educate providers on how to help homeless persons access emergency and social services.

- Communities should assist homeless persons in accessing federal, state, and local food security benefits, including SNAP, WIC, and child nutrition programs.

¹¹ Email from Janet Bartos, Executive Director, Lee County Homeless Coalition, Ft. Myers, Florida, to National Law Center on Homelessness and Poverty, April 20, 2010 (on file with the National Law Center on Homelessness & Poverty).


- The U.S. Department of Agriculture and/or the U.S. Interagency Council on Homelessness should provide trainings and technical assistance to communities to aid them in developing constructive alternatives to food sharing restrictions.

- The U.S. Congress and the U.S. Department of Agriculture should improve the homeless population’s access to the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, and homeless service providers’ access to the Child and Adult Care Food Program (CACFP), a program that allows shelters to receive reimbursement for meals served to children up to age 18 residing there.
Methodology

Recognizing that food is a basic human need and right, the National Coalition for the Homeless (NCH) and the National Law Center on Homelessness & Poverty (the Law Center) aim to provide an accurate description of some of the local responses to hunger among homeless individuals in their communities. This includes both restrictions that prohibit individuals and organizations from sharing food in public settings and constructive alternatives to restrictions that have been developed to increase access to healthy food for homeless people.

NCH and the Law Center compiled information for A Place at the Table: Prohibitions on Sharing Food with People Experiencing Homelessness from various sources. Newspaper articles regarding food sharing restrictions were collected from both local and national news sources since 2007. Web research was then conducted in order to follow up on newspaper articles, and to locate other incidents of and alternatives to food sharing restrictions. Specifically, Municode.com was used to locate relevant existing city ordinances.

In addition to print and online sources, stories and other information from local homeless advocates and homeless people around the country were a main resource for this report. NCH and the Law Center reached out to their networks and allies at the community level who, each day, work to support men and women experiencing homelessness.
Introduction

In 2007, the National Coalition for the Homeless (NCH) and the National Law Center on Homelessness & Poverty (the Law Center) worked collaboratively to publish *Feeding Intolerance: Prohibitions on Sharing Food with People Experiencing Homelessness*. The report drew attention to the disturbing national trend of penalizing the act of sharing food with men, women, and children experiencing homelessness. Three years later, cities are still implementing these measures through ordinances, policies, and tactics that discourage or prohibit individuals and groups from sharing food with homeless persons. Uncomfortable with visible homelessness in their communities and influenced by myths about homeless peoples’ food access, cities use food sharing restrictions to move homeless people out of sight, an action that often exacerbates the challenges people experiencing homelessness face each day.

One example of these attitudes, often referred to as NIMBY (Not-in-My-Backyard) attitudes is evident in the new “Welcome to Ocean Beach, Please Don’t Feed Our Bums” bumper stickers, t-shirts, and hats that are causing controversy in one California town. These products, modeled after a sign asking residents not to feed bears, embody the messages that homeless people are not wanted and that by feeding them, people are enabling them to remain living on the local streets. The products sold at a local store, The Black, represent the attitudes that are at the root of many of the laws created or used to restrict food sharing with homeless people throughout the country.14

This report first provides a brief overview of the problem, including how homelessness and hunger have changed since 2007. The report examines the right to food, and breaks down the various ways that cities across the country have chosen to target homeless individuals by implementing food sharing restrictions. Additionally, the report highlights constructive alternatives to food sharing restrictions, in the form of innovative programs that both adults and youth are implementing to share food with people experiencing homelessness in their communities. The goal of this report is to educate and paint a broader picture of how cities around the country are responding to the growing problem of hunger in their communities.

Many people are confronting homelessness and hunger in the current economic recession, some for the first time. The baseline number of people who are homeless over the course of a year is estimated to be approximately 3 million, and is projected to increase by 1.5 million over 2009 and 2010 because of the recession.15 As cities pursue measures that both discourage and prohibit

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sharing food with people without homes, most cities cannot meet the growing need for services, food, shelter, or affordable housing.

In 2009, 22 of the cities surveyed by the U.S. Conference of Mayors reported having to make adjustments to accommodate an increase in the demand for shelter over that year. Shelters with an inadequate number of beds to meet increased need have turned to overflow cots, chairs, hallways and other sub par sleeping arrangements. Some cities have come to rely on vouchers to hotels and motels when shelters no longer have beds available.16

Homeless people not only struggle with lack of shelter and housing, but also with hunger. In November 2009, the U.S. Department of Agriculture (USDA) reported that more than 49.1 million Americans lived in households struggling against hunger in 2008,17 13 million more than in 2007.

The Mayors' Survey also documented a sharp increase for hunger assistance. In 2009, cities reported a 26% increase in demand for assistance, on average, which represents the largest average increase since 1991. All but one of the surveyed cities reported an increase in requests for emergency food assistance compared to 74% of surveyed cities in 2007. The requests for emergency food assistance that went unmet increased from 23% to 25%.18

**Myths about Homelessness and Food Access**

There are a number of myths that exist about homeless individuals and their access to food that lead to the attitudes and laws that restrict food sharing in public settings. These myths are tremendously detrimental to the efforts to provide homeless men, women, and children with the basic necessities for survival.

**Myth: Hunger is not a problem for homeless individuals because there are plenty of food pantries and soup kitchens.**

Food pantries do not effectively meet the needs of people without homes because homeless people lack the facilities to store and prepare food. Many food pantries, also, limit the number of boxes you can receive, some to only twice in six months. Additionally, cities often do not have adequate food available through soup kitchens to serve all those in need three times a day, seven days a week. Sometimes it is falsely assumed that people who are homeless are able to walk or travel. Unfortunately, homeless people may not be able to travel significant distances for food due to work conflicts, illness, disability or lack of adequate public transportation.

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Myth: SNAP/Food Stamp benefits are easily accessible to people who are homeless and many homeless people take advantage of this program.

According to the most recent statistics available, over half of the homeless population does not receive food stamps. Lack of transportation, lack of knowledge about the program, mental illness, lack of an address and lack of documentation are some of the common barriers that prevent homeless people from receiving food stamps.

Myth: Sharing food with people in outdoor locations enables them to remain homeless.

Food sharing programs that reach out to people in public spaces may be the only way for some people experiencing homelessness to have access to healthy and safe food. Work conflicts, illness, disability, and lack of public transportation are all reasons a homeless person might not be able to make it to an indoor food sharing program. People do not remain homeless because of outdoor food sharing programs; people remain homeless for reasons that include a lack of affordable housing, shelter space, living wage or significant life events such as divorce, domestic violence or illness.

There is not one face of homelessness. Stereotypes misrepresent the diversity of individuals and experiences of life without a home. Communities must work collaboratively to provide food and shelter to those who cannot attain it without help. Ordinances and policies that discourage or prohibit the act of sharing food with people experiencing homelessness is immoral and, in some cases, contrary to domestic and international law.

Types of Food Sharing Restrictions

The goal of food programs that serve homeless people is to provide nutritious, filling and safe food to individuals who do not typically have consistent access to healthy food. In addition, many food sharing programs aim to build community or provide access to supportive services. Some food sharing groups are motivated by religious reasons, and may provide both food and the ability to join their congregation in a religious service. These are ways groups go above and beyond the key component of providing food, which all people have a human right to access.

Cities have taken different measures to restrict food sharing with people experiencing homelessness, denying their basic rights to food. Requiring a permit for public property use, limiting the number of people who can be served, imposing zoning restrictions, and selectively enforcing ordinances are examples of policies and practices that restrict food sharing. This section of the report will discuss specific cities’ use of such tactics.

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Restricting Public Property Use

Many cities have laws regarding the use of public parks, and 12 of those cities have reported that these laws have specifically limited groups from being able to share food with homeless people. One way use is limited is through permit requirements. The permits can be limiting and force food sharing groups out of areas where they have historically been able to reach many homeless people.

Of the 23 cities we surveyed, 12 cities have at some point limited the use of public parks for sharing food with homeless people. Some of these communities put a limit on the number of people that can congregate in a public park ranging from 25 to 75 people. Others restrict using the parks as a place for “social services.” Still other cities restrict the use of parks in certain areas of the city, or limit how often parks can be used to share food.

For example, in 2009, the **Myrtle Beach, South Carolina** City Council passed an ordinance that restricts food sharing with homeless people in public parks.20 The ordinance requires food sharing groups to apply for a permit and comply with the State Health Department’s requirements. Although the permits are free, groups may only obtain a permit four times a year.21

While it is important to address community concerns regarding the safety of food being prepared and served in local parks, placing arbitrary limits on the number of times food sharing can occur does more harm than good. It is unreasonable to expect groups that share food to determine which four dates of the year are most important to provide healthy meals for people that live each day without the certainty of whether they will eat.

Local groups frequently serve food in parks because many people without shelter spend time in parks during the day. Advocates believe homeless individuals will continue to be in parks despite the policy. Supporters of the ordinance say that parks are not ideal places to give food to homeless people. Despite the unquestionable advantages of using an established facility to prepare and distribute food, those efforts only provide access to food for those individuals who are well and mobile enough to travel to a location that is potentially far away and not reachable by public transportation.

Ordinances similar to the one in Myrtle Beach can be found in:

- **Cincinnati, Ohio:** The Cincinnati Park Board continues to prohibit the distribution of food or clothing in Washington Park, which is located across the street from the city’s largest homeless shelter.22

- **Denver, Colorado:** A group of 25 or more people wishing to provide food or eat together in a shared space must obtain a permit through Parks & Recreation.23 The City of Denver

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22 George Herrell, *Parks Aren’t so Kind to Poor People*, Street Vibes, February 2010.
created the Public Feeding Coalition, which is a group that encourages indoor feeding in an effort to reduce the number of outdoor meals given to homeless people.\textsuperscript{24}

- **Fort Lauderdale, Florida:** Park regulations prohibit using any city park for “social service purposes” without written authorization from the city.\textsuperscript{25} The regulations define social services as providing “food, clothing, shelter or medical care to persons in order to meet their physical needs.”\textsuperscript{26} In 2007, Fort Lauderdale police threatened Food Not Bombs to stop serving their meals in the park but no action was taken.\textsuperscript{27} The Fort Lauderdale City Commission Task Force was created in 2009 to establish a fixed location for groups to serve food to homeless people. In June 2010, four locations were suggested by the Task Force and the location in Flagler Village was favored by city officials.\textsuperscript{28} However, neighbors and the Flagler Village Civic Association are opposing the possible location and, at the time of report publication, a final decision had yet been made.\textsuperscript{29}

- **Las Vegas, Nevada:** On July 19, 2006, the City Council voted to approve an amendment to an existing ordinance that bans “the providing of food or meals to the indigent for free or for a nominal fee” in the city parks. A separate Las Vegas ordinance requires a park permit for gatherings of 25 or more in a city park.\textsuperscript{34} In August 2007, a federal district court found the ordinance banning serving meals to “indigent” unconstitutional, but in the same decision upheld the ordinance containing the park permit requirement.\textsuperscript{35} In June 2010, the city and advocates reached an agreement when the city modified the law so gatherings of less than 75 people would not need a permit.\textsuperscript{36}

- **San Juan, Puerto Rico:** In November 2009, Mayor Jorge Santini announced a new pilot program to restrict food and other services provided to homeless people in Río Piedras, an important sector of San Juan, to a single square, Plaza López Sicardó. Plaza López

\textsuperscript{24} Amelia Patterson, Food Not Bombs battles the ‘inside not outside’ mentality, Street Roots, July 11, 2008.
\textsuperscript{26} Ibid.
\textsuperscript{27} Robert Nolin, Group Gathers to Feed Homeless in Fort Lauderdale, Sun-Sentinel, August 4, 2007
\textsuperscript{28} Scott Wyman, Lauderdale Zeroes in on Place to Feed Homeless, Sun Sentinel, June 16, 2010
\textsuperscript{29} Scott Wyman, Fight over homeless feeding site heats up, Sun Sentinel, July 1, 2010
\textsuperscript{34} National Coalition for the Homeless and the National Law Center on Homelessness and Poverty, Feeding Intolerance: Prohibitions on Sharing Food with People Experiencing Homelessness and Poverty, November 2007.
\textsuperscript{35} Timothy Pratt, Metro rethinks ‘Don’t feed homeless ’”, Las Vegas Sun, April 14, 2009.
Sicardó is on the outskirts of Río Piedras, making it difficult for many homeless people to travel there.37

- **Sarasota, Florida**: The City of Sarasota requires any group planning a gathering of 75 or more people in a park to obtain a permit. The law further states that the city manager can, at his or her discretion, move a planned gathering from a requested site to any other park in the city.38

- **Wilmington, North Carolina**: The city continues to enforce an ordinance that prohibits the sharing of food on city streets and sidewalks.39 This ordinance forces groups to seek out private property on which to conduct their food sharing activities.40

Similar ordinances have been challenged successfully in two Florida cities, including:

- **Orlando, Florida**: An ordinance that restricted sharing food was passed by the City Council in 2006. The ordinance required groups sharing food with 25 or more people to obtain a permit that was only available twice a year per park covered by the ordinance. The ordinance would have caused groups to constantly move their food sharing activities.41 After a lawsuit filed by the American Civil Liberties Union (ACLU) against the City of Orlando on behalf of food sharing groups, a federal district court found the law to be unconstitutional in October of 2008.42 The city has appealed the decision and the appeal is pending.

- **West Palm Beach, Florida**: In September 2007, City Commissioners approved a ban on food sharing programs in several downtown city parks.43 Food Not Bombs filed a lawsuit challenging the ordinance and the city agreed to rescind the ordinance in 2009 with the goal of working with Food Not Bombs to determine an alternative location. At the time of this publication, the City of West Palm Beach was still working toward reaching an agreement with Food Not Bombs.44

While homelessness persists in both urban and rural communities, there are notable differences. In urban areas it is more common for homeless individuals to be in highly trafficked locations of

37 Email from Tim Sherwood, volunteer with the Committee for Social Justice, to The National Law Center on Homelessness and Poverty and The National Coalition for the Homeless, April 16, 2010 (On file with the National Coalition for the Homeless).
40 E-mail from Anita Oldham, Housing Development Manager, Southeastern Center for Mental Health, Wilmington, N.C., to National Law Center on Homelessness & Poverty (Sept. 6, 2007) (on file with National Law Center on Homelessness & Poverty).
42 ACLU Florida Chapter, *Federal Judge Stinks Down Orlando Homeless Feeding Ban*
43 Mark Hollis, *Feeding Organizations Work to Help the Homeless in Palm Beach County*, South Florida Sun-Sentinel, February 11, 2008.
44 Tony Doris, Last-minute tiff erupts in West Palm Beach homeless deal, PalmBeachPost.com, December 17, 2008.
the city. Although the majority of places that have created food sharing restrictions are larger cities where many more homeless people are often seen on the streets, this issue has also reached some rural communities. One example is in Sultan, Washington where one person trying to share food came across opposition.

In Sultan, Washington, a small city in rural Washington, Donna Rice had been serving food to about 12-18 homeless people in a city park each week when she received a call in early April 2010, from Sultan Mayor Carolyn Eslick. During their conversation, Rice was told she would be required to pay for the use of a park picnic shelter and prepare the food in a licensed kitchen if she continued to serve food each week. City leaders have said that visible homelessness is hurting tourism and business in the town. Sultan homeless advocates worry about the availability of services for homeless people in this rural setting. A lack of resources in the rural town means homeless individuals are less likely to have access to shelters and soup kitchens. Rice moved her location to a church downtown and continues to serve food.

As seen in Sultan, city leadership can play a significant role in enacting food sharing restrictions. However, examples exist of leadership in other communities that recognize the importance of access to healthy food for homeless people and protect food sharing programs.

In early 2010, some residents from Little Rock, Arkansas, became increasingly concerned about a group serving food to homeless people at Riverfront Park. The group, From His Throne Ministries did not feel as though the food sharing program posed a problem to the park or its visitors. However, local advocates claimed that the real problem was visitors to the park feeling threatened by large groups of homeless individuals. The City Director asked that the city attorney write an ordinance restricting the group’s ability to share food in the public park, but the mayor of Little Rock avidly supports the current park location, unless an alternative suitable location is found. He stated that although it is not the ideal location to serve homeless people, several well-intended groups have used the park for years, and he will continue to support their work unless a new site is found.

**Limitations on the Number of People Served**

Typically, food sharing activities that occur outside in public spaces are those being restricted. However in Gainesville, Florida, the simple act of providing any food to a homeless person is under attack.

Early in 2010, the city of Gainesville, Florida, started enforcing a rule that limits the number of meals that soup kitchens may serve to 130 meals per day. Ministers, politicians, and

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46 Ibid.  
47 Email from Bob Advocate Volunteer to Michael Stoops, National Coalition for the Homeless on January 22, 2010 (on record at NCH).  
48 *Message from the Mayor* in an email from Bob Advocate Volunteer to Michael Stoops, National Coalition for the Homeless on January 31, 2010 (on record at NCH).  
49 Gainesville, Fla., Code A6 § 30-11.
community activists have called for an end to the limit because they strongly believe it violates the First Amendment. The City Planning Board proposed to remove the limit for ten Federal holidays, but city commissioners approved having the limit in effect for all but three days of the year: Thanksgiving, Christmas, and a holiday chosen by the soup kitchen. Homeowners and businesses in the area say that the presence of homeless people causes their businesses to suffer. They have encouraged the city to retain the meal limit because it limits the concentration of homeless individuals in downtown areas. The idea behind the meal limit was to spread food sharing sites around town instead of using one area of the city. Homeless advocates claim the limit causes increased panhandling, and actually encourages more people to come to the downtown area in an effort to arrive early for a meal.

Zoning Restrictions

As discussed in the Gainesville, Florida example, food sharing is not only being challenged in public spaces, but also on private land. In Phoenix, Arizona and San Diego, California two churches sharing food on their own private properties have been targets of zoning restrictions.

Early in 2009, residents of a Phoenix, Arizona neighborhood asked that a Saturday food sharing program for homeless individuals be moved from its location outside CrossRoads United Methodist Church. Usually, crowds of homeless people would gather at picnic tables and listen to sermons while settling in for breakfast. City officials responded to the request by halting the breakfast, and saying that it violated zoning laws. In November 2009, the City’s Zoning Hearing Officer ruled in favor of the city, saying that the church had created a “charity dining hall” in a residential area in violation of the zoning law. CrossRoads appealed the decision to the Phoenix Board of Adjustment in January 2010, and the decision was affirmed. The church filed a lawsuit in federal court claiming that the city’s restrictions violate its First Amendment right to freely exercise its religious beliefs, the Religious Land Use and Institutionalized Persons Act, and the Arizona Religious Freedom Act. CrossRoads and the city reached an agreement, in June 2010, that will end the court battle. The church agreed to drop its lawsuit against the city and will move their weekly breakfast inside the church.

In April 2008, a church in San Diego, California prevailed in a lawsuit against the city. The zoning department had attempted to prohibit the church from serving a weekly meal to community members, many of them homeless. Attorney Scott Dreher successfully defended

51 Chad Smith, City Votes to Lift Meal Limit at Shelters for Three Holidays, The Gainesville Sun, February 19, 2010.
56 Ronald Powell, City to allow food-for-needy program, Union-Tribune, April 22, 2008.
the church's First Amendment right to practice its religion. The weekly meal takes place on church property, in the church social hall, and serves 150 to 200 people each week. This aspect of the church's ministry has been in place for approximately 15 years.57

**Police Harassment**

**Huntington, New York** is one of four locations where Food Not Bombs continues to distribute food on Long Island. In 2008, police threatened to shut down the Huntington site. Police detained volunteers in handcuffs for approximately three hours before charging one of them with peddling. Because peddling refers to the sale of goods, and food was being distributed free of charge, peddling law used to charge the volunteer was not applicable. When Food Not Bombs rallied their supporters to write letters and call the City of Huntington and the Suffolk County Police Department, over 3,000 people expressed their objection to the decision. The Suffolk Police dropped the charges and issued a letter of apology to Food Not Bombs. The letter stated that it was a mistake to charge the volunteers for peddling, and that the entire situation was based on a misunderstanding. In the letter, the police department agreed to stop sending a police car to food sharing sites, a request made by Food Not Bombs. Police cars were absent for about a month before appearing at food sharing sites again, parked across the street and frequently shining a spotlight on food sharing operations. Food Not Bombs volunteers consider this an intimidation tactic. Between November 2009 and March 2010, police officers visited Food Not Bombs’ Farmingville food share site with regularity. Each week they would enforce new requirements that included prohibiting Food Not Bombs from using area trash receptacles, and forcing them to relocate a certain distance off the road so that they wouldn’t be in sight of community members.58

**Food Safety Restrictions**

When discussing food sharing restrictions, NCH and the Law Center acknowledge that some ordinances are created to ensure the safety of the food shared with homeless individuals. This is a noble goal. Concerns arise, however, when the restrictions and ordinances focus on limiting or denying the ability to share food and meet the needs of a community with very low food access. Another concern is when restrictions come out of NIMBY attitudes.

Members of Food Not Bombs in **Middletown, Connecticut** were stopped from distributing food on a local street on several different occasions during 2009. In one instance, two Food Not Bombs volunteers were arrested. The Middletown Health Department issued a cease-and-desist order to the group under the public health code.59 In addition to Food Not Bombs, the St. Vincent DePaul’s Place soup kitchen was cited for serving food not prepared in a licensed kitchen. Although the law excluded charities selling food from health code restrictions, groups

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57 Email from Pastor April Herron, Pacific Beach United Methodist Church, to NCH. (On file at NCH).
58 Telephone interview with Jon Spetanian, Volunteer, Long Island Food Not Bombs, (April 29, 2010).
59 Email from Meghan Quinn, Volunteer with Food Not Bombs, to NCH, April 30, 2010 (On file at NCH).
that were giving food out for free were required to prepare food in an inspected and licensed facility. The group appealed the order to the State Health Department, and filed a federal lawsuit against the city and the state on First Amendment grounds in the spring of 2009.\(^{60}\) The suit was dropped due to a change in a state law that protected the activities of groups serving food to homeless people. The amendment now allows food cooked in private kitchens to be shared with the community. In 2010, the Food Not Bombs group has been able to continue serving its regular meal on Main Street without police interruption. \(^{61}\)

Three other cities have also addressed food sharing with homeless people in light of food safety concerns.

- **Atlanta, Georgia:** Mayor Shirley Franklin issued an "executive order", in 2003, which declared that serving food to homeless people outside of officially designated locations was not to be permitted. No new ordinance was created, but the order instigated the enforcement of existing health code ordinances to stop food sharing activities in the downtown areas. \(^{62}\)

- **Miami, Florida:** The City Commission began considering an ordinance, in early 2010, that would prohibit unauthorized people and groups from distributing meals to homeless people in downtown areas. The ordinance would require that anyone who wishes to share food with homeless persons must receive formal training first. Other requirements include providing a portable restroom and having an on-site sink. \(^{63}\) To date, the ordinance has not been adopted. \(^{64}\)

- **Nashville, Tennessee:** At least six different street food sharing groups were stopped because they did not fulfill a city health code requirement in 2007. The Metro Public Health Department was responding to complaints, and cited unsanitary conditions as the reason for the stopping the programs. One of the groups has found a licensed kitchen where they can prepare food, and other groups have continued to serve food to homeless persons under the bridge despite the earlier problems. \(^{65}\)

Sometimes when cities impose restrictions on food sharing activities, it is clear that groups that share food are being targeted. Other times, local advocates, food sharing groups and city officials disagree on the best way to coordinate food sharing in a manner that addresses all concerns. For example, in 2007, **Cleveland, Ohio** city officials stopped the local Food Not Bombs group from sharing food with homeless people at Public Square, a meal distribution site

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\(^{60}\) Ibid.

\(^{61}\) Ibid.

\(^{62}\) Email from Anita Beaty, Executive Director at Metro Atlanta Task Force for the Homeless, to NCH, June 20, 2010 (On file at NCH)


\(^{64}\) Email from Rita Clark, Policy Director at Miami Coalition for the Homeless, Inc, to NCH, May 7, 2010 (On file at NCH).

that had been used by the group for ten years. Both the city and some local advocates felt that the current system did not work because there was a lot of food waste, trash, no bathrooms, and inconsistent food access. Meetings between the City of Cleveland and the 13 religious and civic organizations were held to coordinate food sharing groups. The meetings led to the relocation from Public Square to a parking lot behind the Mental Health Services, 18 blocks away, where participants could also use the bathroom. The City of Cleveland agreed to pay for additional trash pick up and security for the parking lot. As long as groups sign an agreement with the city to clean up they would be able to serve freely in the parking lot, but would need to obtain a permit if they wanted to serve in Public Square. Cleveland Food Not Bombs believes food sharing should continue in Public Square and their volunteers continue to serve meals there.

Regardless of the policies or tactics used, when cities use restrictions to limit the number of people that can be served by food sharing groups, or move homeless people to certain areas of the city where they might be less visible to downtown business patrons, the problem of homelessness is not being addressed. Cities should take steps to identify both the number of people experiencing homelessness in their communities and the root causes of homelessness. This knowledge would enable cities to provide the necessary services to effectively address homelessness. A more constructive approach includes ensuring access to affordable housing, living wage jobs, healthcare, and social services.

The Right to Food

Food sharing restrictions also raise human rights concerns. The right to food is an internationally recognized human right. This basic human right has been explicitly addressed in over 120 instruments of international law since 1920, including major international agreements such as:

- The International Convention on Economic, Social and Cultural Rights (ICESCR)
- The Universal Declaration of Human Rights (UDHR)
- The Convention on the Rights of the Child
- The Convention on the Elimination of all Forms of Discrimination against Women

The case of Serac v. Nigeria is representative of several regional human rights organizations’ recognition of the right to food. In a case brought before the African Commission on Human and People’s Rights, the Nigerian government was found liable for violating the right to food for using the military to destroy crops and kill farm animals in an effort to displace a population. A similar case was brought before the Inter-American Commission on Human Rights, and the International Court of Justice has recognized the right in an advisory opinion.

“\textit{The right to adequate food is indivisibly linked to the inherent dignity of the human person.”}

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69 GA res. 34/180, 34 UN GAOR Supp. (No. 46) at 193, UN Doc. A/34/46; 1249 UNTS 13; 19 ILM 33 (1980)
The right to food has also been included in the domestic constitutions of 22 nations.\textsuperscript{71} Under the ICESCR, state parties recognize “the right of everyone to an adequate standard of living for himself and his family, including adequate food…and the fundamental right of everyone to be free from hunger.”\textsuperscript{72} The Committee on Economic Social and Cultural Rights further clarified the meaning of the right to food by explaining that “the right to adequate food is indivisibly linked to the inherent dignity of the human person” and noted that the root of hunger issues is simply lack of access to food rather than lack of food itself.\textsuperscript{73} The Committee also explains that states have an obligation to respect, protect and fulfill these rights. For the right to food this means a state: must not take action resulting in preventing access to food, must ensure that enterprises or individuals do not deprive someone of their access to food and must take proactive action to increase access to food.\textsuperscript{74}

Since the time of President Franklin Delano Roosevelt’s proclamation of the “Second Bill of Rights” in 1944, the U.S. has recognized that freedom from hunger is part of our national commitment to economic equality and safety. Although the United States has not ratified the ICESCR, and is thus not bound by it, it is a party to the Universal Declaration of Human Rights and has taken steps toward fulfilling the right to food through federal nutrition programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants & Children (WIC) program. These programs provide monthly benefits and food vouchers, respectively, to increase the amount of healthy food that people are able to purchase. Despite this demonstrated recognition of the right to food, laws regulating sharing food with homeless people exist throughout the nation. As an independent expert appointed by the UN to examine the situation on the right to food in the various countries, the United Nations Special Rapporteur on the Right to Food has stated that a nation must refrain from taking “actions that result in increasing levels of hunger, food insecurity and malnutrition.”\textsuperscript{75} Food sharing restrictions deny people experiencing homelessness this basic human right. Placing restrictions on sharing food is in direct opposition to the human right to food.

Food sharing restrictions violate the obligation of respecting and protecting the right to food. Limiting the areas of the city in which food can be shared, how many people may be served, and requiring that groups obtain a permit to share food actively prevents people from providing food


\textsuperscript{71} \textit{Food and Agriculture Organization of the United Nations, Fact Sheet, available at http://www.fao.org/WorldFoodSummit/english/fsheets/food.pdf}. The nations include Bolivia, Brazil, Colombia, Cuba, Dominican Republic, Ecuador, Guatemala, Haiti, Nicaragua, Paraguay, Congo, Ethiopia, Malawi, Nigeria, South Africa, Uganda, Ukraine, Bangladesh, India, Iran, Islamic Rep., Pakistan, and Sri Lanka.

\textsuperscript{72} \textit{International Convention on Economic Social and Cultural Rights, GA res. 2200A (XXI) (3 Jan 1976), Article 11.}


\textsuperscript{74} \textit{Ibid.}


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to homeless people, and limits or eradicates access to nutritious food. Food sharing restrictions are in violation of international human rights norms.

**Alternatives to Food Sharing Restrictions**

Despite the prevalence of cities with food sharing restrictions that hinder access to food for individuals experiencing homelessness, there are many examples of positive ways hunger is being addressed in communities around the country. These examples include the expansion of existing federal nutrition programs, innovative new programs and collaboration between cities and local service providers. Each makes an important contribution to the effort of combating hunger among homeless persons.

**Cities and Providers Working Collaboratively**

When cities work collaboratively with local service providers and food sharing groups, the problems of homelessness and hunger can be more effectively addressed.

For example, in 2007, officials in Fort Myers, Florida abandoned plans to limit food sharing with homeless persons in city parks in response to public outcry. The proposed ordinance would have prohibited the distribution of food in city parks to groups of ten or more people without a permit and would have limited groups to only two approved gatherings per year. NCH and the Law Center both communicated with the city attorney’s office and testified before the city council along with local providers and advocates to oppose the proposed ordinance. The negative public response, and a subsequent initiative by a city council member and local homeless service providers to find an alternative solution, led the City Council to reject the proposed ordinance. The City of Ft. Myers now has a Hunger Task Force, which brings together the agencies who supply food and provide meals to people experiencing hunger in their community. The development of the Hunger Task Force has strengthened local alliances and resources. An initial strategy of the Task Force was to identify alternative food distribution methods, which led to the creation of a mobile food pantry.76

**Portland, Oregon** offers another example of successful collaboration. Between 2000 and 2008, the Bridge of Fire Ministry served food and worshiped every Tuesday underneath the Burnside Bridge. In 2008, construction began around the bridge and city officials felt that it was no longer an adequate location to serve food. The City conducted meetings with community members, Bridge of Fire Ministry, and Manna/New Song Ministries to determine a new location. In March 2010, two public locations were determined and the groups have been able continue to serve

76 Email from Janet Bartos, Executive Director, Lee County Homeless Coalition, Ft. Myers, Florida, to National Law Center on Homelessness and Poverty, April 20, 2010 (on file with National Law Center on Homelessness & Poverty).
weekly meals. Pastor Chuck from Manna/New Song Ministries considered the experience working with the city to be very positive.

In addition to city collaboration with local food sharing groups, there is hope found in the innovative ways people are striving to meet the needs of homeless men, women and children in their communities. Below are examples of programs, both new and previously established, that have been identified for their innovative approach to food sharing in their communities.

**Swipes for the Homeless**

In universities and colleges across the country, the end of an academic term means hundreds of unused meal plan meals, each meal valued between 6-8 dollars. Jonathan Lee, while a student at UCLA in Los Angeles, California identified those as potential meals and snacks to be donated to people experiencing homelessness and hunger in their community. Lee recruited help and, for the past four years, UCLA students have headed up Swipes for the Homeless, a quarterly program that collects hundreds of donated meal card swipes from their peers. In 2010, the student directors partnered with the Undergraduates Students Association Council to expand the program and increase their goal to 800 donated meal swipes. The dining halls agreed to prepare up to 575 hot meals and the rest of the meal swipes will go toward snack items and bottled water. Student volunteers pick up the meals from the dining hall to then distribute to Los Angeles shelters, and to people living on Skid Row. In addition, Swipes for the Homeless accepts canned and nonperishable food for distribution. The program not only seeks to provide nutritious meals, but also to dispel myths about homelessness by giving UCLA students the opportunity to meet men, women, and children experiencing homelessness in their own community. Participating students have spread word of the program to friends attending UC-Berkeley, UC-Irvine, and UC-Davis where similar programs are in the works.

**First Helping**

First Helping, a program of the DC Central Kitchen in Washington, D.C., seeks to provide a comprehensive approach to fighting hunger and poverty. The mission of this street-level outreach program is to use food as a tool to establish trust and build relationships with homeless and low-income individuals. Their goal is to empower people to begin addressing the complex issues at the heart of the personal challenges that have led to their homelessness. Each morning a mobile outreach team provides breakfast at multiple locations in D.C. Over 180 meals are served daily and outreach workers speak to more than 250 people experiencing homelessness.

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77 Telephone interview with Sam Chase, Chairperson, Portland Continuum of Care, (March 25, 2010).
78 Telephone interview with Pastor Chuck, Manna/New Song Ministries, (May 27, 2010).
Over breakfast, outreach specialists take the opportunity to build rapport, assess clients’ needs and make referrals. One place outreach workers refer individuals is the DC Central Kitchen’s very own Culinary Job Training Program. This program provides both personal and professional growth, preparing unemployed, underemployed, formerly incarcerated, and homeless individuals for careers in the foodservice industry.

**Free Farm**

Thanks to months of hard work done by dedicated volunteers, a vacant, overgrown lot in San Francisco, California, has been transformed into an urban farm that will provide free food to those who need it. Pastor Megan Rohrer, Executive Director of the Welcome Ministry, had been sharing meals with homeless people when she decided she wanted to grow food for the same purpose. The St. Paulus Lutheran Church was willing to offer an empty lot it owned to her and dedicated volunteers to start a garden. Meanwhile Tree, a long time food-justice advocate, community gardener and founder of the Mission District’s Free Farm Stand, was looking for a place to grow more produce to supply the farm stand. A collaborative relationship was formed, uniting Megan’s church connections and Tree’s gardening expertise. With that, the Free Farm was born. In early 2010, volunteers planted the seeds that will translate into a harvest to share. The fresh produce will be used for twice-weekly meals for people experiencing homelessness that are organized by the Welcome Ministry. The excess produce will supply the Free Farmstand. Meals at Welcome are considered community-building experiences. There are no lines; food is served restaurant style and volunteers eat with guests.

**St. Louis Bread Company Cares Café/Panera Cares Café**

In metropolitan St. Louis, Missouri former Panera Bread CEO Ron Shaich converted a Panera-owned restaurant into a non-profit called the St. Louis Bread Company Cares Café. Instead of having cashiers that take customers’ money, they hand each customer a receipt that states what their meal would cost at a conventional Panera. Customers then have the opportunity to put money into one of five donation boxes in the store. A sign at the entrance of the store says, “Take what you need, leave your fair share.” The pilot restaurant is run by a non-profit foundation, which will pay the new restaurant’s bills, including staff salaries, rent and food

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85 Welcome Ministry, http://www.welcomeministry.org/about/.
The intention is to take in enough money to cover expenses and use extra money for job training programs and provide food to the hungry. If the store does well, Shaich plans to open two more non-profit cafes in two additional cities within the next six months. In St. Louis, the restaurant takes the name Panera uses it its hometown, but will be known as Panera Cares Café around the country. Shaich’s goal is to have hundreds of Panera Cares Café, one in every community that has a Panera.

Feeding America’s BackPack Program

Feeding America’s BackPack Program was designed to meet the needs of hungry children at times when other resources are not available, such as weekends and school vacations. Backpacks are filled with child-friendly, nonperishable food that children take home. Backpacks are discreetly distributed to children on the last day before the weekend or holiday vacation. In addition to providing nutritious food to school children in need, some BackPack Programs provide extra food for younger siblings at home and others operate during the summer months when children are out of school and have limited access to free or reduced-priced meals. The BackPack Program became a pilot program in 1995 before becoming an official national program of the Feeding America Network in July 2006. More than 140 Feeding America members operated more than 3,600 BackPack Programs and served more than 190,000 children in FY2009.

Federal Nutrition Programs

When identifying programs essential to combating hunger among homeless persons, it is crucial to recognize the importance of established federal programs created for that purpose. The Supplemental Nutrition Assistance Program (SNAP), formerly named Food Stamps, has long been considered the nation's primary safety net against hunger. Acknowledging the barriers homeless people face in storing and preparing food, Congress amended the Food Stamp Act in 1990 to make SNAP benefits redeemable for hot meals at authorized restaurants for homeless people. While most states do not take advantage of the EBT (Electronic Benefits Transfer) Restaurant Meals Program, the program has expanded in the several states that do. California’s Los Angeles County has 477 restaurants participating in the program, including Subway, Domino’s Pizza, El Pollo Loco and Jack in the Box. Michigan and Arizona also have restaurants.

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participating, and Florida is in the process of implementing a pilot program.91

SNAP is not the only Federal Nutrition Program that works to eliminate hunger among homeless persons. The Child and Adult Care Food Program (CACFP) was expanded in 1999 to provide meals to children residing in homeless shelters. Eligible shelters may receive reimbursement for up to three meals each day served to homeless children, through age 18. Emergency shelters receive the highest rates of payment for serving meals, which meet federal nutritional guidelines, to eligible children. There are no application forms for families to fill out, and all reimbursable meals are served in group settings, at no cost to the child or to the child’s family. Additionally, the Food and Nutrition Service has considered the unique nature of non-traditional childcare facilities such as emergency shelters, and have made certain accommodations to facilitate their participation in CACFP. For example, unlike most other CACFP facilities, a shelter does not have to be licensed to provide day care. 92

Policy Recommendations

State and local policy recommendations:

- States should collaborate with food sharing groups to effectively address the problems of hunger and homelessness. Local authorities should reach out to food sharing groups to coordinate provision of food and educate providers on how to help homeless persons access services. Food providers can be an important part of this process, as they have already established relationships with homeless individuals. One way to collaborate would be to create a coalition similar to the Fort Myers Hunger Task Force which has strengthened local alliances and resources.

- States and cities should ensure homeless persons have adequate assistance in accessing benefits through federal nutrition programs, including SNAP, WIC, and child nutrition programs. As participation rates among the homeless population in these programs are relatively low, state and local authorities should increase homeless persons’ outreach and enrollment in benefit programs for which they are eligible.
  - Cities should have one or more roving SNAP caseworkers visit established outreach sites easily accessible by the homeless population, such as shelters and soup kitchens.
  - States should choose to eliminate work requirements that often prohibit people experiencing homelessness from receiving SNAP benefits.
  - School districts should improve categorical eligibility processing to ensure all children from households receiving SNAP benefits are automatically enrolled in free and reduced price meals.

92 Susan Ponemon, Nutrition Funding for Shelters...Child and Adult Care Food Program, available at http://www.nlchp.org/content/pubs/CACFPforShelters.pdf.
Federal level policy recommendations:

- The U.S. Department of Agriculture and/or the U.S. Interagency Council on Homelessness should provide trainings and technical assistance to communities to aid them in developing constructive alternatives to food sharing restrictions.

- The U.S. Congress and the U.S. Department of Agriculture should improve the homeless population’s access to the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, as follows:
  - Restore expedited SNAP eligibility for all homeless persons.
  - Increase outreach to states to participate in the EBT Restaurant Program. Target outreach efforts to restaurants with healthy food.
  - Provide performance bonuses to states that increase the number of homeless persons receiving SNAP benefits.
  - Establish annual SNAP re-certification periods for households receiving SSI and SSDI benefits as their sole income sources.
  - Collect and report data on the housing status of SNAP applicants and beneficiaries.
  - Publish a report on best practices by states, local governments and private not-for-profit agencies in assisting homeless persons to apply for and obtain SNAP benefits.

- The U.S. Congress and the U.S. Department of Agriculture should improve homeless service providers’ access to the Child and Adult Care Food Program (CACFP).
  - Perform targeted outreach to shelters encouraging participation in CACFP.
  - Continue to simplify application process for shelter participation in CACFP.
  - Collect and report data on shelter participation rates in CACFP.

Conclusions

Access to food is a basic, well-recognized human right. When a person is experiencing homelessness, he or she often loses consistent access to food, in addition to shelter. When sharing food is limited or prohibited, cities are violating that right.

Harmful myths about homeless people and their access to food lead to attitudes and laws that penalize food sharing in public settings. Local soup kitchens and food pantries have neither the capacity nor quantity of food to meet the needs of people experiencing homelessness and hunger in their communities. It is a false assumption that all people who are homeless are well enough or physically able to travel to the specific locations where food is served or distributed indoors. Food sharing in public settings allows for the most vulnerable population to have access to food. It is, perhaps, the only way they have the opportunity to access healthy, safe food. This connection between homeless people and food sharing groups can be the first step for those individuals to find out about services that would move them out of homelessness and into housing.
Although some communities have created models of providing food to homeless individuals and are addressing hunger among the homeless population, many others continue to target organizations that share food and homeless people through food sharing restrictions. When individuals and groups are penalized for sharing food, cities are not simply denying access to food, but taking measures that are inhumane, and sometimes contrary to domestic and international law. Creating or arbitrarily enforcing ordinances for the sole purpose of prohibiting food sharing or moving homeless people out of sight ignores the root causes of homelessness, such as lack of affordable housing, shelter space, social services, and job opportunities.

When individuals and groups have extra food to share with others who go without, they should not be denied the opportunity to do so. As the country continues to feel the effect of the current economic crisis, more men, women and children are facing homelessness and hunger. Only by expanding and strengthening existing federal nutrition programs, increasing collaboration between cities and service providers, and continuing to develop new innovative programs to address hunger can the great need begin to be met.
Homeless persons that receive food stamp benefits may qualify for a new program that allows them to buy hot meals at specific restaurants.

Step 1
Apply for food stamps at the Department of Children and Families (the web site can be found at [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida)). If you are approved, you will receive an EBT card for food stamp benefits.

If you had an EBT card before, but lost or misplaced it, call EBT Customer Service at 1-888-356-3281 to have a new one mailed to you.

Step 2
To get a photo Continuum of Care card, you must first be registered with a homeless service provider. Then after you are registered, go to the Alachua County Office on Homelessness on Tuesdays to get your Continuum of Care ID Card made. You may also get this ID card if one of the social service agencies listed on the back of this flyer sends a referral to the Alachua County Office on Homelessness.

**Note**: Bring a photo ID and your EBT card the first or third Tuesday of the month only, from 8 am to 4 pm to:

703 NE 1st Street (the D’Acosta House)
Gainesville, Fl 32601
Phone: 352-372-2549

Step 3
Visit one of the restaurants listed on the back of this flyer during their regular business hours of operation. Show them both the Continuum of Care Card (your ID that verifies you are eligible for this service) and your EBT card.

Step 4
With both cards, you will be able to purchase a hot prepared meal. The cost of the meal is taken away from your EBT card just as if you bought groceries at a grocery store. The restaurant will give you a discount on your meal and no tax or other fees will be charged.
Gainesville/Alachua County Restaurant
EBT/Food Stamp Service
For Homeless Persons

Participating Restaurants

1. Dominos
   3311 W. University Ave, Gainesville, Fl    Phone: 352-377-4992
   2106 SW 13th Street, Gainesville, Fl    Phone: 352-373-2337
   25 NW 16th Ave, Gainesville, Fl        Phone: 352-373-5555
   5750 SW 75th Ct., Suite 4, Gainesville, Fl Phone: 352-373-8888

2. Juniors
   1218 N Main Street, Gainesville, Fl     Phone: 352-371-8008

3. Satchel's Pizza
   1800 NE 23rd Ave, Gainesville, FL       Phone: 352-335-7272

Social Service Agencies for the Homeless

Alachua County Housing Authority
Another Way
Catholic Charities
Chrysalis Community
Corner Drug Store, Inc.
Fire of God
Helping Hands Clinic
Interfaith Hospitality Network
Lee Conlee House (Palatka)
Peaceful Paths Domestic Abuse Network
Salvation Army
Three Rivers Legal Services, Inc.

Alachua/Bradford Regional Workforce Board
Arbor House
City of Gainesville CDBG Division
Citizens for Social Justice
Department of Children and Families
Gainesville Community Ministries
HTEC
Lazarus Restoration Ministries
Meridian Behavioral Healthcare, Inc.
Pleasant Place, Inc.
St. Francis House
The Downtown Streets Team is an innovative program. It is the first that has measurable results.

How It Works

Conflicts and writing resume.

Skills – such as handling stress, resolving potential and work continuing quantum theory and quantum teams.

Meetings and new community classes. Team members may also be expected to participate in weekly meetings and new community classes.

Building relationships with local businesses.

The Downtown Streets Team (DOST) is a weekly networking program. DOST is a weekly networking program.

Getting On The Team

By appointment only.

Resumes and references.

Certification is required for DOST participation.

Contact Person available.

Saved on Friday, 14 October 2023, 06:59 PM.
THE SALVATION ARMY MISSION STATEMENT

The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

APPROVED BY THE COMMISSIONERS CONFERENCE, U.S.A., MAY 1991

PROGRAM COMMITTEE

JIM CIRASAS
THE SALVATION ARMY, BOARD MEMBER

TOM FORD
THE SALVATION ARMY, STREET TEAM

SARAH JONES
DAYTONA BEACH NEWS JOURNAL, YPG

DOROTHY SIMMONS
DAYTONA STATE COLLEGE

BETTY OLSON
DAYTONA BEACH, CITY COMMISSIONER

CATHY SULLIVAN
ASSOCIATE CITY MANAGER

EUGENE BROWN
DAYTONA BEACH, CITY COMMISSIONER

JIMMIE FRANK WASH
DAYTONA BEACH, CITY COMMISSIONER

LOUIE LITHERLAND
DAYTONA BEACH, CITY COMMISSIONER

JESSICA JONES
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DAYTONA BEACH, CITY COMMISSIONER

FRANK GORDON
DAYTONA BEACH, CITY COMMISSIONER

SHARI RAYMOND
DAYTONA BEACH, CITY COMMISSIONER

SARA MORALES
DAYTONA BEACH, CITY COMMISSIONER

YOUNG PROFESSIONALS GROUP (YPG) STREETS TEAM COMMITTEE

EARNING OUR WAY BACK
The establishment of a One Stop Homeless Assistance Center is a major goal within the Ten Year Plan to End Homelessness. The City of Gainesville and the Alachua County Board of County Commissioners have committed to provide technical and financial resources to end homelessness in the City of Gainesville and Alachua County.

The City of Gainesville is proposing to invest 4.1 million dollars into the development of the One Stop Homeless Assistance Center. This includes land acquisition, building design, development approvals and construction of the Center. The City has committed and budgeted to fund 50% of the service center operational costs.

The next step in this process is planning for the Operational Phase of the Center. The plan is for the Office on Homelessness (OOH) to work with the Grace Marketplace Providers to ensure their commitment to the Center. Based on the proposed construction schedule, operational funds will be needed for FY 2011/2012. A firm commitment of financial resources must be in place to execute an agreement for the operation of the Center.

To add residential services in the future, additional funds will be needed. Operational costs of the residential component of the One Stop Center are anticipated to be provided through sublease to a non-profit organization operating the One Stop and/or grant funds. OOH has agreed to work with the City, County and local non-profit organizations to identify, research and submit grant applications for funding of the residential services portion of the Center.

The City of Gainesville is proposing to commit $154,000 for operations, including Social Services and Management Services, of the Center. The City Manager's Proposed budget reaffirms this commitment.

The City is requesting for the County to match the City's $154,000 per year funding commitment for the operations of the One Stop Center.
GRACE Marketplace Governance Board Composition and Responsibilities/Duties
For discussion at August 30, 2010 Joint City/County Commission Meeting

Proposed Board Composition:
Seven members total -
- Two City of Gainesville Commissioners
- Two Alachua County Commissioners
- Director of the Alachua County Coalition for the Homeless and Hungry
- One member representative of the private business sector
- One member representative who is homeless or formerly homeless (possibly chair of HAC advisory council)

It will need to be decided how to/who will appoint the private business sector and homeless or formerly representative members.

Proposed Responsibilities/Duties:
- Determine mission and purpose. It is the board's responsibility to create and review a statement of mission and purpose that articulates GRACE Marketplaces goals, values, vision, means, and primary constituents served.
- Support and evaluate the non-for-profit provider administering/managing the services at the GRACE Marketplace. The board should ensure that the NPO has the moral and professional support it needs to further the goals of GRACE Marketplace.
- Enhance GRACE Marketplace’s public standing. The board should clearly articulate the GRACE Marketplace mission, accomplishments, and goals to the public and garner support from the community.
- Represent public need and interest within GRACE Marketplace.
- Ensure effective planning. The board must actively participate in an overall planning process and assist in implementing and monitoring the plan's goals.
  - Approving the annual budget, annual report, etc.
  - Approving major contracts and grants.
  - Soliciting and reviewing program evaluations.
  - Reviewing and approving the organizational policies
- Monitor, and strengthen programs and services. The board’s responsibility is to determine which programs are consistent with GRACE Marketplace’s mission and monitor their effectiveness.
  - Troubleshooting as necessary.
  - Serve as final step in client grievance process if issue cannot be resolved at lower levels.
- Protect assets and provide proper financial oversight. The board must assist in developing the annual budget and ensuring that proper financial controls are in place.
  - Monitoring fiscal management of GRACE Marketplace.
  - Maintaining accountability to funders and donors.
- Ensure adequate financial resources. One of the board’s foremost responsibilities is to secure adequate resources for GRACE Marketplace to fulfill its mission.
  - Serving as a public figure for GRACE Marketplace
  - Fundraising, by directly donating to the non-profit and soliciting donations from others.
  - Advocating for GRACE Marketplace.
  - Documenting policies and decisions to create an organizational memory.
- Preparing for and attending board meetings.
- Researching and discussing issues before decisions are made.
- Replacing and orienting board members when a vacancy arises.
- Build a competent board. All boards have a responsibility to articulate prerequisites for candidates, orient new members, and periodically and comprehensively evaluate their own performance.
- Ensure legal and ethical integrity. The board is ultimately responsible for adherence to legal standards and ethical norms.

The governance board responsibilities and duties should be reviewed with, and compared to, the Interlocal Agreement creating the Office on Homelessness for overlap and conflicts.

This is a draft document which needs Commission input, particularly as it relates to how active the members wish to be in the governance of GRACE Marketplace and for any potential conflicts between determined Board responsibilities/duties and Commission responsibilities/duties. Additionally, the scope of responsibilities will require review by the City/County attorneys.
Where do you stand with purchase, permitting process of GRACE Marketplace site?

The City of Gainesville is proposing to invest 4.1 million dollars into the development of the One Stop Homeless Assistance Center. This includes land acquisition, building design, development approvals and construction of the Center.

- A petition for the Center's Design Plat was considered by the City Commission in July 2010.
- City staff brought the final rankings of the construction firms to the City Commission on August 19, 2010.
- The Center's Planned Development petition is anticipated to be adopted in October 2010.
- As of August 18, 2010, the sellers have submitted the road plans for approval. City staff is working with the seller now to finalize roadway drawings, and then will negotiate a part of the agreement for improvements.
- The adjacent property owners, Commercial Metals, were given until Monday the 23rd to commit to the utility easement. This is part of finalizing the utility layout for construction documents and a part of the plat approval process.
- There are several additional approvals to obtain before the purchase of the property is final. Still to be obtained are the Final Design Plat approval, and site plan approval.
- The next step in this process is planning for the Operational Phase of the Center. The plan is for the Office on Homelessness (OOH) to work with the Grace Marketplace Providers to ensure their commitment to the Center.
- To add residential services in the future, additional funds will be needed. Operational costs of the residential component of the One Stop Center are anticipated to be provided through sublease to a non-profit organization operating the One Stop and/or grant funds.
- OOH has agreed to work with the City, County and local non-profit organizations to identify, research and submit grant applications for funding of the residential services portion of the Center.
Summary of Agenda Item: Cabot-Koppers Superfund Site US EPA Proposed Plan

Explanation
On July 15, 2010, the United States Environmental Protection Department released the Superfund Proposed Plan for the Cabot – Koppers Superfund Site (See Attachment A). The Proposed Plan identifies EPA’s proposed remedy for cleaning up the Cabot – Koppers Site. The Proposed Plan provides an analysis of alternatives including timelines and costs for each of the remedies. The EPA is the lead agency responsible for the development of clean up remediation plan for the Cabot - Koppers Superfund Site.

As part of the remediation process, EPA is required to hold a public meeting in the community to receive public comments on the proposed remedy for the site. On August 5, 2010, EPA held a public meeting for this purpose in Gainesville, Florida at the Stephen Foster Elementary School. EPA received a wide variety of comments from the public on the Proposed Plan. One item public expressed significant concern about is that EPA did not allow sufficient time for the residents and stakeholders to participate in the public participation process of the Remediation Plan. EPA had just recently awarded a Technical Assistance Grant (TAG) to the community, and the Technical Advisor for the TAG group had only recently been hired.

The public comment period for the Proposed Plan started on July 15, 2010 and the date has been extended to October 15, 2010, at the request of the City of Gainesville and Senator Bill Nelson. The public has been encouraged to review and submit their written comments to Scott Miller, Remedial Project Manager, Superfund Division Remedial Branch Section C, US EPA Region 4, 61 Forsyth Street, SE, Atlanta Georgia 30303 by October 15th.

The Local Intergovernmental Team (LIT) consists of staff from the City of Gainesville general government, GRU, Alachua County, and Alachua County Department of Health. The LIT held the first of two public meetings on August 17, 2010 at the Gainesville City Hall to discuss its preliminary comments on the preferred remedy. The public provided a range of comments on the proposed plan, including health concerns impacting the residents living near the site.

The second public meeting is being scheduled as a part of the joint City of Gainesville and Alachua County Board of County Commission meeting of August 30, 2010 to allow the public to see the LIT’s proposed final comments on the Proposed Plan as well as to get public, City and County Commission comments and suggestions on the Proposed Plan. The public comment period will end on October 15, 2010.

If the Gainesville City Commission and/or the Alachua County Board of County Commissioners wish to review the final comments prior to the Mayor and the Chairperson submitting the local comments to the EPA, staff will need to be directed to schedule a meeting(s) prior to October 15, 2010, as part of the preparations of the final comments.

Fiscal Impact
None

Recommendation
The City Commission and the Alachua County Board of County Commissioners: 1) hear a presentation from the Local Intergovernmental Team (LIT) regarding comments on the Proposed Plan for the Cabot-Koppers Superfund Site; 2) receive comments from the public; 3) authorize staff to prepare recommendations on the USEPA Proposed Plan, and if deemed necessary schedule a meeting(s) to review the final recommendations, for submission prior to October 15, 2010.; and 4) authorize the Mayor of the City of Gainesville and the Chair of the Alachua County Board of County Commissioners to submit the Local Intergovernmental Team recommendations to the USEPA before October 15, 2010.
Recommendations on USEPA Proposed Plan for Koppers Superfund Site

City of Gainesville / Alachua County
Gainesville Regional Utilities
and
Alachua County Health Department

Joint City-County Commission Meeting
August 30, 2010

Introduction

➢ Purpose of Presentation
➢ LIT – Local Intergovernmental Team
  • City of Gainesville
  • GRU
  • Alachua County EPD
  • Outside Technical Experts
➢ Alachua County Department of Health
Presentation Topics

- Introduction (Fred Murry, City of Gainesville)
- LIT Goals (Fred Murry)
- Overview of Site and Proposed Plan
  (John Mousa, ACEPD and Stu Pearson, City of Gainesville)
- Health Dept. Recommendations (Anthony Dennis)
- LIT Proposed Issues and Recommendations
  - Groundwater/Subsurface (Rick Hutton, GRU)
    (Dr. Stan Feenstra, Applied Groundwater Technology)
  - Future Land Use (Ralph Hilliard, City of Gainesville)
- Soils and Sediments (John Mousa, ACEPD)
- Recommended Actions

Superfund Process Overview

- Site Investigations (on-going)
- Draft Feasibility Study – August 2009
- Final Feasibility Study – May 2010
- Proposed Plan – July 15, 2010
  - Comment due date: October 15, 2010
- Record of Decision (ROD)
- Consent Decree
LIT's Schedule

- Public Meeting – August 17, 2010
  - Presented our preliminary comments
  - Received public input
  - Public encouraged to submit comments directly to EPA
- Present proposed recommendations to City & County Commissions August 30, 2010
- Submit Comments to EPA (no later than) October 15, 2010

LIT Goals

1. Protect Our Water Supply
2. Protect Public Health & Environment
   - Clean up On-site & Off-site Soils
   - Stop off-site migration of contamination
3. Foster Site Reuse
   - RemEDIATE consistent with Community Vision for site
Process Concern

- Administrative Record Not Complete

Overview of Koppers Site

- Wood preserving ~ 90 years
- Superfund site since 1983
- USEPA selects remedy
- Beazer East responsible party
  - Current land owner
- Koppers operations until 2009
- Four main source areas
- Soil and groundwater contamination
Overview of Site
Subsurface and Groundwater

- Creosote in soils and groundwater
  - Surficial aquifer (to ~ 25ft)
  - Upper Hawthorn (to ~ 65ft)
  - Lower Hawthorn (to ~ 115ft)

- Contaminated groundwater in Floridan Aquifer > 200 ft

- Threat to city well field

Overview of Site
On-site Surface Soils

- Surface soils contaminated above FDEP (State) soil cleanup target levels (SCTLs)

- Eastern side greater and deeper contamination

- Contamination "hot spots" exist in western and northern areas.
Overview of Site
Offsite Soils

- Contamination exceeds FDEP residential SCTLs in rights of way west of site
- Primary concern dioxin
- Background samples below FDEP residential SCTLs (dioxin)
- Health Dept advisories
- Limit access to easement
- Extent of impacted area not yet established

Overview of Site
Offsite Soils

- Additional residential and offsite sampling planned by EPA – Sept 2010
- West, east, north and south of site and background locations
Overview of Site

Creek Sediments

- Tar residues in Springstead & Hogtown Creek
- Contamination (PAHs) exceeds FDEP Sediment Quality Guidelines
- Levels of dioxin (not co-located with tar residues) above FDEP Residential SCTLs
- FDEP warning signs placed along creeks
- Tar removal actions planned in creeks (Cabot)
- Additional actions required to address PAHs and dioxins

Overview of Site

Stormwater

- Untreated stormwater discharges from site
- Stormwater contains contamination with arsenic, copper and low levels of dioxins
- Beazer has applied for new specific stormwater permit with FDEP NE district
- FDEP in process of permit review.
- Short term interim remedial actions planned.
USEPA Proposed Remedy
On-Site – Surface Soils

- Low permeability cap over source and soil consolidation area.
- Cover or excavate soils in non-source area to meet FDEP Commercial SCTLs and address GW leaching
- Move excavated soils (including off-site and contaminated sediments) to consolidation area
- Surface grade or cover 83 acres

USEPA Proposed Remedy
On-Site – Source Areas

- Underground barrier wall around source areas
- Treat or solidify source areas
  - In-situ Biogeochemical Stabilization – ISBS
  - In-situ Soil Solidification Stabilization – ISSS
- Chemical treatment (ISBS and Chem-ox) in the Lower Hawthorn and on East Boundary
USEPA Proposed Remedy
On-Site – Source Areas

- Continue northern extraction system
- Continue horizontal collection drains in surficial aquifer near sources
- Expand groundwater monitoring
- Institutional controls

USEPA Proposed Remedy
Floridan Aquifer

- Limited hydraulic containment – groundwater extraction and treatment of Floridan Aquifer
- Additional extraction wells as needed
- Monitored natural attenuation of contaminants
USEPA Proposed Remedy
Offsite Soils

- More Sampling to Delinate
- FDEP residential SCTLs on residential properties
- FDEP commercial SCTLs on commercial properties
- Choice of property owner:
  - Excavate contaminated soil and restore properties
  - Cover contaminated soils - engineered controls
  - Institutional controls to manage access and use of property
- Transport excavated off-site soil to on-site consolidation area

USEPA Proposed Remedy
Sediments in Creeks

- Excavate sediments that exceed probable effects concentration (PEC)
- Monitored natural attenuation
- Transport excavated creek and sediments and stormwater pond soil to consolidation area
USEPA Proposed Remedy
Stormwater

- Site stormwater management (OnR-5C)
  - Grading & contouring; runoff to pond(s)
  - Installation detention/retention pond(s)
  - Existing stormwater ditch
    - Replace with another ditch, or
    - Replace with other conveyance (pipe)

Short-Term Interim Measures
Stormwater
Alachua County Health Department
Florida Department of Health

Recommendations on Proposed Plan

Health Department
Recommendations

• The Health Department has recommended continued delineation of off-site soil contamination to the Florida Residential Soil Clean Up Target Level.

• The Health Department has recommended soil sampling in residential yards to determine the extent of contamination.

• The Health Department has recommended cleanup of off-site contaminated soils to the Florida Residential Soil Clean Up Target Level.
Health Department Recommendations

- The Health Department has recommended cleanup of contaminated sediments in Springstead and Hogtown Creeks to Residential Soil Clean Up Target Level.
- The Health Department has recommended that dust prevention measures be used during any onsite soil movement.

Groundwater

- GRU Murphree Wellfield
  - Serves ~185,000 people
  - 2 miles from Koppers
- No contaminants at Murphree Wellfield (GRU tests Regularly)
- "Water Supply is Safe, we want to keep it that way"
- Goals
  - Prevent contamination from reaching wellfield
  - Protect Groundwater
Groundwater

- 2001
  - Site geology & extent of contamination not well understood
  - Proposed Remedy based on incorrect assumptions

- 2010
  - Much better understanding of site
  - Geology & nature of contamination very complex
  - Remedy will be complex

- GRU "DNAPL Team"
  - In 2004 GRU assembled team of individuals with specialized expertise in type of contamination at Koppers
  - Recently added expert on chemical treatment

Creosote Characteristics

- "Dense Non-Aqueous Phase Liquid" (DNAPL)
  - Liquid that is heavier than water & sinks

- Viscous
  - Very slow moving

- Dissolves Slowly
  - Groundwater in contact with creosote DNAPL becomes contaminated
LIT’s Goals (Groundwater)

1. Remove or Immobilize Creosote DNAPL
   - Reduce downward movement of creosote
   - Minimize on-going dissolution into groundwater
     - *Deepest material is of greatest concern & is hardest to treat*

2. Floridan Aquifer Hydraulic Containment
   - *Critical due to limitations of other remedies*

3. Contain groundwater contamination in Surficial Aquifer & Upper Hawthorn
   - Hydraulic containment
   - Slurry wall

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EPA Proposed Plan
EPA Proposed Plan - Key LIT Concerns

- Effectiveness of ISBS
- Use of Monitoring Wells for Chemox
- Inadequate Containment in Floridan

Summary of LIT Recommended Plan for Koppers Gainesville Remediation

- Do not consolidate contaminated soil - objectionable to community
- Remove contaminated soils before covering
- Excavate or fill ISBS in surficial aquifer & ISBS in upper Hawthorn
- Use dedicated injection wells for Chemox or ISBS in lower Hawthorn
Recommendations
Groundwater

1. ISBS in Surficial Aquifer
   • New/unproven technology
   • LIT recommends excavation of contaminated soils
     or ISS/S

2. ISS/S in Upper Hawthorn Group
   • LIT supports

3. Slurry Wall & Cap
   • Surficial Aquifer & extraction keep going
   • LIT supports slurry wall, cap & surficial extraction
   • Soil Consolidation Objectionable to Community

Recommendations
Groundwater

4. Lower Hawthorn Group – Chemical Injection
   • Monitoring wells should not be sacrificed
   • LIT recommends dedicated injection wells instead
   • Effectiveness of any technology likely to be limited due to depth & conditions
   • Limited ability to treat Lower Hawthorn makes Floridan containment critical
Recommendations
Groundwater

5. Floridan Containment
   - *Top groundwater priority for LIT*
   - Plan requires hydraulic containment in areas where groundwater exceeds cleanup goals (*LIT supports*)
   - Hydraulic Containment now in operation in NW area (*LIT supports*)
   - *No action yet at eastern boundary or interior areas*
   - *We want EPA to be more aggressive in implementing hydraulic containment*
   - "Groundwater Contamination" section of Proposed Plan vastly understates extent of contamination in Floridan Aquifer (*EPA should correct this in ROD*)

Recommendations
Groundwater

6. Floridan Aquifer Monitoring
   - *Robust Floridan monitoring network in place now*
     - *Multi-level wells*
     - *Near source areas*
     - *Multiple transects*
     - *Off-site sentinel wells*
     - *LIT wants more wells in certain areas*
Recommendations
Groundwater

7. More Site characterization Needed
   A. Potential buried drums
      • Workplan to look for these promised soon
   B. Need to fully delineate creosote source areas
      • For example, creosote has migrated past eastern site boundary in upper Hawthorn
      • Plan calls for additional characterization and more wells as part of remedial design

8. Unclear how Off-site Creosote DNAPL will be dealt with
   • LIT wants this addressed in ROD

Issues and Recommendations
Future Land Use -- On-Site Remedy

9. USEPA plan has not been sufficiently coordinated with City of Gainesville and local stakeholders. Plan is inconsistent with City’s conceptual reuse plan for the site.

RECOMMENDATION: Additional coordination with City of Gainesville and local stakeholders is needed regarding future land use vision. Remedy should meet the following criteria:

- Based on redevelopment vision
- Step down in land use types from east to west on the site.
- At a minimum, clean-up soils in the western 300 feet of property to allow redevelopment with residential density no more than 8 units per acre consistent with townhouse type development and adjacent residential use.
- Industrial re-use should not be considered an appropriate land use.
Issues and Recommendations  
Surface Soils Remedy

10. Landfilling of contaminated soils and sediments in large on-site soil consolidation area is unacceptable to community and limits future redevelopment. -- USEPA did not evaluate off-site disposal of excavated on-site and offsite surface soils.

RECOMMENDATIONS:
- Eliminate on-site consolidation of contaminated surface soils (on-site, off-site and creek sediments).
- Provide costs for and implement offsite disposal of excavated on-site and off-site soils and sediments. In particular offsite contaminated soils and sediments should not be brought on site.

Issues and Recommendations  
Surface Soils Remedy

11. Surface soil remedy for area outside of containment area is vague; cannot determine where contaminated surface soils on-site will be excavated or just covered up.

RECOMMENDATION:
- Provide more detail and commitment on specific actions to be taken to remediate on-site soils outside of source containment area. -- Specifically address remediation of elevated contamination areas in northern wooded area.
Issues and Recommendations
Surface Soils Remedy

12. Covering contaminated surface soils outside of containment area is a concern -- leaves permanent soil contamination under cover and may limit options for future redevelopment.

RECOMMENDATIONS:
- Remedy should maximize removal and not covering of soils outside of source containment area.
- USEPA should provide separate costs for removal of contaminated surface soils outside of containment area that are above FDEP residential and commercial SCTLs.

Issues and Recommendations
Surface Soils Remedy

RECOMMENDATION:
- Remove surface soils outside of containment area exceeding FDEP SCTLs or FDEP Leachability SCTLs down to the water table. Community desires achieving FDEP Residential SCTLs in areas outside of capped areas.

13. Other potential source areas outside of containment area may exist and may be covered or not identified in soil remedy.

RECOMMENDATION:
- Commit to screen site for additional source areas (including buried drums) and conduct appropriate removal or treatment.
Issues and Recommendations
Off Site Soils Remedy

14. Off-site delineation of contamination is incomplete.

RECOMMENDATIONS:
- Support – FDEP Residential SCTLs for offsite residential properties.
- Additional offsite sampling needed to the north.
- Include residential and commercial properties west of 6th Street until FDEP SCTLs are met.
- Expedite delineation and remediation of offsite contamination areas.

Issues and Recommendations
Off Site Soils Remedy

15. Citizen concerns about potential indoor contamination related to Koppers chemicals of concern.

RECOMMENDATION:
- EPA should address potential indoor contamination issue in structures within delineated contamination zone.

16. No consideration given to relocation assistance during off-site and on-site remediation.

RECOMMENDATION:
- Relocation assistance should be considered for neighboring residents during on-site and offsite remediation.
Issues and Recommendations
Sediment and Creeks Remedy

17. Creek clean-up is proposed only for those areas where contaminants exceed benthic Probable Effects Concentrations (PEC).
   -- FDEP has determined that exposed sediments in Creek potentially pose human health risk.

RECOMMENDATION:
- Creek sediments should be excavated to the more stringent of the FDEP Residential SCTL or the PEC for PAHs, cPAHs, and dioxin.

Requested Actions

1) Authorize staff to prepare recommendations on the USEPA Proposed Plan, and if deemed necessary schedule a meeting(s) to review the final recommendations, for submission prior to October 15, 2010.

2) City Commission -- Authorize the Mayor to transmit the LIT recommendations to USEPA before October 15, 2010.

3) County Commission -- Authorize the Chair to transmit the LIT recommendations to USEPA before October 15, 2010.
Public Comment

- Public also encouraged to submit comments directly to EPA:
  Scott Miller, Remedial Project Manager
  Superfund Division, Superfund Remedial Branch
  USEPA Region 4
  61 Forsyth Street, SW
  Atlanta, GA 30303
SUPPLEMENTAL BACKUP

August 30, 2010 3:00 PM

ALACHUA COUNTY COMMISSION MEETING
COUNTY ADMINISTRATION BUILDING
12 SOUTHEAST FIRST STREET
ROOM 209

BACKUP ADDED FOR AGENDA ITEM # 3 – KOPPERS UPDATE

- U.S. ENVIRONMENTAL PROTECTION AGENCY – SUPERFUND PROPOSED PLAN, CABOT CARBON/KOPPERS SUPERFUND SITE

- RESPONSE TO EPA’S PROPOSED PLAN FOR THE CABOT/KOPPERS SUPERFUND SITE – Robert Pearce

- KOPPERS SUPERFUND SITE: COMMUNITY INVOLVEMENT IN REMEDY SELECTION – Pat Cline
Introduction
The U.S. Environmental Protection Agency (EPA) is releasing this Proposed Plan (Plan) for the environmental cleanup at the Koppers portion of the Cabot Carbon/Koppers Superfund Site in Gainesville, Alachua County, Florida. This Proposed Plan identifies the preferred alternative for cleaning up the Koppers Site and provides rationale for this preference. It includes summaries of other remedial alternatives evaluated and the findings in the Remedial Investigation (RI), Baseline Risk Assessments, a new (2010) Feasibility Study (FS), and other documents included in the Administrative Record. EPA is issuing this Plan as part of its public participation responsibilities under Section 300.430(f)(2), of the National Oil and Hazardous Substances Pollution Contingency Plan (NCP).

This document is issued by EPA, the lead agency for Site activities. EPA, with support from the Florida Department of Environmental Protection (FDEP), will select a final remedy for the Site after reviewing and considering all information submitted during the 30-day public comment period.

Public participation is an important part of the Site cleanup decision process. Based on public comments, EPA, along with FDEP, may modify the preferred alternative or select another alternative presented in this Plan.

Public Comment Period
July 15, 2010 to August 15, 2010

Public Meeting
Date: August 5, 2010
Time: 6:00-8:00 p.m.
Location: Stephen Foster Elementary School
3800 Northwest 6th Street
Gainesville, Florida 32609

The community is invited to a public meeting where EPA will present its understanding of Site conditions, alternatives evaluated in the Feasibility Study, and provide its rationale for the preferred alternative presented in this Plan. In addition, this meeting provides the community with an opportunity to ask EPA questions about the preferred alternative or Site activities and finding.

The Administrative Record file for the Cabot Carbon/Koppers Site is available at the following location:
Alachua County Library
401 E. University Ave.
Gainesville, FL 32601
(352) 334-3900
www.aclib.us/locations/headquarters

Therefore, the public is encouraged to review and comment on the cleanup alternatives presented in this Plan.
**What is a Proposed Plan?**
A Proposed Plan presents EPA’s preferred alternative to address contamination at a Site, presents other alternatives that were evaluated, and provides the rationale for EPA’s preferred alternative. In addition, the Plan solicits public involvement and comment on the Site’s remedy selection process. Issuance of this Plan is part of the Superfund process depicted below.

**What are the next steps in the Superfund process?**
EPA will hold a public meeting on Thursday, August 5, 2010, 6:00 p.m. at Stephen Foster Elementary School. The purpose of the meeting is to present the Proposed Plan for cleaning up the Koppers Site. This meeting will provide an opportunity for citizens to ask questions of EPA representatives. Questions and answers will be recorded to assist EPA in the final selection of the remedy and in preparation of a Record of Decision (ROD). All comments received during the public comment period and corresponding responses will be documented in the Responsiveness Summary of the ROD.

The public comment period for this Plan starts on July 15, 2010 and ends August 15, 2010.

During this 30-day period, the public is encouraged to review the findings of the RI and the details of the alternatives presented in the final FS. These and other documents are available at the information repository listed on page 34 of this document. Citizens are encouraged to submit written comments to EPA.

Following the public comment period, EPA will carefully consider all public comments before selecting the remedy for the Site. All comments submitted in writing by August 15, 2010, will be addressed in the Responsiveness Summary, as will the questions and answers discussed at the public meeting. If you are not on the Site mailing list and would like to be, please contact Ms. LaTonya Spencer at 404-562-8463 or 1-800-435-9234.

A ROD, which summarizes the remedy decision process and announces the remedy will be prepared and signed by EPA. Once the ROD is...
issued, the design of the remedy will be scheduled and conducted, followed by the implementation of the remedy.

**Site History**
The Cabot Carbon/Koppers Superfund Site encompasses approximately 170 acres, bridging two properties in a commercial and residential area of the northern part of the Gainesville city limits, Alachua County, Florida. This Site was originally two Sites; Cabot Carbon in the southeast portion of the Site, and Koppers on the western portion of the Site (Figure 1). Cabot Carbon, is currently inactive, is now in use as commercial property. Koppers was an active facility until December 2009. On March 31, 2010, Beazer East, Inc. purchased the property from Koppers in order to facilitate remediation.

The Cabot Carbon portion of the Site was operated as a pine tar and charcoal generation facility from 1911 until 1967. Process wastewater containing residual pine tar was discharged to three unlined lagoons as early as 1937.

The Koppers Site operated as a wood-treating facility from 1916 to late 2009 and covers approximately 86 acres (Figure 1 and Figure 2). Portions of the area east of the Koppers Site and north of the former Cabot Carbon property are now commercial properties; other portions remain undeveloped. The areas to the west and north are single-family and multi-family residences. A Gainesville Public Works facility, small businesses, and a mobile home community are located to the north/northwest of the Site. A small drainage ditch that currently runs through the Koppers Site collects storm water from the property and directs it north. The drainage exits the property at a point along the northern boundary and discharges into Hogtown Creek, which then flows into Springstead Creek.

The Murphree Well Field is located approximately 2 miles northeast of the Site (Figure 1). This 26 million-gallon-per-day (mgd) well field is operated by the Gainesville Regional Utilities (GRU) and provides public water supply for the City of Gainesville and other areas in Alachua County. The Murphree Well Field withdraws water from the Upper Floridan Aquifer (UFA). Under the Koppers Site, the UFA is overlain by the Hawthorn Group (HG) and by the Surficial Aquifer (Figure 3). In documents for this Site, the two water-bearing zones in the UFA have been designated the upper and lower transmissive zones of the UFA, and the two zones in the HG with moderate permeability have been designated the Upper Hawthorn and the Lower Hawthorn.

Former wood-treatment facilities are located within the southeastern portion of the Koppers Site (Figure 2). This includes a recently-active process building and adjacent drip tracks where chromated copper arsenate (CCA) was used to preserve wood. The central and northern portions of the Site were recently used for wood storage, staging, and debarking. The Koppers Site was serviced by railroad sidings that entered at the facility’s northeast corner. These sidings connected to a rail spur of the CSX railroad that still exists along the eastern boundary of the Koppers Site.

Wood treating processes at the Koppers Site began with a creosote impregnation process in 1916. The treatment processes were modified over the years to include two additional processes: one using CCA, beginning in the 1960s, and another using pentachlorophenol (penta), beginning in 1969. The use of creosote decreased in the 1970s and creosote use was completely phased out at the Site by 1992. Pentachlorophenol use was discontinued by 1990. Koppers used only CCA to treat wood at the Site from 1990 through 2009.

The Former North Lagoon and Former South Lagoon (Figure 2) at the Koppers Site were used to manage process wastewater. Based on historical aerial photographs, the Former North Lagoon was active from approximately 1956 until the 1970s, and the Former South Lagoon was active from 1943 or earlier through 1975 or 1976. Both former lagoons have been closed, covered, and graded. The CCA wood-treating
Figure 1
Site Location Map
Cabot Carbon/Koppers Superfund Site, Gainesville, Florida
Figure 2
Site Map and Aerial Photograph
Cabot Carbon/Koppers Superfund Site, Gainesville, Florida
process used most recently at the Site did not generate wastewater.

The Cabot Carbon/Koppers Site was proposed for the National Priorities List (NPL) in September 1983, and listed as final on the NPL in September 1984. Remedial investigations at the Site began in 1983. An initial groundwater interceptor trench was installed on the Cabot Carbon portion of the Site in 1985, and a permanent subsurface collection system was installed in 1995, with the groundwater discharging to the principally-owned treatment works (POTW). A POTW is a wastewater treatment facility that is owned by a state or municipality. The Cabot portion of the Site has been redeveloped and currently contains a commercial shopping mall, a car dealership, and a series of small stores and businesses. Therefore, in this Plan, the word “Site” refers to the Koppers portion of the Cabot Carbon/Koppers Superfund Site, unless otherwise specified.

The remedial investigation (RI) was completed in 1987, and a Supplemental RI was completed in 1989. A Baseline Risk Assessment and FS were completed in 1990. A remediation plan was selected and a ROD for the Cabot Carbon/Koppers Site was signed in 1990. For the Koppers property, the ROD specified (1) excavation of soils in the Former North and South Lagoons to a depth of 4 feet, (2) bioremediation of soils in the Former Process area and Former Drip Track Area by recirculating groundwater with nutrient amendment, (3) installation of a groundwater extraction system in the Surficial Aquifer, and (4) long-term institutional controls on Site use. At the time the ROD was prepared and signed, it was concluded that, based upon then-current information, (a) the HG was a single thick clay layer that provided an effective vertical barrier for groundwater flow and transport and (b) the potential source zones were primarily in the shallow unsaturated zone with a small volume of impacted soil below the water table in the Surficial Aquifer.

In March 1991, the EPA issued a Unilateral Administrative Order (UAO) to Beazer East directing development of a remedial design for the Site. However, further investigation revealed Site conditions that were not contemplated by the ROD or UAO. Specifically, groundwater impacts below the water table were greater than expected and the amount of dense non-aqueous phase liquid (DNAPL) below the water table was greater than expected. These discoveries called into question the potential effectiveness and practicality of the ROD-specified removal actions. A Surficial Aquifer groundwater extraction system was designed to prevent off-Site migration of contamination in shallow groundwater, and operation began in 1995. In 2009, this Surficial Aquifer groundwater extraction system was upgraded to increase pumping capacity and capture contaminated groundwater through placement of recovery trenches next to the 4 principal source areas. Currently, fourteen groundwater extraction wells operate along the northern and eastern property boundaries, and groundwater recovery drains operate near each of the four principal source areas.

Based on post-ROD Site data and concerns regarding the technical practicability of the selected remedy, the UAO was amended in April 1994. This amendment required additional Site characterization and development of a Supplemental FS that included remedial alternatives appropriate for the expanded extent of Site impacts. Subsequently, studies were conducted to identify a revised remediation strategy based on an updated understanding of the Site.

A Supplemental FS was prepared in 1997 based on the existing and updated data and an improved understanding of flow and transport mechanisms at the Site. A Revised Supplemental FS was issued in 1999 to address comments from both EPA and FDEP. The Revised Supplemental FS recognized that the potential impacts from source areas were deeper than contemplated by the 1990 ROD; however,
the potential impacts within and below the HG were still considered negligible at that time.

More recent investigations (2003, 2004, and 2006) that form the basis for this cleanup plan have indicated that dense non-aqueous phase liquids (DNAPL) from former wood-treating substances such as creosote is present in the HG and that Site contaminants are present in groundwater in the Upper Floridan Aquifer (See Figure 3). Ongoing and planned monitoring is being used to better characterize potential impacts in the Surficial Aquifer, HG, and UFA.

Since the 1990 ROD, as investigations have improved the conceptual understanding of the Site, pilot remedial actions and focused studies have been conducted to assist with the selection and evaluation of a final comprehensive remedial strategy for the Site. These activities have included:

- Pilot testing active DNAPL recovery in the Surficial Aquifer at PW-1 in 1994 and 2004;
- Studying vertical groundwater circulation at the Former North Lagoon in 1995;
- Recovering DNAPL Manually by periodic bailing in HG monitor wells since 2004;
- Evaluating soil excavation feasibility;
- Evaluating in-situ thermal treatment feasibility;
- Evaluating surfactant flushing feasibility;
- Pilot testing active DNAPL recovery in the HG beneath the Former North Lagoon; and
- Bench testing and pilot field testing in-situ biogeochemical stabilization (ISBS) of DNAPL using modified permanganate solutions.

Two five-year reviews for the Site were conducted by EPA and finalized in 2001 and 2006. The 2006 Five-Year Review Report recommended additional studies to support the selection of a new remedial strategy to address the full extent of impacts at the Site. Such studies have been undertaken through the collaborative FS process to fulfill the specific recommendations of the Five-Year Review.

A revised FS was finalized in May 2010.

**Environmental Investigation Results**

Numerous remedial and environmental investigations have been performed at the Site. These include:

- Hydrogeologic investigation;
- Initial and supplemental RIs;
- Site characterization for soil and groundwater remedies;
- Field investigations of the HG and UFA;
- Source delineation study for former source areas;
- Data summary report for soil and sediment; and
- Surficial Aquifer well redevelopment and sampling.

Site soil and groundwater have been sampled to characterize the nature and extent of Site-related contamination. Over 350 soil borings and 1,000 soil samples have been collected and analyzed across the Site since 1984. Groundwater monitoring has been routinely performed since 1984. Over 150 wells have been installed (and sampled) at the Site in the three main hydrogeologic units (Surficial Aquifer, HG, and UFA) (See Figure 3). Periodic groundwater monitoring reports are prepared for the EPA.

Potential impacts to off-Site areas have been investigated and continue to be investigated west of the Site. An additional off-Site soil investigation is currently being conducted to completely delineate the extent of impact in other areas surrounding the Site. Some information and analytical data has been generated from sediment and surface water in Hogtown and Springstead Creeks to evaluate impacts to aquatic habitats and species.

The contaminants of concern (COCs) identified for soil and groundwater in the 1990 ROD include phenols (such as penta), polycyclic aromatic hydrocarbons (PAH), arsenic, and chromium. Creosote, the predominant chemical material historically used for wood treatment at the Site, consists mainly of PAHs and includes both potentially carcinogenic (pcPAH) and non-carcinogenic (ncPAH) compounds. The EPA and FDEP also required sampling and testing
for polychlorinated dibenzo-p-dioxins and polychlorinated dibenzo furans (dioxins/furans) in soils. Based on the results of this sampling, dioxins/furans have also been identified as COCs for Site soil. Relatively low benzene, toluene, ethylbenzene, and xylenes (BTEX) concentrations also have been observed in soils and groundwater under the four identified source areas.

**Conceptual Site Model**

A conceptual Site model (CSM) was formulated as part of the revised FS using environmental investigation data collected over the past 26 years. The CSM describes current Site conditions and how Site-related contaminants move in the environment and the potential for contaminants to reach environmental receptors. Figure 3 is a conceptual block diagram that depicts migration of contaminants in the subsurface.

**Groundwater Flow**

Hydrogeologic layers beneath the Site are illustrated on Figure 3. The layers vary in their ability to transmit groundwater (transmissivity). Zones 1, 7, and 9 are the most transmissive. Zones 3, 5, 8, and 10 are moderately transmissive. Zones 2, 4, and 6 have very low capacities to transmit water, and limit vertical flow between transmissive layers. Groundwater flow within the transmissive layers that have shown the highest COC concentrations (Zones 1 and 3) is to the north-northeast.

**Source Areas**

The origin of contaminants at the Site is linked directly to facility operations and historical waste management methods. Releases occurred when wood-treatment chemicals dripped onto the soil or were deposited in unlined lagoons. Site investigations have identified four main contaminant source areas related to former operations and facilities (the Former Process Area, the Former South Lagoon, the Former North Lagoon, and the Former Drip Track). These are labeled [a] through [d] in Figure 3, and are illustrated in Figure 2.

**Soil Contamination**

Soils above the water table contaminated with contaminants of concern (COCs) are a result of residual DNAPL in unsaturated pore space or contaminants that are adsorbed onto soil particles. Arsenic, pcPAHs (expressed as benzo(a)pyrene toxic equivalents [BaP-TEQ]), Source areas defined in these figures correspond with the areas in the Surficial Aquifer containing the greatest concentrations of contaminants associated with wood-treatment materials. The wood-treating products that remain in the environment (e.g., creosote DNAPL, free-product PCP, etc.) are defined as the principal threat waste at this Site. Based on the physical and chemical properties of DNAPL and its variable distribution throughout the various aquifer zones under the Site, it is impracticable to distinguish heavily-contaminated soil from principal threat waste. Based on this uncertainty, it is prudent to address the entire soil volume in the four Source Areas as principal threat waste. This approach will ensure that the vast majority of DNAPL and heavily-contaminated soil can be treated and isolated from the surrounding environment.

Analytical data for source area soil borings indicate that DNAPL has migrated down into the Lower HG, but the extent to which this has occurred is uncertain and difficult to determine definitively. Remedial actions proposed as a part of this Plan are intended to address DNAPL (i.e., principal threat waste) impacts, regardless of its location or source origination on the Koppers Site.

Other smaller isolated surface soil areas throughout the property show high concentrations of various contaminants that are not associated with any particular process area on the property. These minor locations of elevated contaminant concentrations are not identified as source areas, but as locations of contaminants that either migrated from source areas (i.e., by surface runoff, soil dust deposition, or other surface transport mechanism), or are isolated residuals from historic wood treating operations.
Figure 3
Conceptual Block Diagram
Cabot Carbon/Koppers Superfund Site, Gainesville, Florida
and dioxins/furans (expressed as 2,3,7,8-
tetrachlorodibenzo-p-dioxin toxic equivalents
[TCDD-TEQ]) are COCs that drive the
evaluation of human-health risk for direct soil
exposure at the Site under current Site use.

The highest arsenic concentrations were
detected in the vicinity of the Former South
Lagoon, two sample locations had average
surface soil concentrations above 1,000
milligrams per kilogram (mg/kg) for arsenic.

Elevated PAH concentrations were detected in
surface soils at all four DNAPL source areas.
Dioxins/furans were detected over a significant
portion of the Site at levels above the Florida
default commercial/industrial soil cleanup target
level (SCTL) (0.03 micrograms per kilogram
[µg/kg]).

Concentrations of pentachlorophenol in surface
soil were below the Florida default SCTL for
commercial/industrial direct exposure (28
mg/kg) over most of the Site. There were five
exceptions: three in the Former Process Area,
one at the Former Drip Track Area, and one at
the Former North Lagoon.

A multi-phase Site-boundary and off-Site soil
sampling and analysis program is presently
being conducted. Initial results from this
program show that surface soil immediately
adjacent to the western Site boundary has
elevated concentrations of PAHs, arsenic,
and/or dioxins/furans above Florida default
SCTLs for residential direct exposure. Past
transport of COCs via dust likely caused the
detections of Site COCs in off-Site surface soil
west of the Site. Further off-Site soil
caracterizations are under way to the north,
south, east, and west of the Site and will
continue after remedy selection to facilitate
expedited cleanup of off-Site residential areas.

**Off-Site Creek Contamination**

Investigative work has been done in Hogtown
and Springstead Creeks, north of the Koppers
Site. These studies were done to support
evaluation of possible impacts to ecological
habitats and species in these surface water
bodies. Since inputs to both Springstead and
Hogtown Creek are attributable to releases from
both the Koppers facility and the Cabot Carbon
facility, cleanup will be performed jointly.

**Groundwater Contamination**

Groundwater impacts have resulted from: (a)
percolation of contaminants in process water
down to the water table; (b) dissolution of
contaminants from DNAPL in the subsurface;
and (c) leaching from soils as rainwater
percolates through the unsaturated zone in areas
with high concentrations of COCs.

**Surficial Aquifer Groundwater**

The predominant PAH compound detected in
groundwater at the Site is naphthalene.
Naphthalene is used as the primary indicator
compound to represent the presence and extent
of COCs in Site groundwater due to its
prevalence and very high mobility. As part of
the effectiveness monitoring for the existing
groundwater extraction system, groundwater
quality is measured periodically at extraction
wells and monitor wells. Groundwater samples
are analyzed for benzene, toluene, ethylbenzene
and xylenes (BTEX), PAHs, phenols, arsenic,
and chromium. Several of the wells near the
source areas and near the eastern Site boundary
have naphthalene concentrations greater than
the Florida default groundwater cleanup target
level (GCTL) of 14 µg/L. In all locations where
both a water-table and deeper Surficial Aquifer
well were sampled, the water-table well had a
significantly lower naphthalene concentration.
Concentrations of some other COCs (PCP,
arsenic, benzene, carbazole, dibenzofuran) also
exceeded their default GCTLs and/or federal
maximum contaminant levels (MCLs) in certain
wells.

**Hawthorn Group Groundwater**

Naphthalene and other COCs have been
detected at monitor wells near source areas and
near the eastern property boundary at
concentrations exceeding default GCTLs.

**Upper Floridan Aquifer Groundwater**

Water quality in the UFA beneath and
immediately downgradient (in the direction of
groundwater flow) of the Site is measured on a quarterly basis.

Monitor wells within the top 30 feet of the UFA. Only one of these wells (a source-area monitoring well near the Former North Lagoon) currently has organic concentrations above state or federal drinking water standards. Naphthalene concentrations at this well have decreased substantially since July 2004.

There are 15 multiport, quadruple-cased wells quadruple-cased wells completed within the upper 100 feet of the UFA (the Upper Transmissive Zone). At two of the four source areas (Former Process Area and Former South Lagoon), inorganic and organic contaminants are consistently below state or federal drinking water standards in the UFA monitor wells. Seven organic contaminants are above state or federal drinking water standards in the UFA north of the Former North Lagoon and Former Drip Track at a few locations.

Organic COCs have never been detected in the four Lower Transmissive Zone wells at the northern property boundary.

In some sampling events, arsenic concentrations above the Florida default GCTL (10 µg/L) have been identified in groundwater collected from a few of the UFA monitor wells. These low observed concentrations likely result from dissolution of naturally occurring minerals in the UFA that occurs when oxygenated water is introduced to the formation during well drilling. This is consistent with the absence of inorganic COCs in overlying aquifers.

**Scope and Role of Proposed Remedy**

The proposed remedy is intended to be the final cleanup for the Cabot Carbon/Koppers Site. The preferred alternative identified in this Proposed Plan, or one of the other active measures considered in this plan, will protect public health, welfare, and the environment from actual or threatened releases of hazardous substances into the environment.

**Site Risk Assessment**

Risk assessments were conducted to determine the current and future effects of contaminants on human health and the environment. “What Is Risk and How Is It Calculated” provides general information on assessing risk. A human-health risk assessment (HHRA) for on-Site soils and sediment was submitted in 2009 and updated in May 2010 to take into account a change in land use and to incorporate comments received on the earlier version. The estimates of potential risk presented in the August 2009 HHRA assume that the use of the Site is for wood-treatment in the foreseeable future because wood-treatment operations have ceased, this assumption is no longer valid. The HHRA was updated to take into account a change in land use not previously contemplated under the 2009 submittal.

The 2009 HHRA includes both a deterministic (traditional) evaluation of potential risks and a more quantitative probabilistic model for potential risk evaluation. The assessment shows that pcPAHs, arsenic, and dioxins/furans are the COCs that make the largest contribution to the overall potential excess lifetime cancer risk associated with the Site. Potential exposure to pentachlorophenol makes a small contribution to the total potential excess lifetime cancer risk.

EPA has evaluated the 2009 HHRA and its accompanying revisions and has determined that the probabilistic risk assessment does not provide an adequate basis to define the required cleanup goals. Therefore, EPA will base selection of cleanup goals on a more conservative cleanup goal derived from deterministic risk calculations.

Potential ecological risks associated with sediment were also evaluated in 2009. The Agency has evaluated the 2010 ecological screening level risk assessment and its accompanying revisions and does not believe that it provides an adequate basis to select remedial goals for the Site. This is because this assessment was based on assumptions used in
What Is Risk And How Is It Calculated?

A Superfund human health risk assessment estimates the “baseline risk.” This is an estimate of the likelihood of potential health problems occurring if no cleanup action were taken at a Site. To estimate the baseline risk at a Superfund Site, EPA undertakes a four-step process:

Step 1: Analyze Contamination.
Step 2: Estimate Exposure.
Step 3: Assess Potential Health Dangers.
Step 4: Characterize Site Risk.

In Step 1, EPA looks at the concentrations of contaminants found at a Site as well as past scientific studies on the effects these contaminants have had on people (or animals, when human studies are unavailable). Comparisons between Site-specific concentrations and concentrations reported in past studies help EPA to determine which contaminants are most likely to pose a potential threat to human health.

In Step 2, EPA considers the different ways that people might be exposed to contaminants, and the potential frequency and duration of the exposure. Using the information, EPA calculates a “reasonable maximum exposure” (RME) scenario, which portrays the highest level of human exposure that could reasonably be expected to occur.

In Step 3, EPA uses the information from Step 2 combined with information on the toxicity of each chemical to assess potential health risks. EPA considers two types of risk: cancer risk and non-cancer risk. The likelihood of any kind of cancer resulting from a Superfund Site is generally expressed as an upper bound of probability; for example a “1 in 10,000 chance”. In other words, the exposed individual would have an excess cancer risk of one in 10,000 due to Site contaminants. This excess risk would be over and above the existing cancer risk for the individual. For non-cancer health effects, EPA calculates a “hazard index” (HI). The key concept here is that a “threshold level” (measured usually as a HI of less than 1) exists below which non-cancer health effects are not expected.

In Step 4, EPA determines whether Site risks are excessive for people at or near the Superfund Site. The results of the three previous steps are combined, evaluated, and summarized. EPA adds up the potential Risks for each receptor.

the screening level risk assessment that have not yet obtained acceptance by EPA and Florida DEP. Therefore, the Agency will utilize conservative default ecological endpoints in identification and selection of cleanup goals for remedial goal selection.

Remedial Action Objectives and Cleanup Levels
Remedial Action Objectives (RAOs) for the Site are based on potential migration or exposure pathways for Site COCs and applicable or relevant and appropriate requirements (ARARs) identified in the 2010 FS. The RAOs provide media-specific and action-specific requirements to protect human health and the environment. The RAOs identified for the Site include:

- Mitigate risks to potential receptors exposed to Site-related contaminants in:
  - Surface soils;
  - Groundwater in the Surficial Aquifer, Upper HG, Lower HG, and Upper Floridan Aquifer;
  - Subsurface soils;
  - Sediment; and
  - Surface water.
- Mitigate further migration of impacted groundwater.
- Restore quality of groundwater outside of source areas to beneficial use having COC concentrations no greater than Federal MCLs or Florida GCTLs.
- Reduce the mobility, volume, and toxicity of DNAPL to the extent practicable.

Cleanup goals for COCs are listed in Table 1. The selected cleanup goals are the Florida commercial/industrial SCTLs for on-Site soils/sediments and either the residential SCTLs or commercial/industrial SCTLs for off-Site soils/sediments based on the current land use. The selected goals for groundwater are the
Considerable uncertainty surrounds the derivation of clean-up goals for dioxins and furans, including the development of site-specific risk-based goals, and Florida’s default residential SCTL of 0.007 µg/kg. At present there is significant ongoing debate between and among researchers, different regulatory agencies, and the regulated community regarding the toxicity of dioxins/furans and whether meaningful human-health risks are posed by low concentrations of these contaminants, particularly with respect to concentrations in soils. Evidence of this ongoing debate can be observed in the numerous comments submitted to EPA in response to publication of the agency’s Dioxin Science Plan, the proposed interim preliminary remediation goals (PRG) for dioxins, and the draft response to the National Academy of Science’s review of the Dioxin Reassessment.

Clean-up goals for dioxins/furans used by various state regulatory agencies and EPA vary significantly and are based on different criteria. Federal MCLs or Florida GCTLs, if the latter are more stringent. In addition, Florida leachability criteria for soil are relevant and appropriate for protection of groundwater.

The Table 1 – Cleanup Goals for COCs contains the following information:

### Groundwater (µg/L)
- Listed compounds exceed the federal MCL and/or Florida Default GCTL (based on values in effect on the date that the Proposed Plan was issued).

### On-Site Soil (0-2 feet bls)/Sediment (mg/kg)
- Florida default SCTLs for commercial/industrial land use and Florida default residential land-use.

### Off-Site Soil/Sediment (mg/kg)
- Florida default SCTLs for commercial/industrial land use (depends on specific land-use of off-Site location).
over several orders of magnitude, with Florida’s default SCTL being at the low end of the range. Florida’s SCTLs will be used as the cleanup goal for dioxin-contaminated soil at the Site.

**Remedial Alternatives**

Remedial alternatives were defined and evaluated separately for three major environmental media units of the Site (on-Site media [excluding UFA groundwater], off-Site surface soil, and UFA groundwater). The final Site remedial alternative will consist of a set of three remedies: one for the on-Site media, one for the UFA, and one for the off-Site surface soil unit.

As part of the remedial design process which follows remedy selection, additional characterization of Site aquifers will be conducted to address remaining uncertainties related to DNAPL migration and, more importantly, refine its vertical and horizontal boundaries for effective remedy implementation. Off-Site soil characterization continues to the north, south, east, and west of the Site to completely delineate Site-related impacts and to expedite cleanup of off-Site areas. During the remedial design, an ambient air monitoring network will be installed at the Site. Since the Koppers Facility closure, Beazer East has begun interim measures to reduce dust including planting of vegetation over former operation areas. As part of Site building demolition activities, Beazer East is implementing dust control of continuous water application to suppress dust.

The following alternatives, developed and documented in the 2010 FS, must meet the threshold statutory requirements of protection of human health and the environment to address chemical-specific, location-specific, and action-specific Applicable or Relevant and Appropriate Requirements (ARARs).

**On-Site Remedies**

The on-Site remedial alternatives focus primarily on addressing impacted groundwater and sources of contaminants in the surface soil, Surficial Aquifer and Upper Hawthorn zones. Contaminant sources include residual DNAPL or contaminants adsorbed to soil particles.

**Remedy Components Common to Multiple On-Site Alternatives**

Many of the on-Site remedial alternatives contain remedy components that are common to multiple alternatives. A description of the common components is provided below.

- **Surface grading and covers** - This remedial component consists of re-grading much of the Site and using one or more types of surface covers to prevent potential direct exposure to surface soils. The covers will be designed to be impermeable where leachability and/or infiltration are a concern. The final surface cover design will be consistent with the expected future land use of the property.

- **Storm water rerouting and detention** – This remedy component will be implemented in concert with the designed surface grading and covers. Storm water controls will consist of: (a) grading and contouring the Site to direct runoff toward collection points; (b) installation of one or more detention/retention ponds; and (c) possible replacement of the existing Site storm water ditch with another ditch or with an engineered conveyance such as an underground concrete pipe (culvert).

- **Soil consolidation area with low-permeability cap/cover** - This remedy component consists of placing select soils in a designated on-Site consolidation area within the area encircled by a subsurface barrier wall. The soil placed within the consolidation area includes surface soil that is removed during Site grading and soil that is derived from construction of other remedy components. A low-permeability cap/cover will be constructed over the consolidation
area beneath the designed final surface cover.

- **On-Site ex-situ soil treatment** - This remedy component includes on-Site treatment of soils from source area excavation and/or resulting from ex-situ solidification/stabilization implementation. It is assumed that soil will be treated by solidification/stabilization, although other treatment options (e.g., chemical oxidation, thermal treatment, biological treatment) may be evaluated during final design.

- **Barrier wall** - This remedy component consists of installing a cement/bentonite slurry wall to encircle all four primary source areas. The slurry wall will be approximately 5,000 feet in length and will extend vertically from land surface to the top of the HG middle clay, approximately 65 feet deep. Other types of vertical barriers (e.g., sheet pile, in-situ solidified soil columns, or injected grout) may be considered during final design based on geotechnical testing.

- **Surficial Aquifer hydraulic containment and groundwater monitoring** - This remedy component consists of operating the existing hydraulic containment system including the perimeter wells and the horizontal groundwater collection drains at the base of the Surficial Aquifer near the four source areas. Periodic adjustments to operations will be made as necessary to optimize containment and treatment reliability.

- **In-situ solidification/stabilization (ISS/S) of source areas** – This remedy component consists of applying additives, such as cement, lime, fly ash, or polymers, to bind with the soil particles to reduce the mobility of the contaminants. S/S agents can be applied in-situ with auger drilling/mixing equipment. Inclusion of ISS/S as a remedy component includes one or more pilot studies with performance criteria to provide an effective mix design.

- **In-situ biogeochemical stabilization (ISBS) of source areas** – This remedy component consists of injecting a buffered solution of sodium permanganate and catalysts into the target zone in order to: (1) chemically oxidize organic COCs; (2) form a geochemical solid through the action of the reagent and the organic COCs; and (3) reduce the flux of COCs from residual DNAPL into the aqueous phase by reducing aquifer transmissivity. Inclusion of ISBS as a remedy component includes one or more pilot studies with performance criteria designed to demonstrate and optimize effectiveness as a remedy component. If this technology does not meet its designated performance criteria, ISS/S would be implemented instead.

- **Manual DNAPL recovery** - This remedy component involves continuation of the current program of bi-weekly DNAPL bailing from Upper Hawthorn monitor wells HG-11S, HG-15S, HG-12S, HG-10S, and HG-16S. This activity will continue as long as DNAPL is recoverable in these wells.

- **Chemical Oxidation (ChemOx)/ISBS using existing HG wells** - This remedy component involves use of existing HG monitor wells as treatment-injection points for either ChemOx or ISBS based on contaminant concentrations and pilot study results.

- **HG groundwater monitoring** - This remedy component includes monitoring of Upper Hawthorn and Lower Hawthorn groundwater using existing and new wells. The monitoring will be used to demonstrate remedy performance and provide sentinel monitoring locations for contingent actions.

- **Contingent actions in the HG** - This remedy component includes contingent remedial actions for groundwater in the HG if monitoring results indicate that contaminant concentrations are either above GCTLs and increasing (at sentinel wells where Site contaminants have been detected) or begin to be detected above GCTLs at previously clean sentinel wells. The expected contingent action for organic contaminants is ChemOx using a permanganate solution.
ChemOx is used to chemically transform organic COCs into non-toxic or immobile substances.

- **Monitored natural attenuation (MNA)** - This remedy component relies on naturally occurring geophysical and geochemical processes that act on COCs to make them less toxic/hazardous or less mobile. Monitoring results are used to demonstrate that these processes are occurring in the subsurface at the Site. Inclusion of MNA as a remedy component requires that additional evaluation will be performed to demonstrate active natural attenuation. This evaluation will be coordinated with any other groundwater remedy components (e.g., hydraulic containment) to distinguish the effects of MNA from other groundwater remedy technologies.

- **Institutional controls** - This on-Site remedy component consists of deed restrictions and other administrative actions to limit and control potential exposure to media with elevated contaminant concentrations and to ensure the effectiveness of engineering controls.

**OnR-1: No Action**

*Total Net Present Value: $ minimal*
*Estimated Construction Timeframe: None*
*Estimated Time to Achieve RAOs: > 100 years*
*ARARs: Does not attain.*

Regulations governing the Superfund program require the “No Action” alternative to be considered. The No Action alternative is used as a baseline to compare with other alternatives. Under the No Action alternative, all active and Manual Site activities, including groundwater extraction, DNAPL collection and groundwater monitoring, would cease. Furthermore, there would be no deed restrictions or Site security controls to prevent use of Site groundwater, limit exposures to Site soil, or restrict certain kinds of future development. This alternative is retained as a basis for comparison of risk reduction using remediation technologies and does not meet the threshold criteria necessary for a viable alternative.

**OnR-2: Continue Current Actions with Surface Grading/Covers**

*Estimated Capital Cost: $6.2M*
*Approximate Annual OM&M: $ 300,000*
*Total Net Present Value: $ 11.1M*
*Estimated Construction Timeframe: < 1 year*
*Estimated Time to Achieve RAOs: many years*
*ARARs: action-specific and location-specific ARARs are met with this alternative. The remedy may not attain all chemical-specific ARARs within a reasonable time.*

This alternative includes continuing the current interim remedial measures: Surficial Aquifer groundwater extraction/treatment, groundwater monitoring and Manual DNAPL recovery. The remedy also includes regrading and covering most of the Site. As a contingency action, ChemOx would be injected if necessary to remediate groundwater impacted principal threat materials in the HG. MNA and institutional controls are also part of this alternative.

This alternative includes the following primary components:

- Grading of Site soil and installation of soil covers and storm water controls;
- Continued operation of the Surficial Aquifer extraction and treatment system;
- Expansion of the Surficial Aquifer and HG monitoring network for: (1) establishment of monitoring points; (2) demonstration of active natural attenuation processes; and (3) establishment of trigger locations for contingency measures;
- Continuation of Manual DNAPL recovery in the Upper Hawthorn; and
- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water, or groundwater.
OnR-3A: Removal – Surficial Aquifer Excavation

Estimated Capital Cost: $64.1M
Approximate Annual OM&M: $165,000
Total Net Present Value: $67.8M
Estimated Construction Timeframe: 2 years
Estimated Time to Achieve RAOs: several years
ARARs: Chemical-specific, action-specific and location-specific ARARs are all met with this alternative

This alternative includes excavating the Surficial Aquifer material in the four source areas (to approximately 25 feet below surface), treating the excavated soil by ex-situ solidification/stabilization, returning most of this material to the excavations, and incorporating excess solidified material into covers for the excavated areas. Vertical retaining/barrier walls will be installed to the top of the middle clay unit of the HG to provide shoring for the excavations and to contain groundwater impacts in the Upper Hawthorn. ChemOx or ISBS (catalyzed sodium permanganate) treatment will be applied at existing Upper and Lower HG wells in source areas. As a contingency, ChemOx will be injected if necessary to remediate potential groundwater impacts in the HG. The ChemOx and ISBS components of this remedy will be implemented only if treatability studies demonstrate successful contaminant treatment and containment.

OnR-3B: Removal – Excavation to Middle Clay

Estimated Capital Cost: $190M
Approximate Annual OM&M: $165,000
Total Net Present Value: $193.7M
Estimated Construction Timeframe: 3.5 years
Estimated Time to Achieve RAOs: several years
ARARs: Chemical-specific, action-specific and location-specific ARARs are all met with this alternative

This alternative includes excavating the Surficial Aquifer material in the four source areas and in the Upper HG above the middle clay unit (approximately 65 feet below surface), treating the excavated soil by ex-situ solidification/stabilization, returning most of this material to the excavations, and incorporating excess solidified material into covers for the excavated areas. ChemOx or ISBS treatment will be applied at existing Lower HG wells in source areas. As a contingency, ChemOx will be injected if...
necessary to remediate groundwater impacts in the HG.

This alternative includes the following components:
- Excavation of source areas to the HG middle clay with 2:1 side-slopes and vertical shoring where necessary;
- On-Site treatment of excavated soil (solidification/stabilization or alternate material management options);
- Return of treated soil to the excavated areas with use of excess treated soil as a base layer in cover design;
- Surface grading and covering for most of the Site with installation of storm water controls;
- Continued operation of the Surficial Aquifer extraction and treatment system for a period of time, then shutdown of this system (source area horizontal collection drains are abandoned);
- ChemOx or ISBS treatment applied at existing Lower HG wells in source areas (based on performance during pilot tests or treatability studies);
- Expansion of the Surficial Aquifer and HG monitoring network for: (1) establishment of sentinel locations; (2) demonstration of active natural attenuation processes, and; (3) establishment of trigger locations for contingency measures; and
- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.

**OnR-4A: In-Situ Treatment – Solidification/Stabilization to Middle Clay**

*Estimated Capital Cost: $72.5M*

*Approximate Annual OM&M: $165,000*

*Total Net Present Value: $78.9M*

*Estimated Construction Timeframe: 3 years*

*Estimated Time to Achieve RAOS: several years*

*ARARs: Chemical-specific, action-specific and location-specific ARARs met with this alternative.*

This alternative includes in-situ solidification/stabilization (ISS/S) of impacted soil from the ground surface to the top of the middle clay unit of the HG (approximately 65 feet below ground surface) in the four source areas. Excess soil will be treated by ex-situ solidification/stabilization and used as a base layer for surface covers. ChemOx or ISBS treatment will be applied at existing Lower HG wells in source areas. As a contingency, ChemOx will be injected if necessary to remediate groundwater impacts in the HG.

This alternative includes the following components:
- ISS/S to the middle clay unit of the HG in the four source areas;
- ChemOx or ISBS treatment applied at existing Lower HG wells in source areas (based on performance during pilot tests or treatability studies);
- Ex-situ S/S of excess soil for use as a base layer in cover design;
- Surface grading and covering for most of the Site with installation of storm water controls;
- Continued operation of the Surficial Aquifer extraction and treatment system until such time as cleanup goals are consistently and continually met, then shutdown of this system;
- Expansion of the Surficial Aquifer and HG monitoring network for: (1) establishment of sentinel locations, (2) demonstration of active natural attenuation processes; and (3) establishment of trigger locations for contingency measures; and
- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.

**OnR-4B: In-Situ Treatment - Solidification/Stabilization and Biogeochemical Stabilization**

*Estimated Capital Cost: $38.1M*

*Approximate Annual OM&M: $165,000*

*Total Net Present Value: $41.8M*
Estimated Construction Timeframe: 2.5 years
Estimated Time to Achieve RAOs: several years
ARARs: chemical-specific, action-specific and
location-specific ARARs met with this alternative.

This alternative includes ISS/S of impacted soil from ground surface to the top of the upper clay unit of the HG (approximately 25 feet below ground surface) in the four source areas. Excess soil will be treated by ex-situ solidification/stabilization and used as a base layer for surface covers. ISBS will be injected in Upper HG in source areas. ChemOx or ISBS treatment will be applied at existing Lower HG wells in source areas. As a contingency, ChemOx will be injected if necessary to remediate groundwater impacts in the HG. This remedy is similar to remedy OnR-4A except that ISBS replaces ISS/S in the Upper Hawthorn.

This alternative includes the following components:
- ISS/S to the upper clay unit of the HG in the four source areas;
- ISBS in the Upper HG below the ISS/S treatment zones (subject to acceptable performance during pilot tests or treatability studies);
- ChemOx or ISBS treatment applied at existing Lower HG wells in source areas (based on performance during pilot tests or treatability studies);
- Ex-situ S/S of excess soil for use as a base layer in cover design;
- Surface grading and covering for most of the Site with installation of storm water controls;
- Continued operation of the Surficial Aquifer extraction and treatment system until such time as cleanup goals are consistently and continually met, then shutdown of this system;
- Expansion of the Surficial Aquifer and HG monitoring network for: (1) establishment of sentinel locations, (2) demonstration of active natural attenuation processes; and (3) establishment of trigger locations for contingency measures; and
- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.

OnR-5A: Containment/Treatment – Barrier Wall

Estimated Capital Cost: $12.8M
Approximate Annual OM&M: $181,000
Total Net Present Value: $16.0M
Estimated Construction Timeframe: 1 year
Estimated Time to Achieve RAOs: several years
ARARs: chemical-specific, action-specific and
location-specific ARARs met with this alternative.

This alternative is a combination of containment and treatment remedies and includes installing a barrier wall around the DNAPL source areas to the top of the middle clay unit of the HG. Soil removed during the slurry wall installation will be used as fill in the soil consolidation area. ChemOx or ISBS treatment will be applied at existing Lower Hawthorn wells in source areas.

The barrier wall will limit groundwater inflow to, and outflow from, DNAPL-impacted areas. A capped soil-consolidation area will be established inside the barrier-wall for soil excavated during on- or off-Site remedy construction and/or regrading. Outside the barrier wall, surface regrading and covers will eliminate potential exposure to soil with contaminant concentrations exceeding cleanup goals. Manual DNAPL recovery will continue at five source area wells in the Upper Hawthorn and operation of a modified version of the Surficial Aquifer groundwater extraction system will continue until it is no longer needed.

This alternative includes the following components:
- A single encircling vertical barrier wall around all four source areas to the HG middle clay;
- ChemOx or ISBS treatment applied at existing Lower HG wells in source areas (based on performance during pilot tests or treatability studies);
- Establishment of a capped soil-consolidation area;
- Surface grading and covering for most of the Site with installation of storm water controls;
- Continued operation of the northern perimeter wells of the Surficial Aquifer extraction and treatment system until such time as cleanup goals are consistently and continually met, then shutdown of these wells;
- Continued operation of the horizontal collection drains of the Surficial Aquifer extraction and treatment system as needed for hydraulic control;
- Expansion of the Surficial Aquifer and HG monitoring network to: (1) establish sentinel locations; (2) demonstrate active natural attenuation, and (3) establish trigger locations for contingency measures;
- Continued Manual DNAPL recovery at wells HG-16S, HG-10S, HG-12S, HG-15S, and HG-11S; and
- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.

**OnR-5B: Containment/Treatment –Barrier Wall plus In Situ Biogeochemical Stabilization in the Upper Hawthorn**

*Estimated Capital Cost:* $18.0M  
*Approximate Annual OM&M:* $165,000  
*Total Net Present Value:* $20.9M  
*Estimated Construction Timeframe:* 16 months  
*Estimated Time to Achieve RAOs:* several years  
*ARAR: chemical-specific, action-specific and location-specific ARARs met with this alternative.*

This alternative includes the following components:
- A single encircling vertical barrier wall around all four source areas to the HG middle clay;
- Establishment of a capped soil-consolidation area;
- ISBS in the Upper HG at each source area (subject to acceptable performance during pilot tests or treatability studies);
- ChemOx or ISBS treatment applied at existing Lower HG wells in source areas (based on acceptable performance during pilot tests or treatability studies);
- Surface grading and covering for most of the Site with installation of storm water controls;
- Continued operation of the northern perimeter wells of the Surficial Aquifer extraction and treatment system until such time as cleanup goals are consistently and continually met, then shutdown of these wells;
- Continued operation of the horizontal collection drains of the Surficial Aquifer extraction and treatment system as needed for hydraulic control;

Excess soil will be used as fill in the soil consolidation area. ChemOx or ISBS treatment will be applied at existing Lower HG wells in source areas. As a contingency, ChemOx will be injected if necessary to remediate groundwater impacts in the HG. The barrier wall will limit groundwater inflow to (and outflow from) DNAPL-impacted areas. A capped soil-consolidation area will be established inside the barrier-wall for excavated soil. Outside the barrier wall, surface regrading and covers will eliminate potential exposure to soil above cleanup goals. ISBS injections will be placed into the Upper HG (subject to acceptable performance during pilot tests or treatability studies) to treat DNAPL and reduce COC mobility. Operation of a modified version of the Surficial Aquifer groundwater extraction system will continue until it is no longer needed.
extraction and treatment system as needed for hydraulic control;

- Expansion of the Surficial Aquifer and HG monitoring network for (1) establishment of sentinel locations, (2) demonstration of active natural attenuation, and (3) establishment of trigger locations for contingency measures;

- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.

**OnR-5C: Containment/Treatment – Barrier Wall plus In Situ Biogeochemical Stabilization in the Surficial Aquifer**

*Capital Cost and Contingency: $18.1M*

*Annual O&M: $181,000*

*Total Present Worth: $21.3M*

*Estimated Construction Timeframe: 16 months*

*Estimated Time to Achieve RAOs: several years*

*ARARs: chemical-specific, action-specific and location-specific ARARs met with this alternative.*

This alternative is a combination of containment and treatment remedies and includes installing a barrier wall around the DNAPL source areas to the top of the middle clay unit of the HG and ISBS treatment of the Surficial Aquifer in source areas. The excess soil will be used as fill in the soil consolidation area. ChemOx or ISBS treatment will be applied at existing Lower HG wells in source areas. As a contingency, ChemOx will be injected if necessary to remediate groundwater impacts in the HG.

The barrier wall will limit groundwater inflow to, and outflow from, DNAPL-impacted areas. A capped soil-consolidation area will be established inside the barrier-wall extents for excavated soil. Outside the barrier wall, surface regrading and covers will eliminate potential exposure to soil with contaminant concentrations above cleanup goals. ISBS injections will be placed into the Surficial Aquifer (based on acceptable performance during pilot tests or treatability studies) to treat DNAPL and reduce COC mobility. Operation of a modified version of the Surficial Aquifer groundwater extraction system will continue until it is no longer needed. Note that the only difference between Alternatives OnR-5B and OnR-5C is the depth of the ISBS treatment. This alternative includes the following components:

- A single encircling vertical barrier wall around all four source areas to the HG middle clay;
- Establishment of a capped soil-consolidation area;
- ISBS in the Surficial Aquifer at each source area (subject to acceptable performance during pilot tests or treatability studies);
- ChemOx or ISBS treatment applied at existing Lower HG wells in source areas (based on acceptable performance during pilot tests or treatability studies);
- Surface grading and covering for most of the Site with installation of storm water controls;
- Continued operation of the northern perimeter wells of the Surficial Aquifer extraction and treatment system until such time as cleanup goals are consistently and continually met, then shutdown of these wells;
- Continued operation of the horizontal collection drains of the Surficial Aquifer extraction and treatment system as needed for hydraulic control;
- Expansion of the Surficial Aquifer and HG monitoring network for: (1) establishment of sentinel locations; (2) demonstration of active natural attenuation processes; and (3) establishment of trigger locations for contingency measures;
- Continued Manual DNAPL recovery at wells HG-16S, HG-10S, HG-12S, HG-15S, and HG-11S; and
- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.
OnR-5D: Containment/Treatment – Barrier Wall plus In Situ Solidification/ Stabilization in the Surficial Aquifer

Capital Cost and Contingency: $ 35.7M
Annual O&M: $ 165,000
Total Present Worth: $ 38.7M
Estimated Construction Timeframe: 2.5 years
Estimated Time to Achieve RAOs: several years
ARARs: chemical-specific, action-specific and location-specific ARARs met with this alternative.

This alternative is a combination of containment and treatment technologies and includes installing a barrier wall around the DNAPL source areas to the top of the middle clay unit of the HG and ISS/S treatment of the Surficial Aquifer. Excess soil will be used as fill in the soil consolidation area. ChemOx or ISBS treatment will be applied at existing Upper and Lower HG wells in source areas. As a contingency, ChemOx will be injected if necessary to remediate groundwater impacts in the HG.

The barrier wall will limit groundwater inflow to, and outflow from, DNAPL-impacted areas. A capped soil-consolidation area will be established inside the barrier-wall extents for excavated soil and excess soil from ISS/S implementation. Outside the barrier wall, surface regrading and covering will eliminate potential exposure to soil with contaminant concentrations that result in estimated potential risks that exceed applicable risk limits. ISS/S mixing will take place in the Surficial Aquifer to treat DNAPL and reduce COC mobility. Operation of a modified version of the Surficial Aquifer groundwater extraction system will continue until it is no longer needed.

This alternative includes the following components:
- A single encircling vertical barrier wall around all four source areas to the HG middle clay;
- ISS/S to the upper clay unit of the HG in the four source areas;
- ChemOx or ISBS treatment applied at existing Upper and Lower HG wells in source areas;
- Establishment of a capped soil-consolidation area;
- Surface grading and covering for most of the Site with installation of storm water controls;
- Continued operation of the northern perimeter wells of the Surficial Aquifer extraction and treatment system until such time as cleanup goals are consistently and continually met, then shutdown of these wells;
- Continued operation of the horizontal collection drains of the Surficial Aquifer extraction and treatment system as needed for hydraulic control;
- Expansion of the Surficial Aquifer and HG monitoring network for: (1) establishment of sentinel locations.;(2) demonstration of active natural attenuation processes; and (3) establishment of trigger locations for contingency measures; and
- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.

OnR-5E: Containment/Treatment – Barrier Wall plus In Situ Biogeochemical Stabilization in the Surficial Aquifer and Upper Hawthorn

Capital Cost and Contingency: $ 26.1M
Annual O&M: $ 165,000
Total Present Worth: $ 29.1M
Estimated Construction Timeframe: 2 years
Estimated Time to Achieve RAOs: several years
ARARs: chemical-specific, action-specific and location-specific ARARs met with this alternative.

This alternative is a combination of containment and treatment technologies and includes installing a barrier wall around the DNAPL source areas to the top of the middle clay unit of
the HG and ISBS treatment of the Surficial Aquifer and Upper Hawthorn in source areas. Excess soil will be used as fill in the soil consolidation area. ChemOx or ISBS treatment will be applied at existing Lower Hawthorn wells in source areas. As a contingency, ChemOx will be injected if necessary to remediate groundwater impacts in the HG.

The barrier wall will limit groundwater inflow to, and outflow from, DNAPL-impacted areas. A capped soil-consolidation area will be established inside the barrier-wall for excavated soil. Outside the barrier wall, surface regrading and covers will eliminate potential exposure to soil with contaminant concentrations above cleanup goals. ISBS injections will be placed into the Surficial Aquifer and Upper HG (subject to acceptable performance during pilot tests or treatability studies) to treat DNAPL and reduce COC mobility. Operation of a modified version of the Surficial Aquifer groundwater extraction system will continue until it is no longer needed. Note that the only difference between OnR-5E and remedies OnR-5B and OnR-5C is the depth of the ISBS treatment.

This alternative includes the following components:

- A single encircling vertical barrier wall around all four source areas to the HG middle clay;
- Establishment of a capped soil-consolidation area;
- ISBS in the Surficial Aquifer and Upper Hawthorn at each source area (based on performance during pilot tests or treatability studies);
- ChemOx or ISBS treatment applied at existing Lower Hawthorn wells in source areas (based on acceptable performance during pilot tests or treatability studies);
- Surface grading and covering for most of the Site with installation of storm water controls;
- Continued operation of the northern perimeter wells of the Surficial Aquifer extraction and treatment system until such time as cleanup goals are consistently and continually met, then shutdown of these wells;
- Continued operation of the horizontal collection drains of the Surficial Aquifer extraction and treatment system as needed for hydraulic control;
- Expansion of the Surficial Aquifer and HG monitoring network for: (1) establishment of sentinel locations; (2) demonstration of active natural attenuation processes; and (3) establishment of trigger locations for contingency measures;
- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.

**OnR-5F: Containment/Treatment – Barrier Wall plus In Situ Solidification/Stabilization in the Surficial Aquifer and Upper Hawthorn**

*Capital Cost and Contingency: $ 71.8M*

*Annual O&M: $ 165,000*

*Total Present Worth: $ 74.8M*

*Estimated Construction Timeframe: 3 years*

*Estimated Time to Achieve RAOs: several years*

*ARARs: chemical-specific, action-specific and location-specific ARARs met with this alternative.*

This alternative is a combination of containment and treatment technologies and includes installing a barrier wall around the DNAPL source areas to the top of the middle clay unit of the HG and ISS/S treatment of the Surficial Aquifer and Upper Hawthorn. Excess soil will be used as fill in the soil consolidation area. ChemOx or ISBS treatment will be applied at existing Lower Hawthorn wells in source areas. As a contingency, ChemOx will be injected if necessary to remediate groundwater impacts in the HG.

The barrier wall will limit groundwater inflow to, and outflow from, DNAPL-impacted areas. A capped soil-consolidation area will be established inside the barrier-wall for excavated
soil and excess soil from ISS/S implementation. Outside the barrier wall, surface regrading and covers will eliminate potential exposure to soil with contaminant concentrations above cleanup goals. ISS/S mixing will take place in the Surficial Aquifer and Upper HG to treat DNAPL and reduce COC mobility. Operation of a modified version of the Surficial Aquifer groundwater extraction system will continue until it is no longer needed.

This alternative includes the following components:

- A single encircling vertical barrier wall around all four source areas to the HG middle clay;
- ISS/S to the middle clay unit of the HG in the four source areas;
- ChemOx or ISBS treatment applied at existing Lower Hawthorn wells in source areas (based on performance during pilot tests or treatability studies);
- Establishment of a capped soil-consolidation area;
- Surface grading and covering for most of the Site with installation of storm water controls;
- Continued operation of the northern perimeter wells of the Surficial Aquifer extraction and treatment system until such time as cleanup goals are consistently and continually met, then shutdown of these wells;
- Continued operation of the horizontal collection drains of the Surficial Aquifer extraction and treatment system as needed for hydraulic control;
- Expansion of the Surficial Aquifer and HG monitoring network for: (1) establishment of sentinel locations; (2) demonstration of active natural attenuation processes; and (3) establishment of trigger locations for contingency measures; and
- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.

OnR-5G: Containment/Treatment – Barrier Wall plus In Situ Solidification/Stabilization in the Surficial Aquifer and In Situ Biogeochemical Stabilization in the Upper Hawthorn

Capital Cost and Contingency: $ 40.7M
Annual O&M: $ 165,000
Total Present Worth: $ 43.6M
Estimated Construction Timeframe: 3 years
Estimated Time to Achieve RAOs: several years
ARARs: chemical-specific, action-specific and location-specific ARARs met with this alternative.

This alternative is a combination of containment and treatment technologies and includes installing a barrier wall around the DNAPL source areas to the top of the middle clay unit of the HG, ISS/S treatment of the Surficial Aquifer, and ISBS treatment of the Upper Hawthorn. Excess soil will be used as fill in the soil consolidation area. ChemOx or ISBS treatment will be applied at existing Lower Hawthorn wells in source areas. As a contingency, ChemOx will be injected if necessary to remediate groundwater impacts in the HG.

The barrier wall will limit groundwater inflow to, and outflow from, DNAPL-impacted areas. A capped soil-consolidation area will be established inside the barrier-wall extents for excavated soil and excess soil from ISS/S implementation. Outside the barrier wall, surface regrading and covers will eliminate potential exposure to soil with contaminant concentrations that result in estimated potential risks that exceed applicable risk limits. ISS/S mixing will take place in the Surficial Aquifer to treat DNAPL and reduce COC mobility. ISBS injections will be placed into the Upper HG (subject to acceptable performance during pilot tests or treatability studies) in source areas to treat mass in that unit and create a barrier to vertical flow. The combination of ISS/S and ISBS is similar to alternative OnR-4B.
Operation of a modified version of the Surficial Aquifer groundwater extraction system will continue until it is no longer needed.

This alternative includes the following components:

- A single encircling vertical barrier wall around all four source areas to the HG middle clay;
- ISS/S to the upper clay unit of the HG in the four source areas;
- ISBS in the Upper HG in the four source areas (below the treated ISS/S soil) (subject to acceptable performance during pilot tests or treatability studies);
- ChemOx or ISBS treatment applied at existing Lower HG wells in source areas (subject to acceptable performance during pilot tests or treatability studies);
- Establishment of a capped soil-consolidation area;
- Surface grading and covering for most of the Site with installation of storm water controls;
- Continued operation of the northern perimeter wells of the Surficial Aquifer extraction and treatment system for a period of time, then shutdown of these wells;
- Continued operation of the horizontal collection drains of the Surficial Aquifer extraction and treatment system as needed for hydraulic control;
- Expansion of the Surficial Aquifer and HG monitoring network for (1) establishment of sentinel locations, (2) demonstration of active natural attenuation processes, and (3) establishment of trigger locations for contingency measures; and
- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.

**Upper Floridan Aquifer Remedies**

The potential risk associated with impacted UFA groundwater is addressed by disrupting the linkage between contaminant, transport pathway, and receptor. Removing any one of the three elements eliminates the potential exposure pathway and achieves the goal of mitigating the environmental hazard. The other goal required by CERCLA is restoration of the resource to the maximum extent practicable within a reasonable timeframe. Two viable approaches meet these goals:

- Treating UFA groundwater in-situ or ex-situ.
- Removing the groundwater migration pathway. Currently, the potential migration pathways from the Surficial Aquifer to the UFA are not known definitively.

The most viable strategy for addressing the UFA groundwater impacts is in-situ treatment (including natural attenuation processes) or ex-situ treatment of groundwater with elevated levels of contaminants.

Sentinel wells will be established in the UFA to ensure that groundwater concentrations do not exceed Federal drinking-water standards at points outside of areas where waste is managed in place (e.g. outside the vertical barrier containment zone).

**UFA-1: No Action**

*Total Net Present Value: $ minimal*

*Estimated Construction Timeframe: None*

*Estimated Time to Achieve RAOs: > 100 years*

*ARARs: None.*

Regulations governing the Superfund program generally require the “No Action” alternative be considered. The No Action alternative is used as a baseline to compare other alternatives. Under the No Action alternative, the existing groundwater monitoring in the UFA would cease. There would be no restrictions on groundwater use, and no monitoring would be performed to evaluate whether contaminant concentrations above the cleanup goals were migrating beyond the containment area. This alternative is retained as a basis for comparison.
of risk reduction using remediation technologies.

**UFA-2: Hydraulic Containment supplemented by Institutional Controls and Monitored Natural Attenuation**

*Annual O&M: $100,000*

*Total Present Worth: $1.5M*

*Estimated Construction Timeframe: < 1 year*

*Estimated Time to Achieve RAOs: many years*

*ARARs: chemical-specific, action-specific and location-specific ARARs met with this alternative.*

This remedy consists of a combination of two technologies: (1) targeted groundwater extraction for groundwater containing higher and more persistent contaminant concentrations; and (2) institutional controls and natural attenuation (for relatively low and isolated concentrations exceeding GCTLs or the MCL [benzene only]). Furthermore, if contaminant concentrations in UFA groundwater reach pertinent action levels, additional in situ remedy actions will be initiated.

This alternative includes the following components:

- Continuation of quarterly collection of groundwater samples from monitor wells, and analysis of samples for Site-related organic contaminants;
- Continuation/expansion of the UFA groundwater extraction/ex-situ treatment system, initially using existing wells FW-6 and FW-21B, along with the recently-installed extraction well FW-31BE (near FW-22B);
- As needed, installation of additional high capacity groundwater extraction wells for inclusion in the UFA groundwater extraction/ex-situ treatment system to establish/maintain containment; and
- Institutional controls to prevent UFA groundwater extraction for potable use at the Site or anywhere where cleanup goals for Site-related contaminants are exceeded.

- Evaluation and demonstration of natural attenuation processes occurring in the UF aquifer, in support of active remedial action.
- Additional in situ remedial actions if the primary remedy components (i.e., hydraulic containment, institutional controls, and supplemental MNA) do not adequately address contamination in the UF aquifer.

**Off-Site Remedies**

Off-Site Soils posing an unacceptable risk will be addressed by removing potentially complete exposure pathways. Removing one of the links in the exposure pathway chain mitigates the environmental hazard. To achieve the remedial action objectives, any of the following could be done to disrupt the potential exposure pathway:

1. Treating contaminants in surface soil in-situ or ex-situ.
2. Covering impacted soil in place with an engineered cover or preventing activities that may result in exposure through an engineered control, such as a fence.
3. Change land use to prevent contact with impacted soil.

All of these possible strategies are potentially practical approaches for certain off-Site areas, depending on land use, property-owner preferences, and estimated potential risks. Land use surrounding the Site consists of both residential and commercial properties. Florida risk-based corrective action (RBCA) standards allow for a combination of approaches for eliminating potential exposures to contaminants in off-Site soils.

The total area and volume of off-Site surface soil requiring remediation is still being determined through ongoing sampling. Therefore, the descriptions of off-Site remedies are conceptual in nature, allowing flexibility in the actual extent of properties to be remediated.

For areas identified requiring remediation, each affected private property owner will be
contacted by the PRP to discuss the best approaches to address the soil impacts on their private property.

**OfR-1: No Action**

*Total Net Present Value: $ minimal*

*Estimated Construction Timeframe: None*

*Estimated Time to Achieve RAOs: > 100 years*

*ARAR: None.*

Regulations governing the Superfund program generally require the “No Action” alternative be considered. The No Action alternative is used as a baseline to compare other alternatives. Under the No Action alternative, there would be no restrictions on land-use in the residential area west of the facility, and no actions would be implemented to mitigate contaminant concentrations in the soil. This alternative is included as a baseline to evaluate other alternatives. Since the alternative does not address the risks posed by the soil, it is not a viable option.

**OfR-2: Remove Impacted Soil**

*Cost and Timeframe: Since soil volume and the specific approach chosen by property owners are unknown at this time, cost and remediation timeframe for this alternative are unknown. This portion of the overall Site remedy is being expedited.*

*ARARs: chemical-specific and location-specific ARARs are met with this alternative.*

This remedy consists of excavating the surface soil in areas surrounding the Site determined to exceed Florida’s allowable risk limit or the default SCTLs and replacement with clean fill; and revegetation.

Excavated soil may be addressed in one of three ways: (1) excavated soil may be transported off-Site to a permitted disposal facility; (2) excavated soil may be consolidated with on-Site soil and covered under the engineered cover within the facility property; and (3) excavated soil may be used as raw material for constructing the on-Site engineered surface cap.

**OfR-3: Institutional and Engineering Controls**

*Cost and Timeframe: Since soil volume and the specific approach chosen by property owners are unknown at this time, cost and remediation timeframe for this alternative are unknown. This portion of the overall Site remedy is being expedited.*

*ARARs: chemical-specific, action-specific, and location-specific ARARs are met with this alternative.*

This remedy includes administrative and/or engineering actions intended to prevent exposure to impacted soil. Both institutional and engineering controls would be applied in a way that reduces or eliminates exposure to surface soil in the affected area.

The components of this remedy are (1) institutional controls designed to prevent people from using or disturbing soil posing potentially unacceptable risk and (2) engineering controls to prevent receptors from potentially contacting impacted soil.

**OfR-4: Removal, Institutional Controls, and/or Engineering Controls (Hybrid)**

*Cost and Timeframe: Since soil volume and the specific approach chosen by property owners are unknown at this time, cost and remediation timeframe for this alternative are unknown. This portion of the overall Site remedy is being expedited.*

*ARARs: chemical-specific, action-specific, and location-specific ARARs are met with this alternative.*

This remedy consists of a combination of targeted soil excavation and application of engineering and administrative controls. The distinction between soil to be excavated and soil to be addressed by institutional and engineering controls will be based on contaminant concentration(s), and parcel land use (present and future). This strategy allows maximum flexibility in applying excavation or controls to
soils that do not meet Florida’s allowable risk ($1 \times 10^{-6}$) or default SCTLs.

The components of this remedy include (1) excavation of surface soil, (2) institutional controls on properties and areas not excavated, and/or (3) engineering controls that act as physical barriers to contacting impacted soil.

**Alternative Evaluation**

Superfund’s nine criteria are used to evaluate different remediation alternatives individually and against one another in order to select a remedy. This section of the Plan profiles the relative performance of each alternative against the nine criteria, noting how it compares to other options under consideration. The nine evaluation criteria are discussed below. To be retained as a viable alternative, the two threshold criteria must be met. Alternatives were evaluated by the degree and certainty to which the criteria are met through assessment of specific objectives for each of the first four balancing criteria. Finally, the two modifying criteria of State and community acceptance are being evaluated through the public involvement of this Proposed Plan. A detailed analysis of alternatives, as well as information about the evaluation process can be found in the FS.

**On-Site Alternative Evaluation**

1 and 2. Protection of Human Health and the Environment and Compliance with Statutory Requirements

The two threshold CERCLA criteria are: Protection of Human Health and the Environment and Compliance with ARARs.

Nine of the ten on-Site alternatives are expected to meet the two threshold CERCLA criteria. Only the No-Action Alternative (Alternative SWA-1) would fail to meet these mandatory criteria. The other nine alternatives (Alternative SWA-2 through Alternative SWA-5D) are compared using four of the five primary balancing criteria: (1) long-term effectiveness; (2) implementability; (3) reduction of toxicity, mobility, or volume; and (4) short-term effectiveness. The fifth primary balancing criterion, cost, is evaluated based on cost estimates.

3. Long-Term Effectiveness

A remedial action will be effective in the long term if it results in permanent reductions of potential risk to acceptable levels. Potential risk reduction may occur by eliminating potential exposure to impacted media, preventing potential migration of COCs in groundwater, and eliminating principle threat sources (e.g. DNAPL) downward movement.

In comparing on-Site remedies for effectiveness in the long-term, the most protective alternatives combine containment and treatment components: OnR-5B, OnR-5C, OnR-5D, OnR-5E, OnR-5F, and OnR-5G. Alternatives with single remedy components such as removal, treatment, or containment are rated as less protective in the long-term: OnR-3A, OnR-3B, OnR-4A, OnR-4B, and OnR-5A. Alternative OnR-2 is protective with limitations, and the No Action alternative is not effective.

4. Implementability

Implementing remedial alternatives involves design, planning, construction or installation, and operation of the various components of remedial actions. The efficiency with which an alternative can be installed and operated affects how well an alternative achieves its level of protection (the first threshold criterion) and attains ARARs (the second threshold criterion). In some cases, implementation of the alternative could be technically difficult or impossible given Site-specific limitations.

A remedial alternative is judged to be implementable if it ranks highly for the following seven objectives:

- Constructability;
- Ease of operation and maintenance;
- Reliability of technologies;
• Ease of undertaking additional remedial actions if necessary;
• Ability to monitor remediation effectiveness;
• Ability to obtain technology-implementation approvals (e.g., confirmation that substantive permit requirements have been met) from regulatory agencies as necessary; and
• Availability of services and materials.

The most implementable alternatives are OnR-2, OnR-5A, OnR-5B, OnR-5C, and OnR-5E. These are primarily the most easily implemented alternatives because they are in-situ technologies and because ISBS is more easily implemented than ISS/S. The following in-situ alternatives are rated the next most implementable: OnR-4A, OnR-4B, OnR-5D, OnR-5F, and OnR-5G. Alternatives requiring soil removal are more challenging: OnR-3A and OnR-3B.

5. Reduce Toxicity, Mobility, or Volume
Alternatives that reduce mobility, toxicity, and volume (TMV) in some way must (a) slow the migration of contaminants by lowering concentration gradients within the media, or increase the strength of attachment to some solid substrate; (b) chemically alter the toxicity characteristics of the original contaminant or prevent receptors from being exposed to toxic doses of the contaminant; and (c) reduce the mass of contaminant(s) or the volume of environmental media associated with the contaminant(s).

Three objectives are used to evaluate each alternative with respect to reduction of TMV through treatment:
• Volume of potential source material treated or destroyed (and degree of TMV reduction);
• Irreversibility of treatment; and
• Minimization of treatment residuals posing potential risks.

Alternatives that result in removal of the largest mass of contaminated media achieve the greatest reduction in TMV. Alternative OnR-3B would result in nearly all on-Site contaminant mass being treated. A great majority of contaminated mass would be treated with alternatives OnR-4A, OnR-4B, OnR-5E, OnR-5F, and OnR-5G. A lesser volume of contaminated mass would be treated with alternatives OnR-3A, OnR-5C, and OnR-5D. Only some of the contaminant mass would be treated with OnR-5B, and minor amounts would be reduced through natural processes with OnR-2 and OnR-5A.

6. Short-Term Effectiveness
Short-term effectiveness of remedial alternatives relates to how well an alternative achieves a level of protection of human health and the environment (the first threshold criterion) and attains ARARs (the second threshold criterion) during implementation or installation of the remedial alternative.

Short-term effectiveness is evaluated by considering the following four objectives:
• Protection of the community during remediation;
• Protection of remediation workers during remediation;
• Protection against short-term environmental impacts; and
• Minimization of time to complete remedy construction.

Continuing current actions (OnR-2) with soil regarding/cover would be implemented the most quickly. Alternative OnR-5A would be effective the next most quickly and alternatives OnR-5B and OnR-5C would be effective within months. Alternatives OnR-3A, OnR-4B, OnR-5D, and OnR-5G would require a lengthy implementation time before being effective. Alternatives OnR-3B, OnR-4A, OnR-5E, and OnR-5F require the longest implementation times before they are effective.
7. Cost
Cost is an important factor; the added benefits of alternatives with higher costs should be weighed carefully to determine whether the benefits are worth the cost.

The No Action alternative is not included in this analysis because, although it represents the lowest cost alternative, it provides no protection to receptors and achieves no RAOs. The lowest cost alternative is OnR-2 (continue with current actions with soil regrading/cover). Although this alternative cost is the lowest, it is not as protective and does not treat as much contaminant mass as other alternatives. Alternately, the highest cost alternative (OnR-3B, removal to middle clay) treats nearly all of the on-Site contaminant volume and is protective, but is likely cost prohibitive. The remaining alternatives differ in cost, but costs vary more narrowly based on the number of technologies implemented, the degree of difficulty in implementation, and time to meet RAOs.

8. State/Support Agency Acceptance
The State of Florida has been closely involved in the development and evaluation of these alternatives and supports the preferred alternative.

9. Community Acceptance
Community acceptance of the preferred alternative will be evaluated after the public comment period and will be part of the Responsive Summary in the ROD Amendment for the Site.

UFA Alternative Evaluation
1 and 2. Protection of Human Health and the Environment and Compliance with Statutory Requirements
UFA-1 (the No-Action Alternative) would fail to meet these mandatory criteria; therefore it cannot be selected as a preferred remedy. Of the two UFA alternatives considered in the FS, only Alternative UFA-2, Hydraulic Containment supplemented by institutional controls and MNA, meets the two threshold CERCLA criteria. It is assumed that Alternative UFA-2 is selected as the remedial alternative for the UFA.

3. Long-Term Effectiveness
The more effective of the two UF alternatives (in the long-term) is UFA-2. It consists of hydraulic containment (to prevent expansion of the plume of dissolved contaminants) and treatment (of recovered groundwater to meet disposal requirements). Hydraulic containment and treatment will be evaluated for effectiveness and long-term institutional controls, MNA and other in situ remedial actions will be implemented to the extent necessary to meet the RAO. The No Action alternative (UFA-1) is less protective in the long-term.

4. Implementability
UFA-1 is easiest to implement because there is no remedial action involved. UFA-2 can be implemented at this site; groundwater extraction and ex situ treatment are a proven technologies. Access to the UF aquifer is restricted only by the concern of creating new migration pathways between it and contaminated aquifers above it. Institutional controls and MNA are well-established remedy components.

5. Reduce Mobility, Toxicity or Volume
Alternatives that result in removal of the largest mass of contaminated media achieve the greatest reduction in T/M/V. Alternative UFA-2 achieves some mass removal from the UF aquifer through a combination of extraction and ex situ treatment.

6. Short-Term Effectiveness
Short-term effectiveness of remedial alternatives relates to how well an alternative achieves a level of protection of human health and the environment (the first threshold criterion) and attains ARARs (the second threshold criterion) during implementation or installation of the remedial alternative.
UFA-1 (No Action) is effective by default because no remedial construction activity occurs. Remedy components of UFA-2 primarily are in situ (except for ex situ groundwater treatment); and would be protective of human health and the environment in the short term.

7. Cost
The No Action alternative is not included in this analysis because, although it represents the lowest cost alternative, it provides no protection to receptors and achieves no RAOs. Accurate cost estimation of UFA-2 depends on factors such as total volume of groundwater extracted over the entire remedy lifetime; extent of treatment needed for extracted groundwater; the need for additional extraction wells; the pump rate required to maintain hydraulic containment; and whether additional remedial action is triggered based on performance of the primary remedial components. These factors, among others, represent significant unknowns in the estimation of remedial costs of UFA-2.

8. State/Support Agency Acceptance
The State of Florida has been closely involved in the development and evaluation of these alternatives and supports the preferred alternative.

9. Community Acceptance
Community acceptance of the preferred UFA alternative will be evaluated after the public comment period. The results of that evaluation will be part of the Responsive Summary in the ROD amendment for the Site.

Off-Site Alternative Evaluation
1 and 2. Protection of Human Health and the Environment and Compliance with Statutory Requirements
Remedy OfR-1, no action, does not meet the threshold criteria of protection of human health and the environment and attainment of ARARs. Alternatives OfR-2, OfR-3, and OfR-4 are all protective and would effectively eliminate any potentially unacceptable risks due to direct contact with contaminated soil. Alternative OfR-4 allows for a flexible approach that may include institutional and/or engineering controls on properties which are suitable for such controls, and have owners that are amenable to such controls.

3. Long-Term Effectiveness
OfR-1 (No Action) is not effective at addressing contaminated soil. The other off-Site remedies are effective under different scenarios. The removal component of OfR-2 is effective in the long-term because contamination no longer remains. The effectiveness of institutional and engineering controls through OfR-3 depends on voluntary compliance. In the long-term, this remedy is less dependable than the removal component of OfR-2. Remedy OfR-4 benefits from the strengths of both OfR-2 and OfR-3.

4. Implementability
All four off-Site remedies are implementable. Soil excavation, institutional controls and engineering controls are well developed remedial techniques. The limitation to implementing any off-Site option will be property owner concurrence and cooperation.

5. Reduce Toxicity, Mobility or Volume
Remedies that remove the most contaminant mass achieve the greatest reduction in T/M/V. Although technically not a treatment, removal remedy OfR-2 and the removal component of OfR-4 eliminates contaminant mass from off-Site surface soil. OfR-1 and OfR-3 do not achieve any T/M/V reduction.

6. Short-Term Effectiveness
Short-term effectiveness of remedial alternatives relates to how well an alternative achieves a level of protection of human health and the environment (the first threshold criterion) and attains ARARs (the second threshold criterion) during implementation or installation of the remedial alternative.
OfR-1 (No Action) is effective in the short term by default because no remedial activity occurs. Remedy OfR-3 is effective in the short term because little to no disturbance occurs during implementation. In contrast, the removal components of OfR-2 and OfR-4 involve substantial soil excavation and potential increases in exposure to contaminated soil.

7. Cost
Cost is an important factor; the added benefits of alternatives with higher costs should be weighed carefully to determine whether the benefits are worth the cost.

OfR-1 is not included in the cost criterion evaluation because, although it represents the lowest cost alternative, it provides no protection to receptors and achieves no RAOs. Accurate cost estimation of the removal component of OfR-2 and OfR-4 depends on factors such as total volume of surface soil excavated from off-Site contaminated areas and the level of property owner participation. These factors, among others, represent significant unknowns in the cost estimation of soil removal in OfR-2 and OfR-4, but are already the highest cost components of the respective alternatives. The institutional and engineering control components of OfR-3 and OfR-4 are more easily estimated, but they contribute a small portion of the likely total remedial cost for those remedies.

8. State/Support Agency Acceptance
The State of Florida has been closely involved in the development and evaluation of these alternatives and supports the preferred alternative.

9. Community Acceptance
Community acceptance of the preferred off-Site remedy will be evaluated after the public comment period. The results of that evaluation will be part of the Responsive Summary in the ROD Amendment for the Site.

Preferred Alternative
The alternative preferred by EPA includes the following:

On-Site Media: OnR-5C with elements of OnR-5F
- A single, continuous vertical barrier wall (~4,800 linear ft) encircling all four source areas from land-surface to the HG middle clay (~ 65 ft bls)
- ISS/S in the Upper HG zone at all four source areas (below the Surficial Aquifer and Upper Hawthorn Clay)
- ISBS in the vadose-zone and Surficial Aquifer at all four source areas (subject to acceptable performance during pilot tests or treatability studies). In the event that ISBS does not meet its performance criteria, ISS/S will be implemented as a substitute remedy for this contaminant zone.
- ChemOx or ISBS treatment in the Lower HG at all four source areas (applied through existing wells), and along the eastern property boundary (applied through new wells) (based on performance during pilot tests or treatability studies).
- Excavation of areas of contaminated soil in non-source areas on-site; consolidation of excavated soil to source areas to be capped
- Establishment of a low-permeability cap/cover over all four source areas, including the consolidated soil excavated from non-source areas (on-site or off-site)
- Surface grading and cap covers on approximately 83 of 86 acres on the Site property.
- Installation of storm water controls and improvements (e.g., retention/ detention pond)
- Continued operation of the northern perimeter wells of the Surficial Aquifer extraction and treatment system (outside of the vertical barrier zone); decommission extraction/treatment system after cleanup goals are attained
- Continued operation of the horizontal collection drains of the Surficial Aquifer
extraction and treatment system as needed for hydraulic control.

- Expansion of the Surficial Aquifer and HG monitoring network for: (1) establishment of sentinel locations; (2) demonstration of active natural attenuation processes; and (3) establishment of trigger locations for contingency measures.

- Institutional controls to mitigate risks from exposure to Site soil, sediment, surface water or groundwater.

Alternative OnR-5C was not selected as presented in the FS because a more aggressive option was desired for the Upper HG contamination. For this reason, the ISS/S component from OnR-5F was included in the preferred alternative.

For the on-Site portion of the remedy the estimated costs are as follows:

- Capital Cost and Contingency: $40.8M
- Annual O&M: $165,000
- Total Present Worth: $43.7M

Off-Site Media: OfR-4

- Range of options for off-Site soil for use on individual subparcels with consent of private property owners:
  - Excavation and removal of impacted soil that exceeds cleanup goals based on present land use (transported and consolidated within capped areas on-Site).
  - Engineering controls that prevent contact with impacted soil that exceeds cleanup goals based on present land use.
  - Institutional controls to manage access and use of land/properties.

- Surface water and sediment in Hogtown and Springstead Creeks:
  - On-site detention basin to mitigate ongoing impacts
  - Excavation and removal of impacted sediment in excess of the probable effects concentration (transport and consolidate on-site)
  - Monitored natural recovery of remaining impacted sediment until concentrations reach threshold effects concentration or background levels

Upper Floridan Groundwater: UFA-2

- Hydraulic containment by groundwater extraction and treatment in areas where COCs exceed cleanup goals.
- Construction of additional extraction wells for the network, as necessary.
- MNA in areas where concentrations of COCs do not exceed cleanup goals (subject to demonstration of active natural attenuation processes).

Community Participation

EPA provides information to the community regarding Site cleanup through fact sheets, public meetings, local Site information repository, and the Administrative Record file.

EPA and FDEP encourage the public to learn more about the Cabot Carbon/Koppers Site and Superfund activities that have been conducted at the Site by visiting the Site information repositories listed on the front page of this Proposed Plan.
**Public Meeting**  
The public meeting for the Cabot Carbon/Koppers Superfund Site will be held on August 5, 2010 at Stephen Foster Elementary School, 3800 Northwest 6th Street, Gainesville, Florida 32609

**Written Comments**  
Written comments on this Proposed Plan will be accepted until August 15, 2010, and should be mailed to:

Mr. Scott Miller  
Remedial Project Manager  
Superfund Division  
Superfund Remedial Branch  
Section C  
U.S. EPA Region 4  
61 Forsyth Street, SW  
Atlanta, GA 30303

**Mailing List**  
Anyone wishing to be placed on the mailing list for this Site should send his/her request to Ms. LaTonya Spencer, EPA Community Involvement Coordinator, at the above address. You may also call Ms. Spencer with your request at 1-800-435-9234 or 404-562-8463

**Information Repositories**  
Information concerning the Cabot Carbon/Koppers Superfund Site may be found at the following location:

Alachua County Library  
401 E. University Ave.  
Gainesville, FL 32601  
(352) 334-3860  
www.aclib.us/locations/headquarters
Glossary

Administrative Record: Material documenting EPA's selection of cleanup remedies at Superfund Sites, usually placed in the information repository near the Site.

Applicable or Relevant and Appropriate Requirements (ARARs): Refers to Federal and State requirements a selected remedy must attain which vary from Site to Site.

Chemicals of Concern (COCs): Contaminants associated with a Site which have been released into the environment.

Comprehensive Environmental Response, Compensation and Liability Act (CERCLA): Also known as Superfund, is a federal law passed in 1980 and modified in 1986 by the Superfund Amendment and Reauthorization Act (SARA); the act created a trust fund, to investigate and cleanup abandoned or uncontrolled hazardous waste Sites. The law authorizes the federal government to respond directly to releases of hazardous substances that may endanger public health or the environment. EPA is responsible for managing the Superfund.

Feasibility Study: Study conducted after the Remedial Investigation to determine what alternatives or technologies could be applicable to the Site specific COCs.

Groundwater: The supply of fresh water found beneath the Earth’s surface (usually aquifers) which is often used for supplying wells and springs.

Human Health or Ecological Baseline Risk Assessment: A qualitative and quantitative evaluation performed in an effort to define the risk posed to human health and the environment by the presence or potential presence and use of specific pollutants.

Information Repository: A library or other location where documents and data related to a Superfund project is placed to allow public access to the material.

Institutional Controls: Restriction that prevents the owner inappropriately developing the property. The restriction could be implemented as a “deed Restriction” and is designed to prevent harm to workers or potential residential development.

National Oil and Hazardous Substance Pollution Contingency Plan (NCP): The Federal Regulation that guides the Superfund program. The NCP was revised in February 1990.

Operation and Maintenance (O&M): Activities conducted at Sites after cleanup remedies have been constructed to ensure that they are properly functioning.

Proposed Plan: Superfund public participation fact sheet which summarizes the preferred cleanup strategy and the rationale and a summary of the RI/FS.

Record of Decision (ROD): A public document describing EPA's rationale for selection of a Superfund cleanup alternative.

Remedial Investigation (RI): Part one of a two part investigation conducted to fully assess the nature and extent of the release, or threat of release, of hazardous substances, pollutants, or contaminants, and to identify alternatives for clean up. The Remedial Investigation gathers the necessary data to support the corresponding Feasibility Study.

Responsiveness Summary: A summary of oral and written comments received by EPA during a comment period on key EPA documents, and EPA’s responses to those comments. The responsiveness summary is a key part of the ROD, highlighting community concerns for EPA decision-makers.

Superfund: The common name used for the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), the federal law that mandates cleanup of abandoned hazardous waste Sites.

TEQ: Toxicity Equivalent Quotient for 2, 3, 7, 8-Tetrachlorodibenzo-p-dioxin (TCDD). Since there are multiple dioxins and furans with different toxic effects, so concentrations of the different dioxins and furans detected are weighted according to toxicity and collectively added to determine the TEQ.
Your input on the Proposed Plan for the Cabot Carbon/Koppers Superfund Site is important in helping EPA select a remedy for the Site. You may use the space below to write your comments, then fold and mail. A response to your comment will be included in the Responsiveness Summary.

Name
Address
City State Zip

Scott Miller, Remedial Project Manager
Superfund Division, Superfund Remedial Branch
Section C
U.S. EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303
Response to
EPA’s Proposed Plan
for the
Cabot / Koppers Superfund Site

Joint City and County Commission Meeting
8/30/2010

Robert Pearce
Responsible parties should be held accountable:

Interests of community, land, water resources
  ➢ Should be top priority
  ➢ Should be placed above the interests of culprits

EPA should require the contamination to be cleaned up/not covered up
Issue #1

Primary Source Areas

- DNAPLs (Creosote)
Issue #2

Surface Soils/

- Dioxin
- Arsenic
- Benzo(a)pyrene
Issue #4  Contaminated Creek Sediments
Cabot
Koppers
Issue #5
Community Input

EPA requirements:

Vigorously integrate community throughout process

Place heavy emphasis on community input

- Remedy selection
- Desired future uses

EPA has been deficient in following federal law and its own policy directives in this regard.
EPA’s Proposed “Clean-up” Plan

- No removal of contaminants
- Dump additional contaminants onto site
- Cap and cover-up contaminants
- Turn site into hazardous waste landfill
EPA’s Primary Source Area Remedy
EPA’s Surface Soils Remedy

Scrape, dump, cap, cover

Commercial/Industrial soil cleanup target levels
Proper Surface Soils Remedy

Residential soil cleanup target levels (SCTLs)

- Not Commercial/ Industrial
  (typically 4 to 7 times higher concentrations of contaminants)

Soils cleaned thoroughly and deeply

- Not just surficial scrape/cover-up of remaining contamination
Summary of LIT Recommended Plan for Koppers Gainesville Remediation

- **DO NOT CONSOLIDATE CONTAMINATED SOIL - OBJECTIONABLE TO COMMUNITY**
  - Surface covers
  - Remove contaminated soils before covering

- **SOIL CONSOLIDATION AREA**

- **SLURRY WALL**

- **EXCAVATE OR ISS/S IN SURFICIAL AQUIFER & ISS/S IN UPPER HAWTHORN**

- **USE DEDICATED INJECTION WELLS FOR CHEMOX OR ISBS IN LOWER HAWTHORN**

- **ISS/S (In Situ Solidification/Stabilization)**

- **CHEMOX INJECTION**

- **CHEMOX INJECTION (CONTINGENT)**

- **GROUNDWATER PUMPING FOR HYDRAULIC CONTAINMENT**

- **MORE AGGRESSIVE FLORIDAN AQUIFER CONTAINMENT**

- **MONITORING WELL**

- **Floridan Aquifer**
Off-site Soils Remedy
Creek Sediments/Stormwater Management
Beazers “Interim” Stormwater Permit Application
Enhanced “Interim” Stormwater Management Plan
Chapter 2: The Role of Community Involvement in Superfund

“In CERCLA, Congress was clear about its intent for the Agency to provide every opportunity for residents of affected communities to become active participants in the process and to have a say in the decisions that affect their community.”
“Congress, in establishing the Superfund program, wanted the Agency to be guided by the people whose lives are impacted by Superfund sites.”
Future Use

- EPA’s policy directives emphasize importance of community’s desired future uses in remedy selection

- Re-use is tied to cleanup remedy/must be protective of anticipated future uses
The “Superfund Reuse Directive”

“The U.S. Environmental Protection Agency (EPA) believes that early community involvement, with a particular focus on the community’s desired future uses of property associated with the CERCLA site, should result in a more democratic decision-making process.”
“Ensure the public appropriate opportunities for involvement in a wide variety of site-related decisions, including site analysis and characterization, alternatives analysis, and selection of remedy.”
EPA’s Deaf Ears

Gainesville City Commission Resolution (2008):

- Site should be cleaned to residential soil cleanup target levels

EPA’s Proposed Plan:

“The selected cleanup goals are the Florida commercial/industrial SCTLs for on-Site soils/sediments.”
Gainesville City Commission initiated land use change (2010)

- Strong emphasis on desired future residential uses on the site

EPA’s Feasibility Study:

“On-Site residential exposure scenarios are not applicable based on the expected commercial/industrial and/or recreational use of the property.”
Final Comments

- Record of Decision should be put on hold.
- EPA needs to provide amended Feasibility Study.
- EPA should provide new Proposed Plan.
END
Koppers Superfund Site: Community Involvement in Remedy Selection

Pat Cline, Ph.D.
Technical Advisor

Strategic Environmental Analysis, Inc. (SEA)
Protect Gainesville’s Citizens
EPA Technical Assistance Grant

Presentation

A. Technical Advisor’s Role and Status
B. Soil Remedy
   1. Background
   2. Technical issues
   3. Process Challenges
C. Source Area
   1. Current Conceptual Understanding
   2. Goals for Reduction of Toxicity and Volume
Technical Advisory Team

Commitment to

Providing the most accurate information to the public
Attaining the best achievable remedy

Technical Advisor – Role/Status

A. Technical Assistance Grants are available to qualified groups to hire an independent expert that “can explain technical information and help articulate the community's concerns”
B. The Koppers remedy is based on a complex set of documents and evaluations developed over the past 10 years.
C. Collaboration with the LIT is needed to streamline reviews and provide accurate information to community members
D. Community members can provide diverse opinions to EPA on the “best” cleanup
Soil Remedy

Perspective on Risk and Proposed Remedy for Soils

Making “Risk-Based Decisions”

Articulating what is “clean”

What should be evaluated in the FS?
Soil Remedy Issues – “The Green Area”

A. Regrade and Cover?
B. Implications for Reuse and Institutional Controls
C. Precedence
D. What will it take to have the FS revised/amended?

Source Areas
Conceptual Understanding
Reducing Toxicity and Volume
Source Area Treatment

A. Mistrust in technology screening process
B. Options for more aggressive source treatment have been eliminated.
C. Status
   1. Need more technical discussion with LIT
   2. EPA expert review of document

Process

Administrative Record
Feasibility Study
Institutional Controls
Posting of Signs
Administrative Record (AR)

Section 113(k) of CERLA defines the AR as the body of documents that "forms the basis" for the selection.

does not mean that documents which only support a response decision are placed in the record.

Section 113(k)(2) of CERCLA requires that the public have the opportunity to participate in developing the administrative record for response selection.

Section 113(j)(1) of CERCLA provides that judicial review of any issues concerning the adequacy of any response action shall be limited to the administrative record.

Other Process Issues

A. Basis for requesting addendum to the FS
B. Justification for the level of analysis requested
C. Community Involvement
D. Placement of signs
Requests of the City/County

A. Collaboration with the LIT to the technical information provided is as accurate as possible.
B. Ongoing dialogue
C. Support of community actions as appropriate (challenging the AR)

Pat Cline/SEA

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