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Road Home Training Initiative:

Qualitative Program Evaluation

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**Abstract**

The Lancaster County Coalition to End Homelessness (LCCEH) requested the Center for Public Scholarship and Social Change (CPSSC) at Millersville University to conduct a qualitative program analysis of its *Road Home Initiative* training program. These trainings, offered to homelessness service providers in Lancaster County, are based upon the National Alliance to End Homelessness' (NAEH) best practices recommendations (NAEH, 2017). The trainings address topics relevant to the *Housing First* philosophy and *Rapid Rehousing* approach, such as subsidized housing, eviction prevention, and trauma-informed care. The purpose of this study is to assess the effectiveness of the *Road Home Initiative* training program through examining local agencies' understanding of the *Housing First* philosophy, *Rapid Rehousing*, program fidelity, barriers to implementation, and opportunities for improvement.

### **Brief Overview of Federal Housing Policy**

Since the late 1990s, there has been a federal-level push to transform services for those experiencing homelessness from a focus on “housing readiness” to an emphasis on *Housing First*. As an alternative to transitional housing’s treatment first approach, which focuses on preparing clients for housing readiness, *Housing First* programs place an emphasis on securing housing prior to treatment, case management, or other services (Gulcur, Tsemberis, Stefancic & Greenwood, 2007; Tsemberis, 2010; Tsemberis, Gulcur & Nakae, 2004). In fact, within the *Housing First* philosophy, residents are not required to engage or comply with services or case management (NAEH, 2016). A formal shift to *Housing First* is first evident, beginning in 2000, with the National Alliance to End Homelessness’ (NAEH) Ten Year Plan to End Homelessness (NAEH, 2000). The key steps outlined by NAEH (2000) included: planning for outcomes, closing the front door to shelter, opening to the back doors of shelter, and building the permanent housing infrastructure.

Federal priorities were further clarified in 2010 when the United States Interagency Council on Homelessness (USICH), a government agency whose purpose is to manage any federal homelessness response, also officially adopted a ten-year plan to end homelessness (United States Interagency Council on Homelessness [USICH], 2015) and in the most recent Homelessness Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. Implicit in the plan is an emphasis on emptying shelters quickly, positioning *Housing First* as a key model. *Rapid Rehousing* is a more recent framing of this model, with *Rapid Rehousing* being the program and strategies to make housing placement happen, and happen as quickly as possible (Anderson, 2012; HUD, 2013b). HEARTH mandated that key outcomes be measured at the community level, with a number of benchmarks (measured yearly) to indicate a “high

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performing” community. In short, communities had to rehouse people quickly and work together to do it. By late 2015, a new template for configuring the housing service system was clear. It must prevent, divert, and rehouse (USICH, 2015). This required that communities dismantle long-term sheltering. The USICH indicated that:

To end homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief and non-recurring experience (USICH, 2015b, p. 1).

NAEH led the way in supporting communities in this transition by disseminating best practices for retooling, prioritization, diversion, centralized assessment, and system-wide accountability for outcomes (NAEH, 2017).

### **Responding to Homelessness in Lancaster**

In fall 2008, the United Way, in coordination with the local housing authorities, published and disseminated the Ten Year Action Plan to Prevent and End Homelessness in Lancaster County (LCCEH, 2011). During this time, the Lancaster County Coalition was formed to formally address homelessness with a community approach. Collaboration in Lancaster County, between and among programs and county government, is a consistent theme that continues today. Housing service providers continue to collaborate across programs, engage in comprehensive training, and work directly with people experiencing homelessness.

### **This Study**

The Lancaster County Coalition to End Homelessness (LCCEH) requested the Center for Public Scholarship and Social Change (CPSSC) at Millersville University to conduct a qualitative program analysis of its *Road Home Initiative* training program. These trainings,

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offered to homelessness service providers in Lancaster County, are based upon the National Alliance to End Homelessness' (NAEH) best practices recommendations (NAEH, 2017). The trainings address topics relevant to the *Housing First* philosophy and *Rapid Rehousing* approach, such as subsidized housing, eviction prevention, and trauma-informed care. The purpose of this study is to assess the effectiveness of the *Road Home Initiative* training program through examining local agencies' understanding of the *Housing First* philosophy, *Rapid Rehousing*, program fidelity, barriers to implementation, and opportunities for improvement.

During planning meetings for the development of the interview script for the study, LCCEH and CPSSC developed a range of questions asked to include information about the application of *Housing First* principles and the implementation of the *Rapid Rehousing* program in Lancaster County. As such, service providers' perspectives on barriers to implementation of *Rapid Rehousing*, as well as their ideas for improving or innovating housing solutions for their clients were assessed. The goal of these interview questions is to gain better insight into providers' understanding of these approaches and to develop trainings and interventions that can take their firsthand experience into account. This research aims to answer the following questions:

- What are service providers' perceptions of *Rapid Rehousing*?
- What barriers are there to implementing *Rapid Rehousing* in Lancaster County, from the perspective of providers?
- How can the *Road Home Initiative Training Program* further innovate ideas to access housing for clients?

### **Scope of Research**

The participants in this research study consisted of 20 individuals who are homelessness service providers in Lancaster County, Pennsylvania and who attended at least one *Road Home Initiative* training presented by the Lancaster County Coalition to End Homeless (LCCEH) from October 2016 through January 2018. These providers work for a variety of agencies and organizations, and in some cases multiple individuals from the same agency were interviewed. The roles occupied by these individuals varied from frontline workers to executive directors.

### **Methodology**

During the summer of 2018, six undergraduate and graduate Millersville University students were recruited and trained to conduct the qualitative interviews. The students watched a *Road Home* training video and reviewed the content of eight presentations offered to local service providers; most of the content was in the form of PowerPoint presentations and handouts. The students then attended a daylong training. During the training, students were educated on the *Housing First* philosophy and the implementation of the *Road Home* program in Lancaster. The authors reviewed the Institutional Review Board protocol approving the research, with emphasis on the consent form, specifically, how to review the consent form with the participant, obtaining the participant's signature, and ensuring the consent form was returned to the authors for storage. After one of the authors then demonstrated how to conduct an interview, students conducted mock interviews with each other using the digital audio recorder. Finally, before students could independently conduct an interview, they completed an interview under the supervision of a faculty member or a graduate student.

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Semi-structured qualitative interviews varied in length, with the shortest interview lasting 17 minutes and the longest one hour and 37 minutes. The interviews' median length was 32 minutes. Interviews were conducted by undergraduate and graduate student research assistants at the providers' places of work and followed an interview script comprising twenty-one questions. Digital audio recordings were created using digital voice recorder. These interviews were then transcribed by student research assistants and entered into NVivo qualitative data analysis software. NVivo allowed researchers to examine the frequency of themes appearing in the interviews.

Transcripts were coded according to relevant themes, and these themes were analyzed by two faculty researchers and one graduate student research assistant. Specific attention was paid to respondents' opinions of the effectiveness and relevance of the *Road Home Initiative* trainings as well as their perspectives on the implementation of *Rapid Rehousing* in Lancaster County.

## Findings

Several themes emerged from the interviews. These themes are discussed and organized under the following headings, which are derived from the semi-structured questionnaire: (a) Understanding of *Housing First* and *Rapid Rehousing*, (b) Effectiveness of *Rapid Rehousing*, (c) *Rapid Rehousing* in Lancaster County, and (d) Barriers to Implementation of *Rapid Rehousing*.

### Understanding of Housing First and Rapid Rehousing

Most participants seemed to feel they were familiar with the definition of *Housing First* and how to implement *Rapid Rehousing* programs. Interestingly, while participants believed they understood the programs and how to implement them, some comments belied this understanding. For example, several participants wanted more time for case management with

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their clients, reporting that their clients' success or failure in maintaining housing depends upon them receiving support and services. Some suggested that there is a need for more intensive case management associated with *Rapid Rehousing*, with one interview subject responding:

*They [clients] don't meet with us enough; only one hour per week.*

These findings are important because such requirements are not in keeping with *Housing First* philosophy, which states that "participation [in supportive services] is not required as services have been found to be more effective when a person chooses to engage" (NAEH, 2016). None of the respondents who expressed the need for more case management indicated awareness that these ideas were in fact a breach of the philosophy. Further, one provider responded that after *nine years* of working with *Rapid Rehousing*, they had a "pretty good" understanding, suggesting that there is a need for more training and clearer program definitions.

Some respondents felt that *Rapid Rehousing* services should be more tailored to specific populations (such as victims of domestic violence), as opposed to a "one size fits all" approach.

*It's a beautiful concept. In reality, it's not always as it seems. You're working with humans here, not ABC in a handbook.*

In addition, some confusion was expressed regarding which clients are eligible for *Rapid Rehousing* services and why those stipulations are made.

*It's a catch-22 because they have to wait until they're homeless and then they better not be staying with someone because then they won't even be referred.*

## **Effectiveness of Rapid Rehousing**

All respondents stated that they believed *Rapid Rehousing* is an effective intervention. However, most respondents continued with examples of the ways in which the program is not working. For example, one respondent said,



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*What I'm seeing is people cycling back through. So, I'm not exactly sure where that statistic came from and I'm not saying that it's wrong. Perhaps I need to widen my understanding of it, but the allegation that it's proven to be successful I would say long-term, I beg to differ.*

Another answered,

*It's not for everybody and if people have failed in it and we've failed to identify what was the failing part, barrier, issue whatever you want to call it, and then put them right back into it, [it] makes sense that they fail again and for the same reason.*

The perceived failure of the *Rapid Rehousing* approach to meet the needs of specific groups, such as victims of domestic abuse, was another emerging theme.

*They [clients] have experienced a significant amount of trauma, and they just need more supports than Rapid Rehousing can give them.*

Several respondents mentioned excessive wait times.

*Well, up until recently the waitlist had been, you know, a good nine months. I'd say six to ten months to be fair. That's far too long, because it's probably been months until they actually felt comfortable to reach out and connect. So they're looking at a year of homelessness before they're housed. So I definitely think it's too slow.*

Given that *Rapid Rehousing* is meant to be a speedy intervention with no barriers to entry, such a long wait is a clear failure in implementation (NAEH, 2016).

## **Rapid Rehousing in Lancaster County**

When asked about the success of *Rapid Rehousing* in Lancaster County specifically, respondents focused their responses on issues with communication between agencies and frustration at the lack of available resources. Historically, providers worked “in silos.” Now, they are confused about who should be working in what areas of the county.

*Now we're all kind of doing all areas, but I don't know if we're all necessarily on the same page.*

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Confusion also was expressed regarding how clients are referred and to which agency.

A number of respondents mentioned a crisis in the lack of affordable housing in the city of Lancaster, and some connected persistent homelessness to the lack of housing, high housing costs, and low wages.

*Housing will never be affordable because we have an imbalance of employment, minimum wage, and what housing and how accessible it is for people.*

The need for more staff and funding was highlighted as well. Most respondents expressed optimism about the situation in Lancaster County.

*Up until recently people would sit nine, ten months on a waitlist. We have definitely, we have a bigger demand than we have workforce to support it. So the term Rapid Rehousing is kind of contradictory, but they have kind of restructured a few things, taken a look at what some of the barriers have been to getting people housed quickly, and that has improved the wait significantly. People are being housed much quicker.*

### **Barriers to Implementing Rapid Rehousing**

In addition to the lack of available and affordable housing stock, respondents pointed to a number of other factors that impede their ability to find permanent housing for clients. Clients with issues relating to mental health, addiction, and criminal background, for example, were described as being especially difficult to place. One respondent mentioned that single males

*...that have a low income, that may have a history of dependency, even though they may not currently be using*

are also difficult to house. Further, clients suffering from trauma were mentioned by one respondent, who said that

*...they [the client] know they need counseling, they know they need that extra support, often times their lives don't allow them to take the time to take care of themselves.*

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This extends to single fathers, as well:

*There's a whole host of services for moms and single moms and there aren't for dads.*

## Housing Readiness

Housing readiness, the knowledge and skills required to sustain permanent housing, also was a repeated theme, with one provider mentioning the need to

*...come up with better solutions on how we maybe prep individuals on how to rent. Because some people just don't know how to do that and it's an education part and a piece of that.*

The relationships formed between providers and landlords are important as well, with numerous subjects responding that this is one of the more difficult and crucial parts of their jobs.

*So, we have to go through an individual and, and look at that individual and treat them as an individual and some companies and some landlords will do that. Others just take a broad brush and say 'Nope, you're not sober' or 'No, you have a history of not paying, you know, your rent and you're off our list.'*

## The Road Home Trainings

Providers were asked about the content of attended trainings and the format. They then were asked to provide suggestions for future trainings.

### *Content*

All the providers interviewed agreed that the *Road Home* trainings were worthwhile and useful.

*Sometimes, there were glitches in the email--somebody didn't the email about the next training, but when they found out they're like 'But I wanna go! I wanna go!' Yeah, it's been a very positive experience from our perspective"*

*I think what they did is good, and I definitely want to be clear in saying that. The series that they offered, I walked away, and I was like, 'This is time well spent.' And I'm kind of hard to please that way.*

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Some noted that the *Road Home* did not provide much information that was specific to *Rapid Rehousing*, with one respondent suggesting the creation of a “Rapid Rehousing 101” session.

Particular topics that providers found useful included shared housing and room sharing, trauma informed care and mental health first aid, domestic violence and Protection from Abuse Orders, the *Housing First* philosophy, probation and parole, and eviction prevention.

### *Location and Format*

The food offered alongside the trainings was appreciated unanimously. Responses regarding the location and format of the trainings were mixed. Some preferred off-site training, while others found travelling across the county to attend to be troublesome. Web seminars and electronic disbursement of information were preferable to some, but not others. Several respondents emphasized the need for interactivity and asked that LCCEH avoid lectures.

### *Future Trainings*

Respondents were asked for ideas and suggestions for developing future trainings. Innovation was an important theme, with a number of respondents asking about the possibility of inviting speakers from other regions that have found success in their rehousing efforts.

*What could they do to promote innovative ideas? Bring in speakers from places that it's working because places are doing things that are really great out in the community, which Lancaster has done. But I feel like right now, we're at status quo. So, I think kind of going beyond our little bubble.*

The need to keep trainings up-to-date with changes in the world of homelessness services came up several times as well

*There's always stuff changing, the rules change, the funding sometimes changes, so having the ability to have trainings to keep up with the ever-changing needs would be ideal.*

One provider suggested a training based on utilities and municipal fees.

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*I think having an understanding of how the utilities services work, how rates are structured, and what the options are for helping people catch up when they get behind or you know, are there fees that can be waived. So, it's just about, how do we help people when they get behind on utilities? How do we help people so that it doesn't become a cause for eviction?*

Further training on trauma informed care was also requested:

*I would be very interested in a Trauma 201 or 301. That is, another session on trauma that focuses kind of the next level of, what are the concrete ways that we can implement trauma informed practice in Rapid Rehousing services?*

One respondent asked for a training focused specifically on mental health. Section 8 housing policies and subsidized housing programs were also mentioned. Many respondents said that they appreciated the fact that the *Road Home* trainings gave providers an opportunity to meet and network, and that the chance to learn from other workers in the field is a necessity.

## Thinking Outside of the Box

One portion of the interview script asked respondents to name some innovative approaches to services that they have used, or ones that they would like to learn more about. The importance of seeking out outside perspectives was again mentioned, as was the need to avoid generalizations.

*If you can break any of those generalizations or knee jerk reactions, I think you'll get more possible solutions.*

One person spoke of the possibility of repurposing old hotels to create more low-income housing. Another mentioned scattered sites:

*They have prearranged agreements with landlords and properties throughout the community in which it's reserved for homeless individuals.*

This approach aims to better integrate clients into different neighborhoods rather than concentrating them in exclusively low-income areas. One provider spoke of the need to maintain some transitional housing.

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*There are people who need the transitional living facilities, whatever they are, you know for a variety of reasons. So, I would love to see Lancaster County stay behind the transitional facilities that are there.*

The need for stronger communication and engagement with community members and people outside the homelessness services community was a major theme, as was the need for accountability from state government.

*It might be nice to have somebody who works on the Housing Committee for the Senate come down and do a little talk just to show that we're making progress here or state 'This is where our ideologies are.' This is Harrisburg's doing.*

### Discussion

The LCCEH is to be commended for evaluating their training programs and asking service providers what information and tools they need to do their jobs better as a community that has chosen to follow the *Housing First* philosophy. It is with the philosophy that we begin our discussion of the provider interviews.

While the *Housing First* philosophy centers the need for a stable place to live ahead of other considerations, a number of the responses suggest that providers could use a refresher in *Housing First* and more detailed trainings. A number of responses indicate agreement with the *Housing First* philosophy but reflect potential discrepancies in practice (e.g. stressing the need for more (and often more mandated) case management). Some service providers are likely to struggle with the *Housing First* philosophy that allows clients to be unconditionally housed, but others may not be aware that the desire for more case management conflicts with the *Housing First* philosophy.

We particularly like the suggestion by one respondent of the need for a “Rapid Re-Housing 101” session. The LCCEH may wish to create a “101” session in multiple formats (e.g.,

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in-person, webinar) that could be scheduled as a training session or viewed on-demand. Having an introductory session easily available would be not only helpful to new hire service providers, but also could be seen by city and county residents, offering an opportunity for education and support of the *Housing First* philosophy.

Participants believe that, for the most part, interventions are working in Lancaster County, but many pointed to particular populations with greater needs that must be addressed. As some respondents noted, the LCCEH may wish to design training programs specifically for the needs of single males and for fathers. The suggestion to repurpose old hotels for housing is laudable, but beyond the training function of the Coalition.

Our review of the training contents provided by the Coalition seems on target with the skill set and tools needed by housing service providers to work with clients. Similarly, most participants appreciate the opportunities for training offered by the LCCEH and are willing to attend more, whether in-person or utilizing other formats, such as webinars. Finally, participants expressed an openness to try new and innovative solutions to the problem of homelessness and believe that greater communication, coordination, and collaboration will help these interventions to succeed.

The Coalition faces the same training challenges as many organizations—how to provide innovative and interesting content, and how to get people to attend or take the training. Serving food remains a pull for many respondents, as well as a chance to network with their colleagues in the community. In our increasingly fast-paced and digital world, webinars and other on-demand trainings are gaining traction. It is our belief that the Coalition should offer both. It may be possible to record training sessions for later viewing by those who cannot attend. However, an

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important downside to webinars is that attendees may multi-task while logged on, perhaps missing important content. The Coalition may have to provide quizzes for participants to earn recognition as having completed the training.

### **Conclusion**

Lancaster County is a leader in its openness to ideas for serving those in need. The Coalition reflects the best of this openness through its self-evaluation and request of an outside evaluation. The Center for Public Scholarship and Social Change was pleased to partner with you in this effort. The Center is comprised of faculty and students with an interest in bettering our community. As educators, the faculty may be able to offer ideas for innovative training modules or connect you to best practices in reaching and engaging your target audience.



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## Appendix A

### Semi-Structured Flexible Interview Guide

- What is your name?
- Can you please describe your program
- What is your role in that program?
- How long have you worked in this position?

#### Understanding of *Housing First*

- *Housing First* is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, *Housing First* is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their lives.
- Do you have a different understanding of *Housing First*?
- Is there anything that you would like to add or clarify about it?

#### Understanding of *Rapid Rehousing* (include statement explaining that *Rapid Rehousing* is the focus of this interview)

- *Rapid Rehousing* is based on *Housing First* principles and is considered a subset of the *Housing First* approach. *Rapid Rehousing* provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person.
- Tell me about your understanding of *Rapid Rehousing*?

#### Barriers to RRH

- Tell me about your perception of how *Rapid Rehousing* is working in Lancaster County.
- From your perspective, what barriers are there to implementing *RRH* in Lancaster County?

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- Is there a group of clientele that you are having difficulty serving with *RRH*?
- Why? What are the issues?

## What do providers need to know in order to implement *RRH*?

- Please describe in detail

## How Can the *Road Home* Help?

- What *Road Home* sessions have you attended? Your staff attended?
- If none, why not?
- What barriers (if any) do you have in terms of attending the *Road Home* trainings?

## What training format most appeals to you?

- Webinar
- Off-site with lunch
- Other

## What topics are helpful?

- What have you learned at the *Road Home* that was most useful in your work?
- Anything else?
- What other topics would be useful to learn about in order to help you and your program implement *Rapid Rehousing*?
- In addition to more money and more affordable housing, what is one thing that would make implementing *Rapid Rehousing* easier.
- What could the *Road Home Initiative* do to promote innovative ideas to increase rapid access to housing?
- Are you aware of an innovative idea being suggested by anyone in your organization to promote, enhance, or expedite *RRH*? Is it being pursued at this time? Why/why not?
- Are there any insights that you would like to add?