

An Interview with Ariana Saunders

Perspectives from the COVID-19 Pandemic: Leadership and Learning in Nevada

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Each interviewee had the opportunity to review their transcript. All measures have been taken to preserve the style and language of the interviewee. This interview features Ariana Saunders, Associate Director, Training Center for The Corporation for Supportive Housing, and was conducted on 6/8/22 by Kelliann Beavers and Elia Del Carmen Solano-Patricio. This interview covers topics including reflections on leadership, organizational challenges, and opportunities for collaboration.

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**SPEAKERS: Kelliann Beavers, Elia Del Carmen Solano-Patricio, Ariana Saunders**

**Kelliann Beavers [00:05]**

Okay. So before we get started with the questions, to confirm that you did have a chance to look over the consent form and that you are comfortable with everything that's in it.

**Ariana Saunders [00:14]**

Yes, I did.

**Kelliann Beavers [00:15]**

Okay, great. So, the first question is very general. Can you describe your position and your role in your organization?

**Ariana Saunders [00:24]**

Sure. So my current position is, I'm Associate Director of our training center, which is our national training center. So we provide on-demand and live webinars for communities and folks that are doing supportive housing, around best practices. And just a lot of it's around skills and evidence-based practices, that we know folks can use, to implement quality supportive housing. I've been doing that for about two months. But prior to that, I was a senior program manager, which is basically just like a TA or a consultant as part of our Southwest team. And so, I was focused on Nevada in five other states: Texas, Utah, Mexico, Arizona, in the Southwest, where we did a lot of training – the same thing. A lot of training, but a lot of technical assistance, like working directly with communities, or providers on how to plan and implement supportive housing, or how to evaluate their program, and make sure they're doing it well and up to some of the quality standards that we have.

And so, I did that for about two and a half years before – that's what I did before I started this current role at CSH. And before that, I worked for the county, so that's probably why Jamie also recommended me because I worked for Clark County Social Services as the Behavioral Health Coordinator. So, I did a lot of coordination in the county, with behavioral providers and the state, but also helped implement a couple of supportive housing projects there. Because of the continuum of care that the staff in the unit that I was in – we staffed the continuum of care. So we provided all the grant management support around the HUD funding that we got for supportive housing; PSH, and outreach, and all of that for the whole system.

**Kelliann Beavers [02:03]**

Wow. A quick question before we go to the next normal interview question, just so that I have a clear understanding of this supportive housing definition. So, a billion years ago, I had a small internship at a supportive housing developer in Austin called Foundation Communities. And they developed supportive housing, where the social services were on-site and very integrated with the physical development of the affordable housing.

But since then, and in speaking to people actually as part of this project, I feel like I've grown to understand that that word – can supportive housing itself, I mean, can mean something more broad, that is not necessarily onsite-all-the-time supportive services, but more of an integration of services with the housing. Do you mind educating me a little bit on what supportive housing means?

**Ariana Saunders** [02:58]

Yeah. So the way we like to define it is, supportive housing is basically affordable housing plus services. And so, how and where those services are delivered can vary, and that is based on funding most of the time, to be honest.

**Kelliann Beavers** [03:10]

Mm-hmm.

**Ariana Saunders** [03:11]

Sometimes with the population needs that you're serving, like the tenant population needs. So for folks with serious mental illness or really major chronic health conditions, the best practice model is that the services are onsite. Because they usually have accessibility issues, or just trust, or whatever, they are less likely to engage in community-based services.

But then there's also a scattered site model, where you put – people get placed or find units in the community, anywhere in the community, as long as they can afford it, which usually limits where in the community. So they just find their own independent housing, and maybe they get rental assistance to supplement the rent. And then the services come to them, or they go to the services. The best practice is that the services should be flexible and be able to go to the person as much as they need and want. But it's also a best practice that they get integrated into the community as much as possible. Because really, the goal of supportive housing is we're – I always tell folks, we're trying to work ourselves out of a job, right? We're trying to get people up, stabilized, and thriving, to where they don't need services, or they don't need services as intensely as maybe they did originally.

That's not true for everybody. Some folks are just going to always need some intense case management and behavioral health services. But for a lot of folks, that's not true. And we can either completely titrate out, or at least, be flexible to where maybe we're not checking in on them as much as possible.

**Kelliann Beavers** [04:33]

Mm-hmm.

**Ariana Saunders** [04:34]

So it's really two models that – two kind of big models that we see, which is the scattered site, and then the single site, which is what the foundational communities – it sounds familiar – in Austin.

**Kelliann Beavers** [04:45]

It's something similar to that foundation community, I think are-.

**Ariana Saunders** [04:46]

Yeah. They did that, where the services are onsite. And maybe, like that first floor, you have offices where the case managers are, yeah. And then some models actually have an FQHC on the first floor, which I think is really cool. So you can go down and see your primary care physician, or your therapist, or whatever-

**Kelliann Beavers** [05:05]

Oh, wow.

**Ariana Saunders** [05:06]

-get your injection, if you're getting injectable prescriptions. And that's all on the first floor. And then above that, they give units for folks, either temporary or permanent units, where folks can live and do their thing. But yeah. That's how we mainly see it is it has to be that. And then there are other components that we use to define supportive housing. But it's really just making sure that it's affordable so folks can maintain it, and that they're getting the services that they need. Which usually, case management, behavioral health-types of services, to help them manage their home, and stay in their home, and get employment if they need it, or whatever else they want to do.

**Kelliann Beavers** [05:44]

Right. Okay. And so, I know you stepped into your role, it seemed to me, the role you described to us that you were in previously, looked to me like, based on your LinkedIn, less than six months before the pandemic started.

**Ariana Saunders** [05:56]

Yeah. (laughter)

**Kelliann Beavers** [05:55]

So, for the next question, feel free to fold that into however you answer it. And feel free to also inform this interview with the work you were doing previously because it's also really relevant. But the question is, how do you see your role, or your organization's role, during the pandemic?

**Ariana Saunders** [06:14]

Yeah. So the role really, for us, during the pandemic, was one – just finding out how to help providers and communities address the pandemic, right? And so, for a lot of folks in the homeless system and supportive housing projects, a lot of it was like, how do you make the shift to providing services still but keep staff and tenants safe?

So we did a lot of connections to get people so that they could have masks and all the PPE that we knew folks needed to stay safe. But then also, help them reimagine – like how do you deliver services to folks socially distant or virtually? So a lot of it was, folks were looking for a lot of support around getting grants or capacity-building, so they could get technology to their tenants because a lot of these folks are no-income or low-income. And so, they may have a phone. It may not be a smartphone. And so, getting folks tablets, or getting them smartphones, so they could actually have video conferences with their folks was really important.

So making that kind of adjustment. And then, a really big piece of it too, and it's still ongoing is after the CARES Act was passed, after the American Rescue Plan was passed was, our role has really been on helping communities figure out how to best spend all of this money. And so, in the housing world, it's been a huge shift, from a real scarcity model and approach to things to – there's no scarcity now. I mean, communities are having more money than they've ever seen in their life come. And so it's like, how to use that efficiently, but also recognizing that a lot of it's one-time. So how do you do things that are – use that money in a way so it's a sustainable intervention? So it's not setting people up for failure and giving people all this – the "Cadillac" of services, knowing that you can't maintain that level of service for years on end.

So a lot of it's been that, and a lot of it has also been – where like with my current role in training is, there's a lot of staff turnover, right? Like the great – what is it called? "The Great Resignation." But also, a lot of people that are doing this work were considered second responders or critical – I forgot the term for it. But the people that didn't get the luxury of working from home.

**Kelliann Beavers [08:31]**

Right.

**Ariana Saunders [08:32]**

Or it was hard to figure out how to work from home. So there was a lot of staff turnover because the staff was getting sick, they were getting burned out. It was hard for a lot of providers to make that shift and do it equitably too. So a lot of staff felt like they were just being put at risk, when their supervisor got to sit back, and just stay home, and be safe. So a lot of providers have been coming to us, or committees have been coming to us because they need a lot of support in training and supporting staff. One of our most popular training series is around supervision; because there are a lot of folks that are now new to supervision because they got magically promoted because people resigned or moved on.

**Kelliann Beavers [09:09]**

Mm-hmm.

**Ariana Saunders [09:10]**

And so, helping them understand how to support folks, and how to support folks in this – I don't know – people keep saying, "post-pandemic." But I just got over COVID, so I don't know if it's really over. (laughs)

**Kelliann Beavers [09:21]**

Yeah. I think we're definitely still living this reality.

**Ariana Saunders [09:24]**

Yeah.

**Kelliann Beavers [09:25]**

I know two people in our small circle – the woman who leads our project has it right now, so everybody should double-vax.

**Ariana Saunders** [09:30]

Yeah.

**Kelliann Beavers** [09:32]

So, it's scary.

**Ariana Saunders** [09:33]

Yeah, it is. That's what – I was like, I survived for two yrs. And now, I get it, when- [cross talking]

**Kelliann Beavers** [09:35]

I know. I'm sorry to hear that you had it as well. It's terrifying.

**Ariana Saunders** [09:40]

Yeah, it's no fun. But-

**Elia Del Carmen Solano-Patricio** [09:41]

I still have never had it.

**Ariana Saunders** [09:44]

Good, good. I hope it stays that way. But yeah. I thought I was going to be one of those people, and then, you know, whatever.

But yeah. I think some of it is still figuring out that adjustment because you still need to be safe. And then the people that we often serve are people that are really at risk, right? They have a lot of chronic health conditions, and the people who have experienced homelessness just have a higher mortality rate. So, just making sure that you're always keeping them safe has been a real challenge. But that's also it too, is like people are just – like my old colleagues at the county are just overwhelmed because they're just getting inundated with brand-new resources. But that doesn't change their processes on how to figure out how you're going to – what buckets you're going to dedicate these resources to, and then go through the whole RFP process and grant management process. They still have to do that with just five times the amount of resources that they had, but probably, the same staff size, right?

So, a lot of it has been being brought in to do a needs assessment and strategic planning for communities, to help them make sure that they're spending it wisely. And then, a big influx of the funds through the American Rescue Plan requires that communities do that, so we've been doing a lot of that too; is helping them develop a needs assessment, or identified needs assessment, or – a lot of communities do it ongoing. That's why using that needs assessment data to come up with a very strategic plan on how they're going to distribute and utilize those funds. And do so in a way – and I mean, there is pressure to do it efficiently because there are deadlines that they have to meet for distributing and committing those funds. But it's also, a lot of people are opting to take their time because they don't want to do it, you know. They want to do it strategically. They don't want to just be like – and then providers are also on the other end. Like, "Okay, you're throwing this money at me?" or "You're saying, I could get all this extra money. But I still have to hire staff, and you've got to do background checks." So there are still – all of our old processes

are still as slow as they used to be, but people are being pressured to spend money quickly. So, a lot of the work that we're doing- [cross talking] supporting that.

**Kelliann Beavers** [11:47]

Related, it seemed like another woman who we spoke with, who is part of an affordable housing developer nonprofit, said that comprehending what you're allowed to do with some of the money has also been complicated enough, that cities and counties are having to hire specific legal support to get an understanding of what they can and can't do with it. So I know that's been huge.

**Ariana Saunders** [12:19]

Yeah, that is. That is huge. I mean the federal government just doesn't give money, right? There are a lot of stipulations and requirements, and some of them do have very specific eligible costs. Some of it is supposed to just add to programs or funding lines they already had. But some of it also was very specific; like you have to connect it to your COVID response. So that also makes it very narrow in how people can spend the money but, also, I think made people a little on edge to make sure that they had all the documentation they needed, to prove that it had those connections, or it fell into the appropriate buckets of eligible activities or costs.

**Kelliann Beavers** [12:58]

Yeah. The next question, I feel like, given the work that you do, the answer may be obvious. But if you just want to speak to some of the nuances that you observed about this. The question was just, which groups do you believe were hardest hit by the economic downturn from COVID and the pandemic broadly?

**Ariana Saunders** [13:17]

I mean, I think – I don't want to say it's obvious – but the one that most people are talking about and seeing the data shows is communities of color, right? Communities that tend to be underserved are suffering from old redlining policies, where they don't have services, and they don't have transportation there. And so, when things shut down, it just distanced them even further from the resources and support that they need. Those were the hardest hit. Those were also the same communities that tend to be those frontline first responders or secondary responders. So they were also just the hardest in general, in terms of getting the illnesses and receiving the illnesses. And then, you couple that with not being able to get services or timely services, or biases and stigma around when they do seek services. It's just – it's a lot.

So, it's been that. It's been communities of color, people with low income or people with unstable employment also have been really hit. I mean, I'm sure you guys have heard this from a million people. I know in Nevada too, it was really hard, just because so many people are connected to the service or housekeeping industries, so when things shut down, people lose all sources of income. So that's been challenging. And then, when that does happen, it's the same people, I think, that also have to go through the bureaucratic process to access the rental assistance, the eviction prevention work that's being done. But it's also time-consuming and it's not only clearly communicated. And people had to really think about accessibility in that too, not just in technology accessibility, but in language and other things that we know are important to make information accessible to all, to the diverse groups out there was a major challenge as well.



So from our end, that's what we saw. We just saw that COVID really did highlight a lot of the health and housing disparities that we knew already existed. It just really highlighted it when people started to see contraction – hospitalization and death rates. And then also, when we saw people, who were seeking funding and who were seeking assistance, it was the same groups that we saw, really rose to – and I always have to highlight too, because these are old colleagues of mine, but also, just the folks that are doing the direct service work – often live in the communities or are from these communities. And so, to me, that's like double forms of stress and trauma that they had to experience as well, on top of also feeling unsafe because they have to continue doing their work. So that's what we saw in terms of-

**Kelliann Beavers [15:43]**

That's huge. Thank you for emphasizing that population as well as that you just noted. That's something that seems obvious but not a lot of people have spoken to. And I also really appreciate you making the connection previously to redlining. Because of a lot of the demographics that people emphasize, there's a relationship there. But that's something that there's been a lot of conversation about pre-pandemic, but I've not really heard a lot of people directly connecting that to the challenges that people experienced with the pandemic. So thank you for that.

And the next question is, would you like to discuss any collaborative efforts among non-governmental organizations or agencies that you observed or experienced throughout the pandemic?

**Ariana Saunders [16:31]**

I feel like in general, what came through that too is people saw the need to do more collaborative relationships. We're really trying to encourage more inter-government collaboration but also, I think I've seen a lot of foundations step up to the plate. We saw, especially in the telework I was doing in Arizona, and we're trying to replicate here, is a lot of managed care organizations and just help focus types of foundations and philanthropic arms – are now seeing how housing is a social determinant of health, and how much that's impacted the people that they usually work with. And so, they're now focusing more and trying to collaborate more within the housing sector to support that.

So we've seen managed care organizations – and there are some that do it here. They step up and try to provide supplemental services. I know here, they've stepped up and actually created a pool of diversion funds to help keep people housed who are at risk of losing their housing, or people that are coming out of institutions, whether they be medical, or from the justice system. How to get them housed quickly, in turn, so they don't have to reenter into homelessness or-

**Kelliann Beavers [17:43]**

The means are funds that would otherwise be healthcare-allocated funds.

**Ariana Saunders [17:47]**

Yeah.

**Kelliann Beavers [17:48]**

That's great. That's good to hear.

**Ariana Saunders** [17:49]

Yeah. They would otherwise be spending it for some – yeah, I don't know. MCOs probably spend their money in a million different ways.

**Kelliann Beavers** [17:53]

Sure.

**Ariana Saunders** [17:55]

But they've set aside funds for this because they see it as a determinant of health. And I've seen a lot of collaborations too, where they have their clinical teams working with outreach teams.

**Kelliann Beavers** [18:05]

Mm-hmm.

**Ariana Saunders** [18:06]

Because obviously, MCOs are focused on their members, but their membership highly overlaps with folks that are experiencing homelessness. Or especially, when you think about folks that are on Medicaid, and since we're a Medicaid expansion state like that's a huge overlap. So they've been very invested, and it took some negotiating. But some of them are focused just on their members, but some are also giving funding that they know may not go directly to their members, but the overlap is very high or likely.

So they've been really dedicating a lot of funds to that, but we've seen other health-focused foundations wanting to think about seeding a pilot. A pilot that may focus on folks we call – for CSH, we have a model we call FUSE, Frequent User System Engagement. And it's basically just, from the Medicaid side, they call it – it's like high-cost users. So, folks that are usually experiencing homelessness, or not stably housed, use emergency services as their primary care, right? Which is way more expensive than preventative and regular things. So, doing funding to target them and get them housed. Because we know the reason why they're using the emergency services is because they don't have a home that somebody can visit or a home where they can store their medication, so they go to the ER, right, when they run out of medication.

So they're seeing how that all fits together. And so, piloting programs to do that, or seeding or funding programs that already exist, that target those populations has also been really big. And I feel like more folks are also looking at justice-involved folks, but that's also kind of a slower-turning thing. There are not as many private – that I know of, at least – private types of arms that are focused on that, but they're starting to see the relevance of it, at least.

**Kelliann Beavers** [19:46]

So what you just said at the end, can you explain a bit more? I'm not sure I completely understood the last sentence you said about justice.

**Ariana Saunders** [19:54]

So the folks that are exiting the justice system-

**Kelliann Beavers** [19:56]  
Oh. [cross talking]

**Ariana Saunders** [19:57]  
Like prison, the jails.

**Kelliann Beavers** [19:58]  
Oh, I understand.

**Ariana Saunders** [19:59]  
Yeah. So there's not an MCO equivalent that's focused on that target population. That may be a lot of folks' – well, a lot of the challenge too, which I know some folks have done is, people lose their Medicaid eligibility or their connection to benefits when they're in prison or jail. So, getting them connected again or getting those things reactivated quickly helps. So MCOs will see that connection, and I know some of them are working in CCDC in our jail here, to get people signed up when they know they're about to be released, so they have connections already. But there aren't health foundations; I don't know of any justice foundations that are focused on that if you will. We have some nonprofits that focus on that reentry of population, that are trying to collaborate with housing more because they know. But yeah – (Carmen raises her hand) Do you work for one of us? (laughs)

**Elia Del Carmen Solano-Patricio** [20:52]  
Ariana, I'm really glad that – first of all, did I mention your name right: "Ariana?"

**Ariana Saunders** [20:55]  
Yeah, yeah.

**Elia Del Carmen Solano-Patricio** [20:56]  
Okay. I'm glad that you brought up the justice-involved population. And you asked or mentioned that you weren't sure whether those organizations existed. I happen to train, or provide training, for one of them that came up in 2017. The name is escaping me right now, but I'll be sure to get it to you. It is a nonprofit specifically for justice-involved women that are reentering the community. So it's for housing specifically. They actually have a house that grants pay for it, and they get wraparound services, which is what our instrument was used for. It's called WRNA, the Women's Risk Needs Analysis. And so, it does both needs and strengths, and basically, that instrument helps them determine, first of all, whether that person qualifies. And then, second of all, what they need, and how long they'll need-

**Ariana Saunders** [21:47]  
That's awesome.

**Elia Del Carmen Solano-Patricio** [21:48]  
So I'll definitely be sure to get you that information.

**Ariana Saunders** [21:52]  
Yeah, let me know. [cross talking]

**Elia Del Carmen Solano-Patricio** [21:53]

-when I run into people.

**Ariana Saunders** [21:54]

Yeah. Those are people that we're trying to connect more with because we know they need more support. And it is a population that CSH prioritizes because we know there's a need.

**Elia Del Carmen Solano-Patricio** [22:03]

Yeah.

**Ariana Saunders** [22:04]

So that would be helpful. I know, for COPE for prisoners, and I know-

**Elia Del Carmen Solano-Patricio** [22:08]

Yeah, that's a good one.

**Ariana Saunders** [22:09]

It does a lot of education with – I forgot what it stands for now – but they do the vocational training for reentry populations.

**Elia Del Carmen Solano-Patricio** [22:14]

Mm-hmm.

**Ariana Saunders** [22:16]

But I just don't know of a lot of foundations that have grant money. So, if you do know that too, that would be awesome because I know- [cross talking]

**Elia Del Carmen Solano-Patricio** [22:21]

Yeah. And this is specifically around housing, right? COPE for prisoners is like mentoring, things like that. Reintegration. But this one is, specifically housing.

**Ariana Saunders** [22:31]

We need more housing.

**Elia Del Carmen Solano-Patricio** [22:33]

And it's the first one. So basically, she described it as the first halfway house for women. That it's just for women. Because previously, they've been integrated.

**Ariana Saunders** [22:42]

Right.

**Elia Del Carmen Solano-Patricio** [22:43]

Yeah. So definitely, I'll try to get in and put it in the chat for you. Kelliann, thank you.

**Kelliann Beavers** [22:50]

Oh, of course. So I just have two more questions. And then I'm going to pass to Carmen, who's

going ask you some more housing-focused questions before we wrap up. The next question is, what, if anything, do you wish that different levels of government would have done or could have done differently with respect to the pandemic?

**Ariana Saunders** [23:08]

Oh, where do I start? I think the biggest thing is, one, I think they should have engaged. And not saying this from a money perspective, but engaged partners, like us, that could support them much faster. Because a lot of folks waited until they were really inundated, and then they started asking for help. So I think some of that, I wish they would have reached out faster. And that doesn't have to be to us, but just recognize that they didn't have the capacity, and found ways to build capacity much quicker, to just make things more efficient and timely.

But I also think the biggest challenge I've seen, especially in Nevada, is the collaboration and the idea of really finding ways to systematically collaborate and work together. I think they tried, but from our perspective, from the housing perspective, I mean we still very much operate in siloes. And so, seeing how there's so much funding going to different government agencies, but really making sure that there's a table where people can get and sit together and talk strategically about it. Because it's like DHHS has a ton of money that can pay for all the services that we talk about in supportive housing. The housing department has got a ton that can help, in terms of renovating or building new housing projects. Our public housing authorities got a ton of money in terms of vouchers that pay for rental assistance. But there are – some tables exist, but I think some of them aren't as effective, or they just didn't come together quickly enough, when the pandemic first hit, to start that collaboration from the very beginning. And that's true for everyone across the country. I'm not picking on Nevada. But I think it's a lesson learned that they will also say they recognize – post – that they really could have seen the value or been a little more proactive in seeing the value of collaborating much more effectively and quickly and doing things like throwing the money together and doing joint NOFAs or joint RFPs. Different counties and cities can put money together.

**Kelliann Beavers** [25:08]

Yeah.

**Ariana Saunders** [25:10]

Especially when we have – is this Nevada-wide, or is this just Las-

**Kelliann Beavers** [25:15]

It's Nevada-wide.

**Ariana Saunders** [25:16]

Okay. Because I really always think about our rural counties that don't get as much money. And how, if they could collaborate with other counties, or just the different partners that are getting the funding, those are really the ones that could benefit from throwing the money together, and doing a joint one, and then prioritizing – I mean, yes, we need a lot in Las Vegas. But also, is there the ability for us to think about Clark county-wide? We still have rural pieces of our county, just like Washoe, and just like other counties. And how can we prioritize some of those, or make sure that they're getting enough funding to support – or there's supplemental funding?

And my other wish too is that they saw the value of a private-public partnership and got more flexible funding to supplement that. Because there's always going to be like you were just saying, restrictions to the funding, and there are always going to be gaps. And what we've also seen is that there's a real big need for providers on the ground to be able to have a cushion or unrestricted funding that they can use to meet the needs of folks. Yeah, they got a lot for PPE, but what if somebody didn't have the appropriate houseware when they get into their new – you know? There are not always funds for that.

So just thinking about some of those. Thinking about the big thing in Nevada that I know people are struggling with is folks – people that aren't "homeless" enough, or poor enough, but still, need the support. And that's where I think the flexible funding could happen; either through a private partnership or to the extent that the government looks at their funding and is able to carve that out. To show that – we have state funding that could provide some of that. So how do I take what the federal government is saying – I have to serve this population – so then, maybe I can redirect some funding from the state, that usually, used to go to that population, and expand it to a different population that the federal government is never going to support, which are those people that we say are not "homeless enough," meaning they don't have documentation to show that they're chronically homeless, and they don't have enough episodes, or length of homelessness isn't long enough to qualify for some of that funding, or some of those rental assistance programs.

There are people that are hearing – because I sit on some behavioral health policy boards. And we're hearing from providers too that there are a lot of folks whose parents are aging out, or unfortunately, passed away, or got really sick, and couldn't take care of, maybe, some of their loved ones that have a mental illness or other types of disability. And so, they're technically not homeless, but they're going to need support. And so that's where – I know [N-??27:46] said they're getting an influx of requests around family members that are concerned about the next step for the loved ones that they're taking care of, where they're recognizing that they can't care for anymore. But they don't qualify for a lot of the housing programs we have because they're in-stably housed. They're not technically homeless.

So I think that is also where we've – there was a big, missed opportunity. And I think people are looking at it now, but I just wish we had thought about it earlier. That the pandemic highlighted those are a lot of people that are going to have the need, right? Because there are a lot of people that recognize, most of us are one paycheck away from homelessness. And so, how do we support those folks, and make sure that there's funding that can support those folks? And not force somebody to have to literally experience homelessness, and literally be in a shelter for an extended period of time before they get support. The goal is to prevent folks from even having to experience that. So that would be my two wishes. Collaboration, and then, getting innovative with the funding.

**Elia Del Carmen Solano-Patricio [28:52]**

I'll go ahead and take over from here. I think that you just described someone in my family actually, an uncle who was schizophrenic. And he receives federal benefits, right? Not quite homeless. He does have a caregiver. But that person has to work and has children.

**Ariana Saunders** [29:09]

Right.

**Elia Del Carmen Solano-Patricio** [29:12]

So, putting what you just said into context made me think about him. Because he needs services and wraparound support.

**Ariana Saunders** [29:21]

Right.

**Elia Del Carmen Solano-Patricio** [29:22]

So I'll move on to specific questions, specific to housing. We asked you what policies were there to help address the pandemic. What policies specifically do you wish were there to alleviate – things like, for example, do you guys look at credit issues in addition to housing shortages? That's affecting obviously – it's renters in your case. Does homeownership tie into any of that?

**Ariana Saunders** [29:56]

Yeah. So just real quick. I've met Vera, so that's awesome. I know who you're talking about now. Okay. She's amazing.

So yeah. As an agency, we don't focus as much on homeownership. We see that as a continuum of affordable housing and housing needs. So we focus more on the folks that are extremely low-income to no-income that really need the support services too. But when you talk about credit – when we think about policies that needed to change, some of it is reducing barriers to folks accessing any form of housing. And so it's like, why do you need to do a criminal background check? Why do you need a credit check? Some of those things about really getting landlords, or supportive housing providers, or even affordable housing providers to see that a lot of the barriers they put in place actually aren't good indicators of whether or not someone's going to be a good tenant or not. I just talked to a realtor today who was like, "I don't care what your credit score is. That does not determine whether or not you're going to be a good tenant." You could have a fabulous credit score and still just not care about this place because it's not yours, or still, just be dirty, right? (laughs) So those are not good indicators.

And then also, people recognize with the pandemic too, you could have – a lot of people had fabulous credit scores and income before the pandemic. But something happened, you know. So getting people to recognize that some of those aren't good. So there are policies that we could pass that would reduce that or prevent landlords from requiring some of that. I do know there's been a lot of advocacy around policies around our eviction policies in general. So finding – giving people more leeway in terms of the time periods of when it comes, from eviction warning to when somebody is actually evicted. Making the process more person-centered, where you have a place where somebody can advocate, and giving them more time to find funds to overcome that. I know what was happening a lot during the pandemic was, even though there was that eviction moratorium, people were still finding ways to evict folks, or people weren't educated about what that moratorium actually meant. And so people were still getting evicted, and still kind of sliding through the cracks.

So I think there's a lot around that. Not just policy, but education around policy for folks, so they know, and they're protected, or just more organizations that are there to advocate on behalf of folks who don't have the resources to hire a lawyer, right? Like whom does?

So I think there's a policy around that. And then there's also a policy that we could do that would prioritize housing or housing for those that are most in need. And so there's stuff that we could do that would either require the housing department to do set-asides for supportive housing. There's a policy that we could do that would require, even like our DHHS, or other departments under the HHS umbrella, that would have set-aside money or money that's prioritized for housing is one thing that we've looked at.

We did have a bill that passed a couple of years ago, that created that table that I was talking about. Where there are people from all different sectors that were supposed to – other communities call it the Interagency Council on Homelessness. But basically, it's someone from child welfare, somebody from welfare services, aging, behavioral health, housing, and urban development. All of these different systems of justice, that we know impact folks, contribute, or have a stake in the game in terms of housing and homelessness at the table, strategizing and coming up with a statewide plan.

And so, we have that. What we see is, there's definitely an opportunity to make that body have more teeth and more leverage. But also, like I said, maybe even do stuff where they're creating an office or a funding source that can support some of that. Because right now, that's not happening and there's no accountability. There are committees all over the place. I'm on three committees. But where is the accountability to make sure I show up and do my part, and contribute, other than because I want to be on it and I'm passionate about it. And especially, when it's people that – I'm not connected to an agency that can give funding, right? But if I was, how meaningful would that make that committee, where I can come in and say, "Well, my department is going to set aside 'X' amount of our dollars to this priority."

And so, some of it is just operational. But some of it too is if it's policy, then people have to be held accountable, right? Because it's legislative – it's mandated legislatively, or they have to adhere to whatever the NRS is.

**Elia Del Carmen Solano-Patricio** [34:33]

So it sounds like what you're describing is that there needs to be a policy intervention, in order to break up the siloes, and supportive services.

**Ariana Saunders** [34:41]

Yeah.

**Elia Del Carmen Solano-Patricio** [34:42]

And that is the second part of it if I'm understanding correctly – and I'm not sure that I am – so please, help me on the last part. You were talking about collaboration, right, for all those people, and evaluation of programs. So I evaluate a policy; as policy analysts, we know is a lot more difficult to prioritize.



**Ariana Saunders** [35:09]

Right.

**Elia Del Carmen Solano-Patricio** [35:11]

Just because we're trying to get so many things through the door, and then get them funded, things like that. So the evaluative policy, do you think that should be at a local level, state level, or federal level? What would that look like for you? Say, you had a program, or you were helping a provider who needed to evaluate a program. Where do you think that policy intervention should come from?

**Ariana Saunders** [35:29]

That's a good question. I mean, I would love to see it at all levels. But I think at the bare minimum, at least at the local level – I think it's always going to be at the federal level because they have to report to Congress how they spent all of these dollars and the effectiveness of it. What I don't see enough is at the local level. But using it from more of an improvement process than a – "This is how we spent our money, and this is how many people we served" kind of thing. I would love to see that.

But I understand, too, that it's hard to legislate, and I understand that anything that costs money – because you have to pay people to do these evaluations is really hard too. But I think if we can get better or more creative at infusing that in everything we do, no matter what, that would be great. I sit on the advisory committee of Resilient Nevada, which is helping determine priorities for all those opioid settlement dollars that we got. And that's something that we just talked about today is, it's not a specific recommendation, but it's going to be an intro; that we say to any recommendation we give, there needs to be an evaluation component to it. Because if we're putting – and I feel like every government agency should agree; that if you're going to put money toward something, you want to be able to demonstrate that that money had the intended impact. And so, I know it costs money but it's still a major component.

A lot of the federal funds have that included like I said. It requires them to have a plan, and the plan has to have an evaluation component to it. So there is some funding already there from the federal side. So I think we just need to get it either at the state or local side or understand how we need to constantly mimic that. Anytime we do a policy change, or we legislate, or even just develop a new funding pool that is in part of that RFP or that notice of funding process, you have to have that piece of it.

And I'm completely biased too because my background is in quality improvement. So that's – I'm always like, "Why don't we have more funding for it?" Because you need more staff to do it.

**Elia Del Carmen Solano-Patricio** [37:29]

Yeah. Well, we scholars have taken on the task of evaluating policy.

So, you just mentioned something about opioid settlement dollars, which I know is not specifically related to housing, but it is. And that's kind of our point, right? So, I just had a question, mainly from myself. Are you seeing [??37:52] conversations around the disparity of prevention of addiction treatment, just physically, right?

**Ariana Saunders** [38:00]

Yeah.

**Elia Del Carmen Solano-Patricio** [38:01]

Logistically – are you guys talking about that at all?

**Ariana Saunders** [38:04]

Yeah, a little bit. And that's why I'm actually on that board is that committee, the bill that created that committee did legislate – one of the priorities is housing, and that somebody on the board should have expertise in housing. So, to me, that is a benefit. I feel like that's coming out more and more, and I think part of that is lessons learned through the pandemic. Because we saw a lot of people experience homelessness or become unstably housed. And so, other sectors are seeing how that impacted their ability to work with those folks. So it's definitely happening, but that is something that's – because for me, housing is about giving people that bottom level of their needs, and that safety and security that everybody needs before they even focus on anything like their recovery.

But also, what people are also seeing is it's also accessibility too, right? And so it's not just that you're experiencing homelessness, but it's where you're housed. And I know that from running supportive housing programs. I had tenants that would sit on a bus for two hours, to go see their psychiatrist, to get their medication, and it's like, *I* wouldn't want to do that. So why are we expecting people, who are already struggling with managing their symptoms, to do that? Because that's two hours where you're in this environment that may not feel safe. And if you have paranoia or any other kind of hallucinations, it's just – all the things. I know, I'm preaching to the choir.

But I think part of that is, it is something that we're talking about, and accessibility's a huge thing that they're talking about. But the bill also requires that we do everything through an equity lens, so that has definitely been a conversation. Because I do think equity – and you can't talk about equity without talking about the disparities in accessibility, which is the way neighborhoods – I'll go back to redlining – the way neighborhoods are historically set up, and taxes are distributed. You can't not talk about it.

**Elia Del Carmen Solano-Patricio** [39:50]

Thank you. I knew that you would help me bring that together. (laughter)

So I'll finish with two questions that are a little bit more personal for you. What are two to three changes that you could describe that you would say you were most proud of, from having to deal with the challenges of the pandemic?

**Ariana Saunders** [40:11]

Oh, that's a good question. That's a good interview question too. I think one – what I'm most proud of – and I don't know if it's changes that I directly saw; but that I personally am happy that is happening in our communities is that people are prioritizing housing and seeing the value of housing as a social determinant of health. We've been asked to – and I say, "we" meaning me, and then I have a colleague who also is based in Las Vegas – that we've been asked to do a lot of

presentations around supportive housing. And so, I think people are recognizing the value of it, and really, genuinely want to understand it because they want to see more of it in our state.

So for me, I'm really proud of that and proud that I've been able to give them the information that I think they need to do that. So I'm really proud of that, and I think I'm just really proud of us reimagining how we do our training and technical assistance to make sure it really is useful. I think the shift that we saw, as people who do consultant and training work, is coming to folks and thinking about, how do we add capacity. Versus the old stigma with some trainers and consultants is, we just throw stuff at you, and then good luck – hope you succeed, where we're trying to maintain. And I think we've done that – long-term relationships with folks – and it's not about money, right? We need to be able to pay our bills. But it's really about being able to have solutions that are sustainable, but also, we're adding capacity because people are so overwhelmed.

And so, being able to develop relationships where people see that we're trying to help. I'm not trying to be a salesperson. I'm trying to say, "This training is going to help your staff serve this population better because they need to understand these skills," or they need to understand mental health to know how to support someone who's experienced trauma or has a mental illness.

So I think, to me, I'm proud of that. That I think we did a good job of pivoting. And because I have a background in doing direct service and working in communities, I'm proud I was able to bring that lens to say, "This is what people really need to understand to do the job." Versus just talking and theory: "Oh, we should all be person-centered." But what does that actually look like, when I'm talking to a real person in front of me? And because one of our most popular trainings is de-escalation, I'm really proud of that too. We created that training, me and a colleague, and we've done it a million times. Because it's really, all good and well-intended until somebody's in your face and they're cursing you out because they think that you're an agent of the system that's traumatized them.

So getting people to understand that, and develop skills and tools to combat that, but also take care of themselves, I feel like, has been big. So the t-[??42:51] informed care and de-escalation, and then self-care training we've been doing a lot of, I'm really proud that we're – because I feel like that's adding capacity, and it's giving people things that they can utilize. Versus just saying, "Do this, and it will be great," or "All tenants should be housed forever." But it's like, how do I do that when somebody's struggling, or how do I do that when somebody just relapsed, and they're ashamed, and they don't want to tell me? So I think – did that answer your question? I kind of rambled, but I think-

**Elia Del Carmen Solano-Patricio** [43:20]

You really did. And that actually led me to another one, which actually – I'll start off this way. I imagine that being this kind of provider in Nevada, where we have – we rank in probably, the lowest ranks for access to mental healthcare.

**Ariana Saunders** [43:38]

Yes.

**Elia Del Carmen Solano-Patricio** [43:39]

Since this is one of your priorities, and since you haven't worked in Nevada the whole time, can you compare some of those challenges or opportunities we could learn from in other states?

**Ariana Saunders** [43:50]

Yeah. I try to all the time, although I know it's not always loved by Nevadans, right? People don't want to hear about what's happening- [cross talking] California.

**Elia Del Carmen Solano-Patricio** [43:57]

We love learning lessons from other states.

**Ariana Saunders** [44:00]

Well, yeah. You guys are different. But I learned coming from New York. I was like, "Well, this is what we do in New York," and they're like, "Ariana, stop talking about New York." Because I think people who have been here for a long time hate hearing about how other states are so great, and we're last, you know? It's like, "Give us tangible solutions."

So I do get that, and I think what we've really tried to do is be strategic about how those suggestions become, which I do think is a value we add. So my colleague is a born-and-raised Nevadan. She was born and raised here. I've been here for almost six years. My parents have lived here for 15. So I feel a little bit more connected, and I understand the environment more. And I think that's the value too; is that we can take examples, but we're only going to take examples that we know will fit the culture, the climate, and the situation in Nevada. Which I do think, these challenges we've had in the past, where we go into other communities – which is why I'm really proud to live and work here because we can do that.

But there are – the biggest thing we're trying to get now is to get the Medicaid offices working on an amendment to our plan. Where the support services I talked about, like those housing stability tenancy support services – whatever you want to call it – can become Medicaid-reimbursable, will be a *huge* game-changer for so many people that are doing this. Because now, behavioral health providers, who want to work with these folks, can do it because they can get reimbursed for it. But also, people who are already doing this work, who rely on grant funding, can get – it just adds to the – it's like what I was talking about. We need to get diverse streams of revenue to fund these things, so people have more flexibility. So they can use that now to reimburse for some of their services, and maybe use grant funds for something else. Reimagine how they use their grant funds.

So we're really trying to push that because we've seen it succeed really well in other states. And so that's what we're trying to do. And that's where that collaboration too, we're trying to give people examples of that like I talked about the FQHC. That's an example from Oregon that we've seen that we share as much as we can to say, this is amazing – we've done site visits. I presented and shared pictures of it because we want folks to be able to see it works in other communities. It's just, what do you want to take from that formula and make it work in Nevada? Everything's not completely replicable, right, but what can we do? And part of it is starting with the funding. If we can get some of the funding there, then people can build programs that are similar.

The biggest challenge we have in Nevada is, and the way it's set up is because we just don't – we have to look at states that also don't have income tax and have to go through other ways. We've been compared to Colorado because they were the first state to get a lot of taxes from marijuana dollars and other funds. So, thinking about how to use those funds. How do they use those funds innovatively and strategically, and how can we replicate it here? That's why, when I first moved here, somebody was like, "Well, you can't compare us to states, like New York and California, because we don't have an income tax. So, unless you want to start getting income tax..." and I'm like, "Yeah, I guess that's a good point. I like getting my full paycheck, so let's think about other ways." But I mean – and no voters are ever going to agree to that. So it's like, how do we use what we know? And so, using other states that are similarly set up, like how they use different funding and got creative to make it work is what we're really trying to replicate.

The tenancy support and the Medicaid benefit would just be amazing. So we're always trying to push that because it would do a lot, and it's coming from the state, you know? It's coming from the federal government; so there's a state match, but there's still – most of it can come from the feds. So let them pay for this stuff since we don't have an income tax – a bunch of income taxes, or large property tax funds that can pay for these things.

**Elia Del Carmen Solano-Patricio** [47:39]

They do own a lot of our land, right? It sounds like you're talking about – if we design policy around infrastructure, it might address more than one concern.

**Ariana Saunders** [47:50]

Yeah.

**Elia Del Carmen Solano-Patricio** [47:51]

So say you have an FQHC at the bottom of a housing building, and there happened to be mental health care providers, as well as primary care.

**Ariana Saunders** [48:00]

Yeah.

**Elia Del Carmen Solano-Patricio** [48:01]

Look at that. You just solved the issues in one fell swoop.

**Ariana Saunders** [48:02]

Yeah. And it's so feasible, especially when I think about communities that are considered food deserts and service deserts. If it's some of the poorer communities, like North Las Vegas, or if it's rural communities, FQHCs are supposed to be in those communities anyways, right? So how do we give them additional funds, like those capital dollars, so they can build above, or they can buy a property, because that's the point of it, right? So then they've got all those services, places where people normally don't have. And you can attach a food pantry to the side. There's nothing saying that they can't add a food pantry or do other things that will like you said, address multiple challenges in one.

**Elia Del Carmen Solano-Patricio** [48:47]

Thank you, Ariana. That all was very comprehensive. I'll leave you with one question, which you can answer now, or you can think about. Because we definitely want to follow up with you – because it has been, especially for Kelliann and I, it has been very fruitful to talk to you. Who do you think we should talk to?

**Ariana Saunders** [49:06]

Well, that's a good question. I mean, I think, if you do want to know more about housing, I would say, Brooke, my colleague here. She's the director. And she's been doing way more on the housing infrastructure side, so she sits on our housing advisory board. She's working with our housing department. She's advised them on some things around how to spend some of those funds. So I would say, she would be a great person.

And I'm assuming you've talked to on-the-ground providers. But I could give you examples of supportive housing providers that are also doing that work. Or street outreach teams would also probably be able to tell you what's really happening with folks and how- [cross talking]

**Kelliann Beavers** [49:44]

That would be good because supportive housing providers are not someone that we have spoken to. We have spoken to some general affordable housing developers but that's a little different.

**Ariana Saunders** [49:54]

Oh, okay. I can connect you to – the two that I think of that are great, that are doing a lot of work here is U.S. Vets. And so they do a lot, and they have like one of our only single sites that's like what you were talking about, Kelliann, that has services onsite, and everybody lives in the same. So they've done a lot of work, and they just got a contract to renovate a hotel to do even more. And I think they're going to serve beyond – their veteran population is their target population, but I think they're going to serve beyond that.

And then HELP of Southern Nevada, they do supportive housing. Have you talked to them? (Carmen and Kelliann nod "yes") Oh, okay. They're always our go-to too. Because they have most of our funding through PSH, they also do behavioral health. So I always like to go to them, and they serve all – they serve families, youth, and single adults, which I also think is important.

**Kelliann Beavers** [50:41]

Who should we talk to there if you think of anyone in particular?

**Ariana Saunders** [50:45]

At HELP of Southern Nevada?

**Kelliann Beavers** [50:46]

Mm-hmm.

**Ariana Saunders** [50:47]

I would either say, their executive director, F-a-l-a-d-a, or Kelly Roberson, who's there.

**Kelliann Beavers** [50:53]

Okay.

**Ariana Saunders** [50:54]

She's the head of their social services department.

**Kelliann Beavers** [50:56]

Okay.

**Ariana Saunders** [50:59]

So she knows everything that's happening and deals with all their funding too. And at U.S. Vets, I would probably start with S-h-a-l-i-m-a-r. She's their executive director.

Did you talk to anybody at the county, at Clark County?

**Kelliann Beavers** [51:10]

We talked to Tim Burch.

**Ariana Saunders** [51:12]

Okay. Tim knows everything, so you'll be fine. (laughs)

**Kelliann Beavers** [51:15]

Oh, I can't believe the work he does. I got off of that call, and I just wanted to weep for – [cross talking] admiration and humility.

**Ariana Saunders** [51:19]

He does a lot.

**Kelliann Beavers** [51:23]

And all the people he works with, and you – everyone, it's just such a heavy lift, everything that you do, much less through this societal emergency. So it was very eye-opening to speak with him.

**Ariana Saunders** [51:34]

Yeah. Do you guys want anybody around behavioral health, or are you just focused on housing?

**Kelliann Beavers** [51:39]

No, that would be great. Behavioral health would be really wonderful. We're trying to be as comprehensive as we can because the policy recommendations we have won't make implications throughout everything.

**Ariana Saunders** [51:50]

Yeah.

**Elia Del Carmen Solano-Patricio** [cross talking] especially.

**Ariana Saunders** [51:53]

Yeah. Like the folks from N- [??51:53] I think are really good. And then, Foundation for Recovery is the biggest peer support agency. I didn't even bring those up, but I'm big on peer services and peer support too. And lifting the voices of people who lived experience. But they do a lot of work around that. So – I forgot the name of their executive director now. All of this, I can – like what Jamie did – I can email you guys the contacts- [cross talking]

**Kelliann Beavers** [52:22]

Oh, sure. Anything you think of that is easy to pass to us, we would obviously love to have it. And for that matter, if there are any press releases, agency reports, or anything that you are a part of, or have seen come out that you think we should read, we'll be glad to do that. But I don't want to create work for you to dig around and send us stuff.

**Ariana Saunders** [52:39]

Oh, no...

**Kelliann Beavers** [52:41]

So just whatever's easy.

**Ariana Saunders** [52:42]

Well, the thing that I think of, that I'll send you is, I'll send the couple of things like I was saying, that we're advocating for at the federal level, but also, state level. We have a services transformation fund that is an example of what I was saying, pulling all this money together to pay for services, making it flexible, and giving people different buckets where they can do it from. So we have a white paper on that that I can send you if that's helpful.

**Kelliann Beavers** [53:05]

Of course.

**Ariana Saunders** [53:07]

Okay. I can give you the link to our – we have a resource page – because we have somebody – we have two people, that that's their full-time job is they work on policies, state and federal. So if you want to-

**Kelliann Beavers** [53:15]

Okay, great.

**Ariana Saunders** [53:17]

Those will give you examples of what other states are doing that we usually highlight too.

**Kelliann Beavers** [53:21]

Yeah, that's great. That's something I was thinking of that sounds like you have wisdom about. Thank you so much. This has been immensely meaningful.



**Ariana Saunders** [53:27]

Yeah, no problem. I'm excited to see what you guys come up with, and what the report looks like because we need it. So, thank *you* for that.

**Elia Del Carmen Solano-Patricio** [53:35]

Yeah. We're excited to send it [cross talking] and connect with you.

**Ariana Saunders** [53:36]

Thank you for the information.

**Kelliann Beavers** [53:41]

Yeah. So I'll be in touch with the transcript after we get it written, proofread, and such so that you can take a look. And if there's anything you want to revise or anything about it, you can. And then yeah, we'll obviously keep you in the loop, as we continue to produce research from this work as well.

**Ariana Saunders** [53:57]

Okay, awesome. Thank you. Yeah. I appreciate it.

**Kelliann Beavers** [54:00]

Okay. Thank you so much. Well, have a good rest of the afternoon.

**Ariana Saunders** [54:04]

You too. Take care.

**Elia Del Carmen Solano-Patricio** [54:05]

(waves goodbye)

**End of audio:** [54:12]