

An Interview with Jamie Ross

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 Jamie Ross, Executive Director for PACT Coalition for Safe & Drug-Free Communities, and was conducted on 3/21/22 by Elia Del Carmen Solano-Patricio and Makada Henry-Nickie. This interview covers topics including reflections on leadership, organizational challenges, and opportunities for collaboration.

## **Audio from Jamie Ross**

**Carmen Solano** 00:00

First one: can you describe your position and your role in your organization?

**Jamie Ross** 00:06

Sure, I'm the Executive Director at the PACT Coalition. So I'm the...I report directly to the Board of Directors, I think like most nonprofits. And the PACT...do you want me to tell you what PACT does? Okay, so the PACT Coalition, we're primarily substance misuse and behavioral health prevention and promotion. Really, we do two things. We are... I think the most important thing that we do is provide that neutral convening space, to have difficult discussions around substance misuse, mental health, behavioral health, really be the subject matter experts when it comes to prevention specifically; and then understanding who the key players are, who the subject matter experts are in all of the other closely related fields, working with quite a few... working with as many of them as possible; understanding the intricacies of the governmental entities that are so intertwined in this work, and how the nonprofits, the governments, the for profits, etc, are all working together.

So providing that neutral convening space, we also provide training and education. So again, we are the experts on prevention. But we also will bring in experts on different subjects related to all of the work that we're doing, whether that is flying out the president of the American Society of Addiction Medicine to speak to 500 doctors around proper prescribing practices, or getting our staff trained as trainers for mental health first aid, so they can go out and provide trainings for free to our community. No cost to our community. They're all grant funded.

So they still cost money, but we've written them into grants, so they're all paid for. And then we also provide funding to direct service providers, big believers that rather than me and my staff going out and presenting to our community on evidence based prevention programs and all of the work that we're doing, we fund our direct service providers to do that--so to increase one grassroots prevention, providing small amounts of money to agencies.

And two, I think that also increases our cultural competency, humility, inclusiveness, whatever the words you want to use are. But Boys and Girls Club is really well known for bringing in adults who used to be at Boys and Girls Club. And so how do we train them in prevention, rather than someone who looks like me? Without the same lived experiences, etc, going into those communities? And so it's just a lot of funding those agencies to do that work, who are the experts in their field, and then educating them on what prevention looks like, behavioral health promotion, etc. And so that's what we do.

**Carmen Solano** 03:12

Thank you, Jamie. That last point that you made about Boys and Girls Club was neat, because I know you have a background in recreational services and working with youth. So thank you for that.

**Jamie Ross** 03:22

Yes. Definitely.

**Carmen Solano** 03:23

Next question. How do you see your role, or your organization's role, during the pandemic?

**Jamie Ross** 03:32

I think what we saw a lot of is that as a medium sized nonprofit, there's a lot that we are able to do that governmental entities just can't, pivoting quickly, is not something any government can do. So we got thrown so much money by agencies who were already funding us. They were like, "please take more. We want to do all these great things. And we literally cannot. There are rules and regulations in place to make it so that we cannot." There was one governmental entity that literally laid off every single one of their part time staff who do all of their training.

So we hired their part time staff, and they became past employees so that the work continued, could continue to be done. And so it's a lot of that governments and nonprofits working closely together, because I can't get in front of the county commission just because I want to, but our governmental entities, they can speak to the county commission, they can take the work that we're doing and bring it in front and say "this is why we need to change our policy, because the county is unable to do this work that is so desperate, desperately in need of being done."

So it was a lot of--especially the first like six to nine months of the pandemic--it was a lot of working together, getting additional funding, and trying to figure out how to spend the money that we had, (you know, what a quality problem to have is having too much money.) But we were like, "okay, so everything that used to require travel and training, and everything was now being done via zoom, which is way cheaper. And then how do we get the people in the programs in the classes? How do we get this students trained?

There was working with the school district was...man they had, they had some serious struggles that first year until they went back into live classroom. And so it was trying to figure out, okay, who are doing really great, unique work in the community? And how can we collaboratively fund them to do this work? So there was a ton of work being done on mental health promotion, and whether that's small group breakout sessions, whether that is working...we were actually working with the survivors of the October 1 shooting, and working with all these other agencies.

We were buying computers left and right, and just handing them out to people. Teaching, like showing people how to use Zoom, we became those experts in zoom really, really quickly. And so just partnering

with our governments and other nonprofits to ensure that we all had the flexibility to do what needed to be done and to pivot. Quickly. And--

**Carmen Solano** 06:46

Jamie, you froze for a moment. Yeah, you're right. Thank you, Jamie.

**Jamie Ross** 06:50

Of course, of course. So I'm not sure quite where I left off. But basically, it was that collaboration between agencies. And it was difficult, but it felt it's always nice when it feels like us versus the problem, as opposed to us versus one another.

**Carmen Solano** 07:08

You left off on that collaboration. Exactly. So I'd like to follow up with a question about that. So how, if at all, did PACT's goals change to accommodate the groups that you think were hardest hit, and which groups were those, first of all?

**Jamie Ross** 07:24

So I think during the pandemic...I think the groups that were most hardest hit are the same, that are hardest hit, no matter what the issue is. So our marginalized societies, our BIPOC communities, the the ones who are barely are kind of floating right around the poverty line up to an including well above the poverty line, because the poverty line is that's a whole other conversation to have. But so I think it disproportionately affected the same people that most of the work that we do we know disproportionately affects.

And I'm not sure where to talk about this. But as the COVID crisis ramped up, and we started to see a lot more deaths, we got fentanyl, which is about 50 to 100 times more potent than heroin. And that has been an issue across the country for ages now, but it really wasn't big in Nevada. We were still seeing mostly heroin, which is by no means a safe substance, but it is significantly safer than fentanyl. And just because sometimes things happen in really awful ways, our Communities got flooded with fentanyl, right as the beginning of the pandemic hit.

So, while the 2021 numbers have not been finalized, everyone I've talked to who works in this space believe that...no one will be surprised if fentanyl is the number one killer of people under the age of 25 for 2021. And it's just one of those twin pandemics that hit at the same time. And I'm sure people smarter than me can tell you why that is. I don't know. It just happened and it's really, really terrible. And it's, it's definitely affecting our communities significantly.

And it's interesting because that is not hitting any one socioeconomic area. If you look at...there's some really cool overdose maps and they are everywhere. It is not an 89101 or 89109 zip code problem. It is an 89144, 89014. It is Henderson and Summerlin and downtown Las Vegas, and it is a huge problem

everywhere. And because fentanyl's being put in pressed pills, mostly, it's skewing much younger, because the perception of harm of taking a pill is significantly lower than the perception of harm of doing heroin, even though honestly, heroin is sadly safer.

So there's that, that goes along with that. And we are seeing that our drug problem has always outside of when it was prescription drugs--when it was prescription drugs, being a person of color was actually a protective factor for the awful reason that doctors don't like to prescribe drugs to people who don't look like them, they look more like drug users. And so, but since in 2017 through 2019, when those laws really changed, both in Nevada and across the country, that's become less of an issue. And so now our drug--

I want to make very clear, I want to make very clear, it is not because people of color are more likely to use drugs, it is because people of color are more likely to die from drugs, because they cannot get the help they need. So I don't want to say that being a person of color makes you more likely to use drugs, because there is no data to back that up.

**Makada Henry-Nickie** 11:30

Indeed.

**Jamie Ross** 11:32

Okay, sorry, keep going.

**Carmen Solano** 11:34

No, thank you, Jamie. That was a perfect answer. I want to touch base on what you mentioned about collaboration with government agencies and the positives that resulted from that interaction. But what do you wish would have been done, would have been different from their response during the recession?

**Jamie Ross** 11:59

One, I think, during this--so let me just clarify, you're asking, comparing the pandemic to the '08 through 2012, recession?

**Carmen Solano** 12:09

The COVID recession.

**Jamie Ross** 12:10

So the COVID recession, got it. So I think at the beginning, when everyone was terrified that there was going to be no money, everybody was very worried about budgets being slashed. Um, I remember--

**Carmen Solano** 12:31

You froze again, Jamie, we'll wait for you.

**Jamie Ross** 12:46

Wonderful, wonderful, wonderful. So I think there was very much a fear at the beginning of the pandemic, during the recession, that money was going to be cut. No one knew how much, no one knew when, and it was very much a culture of fear. And then once the federal, whatever version of the stimulus we're talking about, because there were so many different versions for so many different people.

It felt we were all very relieved. At the beginning, when there was a special session, and everyone was calling in via Zoom, to listen to what was going to be cut and behavioral health was definitely on the chopping block. One thing we know that as far as our state budget goes, most of our state budget goes to Medicaid, and the entirety of DHHS, but Medicaid is the giant of that budget. And then education.

Those are the two biggest things that...and so you unfortunately cannot cut the state budget without cutting those incredibly important programs. So it was definitely a challenge. But that really only lasted probably through fall of 2020. Yeah, because we're two years in, so it would have been fall 2020. And then by then all of the federal dollars started pouring in.

So it felt...no one I know is worried about money right now. Anyone in the behavioral health field, anyone in the substance use field, we're all seeing so much more money than we ever have before. And it's a little bit of whiplash, unfortunately. Does that answer your question?

**Carmen Solano** 14:48

It does answer my question. I'm glad that you asked whether that was in comparison to the 2008 recession or this particular one, because the next question is about that. So from your perspective, were there more effective policies--whether that's local or federal--in place to deal with COVID, then to deal with the Great Recession of 2008?

**Jamie Ross** 15:14

You know, that's an interesting question. I think we as a country are, unfortunately, never as prepared as we could be just because we have so many more people. So many more people living on the fringes of society, and our social safety nets are not as strong, as in my opinion, they should be. And that's very much Jamie Ross's personal opinion and having nothing to do with PACT.

But I think that we are never as prepared as we could be. I had a much more intimate relationship with the COVID pandemic. A good chunk of the folks who we work with work in our public health field. So you know, I'm watching FSHD, try and scramble to get this ready. I'm watching our hospitals, who literally are running out of gloves and hospital gowns and masks.

So from where I sit, I think we were better able to handle a fiscal recession. Just because this this wasn't our first. It was the one in '08. There has been many before. And this is the first time in modern history, we've had such an intense medical crisis that affected us financially. So I think we were less prepared, although I think we could be more prepared for all crises because a crisis is a crisis. And the details can be different. But what we need to do as a society to make ourselves safer and healthier as communities will mitigate every single one of those risk factors.

**Carmen Solano** 17:10

Thank you, Jamie, that answers all parts of the question, actually. So I'll lead to the last one of my section anyway, which is with regard to the groups that you engage with. You mentioned that Zoom made it easier to engage with your partners. But were there any groups, in the community or otherwise, that you would say you successfully engaged with during lockdowns?

**Jamie Ross** 17:37

I think the diversity of the groups that we interacted with increased. So pre-pandemic, we would usually...our our monthly coalition meetings are kind of a good barometer of who's in the room and who's showing up and who cares about these issues. And we would have about 30ish, 30 to 40 people from about 25 to 30 different agencies in the room.

And as we realized that the pandemic wasn't going away, we would have 60 to 80 people from 50+ agencies in our rooms. And so I think we're seeing that go down just because of zoom fatigue, I believe. And maybe we're doing something wrong. And if someone would like to tell us what we're doing wrong, we're definitely interested in changing that. But that's exactly what we saw is the diversity went up. Groups that maybe didn't think that substance misuse was part of their bailiwick started to realize how intertwined all of the work that we're doing is.

So our domestic violence shelters are a lot of the folks who were working in the, in the sexual violence and in the all of those tangentially related areas. We've almost always got folks from law enforcement who are still in attendance. And so I think that it was just more people realized how interconnected all of the work that we're doing is, and as far as our direct service providers, because we don't do much in the way of working directly with the public.

I saw there are a lot of folks for whom Zoom and all of this was an easier way to get connected. But for a lot of folks, it was more of a struggle. And I surely don't know if the data will back up what I have noticed anecdotally and I'd be curious if you guys have data one way or the other, but it seemed like the middle class folks were able to do more via Zoom and be more connected and get more resources via Zoom. And the folks who were in lower socioeconomic areas struggled more with being able to receive resources during the pandemic.



And unfortunately, that kind of goes along with what we know to be true when most of all of the social service programs that we have created have some unintended consequences. And it's easier to get access to them when you were in a higher tax bracket, unfortunately. So that's I guess what I have seen.

**Carmen Solano** 20:43

Thank you, Jamie. That concludes the General Questions section so we can transition into the more Field Specific questions, which you've already touched on quite a bit. So thank you. Makada.

**Makada Henry-Nickie** 20:56

Great. Jamie, I think you are so right. We don't have a ton of definitive, systematically collected data at this point to talk about or describe this duality on between low income people not having access to Zoom, which is truly a function of access to internet, and how affordable broadband or high speed internet is across this country. And, you know, higher-income people being able to afford or take advantage of flexible remote work in the comfort of their homes.

And this kind of all goes back to this idea that you said, which I really like, as a country, we're better prepared to deal with fiscal crises. Our tools, our monetary policy tools, our fiscal policy tools are certainly, you know, well-honed to respond to those kinds of crises. But this time, you know, the public health crisis has really invoked all of the weaknesses that our folks in social services sector have been talking about over and over and preaching about at this point.

So I kind of want to, you know, dive into some of those sort of deeper issues and segue, so to speak. Let's talk about the housing crisis. First of all, a lot of what we're seeing is an enormous amount of price escalation, both in housing markets, for home purchase purchases, and certainly in the rental space. But what we haven't heard about is how does this housing or this unaffordable, affordable housing crisis show up in the populations that you serve?

How specifically are they impacted? How did these issues manifest? You talked about fentanyl being an equal opportunity, in my view, community destructor. Right, and didn't discriminate against any of the zip codes. So help us understand, you know, from the people that are traditionally impacted by any crisis regardless of fiscal health, versus folks that are marginal or functional people. Tell us more about this housing issue.

**Jamie Ross** 22:54

I think it's the same as unfortunately, a lot of the other bubbles that we have seen. The folks who were barely hanging on who were maybe unable to qualify for Section 8 housing for whatever reason, or there were no Section 8 houses available for them to be in. The folks who, as one of my former kiddos described, the Siegel Suites grind.

And it just became the folks who were barely scraping by are the ones who are now more likely to experience homelessness, unable to move to a place with lower cost of living, then unfortunately, our cost of living has gone up because of our housing crisis. And our incomes have not gone up with the cost of living because it's gone up so quickly. And so I think it would affect the same. Sorry, I got a phone call. Um, can you guys still hear me?

**Makada 24:11**

Yep, we can hear you.

**Jamie Ross 24:12**

Yes. Perfect. Okay. So I think it's affecting the same people that unfortunately, all of these other issues more greatly affect. Specifically when it comes to housing, what we have seen is a lot of younger folks who are experiencing homelessness, who are housing insecure. I'm sure that's not the technical term for it, but the folks who are couchsurfing; folks who aren't sleeping, you know, in, in the tunnels, but maybe don't have a permanent address or aren't staying where their permanent address is and are just, you know, scraping by.

So I think that that has definitely increased, and especially for our younger populations, I have noticed that a lot more. I live in Southeast Las Vegas, not far from Boulder Highway, which is where a lot of our homeless folks congregate. And I've definitely seen more, and I've seen more...what I see is more and younger,

**Makada Henry-Nickie 25:26**

More and younger. And because you are situated in this space of substance abuse and substance misuse, are you seeing new populations show up? Or is it that, you know, these, job loss or whatever other crushing issues are pushing people into perhaps fentanyl use, that, again, is kind of accumulating on top of the housing insecurity they're already experiencing?

**Jamie Ross 25:53**

I think that it definitely plays a part. And I think that's unfortunately one of the reasons that some of our substance use numbers are higher, I did just see nationally, that there were 20-something percent 26-29% more alcohol related deaths during COVID. And again, it's hard to piece out specifically correlation versus causation. But there is an assumption that negative coping mechanisms are coping mechanisms, nonetheless.

And so what are we doing to mitigate some of those things, and, again, prevention is where my heart is. So I'm always a believer that we should spend more money building more fences, so that we have to spend less money pulling people out of the river downstream.

**Makada Henry-Nickie 27:01**

Have COVID relief funds been helpful with any of this emergent, homelessness issue that, again, you've been documenting anecdotally?

**Jamie Ross** 27:12

I would say I'm less familiar with the funds specifically for homelessness. I can tell you more about substance use. And I will say that there are funds coming in for substance use. Unfortunately, the funds that we're seeing right now are even more restrictive than they have been in the past. It seems as if, "rather than let's give more money to the people who are doing good work in communities, so they can do more of it", it's, "well, these are the things that we care about so we're going to fund these five things and if you're not doing one of these five things, then it does not matter, then you can use the funding that you already have to do that", which I understand.

I'm not opposed to... I understand supplanting, I understand concerns about all of that. But there's so much we could all do to expand the programming that we're doing, whether we're talking substance use, behavioral health, we need more money to do more of what we're already doing because of the amount of work it takes for those of us in our field to do something new and different. And I'm not saying new and different is bad at all.

But if you want me to get money today, and be able to spend money tomorrow, to make our community better, I need not to have to redo my policies and procedures, find new evidence based programs, train my staff on new projects, find new community partners...I need to be able to say, give me the money. I know the agencies who are going to be able to start more programs tomorrow. And we can just dump money into them. And we can do a lot of really great things.

**Makada Henry-Nickie** 28:52

Great. Let me ask you about food insecurity in particular. I can imagine that as housing insecurity increases, so does food insecurity. So talk to me about how this issue in particular is manifesting for your target population. Knowing that, you know, you sit at this intersection of people who are experiencing a multitude of barriers and challenges. And then if you could sort of bring in the funding piece...is it helpful, not helpful in that regard?

**Jamie Ross** 29:25

I think food insecurity has increased as well. I think especially during the height of COVID when we were all you know, coming together, the amount of really unique collaborations that were able to happen...schools opening up their doors for Three Square to come and give meals to whomever needed it. There were some really amazing collaborations. And it was heartwarming to see these stringent rules and regulations that all of these governmental entities have, whether they are Nevada Revised Statutes or county or municipal code, or just their own internal policies within their agencies--all of those melted away during the height of the pandemic, because we were so desperate to feed, clothe and house people.

And as the pandemic has gone on longer and longer, all of those rules, and everything have kind of come back much stronger.

And what I like to joke with the folks who are also in this world is that everything is harder than it used to be. Pre-pandemic, everything is harder than it used to be. Reporting is more stringent. Grants are more difficult to...once we get them, they are more difficult to keep. There's definitely more money. I'm not saying there's not more money, there's definitely more money. But to go back to your original question...food insecurity has definitely increased.

And I think...I compare it so much to the drug using population. There are people who are long term drug users, and they know, with the fentanyl crisis, they know what to expect, they know where to get fentanyl test strips, they know how to test their drugs, they for quite a bit of the time they use and live in houses with other drug users. And so there is Narcan everywhere. And people know how to revive someone from an overdose.

And they are actually more prepared for this crisis, then the folks who are new to this world and don't understand it and don't know how to navigate and don't know what the resources are. And I think there are so many people who were able to get by before. Maybe they weren't doing great, but they were doing okay. And then they got thrust into this world, having never dealt with it before. And they are, I think, struggling more than the population who has been in this world for long enough to at least understand and I'm not saying systems are great, I can tell you the 10 million ways they suck. But at least they already understand how the systems are.

They have names of case managers, they know where the resources exist. And I think the folks who were thrust below the threshold for needing social services who weren't a part of that before, I think are where we are missing the boat the most.

**Makada Henry-Nickie 32:53**

So it sounds like the folks that are new to this issue and certainly been helped along to the cliff by COVID are part of this segment that's vulnerable. Does it seem to have a particular demographic bend to that? Are there particular segments within that population or perhaps in your broader population, where food insecurity and or housing, I'll bring that back in, are showing up as an urgent concern for PACT?

**Jamie Ross 33:25**

I would say it's also that everything seems to be skewing younger. And I would be so interested to see if what we're seeing anecdotally is based on the data. Unfortunately, you know, the really great data analysis is always at minimum a year behind.

So I would be interested to see. What I'm seeing is it skewing younger, and as always, we are more disproportionately affecting the same folks who are disproportionately affected. So the BIPOC

community; the folks who were in the lower socioeconomic areas before; depending on what we're talking about, the LGBTQ community that's a big risk factor for a lot of things in my world. I don't know if that has anything to do with homelessness or food insecurity, I would be really curious to see but I can imagine that that exists. But really that's what we're seeing is it's more of the same. This is not new or special.

It is we keep keeping down the same people we have kept down as a society for as long as our country has existed. And again, these are all Jamie Ross's personal opinions, anything that could be skewed politically, please know that that is Jamie's personal opinions and not PACT's because PACT's does not take political stances.

**Makada 34:59**

Coming from Brookings, I totally understand. And part of what we do in this work is making sure we respect your contributions. And so if there is a comment that we'd like to attribute to you, we will reach out, get your permission and figure out ways to, you know, navigate the identifiable process. So I do get the hesitancy there and respect it.

Let me ask you to broaden the funnel a bit here. You know, what I heard you say is, a lot of this, from your viewpoint, is skewing younger. Whereas a lot of our conversations are thinking about older folks. So this is something very interesting that I think I've not yet had to contend with as a separate, you know, issue area. But if you were to describe the ways in which the pre-COVID economy didn't work for your ecosystem, in particular, whether it was, you know, older people being somehow susceptible to more vulnerabilities, or perhaps, you know, new younger people, how would you sort of describe the ways in which that pre-COVID economy just just didn't quite work?

And I'm asking because what I want you to help us understand is if we would rebuild this economy to be more robust and inclusive, as I discussed at the top of this call, how would you imagine, you know, our policy system? How would you imagine that policy framework would look?

**Jamie Ross 36:26**

I love that question. It's so difficult to answer, but I love it. Because isn't that what we're all trying to do is how do we make our community safer? And what we know is policy change has the biggest bang for our buck without ever really directly, I mean, directly impacting on a day to day basis in a way that most people will never know. Um, so I will say, pre-COVID, some of our biggest issues were the folks who had higher adverse childhood experiences, or ACEs; the folks who were always going to have...whose starting line was further behind than, say, someone like me when I was younger, my starting line.

And I think that if we can, and again, this is really big, really hard stuff that I know people much smarter than me are tackling. But dismantling the school to prison pipeline, I think is something that we as...that affects so many people, and especially if we're talking skewing younger. What does it look like to grow

up in a community where most of the men are not around because they are in jail, they are in prison, they are dead, or they are not around for whatever reason? And what are we doing that our justice system is really so disproportionately punishing folks who are people of color, who are all of our marginalized communities?

So if I had to wave a magic wand, I think if we could dismantle our school to prison pipeline; if we could better educate the people who work with youth on implicit biases, realizing that the students in our communities, the youth in our communities are not statistics, they are not numbers; they are humans who are struggling. And how can we give them the tools that they need to be successful, so that maybe this generation, they are the first generation to be able to give their children a lower adverse childhood experience score than they had, that they're able to provide for their families better; and I think increasing our social safety nets in general.

And with that comes funding, especially in Nevada when we talk about our health care system, it is really difficult to recruit anyone in healthcare to come to Nevada because we have incredibly low reimbursement rates. It is difficult to get people to stay in Nevada. It is difficult for people...In behavioral health, we are 51st in the nation when it comes to youth mental health services. We are literally the last and it's because there are not systems for our severely mentally ill youth. Literally, there is no place in Nevada for you to go.

You have to go to Utah, Arizona, Texas, California; there's literally not a place for you to be able to stay. And if you are a person on Medicaid, how are you literally ever gonna see your kid again? And I just think... those are the things that I see so much of that the people in my field are talking about constantly is how do we address these really big systemic issues? And I think, unfortunately, because of our current political system, things that should be common practice have become politicized in a way that is hurting our communities.

**Makada Henry-Nickie 40:56**

Yeah, that makes a lot of sense. It sounds like it'd be nice to imagine a world where trauma-informed policymaking is somehow part of the debate. But that's a futuristic exercise. I just have a few more questions. And then we'll wrap up. Let me ask you...you talked about fences building. I heard some of the funding sources, whether they be government or maybe philanthropic, you know, that build new fencing around funding streams, that restrict your ability to have impact and actually do the work that you do. What kind of fences or organizational trait changes two to three of them at most, that happened during the pandemic that you Jamie Ross are most proud of?

**Jamie Ross 41:40**

I think the things that we are most proud of, the fences that we've been able to build our increased community connectedness with other agencies. So as a coalition, we really serve agencies. We also serve the population at large, but it is the agencies where we see most of our work being done. And so

building additional collaboration and meaningful collaboration, not just "let's have a meeting, and we'll you know, keep in contact."

But we're co applying for grants with more people than we ever have before. We are collaborating with new partners. We are growing our field in a way that we haven't before. A lot more people are interested in funding for prevention of substance misuse than have ever been before. So how do we grow that field? How do we grow the resources in our community? And so that's something that I'm incredibly proud of. I'm really proud of how nimble we've been able to be and how many times we can say yes, and not "no", or "our funding won't allow it."

But let's figure it out. Because if it needs to be done, it needs to be done. And somebody is going to be able to say yes. And we try really hard to be the agency that says "yes, absolutely." And so what we see with our funding partners, some of the government agencies that we get money from, they know that we're the agency that says yes, so they throw more money at us and are like, "here, we need this thing done but our agency literally cannot do it, can we give this money to you because we know that you can do it?"

And so I think those are the things that I'm most proud of that our agency has been able to do. And to be able to increase funding. I mean, we've probably got another \$500,000 a year coming in from grants than we did at the beginning of the pandemic. And I think that's pretty, pretty awesome. And I'm pretty proud of that.

**Makada 43:49**

I think that's a lot to be proud of, particularly this movement around resource sharing and mobilizing resources across other agencies in your ecosystem. Last question here. How do you get to "yes, absolutely," right? How has the pandemic really pushed your organization to think differently about planning for the future, you know, to your point or way early on, when you are stuck with a toolbox that can only respond to fiscal crises? You're not necessarily prepared for the other ways that the crises can manifest and there surely will be more in the future. So how are you thinking differently about planning for either the future just broadly or maybe the next large-scale crisis in Nevada?

**Jamie Ross 44:39**

I think that's so interesting. And I think if I can give a tiny example of something that we've tried to do that I think showcases the larger shift in our community. One of the areas around the fentanyl crisis that have been the most hard hit are our Hispanic and Latino, or Hispanic and Latin population.

And, unfortunately, we have a huge barrier with language, cultural barriers as well. A lot of our immigrant population in general doesn't want to talk about substance misuse, mental health, etc. And so we're seeing the Hispanic men, especially, dying at higher rates than the general population. And so taking a page from the playbook of some other really cool stuff that was done, and is still being done,

where Black men were dying of stroke and heart disease at really high rates. And so it was, "where do black men congregate?"

Well, black men congregate in barber shops. And so there was a huge push, and a bunch of barber shop owners and people who worked in them were trained in...it's really community based, like "this is why stroke is important. And this is what you need to know. And this is why you should take the medicine that your doctor prescribes, and this way you should go to the doctor." And that almost community health worker Promotora model of the people in the community, educating other members of the community, and it did an amazing job.

And so we stole that idea. Goodness knows it was not our own. And we said what we'd love to do is work with the taquerias, the food truck operators, the Mamas with the tamale carts, and educate them and do the same thing and use that Promotora model to start talking about overdose and overdose prevention and where to get the sources. And to really reduce some of that stigma. And that's something that we're still trying to find funding on.

We're still waiting to hear if we got funded to do. But that's a teeny tiny piece of more community collaboration, more meeting people where they're at. This is what we know is the issue. The data show that Hispanic men are disproportionately affected. Where do Hispanic men congregate? What are the community tools that already exist? And how can we give those communities more resources? And so just being able to be more creative and nimble and less, "let's fund the same people that have been doing this work," and more, "let's educate the people who were already working with the communities to do this work." And that is, I guess what I'd love to see more of and where we are heading as an agency.

**Makada Henry-Nickie** 48:02

Wonderful. I think you know, what I hear from your response is, this is not just about what you can do to get "yes, absolutely." But how can we use that same framework to get communities to engage with you and others to say, "yes, we will talk about our challenges, we will talk about the groups that are most impacted and will work with you and meet them where they are" to kind of scale the frameworks that are helpful to their health.

**Jamie Ross** 48:30

Yes

**Makada Henry-Nickie** 48:31

Great.

**Jamie Ross** 48:31

I think that's perfect.



**Makada Henry-Nickie** 48:32

Wonderful. So that was it. Here's our final question to you. Are there any people that you think we should talk to, you know, who can help us, you know, get a more grounded understanding of this intersection between substance abuse and COVID and where we're heading in the future and how we think about rebuilding an inclusive economy?

**Jamie Ross** 48:52

I do. So is this Clark County specific, Nevada specific?

**Makada Henry-Nickie** 48:58

Nevada specific.

**Jamie Ross** 49:00

Nevada, okay. So I would say there's a couple of people and...can I just, I'll tell you their names and you tell me if you'd like me to connect you with and I'll do a warm handoff. Unless you don't like warm handoffs, and that's fine, too.

**Makada Henry-Nickie** 49:15

We love warm handoffs, Jamie. We love warm handoffs.

**Jamie Ross** 49:19

Perfect. Okay. So I would say statewide, there's a couple of other coalition's who were doing really great work. I would love to connect you with the Executive Director of the coalition in Nye County, which services Pahrump, Nye, Lincoln and Esmeralda. And they actually are larger than us, and they've got about 30 different funding sources and they do everything from workforce and homelessness.

And she sits on the committee that's trying to get the rec center built out there and it's just...it's a tiny small town and so I think she would have some really great information and that's Stacy Smith from Nye Communities Coalition. Um, I don't know if you've worked with Ariana Saunders. She used to work at the county here in Las Vegas, in Clark County. And now she works...I forget the name of the national homeless consortium, but it's one of those big national agencies that's really trying to make changes on a policy level around homelessness. And Nevada is her state.

Ariana Saunders, she is fantastic if you haven't already worked with her. Char Frost is someone who I think everyone should always interview. She works at Nevada PEP, which is Parents Empowering Parents, and it is parents of children with behavioral health issues, and physical health issues. And she's been a long term advocate of what it's like to be someone who receives these services and how to navigate the systems and how to make these systems better. She would be fantastic.

And then I would say Linda Lang runs the Nevada Statewide Coalition Partnership. So it's the coalition of all of the prevention coalitions and this is a woman who has been working in behavioral health for 30 plus years and knows the hows and the whys and the whens, and can tell you what happened in 1997 that made...that trickled down into why we're here where we are in 2022.

Those are the people who I just think the absolute world of and would have so many great things to tell you about and to be able to make great policy recommendations because everybody knows who Brookings is. And I think that for us, when these big national think tanks, for lack of a better word, create these white papers, they bring validity to the work that we're doing, because we're probably all saying pretty similar things.

But the PACT Coalition does not have international name recognition like Brookings does. So it's really helpful and we use like...Robert Wood Johnson Foundation did a bunch of stuff around dismantling the school to prison pipeline. We use that all the time. So we would love, once you guys are finished with this, if you can give it to us. And we can say, "look, we were part of this, and this is why it's so important and look all the people with PhDs after their names did all of these great things."

**Makada Henry-Nickie 52:31**

Jamie, I'm incredibly humbled by your confidence in our expertise and capabilities to do this work justice, to really shine a light on all of the, you know, the entire education that you've just given us this afternoon. We will definitely appreciate and want to reach back to you to get the warm handoff to these four super inspiring women from the sounds of it. And if there's anything else you want to follow up on, or resources you want to share with us who you think you know, will be helpful to us. Again, you know, becoming good stewards of this work and of the ideas and contributions that you've shared with us today. Please feel free to do so.

**Jamie Ross 53:10**

Absolutely wonderful. I'm happy to and I will send you off anything that I can think of. And definitely be connected. And Carmen, congratulations. I'm super excited. So are you...is this your graduate work?

**End of Audio: 53:25**