Meeting Minutes

Advisory Committee for a Resilient Nevada
Treatment Subcommittee

May 26, 2026

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I. Call to order: Welcome, introductions and announcements

The meeting was called to order at 12 p.m.
Members present: Danita Smith, Jamie Hatfield and Taylor Tomlinson
Members absent: Edward Kovacs III
Staff and guests present: Ashlyn Acero, Tina Gerber-Winn, Terry Kerns, Belkis Quezada, Joan Waldock, Alyssa Planas, Jess Angel, Karina Fox, Heather Kerwin and Nathan Orme.

II. Public comment:

None.

III. For possible action: Approval of April 28, 2026, meeting minutes

The committee reviewed the minutes of the April 28 meeting.
Motion: Taylor Tomlinson moved to approve the minutes with no edits.
Second: Jamie Hatfield.
Vote: Passed unanimously.

IV. For possible action: Subcommittee Membership

John Firestone will no longer serve on this committee due to his role on the SURG committee. A previously invited treatment provider was unable to attend; the committee agreed to continue recruiting additional members and keep this item on future agendas.

V. For possible action: Biennial Report recommendations

The committee reviewed treatment-related goals in the statewide opioid plan and identified several priority areas for improvement:

A. Workforce and training needs

- Nevada lacks enough medical providers trained in addiction medicine.
- Strong support for expanding addiction education in medical schools, physician assistant (PA) programs, and residency programs.
- Interest in reviving/expanding hospital-based addiction consult services and Project

ECHO.

B. Peer support and care coordination

- Major gaps exist in warm handoffs between hospitals, jails, emergency rooms, and treatment programs.
- Committee recommends expanding peer support/community health workers and improving Medicaid reimbursement to sustain these roles.

C. Evidence-based treatment and MOUD access

- Concern that the plan overemphasizes buprenorphine and omits methadone and naltrexone.
- Recommendation to explicitly include all FDA-approved medications for opioid use disorder (MOUD).
- Need to ensure programs receiving funding follow evidence-based standards and accept patients on MOUD.

D. Rural access and system gaps

- Need clearer definition and implementation plan for the "hub and spoke" model.
- Emphasis on expanding treatment access in rural and frontier areas.

E. Criminal justice system

- Continued gaps in MOUD access in jails and in continuity of care upon release.
- Recommendation for gap funding to support individuals until Medicaid reactivates post release.

F. Mobile MOUD units

- Committee supports expanding mobile medication units and requested updates on current projects.

VI. For possible action: Review of upcoming meeting topics and timelines

- Committee agreed to keep the next meeting on June 23 at noon.
- July meeting tentatively set for July 28 at noon.
- Requested agenda topics:
    - Updates on Medicaid's 1115 reentry waiver
    - Status of MOUD providers in rural jails
    - Mobile medication unit projects
    - Hub-and-spoke model implementation
    - Current FRN funded programs and their progress

VII. Public Comment:

Heather Kerwin

- Reported significant expansion of mobile MAT services in Northern Nevada, including new units from Roseman University (Quad Counties), WestCare, Elko, and The Center.
- Suggested inviting these mobile unit providers to present at a future meeting.
- Described major challenges placing Peer Recovery Support Specialists (PRSS) in hospital systems due to stigma and low Medicaid reimbursement rates.
- Offered to connect the committee with coalition representatives working on PRSS integration.
- Noted that these issues align with priorities identified in the state's syndemic plan

and offered to share related objectives.
- Could not confirm which MOUD medications each mobile unit provides.

Jess Angel

- Highlighted the importance of the 1115 Reentry Demonstration Waiver, noting it is already federal law and Nevada has applied.
- Shared that Medicaid rate increases for peer support and behavioral health services are currently being reviewed, with surveys underway.
- Emphasized the need to support workforce development for people with lived experience.
- Explained Nevada's variance process, which allows individuals with criminal backgrounds to appeal restrictions on working in healthcare roles.
- Encouraged broader awareness of the variance process to strengthen the peer support and CHW workforce.

Terry L. Kerns

- Thanked the committee for its work.
- Reinforced that Nevada Medicaid is conducting rate review surveys to ensure reimbursement aligns with actual service costs, as required by state law.

VIII. Wrap-up and Adjournment

The meeting was adjourned at 1:06 p.m.