Nevada Department of Native American Affairs

Tribal Health Authority Council Introductory Third Meeting Summary

June 26, 2026

Time	Location	Format
9:03 AM to 9:29 AM	Virtual meeting (Microsoft Teams recording/transcript)	Online introductory session

Attendance

Tribal Health / Voting-Member Participants	DNAA / Commission Participants	State, IHS, and Other Participants / Notes
Brenda O'Neill, Duckwater Shoshone Tribe Health Clinic Fergus Loughridge, Fort McDermott Paiute-Shoshone Tribe Wellness Center Garrett Garber, Nui Medical Clinic / Ely Shoshone Tribe (introduced through chat) Jassun Leyva, Elko Health and Wellness Center Michael Jackson, Reno-Sparks Indian Colony Health Center Jon Pishion, Fallon Paiute-Shoshone Tribe / Fallon Tribal Health Center (joined near adjournment)	Stacey Montooth, Executive Director Kaitlynne Romero, DNAA Program Coordinator Dr. Art Martinez, DNAA Commissioner	Amber Torres, Food Bank of Northern Nevada and Nevada Office of Minority Health and Equity Committee Amy Sjogren, Department of Human Services Autumn Blattman, Aging and Disability Services Division Edwin Centeno, Nevada Health Authority / Nevada Medicaid Jason Molino, Division of Public and Behavioral Health Monica Schiffer, Nevada Health Authority Sara Portillo, Nevada Medicaid / D-SNP Tiffany Davis, Consumer Health Services / Nevada Health Authority Vanessa Justice, Division of Social Services

Executive Director Stacey Montooth - Leadership Highlights

- Called the third and final introductory session to order at 9:03 a.m. and helped keep the meeting brief and focused.
- Clarified that SB 312 had been codified in NRS Chapter 233A, specifically NRS 233A.1003, so participants could reference the Council authority more precisely.
- Supplemented the discussion of participation letters by explaining that state staff do not need a tribal council resolution because the statute identifies health directors as voting members, while noting that communication with tribal councils is still a good practice.
- Explained that proxies or designees should be identified by email or message on a meeting-by-meeting basis when the health director cannot attend.
- Reminded participants that the Council can drive bill draft request ideas before the next legislative session and that DNAA will send Doodle polls, a participation letter, survey materials, and a strategic framework in July.

Meeting Overview

The third introductory session completed DNAA's three-meeting orientation series for the new Tribal Health Authority Council. Kaitlynne Romero opened with a welcome, Dr. Art Martinez offered the invocation, and Kaitlynne provided a land acknowledgement before reviewing the purpose and membership structure of the Council.

This session was shorter than the prior two meetings because several issues had already been discussed in earlier sessions. The main topics were the Council's statutory authority, participant introductions, the forthcoming survey and participation letter, final public comment about the FMAP reinvestment presentation, proxy questions, and July follow-up items.

Council Authority and Statutory Reference

Kaitlynne Romero reviewed the purpose of SB 312 and explained that the Council gives Nevada's federally recognized tribes a direct voice in health care policy, strengthens tribal health care systems, addresses disparities, supports bill draft request work, collaborates on Medicaid reinvestment programs, and recognizes tribal authority related to presumptive Medicaid eligibility.

Stacey Montooth clarified that, although SB 312 created the Council, the law is now found in NRS Chapter 233A, specifically NRS 233A.1003. This answered questions raised in prior sessions about the exact statutory reference participants should use.

Introductions and Council Readiness

Participants introduced themselves across tribal health facilities, DNAA, Nevada Health Authority, Nevada Medicaid, Department of Human Services, Aging and Disability Services, Public and Behavioral Health, and community partner roles. The session included both new participants and several people who had attended more than one introductory session.

Health director and health facility representatives included Duckwater, Fort McDermott, Ely/Nui Medical Clinic, Elko Health and Wellness Center, Reno-Sparks Indian Colony, and Fallon. State participants described policy, Medicaid, behavioral health, D-SNP, social services, health coverage, aging and disability, and minority health roles that may support the Council's work.

Survey, Participation Letter, and Strategic Framework

Kaitlynne Romero explained that the forthcoming survey will be sent to health directors and will ask about priorities, goals, areas of strength, and weaknesses or improvement areas for each community. The purpose is to collect enough information to identify where the Council should begin and what priority areas should be elevated first.

Kaitlynne also explained that a letter of participation would be sent no later than the second week of July. The letter will provide additional details about the Council and allow health centers that want to participate to return written confirmation. She also noted that a strategic model or framework, discussed by Dr. Martinez in earlier sessions, would be developed later in July.

Public Comment and Proxy Clarification

During final public comment, Monica Schiffer reminded participants that the Nevada Health Authority Tribal Liaison Team would present information on the FMAP reinvestment plan to the interim Health and Human Services Committee the following Tuesday. She encouraged participants to tune in and noted the work of Nahayvee Flores-Rosiles, Carissa Pierce, and Edwin Centeno in developing the presentation.

Michael Jackson asked whether the letter of participation would require tribal council approval or a tribal resolution. Kaitlynne responded that it would not. Stacey added that the statute identifies tribal health directors as the voting members, so the state does not require a resolution. However, she encouraged communication with tribal councils when appropriate and explained that proxies should be identified to DNAA by email or message so the Council knows who is duly representing a health center at a given meeting.

Closing and Next Steps

Stacey reminded participants that the Council has authority to generate bill draft request ideas and that the 2027 legislative session will arrive quickly. She said DNAA would send Doodle polls to identify future meeting availability because scheduling all voting members at one time has been difficult.

Kaitlynne summarized the July workload: Doodle polls, the letter of participation in mid-July, and then the survey and strategic framework closer to the end of July. Stacey also asked Monica to help circulate the FMAP reinvestment materials that Nahayvee had previously sent out.

- Participation letter to be sent by the second week of July.
- Survey and strategic framework to follow later in July.
- Doodle polls to be sent for future Council meeting dates.
- FMAP reinvestment presentation materials to be recirculated for easier access.
- Future meetings should move from orientation into Council formation, priority setting, and BDR development.