HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE
OF THE
25th NAVAJO NATION COUNCIL
SIGN IN SHEET /ROLL CALL

22 JAN '26 PM 1:19

SPECIAL MEETING
JANUARY 22, 2026
IN-LIEU OF JANUARY 26, 2026

TIME: 9:00 p.m.

Location: Budget and Finance Conference Room, Window Rock, (NN), AZ

Meeting Call to Order at: 900PM Adjourned at: 1012AM

HEHSC MEMBERS	TIME IN	TIME OUT	SIGNATURES
Vince R. James (C)	858AM	1012AM	
Germaine Simonson (VC)	815 AM	1012AM	
Helena Nez-Begay		ABSENT	
Dr. Andy Nez	858AM	1012AM	
George H. Tolth	800AM	1012AM	
Curtis Yanito	843AM	1012AM	
Angelita Benally, Legislative Advisor			
Karen J. Thompson, Legislative Assistant			
MacArthur Stant, Legislative Counsel			
Candace D. French, Legislative Counsel		telecommunication	
Jason John, Legislative Staff Asst.			
Mary J. Nez, Executive Assistant-OOS			
Nicole Lansing, Delegates Office			

OTHER 25th NAVAJO NATION DELEGATE(S):

	TIME IN	TIME OUT	SIGNATURES		TIME IN	TIME OUT	SIGNATURES
1.	9:30PM	1012 AM	Amber K Crotty (ZOOM)	6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE
OF THE
25th NAVAJO NATION COUNCIL

Location: Budget and Finance Conference Room, Window Rock, (NN), AZ

PLEASE PRINT LEGIABLY
To ensure the accuracy of emailing out the Sign-In Sheet

	VISITORS/GUESTS	TITLE/DEPARTMENT	EMAIL ADDRESS
1.	Jason John	OOS- PIO	
2.	Wilfred Jones	Utah Navajo Health System	
3.	Lorissa Jackson	Utah Navajo Health System	
4.	Aaron Bitsoue	Utah Navajo Health Syst.	
5.	ZOOM PARTICIPANTS		
6.	HEHSC Reporter		
7.	HEHSC Admin		
8.	Navajo Nation Council (EN)		
9.	Candace French		
10.	Clarinda Begay		
11.	George H. Tolth		
12.	UAS Navajo	Marquis Yazzie	
13.	MCook		
14.	Micheal Jensen		
15.	Sonlatsa Jim		
16.	Amber K. Crotty (9:30 AM)		
17.	verified by Karen J Thompson LA HEHSC		
18.			
19.			
20.			

AGENDA

HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE
25th NAVAJO NATION COUNCIL

SPECIAL MEETING
January 22, 2026
in-lieu of January 26, 2026
9:00 AM

PRESIDING: Honorable Vince R. James, Chairperson
Honorable Germaine Simonson, Vice-Chairperson

PLACE: Budget and Finance Conference Room
Via Telecommunications:
Call-In Number: 1-669-900-6833 MTG ID: 979-985-0956 Passcode: 86515
Window Rock, NN (AZ)

[ ] Helena Nez Begay	[ ] Germaine Simonson
[ ] Vince R. James	[ ] George Tolth
[ ] Dr. Andy Nez	[ ] Curtis Yanito

1. CALL MEETING TO ORDER; ROLL CALL; INVOCATION; ANNOUNCEMENTS

2. RECOGNIZE GUESTS AND VISITING OFFICIALS

3. REVIEW AND ADOPT THE AGENDA

m: s: v: Not Voting:

4. REVIEW AND ADOPT THE JOURNAL(S):

- November 24, 2025 HEHSC Regular Meeting

m: s: v: Not Voting:

5. REPORT(S):

A. Utah Navajo Health Systems, Inc. – Montezuma Creek, UT

- Legislation 0268-25*: An Action Relating to the Naabik'iyáti' Committee; Approving and Adopting the Navajo Nation 2026 State of New Mexico Legislative Priorities*
  - Amendment to include Utah Navajo Health System, Inc. Northern Treehouse Domestic Violence Women and Children Shelter in Shiprock, NM as a Navajo Nation priority.

- Present a HEHSC support letter to the New Mexico State Legislature to fund the construction of the Northern Treehouse Domestic Violence Women and Children Shelter in Shiprock, NM.

Presenter(s): Michael Jensen, CEO; Utah Navajo Health Systems, Inc. (Available by Zoom.)
Trudy Chee, Shelter Manager, UNHS
AJ Bitsouie, Victim Services Shelter Administrative Support Specialist; UNHS
Richard Hendy, Director of Behavioral Health, UNHS
Larissa Jackson, Chair – Board of Directors, UNHS
Wilfred Jones, Board of Directors, Utah Navajo Health Systems, Inc.

m: s: v: Not Voting:

6. OLD BUSINESS: *None*

7. NEW BUSINESS:

A. Reschedule Monday, February 16, 2026 (Observed NN and Federal Holiday – President's Day.)
- Select Special Meeting date in-lieu of February 16, 2026.

Presenters: HEHSC Members

m: s: v: Not Voting:

8. CLOSE OF MEETING; ANNOUNCEMENTS; ADJOURNMENT
NEXT MEETING(S) / TRAVEL:

➢ Monday, January 26, 2026		Navajo Nation Council Winter Session Commences
➢ Monday, February 9, 2026	10:00 am	HEHSC Regular Meeting; B&F conference room, Window Rock, NN, (AZ).
➢ Monday, February 16, 2026		Observed NN and Federal Holiday – President's Day

m: s: v: Not Voting:

IS AGENDA SUBJECT TO CHANGE: The public is advised that the Navajo Nation Council Agenda and the Agendas of the Standing Committees are not final until adopted by a majority vote of the Navajo Nation Council or the Standing Committees at a Navajo Nation Council or a Standing Committee meeting pursuant to 2 N.N.C. §§163 and 183, Navajo Nation Council Rule of Order No. 7, and Standing Rule of Order No. 8.

DATE OF CLAIM		
01	22	26

AB#	222664
B#	
D#	

THE NAVAJO NATION

FINANCIAL SERVICES DEPARTMENT
GENERAL CLAIM FORM

CONTROLLER USE ONLY	
VENDOR NUMBER	TIME / DATE RECEIVED

NAME OF CLAIMANT (PRINT)	SOCIAL SECURITY NUMBER	MAILING ADDRESS	CITY	STATE	ZIP CODE
JAMES, Vince R.	222664	PO Box 121	Ganado	AZ	86505

TYPE OF CLAIM

COUNCILMEN ONLY - CHECK ONE OF THE FOLLOWING:

- ☐ TRIBAL COUNCIL SESSION
- ☐ GOVERNMENT SERVICES COMMITTEE
- ☐ BUDGET & FINANCE COMMITTEE
- ☐ EDUCATION COMMITTEE
- ☐ PUBLIC SAFETY COMMITTEE
- ☐ RESOURCES COMMITTEE
- ☐ HEALTH / SOCIAL SERVICES COMMITTEE
- ☐ HUMAN SERVICES COMMITTEE
- ☐ JUDICIARY COMMITTEE
- ☐ ECONOMIC DEVELOPMENT / PLANNING COMM
- ☐ LOCAL (SEMI-MONTHLY) CHAPTER MEETING
- ☐ DISTRICT (BI-MONTHLY) COUNCIL MEETING
- ☐ TRANS. & COMMUNITY DEV. COMMITTEE
- ☐ NAVAJO-HOPI LAND COMMISSION
- ☐ OTHER (SPECIFY) _____
- ☐ _____
- ☐ AGENCY (QUARTERLY) MEETING
- ☐ COUNCILMAN SALARY ADVANCE

CHAPTER OFFICERS ONLY - CHECK ONE OF THE FOLLOWING:

- ☐ LOCAL CHAPTER MEETING
- ☐ DISTRICT MEETING
- ☐ AGENCY MEETING

ALL OTHERS -- CHECK ONE OF THE FOLLOWING:

- ☐ LAND (FARM) BOARD
- ☐ BOARD OF ELECTION SUPERVISORS
- ☐ EMPLOYEE EMERGENCY ADVANCE TO BE DEDUCTED FROM SALARY ATTACH JUSTIFICATION

DESCRIPTION OF MEETING

LOCATION OF MEETING	DATE	PURPOSE OF MEETING OR ITEMS DISCUSSED USE BACK IF NECESSARY	FROM	TO	TO	TOTAL MILES
1. Window Rock, (NN), AZ	Jan 22, 2026	Health, Education & Human Service Special Meeting (In-lieu of January 26, 2026)				

AMOUNT OF CLAIM

1 DAYS @	$80.00 PER DIEM	$	80.00
_____ DAYS @	$_____ PER DIEM	$	
_____ MILES @	$_____ PER DIEM	$	
OTHER EXPENSES (ATTACH RECEIPTS)		$	
ADVANCE REQUESTED		$	
LESS DEDUCTIONS		$	
	TOTAL	$	80.00

10.0257= $80.00

CONTROLLERS OFFICE USE ONLY

ACCOUNT NO.	FUNDS AVAILABLE BY	DATE
101030-2422		

I certify that this claim is true and just to the best of my knowledge and that the amounts claimed are due to me and have not been previously paid. If approved, I request that the check be ready by (time) _____ on (date) _____.

I request that the check be (check one) ☐ mailed to me at the above address; ☐ picked up by myself; ☐ picked up by person other than myself (name):

SIGNATURE OF CLAIMANT

Vince James

CLAIM APPROVED BY: CHAIRMAN, N.T.C. COMMITTEE CHAIRMAN, CHAPTER PRES., ETC.		CONTROLLER'S APPROVAL		ADVANCES ONLY		
SIGNATURE	DATE	SIGNATURE	DATE	CURRENT ADVANCE BALANCE	ADVANCE RECORDED PAYROLL BY	ADVANCE RECORDED PAYROLL DATE

DATE OF CLAIM		
01	22	26

AB#	165488
B#	
D#	

THE NAVAJO NATION

FINANCIAL SERVICES DEPARTMENT
GENERAL CLAIM FORM

CONTROLLER USE ONLY	
VENDOR NUMBER	TIME / DATE RECEIVED

NAME OF CLAIMANT (PRINT)	SOCIAL SECURITY NUMBER	MAILING ADDRESS	CITY	STATE	ZIP CODE
NEZ, Andy	165488	PO Box 820	Ft. Defiance	AZ	86504

TYPE OF CLAIM

COUNCILMEN ONLY - CHECK ONE OF THE FOLLOWING:

- ☐ TRIBAL COUNCIL SESSION
- ☐ GOVERNMENT SERVICES COMMITTEE
- ☐ BUDGET & FINANCE COMMITTEE
- ☐ EDUCATION COMMITTEE
- ☐ PUBLIC SAFETY COMMITTEE
- ☐ RESOURCES COMMITTEE
- ☐ HEALTH / SOCIAL SERVICES COMMITTEE
- ☐ HUMAN SERVICES COMMITTEE
- ☐ JUDICIARY COMMITTEE
- ☐ ECONOMIC DEVELOPMENT / PLANNING COMM
- ☐ LOCAL (SEMI-MONTHLY) CHAPTER MEETING
- ☐ DISTRICT (BI-MONTHLY) COUNCIL MEETING
- ☐ TRANS. & COMMUNITY DEV. COMMITTEE
- ☐ NAVAJO-HOPI LAND COMMISSION
- ☐ OTHER (SPECIFY) _____
- ☐ _____
- ☐ AGENCY (QUARTERLY) MEETING
- ☐ COUNCILMAN SALARY ADVANCE

CHAPTER OFFICERS ONLY - CHECK ONE OF THE FOLLOWING:

- ☐ LOCAL CHAPTER MEETING
- ☐ DISTRICT MEETING
- ☐ AGENCY MEETING

ALL OTHERS -- CHECK ONE OF THE FOLLOWING:

- ☐ LAND (FARM) BOARD
- ☐ BOARD OF ELECTION SUPERVISORS
- ☐ EMPLOYEE EMERGENCY ADVANCE TO BE DEDUCTED FROM SALARY ATTACH JUSTIFICATION

DESCRIPTION OF MEETING

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1.Window Rock, (NN), AZ	Jan 22, 2026	Health, Education & Human Service Special Meeting (In-lieu of January 26, 2026)				

AMOUNT OF CLAIM

1 DAYS @	$60.00 PER DIEM	$	60.00
_____ DAYS @	$ _____ PER DIEM	$	
_____ MILES @	$ _____ PER DIEM	$	
OTHER EXPENSES (ATTACH RECEIPTS)		$	
ADVANCE REQUESTED		$	
LESS DEDUCTIONS		$	
	TOTAL	$	60.00

10.0257= $60.00

CONTROLLERS OFFICE USE ONLY

ACCOUNT NO.	FUNDS AVAILABLE BY	DATE
101030-2422		

I certify that this claim is true and just to the best of my knowledge and that the amounts claimed are due to me and have not been previously paid. If approved, I request that the check be ready by (time) _____ on (date) _____.

I request that the check be (check one) ☐ mailed to me at the above address; ☐ picked up by myself; ☐ picked up by person other than myself (name):

SIGNATURE OF CLAIMANT

CLAIM APPROVED BY: CHAIRMAN, N.T.C. COMMITTEE CHAIRMAN, CHAPTER PRES., ETC.		CONTROLLER'S APPROVAL ADVANCES ONLY		CURRENT ADVANCE BALANCE	ADVANCE RECORDED PAYROLL	
SIGNATURE	DATE	SIGNATURE	DATE		BY	DATE

DATE OF CLAIM		
01	22	26

AB#	856568
B#	
D#	

THE NAVAJO NATION
FINANCIAL SERVICES DEPARTMENT
GENERAL CLAIM FORM

CONTROLLER USE ONLY	
VENDOR NUMBER	TIME / DATE RECEIVED

NAME OF CLAIMANT (PRINT)	SOCIAL SECURITY NUMBER	MAILING ADDRESS	CITY	STATE	ZIP CODE
SIMONSON, Germaine	856568	PO Box 339	Kykotsmovi	AZ	86039

TYPE OF CLAIM

COUNCILMEN ONLY - CHECK ONE OF THE FOLLOWING:

- ☐ TRIBAL COUNCIL SESSION
- ☐ GOVERNMENT SERVICES COMMITTEE
- ☐ BUDGET & FINANCE COMMITTEE
- ☐ EDUCATION COMMITTEE
- ☐ PUBLIC SAFETY COMMITTEE
- ☐ RESOURCES COMMITTEE
- ☐ HEALTH / SOCIAL SERVICES COMMITTEE
- ☐ HUMAN SERVICES COMMITTEE
- ☐ JUDICIARY COMMITTEE
- ☐ ECONOMIC DEVELOPMENT / PLANNING COMM
- ☐ LOCAL (SEMI-MONTHLY) CHAPTER MEETING
- ☐ DISTRICT (BI-MONTHLY) COUNCIL MEETING
- ☐ TRANS. & COMMUNITY DEV. COMMITTEE
- ☐ NAVAJO-HOPI LAND COMMISSION
- ☐ OTHER (SPECIFY)
- ☐ _____
- ☐ AGENCY (QUARTERLY) MEETING
- ☐ COUNCILMAN SALARY ADVANCE
- _____
- _____

CHAPTER OFFICERS ONLY - CHECK ONE OF THE FOLLOWING:

- ☐ LOCAL CHAPTER MEETING
- ☐ DISTRICT MEETING
- ☐ AGENCY MEETING

ALL OTHERS -- CHECK ONE OF THE FOLLOWING:

- ☐ LAND (FARM) BOARD
- ☐ BOARD OF ELECTION SUPERVISORS
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1. Window Rock, (NN), AZ	Jan 22, 2026	Health, Education & Human Service Special Meeting (In-lieu of January 26, 2026)				

AMOUNT OF CLAIM

1	DAYS @	$60.00 PER DIEM	$ 60.00
	DAYS @	$ PER DIEM	$
	MILES @	$ PER DIEM	$
OTHER EXPENSES (ATTACH RECEIPTS)			$
ADVANCE REQUESTED			$
LESS DEDUCTIONS			$
		TOTAL	$ 60.00

10.0257= $60.00

CONTROLLERS OFFICE USE ONLY

ACCOUNT NO.	FUNDS AVAILABLE BY	DATE
101030-2422		

I certify that this claim is true and just to the best of my knowledge and that the amounts claimed are due to me and have not been previously paid. If approved, I request that the check be ready by (time) _____ on (date) _____.

I request that the check be (check one) ☐ mailed to me at the above address; ☐ picked up by myself; ☐ picked up by person other than myself (name):

SIGNATURE OF CLAIMANT

CLAIM APPROVED BY: CHAIRMAN, N.T.C. COMMITTEE CHAIRMAN, CHAPTER PRES., ETC.		CONTROLLER'S APPROVAL		ADVANCES ONLY		ADVANCE RECORDED PAYROLL	
SIGNATURE	DATE	SIGNATURE	DATE	CURRENT ADVANCE BALANCE		BY	DATE

DATE OF CLAIM		
01	22	26

AB#	856569
B#	
D#	

THE NAVAJO NATION

FINANCIAL SERVICES DEPARTMENT
GENERAL CLAIM FORM

CONTROLLER USE ONLY	
VENDOR NUMBER	TIME / DATE RECEIVED

NAME OF CLAIMANT (PRINT)	SOCIAL SECURITY NUMBER	MAILING ADDRESS	CITY	STATE	ZIP CODE
TOLTH, George H.	856569	PO Box 539	Prewitt	NM	87045

TYPE OF CLAIM

COUNCILMEN ONLY - CHECK ONE OF THE FOLLOWING:

- ☐ TRIBAL COUNCIL SESSION
- ☐ GOVERNMENT SERVICES COMMITTEE
- ☐ BUDGET & FINANCE COMMITTEE
- ☐ EDUCATION COMMITTEE
- ☐ PUBLIC SAFETY COMMITTEE
- ☐ RESOURCES COMMITTEE
- ☐ HEALTH / SOCIAL SERVICES COMMITTEE
- ☐ HUMAN SERVICES COMMITTEE
- ☐ JUDICIARY COMMITTEE
- ☐ ECONOMIC DEVELOPMENT / PLANNING COMM
- ☐ LOCAL (SEMI-MONTHLY) CHAPTER MEETING
- ☐ DISTRICT (BI-MONTHLY) COUNCIL MEETING
- ☐ TRANS. & COMMUNITY DEV. COMMITTEE
- ☐ NAVAJO-HOPI LAND COMMISSION
- ☐ OTHER (SPECIFY) _____
- ☐ _____
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- ☐ COUNCILMAN SALARY ADVANCE

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- ☐ DISTRICT MEETING
- ☐ AGENCY MEETING

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AMOUNT OF CLAIM

1 DAYS @	$60.00 PER DIEM	$	60.00
_____ DAYS @	$ _____ PER DIEM	$	
_____ MILES @	$ _____ PER DIEM	$	
OTHER EXPENSES (ATTACH RECEIPTS)		$	
ADVANCE REQUESTED		$	
LESS DEDUCTIONS		$	
	TOTAL	$	60.00

10.0257= $60.00

CONTROLLERS OFFICE USE ONLY

ACCOUNT NO.	FUNDS AVAILABLE BY	DATE
101030-2422		

I certify that this claim is true and just to the best of my knowledge and that the amounts claimed are due to me and have not been previously paid. If approved, I request that the check be ready by (time) _____ on (date) _____.

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SIGNATURE OF CLAIMANT

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SIGNATURE	DATE	SIGNATURE	DATE	CURRENT ADVANCE BALANCE	ADVANCE RECORDED PAYROLL BY	ADVANCE RECORDED PAYROLL DATE

DATE OF CLAIM		
01	22	26

AB#	352502
B#	
D#	

THE NAVAJO NATION

FINANCIAL SERVICES DEPARTMENT
GENERAL CLAIM FORM

CONTROLLER USE ONLY	
VENDOR NUMBER	TIME / DATE RECEIVED

NAME OF CLAIMANT (PRINT)	SOCIAL SECURITY NUMBER	MAILING ADDRESS	CITY	STATE	ZIP CODE
Curtis Yanito	352502	PO Box 31	Bluff	UT.	84512

TYPE OF CLAIM

COUNCILMEN ONLY - CHECK ONE OF THE FOLLOWING:

- ☐ TRIBAL COUNCIL SESSION
- ☐ GOVERNMENT SERVICES COMMITTEE
- ☐ BUDGET & FINANCE COMMITTEE
- ☐ EDUCATION COMMITTEE
- ☐ PUBLIC SAFETY COMMITTEE
- ☐ RESOURCES COMMITTEE
- ☐ HEALTH / SOCIAL SERVICES COMMITTEE
- ☐ HUMAN SERVICES COMMITTEE
- ☐ JUDICIARY COMMITTEE
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- ☐ LOCAL (SEMI-MONTHLY) CHAPTER MEETING
- ☐ DISTRICT (BI-MONTHLY) COUNCIL MEETING
- ☐ TRANS. & COMMUNITY DEV. COMMITTEE
- ☐ NAVAJO-HOPI LAND COMMISSION
- ☐ OTHER (SPECIFY)
- ☐ _____
- ☐ AGENCY (QUARTERLY) MEETING
- ☐ COUNCILMAN SALARY ADVANCE

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- ☐ AGENCY MEETING

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- ☐ LAND (FARM) BOARD
- ☐ BOARD OF ELECTION SUPERVISORS
- ☐ EMPLOYEE EMERGENCY ADVANCE TO BE DEDUCTED FROM SALARY ATTACH JUSTIFICATION

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AMOUNT OF CLAIM

_____ DAYS @	$60.00	PER DIEM	$ 60.00
_____ DAYS @	$	PER DIEM	$
_____ MILES @	$	PER DIEM	$
OTHER EXPENSES (ATTACH RECEIPTS)			$
ADVANCE REQUESTED			$
LESS DEDUCTIONS			$
		TOTAL	$ 60.00

10.0257= $60.00

CONTROLLERS OFFICE USE ONLY

ACCOUNT NO.	FUNDS AVAILABLE BY	DATE
101030-2422		

I certify that this claim is true and just to the best of my knowledge and that the amounts claimed are due to me and have not been previously paid. If approved, I request that the check be ready by (time) _____ on (date) _____.

I request that the check be (check one) ☐ mailed to me at the above address;

☒ picked up by myself; ☐ picked up by person other than myself (name):

SIGNATURE OF CLAIMANT

CLAIM APPROVED BY: CHAIRMAN, N.T.C. COMMITTEE CHAIRMAN, CHAPTER PRES., ETC.		CONTROLLER'S APPROVAL		ADVANCES ONLY	ADVANCE RECORDED PAYROLL	
SIGNATURE	DATE	SIGNATURE	DATE	CURRENT ADVANCE BALANCE	BY	DATE