

**HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE  
OF THE  
25<sup>th</sup> 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: 9:00 AM

Adjourned at: 10:12 AM

<u>HEHSC MEMBERS</u>	<u>TIME IN</u>	<u>TIME OUT</u>	<u>SIGNATURES</u>
Vince R. James (C)	<u>8:58 AM</u>	<u>10:12 AM</u>	<u>Vince James</u>
Germaine Simonson (vc)	<u>8:15 AM</u>	<u>10:12 AM</u>	<u>Germaine Simonson</u>
Helena Nez-Begay	<u>                    </u>	<u>ABSENT</u>	<u>                    </u>
Dr. Andy Nez	<u>8:58 AM</u>	<u>10:12 AM</u>	<u>Andy Nez</u>
George H. Tolth	<u>8:00 AM</u>	<u>10:12 AM</u>	<u>George Tolth</u>
Curtis Yanito	<u>8:43 AM</u>	<u>10:12 AM</u>	<u>Curtis Yanito</u>
Angelita Benally, Legislative Advisor			<u>Angelita Benally</u>
Karen J. Thompson, Legislative Assistant			<u>Karen J. Thompson</u>
MacArthur Stant, Legislative Counsel			<u>MacArthur Stant</u>
Candace D. French, Legislative Counsel			<u>telecommunication</u>
Jason John, Legislative Staff Asst.			<u>Jason John</u>
Mary J. Nez, Executive Assistant-OOS			<u>Mary J. Nez</u>
Nicole Lansing, Delegates Office			<u>Nicole Lansing</u>

**OTHER 25<sup>th</sup> NAVAJO NATION DELEGATE (S) :**

<u>TIME IN</u>	<u>TIME OUT</u>	<u>SIGNATURES</u>	<u>TIME IN</u>	<u>TIME OUT</u>	<u>SIGNATURES</u>
1. <u>9:30 AM</u>	<u>10:12 AM</u>	<u>Amber K. Crotty (200M)</u>	6. <u>                    </u>	<u>                    </u>	<u>                    </u>
2. <u>                    </u>	<u>                    </u>	<u>                    </u>	7. <u>                    </u>	<u>                    </u>	<u>                    </u>
3. <u>                    </u>	<u>                    </u>	<u>                    </u>	8. <u>                    </u>	<u>                    </u>	<u>                    </u>
4. <u>                    </u>	<u>                    </u>	<u>                    </u>	9. <u>                    </u>	<u>                    </u>	<u>                    </u>
5. <u>                    </u>	<u>                    </u>	<u>                    </u>	10. <u>                    </u>	<u>                    </u>	<u>                    </u>

**HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE  
OF THE  
25<sup>th</sup> 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**

<u>VISITORS/GUESTS</u>	<u>TITLE/DEPARTMENT</u>	<u>EMAIL ADDRESS</u>
1. Jason John	COO- PIO	jasonajohn@navajo-nsn.gov
2. Wilfred Jones	Utah Navajo Health System	
3. Lorissa Jackson	Utah Navajo Health System	ljackson@unhsinc.org
4. Aaron Bitsouie	Utah Navajo Health Syst,	abitsouie@unhsinc.org
5. <del>_____</del>	<u>ZOOM PARTICIPANTS</u>	<del>_____</del>
6. HEHSC Reporter		
7. HEHSC Admin		
8. Navajo Nation Council (EN)		
9. Candace French		
10. Clarinda Beapy		
11. George H. Totth		
12. IAS Navajo / Marquis Vazire		
13. M Cook		
14. Micheal Jensen		
15. Smilatsa Jim		
16. Amber K. Crotty (9:30 AM)		
17. <del>_____</del>	verified by Karen J. Thompson, LA HEHSC	<del>_____</del>
18. <del>_____</del>		<del>_____</del>
19. <del>_____</del>		<del>_____</del>
20. <del>_____</del>		<del>_____</del>

# 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)

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<input type="checkbox"/> Helena Nez Begay	<input type="checkbox"/> Germaine Simonson
<input type="checkbox"/> Vince R. James	<input type="checkbox"/> George Tolth
<input type="checkbox"/> Dr. Andy Nez	<input type="checkbox"/> Curtis Yanito

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### 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#	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:**

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

**CHAPTER OFFICERS ONLY - CHECK ONE OF THE FOLLOWING:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> LOCAL CHAPTER MEETING | <input type="checkbox"/> DISTRICT MEETING | <input type="checkbox"/> AGENCY MEETING |
|--|---|---|

**ALL OTHERS -- CHECK ONE OF THE FOLLOWING:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> LAND (FARM) BOARD | <input type="checkbox"/> BOARD OF ELECTION SUPERVISORS | <input type="checkbox"/> 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)				

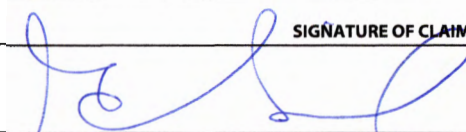
AMOUNT OF CLAIM	
1 DAYS @ \$60.00 PER DIEM	\$ 60.00
_____ DAYS @ \$ _____ PER DIEM	\$ _____
_____ MILES @ \$ _____ PER DIEM	\$ _____
OTHER EXPENSES (ATTACH RECEIPTS)	\$ _____
ADVANCE REQUESTED	\$ _____
LESS DEDUCTIONS	\$ _____
<b>TOTAL</b>	<b>\$ 60.00</b>
10.0257= \$60.00	

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	DATE				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:**

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

**CHAPTER OFFICERS ONLY - CHECK ONE OF THE FOLLOWING:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> LOCAL CHAPTER MEETING | <input type="checkbox"/> DISTRICT MEETING | <input type="checkbox"/> AGENCY MEETING |
|--|---|---|

**ALL OTHERS -- CHECK ONE OF THE FOLLOWING:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> LAND (FARM) BOARD | <input type="checkbox"/> BOARD OF ELECTION SUPERVISORS | <input type="checkbox"/> EMPLOYEE EMERGENCY ADVANCE TO BE DEDUCTED FROM SALARY ATTACH JUSTIFICATION |
|--|--|---|

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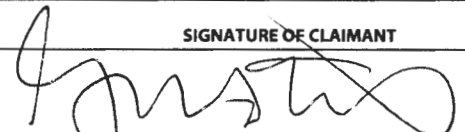
AMOUNT OF CLAIM	
1 DAYS @ \$60.00 PER DIEM	\$ 60.00
_____ DAYS @ \$_____ PER DIEM	\$_____
_____ MILES @ \$_____ PER DIEM	\$_____
OTHER EXPENSES (ATTACH RECEIPTS)	\$_____
ADVANCE REQUESTED	\$_____
LESS DEDUCTIONS	\$_____
<b>TOTAL</b>	<b>\$ 60.00</b>
10.0257=	\$60.00

CONTROLLERS OFFICE USE ONLY		
ACCOUNT NO.	FUNDS AVAILABLE BY	DATE
101030-2422		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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**



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SIGNATURE	DATE	SIGNATURE	DATE	DATE	DATE	BY	DATE	BY	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:**

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


**CHAPTER OFFICERS ONLY - CHECK ONE OF THE FOLLOWING:**

<input type="checkbox"/> LOCAL CHAPTER MEETING	<input type="checkbox"/> DISTRICT MEETING	<input type="checkbox"/> AGENCY MEETING
--	---	---

**ALL OTHERS -- CHECK ONE OF THE FOLLOWING:**

<input type="checkbox"/> LAND (FARM) BOARD	<input type="checkbox"/> BOARD OF ELECTION SUPERVISORS	<input type="checkbox"/> EMPLOYEE EMERGENCY ADVANCE TO BE DEDUCTED FROM SALARY ATTACH JUSTIFICATION
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1.Window Rock, (NN), AZ	Jan 22, 2026	Health, Education & Human Service Special Meeting (In-lieu of January 26, 2026)				

<b>AMOUNT OF CLAIM</b>		<b>CONTROLLERS OFFICE USE ONLY</b>			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) <input type="checkbox"/> mailed to me at the above address; <input checked="" type="checkbox"/> picked up by myself; <input type="checkbox"/> picked up by person other than myself (name): _____
_____ DAYS @ \$60.00 PER DIEM \$ 60.00 _____ DAYS @ \$ _____ PER DIEM \$ _____ _____ MILES @ \$ _____ PER DIEM \$ _____ OTHER EXPENSES (ATTACH RECEIPTS) \$ _____ ADVANCE REQUESTED \$ _____ LESS DEDUCTIONS \$ _____ <b>10.0257= \$60.00</b> TOTAL \$ <b>60.00</b>	ACCOUNT NO. 101030-2422 FUNDS AVAILABLE BY _____ DATE _____	<b>SIGNATURE OF CLAIMANT</b> 			

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