

# Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)\*, of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: \_\_\_\_\_

Subcommittee: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Hearing :

Witness Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Witness Type:  Governmental  Non-governmental

Are you representing yourself or an organization?  Self  Organization

If you are representing an organization, please list what entity or entities you are representing:

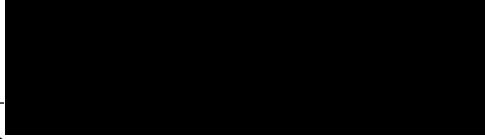
If you are a **non-governmental witness**, please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current calendar year and previous two calendar years. Include the source and amount of each grant or contract. *If necessary, attach additional sheet(s) to provide more information.*

If you are a **non-governmental witness**, please list any contracts or payments originating with a foreign government and related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current year and previous two calendar years. Include the amount and country of origin of each contract or payment. *If necessary, attach additional sheet(s) to provide more information.*

### False Statements Certification

Knowingly providing material false information to this committee/subcommittee, or knowingly concealing material information from this committee/subcommittee, is a crime (18 U.S.C. § 1001). This form will be made part of the hearing record.

\_\_\_\_\_  
Witness signature



\_\_\_\_\_  
Date

**Please attach, when applicable, the following documents to this disclosure. Check the box(es) to acknowledge that you have done so.**

- Written statement of proposed testimony
- Curriculum vitae or biography

\*Rule XI, clause 2(g)(5), of the U.S. House of Representatives provides:

(5)(A) Each committee shall, to the greatest extent practicable, require witnesses who appear before it to submit in advance written statements of proposed testimony and to limit their initial presentations to the committee to brief summaries thereof.

(B) In the case of a witness appearing in a nongovernmental capacity, a written statement of proposed testimony shall include a curriculum vitae and a disclosure of any Federal grants or contracts, or contracts or payments originating with a foreign government, received during the current calendar year or either of the two previous calendar years by the witness or by an entity represented by the witness and related to the subject matter of the hearing.

(C) The disclosure referred to in subdivision (B) shall include—

(i) the amount and source of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) related to the subject matter of the hearing; and

(ii) the amount and country of origin of any payment or contract related to the subject matter of the hearing originating with a foreign government.

(D) Such statements, with appropriate redactions to protect the privacy or security of the witness, shall be made publicly available in electronic form not later than one day after the witness appears.

**CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
JUNE 30, 2019**

	<u>CFDA Number</u>	<u>Pass Through Identifying Number</u>	<u>Passed Through to Subrecipients</u>	<u>Total Federal Expenditures</u>
<b>U.S. Department of Health and Human Services</b>				
Indian Self Determination/Health Services				
Program Name:				
Indian Health Services - ACA Outreach	93.441	235-10-0024		\$ 29,078
Indian Health Services Indian Self-Determination	93.441	235-18-0004	\$ 40,746,634	49,495,252
Total Indian Health Services Program			<u>40,746,634</u>	<u>49,524,330</u>
Child Care and Development Cluster				
Program Name:				
Child Care and Development Fund – Discretionary, Yr. 16	93.575	2016G999002		3,397
Child Care and Development Fund – Mandatory, Yr. 17	93.596	2017G999006		190,129
Child Care and Development Fund – Discretionary, Yr. 17	93.575	2017G999002		508,476
Child Care and Development Fund – Discretionary, Yr. 18	93.575	2018G999002		95,725
Child Care and Development Fund – Discretionary, Yr. 19	93.575	2019G999002		150,209
Total Child Care and Development Cluster				<u>947,936</u>
California Dental Support Center				
Program Name:				
California Dental Support Center, Yr. 12	93.933	U3D2IHS0008-12		74,007
California Dental Support Center, Yr. 13	93.933	U3D2IHS0008-13		300,681
Total California Dental Support Center				<u>374,688</u>
Affordable Care Act (ACA) Personal Responsibility Education Program				
Program Name:				
Tribal Personal Responsibility Education Program, Yr. 2	93.092	90AT0017-02		136,771
Tribal Personal Responsibility Education Program, Yr. 3	93.092	90AT0017-03		254,744
Total ACA Personal Responsibility Education Program				<u>391,515</u>

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Methamphetamine and Suicide Prevention Initiative				
Program Name:				
IHS Methamphetamine and Suicide Prevention Initiative, Yr. 3	93.933	BH16IHS0009-03		21,038
IHS Methamphetamine and Suicide Prevention Initiative, Yr. 4	93.933	BH16IHS0009-04		78,717
Total Methamphetamine and Suicide Prevention Initiative				<u>99,755</u>
Domestic Violence Prevention Initiative				
Program Name:				
IHS Domestic Violence Prevention Initiative, Yr. 1	93.933	BH15IHS0053-01		53,054
IHS Domestic Violence Prevention Initiative, Yr. 2	93.933	BH15IHS0053-02		107,743
Total Domestic Violence Prevention Initiative				<u>160,797</u>
Epidemiology Cooperative Agreements				
Program Name:				
Epidemiology Program for AI/AN Tribes & Urban Communities, Yr. 10	93.231	U1B1IHS0014-10		210,861
Epidemiology Program for AI/AN Tribes & Urban Communities, Yr. 11	93.231	U1B1IHS0014-11		434,057
Total Epidemiology Cooperative Agreements				<u>644,918</u>

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Substance Abuse and Mental Health Services-Projects of Regional and National Significance				
Program Name:				
California American Indian Substance Abuse and HIV Capacity Building Initiative, Yr. 3	93.243	3H79SP021233-03		160,883
California American Indian Substance Abuse and HIV Capacity Building Initiative, Yr. 4	93.243	3H79SP021233-04		183,349
Native Connections Project Yr. 2	93.243	5H79SM063510-02		73,470
Native Connections Project Yr. 3	93.243	5H79SM063510-03		165,857
Tribal Opioid Response Grant, Yr. 1	93.788	6H79T1081847-01		269,367
Total Substance Abuse and Mental Health Services			<hr/>	<hr/> 852,926
Centers for Disease Control (CDC): Good Health and Wellness in Indian Country Cooperative Agreements				
Program Name:				
Advancing CA Opportunities to Renew Native Health Systems, Yr. 3	93.762	6NU58DP005432-03		27,212
Advancing CA Opportunities to Renew Native Health Systems, Yr. 4	93.762	6NU58DP005432-04		294,053
Advancing CA Opportunities to Renew Native Health Systems, Yr. 5	93.762	6NU58DP005432-05		654,411
Total CDC Cooperative Agreements			<hr/>	<hr/> 975,676
Centers for Disease Control and Prevention				
Program Name:				
California Tribal Comprehensive Cancer Control Program (CTCCCP),	93.898	1NU58DP006276-01		48,176
California Tribal Comprehensive Cancer Control Program (CTCCCP),	93.898	6NU58DP006276-02		216,261
Tribal Public Health Capacity Building & QI Umbrella Coop Agreement, Yr. 1	93.772	6NU38OT000264-01		6,830
Building Public Health Capacity in California's Tribal Communities	93.772	6NU38OT000264-01		156,446

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California Tribal Epidemiology Center Building Health Infrastructure Initiative, Yr. 1	93.762	1NU58DP006378-01		500,344
California Tribal Epidemiology Center Building Health Infrastructure Initiative, Yr. 2	93.762	1NU58DP006378-02		536,100
California Tribal Epidemiology Center Building Public Health Infrastructure Initiative Supplement for Oral Health	93.762	6NU58DP006378-02		10,490
California Tribal Epidemiology Center Building Public Health Infrastructure Initiative Supplement for GHWIC Evaluation	93.762	6NU58DP006378-02		58,512
California Tribal Epidemiology Center Building Public Health Infrastructure Initiative Supplement for TEC Opioid Overdose Prevention	93.762	6NU58DP006378-02		83,243
Total Centers for Disease Control and Prevention				<u>1,616,402</u>
Injury Prevention Program for American Indians and Alaskan Natives (AI/AN)				
Program Name:				
Pathways to Injury Prevention (Part 2), Yr. 8	93.284	D261IHS0105-08-00		15,965
Pathways to Injury Prevention (Part 2), Yr. 9	93.284	D261IHS0105-09-00		12,621
Total Injury Prevention Program				<u>28,586</u>
AIAN Head Start:				
Program Name:				
Head Start Indian Grant, Yr. 24	93.600	90CI9857-04		131,952
Head Start Indian Grant, Yr. 25	93.600	90CI9857-05		846,716
Total AIAN Head Start				<u>978,668</u>

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	<u>CFDA Number</u>	<u>Pass Through Identifying Number</u>	<u>Passed Through to Subrecipients</u>	<u>Total Federal Expenditures</u>
Passed through Inter-Tribal Council of Michigan				
Program Name:				
ITCM - Tobacco CDC Subcontract, Yr. 5	93.283	5NU58DP004979-05		17,808
ITCM - Tobacco CDC Subcontract, Yr. 1	93.431	1NU58DP006493-01		28,812
Total Passed through Inter-Tribal Council of Michigan				<u>46,620</u>
Passed through California Department of Health Care Services				
Medical Assistance Program (Medicaid, Title XIX:)				
Program Name:				
Medi-Cal Administrative Activities	93.778	14-90035		862,105
Passed through Centers for Disease Control and Prevention				
Council of State & Territorial Epidemiologists (CTSE)	93.424	V06-02.2017		57,168
Total U.S. Department of Health and Human Services			<u>40,746,634</u>	<u>57,562,090</u>
<b>Total Expenditures of Federal Awards</b>			<u><b>\$ 40,746,634</b></u>	<u><b>\$ 57,562,090</b></u>



**Testimony of the California Rural Indian Health Board  
Anna Scrimenti, MS, Health Policy Analyst  
House Subcommittee for Indigenous Peoples of the United States  
February 5, 2020**

Good afternoon Chairman Gallego, Ranking Member Cook, and other distinguished Members of the House Subcommittee for Indigenous Peoples of the United States (US). Thank you for holding this important hearing. I am honored to testify on behalf of the California Rural Indian Health Board, Inc. (CRIHB).

My name is Anna Scrimenti and I am a Health Policy Analyst for CRIHB. CRIHB was founded in 1969 and operates as a Tribal organization under the authority of the Indian Self Determination Act to provide health care related services to federally recognized Tribal Governments in the state. We have a membership of 59 Tribes and 19 Tribal Health Programs.

All branches of the federal government have a trust responsibility to partner with Tribes. This includes administrative services such as the Indian Health Service (IHS). The Mission of IHS is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives (AIAN) to the highest level. Given this, I am here today to recommend this subcommittee support H.R. 4495, introduced by Congressman Ruiz.

The bill would authorize the Secretary of Health and Human Services, acting through the Director of the IHS, to acquire private land to facilitate access to the Desert Sage Youth Wellness Center in Hemet, California (CA), and for other purposes.

The Desert Sage Youth Wellness Center is a 35,500-square-foot IHS Youth Regional Treatment Center (YRTC). Desert Sage provides culturally-sensitive substance use treatment for AIAN youth. This facility is a necessary resource for AIAN youth as it is the first YRTC in the state of California. The co-ed in-patient residential treatment facility has 70 full-time staff and 32 beds for youth ages 12-17 with substance abuse and co-occurring disorders.

In addition, there are five suites for families to facilitate their participation in treatment on-site. Previously, AIAN youth attended out-of-state treatment facilities that inconveniently removed them from their critical support systems during recovery. Effective treatment is important not only for these youth and these families, but for the continued survival of their tribal communities.

AIAN youth are disproportionately impacted by substance use, addiction, overdose and suicide. A 2018 study found that AIAN youth in 8th, 10th, and 12th grades were significantly more likely



than non-Native youth to have used alcohol or illicit drugs in the past 30-days.<sup>1</sup> According to the Centers for Disease Control and Prevention, suicide rates for AIANs across 18 states were reported at 21.5 per 100,000 – 3.5 times higher than demographics with the lowest rates.<sup>2</sup> Drug overdose deaths among AIANs increased 519% from 1999 to 2015 – the highest percentage increase of any population.<sup>3</sup> According to the Substance Abuse and Mental Health Service Administration, in 2013 AIAN youth aged 12 and older reported the highest percentage of Substance Use Disorders, more than any other racial/ethnic group at 14.9%.<sup>4</sup> Access to Desert Sage is critical to address these disparities.

The only access to Desert Sage is a dirt and gravel road. The extreme wet and dry seasons in CA cause significant access issues to the facility. When the facility was built in 2016, the IHS was unable to reach an agreement with the private landowners between the facility and the main road to build a driveway that went across the edge of the property. As such, the facility is currently accessed only by that dirt and gravel road which frequently washes out or cracks.

H.R. 4495 gives IHS the authority to purchase the required land, build the road to Desert Sage, and then transfer the road to the county for operation and maintenance as a county road.

Again, I respectfully recommend the subcommittee support H.R. 4495. It is critically important to acquire and construct the road as soon as possible to ensure adequate accessibility to life-saving services.

Thank you again for the opportunity to offer this statement. Please do not hesitate to contact the CRIHB office directly if you have any questions or if you require additional information.

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<sup>1</sup> Swaim RC, Stanley LR. Substance Use Among American Indian Youths on Reservations Compared With a National Sample of US Adolescents. *JAMA Netw Open*. 2018;1(1):e180382. doi:10.1001/jamanetworkopen.2018.0382

<sup>2</sup> Leavitt RA, Ertl A, Sheats K, Petrosky E, Ivey-Stephenson A, Fowler KA. Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003–2014. *MMWR Morb Mortal Wkly Rep* 2018;67:237–242. DOI: <http://dx.doi.org/10.15585/mmwr.mm6708a1>

<sup>3</sup> Mack KA, Jones CM, Ballesteros MF. Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States. *MMWR Surveill Summ* 2017;66(No. SS-19):1–12. DOI: <http://dx.doi.org/10.15585/mmwr.ss6619a1>

<sup>4</sup> Substance Abuse and Mental Health Services Administration (SAMHSA) Tribal Affairs, SAMHSA Native American and Alaska Native Data Handout: [https://www.samhsa.gov/sites/default/files/topics/tribal\\_affairs/ai-an-data-handout.pdf](https://www.samhsa.gov/sites/default/files/topics/tribal_affairs/ai-an-data-handout.pdf)

# ANNA SCRIMENTI

## EXECUTIVE SUMMARY

Integrative thinker experienced in Congressional relations, plain language writing for government regulatory requirements, compliance, and industry guidances. Policy analyst, researcher incorporating qualitative and quantitative methods including data analytics and evidence-based models to evaluate, assess, and analyse intersections and inter-relationships to provide most effective, informative policy recommendations for lawmakers.

## JOB EXPERIENCE

### **The California Rural Indian Health Board (CRIHB), Inc.**

**Sacramento, C.A. | Washington, D.C.**

#### **Health Policy Analyst, Congressional Relations Specialist**

**April 2019-Present**

- Develops, maintains on-going communication between CRIHB, Congressional offices, lawmakers, the Indian Health Service, Tribal Health Programs
- Evaluates, analyzes federal legislation for impacts on the provision of health care services to California Indians.
- Educates state and federal officials on California Indian Health issues; represents CRIHB at state and federal legislative hearings and meetings.

### **The United States Food and Drug Administration (U.S. FDA)**

#### **Center for Food Safety and Applied Nutrition (CFSAN)**

**College Park, M.D.**

#### **Oak Ridge Institute for Science Education (ORISE) Fellow**

**August 2016-April 2019**

- Developed, drafted, edited plain language responses of the Food Safety Modernization Act (FSMA) Final Rules & Guidance for industry; Advised, communicated regularly with policy analysts, scientists
- Managed, trained, implemented Learning and Knowledge Management and Database Systems (KMS, Salesforce, Access)
- Informed supervisors on food safety policy changes, food industry and stakeholder concerns

### **Linowes and Blocher LLP**

**Bethesda, M.D.**

#### **Legal Receptionist**

**October 2015- August 2016**

- Managed, organized, maintained library archives for land use/zoning, tax, and bankruptcy law

### **McCormick Brothers Services, Inc./Erie Beer Company**

**Erie, PA**

#### **Consultant, Financial Policy & Planning**

**November 2014-July 2015**

- Worked directly with CEO on new proposals; developed plans to improve efficiency, saving the company \$100,000; identified opportunities that would generate \$500 million in revenue
- Conducted financial planning & analysis, budget preparation & reporting, costing analysis, risk evaluation; investment and market research; forecasting for special projects, capital expenditures
- Tracked financial progress of projects, prepared progress reports, assisted with budget revisions.

### **The Brock Institute for Mega Issues Education, Jefferson Educational Society of Erie.**

**Erie, P.A.**

#### **Public Policy Analyst, Exec. Assistant to CEO**

**February 2014-March 2015**

- Conducted research, complex analyses of public policy issues. Topics included income inequality, refugee resettlement, immigration, police brutality, climate change
- Provided leadership, direction, and management of program initiatives.
- Developed, implemented grassroots advocacy strategies

## **EDUCATION**

**Gannon University**, Erie, PA MAY 2010 B.A. in Liberal Arts/Pre-Medical Studies

**George Mason/Georgetown Universities**, Washington, D.C., MAY 2012 Advanced Biomedical Sciences certificate

**Georgetown University**, Washington, D.C. MAY 2013 M.S. in Biomedical Sciences Policy and Advocacy

**FDA Graduate School USA**, Washington, D.C. FEB 2018 Basic Food & Drug Law Certificate

**SKILLS** Proficient in **SALESFORCE, MS OFFICE SUITE, 120 WPM** typing speed; Intermediate proficiency in **SPANISH, SHAREPOINT, ACCESS** Beginner in **ARABIC, AMERICAN SIGN LANGUAGE**