



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:

December 22, 2020

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirtieth State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Thirtieth State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Annual Report for Domestic Violence and Sexual Assault Special Fund pursuant to Section 321-1.3 Hawaii Revised Statutes (HRS).

In accordance with Section 93-16, HRS, I am also informing you that the report may be viewed electronically at:

<https://health.hawaii.gov/opppd/departments-of-health-reports-to-2021-legislature/>

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth A. Char".

Elizabeth A. Char, M.D.
Director of Health

Enclosures

c: Legislative Reference Bureau
Hawaii State Library (7)
Hamilton Library

REPORT TO THE THIRTY- FIRST LEGISLATURE

**STATE OF HAWAI'I
2021**

**PURSUANT TO SECTION 321-1.3
HAWAI'I REVISED STATUTES**

**REQUIRING THE DEPARTMENT OF HEALTH TO SUBMIT
AN ANNUAL REPORT FOR THE
DOMESTIC VIOLENCE AND SEXUAL ASSAULT SPECIAL FUND**



**PREPARED BY:
STATE OF HAWAI'I
DEPARTMENT OF HEALTH
HEALTH RESOURCES ADMINISTRATION
FAMILY HEALTH SERVICES DIVISION
MATERNAL AND CHILD HEALTH BRANCH**

December 2020

INTRODUCTION

In 1997, the Hawai'i Revised Statutes (HRS) §321-1.3 established the Domestic Violence Prevention Special Fund. The Session Laws of Hawai'i in 2005, Act 142 changed the name of the special fund to the Domestic Violence and Sexual Assault Special Fund (DVSA special fund). The DVSA special fund is to be administered and expended by the Hawai'i State Department of Health (DOH) for programs and grants or purchases of service that support or provide domestic violence and sexual assault intervention or prevention as authorized by law.

Moneys in the DVSA special fund shall be used for new or existing programs and shall not supplant any other moneys previously allocated to these programs. Revenue from the following sources shall be deposited into the special fund: fees for certified copies of birth, marriage, divorce, or death certificates remitted pursuant to §338-14.5; income tax remittances allocated under §235-102.5; interest and investment earnings attributable to the moneys in the special fund; and grants, donations, and contributions from private or public sources for the purpose of the fund. DOH shall submit an annual report to the Legislature no later than 20 days prior to the convening of each regular session providing the following:

1. An accounting of the receipts of, and expenditures from, the DVSA special fund.
2. Recommendations on how to improve services for victims of domestic violence and sexual assault.

The Maternal and Child Health Branch (MCHB), which is housed in the DOH Health Resources Administration's Family Health Services Division (FHSD), administers and expends moneys from the DVSA special fund to implement strategies and activities to prevent, reduce, and eliminate sexual violence and domestic/intimate partner violence in Hawai'i.

The DVSA special fund enables DOH to continue to be proactive in planning, developing, coordinating, implementing, and maintaining a broad range of programs, activities, partnerships, and projects related to the prevention of domestic and sexual violence. MCHB's Domestic Violence Prevention Program (DVP Program) and Sexual Violence Prevention Program (SVP Program) both utilize moneys from the DVSA special fund.

THE DOMESTIC VIOLENCE PREVENTION PROGRAM

The DVP Program's activities are based on local and national best practices and technical assistance, recommendations, and data from the Centers for Disease Control and Prevention (CDC); National Domestic Violence Fatality Review Initiative; Hawai'i Domestic Violence Fatality Review (DVFR); population surveillance surveys; and reports from internal and external partners. Pursuant to HRS §321-471 through 321-476, DOH is the lead agency of the statewide DVFR efforts, where four county multidisciplinary and multiagency teams conduct comprehensive reviews of domestic violence-related homicides, suicides, and near-deaths to reduce the incidence of preventable intimate partner tragedies.

The DVP Program coordinates, organizes, facilitates, supports, and implements the DVFR. The fatality review process assists the DVFR teams in analyzing systems responses; assessing risk and protective factors; developing recommendations; identifying barriers and gaps; providing a forum to discuss coordination and response of overlapping issues; and informing prevention activities to reduce and eliminate future domestic violence tragedies. The DVP Program also supports the implementation of selected DVFR recommendations; fosters community recognition of domestic violence as a public health issue; increases awareness of the impact of trauma across the lifespan and the buffering strategies to reduce its deleterious effects; seeks to strengthen internal and external collaboration and partnerships; promotes and supports coordinated community response efforts and systems improvement; and plans and supports learning opportunities (e.g., trainings, conferences, and workshops) on issues and topics related to domestic violence.

THE SEXUAL VIOLENCE PREVENTION PROGRAM

The SVP Program's primary prevention efforts include sexual violence prevention education activities for middle and high school-aged students; support for high school coaches to mentor male student-athletes on healthy and respectful relationships; support for the University of Hawai'i system's sexual assault task forces to increase the knowledge and training of college staff and students on preventing sexual, dating, and domestic violence in the university setting; and collaborate with public and private agencies on sexual violence-related trainings and outreach.

Based on guidelines from the CDC's Rape Prevention and Education Program (RPE), the SVP Program continues to identify community-level prevention strategies including sexual violence-related trainings and technical assistance for statewide community action teams to foster support and connectedness among service providers to reduce and prevent the risk for sexual violence perpetration and victimization.

COLLABORATION

The DVP and SVP programs continue to collaborate internally together and with other DOH programs and externally with public and private partners to reduce violence against women, children, men, and families by supporting community-level prevention strategies; increasing awareness of adverse childhood experiences (ACEs), resilience, and protective factors; and promoting healthy, respectful, and nurturing relationships. Examples of these efforts include engaging men in violence prevention activities; increasing early childhood providers' understanding of ACEs, toxic stress, and corresponding negative health outcomes; and developing messaging such as public service announcements that promote positive parenting techniques.

RECOMMENDATIONS

Using a public health approach, MCHB is guided by the CDC, DVFR findings, program data, needs assessments, population-based surveys, and other local and national resources, reports, and research to develop program-specific and combined program recommendations, as well as to support initiatives, activities, and strategies to reduce and end domestic and sexual violence in Hawai'i.

For instance, according to the CDC National Intimate Partner and Sexual Violence Survey (NISVS), about one in four women experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime. Across the majority of violence types measured, most first-time victimization occurred prior to age 25, and many victims first experienced violence before age 18.¹ In 2017, the Hawai'i Youth Risk Behavior Survey (YRBS) included a question for middle school students regarding being physically hurt on purpose by someone they were dating or going out with during the past 12 months: 17.4% of middle school students in Hawai'i County, 20.8% in Honolulu County, 19.3% in Kaua'i County, and 16.1% in Maui County responded yes.²

According to the National Scientific Council on the Developing Child, persistent adversity early in life can overload the body's organs and interconnecting systems, leading to long-term consequences such as cardiovascular disease, obesity, diabetes, and a range of mental health problems.³ These findings indicate the need for domestic and sexual violence education for children and youth to increase awareness of the impact that trauma has on childhood development, including behavioral, mental, and physical health into adulthood.

MCHB is also guided by the CDC social-ecological model framework that includes the development and implementation of primary prevention approaches and strategies at the "community-level" of the model. Community-level prevention impacts the entire community and targets characteristics of a community. For example, an MCHB community-level prevention and statewide initiative engages men as allies to end domestic and sexual violence.

During the 2018-2019 domestic violence fatality reviews, DVFR teams developed recommendations for trainings, agency-specific efforts, collaborations, education, campaigns, policies, and systems improvement. Recommendations also present opportunities for further collaboration, coordinated efforts, and partnership. An example of such an opportunity would be the implementation of a lethality assessment tool by the police department. The police department would partner with domestic violence providers to arrange referrals and resources for a domestic violence victim at high risk. The domestic violence providers, in turn, would deliver domestic violence trainings to police officers, dispatchers, and other first responders. An additional step to further solidify the partnership between entities would be to participate in a multidisciplinary coordinated community response (CCR) team. The CCR team would meet regularly to share information and data, identify duplication, ensure services can be coordinated, and set goals on domestic violence-related prevention, intervention, and policy activities.

¹ Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

² Hawaii Youth Risk Behavior Survey, Hawaii State Department of Education and Hawaii State Department of Health. Citation: Hawaii Health Data Warehouse, State of Hawaii, Hawaii School Health Survey: Youth Risk Behavior Survey Module, [2017].

³ National Scientific Council on the Developing Child. (2020). Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined: Working Paper No. 15. Retrieved from www.developingchild.harvard.edu

Evaluation tools determine the effectiveness, quality of services, and outcomes of program activities on a continuous basis. Program evaluation and data collection are integral to MCHB efforts in shaping and planning domestic and sexual violence activities, along with assessing local and national statistics and trends. In addition, population-based surveys with Hawai'i data can capture trends over time and could help document the effectiveness of MCHB efforts to prevent violence.

MCHB continues to build and strengthen initiatives, primary prevention strategies, and systems improvement efforts. MCHB provides the following recommendations:

1. Promote and support the implementation of selected DVFR recommendations

From May 2018 through June 2019, each county DVFR team comprehensively reviewed three domestic/intimate partner violence-related cases for a total of 12 cases statewide. Recommendations were developed for each reviewed case, and on November 20, 2019, team members met in Honolulu to deepen their understanding of the DVFR process and to prioritize the recommendations developed from the 12 reviewed cases. Prioritized recommendations included screening tools/resources; lethality assessments; temporary restraining order notifications; domestic violence education in schools; evidence-based treatments; specific trainings and audiences; prioritization of prevention strategies (i.e., promoting healthy relationships), campaigns with diverse outreach strategies; and multidisciplinary, coordinated community response teams. DVFR team members and their networks have started to plan the implementation of selected recommendations.

2. Strengthen participation in and collaboration on domestic violence-related activities

Domestic violence is complicated, complex, and overlaps with many other focus areas, such as gun violence, suicide, lethality assessments, substance abuse, teen dating violence, sexual minority youth, children exposed to violence, ACEs, mental health, immigrants, homelessness, sexual violence within intimate partner relationships, health equity, strangulation, services and resources access, trauma-informed practices, and systems improvement (e.g., data sharing and coordinated community responses). The reviewed cases revealed many of these focus areas intersecting with the domestic violence displayed in the homes (e.g., gun violence, children exposed to violence, ACEs, substance abuse, mental health issues, homelessness, and strangulation).

The DVP Program is an active participant in task forces, councils, and work and planning groups that focus on domestic violence and intersecting concerns. The DVP Program also creates opportunities (e.g., partnerships and trainings) to strengthen agency coordination and collaboration, as well as supports and collaborates with internal and external partners' efforts to prevent all forms of violence.

3. Provide sexual violence primary prevention education to youth and young adults

According to the CDC Data Brief from The National Intimate Partner and Sexual Violence Survey (NISVS), in the United States, sexual violence and intimate partner violence experienced as a child or adolescent is a risk factor for repeated victimization as an adult.⁴ The 2015 Hawai'i Youth Risk Behavior Survey (YRBS) included a question for middle school students regarding being forced to do sexual things by their date in the past 12 months: 15.1% of middle school students in Hawai'i County, 17.7% in Honolulu County, 16.3% in Kaua'i County, and 15.6% in Maui County responded yes.⁵

In another CDC report, *Connecting the Dots: An Overview of the Links of Multiple Forms of Violence*, early childhood trauma or negative experiences, in the home or community, puts children at a substantially higher risk of experiencing domestic and/or sexual violence, as well as other forms of violence over the lifespan.⁶

The CDC Rape Prevention and Education Program encourages the use of evidence-based/informed primary prevention strategies and approaches. The 2018 DOH Intimate Partner Violence Fact Sheet (https://health.hawaii.gov/mchb/files/2018/12/IPV-Fact-Sheet_2018.pdf) indicates that middle and high school students are experiencing dating and sexual violence. Therefore, strategies to prevent domestic and sexual violence will focus on youth through young adult populations including:

- SVP educational presentations and rallies at selected Department of Education (DOE) middle and high schools
- Collaboration with DOE to develop an SVP resource webpage for administration, faculty, staff, students, families, and the greater community
- Evidence-informed, locally adapted bystander education training and technical assistance through the University of Hawai'i ("UH") Prevention, Awareness, and Understanding (PAU) Violence Task Forces on campuses statewide.

⁴ The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief - Updated Release. Atlanta, GA. Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

⁵ Hawaii Youth Risk Behavior Survey, Hawaii State Department of Education and Hawaii State Department of Health. Citation: Hawaii Health Data Warehouse, State of Hawaii, Hawaii School Health Survey: Youth Risk Behavior Survey Module, [2015].

⁶ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Kleven, J. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

4. Nā Leo Kāne: Engaging men as allies to prevent domestic and sexual violence

The National Sexual Violence Resource Center reports that 96% of people who sexually abuse children are male.⁷ Over 98.1% of female victims and 93.3% of male victims of rape report a male perpetrator (Black et al., 2011). CDC's *STOP SV: A Technical Package to Prevent Sexual Assault* encourages the mobilization of men and boys as allies to promote social norms that protect against teen dating, intimate partner, and sexual violence. The Nā Leo Kāne (*Translation: "Voices of Men"*) Collaborative (NLK) was initiated by the MCHB DVP and SVP programs in 2017 to engage men as allies to speak out against domestic and sexual violence in Hawai'i and promote positive masculinity. NLK is a community initiative focused on expanding the conversation of what it means to be a man in Hawai'i. The NLK Collaborative is co-led by the DOH MCHB's DVP and SVP programs with funding support from the CDC's Rape Prevention and Education Grant and the DVSA special fund.

HRS §5-7.5 recognizes the "Aloha Spirit" as the coordination of mind and heart within each person. Aloha is the essence of relationships in which each person is important to every other person for collective existence. For NLK, the cultural significance of integrating aloha into the prevention strategy cannot be overlooked. It is an important part of our local cultural norm and way of being. NLK values the positive influences of the Native Hawaiian culture, including perspectives on healthy masculinity. NLK is committed to preventing domestic and sexual violence and promoting healthy relationships with A.L.O.H.A. (Akahai, Lokahi, Olu'olu, Ha'aha'a, Ahonui).

The NLK Collaborative includes statewide representatives from state agencies, community-based organizations, and individuals from the local community. NLK holds quarterly meetings and hosts trainings for collaborative members and the broader community to address social norms change; offer opportunities to network and partner with other group members to leveraging resources; and support each other's work whenever possible. NLK aims to strengthen leadership capacity to conduct domestic and sexual violence prevention activities with the intention of building critical mass to change harmful norms about masculinity that impact the health and well-being of men and their families.

5. ACEs, Toxic Stress, Resilience, and Trauma-informed Practices

According to the CDC, ACEs are common: about 61% of adults surveyed across 25 states reported that they experienced at least one type of ACE, and nearly one in six reported that they experienced four or more ACEs.⁸ The importance of

⁷ National Sexual Violence Resource Center. (2011). Child sexual abuse prevention: Overview. Retrieved from http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Overview_Child-sexual-abuse-prevention_0.pdf

⁸https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Face

understanding ACEs is that ACEs can have lasting effects on health (diabetes, depression, suicide attempts, cancer, heart disease), behaviors (smoking, alcoholism, drug misuse), and life potential (graduation rates, academic achievement, lost time from work).⁹ The ACEs Study by Vincent J. Felitti, M.D. found a strong relationship between the breadth of exposure to violence during childhood and the multiple risk factors for several of the leading causes of death in adults. In addition, those who are exposed to one form of violence are at higher risk for both being a victim of other forms of violence and becoming a perpetrator of violence. The total economic and social costs to families, communities, and society are in the hundreds of billions of dollars each year.¹⁰

MCHB recognizes that the negative effects of ACEs and toxic stress (defined as extended or prolonged stress) intersects with all MCHB programs, which prioritizes addressing ACEs, toxic stress, resilience, and trauma-informed practices. MCHB's violence prevention programs, Home Visiting Program, and Children with Special Health Needs Branch (CSHNB) are collaborating on strategies to reach early childhood providers, first responders, community-based organizations, and decision-makers. The goal is to provide targeted audiences with increased understanding and awareness of ACEs, toxic stress, resilience, and trauma-informed practices by organizing trainings; creating a pilot cohort of statewide trainers; and facilitating on-going discussions with decision-makers from public and private agencies.

The trainings and cohort will provide decision-makers with a regular forum to discuss and plan coordinated approaches that support both public and private agencies in implementing trauma-informed strategies and best practices. It will also provide data, statistics, and other informational guidelines to stakeholders, including the general public.

DOMESTIC VIOLENCE AND SEXUAL ASSAULT PREVENTION PROGRAM ACTIVITIES

MCHB partnered with internal and external partners to plan, develop, support, and implement activities and initiatives to prevent and reduce domestic and sexual violence. Note that the novel coronavirus (COVID-19) pandemic impacted planned funding and activities beginning in March 2020.

1. DVFR activities:

- Scheduled DVFRs from March through June 2020 were cancelled due to the COVID-19 pandemic, with funds diverted to assist with community domestic violence programs impacted by COVID-19
- National DVFR training, *How to Conduct a Virtual DVFR* (2020): four county DVFR teams participated (topics: overview, confidentiality, and technology)

study%2Ffastfact.html

⁹ Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

¹⁰ Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

- Technical assistance (2019-2020): provided to the Kaua'i Domestic Violence Task Force and other domestic violence groups on DVFR recommendations and DVFR process
 - Community-Informed Risk Assessment (CIRA) (2019-2020): Arizona's Family Violence Institute provided an overview to three counties (police, domestic violence programs, prosecuting attorneys, emergency medical services, and other stakeholders) on this risk assessment tool that helps determine near-lethal outcomes within a seven-month period, with subsequent meetings on Oahu held to increase collaboration and coordination on risk assessments
 - Statewide DVFR meeting for DVFR team and ad hoc members (2019): small group work on best practices of maximizing DVFR yield and crafting/implementing recommendations, followed by consolidation and prioritization of the 2018-19 fatality review recommendations
 - 2018-19 prioritized DVFR recommendations (2019-2020): DVFR teams reviewed/provided feedback and shared final document with networks, community, and stakeholders
 - Virtual DVFR trainings (2020): developed and provided training that prepares DVFR teams on what to expect in a virtual DVFR, how the virtual DVFR is organized, and how small groups work together virtually
 - All-day virtual DVFRs (2020): two domestic violence cases reviewed by end of 2020
2. *DV 101: Fundamentals of Domestic Violence* webinar series (2020): Held weekly in October 2020 (Domestic Violence Awareness Month), using FY21 funds, local experts presented on the Dynamics of Domestic Violence, Interventions with Perpetrators of Domestic Violence, and Domestic Violence and Childhood Development; almost 3000 people registered for the webinar series which included 3 consecutive Tuesdays at 2.5 hours each session; and an average of 80% were overall satisfied with the trainings
 3. Two-day, statewide training (2019): raise awareness of ACEs and childhood toxic stress and provide action steps to promote resiliency and trauma-informed practices for decision-makers, early childhood providers, those working with young children, and other stakeholders.
 4. Statewide train-the-trainer cohort (2019): increase the depth of knowledge of ACEs, toxic stress, resilience, and trauma-informed approaches to share within their organization and communities.
 5. Two *Keiki Talk: When stress becomes toxic* workshops (2019): for community leaders to learn about issues impacting children, including the effects of childhood trauma and toxic stress.
 6. ACEs infographic (2019): national and local Hawai'i data and information.
 7. NLK activities (2019-2020):
 - One Shared Future's 9-week series, *Thriving in Change and Challenge: Cultivating Resilient Teams Series*
 - Community trainings and online resources
 - Storytelling productions on initiatives and conversations on masculinity and what it means to be a man in Hawai'i

- Healthy relationships, healthy families, and violence prevention participation at events, such as the Men's March Against Violence on Maui and O'ahu, Men's Conference on Kaua'i, Celebrate Safe Communities Fair on O'ahu, and Celebration of Father on Maui
 - 2020 Association of Maternal and Child Health Program (AMCHP) Annual Conference: NLK 3-hour, skills-building session, *Nā Leo Kāne: Hawai'i's Collaborative to Engage Men to Prevent Domestic and Sexual Violence*, was cancelled due to the COVID-19 pandemic
8. Sexual violence primary prevention services for youth (awareness, education, and building a culture of respect) (2019-2020): (1) Kapiolani Medical Center for Women and Children's Sex Abuse Treatment Center's SVP curricula; (2) Honolulu Theatre for Youth's interactive plays (Expect [respect] and [respect] 2.0); and (3) a school rally at Moloka'i Middle and High School.
 9. Promising evidence-based Futures Without Violence Coaching Boys into Men curriculum (2019-2020): a series of coach-to-athlete trainings that illustrate ways to model respect, promote healthy relationships, and help prevent relationship abuse, harassment, and sexual assault.
 10. UH PAU Violence Program (2019-2020): 10 sexual violence task forces promote prevention of sexual violence, sexual harassment, assault, rape, dating violence, stalking, and cyber-stalking; provide victim services; and develop *Let's Get Real*, a local adaptation of the evidence-based prevention program Bringing in the Bystander.
 11. Ninth annual SVP training for Community Action Team (CAT) leaders, *Connecting for Meaningful Partnerships* (2019): skill-building training and activities to practice the A.L.O.H.A. response and to share examples and stories of Aloha. The goal of the training was to deepen relationships for future collaboration for community-level prevention.
 12. Professional development for internal and external partners (2019): CDC RPE Leadership Meeting and the National Sexual Assault Conference.
 13. Two (2) Fundamentals of Domestic Violence trainings (2019): State and County staff on Maui and O'ahu (topics: dynamics of domestic violence, batterers characteristics, and domestic violence and childhood development).
 14. In collaboration with the Domestic Violence Action Center (2020): (a) investigative journalist, Rachel Louise Snyder, author of *No Visible Bruises: What We Don't Know About Domestic Violence Can Kill Us*, presented and discussed her findings of lethal domestic violence cases for community leaders, domestic violence advocates, medical students, and other stakeholders; and (b) public service announcements, outreach, materials, and program assistance to increase resources and awareness of domestic violence impacted by the COVID-19 pandemic and stay-at-home orders.
 15. Multi-day strangulation training (2020): Big Island law enforcement and other stakeholders.
 16. Domestic violence providers and shelters (2020): COVID-19-related needs addressed.
 17. Public service announcements (2020): to provide messages on nurturing healthy relationships and promote The Parent Line as a resource for parents

and caregivers during the first stay-at-home order due to the COVID-19 pandemic.

18. Oahu Firearms Coordinating Council member (2019-2020): to increase agency coordination on firearms and other issues related to domestic violence.
19. Domestic Violence Workgroup meetings and communications (2019-2020): to increase coordination on domestic violence efforts.

Domestic Violence and Sexual Assault Special Fund

Revenues for FY 2020

*(Receipts from Fees for Vital Records Certified
Copies, Tax Designations, and Interest Earned)*

| <u>Date of Receipt*</u> | <u>JV No.</u> | <u>Amount</u> | <u>Totals</u> |
|--|------------------|---------------|---------------|
| <i>From Fees for Vital Records Certified Copies--</i> | | | |
| 07/22/2019 | 00JM0230 | 25,316.00 | |
| 08/09/2019 | 00JM0530 | 26,250.00 | |
| 09/12/2019 | 00JM1147 | 25,335.00 | |
| 10/24/2019 | 00JM2183 | 22,978.00 | |
| 11/13/2019 | 00JM2633 | 25,312.00 | |
| 12/09/2019 | 00JM3216 | 19,767.00 | |
| 01/09/2020 | 00JM3791 | 20,825.00 | |
| 02/13/2020 | 00JM4579 | 25,709.00 | |
| 03/11/2020 | 00JM5252 | 22,913.00 | |
| 06/18/2020 | 00JM7563 | 17,027.00 | |
| 06/18/2020 | 00JM7564 | 20,261.00 | |
| 06/18/2020 | 00JM7562 | 20,261.00 | |
| | Subtotal: | | \$271,954.00 |
| <i>From Tax Designations--</i> | | | |
| 07/29/2019 | 00JM0337 | 28,907.78 | |
| 01/28/2020 | 00JM4218 | 3,048.8 | |
| | Subtotal: | | \$31,956.67 |
| <i>Interest Earned from Investment Pool—</i> | | | |
| 09/13/2019 | 00JM1192 | 1,622.44 | |
| 10/01/2019 | 00JS1391 | (1,622.44) | |
| 10/22/2019 | 00JM2109 | 1,601.95 | |
| 10/30/2019 | 00JS1969 | 1,601.95 | |
| 11/12/2019 | 00JM2590 | 1,356.88 | |
| 12/05/2019 | 00JM3076 | 1,620.35 | |
| 12/06/2019 | 00JS2423 | 1,356.88 | |
| 12/16/2019 | 00JS2638 | 1,620.35 | |
| 01/13/2020 | 00JS2968 | 1,527.97 | |
| | Subtotal: | | \$10,686.33 |
| | TOTAL | | \$314,597.00 |

**Domestic Violence and Sexual Assault Special Fund
Expenditures for FY2020**

FY20 Revenues

| | |
|---|---------------------|
| Receipts from Fees for Vital Records Certified Copies | \$271,954.00 |
| Tax Designation | \$ 31,956.67 |
| Interest | <u>\$ 10,686.33</u> |
| Total | \$314,597.00 |

FY20 Expenditures

| | |
|---|---------------------|
| Domestic Violence Prevention Program | \$249,497.30 |
| Personnel, fatality reviews, conferences, trainings contracts, intra-state travel, transportation, per diem, mileage | |
| Sexual Violence Prevention Program | \$ 155,617.79 |
| Implementation of primary prevention strategies, conferences, trainings, contracts, travel, registration fees | |
| Collaboration of Violence Prevention Programs | \$ 10,000.00 |
| Trainings, outreach, activities with public and private partners | |
| Supplies | \$ 720.34 |
| Office, education, fatality review | |
| Subscriptions | \$ 290.28 |
| Central Services Administrative Fee | <u>\$ 17,272.42</u> |
| Total | \$433,107.85 |