



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

December 15, 2022

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

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Thirty-second 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 "Requiring the Department of Health to Submit an Annual Report for the Domestic Violence and Sexual Assault Special Fund;" pursuant to Section 321-1.3 Hawai'i 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/oppd/departement-of-health-reports-to-2023-legislature/>

Sincerely,

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

Enclosures

c: Legislative Reference Bureau
Hawaii State Library System (2)
Hamilton Library

REPORT TO THE THIRTY-SECOND LEGISLATURE

STATE OF HAWAI'I

2023

**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 2022

The Hawai'i State Department of Health (DOH) administers the Domestic Violence and Sexual Assault Special Fund (DVSA special fund). In 2021, Act 087 was signed into law, requiring each department to submit program measures, cost element, and information and accounting reports for all non-general funds under its control to the legislature annually by October 1. Act 087 amended Hawai'i Revised Statutes (HRS), Chapter 37, by modifying §37-47 and adding two new sections, §37-48 and §37-49.

§37-47 Reporting of non-general fund information

No later than October 1 annually, each department shall submit to the legislature a report for each non-general fund account under its control that shall include but not be limited to the following:

- (1) In 1997, HRS, §321-1.3, established the Domestic Violence Prevention Special Fund. The 2005 Session Laws of Hawai'i, Act 142, changed the name of the special fund to the Domestic Violence and Sexual Assault Special Fund. The statute states that DOH shall submit an annual report to the legislature providing the following:
 1. An accounting of the receipts and expenditures can be found on pages 11-12 of this report.
 2. Recommendations to improve services include supporting outreach and educational efforts, primary prevention activities, population-based data, partnerships and collaboration, and training and professional development opportunities. Examples include strengthening coordinated community responses, promoting domestic violence fatality review recommendations; supporting community-level initiatives through collaborative partnerships to engage men in the primary prevention of domestic and sexual violence; supporting outreach efforts to the LGBTQ+ communities; sharing domestic and sexual violence-related data and trends with partners and stakeholders; providing sexual assault education to middle and high school students; supporting domestic and sexual assault prevention programs for young adults; supporting community education and awareness of domestic and sexual violence resources; addressing social determinants of health and health equity; and promoting nurturing families and healthy communities.
- (2) The DVSA special fund is administered and expended by DOH for purpose of programs and purchase of service contracts that support or provide domestic violence and sexual assault intervention or prevention as authorized by law. Monies in the DVSA special fund shall be used for new or existing programs and shall not supplant any other monies previously allocated to these programs. The DOH Health Resources Administration, Family Health Services Division (FHSD), Maternal and Child Health Branch (MCHB) administers and expends monies 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.

- (3) The current program activities that the fund supports are the MCHB Domestic Violence Prevention Program (DVP Program) and the MCHB Sexual Violence Prevention Program (SVP Program).

Pursuant to HRS, §321-471 through 321-476, the DOH is the lead agency of the Hawai'i Domestic Violence Fatality Review (DVFR). The DVP Program is responsible for planning and implementing the Hawai'i DVFR and domestic violence activities, such as organizing, coordinating, and supporting the Hawai'i DVFR; coordinating and facilitating the reviews conducted by the four multidisciplinary and multiagency county DVFR teams; collecting DVFR data; recording DVFR recommendations; supporting and partnering with agencies that implement the recommendations and other related domestic violence initiatives; and planning, organizing, or collaborating with internal DOH programs and external partners on domestic/intimate partner violence prevention and systems improvement strategies.

Based on guidelines from the Centers for Disease Control and Prevention's (CDC) Rape Prevention and Education Program (RPE), the SVP Program continues to implement primary prevention strategies, including community-level efforts to promote partnerships to implement violence prevention-related trainings and technical assistance to SVP community action teams and communities statewide. These activities aim to foster support and connectedness among service providers to reduce and prevent the risk for sexual violence perpetration and victimization. The SVP Program's primary prevention efforts include sexual violence prevention education activities for middle and high school-aged students; support for the University of Hawai'i (UH) System's Prevention, Awareness, and Understanding (PAU) Violence 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.

The DVP and SVP Programs implement separate program activities but also collaborate with other DOH programs and/or with external partners to reduce violence against women, children, men, and families. Collaborative activities include supporting community-level prevention strategies (e.g., engaging men as allies in violence prevention activities and positive fatherhood initiatives; increasing awareness of adverse childhood experiences [ACEs], the impact of ACEs across the lifespan, resilience, and protective factors; providing skills-building trainings on trauma-informed care; and promoting nurturing families and healthy communities).

- (4) The balance of the fund at the beginning of fiscal year 2023 is \$196,056.
- (5) The total amount of expenditures for fiscal year 2021 was \$257,959.00.
- (6) Revenue from 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 monies in the special fund; and grants, donations, and contributions from private or public sources for the purpose of the fund shall be deposited into the DVSA special fund. The total amount of revenue deposited to the account in fiscal year 2021 was \$265,811.81.

- (7) In fiscal year 2022, there were \$0 transfers from the fund.
- (8) The amount of monies encumbered at the beginning of fiscal year 2023 is \$55,000.00 for payment for an invoice pending from fiscal year 2022.
- (9) The amount of funds in the account that are required for the purposes of bond conveyance or other related bond obligations: The DVSA special fund does not hold monies in bonds.
- (10) The amount of monies in the account derived from bond proceeds: The DVSA special fund does not hold monies in bonds.
- (11) The amount of monies of the fund held in certificates of deposit, escrow accounts, or other investments: The DVSA special fund does not hold monies in certificates of deposit, escrow accounts, or other investments.

§37-48 Non-general fund program measures reports

No later than October 1 annually, each department shall submit to the legislature a report for each non-general fund account under its control that shall include but not be limited to the following:

- (1) The objective of the DVP Program is to support statewide and county activities, strategies, and a collaborative and coordinated systems response, including DVFR efforts, to prevent domestic violence and reduce the incidence of preventable deaths and near-deaths related to intimate partner violence in Hawai'i. The SVP Program supports statewide primary prevention activities and strategies to prevent and reduce sexual violence in Hawai'i.
- (2) Using a public health approach, the MCHB DVP and SVP programs are guided by the CDC's Division of Violence Prevention, technical packages, RPE guidelines, and social-ecological model framework; Hawai'i DVFR findings, program data, needs assessments, population-based surveys, and surveillance reports; and other local and national resources, reports, and research to develop program-specific and combined program recommendations, as well as to support statewide initiatives, activities, and strategies to reduce and end domestic and sexual violence in Hawai'i.

The CDC National Violent Death Reporting System (NVDRS) is an example of a surveillance system that collects state-based data of violent deaths from death certificates, coroner and medical examiner records, and law enforcement reports.

According to the NVDRS report that covered violent deaths in 2019, when the female victim knew the suspect, half (50.8%) of the suspects were a current or former intimate partner.¹

The CDC National Intimate Partner and Sexual Violence Survey (NISVS) is an example of a population-based survey that collects national data on sexual violence. According to the 2016-2017 NISVS, most female and male victims of sexual violence knew their perpetrators; 94.0% of female victims and 76.8% of male victims reported having only male perpetrators; 84.4% of female victims and 86.1% of male victims were first raped before turning 25 years old; and 49.0% of female victims and 56.6% of male victims were first raped before turning 18 years old.²

The National Survey of Children's Health is another example of a population-based survey. The 2019-2020 survey found that children living in Hawai'i experiencing two or more ACEs increased throughout their lives: 9.3% (0-5 years old), 12.2% (6-11 years old), and 24.8% (12-17 years old).³ 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 behavioral and mental health problems.⁴

The Hawai'i Youth Risk Behavior Survey (YRBS) is an example of a school-based survey that monitors health-related behaviors. In 2017, approximately one-third of Hawai'i public high school students experienced emotional abuse by a partner in the past 12 months, with Maui County experiencing the highest percentage (32.5%).⁵ In 2019, approximately 20% of public middle school students experienced emotional abuse by a partner in the past 12 months, with Hawaii County experiencing the highest percentage (21.1%).⁶ According to the National Network to End Domestic Violence,⁷ emotional abuse is very damaging and can cause the victim to feel like they are responsible for the abuse that many domestic violence survivors have stated that they would have rather experienced physical abuse than endure the ongoing psychological damage of emotional abuse.

¹ Wilson RF, Liu G, Lyons BH, et al. Surveillance for Violent Deaths — National Violent Death Reporting System, 42 States, the District of Columbia, and Puerto Rico, 2019. *MMWR Surveill Summ* 2022;71(No. SS-6):1–40. DOI: <http://dx.doi.org/10.15585/mmwr.ss7106a1>

² Basile, K.C., Smith, S.G., Kresnow, M., Khatiwada S., & Leemis, R.W. (2022). *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

³ Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 07/11/22 from <https://www.childhealthdata.org>.

⁴ 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

⁵ Hawaii State Departments of Education and Health, Hawaii Health Data Warehouse, Hawaii School Health Survey: Youth Risk Behavior Survey, *Emotional abuse – by partner, past 12 months by county, 2017*. https://hhdw.org/report/query/result/yrbs/Controlled/Controlled_HS_CNTY.html. Published January 29, 2021. Accessed July 11, 2022.

⁶ Hawaii State Departments of Education and Health, Hawaii Health Data Warehouse, Hawaii School Health Survey: Youth Risk Behavior Survey, *Emotional abuse – by partner, past 12 months by County and Year, 2019*. https://hhdw.org/report/query/result/yrbs/Controlled/Controlled_MS_CNTY.html. Published January 29, 2021. Accessed July 11, 2022.

⁷ <https://nnedv.org/content/forms-of-abuse/>

Accordingly, the programs support systems-level and policy-level initiatives (e.g., coordinated community responses to domestic violence; firearms and domestic violence, and lethality risk assessment protocols); community-level primary prevention (e.g., the Nā Leo Kāne Collaborative aims to end domestic and sexual violence in Hawai'i by promoting authentic and healthy masculinity and strengthening organizational partnerships to impact the social norms of a community); professional and workforce development (e.g., DV 101, ACEs, and trauma-informed care trainings); and individual- and relationship-level primary prevention strategies (e.g., sexual violence curricula for middle and high school students and domestic and sexual violence activities and workshops for college staff, faculty, and students).

- (3) Evaluation tools; data collection and analysis; comparison of population-based surveys and surveillance reports over years; and local and national statistics and trends are integral in shaping, planning, and assessing domestic and sexual violence activities. For example, in comparing the YRBS question of ever having been physically forced to have sexual intercourse when they did not want to was asked in 2015, 2017, and 2019: Male public middle and high school students responding yes trended downward while female public middle and high school students trended upward.^{8 9}
- (4) Evaluation surveys of specific activities determine the effectiveness, quality of services, and outcomes continuously. Moreover, data collection, population-based surveys, and surveillance reports can capture trends over time to help document the effectiveness of MCHB efforts to prevent violence.
- (5) *Implement the Hawai'i DVFR and promote and support the implementation of DVFR recommendations*

At least four DVFR cases are planned each fiscal year. From July 2021 through June 2022, county DVFR teams comprehensively reviewed four domestic/intimate partner violence-related cases and developed recommendations for each reviewed case. The DOH compiles the recommendations and, together, the DOH and the DVFR teams promote and support their implementation.

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, substance/alcohol use, teen dating violence, sexual minority youth, children exposed to violence, ACEs, mental health,

⁸ Hawai'i State Department of Education and Hawai'i State Department of Health, Hawai'i Health Data Warehouse, Hawai'i School Health Survey: Youth Risk Behavior Survey Module, *Sexual abuse – forced intercourse, ever by Year and Sex, 2015, 2017, 2019*. https://hhdw.org/report/query/result/yrbs/SexForced/SexForced_HS_ST.html. Published January 29, 2021. Accessed on June 29, 2022.

⁹ Hawaii State Departments of Education and Health, Hawaii Health Data Warehouse, Hawaii School Health Survey: Youth Risk Behavior Survey, *Sexual abuse – forced intercourse, ever by Year and Sex, 2015, 2017, 2019*. https://hhdw.org/report/query/result/yrbs/SexForced/SexForced_MS_ST.html. Published January 29, 2021. Accessed July 11, 2022.

immigrants, health equity, strangulation, homelessness/houselessness, unemployment/underemployment, sexual violence within intimate partner relationships, access to services and resources, trauma-informed care, and systems improvement (e.g., data sharing, lethality risk assessments and coordinated community responses). Recently reviewed cases revealed many of these focus areas intersect with the domestic violence displayed in the homes.

The DVP Program is an active participant in task forces, councils, and work and planning groups that focus on domestic violence and overlapping areas. The DVP Program also provides trainings on domestic violence and related topics, supports activities that increase awareness of domestic violence in traditional and digital media, supports projects that provide resources for domestic violence victims, and supports and participates in initiatives that strengthen coordinated community responses, as well as collaborates with internal and external partners to prevent all forms of violence.

Provide sexual violence primary prevention education to youth and young adults

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. According to the CDC Data Brief from the 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.¹⁰

The 2019 Hawai'i YRBS found that 14.1% female and 7.2% male public high school students and 8.9% female and 3.6% male public middle school students experienced sexual violence in the past 12 months.^{11 12} The 2021 University of Hawai'i (UH) Climate Survey found that 18.5% of all UH students reported experiencing domestic/intimate partner violence both on and off campus at any time while enrolled at UH; and, for nonconsensual sexual penetration, 44% of the offenders were UH students.¹³ Therefore, strategies to prevent sexual violence and other forms of gender-based violence focus on youth through young adult populations.

With Department of Education (DOE) schools returning to campus for in-person

¹⁰ 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.

¹¹ Hawai'i State Department of Education and Hawai'i State Department of Health, Hawai'i Health Data Warehouse, Hawai'i School Health Survey: Youth Risk Behavior Survey Module, *Sexual abuse – by anyone, past 12 months by Year and Sex, 2019*. https://hhdw.org/report/query/result/yrbs/SexualForced/SexualForced_HS_ST.html. Published January 29, 2021. Accessed on June 27, 2022.

¹² Hawaii State Departments of Education and Health, Hawaii Health Data Warehouse, Hawaii School Health Survey: Youth Risk Behavior Survey, *Sexual abuse – by anyone, past 12 months by Year and Sex, 2019*. https://hhdw.org/report/query/result/yrbs/SexualForced/SexualForced_MS_ST.html. Published January 29, 2021. Accessed July 11, 2022.

¹³ The University of Hawai'i System Office of Institutional Equity. 2021. *Highlights from the 2021 Student Climate Survey on Sexual Harassment & Gender-Based Violence* (2021). Retrieved from <https://www.hawaii.edu/titleix/documents/12873/>

learning, the Sex Abuse Treatment Center reconnected with project schools and resumed implementation of SVP activities. To accommodate limited large gatherings because of COVID-19, the Honolulu Theatre for Youth pivoted and partnered with DOH and the Sex Abuse Treatment Center to record the Expect [respect] live performance. The recorded performance was rolled out in tandem with the SVP curricula to reinforce messaging to prevent sexual violence. During Sexual Assault Awareness Month (SAAM), DOH collaborated with community partners to provide virtual community presentations statewide. The UH PAU Violence Task Forces provided evidence-informed, locally adapted bystander education online training, SAAM and Domestic Violence Awareness Month (DVAM) events, and technical assistance throughout campuses statewide.

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.¹⁴ 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. In 2017, the Nā Leo Kāne (Translation: Voices of Men) Collaborative (NLK) was initiated and co-led by the MCHB DVP and SVP Programs with funding support from the CDC's RPE Grant and the DVSA special fund.

NLK engages men as allies to speak out against domestic and sexual violence and to promote authentic and healthy masculinity. As a community-level initiative, NLK focuses on expanding the conversation of what it means to be a man in Hawai'i and incorporates HRS, §5-7.5, the "Aloha Spirit" statute. 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 the 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, Lōkahi, Olu'olu, Ha'aha'a, Ahonui).

NLK includes statewide representatives from state agencies, community-based organizations, and individuals from the local community. NLK holds bimonthly meetings and hosts trainings for collaborative members and the broader community to address social norms change. NLK plans statewide domestic and sexual violence awareness activities. For example, NLK hosted a virtual discussion following The Bystander Moment film to raise awareness during Domestic Violence Awareness Month in October, and a talk story panel on sexual violence featuring four local men who discussed cultural perspectives, professional work, and

¹⁴ 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

possible solutions during Sexual Assault Awareness Month in April. The collaborative offers opportunities for networking and partnering among group members to leverage resources and support each other's work. 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.

Reduce adverse childhood experiences and promote nurturing families and healthy communities

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.¹⁵ What is key to understand 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).¹⁶ *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 of 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.¹⁷

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.¹⁸

The MCHB recognizes that all of its programs work with communities that experience the negative physical, mental, and behavioral health effects of ACEs. Thus, the MCHB Family Strengthening and Violence Prevention Unit, MCHB Home Visiting Services Unit, and Children with Special Health Needs Branch formed a planning group to collaborate on trainings and events to reach early childhood providers, home visitors, first responders, community-based organizations, and decision-makers. The group plans, organizes, and supports activities on ACEs, trauma-informed practices, resilience, and nurturing families and healthy communities. The second annual Kahawai Summit, a two-day statewide conference to provide ACEs and trauma-informed practices to early childhood

¹⁵https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Ffastfact.html

¹⁶ 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.

¹⁷ Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence.

¹⁸ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, 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.

providers and home visitors, was held in April 2022.

- (6) The DVP Program and the SVP Program are statewide programs.
- (7) The DVP Program and the SVP Program will continue to support statewide violence prevention efforts as planned over the next six years.

§37-49 Non-general fund cost element reports

No later than October 1 annually, each department shall submit to the legislature a report for each non-general fund under its control that shall include but not be limited to the following:

- (1) Budget details by cost element

Payroll: \$85,514.06
Subscriptions: \$248.70
Contractual: \$108,812.00
Other Misc. Expenditures: \$17,103.07

- (2) Non-general fund names and account codes for each item or object code

Non-general fund name: Domestic Violence and Sexual Assault Special Fund
DVSA special fund account code: S 321 H
DVSA special fund payroll object code: 2000
DVSA special fund subscriptions object code: 3520
DVSA special fund contractual object code: 7190
DVSA special fund other misc. expenditures object code: 7290

Domestic Violence and Sexual Assault Special Fund

Revenues for FY 2022

(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>			
12/21/2021	00JM3194	43,363.00	
12/21/2021	00JM3195	114,601.00	
1/28/2022	00JM3899	22,768.00	
6/1/2022	00JM6659	100,603.00	
		Subtotal:	\$281,335.00
<i>From Tax Designations--</i>			
1/28/2022	00JM3895	3,122.22	
		Subtotal:	\$3,122.22
<i>Interest Earned from Investment Pool--</i>			
9/3/2021	00JS0905	23.80	
11/9/2021	00JM2378	63.65	
12/17/2021	00JM3110	60.02	
12/29/2021	00JM3332	158.96	
2/11/2022	00JM4136	140.20	
3/10/2022	00JM4660	133.48	
3/18/2022	00JM4929	77.75	
3/31/2022	00JM5235	46.06	
6/13/2022	00JM6880	90.17	
6/29/2022	00JM7500	92.05	
7/11/2022	00JM7800	101.64	
		Subtotal:	\$987.78
	TOTAL		\$285,445.00

* Source: DATAMART-RevDownload, date receipt processed to FAMIS system

**Domestic Violence and Sexual Assault Special Fund
Expenditures for FY 2022**

FY22 Revenues

Receipts from Fees for Vital Records Certified Copies	\$281,335.00
Tax Designation	\$ 3,122.22
Interest	<u>\$ 987.78</u>
Total	\$285,445.00

FY22 Expenditures

Domestic Violence Prevention Program Personnel	\$ 85,514.06
Subscriptions	\$ 248.70
Contracted Services	\$108,812.00
Central Services Administrative Fee	<u>\$ 17,103.07</u>
Total	\$211,677.83