

REPORT TO THE THIRTIETH LEGISLATURE
STATE OF HAWAII
2019

PURSUANT TO SECTION 321-1.3, HAWAII 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 Hawaii
Department of Health
Health Resources Administration
Family Health Services Division
Maternal and Child Health Branch
December 2018

SUMMARY

The Domestic Violence Sexual Assault Special Fund (DVSA Special Fund) is administered by the Hawaii State Department of Health (DOH), Health Resources Administration, Family Health Services Division (FHSD), Maternal and Child Health Branch (MCHB). Utilizing a public health approach, the MCHB's Domestic and Sexual Violence Prevention Programs incorporate information and recommendations obtained through local community needs assessments, the Domestic Violence Fatality Review (DVFR), and national data resources to identify the comprehensive primary prevention strategies and systems improvements needed to reduce and end domestic and sexual violence in Hawaii. The MCHB has the fiduciary and administrative responsibility to ensure that the DVSA Special Fund (HRS§321-1.3) is managed and utilized in accordance with statute. Specific tasks include: fiscal management, contract development, program management and evaluation, coordination of trainings related to domestic and sexual violence, convener of stakeholder meetings to plan for future activities related to violence prevention, and facilitator of the DVFR and other violence prevention workgroups and planning meetings. Evaluation tools are also used to determine the effectiveness, quality of services, and outcomes of domestic and sexual violence prevention activities on a continuous basis.

The DOH, through the MCHB, is the lead agency for the multidisciplinary and multiagency DVFR teams that conduct reviews of domestic violence-related deaths, near-deaths, and suicides in each county. The DVFR vision is to become an integral part of a coordinated response to domestic violence that will eliminate domestic violence in the State of Hawaii. The mission is to promote victim safety and reduce future incidents of domestic violence and related injuries and deaths by strengthening system policies and procedures and identifying risk and protective factors. DVFR teams take a comprehensive, thoughtful, and nonjudgmental look at the events leading up to a family or intimate partner violence tragedy, which guides recommendations, identifies barriers, provides a forum for better coordinated community response, and informs prevention activities.

The Domestic Violence Prevention Program activities include the DVFR process; providing technical assistance to and facilitating DVFR teams' work, development, and prioritization of DVFR recommendations; supporting prioritized DVFR recommendations; collaborating with public and private agencies on domestic violence-related trainings and outreach, including teen dating violence, connecting the dots of violence, and promoting healthy relationships; and planning and supporting opportunities for systems improvement and professional development.

The Sexual Violence Prevention Program's primary prevention efforts include supporting sexual violence educational activities for middle and high school-aged students; providing sexual violence-related trainings and technical assistance for statewide community action teams; supporting football coaches to mentor high school football athletes on healthy and respectful relationships; supporting the University of Hawaii system to increase the knowledge and training of college staff and students on preventing sexual, dating, and domestic violence in the university setting; and collaborating with public and private agencies on sexual violence-related trainings and outreach.

According to the Centers for Disease Control and Prevention's (CDC) report, *Connecting the Dots: An Overview of the Links of Multiple Forms of Violence*,¹ early childhood trauma or negative

¹ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Kleven, J. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of*

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. They may also experience behavioral (e.g., alcohol and drug use, unsafe sexual practices), mental (e.g., depression, suicide), and chronic physical conditions (e.g., diabetes, hypertension, heart disease). The Adverse Childhood Experiences (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. Moreover, 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 Domestic and Sexual Violence Prevention Programs also collaborate with internal MCHB and FHSD programs and other public and private partners to reduce violence against women, children, and families by promoting resiliency and factors that protect against violence. Examples of protective factors include supporting healthy, respectful, and nurturing relationships; engaging men in violence prevention activities; increasing provider and first responder understanding of ACEs and its negative health and well-being outcomes across the lifespan; and increasing provider collaboration and knowledge of domestic violence and sexual violence within intimate partner relationships.

Program activity 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. The DOH FHSD factsheet, “Violence Between Intimate Partners in Hawaii Across the Life Span,”² includes the following local statistics: for every 100 people that reported intimate partner violence, 65 were women; nearly 1 in 5 middle school students report experiencing physical dating violence, and 1 in 30 report sexual dating violence; and 1 in 10 high school students report experiencing physical dating violence, and 1 in 12 report experiencing sexual dating violence. Important findings in the 2010 Behavioral Risk Factor Surveillance System³ include: almost 2/3 of surveyed adults report at least 1 ACEs, and more than 1 in 5 reported 3 or more ACEs. Continued surveillance of these population-based measures and efforts to assess the impact of specific program activities could help document the effectiveness of MCHB efforts to prevent violence.

RECOMMENDATIONS

MCHB continues to build the foundation of its initiatives, as well as strengthen its current primary prevention and systems improvement strategies, such as education and awareness for youth and young adults, partnerships and collaboration efforts, DVFRs, and coordinated community response efforts.

MCHB is also guided by the CDC social-ecological model framework. The CDC encourages implementation of primary prevention approaches and strategies at the “community-level” of the social-ecological model. Current community-level MCHB-initiated activities include community mobilization, domestic and sexual violence prevention and response trainings (including for and

Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

² Vergara R, Hayes D, Higashi J, Liang S, Kaiwi H, Arakaki K. “Violence Between Intimate Partners in Hawaii Across the Life Span. Data from BFRSS, PRAMS and YRBS” Honolulu, HI: Hawaii State Department of Health, Family Health Services Division; October 2018.

³ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Module Data, 2010. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2015. Available from <https://www.cdc.gov/violenceprevention/acestudy>.

with lesbian, gay, bisexual, transgender, queer, or questioning [LGBTQ] communities and people with disabilities), promotion of healthy, respectful, and nurturing relationships, and engaging men as allies to prevent domestic and sexual violence.

Initiatives within the context of ACEs, resiliency, and safe, respectful, and nurturing relationships, MCHB provides the following recommendations:

Adverse Childhood Experiences (ACEs) and Resiliency Training

The Hawaii Early Learning Action Strategy Initiative is a statewide public-private collaborative that recognizes the strength of communities and works across public and private sectors to increase the number of young children in Hawaii who are born healthy, are developing on track, are ready for school when they enter kindergarten, and are reading proficiently by the third grade. The MCHB violence prevention programs are involved in Team 2 Safe and Nurturing Families and are co-conveners of Team 2. The goals of this team include the reduction of actual cases of family violence in homes with young children and strengthening early childhood education providers' capacity to educate on the protective factors and provide community referrals for families at risk.

During this reporting period, MCHB provided funding (Department of Human Services [DHS] provided matching funds) to contract with FrameWorks Institute to develop a Safe and Nurturing Family Framework to reduce intimate partner violence, sexual violence, and child abuse and neglect. Team 2 will map family strengthening supports and services statewide and create a parenting support system, pre-natal through early childhood. A public awareness campaign will embed concepts related to social issues, as well as include evaluation metrics with the goal of informing future prevention programming and encourage appropriate changes in organizational policies. The intention is to develop effective communication outreach for long-term success and sustainability to reduce ACEs and promote resiliency.

The MCHB continues to facilitate joint efforts with DHS through the Early Childhood Action Strategy, Team 2 Safe and Nurturing Families. This group recognized the need for ACEs and trauma-informed care training for early childhood care providers as a primary prevention strategy in response to the providers' request to build their capacity when working with families with young children to avoid re-traumatization (e.g., how to model and provide appropriate support and resources to families experiencing violence). Team 2 will develop family strengthening core competencies and trainings for early childhood practitioners. The MCHB violence prevention programs' target audience for this year's ACEs trainings will be early childhood care administrators and providers.

The MCHB Child Abuse and Neglect Prevention Program Specialist attended a Hawaii Children's Trust Fund (HCTF) meeting and met Dr. Sarah Enos Watamura, Associate Professor of Psychology and Director of the Child Health & Development Laboratory at the University of Denver. Dr. Watamura is a graduate of Maryknoll School and has a personal understanding and connection with Hawaii's culture. She is also the co-director of the Stress, Early Experience and Development (SEED) Research Center and has been conducting research on physiologic stress in young children for nearly 15 years. She is part of the international community of scholars who focus their research efforts on clarifying the contributing and buffering factors associated with early life stress (e.g., ACEs) as well as its consequences. Other areas of her expertise and research

interests include: parenting, child care, protective factors in recent immigrants, and physical and psychological health in children. Dr. Watamura encourages the use of a two-generation framework, which includes early childhood education, postsecondary and employment pathways, asset building (housing and public supports), health and well-being (mental health, toxic stress, and access to health care), and social capital (networks, friends, and neighbors). Childhood toxic stress results from experiencing early childhood violence (e.g., domestic and sexual abuse). Dr. Watamura's expertise in childhood toxic stress and positive childhood development research will be highlighted in the annual ACEs training, as well as a train-the-trainer workshop. This training will support MCHB violence prevention programs' vision for widespread understanding of ACEs to prevent intimate partner violence, sexual violence, and child abuse and neglect.

Na Leo Kane: Engaging Men as Allies to Prevent Domestic and Sexual Violence

According to the National Sexual Violence Resource Center, 96% of people who sexually abuse children are male⁴. Over 98 percent (98.1%) of female victims and 93 percent (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 Na Leo Kane (*Translation: "Voices of Men", "NLK"*) Collaborative was initiated by the MCHB Domestic and Sexual Violence Prevention Programs in 2017 to engage men as allies to speak out against domestic and sexual violence in Hawaii and promote positive masculinity. Supported by the DOH and the DVSA Special Fund, the NLK Collaborative includes representatives from the following agencies and organizations: DOH Adolescent Health; Department of the Attorney General, Community and Crime Prevention Branch; Department of Human Services (DHS), Office of Youth Services and Commission on Fatherhood; United States Army and Army Reserve; Hawaii Army and Air National Guard; University of Hawaii's (UH) Prevention, Awareness, and Understanding Program; Domestic Violence Action Center's Teen Alert Program; Sex Abuse Treatment Center; and Ala Kuola. The Collaborative also includes individuals from the local community.

The NLK project hosts trainings for members of its partner organizations and the broader community to address social norms change, especially through the use of media and maintains an online resource for promoting positive masculinity, including creations of original material. Social media is used to engage young men and initiate community discussions about positive masculinity through community outreach events and rallies. As a Collaborative, NLK also offers opportunities to network and partner with other group members, leveraging resources and supporting each other's work whenever possible. NLK builds capacity of its members to conduct domestic and sexual violence prevention activities with the intention to build critical mass to change harmful norms about masculinity that impact the health and well-being of men and their families.

NLK plans to strengthen partnerships with neighbor island representatives from the Commission on Fatherhood currently housed in DHS. These partnerships are vital to NLK's reach across the State by identifying potential partners and other resources for successful program implementation. The NLK Collaborative will continue to meet bi-monthly to develop the online resource website

⁴ 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

for men, consider innovative ways to engage men in conversation via social media, and explore and participate in outreach opportunities. Specific indicators measuring results of the NLK project include reach of messages and strength of partner organization engagement. A more detailed description of the evaluation activities for this project will be included as part of the state evaluation plan.

Sexual Violence Prevention

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 Hawaii's 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.

Middle and High School Sexual Violence Prevention Presentations

Kapiolani Medical Center for Women and Children's Sex Abuse Treatment Center (SATC) continues to partner with the Honolulu Theatre for Youth (HTY) to provide interactive theatrical performances based on SATC's middle and high school sexual violence prevention curricula. Funded by the DVSA Special Fund, the plays challenge students' attitudes, beliefs, and behaviors around sexual violence, explores consent and bystander issues, and the responsible use of social media. Plays will be presented at Department of Education (DOE) schools: Mililani Middle, Mililani High, Waianae Middle, Waianae High, Kau Middle and High, and Molokai Middle and High.

High School Coaches and Male Student Athletes

Hawaii Family Law Clinic dba Ala Kuola continues statewide implementation and expansion of the evidence-based Coaching Boys into Men (CBIM) program for coaches and high school male student athletes. CBIM uses the relationships between high school coaches and their male student athletes to change social norms and behaviors. Engaged coaches can be influential, positively impacting how young male athletes think and behave. Participating high schools include Aiea, Kapolei, Pearl City, Waianae, Kalani, St. Louis, Radford, Roosevelt, Waimea, Kapaa, Kau, Honokaa, Baldwin, and Lahainaluna.

College Students (18 to 24 years old), Faculty, and Staff

University of Hawaii's Prevention, Awareness, and Understanding (PAU) Violence Task Forces continue successful outreach to large numbers of students, faculty, and staff. The PAU Violence Task Forces will adapt and implement the evidence-based Bringing In the Bystander (BITB) program for UH campuses statewide. BITB is an interactive program that uses a "community of responsibility" approach and promotes bystander intervention, emphasizing that everyone has a role to play in ending sexual violence.

Domestic Violence and DVFRs

MCHB ensures DVFRs are conducted in each county, i.e., four (4) DVFRs per year. Comprehensive reviews are time-intensive in preparation for the review and take a full day to thoroughly examine the events leading up to the domestic violence-related fatality and/or suicide. County DVFR Teams will continue to develop local and state recommendations, including prevention efforts, pinpoint barriers, and identify gaps where agencies can coordinate better.

The Statewide DVFR Team will review the completed county DVFRs and prioritize the recommendations, provide input on means to eliminate or reduce barriers and gaps, identify systems improvements, and suggest prevention activities. A DVFR report and factsheet may be produced in alternate years with care given to reduce cases being identifiable.

Other DVFR initiatives that require more research include: (1) a campaign or training on red flags, healthy relationships, how to help, accessing services and resources; (2) trainings on domestic violence, lethality/risk assessment, available services, and resources for first responders, those in the legal field, and health professionals (especially first responder recruits, law students, and medical students); (3) supporting multidisciplinary teams to strengthen coordinated community responses for domestic violence and related issues; and (4) facilitating and supporting efforts for system improvements, e.g., formal agreements on data sharing and victim-centered, trauma-informed policies.

FISCAL YEAR 2018 ACTIVITIES

Domestic Violence Prevention Program

Domestic Violence Fatality Review

- The DOH, Department of the Attorney General, Department of Human Services, and Judiciary formed a Collaborative in 2016 to develop, plan, and implement statewide "Domestic Violence 101" trainings for State and County systems responders who work with people that experience or may experience domestic violence. The initial training for 150 attendees was held on Oahu in June 2017, followed by 2018 trainings that were held on Kauai, Maui, Hilo, and Kona for a total of 160 attendees. Each training agenda included the topics, Dynamics of Domestic Violence, Characteristics of Abusers, and Trauma and Childhood Development.
- In November 2017, the DOH sponsored a training by national expert, Dr. Neil Websdale, on the intent and process of the DVFR for the Statewide DVFR Team, county DVFR teams, and other mortality review partners. Participants were guided through homicide, suicide, and near-death mock reviews. Since the DVFR training, DOH has conducted four (4) DVFRs and one (1) Statewide DVFR from December 2017 – June 30, 2018. Each case takes months to prepare, coordinate, and organize. Each case also takes a full day to thoughtfully and comprehensively review. The Statewide DVFR Team reviews the completed DVFRs with a statewide lens. DVFR findings will be aggregated for 2017 and 2018, so that cases are not easily identifiable, and a report will be produced.
- Dr. Websdale also introduced the concept of coordinated community response for the DVFR Statewide Team and other systems partners. County DVFR Teams have expressed interest in creating or resuming multidisciplinary teams to form coordinated responses to domestic violence and related community issues.

Supporting Transgender and Non-Binary Individuals at Risk for Domestic and Intimate Partner Violence

In partnership with the Hawaii Coalition Against Sexual Assault, Parents and Children Together, Hawaii State Coalition Against Domestic Violence, and the Domestic Violence Action Center,

Michael Munson, Executive Director of FORGE, an agency that focuses on cultural competency on the LGBTQ population, particularly the transgender community, conducted a February 9, 2018 training for 60 domestic and sexual violence advocates and providers on supporting transgender and non-binary individuals at risk for domestic and intimate partner violence. The training included core concepts, prevalence rates and key data, trans-specific intimate partner violence tactics, victimization-related health disparities (including the role of ACEs), safety planning, sheltering trans and non-binary survivors, and resources.

Sexual Violence Prevention Program

Sexual Violence Primary Prevention Services for Youth and Young Adults

DOH contracted the Kapiolani Medical Center for Women and Children's SATC to implement sexual violence prevention (SVP) curricula to select middle and high schools. To complement the curriculum, SATC partnered with the HTY to provide interactive plays, Expect [respect] and [respect] 2.0. The plays bring the curricula to life and reinforces what students are learning from the SVP [respect] curricula and are intended to encourage youth to create a culture of respect throughout their classrooms and campus, advocating for a healthy and respectful community.

- a. 1,640 (public) middle school students attended HTY's Expect [respect] presentation.
- b. 508 (public) high school students attended HTY's [respect] 2.0 presentation.

Coaching Boys into Men Curriculum

DOH contracted with the Hawaii Family Law Clinic dba Ala Kuola to implement the Futures Without Violence Coaching Boys into Men (CBIM) curriculum, which provides high school athletic coaches with resources to promote respectful behavior among players and help prevent relationship abuse, harassment, and sexual assault. The CBIM curriculum consists of a series of coach-to-athlete trainings that illustrate ways to model respect and promote healthy relationships. The Centers for Disease Control and Prevention recognizes CBIM as an effective and promising evidence-based prevention program. During this reporting period,

- a. Fifteen (15) high school (primarily football) coaches participated in the CBIM program.
- b. 750 high school male student athletes on Oahu, Maui, Kauai, and Hawaii Island received CBIM curriculum training.

Prevention Awareness and Understanding (PAU) Violence Program

DOH contracted with the University of Hawaii (UH) Women's Center PAU Violence Program to provide sexual violence prevention (SVP) training, education, and awareness through sexual violence task forces on each of the ten (10) UH campuses. The PAU Violence Program supports the task forces on each campus to promote sexual violence prevention including sexual harassment, assault, rape, dating violence, stalking, and cyber-stalking, as well as provides victim services. During this reporting period,

- a. 6,393 UH students attended statewide public awareness activities;
- b. 4,233 incoming freshmen, housing students, international students, ROTC, Native Hawaiian Studies students, and student athletes received sexual violence prevention training and education;
- c. 1,029 faculty, staff, and student employees from the College of Education, and all newly employed teaching assistants in the Graduate Division, received SVP training; and

- d. 2,260 community members received domestic and sexual violence prevention information and education through events such as the Celebrating Safer Communities Fair and F-word Friday.

Annual DOH SVP Community Action Team Training

The 7th Annual DOH SVP Community Action Team (CAT) training *Developing Healthy Relationships: The Intersection of Sexual Violence and Child Abuse and Neglect* was held on November 30, 2017. A total of 100 participants (12 CATs) from across the state attended the training on Oahu that included author and advocate, Joelle Casteix. The training offered strategies to prevent child sexual abuse and understand how resiliency across the social-ecology can promote healthy sexual relationships. A pre-training meeting for CAT Leaders was held on November 29, 2017 to understand adverse childhood experiences and identify opportunities for prevention collaboration.

- a. 100 participants from twelve (12) SVP CATs attended the statewide training; and
- b. 25 CAT leaders and co-leaders attended the pre-training meeting.

Workforce Development Training

DOH MCHB partnered with Representative Andria Tupola and DHS to provide *Understanding and Recognizing Trafficking in Persons* on Oahu, Maui, Kauai, and Hawaii (Kona), September 11 to 15, 2017. The Director of Education and Outreach for the National Center on Sexual Exploitation presented information on understanding human trafficking, identifying trafficked individuals, actions to take when discovering a trafficking situation, and existing anti-trafficking efforts. A total of 190 service providers and interested community members attended the 2-hour trainings.

In December 2017, author and advocate Joelle Casteix, provided *Preventing Child Sexual Abuse in Hawaii* for professionals from government agencies, non-profits, and community organizations who work with children and families. The training included sexual abuse in institutions, predatory grooming, and breaking through the parent barrier. Ms. Casteix also presented *Empowering Your Children Against Predators* for parents of preschoolers and *The Well-Armored Teen* for parents of adolescents in central Oahu. A combined total of 100 individuals attended the child sexual abuse prevention focused trainings.

MCHB provided professional development training for domestic and sexual violence service providers at the 3-day Hawaii Association for Play Therapy Conference *Trauma-Informed Expressive Arts and Play Therapy* on February 22-24, 2018 on Oahu. Scholarship recipients included representatives from the DOE-School Based Behavioral Health, the Domestic Violence Action Center, and SATC. The trauma-informed expressive arts and play therapy training included emphasis on neurodevelopment, self-regulation approaches, resilience, and post-traumatic growth in trauma reparation and recovery for children, adolescents, and families.

ACEs and NLK Initiatives

The Domestic and Sexual Violence Prevention Programs collaborated on providing ACEs trainings, including cultural competency on LGBTQ, and supporting NLK Collaborative events.

In October 2017, the *Intersections of Health: The Complex Roles of Adverse Childhood Experiences and Culturally -Specific Variables in the Lives of Transgender Youth* training was

attended by 66 MCHB staff, public and private partners, and services providers.

The MCHB contracted with the Institute on Violence, Abuse, and Trauma (IVAT) to provide four (4) statewide ACEs trainings for first responders and service providers throughout the year. ACEs and Resiliency trainings were conducted on Maui (89 attendees), Oahu (37 attendees), Hilo (76 attendees), and Kona (50 attendees). Presentations included knowing and understanding ACEs and how ACEs impacts brain development in children, exploring and understanding one's own ACEs, participating in interactive scenarios, and learning tools and strategies that promote resiliency.

In January 2018, MCHB programs, in partnership with the NLK Collaborative member agencies, sponsored a training for 78 public and private partners and service providers on *#Me Too: Exploring Men's Role in Ending Discrimination and Violence in Hawaii*. The training included both a national speaker and local speakers who explored masculinity, the causes of violence, and men's role in violence prevention. Eighteen (18) steering committee members of the NLK Collaborative participated in an all-day strategic planning meeting to develop a three-year action plan. On the University of Hawaii – Manoa campus, approximately 100 university students attended an MCHB and NLK Collaborative-sponsored *A Way From Violence* education performance that examined how unconscious bias promotes stereotypes that lead to sexual/dating violence, victim blaming, and discrimination, and how to challenge such biases so that a culture of consent, respect, and healthy relationships can be promoted.

Domestic Violence and Sexual Assault Special Fund

Revenues for FY 2018

(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>			
07/17/17	00JM0044	24,050.00	
08/03/17	00JM0395	23,160.00	
09/15/17	00JM1084	22,962.00	
10/30/17	00JM2045	21,280.00	
11/14/17	00JM2319	23,009.00	
12/13/17	00JM2912	20,085.00	
01/16/18	00JM3393	22,278.00	
02/14/18	00JM4093	27,321.00	
03/09/18	00JM4674	23,139.00	
04/17/18	00JM5394	24,472.00	
05/09/18	00JM5985	26,006.00	
06/18/18	00JM6948	24,159.00	
		Subtotal:	\$ 281,921.00
<i>From Tax Designations--</i>			
07/31/17	00JM0263	30,035.56	
01/24/18	00JM3717	5,934.44	
		Subtotal:	\$ 35,970.00
<i>Interest earned from investment pool--</i>		2,719.29	
		Subtotal:	\$ 2,719.29
<i>Credits from Prior Year Payment</i>		0	
		Subtotal:	\$ <u>0.00</u>
	TOTAL		<u>\$ 320,610.29</u>

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

Domestic Violence and Sexual Assault Special Fund Expenditures for FY 2018

	<u>FY2018</u>
FY2017 Carry-over balance	\$183,387.80
FY2018 Revenues	\$320,610.29
Receipts from Fees for Vital Records Certified Copies	\$281,921.00
Tax Designations	\$35,970.00
Interest	\$2,719.29
Total FY2018 Cash Balance (carry-over + revenues)	<u>\$503,998.09</u>
FY2018 Expenditures	\$365,042.30
Domestic Violence Prevention Program	\$160,161.90
Personnel, fatality reviews, conferences, trainings	
Sexual Violence Prevention Program	\$168,168.03
Implementation of primary prevention strategies, trainings, activities	
Collaboration of Violence Prevention Programs	\$97,022.79
Trainings, outreach, activities with public and private partners	
Professional Development	\$41,490.68
Conferences, trainings, partnerships	
Supplies (Education and Other)	\$5,499.54
Subscriptions	\$215.40
Transportation	\$5,782.00
Intra-state and out-of-state (employees)	
Trainings costs and registration fees	\$3,765.00
Central Services Administrative Fee	\$21,892.75
FY2018 Encumbrances	\$99,173.42
FY2018 Remaining Balance	\$39,782.37