



INTERGENERATIONAL TRAUMA

First-generation experiences abuse and trauma at various levels in many aspects of life. The experiences go unchecked and the trauma is coded into genes and invisible wounds are passed on

FIRST GENERATION

@eternal.motivation

SECOND GENERATION

Becomes aware of the generational trauma and dysfunctional patterns through toxic relationships and seeks help to change and shift them



Unconsciously repeats the generational trauma patterns and as a result, gets traumatised more. Jumps from one relationship to another in search of a resolution yet never goes inside.

THIRD GENERATION

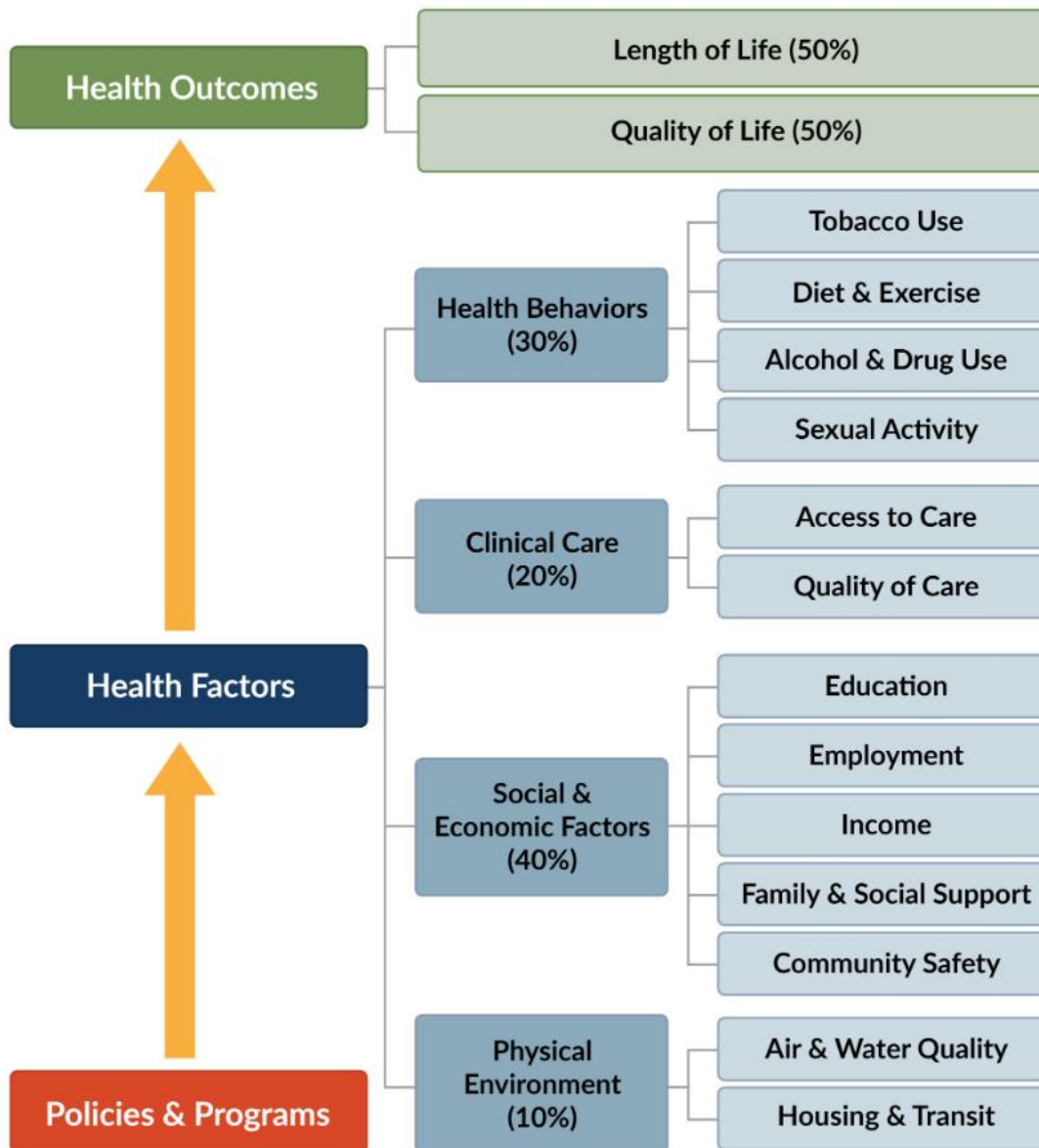
More likely to choose healthy relationships, have high self-worth, live a healthy life, have less mental health issues and overall high satisfaction with life



Face complicated issues in most of the aspects of life. Re-enacts trauma patterns that have no connection with present life situations. Ends up with potentially absent and abusive partners

CONTINUES..

Lincoln County Community Health Survey Results Summary – Fall 2022



Top Issues of Concern per Category (752 survey respondents)

Health Outcomes & Systems

1. Overweight or obesity across the lifespan
2. Poor mental health
3. Chronic diseases (diabetes, heart disease)

Health Behaviors

1. Drug abuse (prescribed and illegal)
2. Alcohol use/misuse
3. Physical inactivity

Clinical Care

1. Availability and affordability of health care
2. Availability and affordability of dental care
3. Lack of mental health care providers

Social & Economic Factors

1. Not enough money for housing, household expenses and food
2. Caregiving for your family (child care, aging relative, special needs)
3. Aging related health concerns

Physical Environment

1. Lack of safe and affordable housing options
2. Internet access
3. Limited access to public transportation

County Health Rankings model © 2014 UWPHI

Community Health Assessment Data – Mental Health & Substance Use

Measures	Past	Most Current			Data Sources
	Lincoln	Lincoln	Wisconsin	U.S.	
Health & Well-Being					
Estimated percentage of adults who have ACE (Adverse Childhood Experiences):	0 ACEs: 45% 1 ACE: 22% 2-3 ACEs: 20% 4+ ACEs: 13%	0 ACEs: 40% 1 ACE: 22% 2-3 ACEs: 22% 4+ ACEs: 16%	0 ACEs: 40% 1 ACE: 23% 2-3 ACEs: 21% 4+ ACEs: 16%	--	2017-2021 Wisconsin Behavioral Risk Factor Surveillance System
Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.3 (2015)	4.5 (2019)	4.4 (2019)	4 (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)	10% (2015)	14% (2019)	13% (2019)	13% (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Students who experienced significant problems with anxiety (past 12 months)	---	41% (2019)	49% (2019)	--	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Students who had reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (past 12 months)	---	26% (2019)	29% (2019)	37% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Suicide					
Rate of deaths due to suicide per 100,000 population (age-adjusted)	15 (2014-2018)	21 (2016-2020)	15 (2016-2020)	11 (2016-2020)	County Health Rankings (National Center for Health Statistics - Mortality Files 2016-2020)
Number of suicide deaths by year	5 (2017) 7 (2018) 10 (2019) 7 (2020)	<5 (2021)	---	---	Wisconsin Department of Health Services, Division of Public Health, State Vital Records Office 2017-2021)
Suicide deaths by age	---	0 (1-12 yrs) 0 (13-18 yrs) 7 (19-30 yrs) 7 (31-40 yrs) <5 (41-50 yrs) 10 (51-70 yrs)	---	---	Wisconsin Department of Health Services, Division of Public Health, State Vital Records Office 2017-2021)

		6 (70 yrs+) (2017-2021)			
Percentage of suicide deaths by gender	---	82% (Male), 18% (Female) (2017-2021)	---	---	Wisconsin Department of Health Services, Division of Public Health, State Vital Records Office 2017-2021)
Percentage of suicide deaths that were a result of firearms	---	67% (2017-2021)	---	---	Wisconsin Department of Health Services, Division of Public Health, State Vital Records Office 2017-2021)
Percentage of students who attempted suicide (past 12 months)	---	7% (2019)	7% (2019)	9% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who seriously considered suicide (past 12 months)	---	14% (2019)	16% (2019)	19% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Family Support and Social Connectedness					
Percentage of students who have at least one supportive adult besides parent(s)	---	83% (2019)	84% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students that most of the time or always get emotional support when needed	---	27% (2019)	24% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students that agree or strongly agree that they belong at school	---	63% (2019)	61% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students that participate in school activities, teams or clubs	---	68% (2019)	68% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Health Care Access					
Ratio of population to mental health providers	1,330:1 (2016)	1,450:1 (2021)	440:1 (2021)	250:1 (2021)	County Health Rankings (CMS, National Provider Identification 2021)
Alcohol & Other Drug Use					
Percentage of adults reporting binge or heavy drinking (age-adjusted)	22% (2015)	27% (2019)	25% (2019)	15% (2019)	County Health Rankings (Behavioral Risk Factor Surveillance System 2019)
Percentage of driving deaths with alcohol involvement	50% (2011-2015)	44% (2016-2020)	36% (2016-2020)	10% (2016-2020)	County Health Rankings (Fatality Analysis Reporting System 2016-2020)
Rate of drug poisoning deaths per 100,000 population	14 (2013-2015)	13 (2018-2020)	22 (2018-2020)	---	County Health Rankings (National Center for Health Statistics - Mortality Files 2018-2020)

Percentage of students who have ever had an alcoholic beverage	---	60% (2019)	58% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Among students who have drunk alcohol, percentage whose first drink was before age 13	---	35% (2019)	30% (2019)	15% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who had at least one drink in the past 30 days	---	33% (2019)	30% (2019)	29% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who binge drank in the past 30 days	---	17% (2019)	13% (2019)	14% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have ever use marijuana	---	24% (2019)	31% (2019)	37% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Among students who tried marijuana, the percentage who first tried it before age 13	---	20% (2019)	14% (2019)	6% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have used marijuana in the past 30 days	---	14% (2019)	20% (2019)	22% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have ever misused a prescription pain medicine	---	8% (2019)	11% (2019)	14% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have ever misused an over-the-counter drug	---	5% (2019)	6% (2019)	---	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have used heroin	---	3% (2019)	1% (2019)	2% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)
Percentage of students who have used methamphetamines	---	2% (2019)	2% (2019)	2% (2019)	WI Department of Public Instruction (Lincoln County Youth Risk Behavior Survey 2019)

More Lincoln County Community Health Assessment data available at www.welllincoln.org



Violence Prevention

Fast Facts: Preventing Adverse Childhood Experiences

What are adverse childhood experiences?

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- substance use problems
- mental health problems
- instability due to parental separation or household members being in jail or prison



Please note the examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and wellbeing.

ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. However, ACEs can be prevented.

How big is the problem?

ACEs are common. About 61% of adults surveyed across 25 states reported they had experienced at least one type of ACE before age 18, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

Preventing ACEs could potentially reduce many health conditions. For example, by preventing ACEs, up to 1.9 million heart disease cases and 21 million depression cases could have been potentially avoided.

Some children are at greater risk than others. Women and several racial/ethnic minority groups were at greater risk for experiencing four or more types of ACEs.

ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year. A 10% reduction in ACEs in North America could equate to an annual savings of \$56 billion.

What are the consequences?


ACEs can have lasting, negative effects on health, well-being, as well as life opportunities such as education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems (including teen pregnancy, pregnancy complications, and fetal death), involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.

ACEs and associated social determinants of health, such as living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity, can cause toxic stress (extended or prolonged stress). Toxic stress from ACEs can negatively affect children's brain development, immune systems, and stress-response systems. These changes can affect children's attention, decision-making, and learning.

Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. These effects can also be passed on to their own children. Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.

How can we prevent adverse childhood experiences?

ACEs are preventable. To prevent ACEs, we must understand and address the factors that put people at risk for or protect them from violence.

Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential. CDC has produced a resource, Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence , to help states and communities use the best available evidence to prevent ACEs. It features six strategies from the CDC Technical Packages to Prevent Violence.

Preventing ACEs

Strategy

Approach

Strengthen economic supports to families

- Strengthening household financial security
- Family-friendly work policies

Promote social norms that protect against violence and adversity

- Public education campaigns
- Legislative approaches to reduce corporal punishment
- Bystander approaches
- Men and boys as allies in prevention

Ensure a strong start for children

- Early childhood home visitation
- High-quality child care
- Preschool enrichment with family engagement

Teach skills

- Social-emotional learning
- Safe dating and healthy relationship skill programs
- Parenting skills and family relationship approaches

Connect youth to caring adults and activities

- Mentoring programs
- After-school programs

Preventing ACEs

Intervene to lessen immediate and long-term harms

- Enhanced primary care
- Victim-centered services
- Treatment to lessen the harms of ACEs
- Treatment to prevent problem behavior and future involvement in violence
- Family-centered treatment for substance use disorders

Raising awareness of ACEs can help:

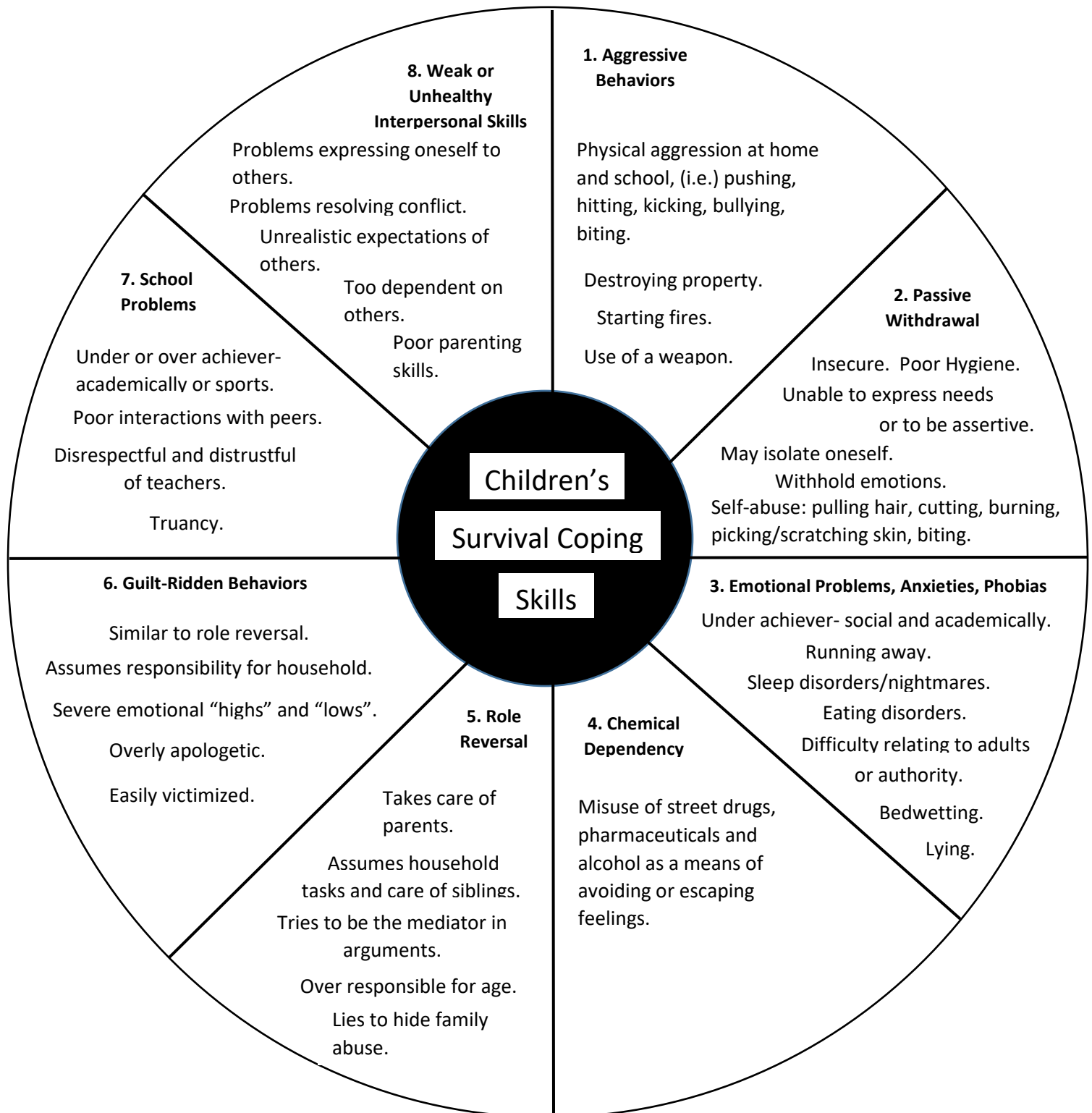
- Change how people think about the causes of ACEs and who could help prevent them.
- Shift the focus from individual responsibility to community solutions.
- Reduce stigma around seeking help with parenting challenges or substance misuse, depression, or suicidal thoughts.
- Promote safe, stable, nurturing relationships and environments where children live, learn, and play.

Let's help all children reach their full potential and create neighborhoods, communities, and a world where every child thrives.

See Adverse Childhood Experiences Resources for publications, data sources, and prevention resources for adverse childhood experiences.

Page last reviewed: April 6, 2022

Children who live with trauma develop coping skills to help them survive.



**HAVEN INC. CLIENT STATISTICS
2022**

Total Unduplicated # of Adult Clients: 198

Total Unduplicated # of Child Clients: 56

Total # of Clients Served: 254

Domestic Abuse Clients: **123**

Sexual Assault Clients: **23**

Clients with both Domestic Abuse and Sexual Assault/Abuse Issues: **108**

Lincoln: **188**

Out of State: **6**

Irma: **11**

Gleason: **6**

Merrill: **144**

Tomahawk: **27**

Dane: **3**

Marathon: **25**

Shawano: **2**

Brown: **1**

Clark: **1**

Taylor: **4**

Fond du Lac: **1**

Oneida: **5**

Waukesha: **2**

Price: **2**

Outagamie: **3**

Vilas: **1**

Marinette: **1**

Portage: **1**

Wood: **8**

Crisis Counseling, Individual Counseling & Support, Intake Session: **183 clients (3492 hrs.)**

Criminal Justice Support, Crime Victim Comp Assistance: **55 clients (110 hrs.)**

Employment Counseling/Advocacy: **21 clients (47 hrs.)**

Family Group Activity/Family Support Group: **24 clients (182hrs.)**

Financial Counseling/Advocacy: **39 clients (173 hrs.)**

Follow-up Contact: **66 clients (67 hrs.)**

Group Child Care/Individual Child Care: **15 clients (173 hrs.)**

Hospital/Medical Advocacy: **17 clients (37 hrs.)**

Housing Counseling/Advocacy: **44 clients (107 hrs.)**

Individual Child Activity: **15 clients (77 hrs.)**

Information & Referral: **117 clients (288 hrs.)**

Language Services: **30 clients (821 hrs.)**

Legal Advocacy: **68 clients (418 hrs.)**

Material Assistance (Food & Non-Cash Assistance): **38 clients (65 hrs.)**

Personal Advocacy: **150 clients (1069 hrs.)**

Shelter Bed-Nights: **32 clients (4419 bed nights)**

Support Group – Adult: **28 clients (327 hrs.)**

Support Group – Children & Teens, Child Group Activity: **10 clients (174 hrs.)**

Transportation: **39 clients (136 hrs.)**

Volunteers: **39 persons (11 new) (1062.25 hrs.)**



Wisconsin Department of Children and Families

Governor Tony Evers
Secretary Emilie Amundson
dcf.wisconsin.gov

CONTRACT AMENDMENT

by and between

Wisconsin Department of Children and Families
and
Lincoln County

CONTRACT NO

437003-C23-0002121-000-35

ASSISTANCE LISTING #

93.558 Temporary Assistance for Needy Families
93.658 Foster Care - Title IV-E
Additional Federal Award Information

COMMODITY OR SERVICE TITLE

State County Child Welfare

AMENDMENT DESCRIPTION

This amendment adds Targeted Safety Support Funds (TSSF) programs.

CONTRACT TERM

01/01/2023 - 12/31/2023

BRO REGIONAL ADMINISTRATOR

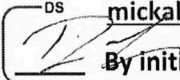
Kim Edwards - (715) 361-7722
Kimberlya.edwards@wi.gov

CONTRACT BILLING AND PAYMENT TERMS

SPARC expenses submitted monthly by the 28th of the month, paid the 5th day of the following month.

CONTACT INFORMATION

	Lincoln County	
Authorized Signatory	Renee Krueger	renee.krueger@co.lincoln.wi.us
Address	801 N Sales Street Suite 209	
	Merrill WI 54452	
Phone	715-539-1342	
CC	Mickala Ferge	mickala.ferge@co.lincoln.wi.us
UEI	Q42YFLAKWZN9	

 **By initialing here, you certify the Unique Entity Identifier (UEI) is accurate. If you are unsure, please confirm with your finance staff prior to initialing.**

A01



Funding Information for Grants managed thru SPARC:

Contractor: Lincoln County		STAR Supplier ID: 0000071927	
Commodity or Service Description	SPARC Contract Code Number	Match	Allocation Amount
Appendix X DSP TSSF Safety Supports TANF**			\$33,894.00
Jan – April Funding Amount	3645D	-----	\$11,756.00
May – Dec Funding Amount	3645D		\$22,138.00
Appendix X DSP TSSF Calculated Safety Supports TANF Match*	9645D	\$3,352.12	-----
Appendix X DSP TSSF Safety Resources IV-E	3645		\$13,415.78
TSSF Safety Resources	3645A	-----	Reporting Only
TSSF Case Management – Local Child Welfare Agency	3645B		Reporting Only
TSSF Case Management – Contracted Agency	3645C		Reporting Only
Appendix X DSP TSSF Calculated Safety Resources IV-E Match*	9645	\$1,326.82	-----

*The Provider shall report all use of match up to and exceeding the minimum required match percentage indicated in program appendix.

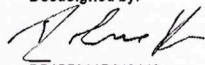
**If TANF funded, refer to program appendix associated with these funds for further information.

All Funding allocations are subject to Federal and State budgetary changes.

This is an Amendment of an existing contract for the specific time period, funding, and terms defined. This Amendment is entered into by and between the State of Wisconsin Department of Children and Families and the Contractor listed above. Unless otherwise specified, ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT, INCLUDING FUNDING, REMAIN IN FULL FORCE AND EFFECT. This Amendment and the Contract, collectively, are the complete agreement of the parties and supersede any prior agreements or representations. The Department and the Contractor acknowledge that they have read the Amendment and understand and agree to be bound by the terms and conditions.

This Amendment becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) calendar days, unless waived by the Department.

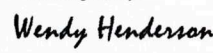
Signatures

DocuSigned by:

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Renee Krueger
Director

3/7/2023 | 10:23:45 AM CST

Date

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Division Administrator Wendy Henderson
Department of Children and Families

2/21/2023 | 8:00:42 AM CST

Date

Department of Children and Families

APPENDIX X TO THE STATE AND COUNTY CONTRACT
COVERING CHILDREN AND FAMILIES PROGRAMS
Appendix Title: **Targeted Safety Support Funds (SPARC Code: 3645)**

It is further understood and agreed by both parties through this attachment to the State and County Contract Covering Children and Families Programs that:

I. Additional Funds issued for the Purpose and Service of providing Targeted Safety Support Funds:

These additional funds may be used by the County only for the following purposes and under the following service conditions:

For expenses incurred in the implementation of Targeted Safety Support Funds in accordance with Department guidelines. In addition, these expenses must comply with federal spending requirements.

Failure to meet these purposes and conditions will result in the loss of these funds by the County and their repayment by the County to the Department.

II. Fiscal Conditions on the Earnings of the Additional Funds

These additional funds are earned under the following conditions:

These funds may be used for all approved purposes as specified in the Targeted Safety Support Funding Guide and may be earned without regard to other funding sources. These funds cannot be used to supplant other available funding.

The Department shall apply these conditions in determining the close of the contract. The amount of a subsequent audit adjustment on the funds in this contract shall be based exclusively upon these conditions.

III. Fiscal and Client Reporting on the Use of the Additional Funds

These additional funds and the clients served by them must be reported to the Department on SPARC Line 3645A, Line 3645B, Line 3645C and Line 3645D. A match of 9.89% will be calculated and allocated to 9645/9645D; agencies will be reimbursed at a 90.11% rate.

The County will submit a program plan to the Department describing the services that will be provided using the funds under this profile and the anticipated outcomes for those services. The Department will prescribe the plan process, including the plan format and the time period covered by the plan. The County will include measurable outcomes consistent with any performance outcomes in the State and County Contract.

The County will submit a report to the Department describing the services actually provided using the funds in this appendix, achievement of anticipated outcomes and number of children and families served with TSSF. Reporting requirements are outlined in the Targeted Safety Support Funding Guide.