

DAY 5 CIT Training

- 8:00-9:00am** **Cultural Awareness – Brian Mitchell & Natasha Mitchell**
- 9:00-10:00am** **Homelessness – CSO**
- 10:00- 11:00am** **All-Inclusive Support Service**
- 11:00am-12:00pm** **Opiate Crisis Response**



Cultural Awareness

Brian Mitchell &
Natasha Mitchell

Potter's Wheel Community
Services



Welcome and Overview

Group Norms :

Respect each individual's social location

Freedom to go deep

Reach out for help and someone reach back

Description

COURSE DESCRIPTION:

- This workshop introduces the oppressive language and actions of power and privilege in the workplace and the larger community.
- We explore various assumptions and aggressions displayed in various organizations and ways to combat them while attempting to shift attitudes toward equitable distribution of power.
- Breaking down oppressive power dynamics impacts all organizational practices.
- Addressing the need for a deeper understanding of bias, privilege, and the many aggressions influenced by such abuses of power is imperative
- Therefore, a defined understanding of how these elements of the social structure show up internally and externally is necessary for individual and community-based change.

Description

- ◆ **OUTCOMES:** Participants will...
 - Understand Diversity within the context of Cultural Awareness
 - Understanding of Perception and how it plays a role in the impact of Power Dynamics
 - Skills to shift power to minimize assumptions that lead to microaggressions.
 - Attitude and understanding of equitable & inclusive power distribution and its impact on the served community.

- ◆ Objectives
 - To examine and discuss racial inequality's impacts on our business/organization, our families, and our communities.

Opening Circle

“The Power of Your Voice”

Terminology

Microaggression

Anti-racism

Implicit/Explicit Bias

Intersectionality

Institutional Racism

White Privilege

Internalized Racism


Large Group Discussion

Identify the term(s) that stands out to you the most?

Small Group Discussion

Topics: Power, Bias, Privilege, Oppression

When working with your served community, what does this look like for those individuals?



5 Minutes – Self Care!

Large Group Discussion

Healthy
Dialogue

Review



Closing : Questions and Comments

Presentation # 2

9:00-10:00am

Homelessness

Bill Miller/ Anna Smith - CSO



Keith Rhone, Operations Director, FOH
Dennis Sheehan, Shelter & Housing Triage Specialist
Sara Lopes, Clinical Supervisor
Anna Mitkevicius Smith, Housing Developer

A Snapshot of Homelessness in Western MA

Number of Homeless People by State

California: 161,548

New York: 91,271

Florida: 27,487

Texas: 27,229

Washington: 22,923

Massachusetts: 17,975

Oregon: 14,655

Pennsylvania: 13,375

Shelters in the 91 Corridor and Westfield/Pittsfield

Friends of the Homeless (FOH) Springfield.
175 beds.

Grove Street Inn, FOH Northampton 20 beds.

Cot Shelter, FOH Northampton. 20 beds.

60 Wells Street, FOH Greenfield. 30 beds.

Craig's Doors, Amherst/Hadley, uncertain
bed number.

CHD Shelter Hotel, at least 40 beds.

Samaritan Inn, Westfield. 30 beds.

ServiceNet, Pittsfield. 20-40 beds.

Friends of the Homeless Springfield Campus



Shelter: Over 1,000 people per year



Housing: We operate 110 units of single room housing



Meal program: We served more than 155,000 meals this past year



Resource Center: We have case workers and a clinic and are open 24/7/365

What Are Some of the Resources?

Never seems to be enough

Shelter

Street Outreach

Primary care, nursing services, and clinical services on site

Trauma informed care approach

Shelter hotline coming in Spring 2023

Trauma Informed Care

- Should be implemented in housing and homelessness programs to provide an environment that supports stability and healing.
- Is an overarching structure and treatment attitude that emphasizes understanding, compassion, and responding to the effects of all types of trauma.
- Becoming “trauma-informed” means recognizing that people have many different traumatic experiences which often intersect in their lives.

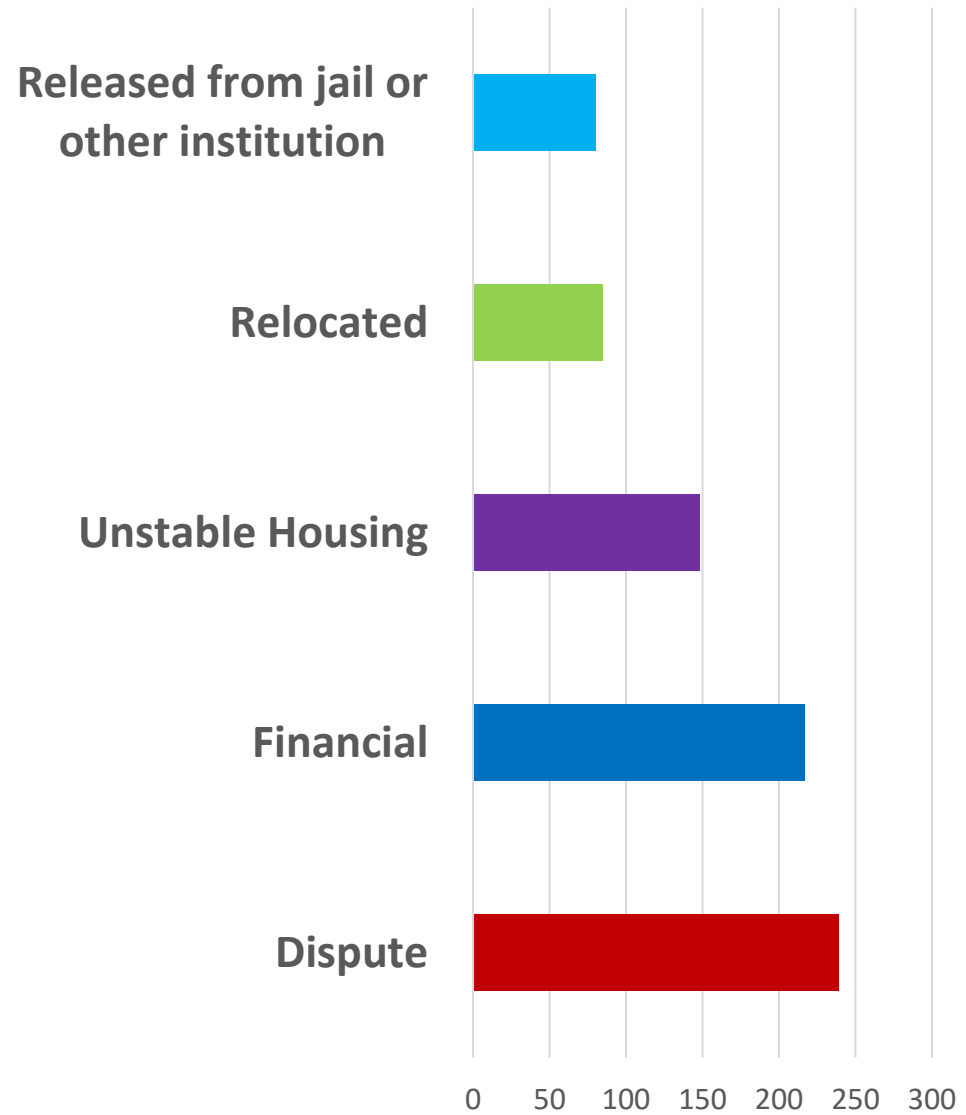
Housing First

- Is a strategy designed for people who are chronically homeless
- Is the idea that people that people should be housed first
- Supports that idea that services should be voluntary and used to sustain housing
- Is essentially a harm reduction model of housing



Homelessness can look like
any one of us.

Top 5 Reported Reasons for Homelessness





EXISTING VIEW OF NORTH FACADE LOOKING SOUTHEAST

60 WELLS STREET
GREENFIELD, MA





RENOVATED BUILDING WITH NEW ADDITION - VIEW OF NORTH FACADE LOOKING SOUTHEAST

60 WELLS STREET
GREENFIELD, MA





VIEW FROM THE SOUTH SHOWING THE NEW THREE-STORY BUILDING AND ENTRANCE COURTYARD ACCESSED FROM 46 WELLS STREET

60 WELLS STREET
GREENFIELD, MA





JWA JONES WHITSETT
ARCHITECTS



CLINICAL & SUPPORT OPTIONS



CIT Participants



What have you seen as key variables in contributing to homelessness in your community?



What are some of the resources you would like to see more of to help you in your interactions with the homeless population?



What are some of the barriers you encounter when trying to help people experiencing homelessness?



What potential partnerships do you see within your community in addressing homelessness?

Friends of the Homeless Resource Center



Lighting the way for men and women in our community



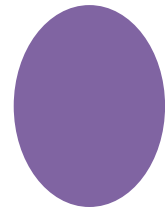
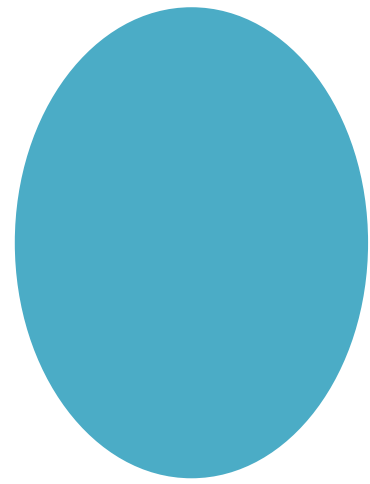
Keith Rhone, Operations Director, FOH
Dennis Sheehan, Shelter & Housing Triage Specialist
Sara Lopes, Clinical Supervisor
Anna Mitkevicius Smith, Housing Developer

Thank You!

Presentation # 3

10:00- 11:00am

All-Inclusive Support Systems (AISS)



All Inclusive Support Services

Hampden County Sheriff's Office

Program Manager
Madeline La Santa-Padilla

Mentor
Melissa Phelan

Objectives

- Re-entry begins on day one
- AISS Overview
- 2022 Fiscal Year Data
- Offerings on sight

AISS Background

- AISS was launched in 1996 to educate, prepare and assist the releasing inmate population with transitioning back into the community. Started with 3 staff.
- AISS relocated to the WW Johnson Life Center, State Street in 2007.
- Today we have 32 Staff members providing services to anyone who comes to our building.



AISS
ALL INCLUSIVE SUPPORT SERVICES
Rooted in community, Supporting growth

- Grand total of 36,904 people (28,599 men and 8,305 women)
- FY2022 AISS served 1,578 individuals (1257 men and 321 women)
- AISS served a daily average of 66 individuals in 2022

ALL INCLUSIVE SUPPORT SERVICES

- Name revealed at AISS Graduation, Oct. 24, 2019
- New name – same acronym
- Community-based
- Inviting
- Some AISS terms also change:
 - Clients → Members
 - Walk-in Intake → Walk-in Registration

Mission Statement

*Empowering the
community since
1996*

All Inclusive Support Services, a division of the Hampden County Sheriff's Office, provides quality comprehensive support to local community members. The three primary goals of AISS are to: ***provide access*** to individualized services, ***enhance community partnerships***, and ***improve community safety and well-being***.

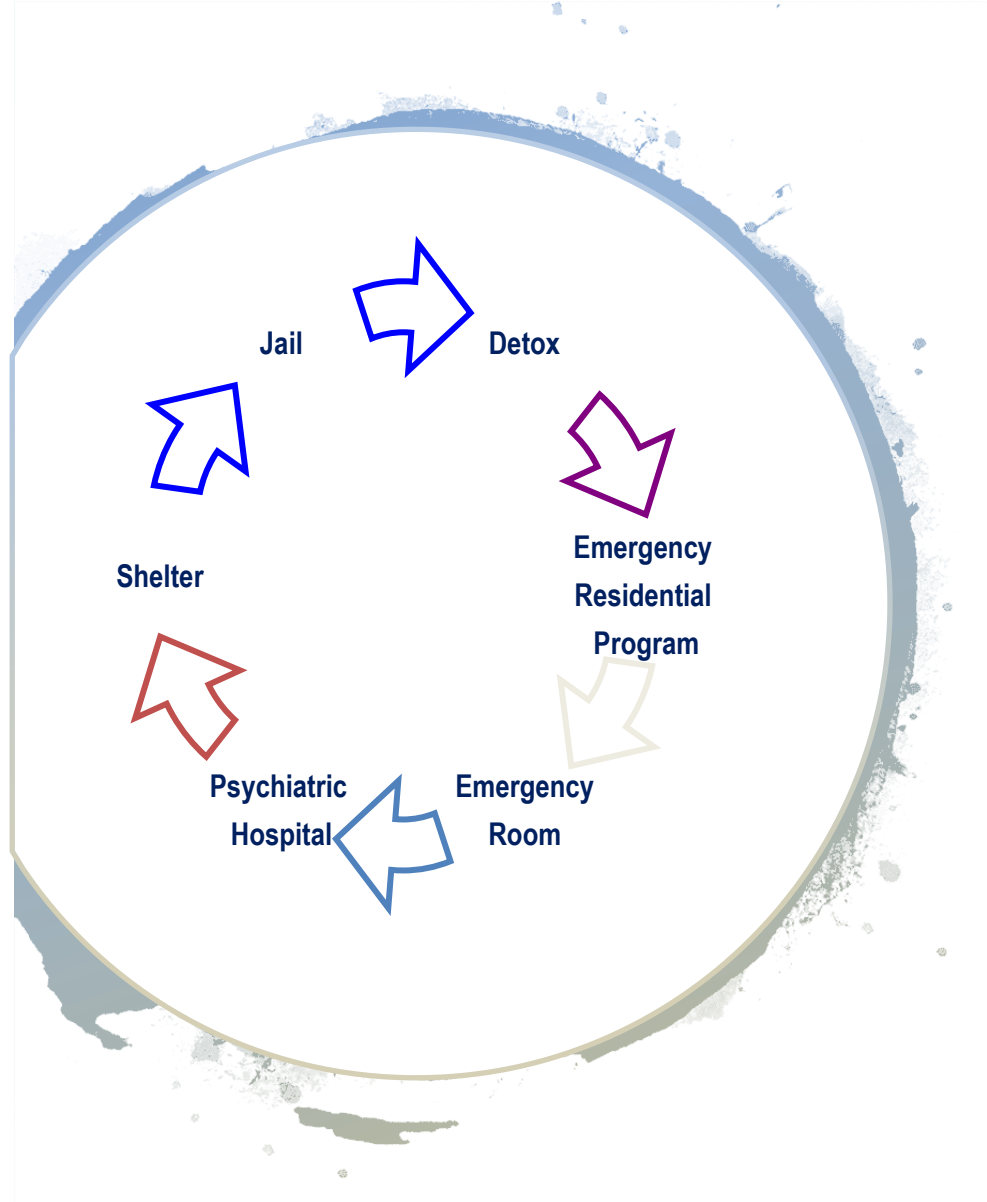
All Inclusive Support Services respectfully educates, prepares, and supports its members by assessing needs and providing wraparound services; while building relationships with its members and community-based care. AISS encourages members towards responsible and productive community living, with the ultimate goal of improving public safety and well-being.

***SUPPORT PROVIDED.
SUCCESS CREATED.***

Authored by:

Maggie O'Connell, Angie Savageau, Henry Downey, Kelly Graziano, Dan Moran, Deb Cubi and Susan Jones

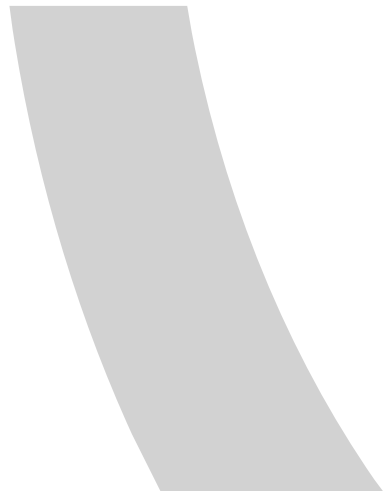
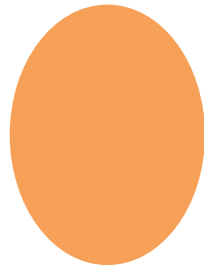
The “Institutional Circuit” of Homelessness & Crisis

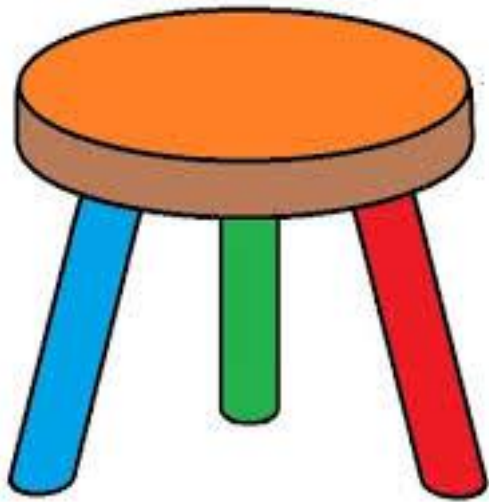


- Complex social, health, & behavioral health problems, all at once
- Mainstream systems of care do not adequately address needs
- More comprehensive intervention is needed for **housing, stabilization, & employment**

**Evolving Mission of the role of Sheriff:
*protecting the investment***

**After the arrests, they are almost all
eventually come back out to
communities**





- At the Hampden County Sheriff's Office, we believe re-entry starts on Day #1 of incarceration. We assess the needs of the inmate and map out a comprehensive plan with strategic services fitting for the individual.

We evaluate what we call the "Three-Legged Stool"

- Housing
- Employment
- Support Services

These are considered the key areas where we focus our efforts around successful reintegration back into our communities.

ALL INCLUSIVE SUPPORT SERVICES

Average
66 individuals
served per day

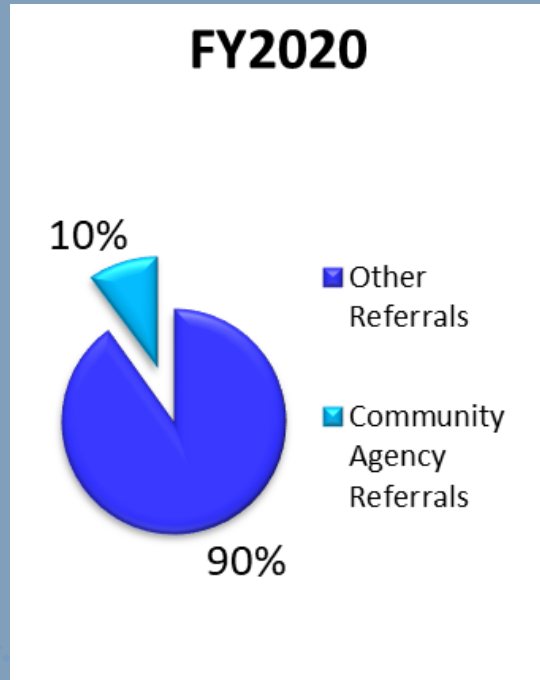
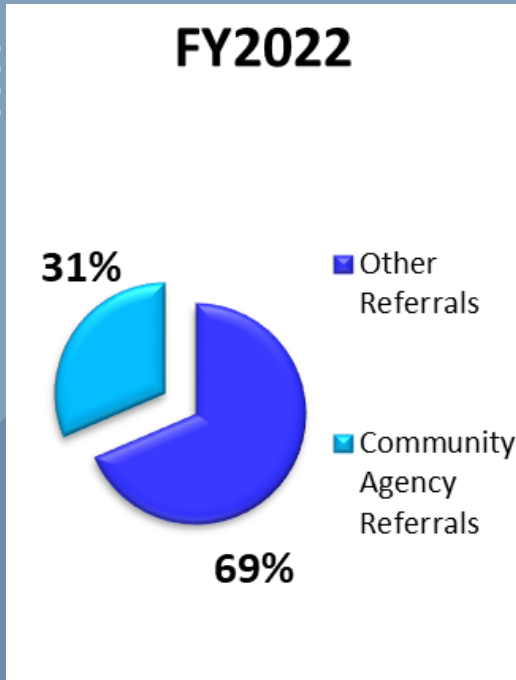
88% Are attending voluntarily

- *12 % reported being on community supervision either through probation and/or parole*

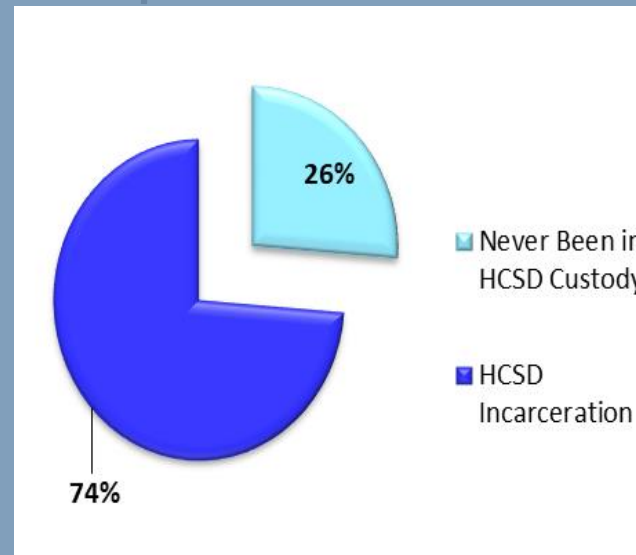
Source: Y22 Annual Report



Referrals coming from Community Partners



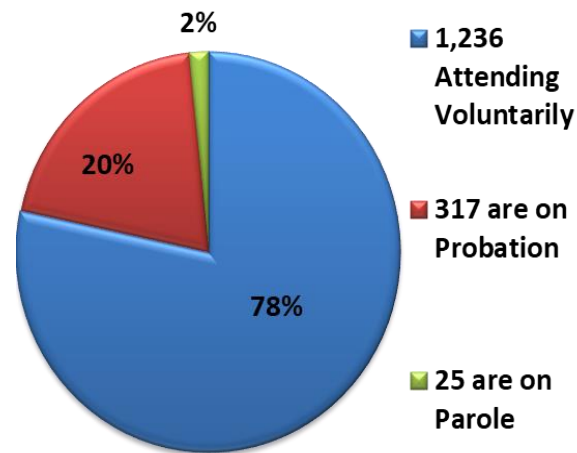
How many AISS members have never been in the custody of our House of Corrections?



Fiscal Year 2022

1,578 members accessed AISS services in FY22

- 414 reported either no justice involvement or never been in at HCSO



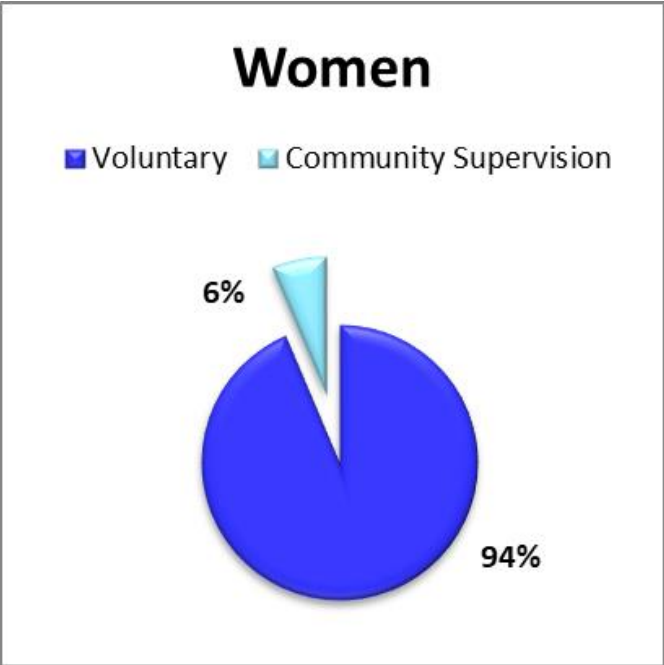
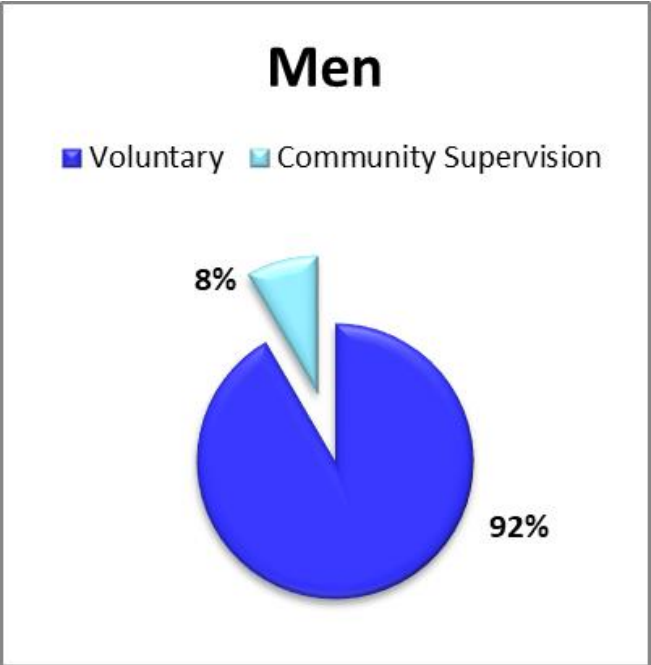
Member Breakdown

- 1264 Men accessed AISS services and of this total 276 were NIS
- 314 Women accessed AISS services and of this total 138 are NIS

Community Supervision

What type of community supervision members have in FY22?

Registration data (n = 1578 self-reports) show that only 12% of members had community supervision, meaning 88% of Registered Members are voluntary / under no probation / parole supervision. There is variation by gender; among men 92% are Voluntary, where women 94% are Voluntary.



Recidivism

How often did they go back to jail?

Per tracking of new Bookings versus AISS Members

In previous years, rates of return to HCSO custody for registered AISS members were 11.27%, 8.39%, 10.2% and 9.96% re-booked for any reason (a wider criterion than for actual recidivism) in FY21. In FY 22, continued pandemic-related irregularities resulted in lower volume at HCSO Booking as in FY 21. This is evident in our data as it reflects below:

COMMUNITY CASE MANAGEMENT MEMBERS		
FISCAL YEARS		% RE-BOOKED
FY19	175 Re-Booked of 1552 Served	11.27%
FY20**	158 Re-Booked of 1822 Served	8.39%**
FY21**	106 Re-Booked of 1039 Served	10.2%**
FY22 **	157 Re-Booked of 1578 Served	9.96%

**Historical threat to data validity: COVID Pandemic and related Court Closures and community changes.

How many AISS members were incarcerated in FY 22?

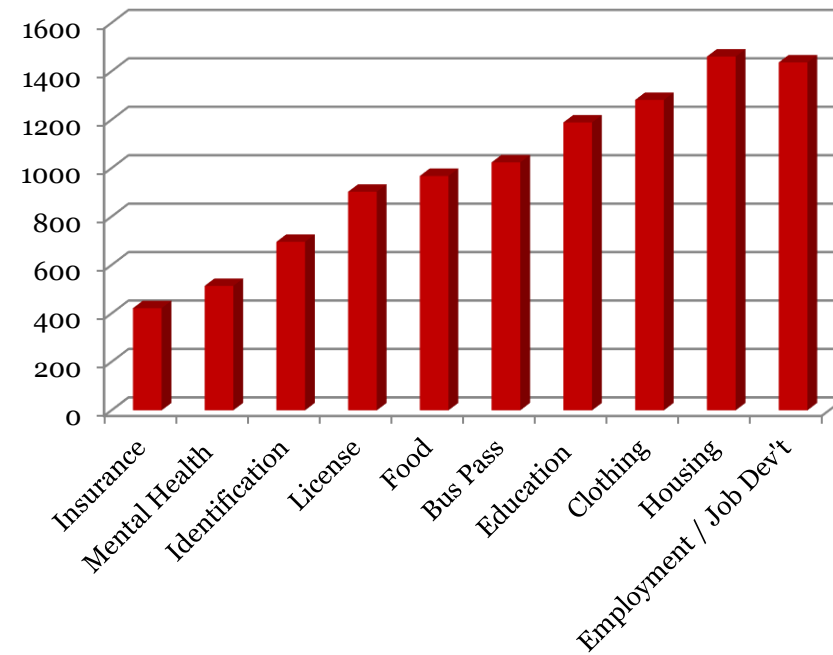
- A total of 157 were incarcerated
 - 72 Active AISS members were booked by HCSO in FY22
 - 85 Inactive AISS members were booked by HCSO in FY22

One-Stop Shopping



What AISS Members Asked for Upon Registration

Top Ten Needs

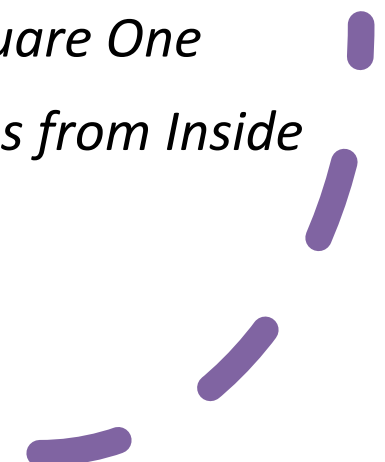




DOC Step-Down Program

- The HCSO is a participant in the DOC Turn-Around and Step-Down Program.
- DOC inmates returning to Hampden County communities can transfer to Hampden County to prepare for reentry.
- Liaison for those incarcerated in HCHOC and those returning to Hampden County upon sentence expiration and parole.

Community Provider Offerings at AISS

- **Clinical Support** - *Behavioral Health Network*
 - **Employment Support** - *MassHire Holyoke*
 - **Finding Our Way: Connection and Support for Healing Trauma** - *Clinical Training / Consulting Staff*
 - **SNAP** - *Food Bank of Western Mass*
 - **Healthcare for the Homeless** - *Mercy Hospital*
 - **Men's Parenting Group** - *Helix Human Services*
 - **Resource & Support Group** - *Counseling & Psychotherapy Center*
 - **Women's Parenting Group** - *Square One*
 - **Women's Writing Group** - *Voices from Inside*
- 

HCSO AISS Offering

- **Anger & Beyond**
- **Animal Assisted Treatment**
- **Case Management**
- **CHES:** *Community Housing that is Earned, Safe, and Supportive*
- **Education**
- **Employment Support**
- **Grief & Loss Group**
- **Mentorship**
- **Men's Leadership Group**
- **Men's Rising Up Group**
- **Women's Support Group**

Employment & Reentry

The Hampden County Sheriff's Office Employment Program is well established and respected in the business communities of Hampden County. Our Employment Program offers advantages to the population we serve as well as our partnering employers. Since its inception, the HCSO Employment Program has assisted in securing well over **11,011** jobs and for FY22 we made **117** job placements .

How do we prepare offenders for the world of work?

Population Served

- Currently incarcerated
- Recently released
- Non- criminal justice involved



Benefit to Employers

- Qualified employees
- Reputable referrals
- Tax incentive

Employment

**Phase I:
Employment
Readiness**

**Phase II:
Career
Development**

**Phase III:
Employment
Retention**

**Industry
recognized
credentials**

**Workforce
Initiative
Program**

CHES

Community
Housing that is
Earned, Safe
and Supportive

*Expanding Housing
Resources*



The CHESS Model

Stable Housing with Intensive Case Management support

Responsive

Accountable

Goal Orientated

Challenge to Change Behaviors

Connecting

Giving Back

Partnerships
with landlords,
agencies,
Housing
Authorities

Placing people in supportive housing will improve life outcomes for the tenants, more efficiently utilize public resources, and likely create cost avoidance in crisis systems like hospitals and shelter.

The CHESS Model

- 1. Scattered Sites**
- 2. Project Based Voucher Sites**
- 3. Mobile Section 8 Voucher**

In partnership with Holyoke Housing Authority & Springfield Housing Authority





FY 22 CHESS STATS

27 Resided in a CHESS site at some point during FY22

17 Residents (8 men, 9 women) resided at a program, scattered, or PBV site on June 2022

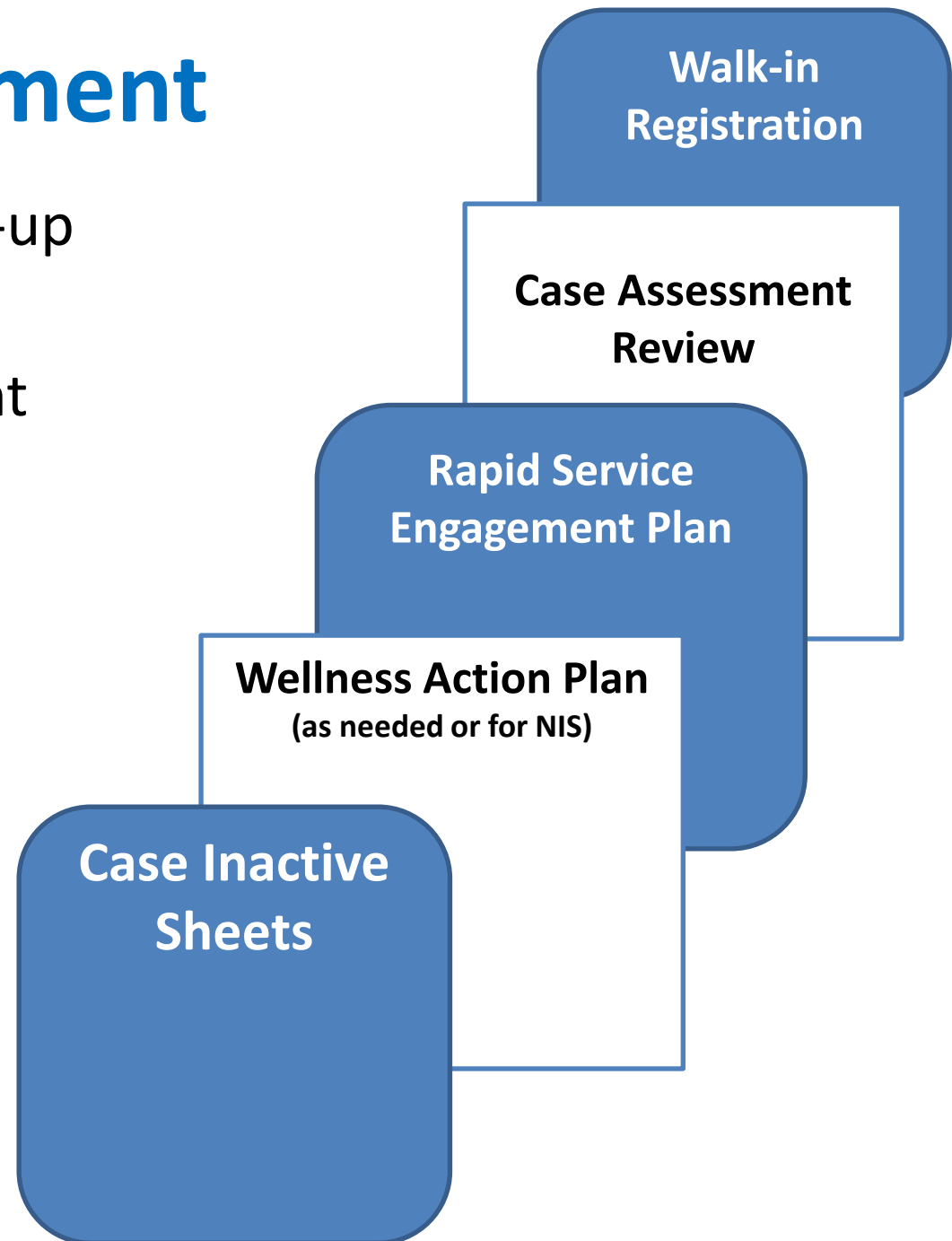
3 Residents experienced setbacks that required discharge from CHESS in FY22

1 Deceased in FY22

35 Scattered Site residents received the Moved to Work Project Based Vouchers from HHA between FY18 to FY22

Case Management

- Walk-ins, Reentry Follow-up
- Registration Form
- Rapid service engagement
- Wellness Action Plan
 - Active: 2x/month min.
 - Moderate Service Level: Monthly
- Inactive Sheet
- Lifetime Eligibility
- Pathway for giving back



Educational Program

Adult Education Class
Tuesdays & Thursdays
9:30 AM — 11:30 AM

Pre-GED/GED Class
Mondays, Tuesdays &
Thursdays
12:30 PM — 3:00 PM

English for Speakers of
Other Languages (ESOL)
Mondays
11:00am –12:00pm

Digital Literacy
Wednesdays & Fridays
1:00pm-2:00pm

Coming Soon!
Holyoke Community
College Offerings

ADDITIONAL EDUCATIONAL SERVICES:

- GED Registration & Testing
- Official Practice Testing
- College Admissions Information



Mentorship Program

- **Volunteer Mentors are Community members including both ex-offenders and non-offenders who have been screened, trained, and matched with a Mentee by the Mentorship Program Coordinator.**
- **The Mentor acts as a Role Model, Advisor, and Confidant to the Mentee.**
- **The Mentor Assists the Mentee in returning to the community to lead a positive and productive lifestyle.**

AISS/Mentorship Program Orientation

Every Thursday
At the Main Institution

Mentorship Program Groups at AISS

The First Three Tuesdays of the
Month

4th Monday of Every Month

Mentee/ Mentor Connect
At the Main Institution & WCC

HCAT: Hampden County Addiction Task Force

- Department of Justice; the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP) Grant.
- The COSSAP Grant is a three-year grant from November 2020 to September 2023.
- Rapid Response and Connection Team was developed.
- Post overdose outreach to individuals in Hampden County within 24-72 hours post overdose occurrence and to those at-risk.



HCAT: Data

Per the grant “average of 400 people will receive active outreach from the Rapid Response and Connection team over the life of the grant.”

As of March 2023

- **Total # of Post Overdose Outreach Attempts Overall-** 790 (708 unique individuals)
- **Total # of Contact Made Overall (Individual, Family, Friend, Etc.)-** 447
- **Male-** 566
- **Female-** 223
- **Non-binary-**1
- **Non-fatal OD-** 583
- **At-risk referrals-** 207

Month of March 2023

Total # of contact made (individual, family, friend, etc.)- 46

- **Total # of first initial outreach attempts-** 74
- **Total # of boxes of Narcan provided -**20
- **Total # of referrals to detox-** 7



Terms you should know

(Test Question)

Peer Recovery Specialist ~

Peer Recovery Specialists can provide support to others with mental illness, substance abuse, or co-occurring disorder and help them achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment essential in self-directed recovery.

Recovery ~

Recovery is the process in which people are able to live, work, learn and participate in their communities. Recovery is living a fulfilling and productive life despite the challenges that are faced.

AISS Graduation and the Celebration of Recovery

- 2023 Marked the 24th annual celebration
 - 80 individuals received certificates/recognition
- Graduates, current members, alumni, family members, providers and all staff
- What else?



Conclusion

- 1. Reentry starts on day one*
- 2. Assess individuals needs*
- 3. Wrap around services are important*
- 4. Understand that change takes time*





*Thank
You*

Presentation # 4

11:00am-12:00pm

Opiate Crisis Response – Alison TellierFox


Medicated Assisted Treatment

Addiction and the medication used to treat addiction

Alison TellierFox, RN, BSN, MBA, CARN

Addiction

- ▶ Addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences.
- ▶ The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs.
- ▶ These brain changes can be persistent, which is why drug addiction is considered a "relapsing" disease—people in recovery from drug use disorders are at increased risk for returning to drug use even after years of not taking the drug.
- ▶ It's common for a person to relapse, but relapse doesn't mean that treatment doesn't work.
- ▶ As with other chronic health conditions, treatment should be ongoing and should be adjusted based on how the patient responds.
- ▶ Treatment plans need to be reviewed often and modified to fit the patient's changing needs.



**AT FIRST, ADDICTION
IS MAINTAINED BY
PLEASURE, BUT THE
INTENSITY OF THIS
PLEASURE GRADUALLY
DIMINISHES AND THE
ADDICTION IS THEN
MAINTAINED BY THE
AVOIDANCE OF PAIN.**

-FRANK TALLIS

The Brain

- ▶ Most drugs affect the brain's "reward circuit," causing euphoria as well as flooding it with the chemical messenger dopamine.
- ▶ A properly functioning reward system motivates a person to repeat behaviors needed to thrive, such as eating and spending time with loved ones.
- ▶ Surges of dopamine in the reward circuit cause the reinforcement of pleasurable but unhealthy behaviors like taking drugs, leading people to repeat the behavior again and again.
- ▶ As a person continues to use drugs, the brain adapts by reducing the ability of cells in the reward circuit to respond to it.
- ▶ This reduces the high that the person feels compared to the high they felt when first taking the drug—an effect known as tolerance.
- ▶ They might take more of the drug to try and achieve the same high.
- ▶ These brain adaptations often lead to the person becoming less and less able to derive pleasure from other things they once enjoyed, like food, or social activities.
- ▶ Despite being aware of these harmful outcomes, many people who use drugs continue to take them, which is the nature of addiction.

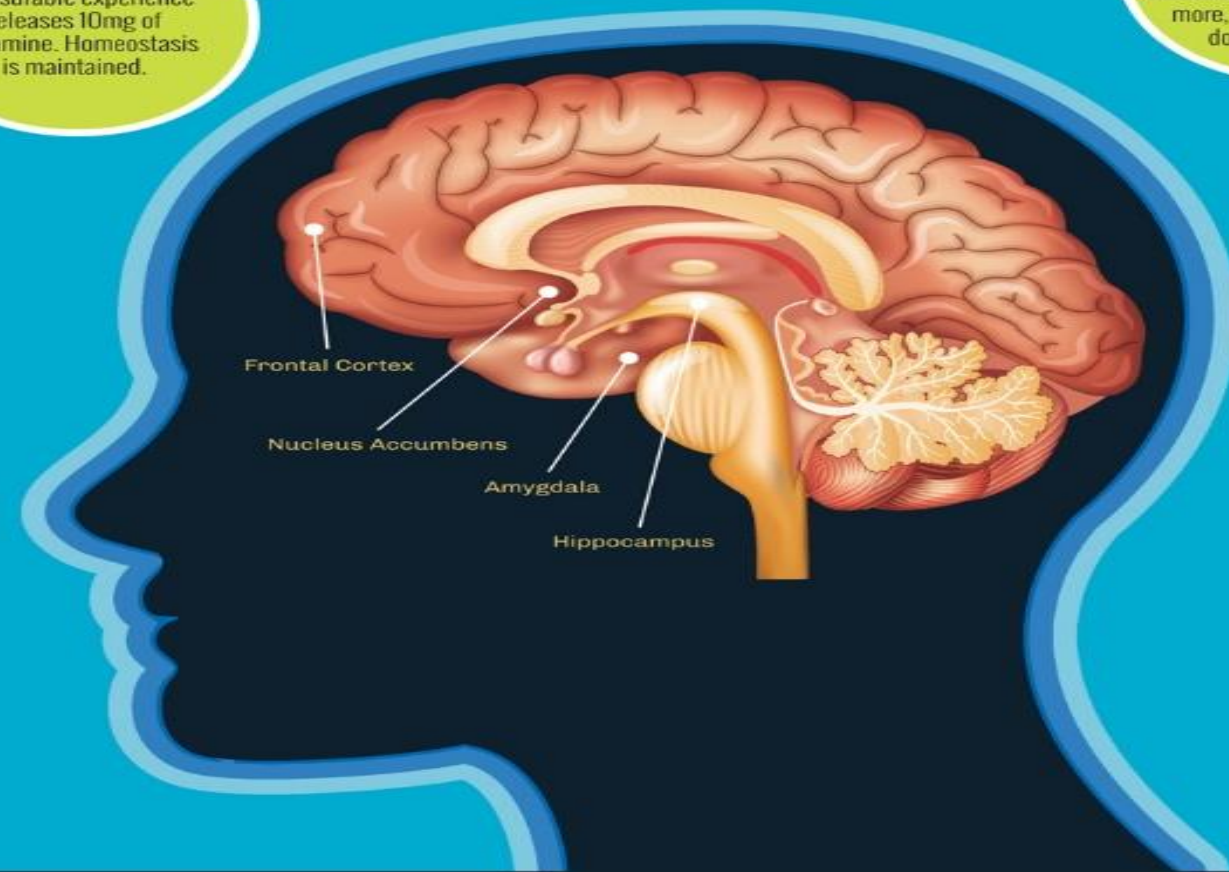
A normal pleasurable experience releases 10mg of dopamine. Homeostasis is maintained.

An addictive substance or behavior releases 20mg of dopamine ceasing homeostasis. The brain compensates by stopping the amount of dopamine produced.

The addictive substance again releases 20mg of dopamine but production is cut in half, meaning only 10mg is truly produced. Homeostasis is maintained.

Tolerance begins. In order to feel the initial high of 20mg of dopamine, the addict engages in the substance or experience more and more, resulting in a 40mg dose of dopamine.

The brain continues to stopper the amount of dopamine produced to maintain homeostasis. The addict continues to fall deeper into their addiction. →



Common Medications Use To Treat Addiction

- ▶ Methadone
- ▶ Buprenorphine
 - ▶ Sublocade
 - ▶ Subutex
 - ▶ Suboxone
- ▶ Vivitrol

Methadone

- ▶ Is a full mu opioid agonist, continues to produce effects on the receptors until either all receptors are fully activated, or the maximum effect is reached.
- ▶ Daily dosing
- ▶ Can be used in pregnancy
- ▶ Half-life is anywhere from 8 to 59 hours for methadone.

Buprenorphine

- ▶ Is a partial agonist, does not activate mu receptors to the same extent as methadone. Its effects increase until they reach a plateau.
- ▶ Buprenorphine reaches its ceiling effect at a moderate dose, which means that its effects do not increase after that point, even with increases in dosage.
- ▶ Requires a prescription
- ▶ Half-life can vary from 24 to 60 hours for buprenorphine
- ▶ Not safe in pregnancy
- ▶ Pushes other opioids off the receptor due to strong bond

Buprenorphine Products

- ▶ Suboxone
 - ▶ Film or tablet
 - ▶ Dissolves under the tongue or in cheek
 - ▶ Taken daily
 - ▶ Contains Naloxone
- ▶ Subutex
 - ▶ Only comes in tablet form
 - ▶ Dissolves under the tongue or in cheek
 - ▶ Taken daily
 - ▶ Does not contain Naloxone
- ▶ Sublocade
 - ▶ Injection in the abdomen
 - ▶ Taken every 28 days

Buprenorphine

Partial agonist

Long half-life (24 to 60 hours)

Ceiling effect; good safety profile

Methadone

Full agonist

Long half-life (8 to 59 hours)

No ceiling effect (useful in patients dependent on high doses of opioids)

Heroin

Full agonist

Short half-life

No ceiling effect

Methadone



*Full agonist:
generates effect*

Buprenorphine



*Partial agonist:
generates limited effect*

Naltrexone



*Antagonist:
blocks effect*

Vivitrol

- ▶ Is a large dose of naltrexone
- ▶ Is an opioid antagonist
- ▶ Must be opioid free for 7-10 days prior to taking it
 - ▶ If taken sooner the person can go into acute withdrawal immediately
- ▶ Injection every 28 days
- ▶ Blocks the effects of opioids
 - ▶ Effects dissipate over time
 - ▶ However if taken enough opioid one can override the naltrexone on the receptor

Questions???

Critical Incident Stress Management

Presented by Officer Robert “Chip” Thrasher, Deerfield Police
Department

Introduction

- Officer Robert Thrasher, Deerfield Police
- Graduate of Northeastern University with 39 years in Massachusetts law enforcement
- Attended the Barnstable County Police Academy working at the Yarmouth Police Department, followed by 34 years at University of Massachusetts @ Amherst retiring in 2017 as a Lieutenant and Commanding Officer of the crowd management team
- Post retirement work as a part time officer with DPD and the MPTC's Instructor Development Team

Introduction

- We will review the following
- What is Critical Incident Stress
- The Western Massachusetts CISM Team and the who, what, where, how and why you should utilize the WMCISM Team
- Available resources to the First Responder in addressing Critical Incident Stress

Critical Incident Stress

- Critical Incident Stress is a normal reaction to an abnormal incident.
- Most Police Officers handle serious incidents daily without issue.
- A Critical Incident can include;
 - Death of a peer
 - Death of a child
 - Mass casualties
 - Prolonged situations
 - Events the bring intense media attention/perceived administration betrayal

The Western MA. CISM Team

- The WMCISM is based out of WMEMS in Northampton.
- The team is available 24 hours a day, 7 days a week made up of Police, Fire and EMS peers, mental health professionals and area clergy.
- Since the founding of the team it has grown providing service to the four western Massachusetts counties police, fire, EMS and dispatchers. We utilize the Mitchell Model
- The team responds to any police, fire or EMS department as well as area SAR Teams, Ski Patrol and similar emergency responders

What does the WMCISM Team provide

- Education on stress in emergency services
- Support Teams at the scene or immediately following the incident
- Defusing, Debriefings and One on One services
- Resource and Referral Networks including area clinicians with a background in helping 1st Responders, in and out patient programs like On Site Academy.

What does the team bring to a response?

- The team are all volunteer, ICISF trained and qualified
- The interactions are all confidential under Massachusetts General Law
- The team is made of up of veteran responders with experience.

How does the WMCISM provide service?

- If an agency has an incident and feels they need a team response the first step is to call 1 413 586 6065. After hours this will page Lisa at WMEMS.
- The second step is to determine what resources are needed. This can include;
 - Defusing
 - Debriefing
 - One on One

Defusing

- This is done in an more informal method following an incident with a couple of keys points
- Ground Rules
- Confidentiality
- Not an operational review
- Share information

Debriefing

- This is a larger, more formal program with a substantial education block focusing on what is a “normal” response to a critical incident
- Same ground rules and confidentiality
- 6 stage process

Why does this work?

- Hearing what the other responders heard, saw and did
- Learning that feeling like s#\$ after some calls is normal and in fact healthy.
- How to get help within the police or fire “world” before you can’t deal with it.

How does CISM and CIT come together

- Some calls requiring a CIT response may require a CISM response later.
- You may respond to another 1st Responder in crisis and need someone with information on a referral .

Questions

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- 413 800 4223

END OF CIT TRAINING



KNOWLEDGE
CHECK &
DISCUSSIONS

COLLECTION
OF
EVALUATIONS

GRADUATION
NEXT
!!!!!!!!!!!!!!!!!!!!