

ED CA A ED
EA E F
D ED DE

A

... D
E ... A ... C
C

A D

C

C

E ... C ... C
C

A D

B ... A
A ... D ... E
U

F D FA A

A ...
B ... A
U

E D

C

EC EA

A A C C F E A E BE G

E B

A ... C

C

D ... C

G D

D ... C

D

C ... C

D

C



A, A EG-E,

A, D
C

A, A,

D, D, A

A, D

A, D

D, D

D, D, U

FAC, F, E, E,

A, D

B, A

A, D, E

F, D, FA, A

A

B, A

CE, E, F, D, EA, EC, A D, E E

C, G

A

D, U

C, C



C

ED AC

Abbreviation	Full Name
ABA	Applied Behavior Analysis
ACA	Acceptance and Commitment Therapy
AC-G	Acceptance and Commitment Therapy - Group
A.A.	Acceptance and Anecdotes
CDC	Community Development Center
DA A	Developmental Assessment
DEA	Developmental Evaluation
D-C	Developmental Change
D.	Developmental
FDA	Food and Drug Administration
C	Community
A	Acceptance
D	Developmental
CC-C	Community Change - Community
GA	Group Assessment
-DA	Developmental Assessment
A	Acceptance
E-D	Evaluation and Development
D	Developmental
D.	Developmental
,,A	Acceptance and Anecdotes
,A, A	Acceptance and Anecdotes
,,	Acceptance and Anecdotes
,,	Acceptance and Anecdotes
, D	Developmental



D. ... E. ...

D. ...

E. ... D. ... E. ...

D. ... C. ...

D. ... D. ...

D. ... C. ... D. ...

D. ... D. ...

C. ... AGE, ... CA, EA D, E, ... CE, ... , E EA, E

C. ... C. ...

C. ... C. ...

C. ... E. ...

C. ... E. ...



U... FDA... U D... C C... A...



U D... D...

D... C... A...

U D...

A... A... D... C... D C... A... E...

A... F... A... U D...

A... A... C... C... CC C...

- U D... U D...



- Coordinate with the appropriate agency to ensure that individuals are connected to MAT services
- Provide information to the appropriate agency to ensure that individuals are connected to MAT services
- Provide information to the appropriate agency to ensure that individuals are connected to MAT services
- Provide information to the appropriate agency to ensure that individuals are connected to MAT services

A – A AD – F, A DE, C, EC – A, E – G,

... U D. CC C ...
...
 U D. A
 A E:
 N C C r r. H C r. (NCCHC) r r C r. A A
 D r r. C r r. F
 A A ACA A A A
... U D.
 A
 A U D. A A A
 A
... C



“Jails can minimize the risk of post-release overdose by facilitating continued access to MAT for individuals who are on prescribed FDA-approved MAT and by facilitating initiation of MAT prior to release for individuals with OUD who were not receiving MAT prior to arrest – taking into account individual preferences, clinician judgment and medication diversion potential.”

National Sheriffs' Association

REGA E, E

U D.
 U D.
 E – A





ABUSE, FDA APPROVED MEDICATION FOR OPIOID ADDICTION

Medication	Health Risks	Frequency of Abuse	Abuse Potential	Monitoring/Interventions
Methadone	<p>Physical dependence and withdrawal symptoms, including muscle aches, sweating, and irritability.</p> <p>Respiratory depression, especially when combined with other sedatives.</p> <p>Cardiovascular effects, such as QT interval prolongation.</p> <p>Development of tolerance and the need for higher doses.</p> <p>Potential for misuse and diversion.</p>	<p>High frequency of abuse, particularly in the context of chronic pain management.</p>	<p>High abuse potential due to its long-acting nature and ability to produce euphoria.</p>	<p>Requires careful monitoring and a prescription from a healthcare provider.</p> <p>Regular urine drug testing to monitor for misuse.</p> <p>Education on proper use and risks of abuse.</p>



FDA... U D... E... U D... C... : r r... D...

ED CA D E D E E E E

FDA... U D... FDA... CC C...

Differences



While methadone and buprenorphine are opioid based, they are not simply replacements for heroin or misused prescription opioids. Methadone and buprenorphine are structurally different from short-acting opioids, such as heroin, which travels directly to the brain causing sedation and a “high.”³



E

The text contains several instances of the letter 'E' and 'U' in various sizes and colors (red and blue), appearing as if they are part of a larger document or a watermark. Some instances are bolded.

AB E .ELEMEN OF HE OOLKI

	K C	C
	A	C
	I	D
	C	C
		
	E	A



B. **U D** **C** **A** **B**

A. **B** **C** **D** **E**

B. **A** **B** **C** **D** **E**

AGAGE ED

A. **FDA** **U D** **A** **U D** **A** **FDA** **U D** **A**

C. **U D** **E** **U D** **E** **U D** **E** **U D** **E** **U D** **E**

AB E .NON IGMA I INGLANG AGEA OCIA ED I H B ANCE EDI O DE	
Substance use disorder	D
Person with a substance use disorder	A
Person with alcohol use disorder	A
Person in recovery	C
Urine that tested positive/negative for a substance	D
Recurrence; return to use	
Substance use	
Medications for opioid use disorder, medication-assisted treatment, medication for addiction treatment, pharmacotherapy	



DEAF, GFCAGE

DEAF, GFCAGE

D

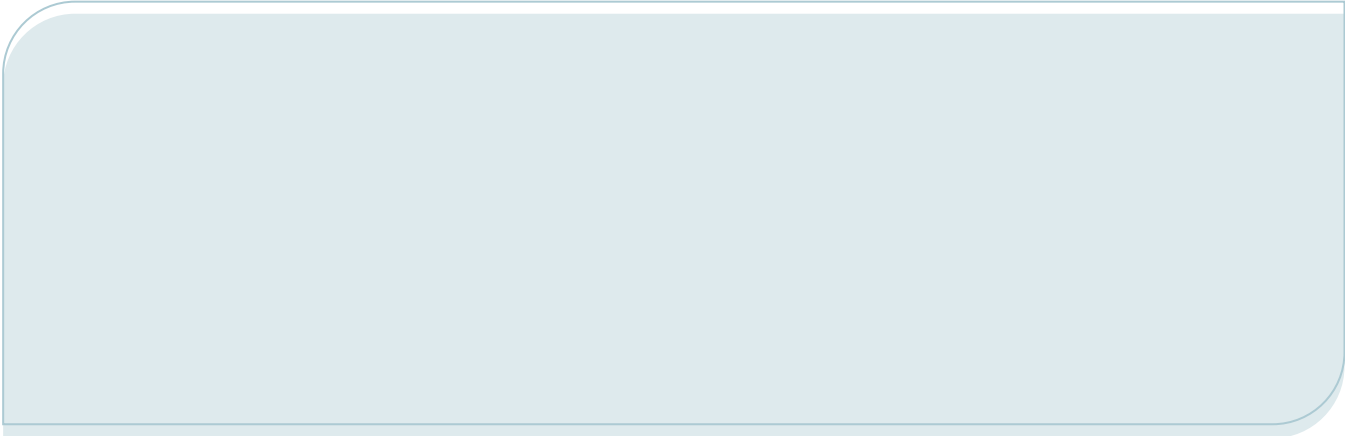
DEAF, GFCAGE

A



DE , E, F , EA , E









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C... .. A... .. & F... .. C... ..
 A... .. A... ..
 C... .. : r... .. D... .. C... ..



E... .. F... .. D... ..

The Philadelphia Department of Prisons partnered with Prevention Point Philadelphia, a community-based harm reduction organization, to develop 12-minute videos addressing stigma and myths related to substance use and MAT. The videos are shown to staff and residents in correctional housing units each day and feature people with lived experience who speak about how MAT helped them. The videos are a reminder to staff that OUD is a chronic illness, not a moral failure.

A, E, C, E, GA, A, A, C, E

E... ..
 C... ..
 C... ..
 E... ..



GA, A, A, A, E, E, C, E, C, E

- E... ..
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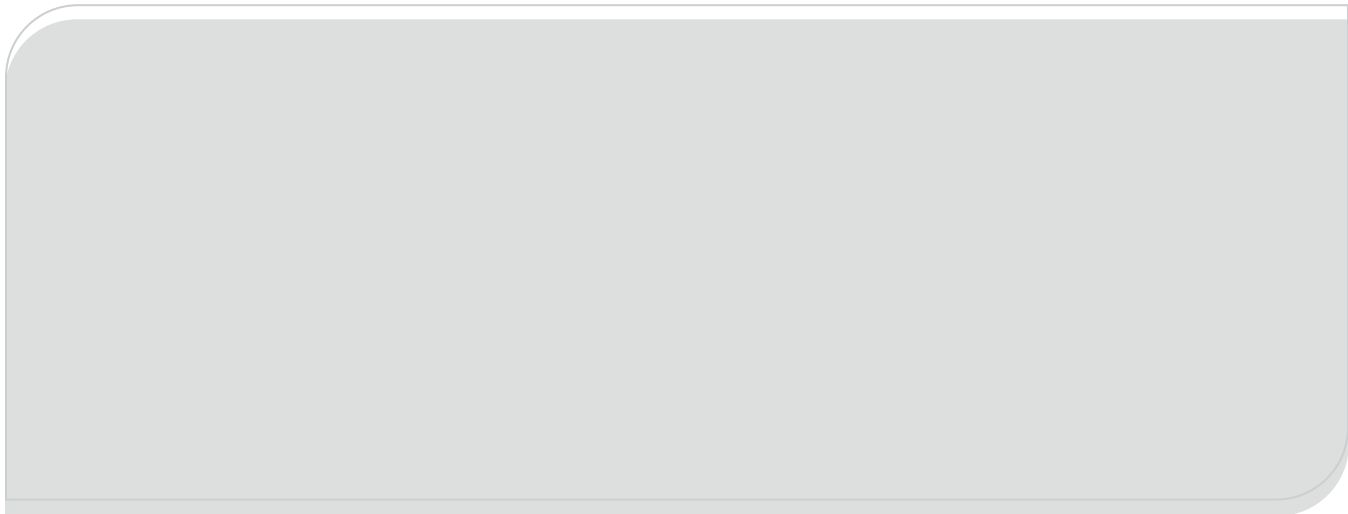


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GET

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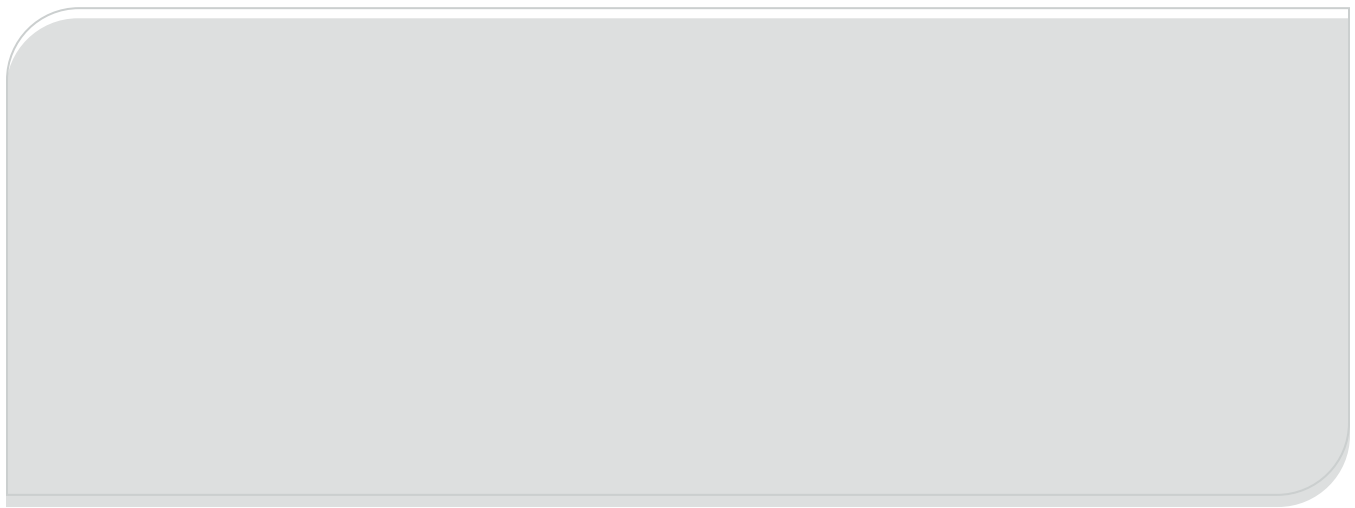
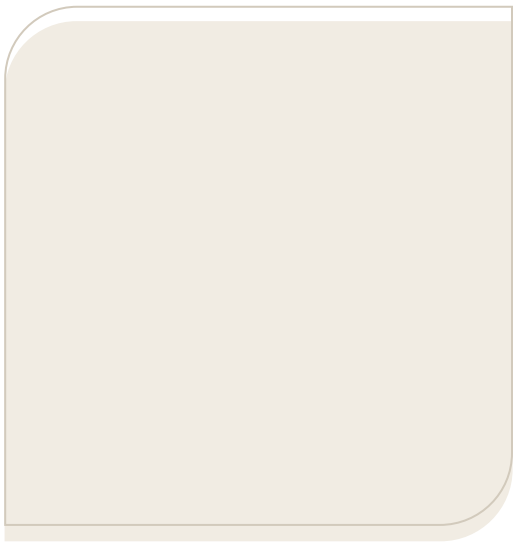
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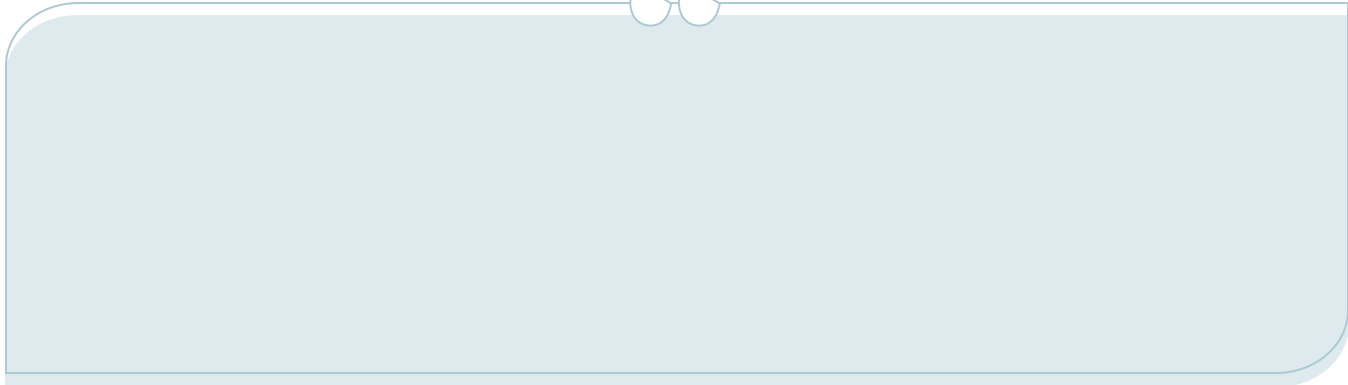


C E OG AM LANNING AND DE IGN









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...A... FDA

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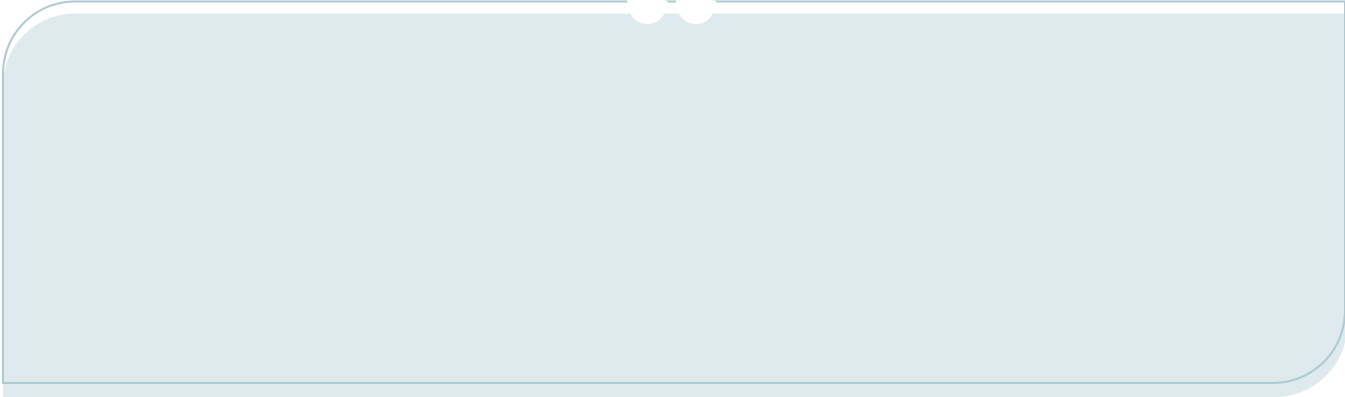
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...r... DOC.	...## ...# A...	B...	C... FDA	B...
Fr...C... J...H... C r... M...	...#... ...#... ...#...	B...	F...C... ...C... ...A... ...AA

...A... F...C...C...

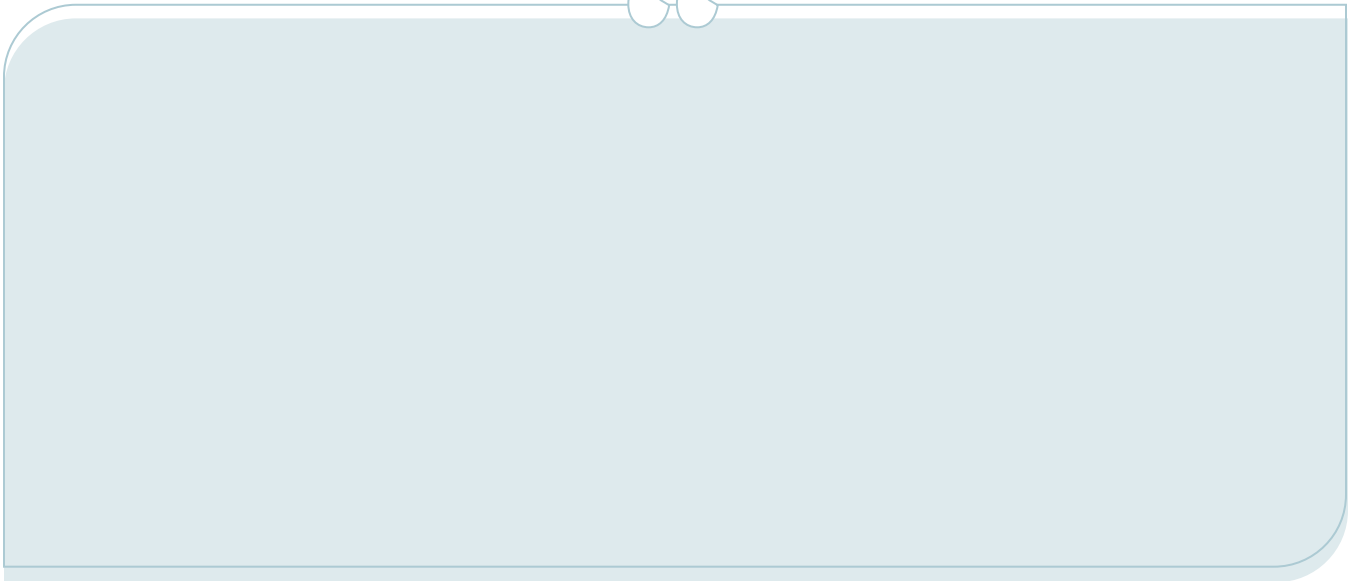
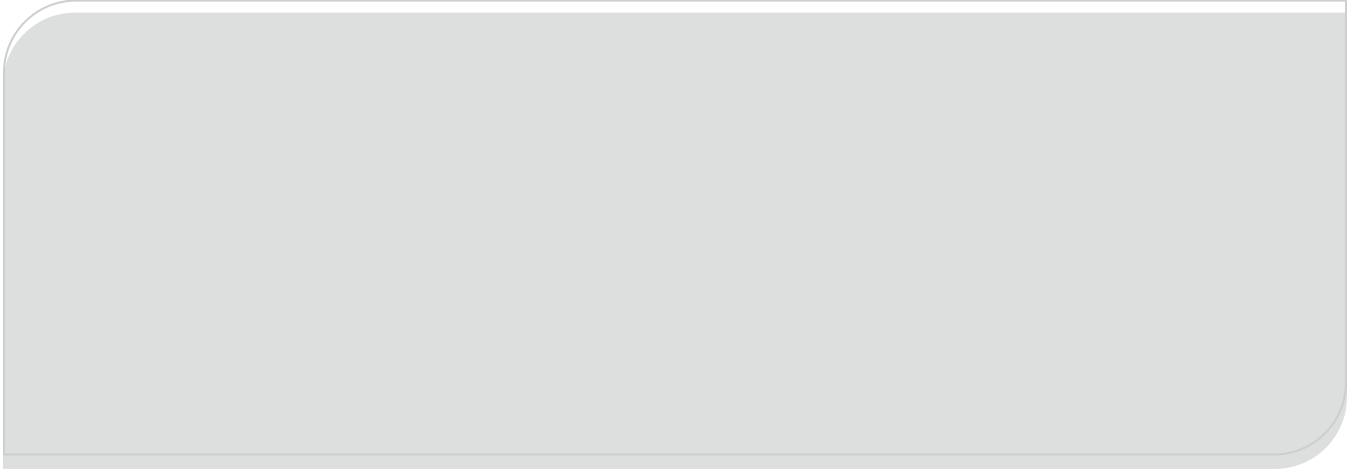


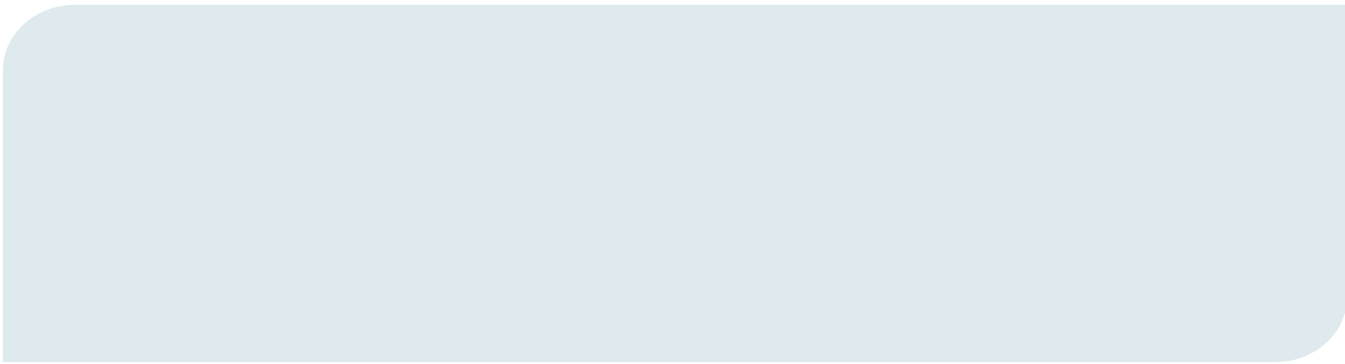
<p>1. Goal</p>	<p>2. Action</p>	<p>3. Measure</p>		





14 | *Supporting the Wellbeing of Children and Young People: A Planning and Implementation Toolkit*

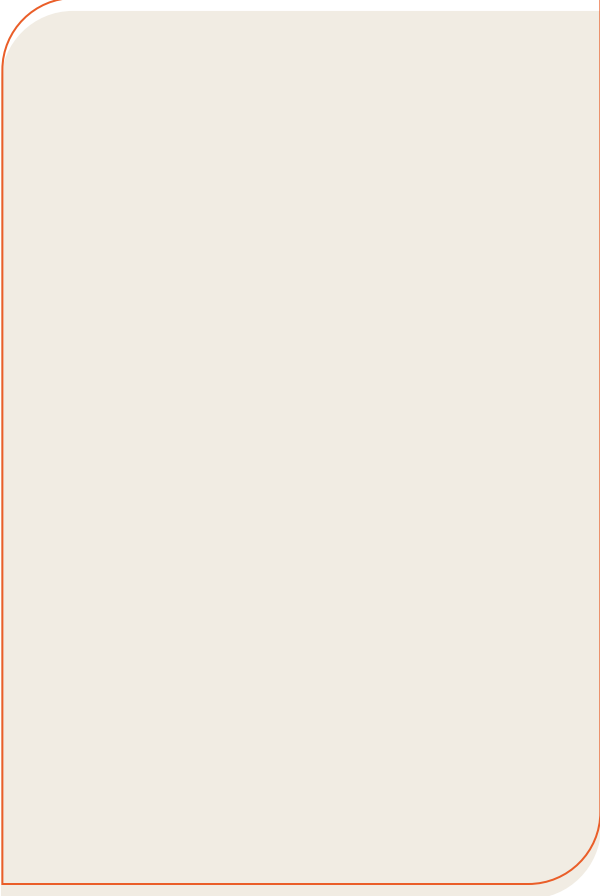




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A... .. A... .. A... ..

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- E... ..
- B... ..
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C O KFO CE DE ELO MEN AND CA ACI

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A C: r r
A A A
A



Providers Clinical Support System (PCSS)

The Providers Clinical Support System (PCSS) offers an extensive catalog of 22 self-guided training modules on a range of introductory topics related to substance use disorders in its **Director 101 Curriculum**. All trainings are free of charge.



AFFAG CCEC

U D U D
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AFFD EC ED A A G C C EC

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**A GF C GA A D G
A EC EC**

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D E, D, E, E, A G

C CC C



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... C...:L... C...

DA, A, A, A, G

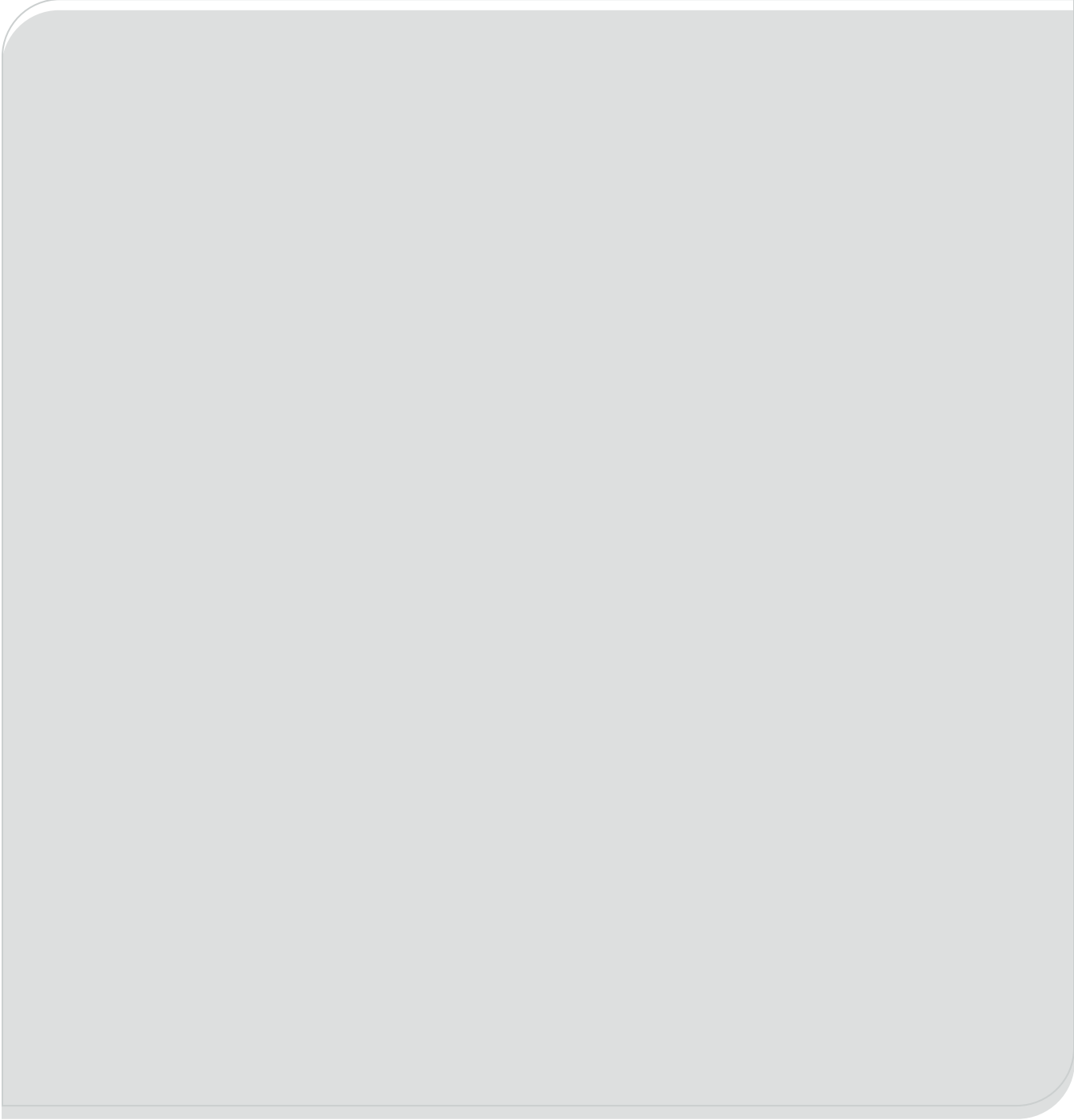
D... C... B... C... A...

FEDE, A, E, E, E, F, B, E, E, E, C, BE,

DEA

- A... DEA...
- B... A... B... A... A... A...
- U...





DE E . ACA E EA

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A **D** **C**

A **D**
A

A
A

A **AU**
D **C**



EMERSON FOREVER

DOC

DOC established a forensic peer support program based on the principles of a recovery-oriented system of care. Vermont trains forensic peer support specialists in developing Wellness Recovery Action Plans (WRAP), active listening skills, peer support skills and the Question,

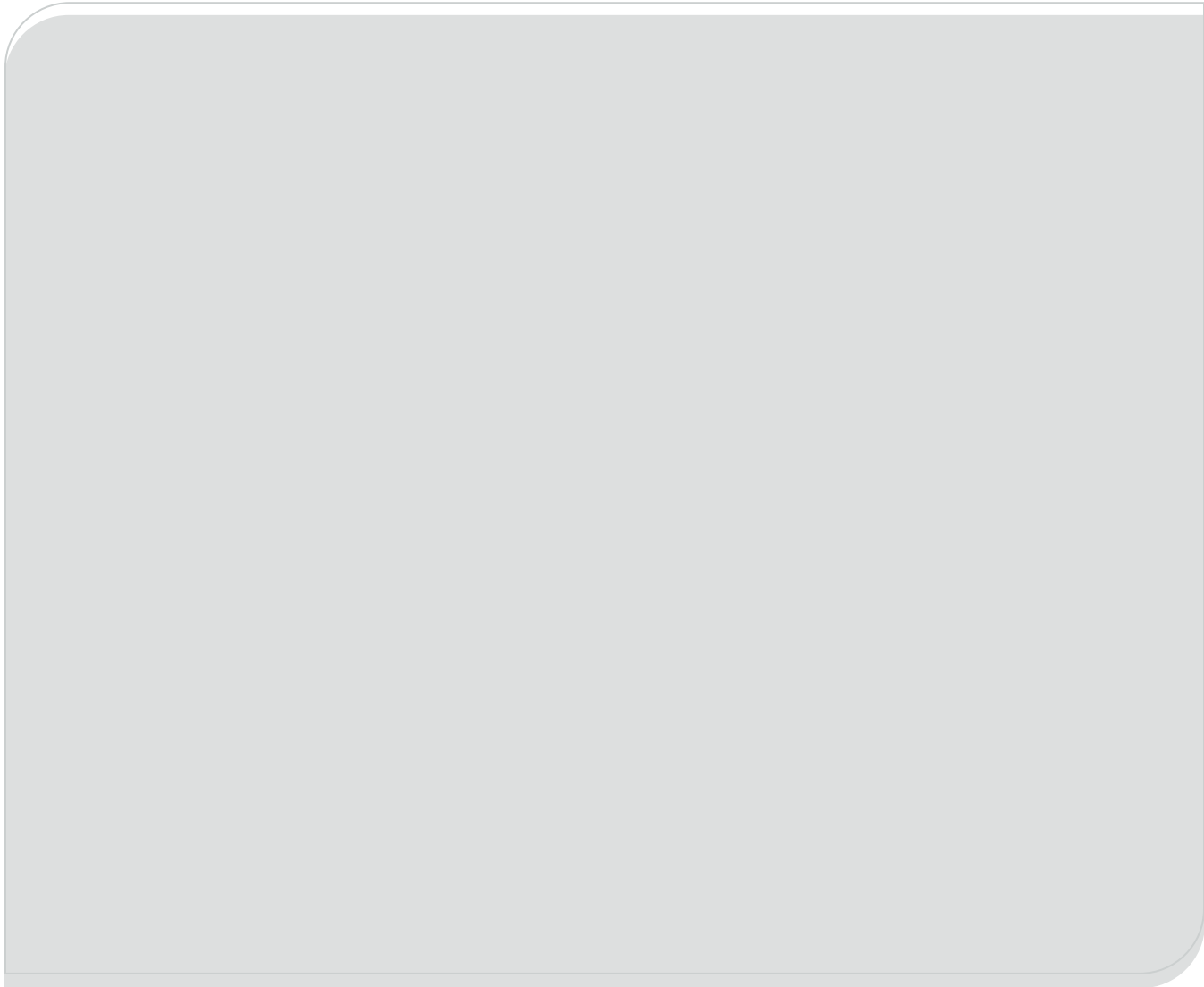
WHAT IS THE APPROPRIATE STAFF-TO-PATIENT RATIO?

Answer: A ratio of 1:10 is recommended for a peer support specialist to support 10 patients. A ratio of 1:15 is recommended for a peer support specialist to support 15 patients. A ratio of 1:20 is recommended for a peer support specialist to support 20 patients. A ratio of 1:25 is recommended for a peer support specialist to support 25 patients. A ratio of 1:30 is recommended for a peer support specialist to support 30 patients. A ratio of 1:35 is recommended for a peer support specialist to support 35 patients. A ratio of 1:40 is recommended for a peer support specialist to support 40 patients. A ratio of 1:45 is recommended for a peer support specialist to support 45 patients. A ratio of 1:50 is recommended for a peer support specialist to support 50 patients. A ratio of 1:55 is recommended for a peer support specialist to support 55 patients. A ratio of 1:60 is recommended for a peer support specialist to support 60 patients. A ratio of 1:65 is recommended for a peer support specialist to support 65 patients. A ratio of 1:70 is recommended for a peer support specialist to support 70 patients. A ratio of 1:75 is recommended for a peer support specialist to support 75 patients. A ratio of 1:80 is recommended for a peer support specialist to support 80 patients. A ratio of 1:85 is recommended for a peer support specialist to support 85 patients. A ratio of 1:90 is recommended for a peer support specialist to support 90 patients. A ratio of 1:95 is recommended for a peer support specialist to support 95 patients. A ratio of 1:100 is recommended for a peer support specialist to support 100 patients.

Answer: A ratio of 1:10 is recommended for a peer support specialist to support 10 patients. A ratio of 1:15 is recommended for a peer support specialist to support 15 patients. A ratio of 1:20 is recommended for a peer support specialist to support 20 patients. A ratio of 1:25 is recommended for a peer support specialist to support 25 patients. A ratio of 1:30 is recommended for a peer support specialist to support 30 patients. A ratio of 1:35 is recommended for a peer support specialist to support 35 patients. A ratio of 1:40 is recommended for a peer support specialist to support 40 patients. A ratio of 1:45 is recommended for a peer support specialist to support 45 patients. A ratio of 1:50 is recommended for a peer support specialist to support 50 patients. A ratio of 1:55 is recommended for a peer support specialist to support 55 patients. A ratio of 1:60 is recommended for a peer support specialist to support 60 patients. A ratio of 1:65 is recommended for a peer support specialist to support 65 patients. A ratio of 1:70 is recommended for a peer support specialist to support 70 patients. A ratio of 1:75 is recommended for a peer support specialist to support 75 patients. A ratio of 1:80 is recommended for a peer support specialist to support 80 patients. A ratio of 1:85 is recommended for a peer support specialist to support 85 patients. A ratio of 1:90 is recommended for a peer support specialist to support 90 patients. A ratio of 1:95 is recommended for a peer support specialist to support 95 patients. A ratio of 1:100 is recommended for a peer support specialist to support 100 patients.

Answer: A ratio of 1:10 is recommended for a peer support specialist to support 10 patients. A ratio of 1:15 is recommended for a peer support specialist to support 15 patients. A ratio of 1:20 is recommended for a peer support specialist to support 20 patients. A ratio of 1:25 is recommended for a peer support specialist to support 25 patients. A ratio of 1:30 is recommended for a peer support specialist to support 30 patients. A ratio of 1:35 is recommended for a peer support specialist to support 35 patients. A ratio of 1:40 is recommended for a peer support specialist to support 40 patients. A ratio of 1:45 is recommended for a peer support specialist to support 45 patients. A ratio of 1:50 is recommended for a peer support specialist to support 50 patients. A ratio of 1:55 is recommended for a peer support specialist to support 55 patients. A ratio of 1:60 is recommended for a peer support specialist to support 60 patients. A ratio of 1:65 is recommended for a peer support specialist to support 65 patients. A ratio of 1:70 is recommended for a peer support specialist to support 70 patients. A ratio of 1:75 is recommended for a peer support specialist to support 75 patients. A ratio of 1:80 is recommended for a peer support specialist to support 80 patients. A ratio of 1:85 is recommended for a peer support specialist to support 85 patients. A ratio of 1:90 is recommended for a peer support specialist to support 90 patients. A ratio of 1:95 is recommended for a peer support specialist to support 95 patients. A ratio of 1:100 is recommended for a peer support specialist to support 100 patients.





DE G G AFF E A D

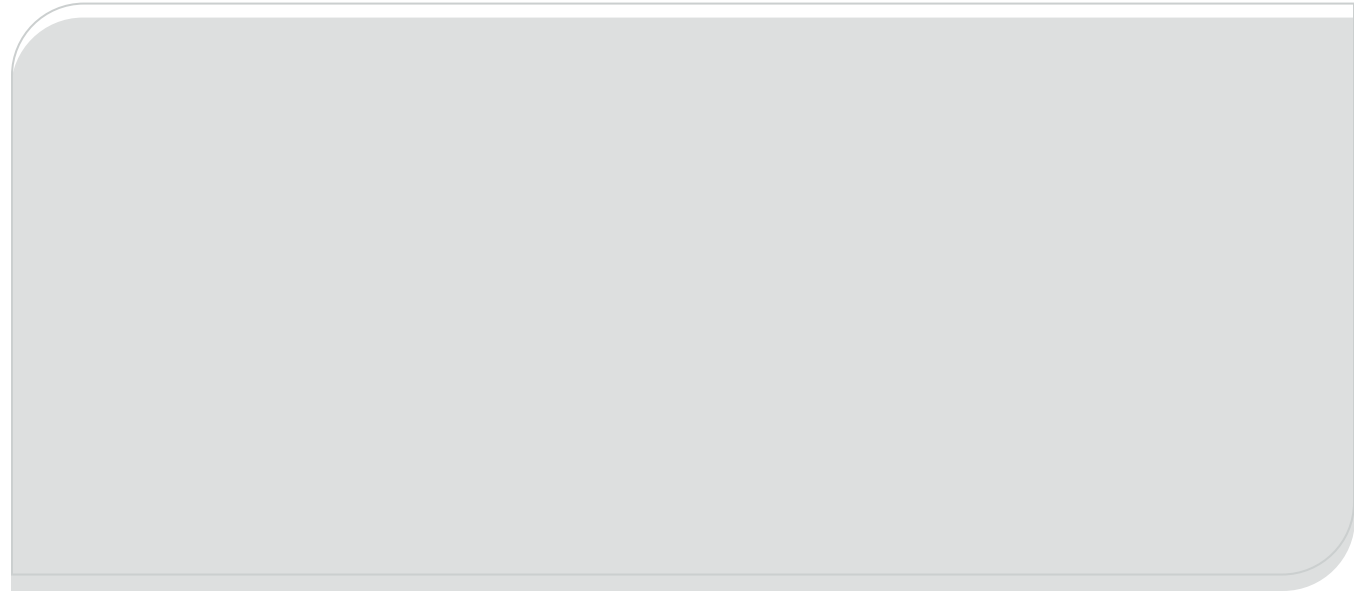
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...the

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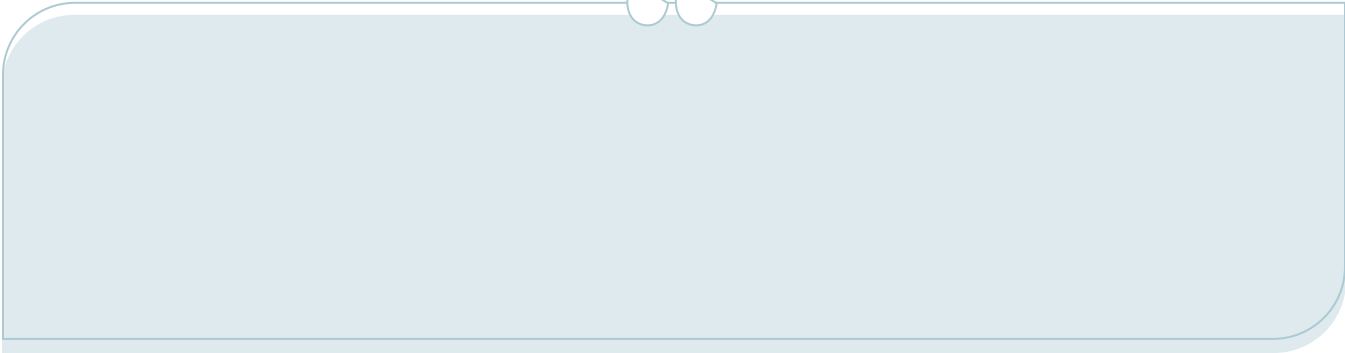
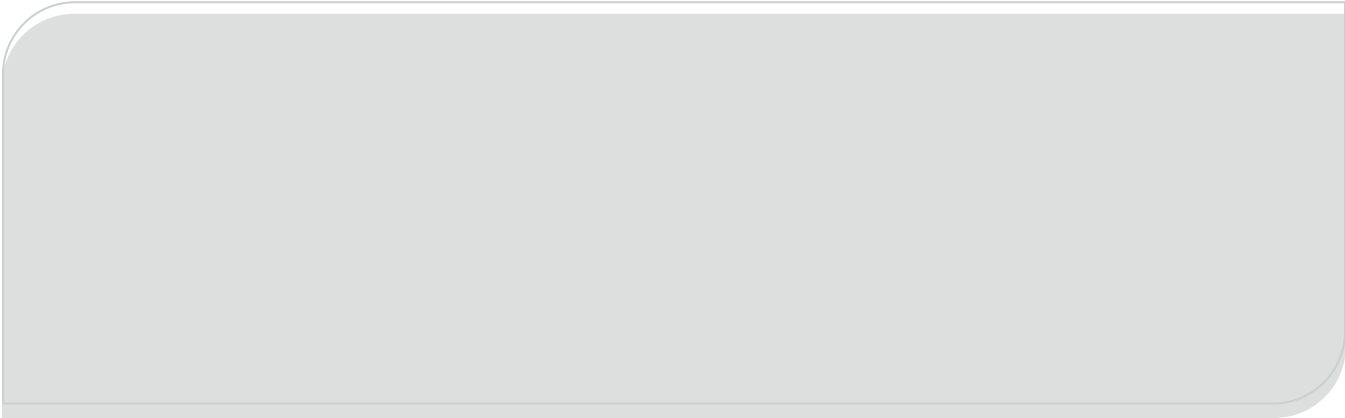


WHEN SHOULD SERVICES BE DELIVERED?

... .. U D A A A



U D
B A C
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D A
E
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DE E E C ED CA F A FFE

... C : r r ...
 D ...

AB E . DEFINI ION OF KE MEDICA ION FO M LA ION E M

	Definition
Sublingual	U ...
Transmucosal	A ...
Oral	B ...
Buccal mucosal/buccal film	...
Subdermal/subcutaneous	B ...



WHERE SHOULD MEDICATIONS BE STORED?

Answer: Medications should be stored in a secure, locked container. The container should be labeled with the name of the medication and the name of the person responsible for the medication. The container should be stored in a secure location, such as a locked cabinet or a locked room. The container should be accessible only to the person responsible for the medication.

Additional information: The container should be stored in a secure location, such as a locked cabinet or a locked room. The container should be accessible only to the person responsible for the medication. The container should be labeled with the name of the medication and the name of the person responsible for the medication. The container should be stored in a secure location, such as a locked cabinet or a locked room. The container should be accessible only to the person responsible for the medication.

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DE E D AGEG DE E

Answer: The medication should be stored in a secure, locked container. The container should be labeled with the name of the medication and the name of the person responsible for the medication. The container should be stored in a secure location, such as a locked cabinet or a locked room. The container should be accessible only to the person responsible for the medication.

WHAT DOSAGES SHOULD BE GIVEN TO PATIENTS?

Answer: The dosage should be given according to the patient's medical history and the medication's instructions. The dosage should be given in a secure, locked container. The container should be labeled with the name of the medication and the name of the person responsible for the medication. The container should be stored in a secure location, such as a locked cabinet or a locked room. The container should be accessible only to the person responsible for the medication.

E AB C EE G C DE E EE GB

A. ... A ... A ... G: ... Fr

WHAT SCREENING MECHANISMS SHOULD BE USED TO DETERMINE ELIGIBILITY?

... U D ... U D ... U D ... B ... U D

... D ... D ... U D ... A


... A ... A

... A ... A

... A ... A

... A ... A ... G: ... Fr

... U D



D ... **D** ...

A useful tool to educate patients about MAT is **D** ... a SAMHSA-funded initiative that provides fact sheets, testimonials and videos about MAT and other recovery services and supports for OUD.

ASSESSING AND ADDRESSING NEEDS FOR SUBSTANCE USE TREATMENT: A Planning and Implementation Toolkit

Organization	Assessment Tool	Description
Department of Corrections, Rhode Island	ASAM	Department of Corrections, Rhode Island
Department of Corrections, Rhode Island	NIDA	Department of Corrections, Rhode Island
Department of Corrections, Rhode Island	NIDA	Department of Corrections, Rhode Island
Department of Corrections, Rhode Island	SAMHSA	Department of Corrections, Rhode Island
Department of Corrections, Rhode Island	Texas Christian University Institute of Behavioral Research	Department of Corrections, Rhode Island



[I want to emphasize] the importance of an upfront clinical assessment. A lot of correctional settings don't have anything up front. And so a lot of it is just wait and see, and then when somebody is seeking treatment, they don't have all the information they need. An early comprehensive clinical assessment is critical.

Jonathan Giftos, Director of Substance Use Treatment, Correctional Health Services, NYC Health + Hospitals

We started off with a standardized screening: the TCU, Texas Christian University. It's specific for prison and jail populations, but we found that just asking the question, 'Have you used opiates?' was getting people sooner and basically getting everybody that we needed to get on treatment. So, from the screen, 'Have you used opiates?' then there is an assessment done according to ASAM criteria.

Jennifer Clarke, Medical Programs Director, Rhode Island DOC



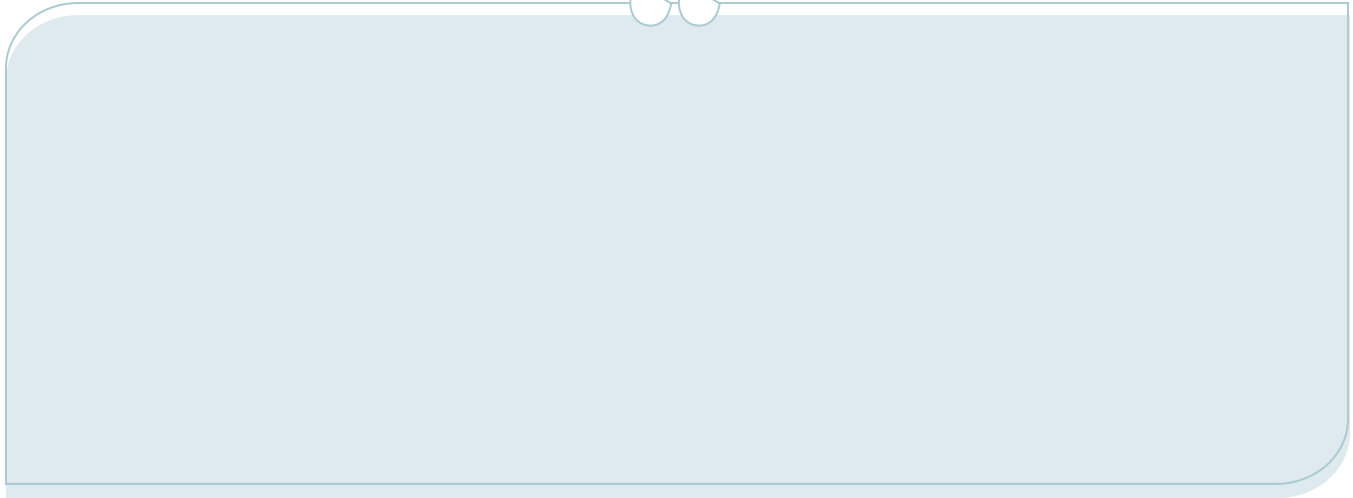
DE E G DE E F G GCA E

E. ... A ... A ...

WHAT DOSAGES SHOULD BE GIVEN TO PATIENTS?

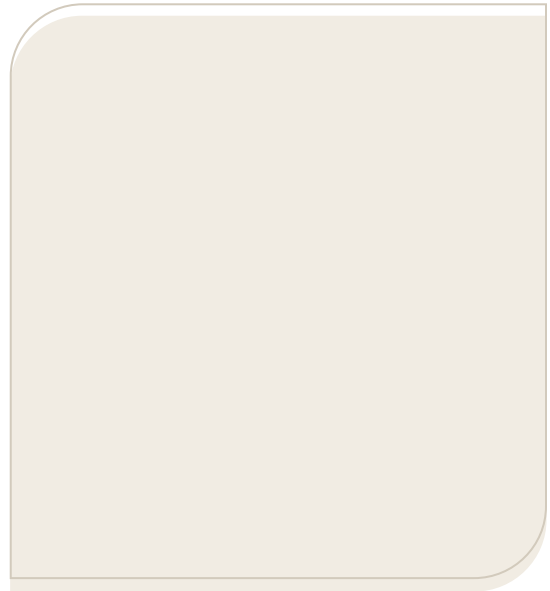
D. ... A ... E ... A ... A ... A ... E ...





DE E C F EG A
 E A D D D A
 C CC GD DE

A
 U D
 A C





" " " "	" "	" " " "
<p>re- sponse</p>	<p>A</p>	<p>D D A D A</p>
	<p>C U D</p>	<p>A A</p>
	<p>AC C U U D</p>	<p>AC A A</p>
	<p>U</p>	<p>C D U D B & B</p>
	<p>A A C C</p>	<p>B A C</p>
	<p>U D</p>	<p>A A</p>
<p>Inter- ven- tion</p>	<p>A C D</p>	<p>A A</p>
	<p>A C D</p>	<p>A A</p>
	<p></p>	<p></p>
	<p></p>	<p></p>



DE E C F G A D C A GEA D E EA E

E. ... A
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C :L C r

CAN PATIENTS BE DISCHARGED FROM MAT FOR ADMINISTRATIVE REASONS?

U D A
U D
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U D
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U D
A



In Vermont DOC, security does not make medical decisions to take patients off the medication. It's completely a medical determination. Security will do the sanctioning, but that is separate from the medical staff. We did not want those things intertwined. The DOC does not direct medical care. While people do not tend to divert essential medications like insulin, even if they did, security would not make the decision to stop their diabetes treatment. So that's the approach we took. Even when an inmate diverts their medication, they still have an opioid use disorder and an alternative treatment plan is needed.

Annie Ramniceanu, Addiction and Mental Health Systems Director, Vermont DOC

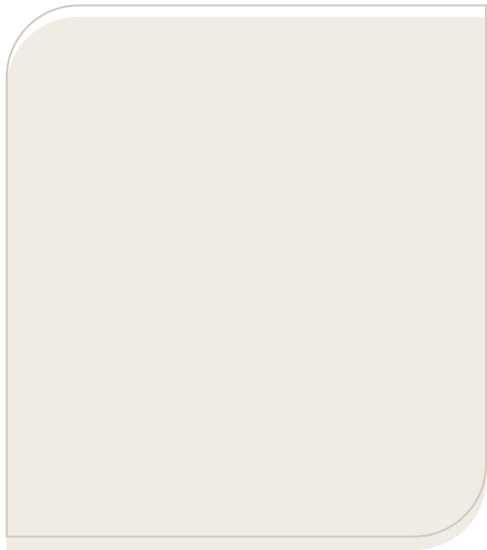
You can get taken off [MAT] for diversion, but all the decisions are made by the medical team. The jail staff don't play any role whatsoever in who gets medical treatment. Our policy is, 'let's have a conversation.' If there are concerns, it's not really about punishment, it's more about, 'Why isn't this working?'

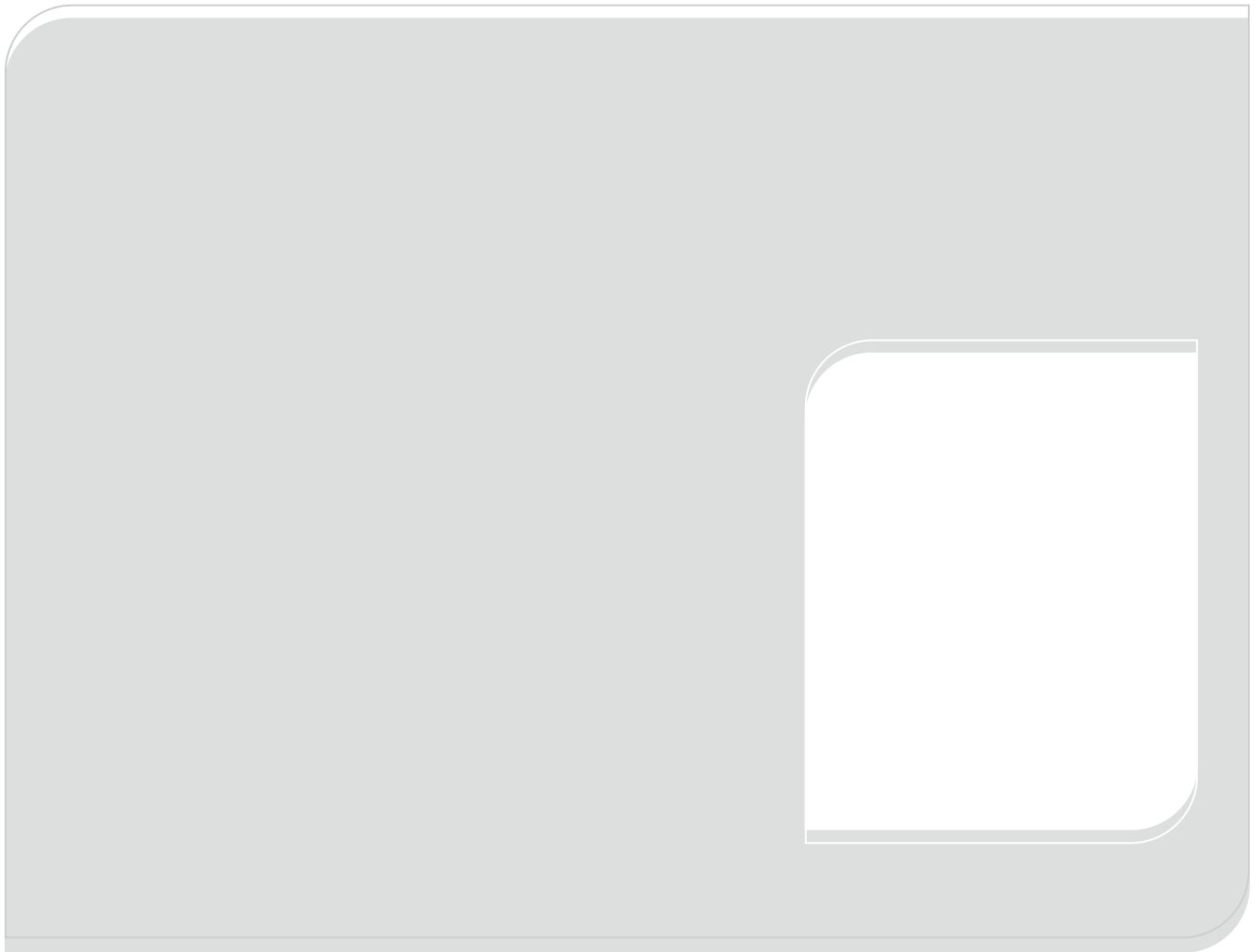
Tyler Winkelman, Clinician-Investigator, Hennepin Healthcare, Minnesota

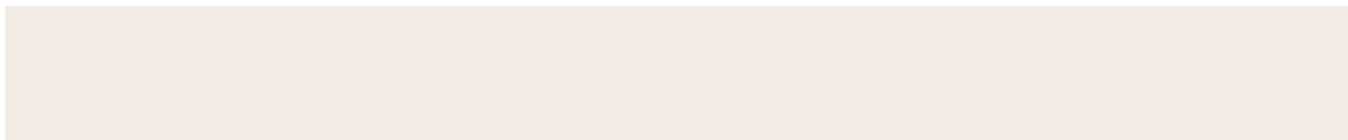


C E C A E EA A C E C E A G E

A







... ..



As a result, the program was able to provide services to a larger number of patients. As a result, the program was able to provide services to a larger number of patients. As a result, the program was able to provide services to a larger number of patients.

ABSTRACT OF THE AND ORGANIZATION OFFERED AMONG COMMUNITY ORGANIZATIONS

State	Organization	Service
Vermont	Community Health Center	Peer recovery services
New Hampshire	Community Health Center	Peer recovery services
Missouri	Community Health Center	Peer recovery services
Kentucky	Community Health Center	Peer recovery services
Rhode Island	Community Health Center	Peer recovery services
Massachusetts	Community Health Center	Peer recovery services

EXAMPLES OF PEER RECOVERY SERVICES



In West Virginia prisons, peer recovery specialists provided in-reach services to MAT participants pre-release. The peer recovery specialists worked with a case manager who established patients' first appointment in the community. The peer recovery specialist and case manager then worked with patients to make sure they can get to their first appointment as transportation is a major barrier. The case manager also worked with patients' parole officers to coordinate services and care. Peer recovery specialists helped patients with everyday problems that can arise and interfere with care continuity.



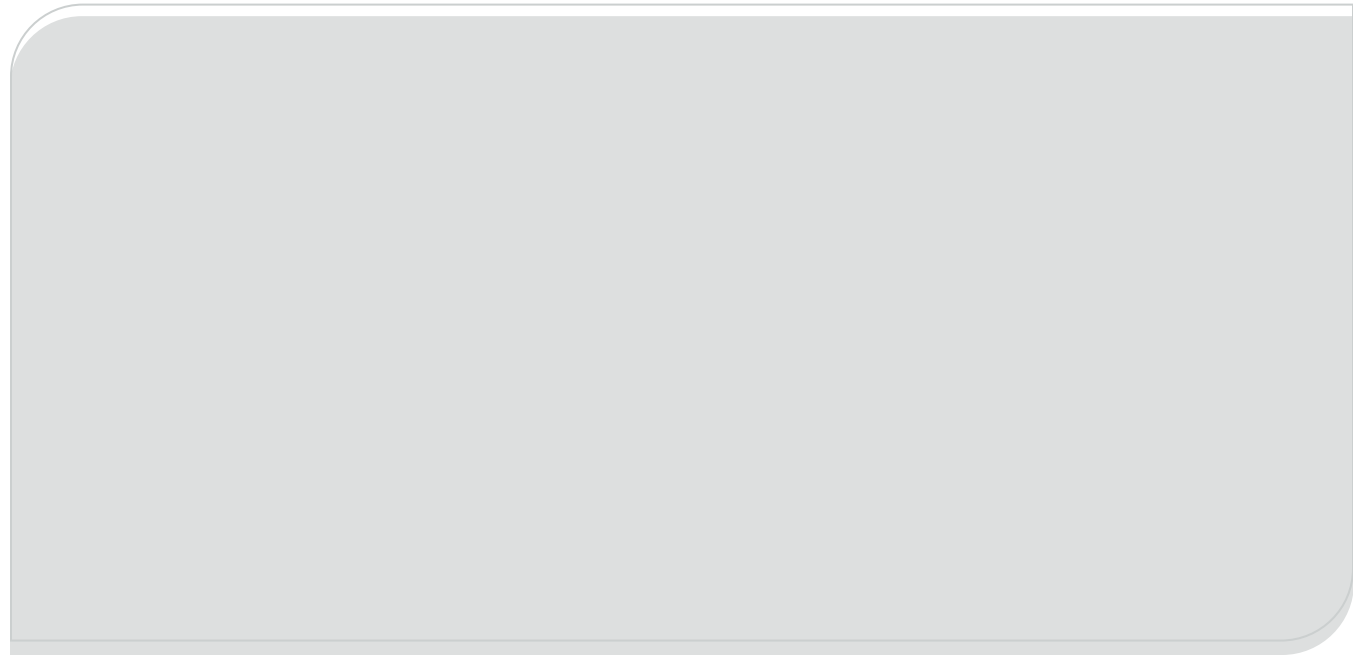
DEED CA A D E CE E E D E D E

... B ...

HOW CAN WE REDUCE OVERDOSE POST-RELEASE?

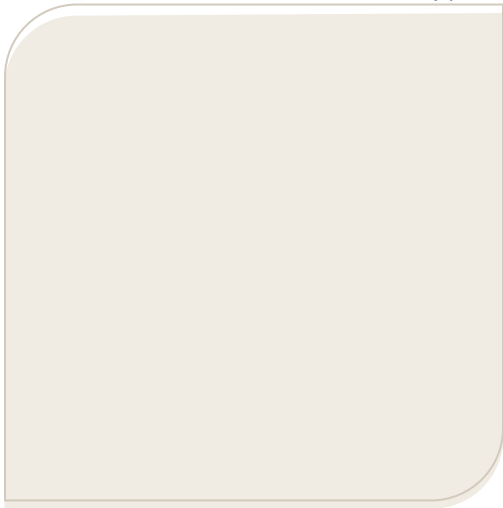
A ... A ... E ... D ...

B ... U D ...



WHO SHOULD CONDUCT MONITORING AND EVALUATION ACTIVITIES?

... B ... A ... D ... U ... A ...



E C , DE A , F C , G GA D
E A A E C

Consider the following example of a word that has been written on a grid. The letters in the grid are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square.

CA EDA ABEEA, CA , ED

Consider the following example of a word that has been written on a grid. The letters in the grid are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. D

A, E, E , -C, D, - E B , A, EDG A ,

Consider the following example of a word that has been written on a grid. The letters in the grid are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. A
Consider the following example of a word that has been written on a grid. The letters in the grid are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. C A

D E , -C, EF EC AFE , E A, EC , FA , G, A. A A E EAB, -
- F E CE

Consider the following example of a word that has been written on a grid. The letters in the grid are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. E

D E , -C, -DE -F D, A, -E, - ACCE, A D C E,

A
Consider the following example of a word that has been written on a grid. The letters in the grid are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. B

D E , -C, EF EC EC - FCA, E

Consider the following example of a word that has been written on a grid. The letters in the grid are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square.

Consider the following example of a word that has been written on a grid. The letters in the grid are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. The letters are arranged in a pattern that is not a square. A



Evaluation of the Albany County Correctional Facility MAT Program

Albany County Correctional Facility designed a comprehensive program evaluation for its correctional MAT program to monitor processes and measure impacts for individuals during incarceration and post-release. Data was collected between January and June 2019. Metrics collected on incarcerated individuals prior to release included sociodemographic factors from the jail management system, clinical data from the electronic medical record intake assessment and psychological services records; drug court status; and knowledge, attitudes and beliefs related to MAT. After release, data was collected on linkage to care and community support; housing and employment status; social support; history of overdose; recidivism; and knowledge, attitudes and beliefs around MAT. Zero opioid overdose deaths occurred post-release during the evaluation period. Evaluators also measured metrics for the facility as a whole such as readiness for implementing the MAT program, successes and challenges. The jail worked closely with community partners to establish data sharing agreements and protocols to collect impacts after release.

DEFINING THE EVALUATION

The evaluation was designed to assess the effectiveness of the MAT program in reducing opioid use and overdose deaths among incarcerated individuals. The evaluation focused on the following areas: program implementation, individual outcomes, and facility readiness. Data was collected from various sources including jail management systems, electronic medical records, and community partners. The evaluation period was from January to June 2019. Key findings include that zero opioid overdose deaths occurred post-release during the evaluation period. The facility demonstrated readiness for implementing the MAT program and worked closely with community partners to establish data sharing agreements and protocols to collect impacts after release.





E, - , H ... r(O D)?

E, - , E E A , - G E , - C,

- ... U D
- ... U D
- ... U D

C ... A ... U D ... D ... U D ... A ...

?



א. אחריות

א. אחריות: אחריות על התוכנית, אחריות על התהליך, אחריות על התוצאות. אחריות על התהליך, אחריות על התוצאות. אחריות על התהליך, אחריות על התוצאות.

ב. אחריות

ב. אחריות: אחריות על התוכנית, אחריות על התהליך, אחריות על התוצאות. אחריות על התהליך, אחריות על התוצאות. אחריות על התהליך, אחריות על התוצאות.



- The community will be able to identify and address the needs of the community. A community-based approach is more likely to be successful than a top-down approach.
- The community will be able to identify and address the needs of the community. A community-based approach is more likely to be successful than a top-down approach.
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A community-based approach is more likely to be successful than a top-down approach. A community-based approach is more likely to be successful than a top-down approach. A community-based approach is more likely to be successful than a top-down approach.

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A community-based approach is more likely to be successful than a top-down approach. A community-based approach is more likely to be successful than a top-down approach. A community-based approach is more likely to be successful than a top-down approach.

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A community-based approach is more likely to be successful than a top-down approach. A community-based approach is more likely to be successful than a top-down approach. A community-based approach is more likely to be successful than a top-down approach.

AC E H MA r r [Community-based approach](#)

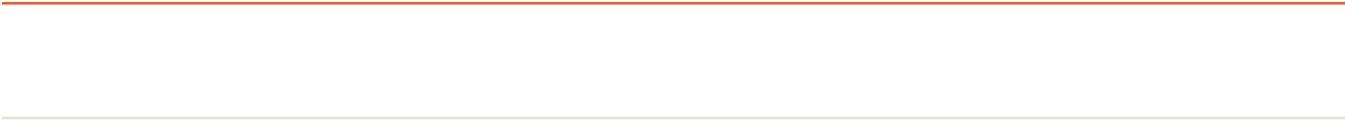
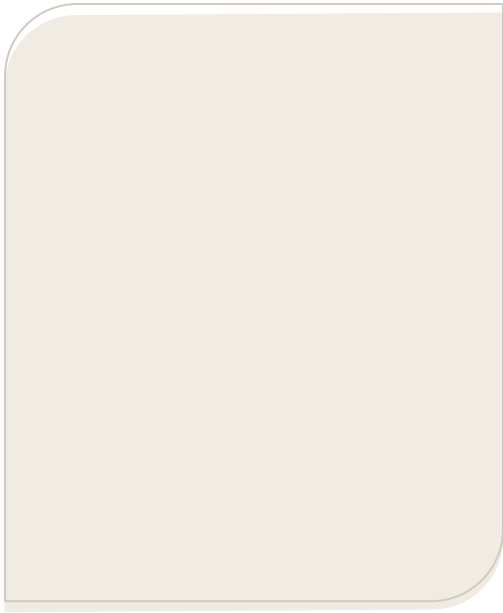
AC E E E A E -C

A community-based approach is more likely to be successful than a top-down approach.

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A community-based approach is more likely to be successful than a top-down approach. A community-based approach is more likely to be successful than a top-down approach. A community-based approach is more likely to be successful than a top-down approach.







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E **F** **D** **C**

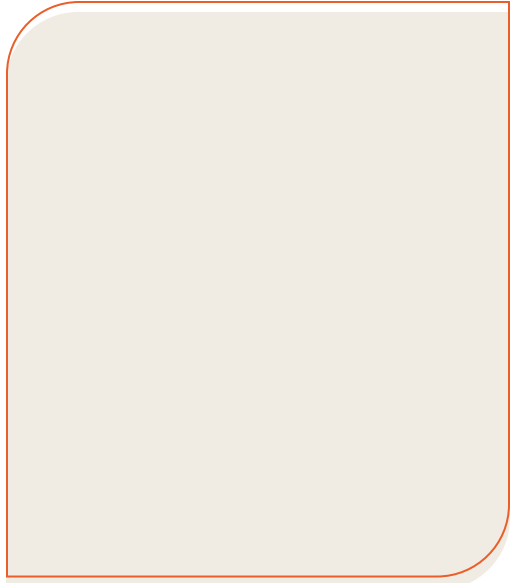
Rhode Island DOC began offering all three forms of MAT in all of its correctional settings in 2017.

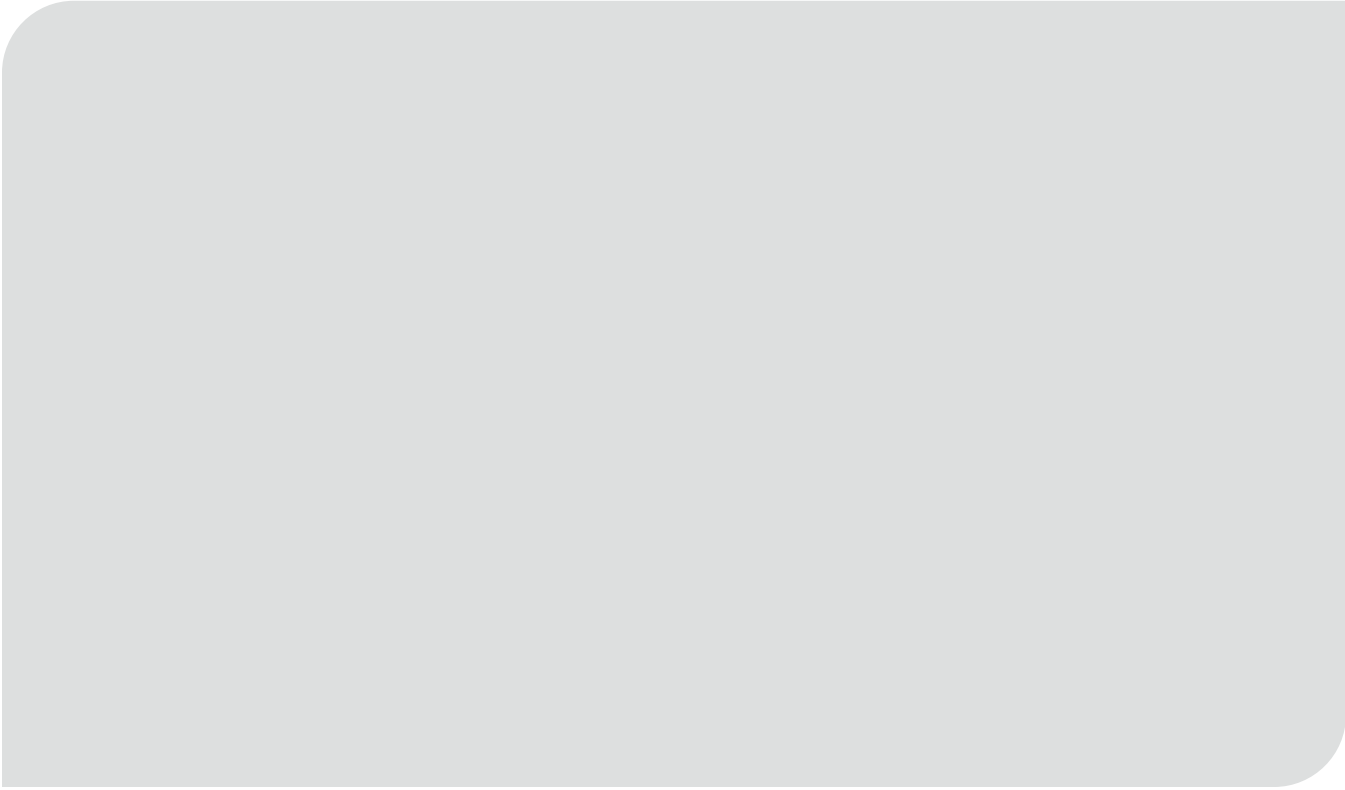
Preliminary assessment of the program's impact compared opioid overdose mortality deaths before and after program implementation among recently incarcerated individuals (released within the prior 12 months) and in the state as a whole. There was a 60% reduction in opioid overdoses among recently incarcerated individuals and a 12% reduction in opioid overdoses in the state overall (see Figure 1).¹⁸⁷ Although this cross-sectional data cannot specifically assess if the reduction in overdose rates is attributable to the correctional MAT program, it does provide preliminary support for the use of MAT treatment in correctional settings as part of a successful state strategy to improve opioid overdose outcomes.



A E E G E CE

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AB E . E AM LEF NDING O CE ED O O

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State	E	D
<p><u>State Opioid Response Grants (SOR)</u></p>		
<p><u>SAMHSA MAT Expansion Grant (MAT-PDOA)*</u></p>		<p>U D</p>
<p><u>SAMHSA State Targeted Response to the Opioid Crisis Grant (Opioid STR)*</u></p>		<p>U D</p>
<p><u>Department of Justice (DOJ) RSAT for State Prisoners Program Grant</u></p>		



ABE . E AM LEF NDING O CE ED O O
MA IN CO EC IONAL E ING

		
SAMHSA Substance Abuse and Treatment Block Grant (SABG)	<p>...</p>	<p>...</p>
CMS Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act	<p>...</p>	<p>...</p>
DOJ Comprehensive Opioid Abuse Program (COSSUP)	<p>...</p>	<p>...</p>
DOJ Improving Re-entry for Adults with Co-occurring Substance Abuse and Mental Illness^{xix}	<p>...</p>	<p>...</p>
DOJ Justice and Mental Health Collaboration Program (JMHCP)^x	<p>...</p>	<p>...</p>

^{xix} https://www.justice.gov/eoir/section-10101-10102-10103-10104-10105-10106-10107-10108-10109-10110-10111-10112-10113-10114-10115-10116-10117-10118-10119-10120-10121-10122-10123-10124-10125-10126-10127-10128-10129-10130-10131-10132-10133-10134-10135-10136-10137-10138-10139-10140-10141-10142-10143-10144-10145-10146-10147-10148-10149-10150-10151-10152-10153-10154-10155-10156-10157-10158-10159-10160-10161-10162-10163-10164-10165-10166-10167-10168-10169-10170-10171-10172-10173-10174-10175-10176-10177-10178-10179-10180-10181-10182-10183-10184-10185-10186-10187-10188-10189-10190-10191-10192-10193-10194-10195-10196-10197-10198-10199-10200-10201-10202-10203-10204-10205-10206-10207-10208-10209-10210-10211-10212-10213-10214-10215-10216-10217-10218-10219-10220-10221-10222-10223-10224-10225-10226-10227-10228-10229-10230-10231-10232-10233-10234-10235-10236-10237-10238-10239-10240-10241-10242-10243-10244-10245-10246-10247-10248-10249-10250-10251-10252-10253-10254-10255-10256-10257-10258-10259-10260-10261-10262-10263-10264-10265-10266-10267-10268-10269-10270-10271-10272-10273-10274-10275-10276-10277-10278-10279-10280-10281-10282-10283-10284-10285-10286-10287-10288-10289-10290-10291-10292-10293-10294-10295-10296-10297-10298-10299-10300-10301-10302-10303-10304-10305-10306-10307-10308-10309-10310-10311-10312-10313-10314-10315-10316-10317-10318-10319-10320-10321-10322-10323-10324-10325-10326-10327-10328-10329-10330-10331-10332-10333-10334-10335-10336-10337-10338-10339-10340-10341-10342-10343-10344-10345-10346-10347-10348-10349-10350-10351-10352-10353-10354-10355-10356-10357-10358-10359-10360-10361-10362-10363-10364-10365-10366-10367-10368-10369-10370-10371-10372-10373-10374-10375-10376-10377-10378-10379-10380-10381-10382-10383-10384-10385-10386-10387-10388-10389-10390-10391-10392-10393-10394-10395-10396-10397-10398-10399-10400-10401-10402-10403-10404-10405-10406-10407-10408-10409-10410-10411-10412-10413-10414-10415-10416-10417-10418-10419-10420-10421-10422-10423-10424-10425-10426-10427-10428-10429-10430-10431-10432-10433-10434-10435-10436-10437-10438-10439-10440-10441-10442-10443-10444-10445-10446-10447-10448-10449-10450-10451-10452-10453-10454-10455-10456-10457-10458-10459-10460-10461-10462-10463-10464-10465-10466-10467-10468-10469-10470-10471-10472-10473-10474-10475-10476-10477-10478-10479-10480-10481-10482-10483-10484-10485-10486-10487-10488-10489-10490-10491-10492-10493-10494-10495-10496-10497-10498-10499-10500-10501-10502-10503-10504-10505-10506-10507-10508-10509-10510-10511-10512-10513-10514-10515-10516-10517-10518-10519-10520-10521-10522-10523-10524-10525-10526-10527-10528-10529-10530-10531-10532-10533-10534-10535-10536-10537-10538-10539-10540-10541-10542-10543-10544-10545-10546-10547-10548-10549-10550-10551-10552-10553-10554-10555-10556-10557-10558-10559-10560-10561-10562-10563-10564-10565-10566-10567-10568-10569-10570-10571-10572-10573-10574-10575-10576-10577-10578-10579-10580-10581-10582-10583-10584-10585-10586-10587-10588-10589-10590-10591-10592-10593-10594-10595-10596-10597-10598-10599-10600-10601-10602-10603-10604-10605-10606-10607-10608-10609-10610-10611-10612-10613-10614-10615-10616-10617-10618-10619-10620-10621-10622-10623-10624-10625-10626-10627-10628-10629-10630-10631-10632-10633-10634-10635-10636-10637-10638-10639-10640-10641-10642-10643-10644-10645-10646-10647-10648-10649-10650-10651-10652-10653-10654-10655-10656-10657-10658-10659-10660-10661-10662-10663-10664-10665-10666-10667-10668-10669-10670-10671-10672-10673-10674-10675-10676-10677-10678-10679-10680-10681-10682-10683-10684-10685-10686-10687-10688-10689-10690-10691-10692-10693-10694-10695-10696-10697-10698-10699-10700-10701-10702-10703-10704-10705-10706-10707-10708-10709-10710-10711-10712-10713-10714-10715-10716-10717-10718-10719-10720-10721-10722-10723-10724-10725-10726-10727-10728-10729-10730-10731-10732-10733-10734-10735-10736-10737-10738-10739-10740-10741-10742-10743-10744-10745-10746-10747-10748-10749-10750-10751-10752-10753-10754-10755-10756-10757-10758-10759-10760-10761-10762-10763-10764-10765-10766-10767-10768-10769-10770-10771-10772-10773-10774-10775-10776-10777-10778-10779-10780-10781-10782-10783-10784-10785-10786-10787-10788-10789-10790-10791-10792-10793-10794-10795-10796-10797-10798-10799-10800-10801-10802-10803-10804-10805-10806-10807-10808-10809-10810-10811-10812-10813-10814-10815-10816-10817-10818-10819-10820-10821-10822-10823-10824-10825-10826-10827-10828-10829-10830-10831-10832-10833-10834-10835-10836-10837-10838-10839-10840-10841-10842-10843-10844-10845-10846-10847-10848-10849-10850-10851-10852-10853-10854-10855-10856-10857-10858-10859-10860-10861-10862-10863-10864-10865-10866-10867-10868-10869-10870-10871-10872-10873-10874-10875-10876-10877-10878-10879-10880-10881-10882-10883-10884-10885-10886-10887-10888-10889-10890-10891-10892-10893-10894-10895-10896-10897-10898-10899-10900-10901-10902-10903-10904-10905-10906-10907-10908-10909-10910-10911-10912-10913-10914-10915-10916-10917-10918-10919-10920-10921-10922-10923-10924-10925-10926-10927-1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Topic	Question	Options	Correct Answer	Explanation
Planning and implementation considerations for correctional MAT programs	Which of the following is a key consideration for correctional MAT programs?	<p>A. Providing MAT to all individuals in the criminal justice system, regardless of their level of substance use or mental health needs.</p> <p>B. Ensuring that MAT is integrated with other services, such as counseling and case management.</p> <p>C. Using MAT as a primary intervention for all individuals in the criminal justice system.</p> <p>D. Providing MAT to individuals who are not currently using substances.</p>	B	Providing MAT to all individuals in the criminal justice system, regardless of their level of substance use or mental health needs, is not a key consideration. Ensuring that MAT is integrated with other services, such as counseling and case management, is a key consideration. Using MAT as a primary intervention for all individuals in the criminal justice system is not a key consideration. Providing MAT to individuals who are not currently using substances is not a key consideration.
Myths about MAT	Which of the following is a common myth about MAT?	<p>A. MAT is only for individuals with a diagnosis of a mental health condition.</p> <p>B. MAT is only for individuals who are currently using substances.</p> <p>C. MAT is only for individuals who are not currently using substances.</p> <p>D. MAT is only for individuals who are not currently using substances.</p>	B	Myth: MAT is only for individuals who are currently using substances. Fact: MAT is for individuals with a substance use disorder, regardless of whether they are currently using substances.
	Which of the following is a common myth about MAT?	<p>A. MAT is only for individuals with a diagnosis of a mental health condition.</p> <p>B. MAT is only for individuals who are currently using substances.</p> <p>C. MAT is only for individuals who are not currently using substances.</p> <p>D. MAT is only for individuals who are not currently using substances.</p>	B	Myth: MAT is only for individuals with a diagnosis of a mental health condition. Fact: MAT is for individuals with a substance use disorder, regardless of whether they have a mental health condition.
Language and stigma	Which of the following is a key consideration for language and stigma in correctional MAT programs?	<p>A. Using stigmatizing language, such as "addict" or "criminal," when referring to individuals in the criminal justice system.</p> <p>B. Using person-first language, such as "individual with a substance use disorder," when referring to individuals in the criminal justice system.</p> <p>C. Using the term "MAT" to refer to all individuals in the criminal justice system, regardless of their level of substance use or mental health needs.</p> <p>D. Using the term "MAT" to refer to individuals who are not currently using substances.</p>	B	Using stigmatizing language, such as "addict" or "criminal," when referring to individuals in the criminal justice system, is not a key consideration. Using person-first language, such as "individual with a substance use disorder," when referring to individuals in the criminal justice system, is a key consideration. Using the term "MAT" to refer to all individuals in the criminal justice system, regardless of their level of substance use or mental health needs, is not a key consideration. Using the term "MAT" to refer to individuals who are not currently using substances is not a key consideration.



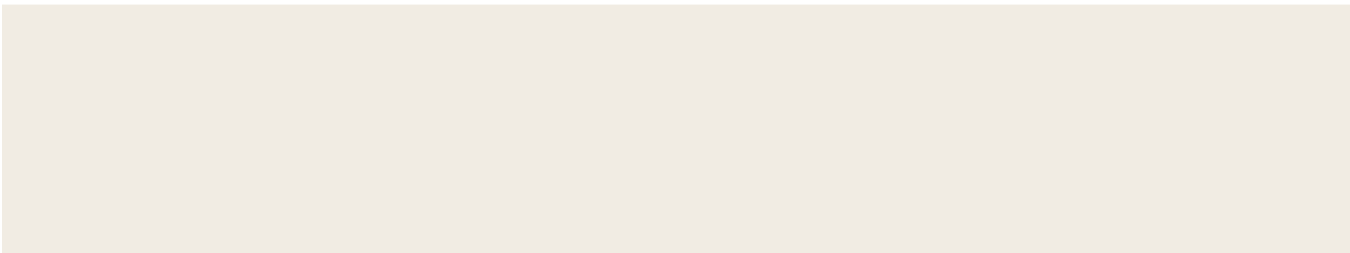
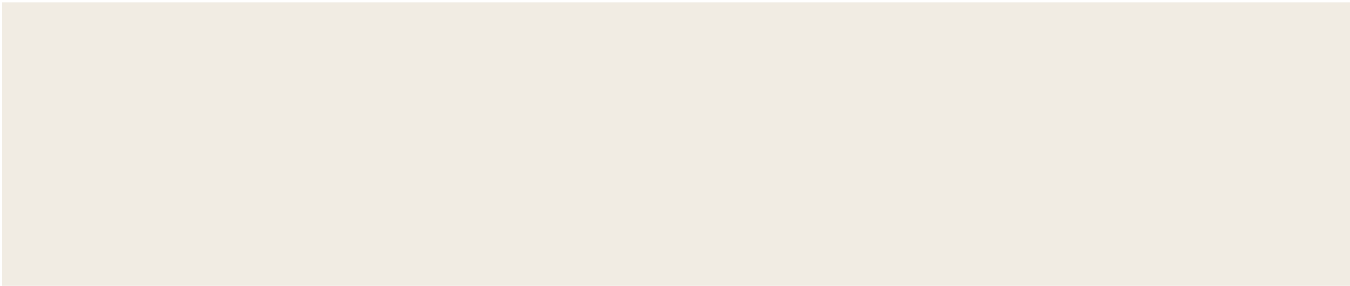
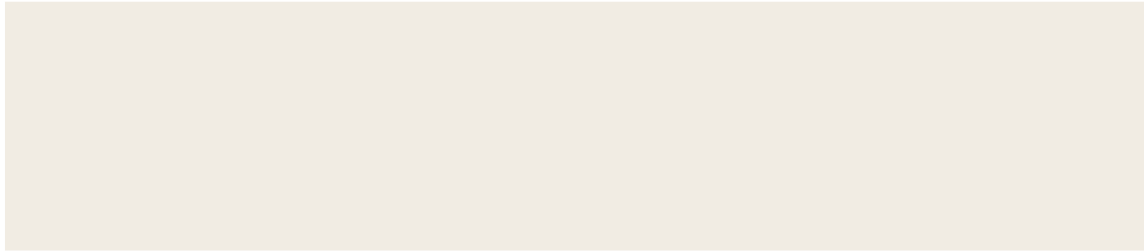
Topic	Learning Objectives	Activities	Resources	Duration
Coping with Grief, Loss, and Bereavement				
Becoming an				



6.2 The Association of Child and Adolescent Mental Health Services (ACAMH) has published a guidance document for schools on mental health first aid (MHFA) (ACAMH, 2015).







Unit	Activity (s)	Topic	Skills	Duration
C E DA A GA DE A A				
Data collection	<p>Activity 1</p> <p>Activity 2</p> <p>Activity 3</p> <p>Activity 4</p>	<p><u>D, C</u></p> <p><u>A</u></p> <p><u>E</u></p>	<p>A</p> <p>A</p>	<p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p>
	<p>Activity 5</p> <p>Activity 6</p> <p>Activity 7</p> <p>Activity 8</p>	<p><u>C</u></p> <p><u>A, D, A</u></p> <p><u>A</u></p>	<p>C</p> <p>C</p>	<p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p>
	<p>Activity 9</p> <p>Activity 10</p> <p>Activity 11</p> <p>Activity 12</p>	<p><u>B</u></p>	<p>B</p> <p>A</p> <p>B</p>	<p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p>
	<p>Activity 13</p> <p>Activity 14</p> <p>Activity 15</p> <p>Activity 16</p>	<p><u>AF</u></p> <p><u>E</u></p>	<p>C</p> <p>D, D</p>	<p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p>



Date	Activity	Time	Location	Duration
C O U N C I L O F E D U C A T I O N A L A B O R E R S				



•	D:	•
Addiction	<p> A complex, chronic, relapsing disorder characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because it involves changes in brain structure and function, particularly in areas related to reward, motivation, and self-control. </p>	<p> <u> Addictive substances </u> </p> <hr/> <hr/> <hr/>

•	D	U
Recovery	A	D A A U
Recovery-oriented care	A	D A A U
Remission	A	D A A U
Return to opioid use	U D	D A A U
Tolerance	A C	D A A U
Withdrawal		F A A A D
Wrap-around services		F A A A D

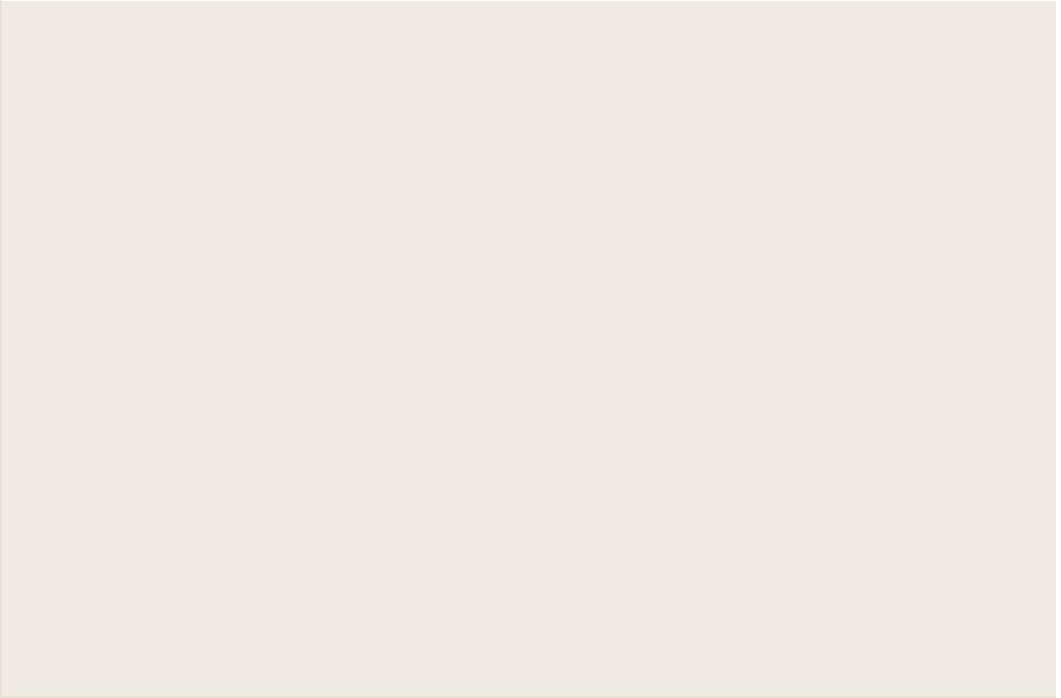


A E D C: *Understanding and Addressing Stigma*

Topic	Learning Objectives	Facilitator Instructions	Participant Activities
Opioid overdose response	<ul style="list-style-type: none"> C. Explain the signs and symptoms of an opioid overdose. D. Describe the steps to take in the event of an opioid overdose. 	<p>F Facilitator: Review the signs and symptoms of an opioid overdose. Discuss the importance of recognizing these signs and symptoms and the steps to take in the event of an overdose.</p>	<ul style="list-style-type: none"> U. Participants will be able to identify the signs and symptoms of an opioid overdose. U. Participants will be able to describe the steps to take in the event of an opioid overdose.
Stigma and discrimination	<ul style="list-style-type: none"> C. Explain the difference between stigma and discrimination. C. Describe the impact of stigma and discrimination on individuals with SUD. D. Describe the impact of stigma and discrimination on the community. 	<p>F Facilitator: Review the difference between stigma and discrimination. Discuss the impact of stigma and discrimination on individuals with SUD and the community.</p>	<ul style="list-style-type: none"> D. Participants will be able to explain the difference between stigma and discrimination. U. Participants will be able to describe the impact of stigma and discrimination on individuals with SUD. E. Participants will be able to describe the impact of stigma and discrimination on the community. U. Participants will be able to describe the impact of stigma and discrimination on the community.
Overview of SUD	<ul style="list-style-type: none"> D. Describe the prevalence of SUD in the United States. C. Describe the impact of SUD on the individual and the community. 	<p>F Facilitator: Review the prevalence of SUD in the United States. Discuss the impact of SUD on the individual and the community.</p>	<ul style="list-style-type: none"> U. Participants will be able to describe the prevalence of SUD in the United States. D. Participants will be able to describe the impact of SUD on the individual and the community. A. Participants will be able to describe the impact of SUD on the individual and the community. U. Participants will be able to describe the impact of SUD on the individual and the community. D. Participants will be able to describe the impact of SUD on the individual and the community. D. Participants will be able to describe the impact of SUD on the individual and the community.
Understanding SUD	<ul style="list-style-type: none"> U. Participants will be able to describe the signs and symptoms of SUD. D. Participants will be able to describe the impact of SUD on the individual and the community. 	<p>A Activity: Review the signs and symptoms of SUD. Discuss the impact of SUD on the individual and the community.</p>	<ul style="list-style-type: none"> U. Participants will be able to describe the signs and symptoms of SUD. U. Participants will be able to describe the impact of SUD on the individual and the community.



C. C. 11.1



C . C ₁ . 11.1	<p>11.1.1</p>
Psychosocial treatment	<p>1. C₁ . 11.1.1.1</p>
Medication-assisted withdrawal when indicated	<p>1.1.1.1.1</p>
	<ul style="list-style-type: none"> 1.1.1.1.1.1
	<p>1.1.1.1.2</p>
	<p>1.1.1.1.3</p>
	<ul style="list-style-type: none"> 1.1.1.1.4

A E D F: *Learning* MA M *Engage* E

Year	Event
2023	<i>Engage</i>
2021	<i>Engage</i>
2020	<i>C</i>
2019	<i>E</i>
2019	<i>A</i>
2018	<i>E</i>
2018	<i>E</i>
2017	<i>C</i> <i>B</i>
2017	<i>E</i>
2016	<i>E</i>
2015	<i>E</i>
2014	<i>A</i>
2014	<i>B</i>
2012	<i>E</i>
2011	<i>E</i>
2009	<i>E</i>
2007	<i>E</i>



Item	Item	Item
Correctional opioid treatment program (OTP) policies	C	C, C, C
Behavioral health services policies		C
Naltrexone MAT protocols	A, A	D, C
Naloxone protocols		F, C
Standard operating procedures (SOP) for individuals with SUD	A, D	C, C
Observed medication withdrawal		C
Nursing protocols for MAT	A, U, D, A	D, C



Appendix D: Evidence-Based Practices for MAT in Correctional Settings

Appendix D

This document is a template for a data collection tool. It is intended to be used by practitioners to collect data on the implementation of evidence-based practices for MAT in correctional settings. The data collected can be used to monitor the implementation of these practices and to evaluate their effectiveness. The data collection tool is organized into two main sections: Demographics and Outcomes. The Demographics section includes information about the individual being assessed, such as their name, date of birth, gender, and race. The Outcomes section includes information about the individual's MAT assessment, including the date of the assessment, the result of the assessment, and the date of the next assessment. The data collection tool is designed to be used in a variety of settings, including inpatient and outpatient settings. It is intended to be used by practitioners who are responsible for the care of individuals with substance use disorders in correctional settings.

Demographics	Outcomes
Demographics	
Detention type	
Demographics	A
Date of detention entry	
Date of OUD screening	
Result of OUD screening	
Date of OUD assessment	
Result of OUD assessment	U
Date of MAT assessment	
Result of MAT assessment	A
Individual Name	
Date of Birth	
Gender	
Race	
Detention Facility	
Date of OUD Screening	
Date of OUD Assessment	
Date of MAT Assessment	
Result of OUD Screening	
Result of OUD Assessment	
Result of MAT Assessment	
Date of Next MAT Assessment	





Activity 1: From R to M to E to MA to MAT

1. How many people in your community are in recovery (OUD)?

EEA, GE, C,

Percentage of individuals in recovery for OUD:

Percentage of individuals in OUD in recovery:

Percentage of individuals affected by OUD:

_____ U D, _____

Percentage of OUD among new intake:

_____ U D, _____

2. How many people in your community are in OUD in recovery to MAT?

EEA, GE, C,

Percentage of individuals in OUD in recovery to MAT:

_____ A _____

_____ U D, _____

Percentage of individuals in MAT in recovery:

_____ A _____

_____ A _____

Percentage of individuals in MAT in recovery to MAT:

Percentage of individuals in MAT in recovery to MAT:

_____ A _____ A D

_____ A _____

_____ A _____



Pe cenŋof bidge e ci ŋon lled:

Pe cenŋof meŋhadone aŋenŋ ho enŋe comm niŋ ŋeaŋnenŋ

Pe cenŋof nalŋe one aŋenŋ ho ecei e inŋecŋon in comm niŋ:



Appendix C: Current MA D

Table 1: Current MA D (D)

Category	Count	Percentage
Total # of new intakes		
# of OUD screenings		
# of positive OUD screens		
# of individuals assessed for OUD		
# of positive OUD assessments		

Table 2: Current MA D (D)

Category	Count	Percentage
Total # of positive OUD assessments		
Sex (male, female)		
Age group (18-29; 30-39; 40-49; 50-59; 60+)		
Race/ethnicity (American Indian/Alaskan Native; Asian, Black/African American, Latino/Hispanic, Native Hawaiian/ Other Pacific Islander, White, Other, More than one race)		
Insurance status		
Insurance type (public, private)		
Location of residence		
Pre-trial, sentenced		
In methadone program in community at time of arrest		
Prescribed buprenorphine in community at time of arrest		
Taking naltrexone in community at time of arrest		
Facility or housing area		



Appendix A: Data Collection Tools

Item	Frequency	Notes
Average daily # of MAT patients dosed	Weekly	Collect data for all MAT patients, including those who are not in treatment for the entire incarceration period.
Average daily # of methadone patients dosed	Weekly	Collect data for all methadone patients, including those who are not in treatment for the entire incarceration period.
Average daily # of buprenorphine patients dosed	Weekly	Collect data for all buprenorphine patients, including those who are not in treatment for the entire incarceration period.
# of MAT patients who remain in treatment for entire incarceration	Weekly	Average the number of patients who remain in treatment for the entire incarceration period.
# of methadone patients who remain in treatment for entire incarceration	Weekly	Average the number of methadone patients who remain in treatment for the entire incarceration period.
# of buprenorphine patients who remain in treatment for entire incarceration	Weekly	Average the number of buprenorphine patients who remain in treatment for the entire incarceration period.
# of MAT patients who are no longer in treatment at time of release	Weekly	Average the number of patients who are no longer in treatment at the time of release.
# of methadone patients who are no longer in treatment at time of release	Weekly	Average the number of methadone patients who are no longer in treatment at the time of release.
# of buprenorphine patients who are no longer in treatment at time of release	Weekly	Average the number of buprenorphine patients who are no longer in treatment at the time of release.
Causes of treatment cessation (voluntary, discharged for medical reasons, discharged for non-medical reasons)	Weekly	Average the causes of treatment cessation for all patients.
Average daily methadone dose, range	Weekly	Average the daily methadone dose for all patients, including those who are not in treatment for the entire incarceration period.
Average daily buprenorphine dose, range	Weekly	Average the daily buprenorphine dose for all patients, including those who are not in treatment for the entire incarceration period.



Appendix A Community Referrals and Appointments

Community Referrals	Community Appointments	Total
Total # of MAT patients released during time frame		
# of MAT patients referred to a community-based MAT provider at release		
# of methadone patients referred to a community OTP at release		
# of buprenorphine patients referred to a community buprenorphine prescriber at release		
# of naltrexone patients referred to a community prescriber at release		
# of MAT patients who have an appointment scheduled at a community-based MAT provider at release		
# of methadone patients who have an appointment scheduled at a community OTP at release		
# of buprenorphine patients who have an appointment with a community buprenorphine prescriber at release		
# of naltrexone patients who have an appointment with a community prescriber at release		



<p>D. ... CADC</p> <p>C. ... A ... E ...</p> <p>C. ... C</p>	<p>...</p> <p>A ...</p> <p>D ... C</p>
<p>D</p> <p>D. ... C ... C</p> <p>C. D ...</p>	<p>D</p> <p>A ... D</p> <p>D ... C</p>
<p>D</p> <p>A ...</p> <p>A ...</p>	<p>A ...</p> <p>C ... E ...</p> <p>B ... C</p>
<p>D</p> <p>D. ...</p> <p>...</p>	<p>D</p> <p>E ... D</p> <p>D ... E</p> <p>U ...</p> <p>A</p>
<p>C ... A</p> <p>A ... A</p> <p>A ... B ... A</p>	<p>A ... C ... ADC</p> <p>A ... D</p> <p>D ... C</p>
<p>A ... C ... C ... A CCC</p> <p>A</p>	<p>A</p> <p>D ... D</p> <p>A ... AB ... AC ... C</p> <p>D</p>
<p>C</p> <p>D ... E ...</p> <p>A</p>	<p>C ... C ... CE</p> <p>D ... D ... C</p> <p>U ... C ... D ... D ... A ...</p> <p>U</p>
<p>D</p> <p>D. ... C ...</p> <p>ED</p>	<p>D</p> <p>A ...</p> <p>C ... C ... DC</p>



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U D D A B A

Blank lined writing area with horizontal blue lines.



- A → A
- A → A
- D → E → B → B → B → C
- B → D → A → A
- B → D → A → A
- B → C → D & D → B → CD
- B → D → A → AC → A → U → D → A
- B → D → A → A
- D → E → B → B → B → C



- 1. A → CC C
- D → A
- A → A → C
- A → A → A
- A → A → U → EC → E
- D → B → A → C → A
- C → D
- D → B → A → C → A
- C → D
- F → D → B → A → D → C
- C → A → E → B → F → D → E → A
- F → D → B → A → D → C
- B → C → &D → CD → C
- C → F → CA → D → D → A → &D → E
- B → A → A → &C → E
- D → E → A → D → E & A → A
- C → E → F → & → C → A → B
- B → C → D → &B → B → CD
- D → B → A → C → A
- C → D
- B → A → C → C → C → E → A
- B → D → C → A → E → E → A



- A & A
- A & A
- D B A C A
- D D B E & C C
- E D A B D E C C B A C & A
- F C F
- F D & A & C
- E D & A
- D E D A B C D A A
- A A & F C
- E D A B D E C C B A C & A
- A E DC
- D B A C A
- A A C
- A A A B A D D C B C
- A & D
- B E & B A
- C C E F



Handwriting practice lines consisting of multiple horizontal blue lines of varying lengths and positions, designed for practicing letter formation and alignment.



A D C B D A & D A

A D A C C A & A

B C & C A C

F F F E & CD

A A F E FEDU DE

Blank lined writing area with horizontal lines.



D B A C A
C D

F E

F E

D B A C A
C D

A C C C A CCC
A CCC D A CCC C

B A F D A C A E & D
E

E A D E D & E A D A
A C

E A D E D & E A D A
A C

C D & A B & C

A A B A C
D C

B B & E F A C
F E C C C

B B & E F A C
F E C C C

B A B & F A
C

B A F D A C A E & D
E

A F C B A & B D
E C A

E A A A B E D &
C A

D D E B B & A A

- 1. _____ D. _____ A. _____ U
- 2. _____ B. _____ E. _____ A. _____ U
- 3. _____ D. _____ A. _____ D. _____
- 4. CC C _____ U. _____ D. _____ C. _____



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