



STRATEGIES AND SUPPORTS THAT CHANGE PRACTICE

ADULT NEEDS AND STRENGTHS SUPERUSER/TRAINER TRAINING

ChapinHall at the University of Chicago
Policy research that benefits children, families, and their communities

April D. Fernando, PhD



TCOM/ANSA TRAINER TRAINING

AGENDA

9:00-9:15

Welcome and Overview

9:15 - 9:30

SuperUser and Trainer Role

9:30 - 9:45

Principles of Training

9:45- 10:30

TCOM/Communitmetric Review

BREAK

Claritas est etiam

10:45 - 11:15

ANSA Domains & Items

Claritas est etiam

11:15 - 12:00

Developing a Mock Vignette

LUNCH

1:00 - 1:30

Discussing the Mock Vignette

1:30 - 2:30

Developing a Shared Understanding
and Treatment Planning

2:30 - 3:00

Frequently Expressed Concerns

BREAK

3:15 - 4:00

Barriers to Use; Strategies to Overcome

4:00 - 4:20

Introducing the ANSA

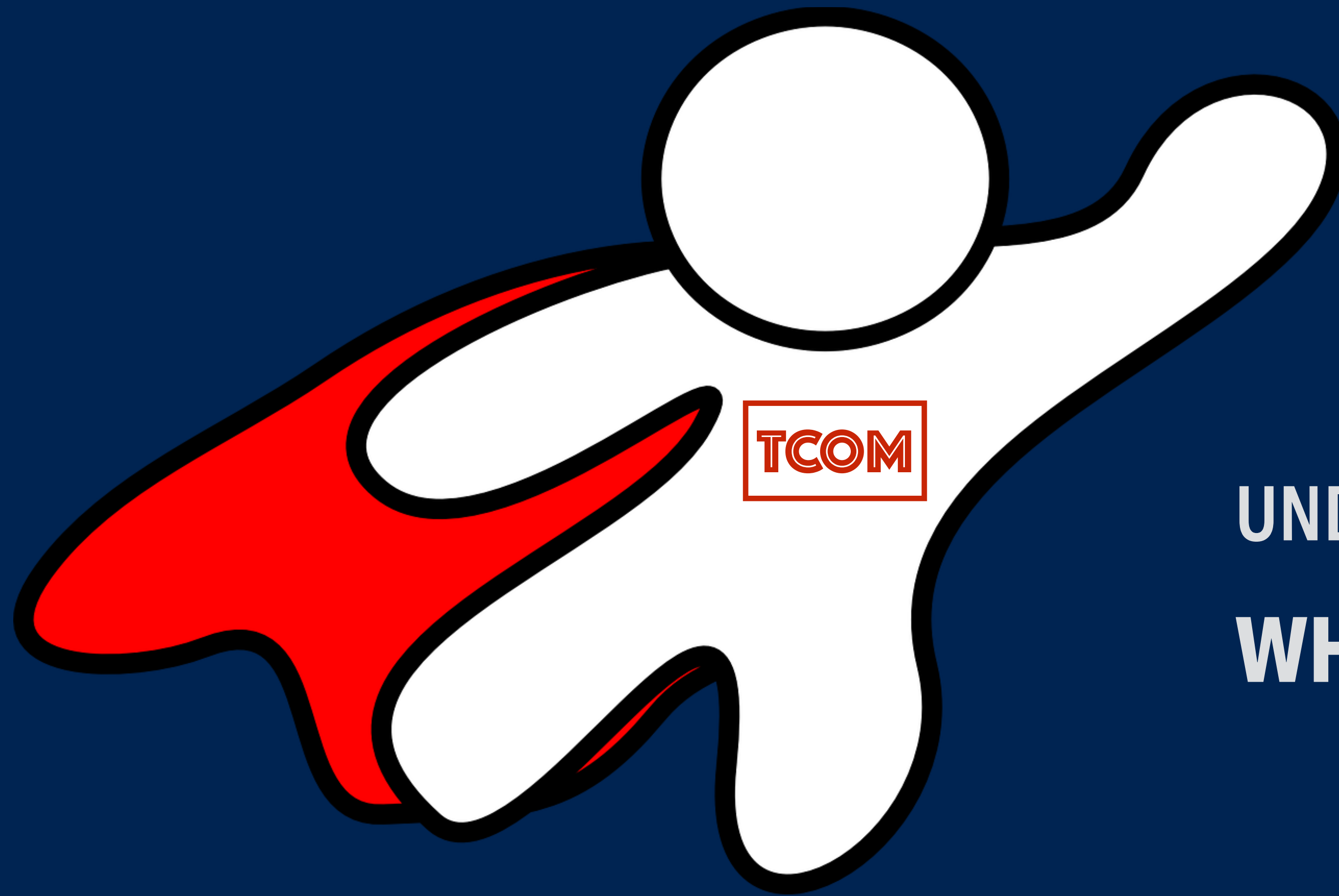
4:20 - 4:30

Wrap-Up



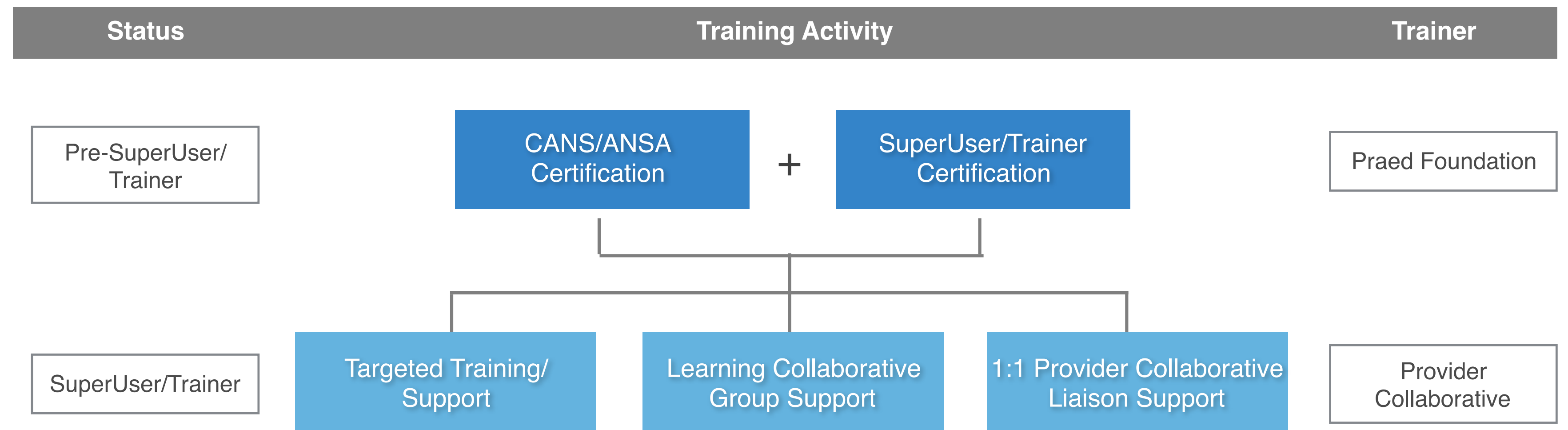
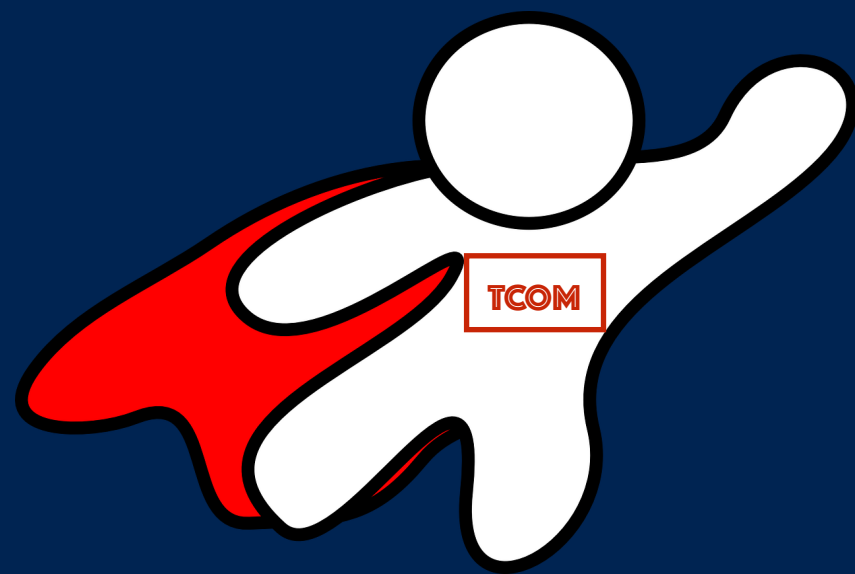
GETTING STARTED

- Name, organization, role
- Question or comment on yesterday's training
- Why do you want to be a SuperUser/Trainer?
- Hopes for the day

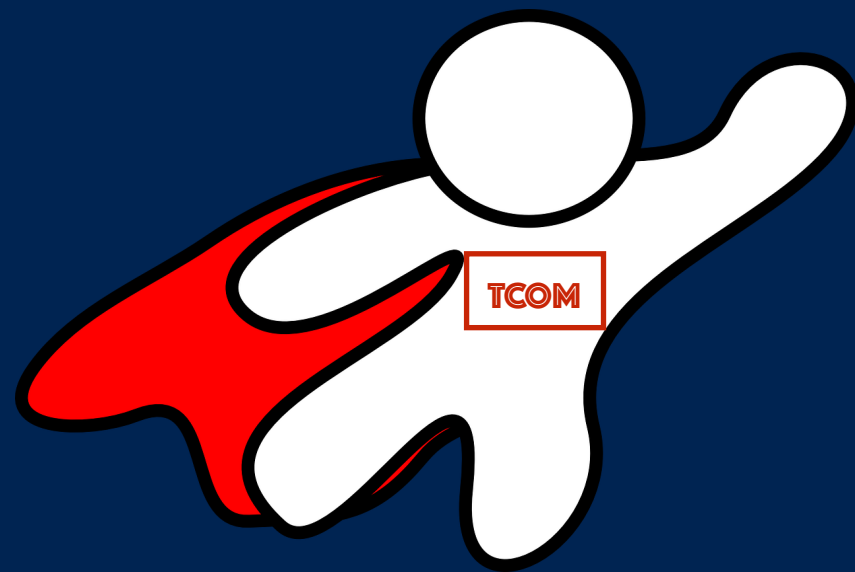


UNDERSTANDING OUR ROLES
WHAT IS A SUPERUSER?

TCOM SUPERUSERS/TRAINERS

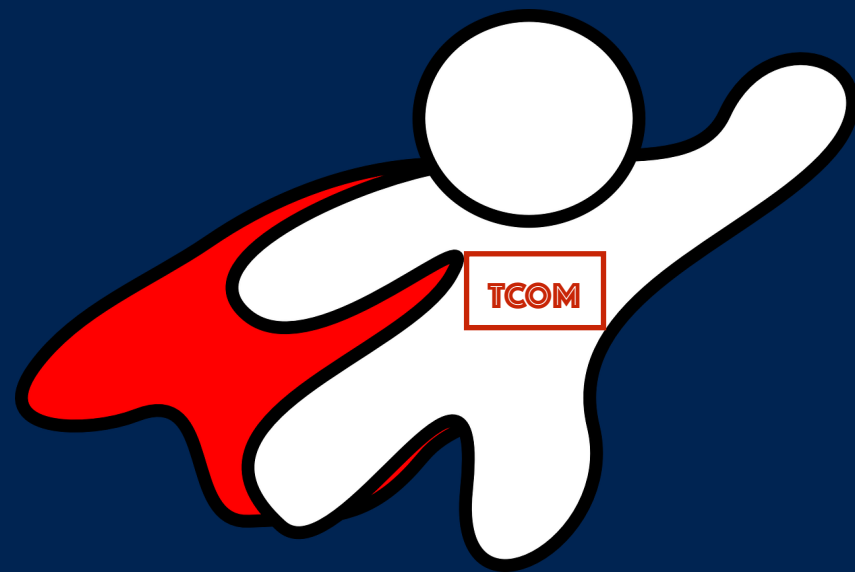


TCOM SUPERUSERS/TRAINERS



- Reinforce the principles of TCOM throughout the organization
- Reinforce the ANSA as a TCOM strategy and a client engagement tool with all users/supervisors.
- Reinforce the ANSA as a decision-support tool and assist with the integration of needs and strengths into family/child service plans. For example, conduct one to two case file reviews a week and share results with supervisor(s) of the team with action steps clearly identified if needed.
- Provide classroom based ANSA training overview prior to on-line certification for any new hires.

TCOM SUPERUSERS/TRAINERS



- Provide remediation support for anyone who fails their ANSA certification exam.
- Reinforce use of ANSA reports at the user, supervisor, program, and system level.
- Share quality check and CQI findings with supervisors and develop action plans to address the findings.
- Provide ad hoc training as needed to address systemic/agency/ team ANSA issues and trends.

SuperUsers/Trainers are the TCOM Champions of the organization!

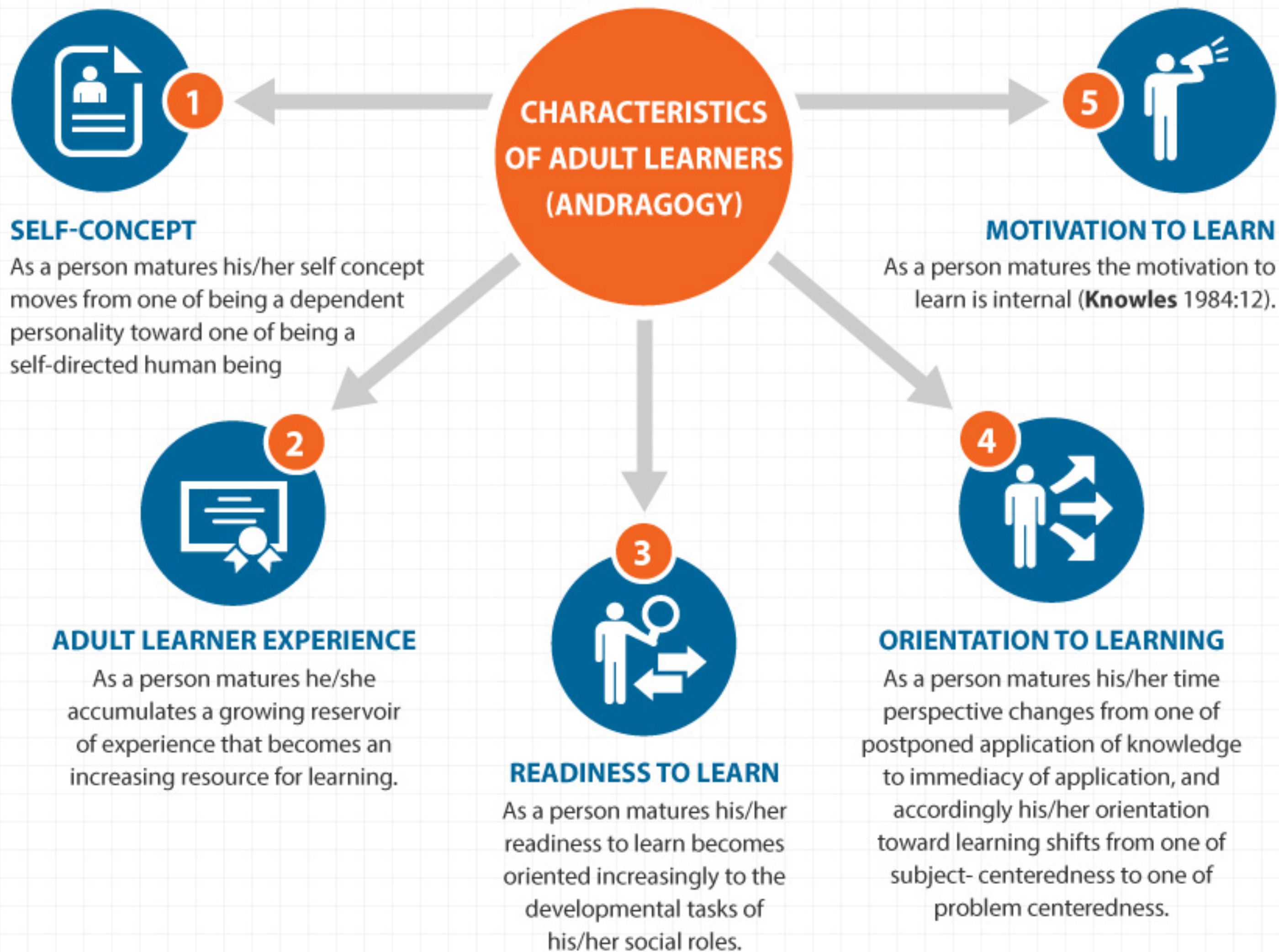


TAILORING TRAINING TO ADULT LEARNERS PRINCIPLES OF TRAINING

KNOWLES'

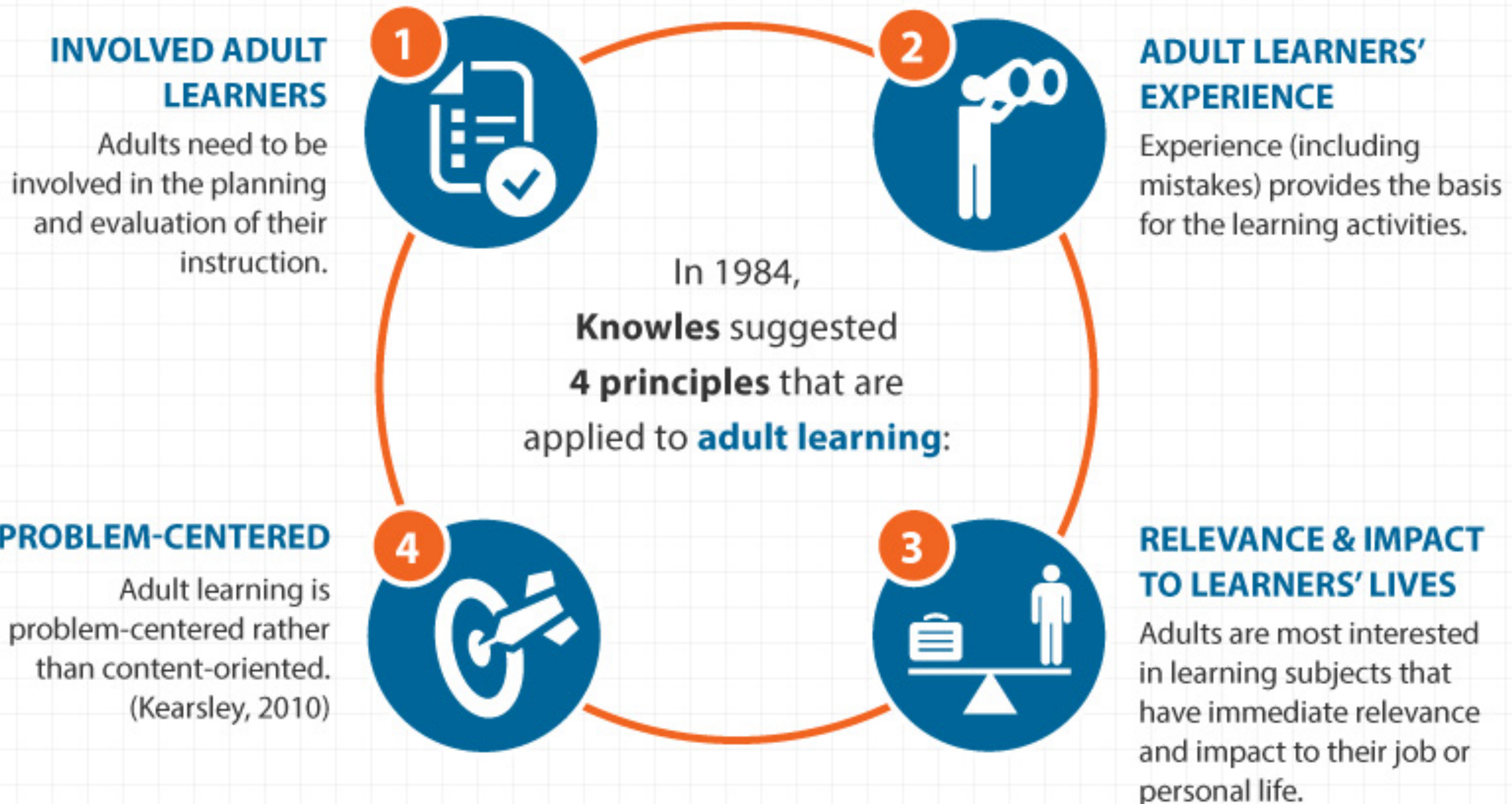
5 ASSUMPTIONS OF ADULT LEARNERS

In 1980, Knowles made 4 assumptions about the characteristics of adult learners (andragogy) that are different from the assumptions about the characteristics of child learners (pedagogy). In 1984, Knowles added the 5th assumption.



KNOWLES'

4 PRINCIPLES OF ANDRAGOGY



KEEPING OUR FOCUS

THE REASON WE ARE DOING ALL OF THIS



When we engage individuals and their families

transformational change happens



The work that we do, one individual at a time, helps to

change our systems



To know that change is happening

measurement is key



When we communicate with a common language we can work towards

the same goals

No. 01

1. Grab attention quickly. Find a way to connect the topic to what matters to the audience.

Introduction

TCOM/CANS SKILL BUILDER



TCOM & ANSA SKILLS

**SUPPORTING & DEVELOPING
ASSESSMENT AND OUTCOME
MANAGEMENT SKILLS**

TRANSFORMATIONAL COLLABORATIVE OUTCOMES MANAGEMENT BACKGROUND



Practice Framework

TCOM is an effective and integrated approach to addressing the needs and strengths of individuals, and facilitating change at all levels of the system.

MANAGING PERSONAL CHANGE TCOM FRAMEWORK



Transformational

Our work is focused on personal change.

Collaborative

We must work together to develop a shared understanding and vision.

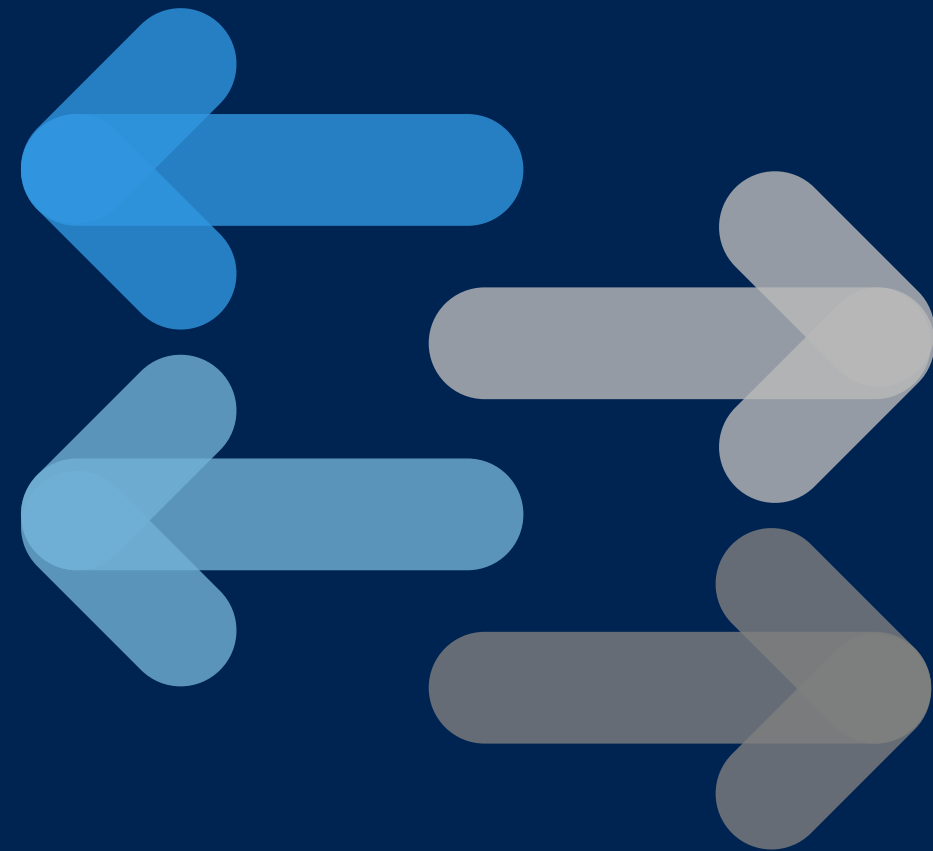
Outcomes

What we measure is relevant to the decisions we make about the strategies and the interventions we use.

Management

Information gathered is used in all aspects of managing the system from planning for individuals and families, to supervision, and program/system operations.

THE KEY TO CREATING AN EFFECTIVE SYSTEM OF CARE MANAGING THE TENSIONS IN OUR WORK



Philosophy

Always return to the shared vision. The shared vision is always rooted in the best interests of youth and families. [TCOM]

Strategy

Represent the shared vision and communicate it throughout the system with a standard language and assessment. [CANS/ANSA]


Tactics

Activities that promote the philosophy at all levels of the system simultaneously. [Interventions, Resources]

TRANSFORMATIONAL COLLABORATIVE OUTCOMES MANAGEMENT

YOUTH & FAMILY NEEDS AND STRENGTHS GUIDING DECISIONS

	Client & Family	Program	System
Decision Support	Care Planning Effective Practices EBPs Appropriate Hospitalization	Eligibility Step-down	Resource Management Right-Sizing
Outcome Monitoring	Service Transitions and Celebrations	Evaluation	Provider Profiles/ Performance Contracting
Quality Improvement	Case Management Integrated Care Supervision	CQI/QA Accreditation Program Redesign	Transformation Business Model Design

No.  02

1. Define TCOM.
2. Describe the aspects of the TCOM framework — philosophy, strategy and techniques.

TCOM

TCOM/CANS SKILL BUILDER

THE SCIENCE BEHIND THE TCOM TOOLS

COMMUNIMETRICS

Communitrics is designed to make thinking processes transparent and provide a conceptual organization or framework for the thinkers to be attuned to the relevant factors that must be thought through in any particular circumstance.

Lyons (2009)

No. 03

1. Define the term communitrics.
2. Provide examples of the 6 key principles of a communitric tool.

Communitrics

TCOM/CANS SKILL BUILDER

An Information Science Approach



Items are included because it is relevant to supporting decisions for

individuals.

Planning 01

Action Levels 02

Level of need or strength translates to action. Provides a way to gauge the immediacy/intensity of effort currently needed.

Timely 03

Items are rated within a 30-day window. This helps to keep the assessments current. Action levels can override the 30-day window.

W

04 Client Focus

It's about the individual, not the individual in services. Focuses on the extent to which the individual can function without services or intervention.

05 The 'What'

In assessment, focuses on what the individual's needs. Avoids explaining away needs with what might be underlying causes. The 'why' is brought into treatment planning.

06 Culture and Development

Development and culture are considered before rating the items.



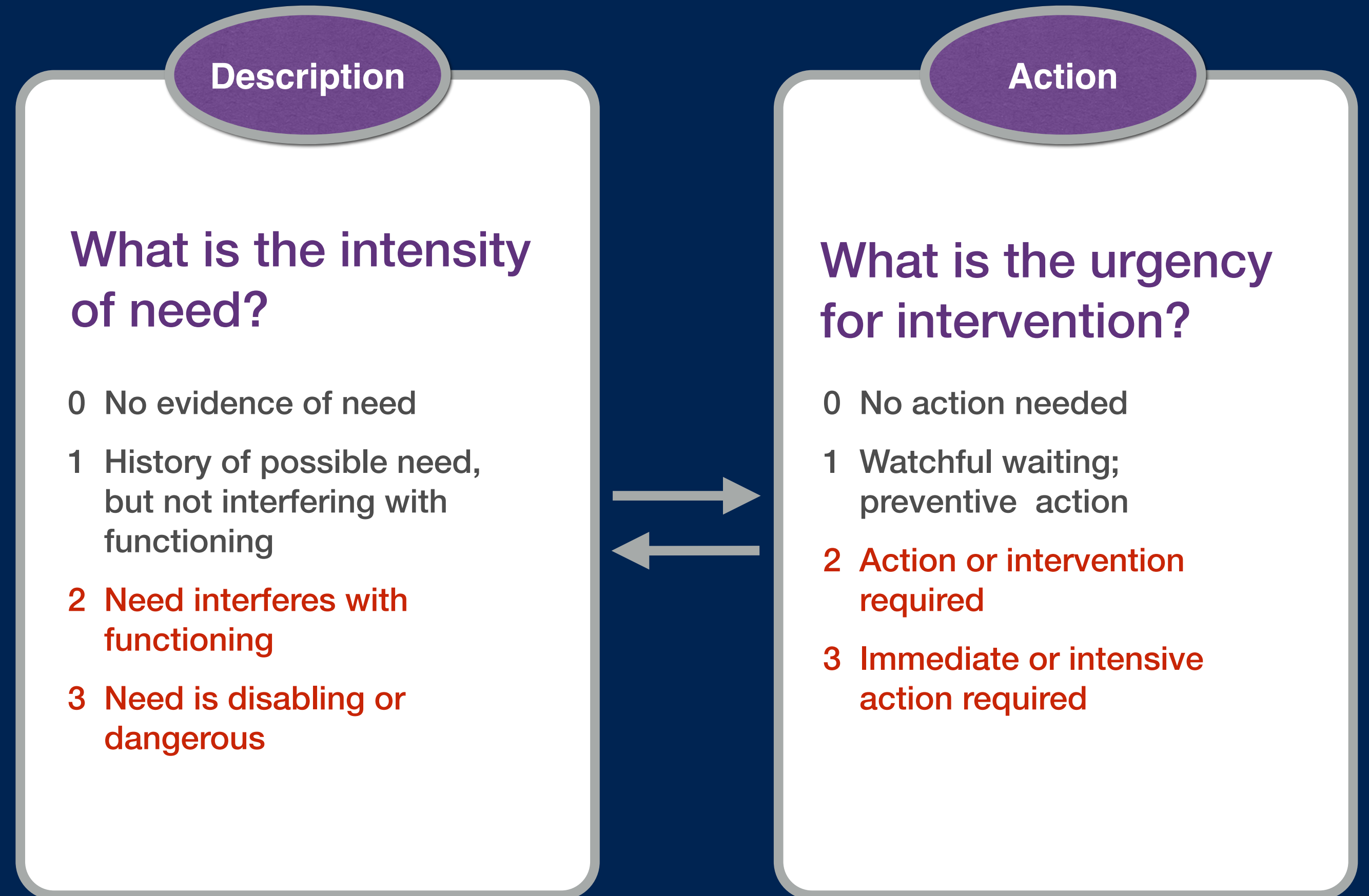
A Shared Vision Approach

RATING NEEDS

What is a Need?

A need is a characteristic of person in the environment that describes a situation in which external assistance could be beneficial.

It is the interaction of the person and environment that is key to understanding the presence of a need.



For treatment planning: Items rated '2' or '3' must be addressed in the plan.

RATING STRENGTHS

What is a Strength?

A strength is a characteristic of a person in the environment that describes a situation that promotes meaning and wellbeing in that person's life.

It is generally the case that the interaction of the person and the environment is key to understanding the presence of a strength.

Description

What is the degree of strength?

- 0 Centerpiece strength
- 1 Strength present
- 2 Identified/potential strength
- 3 No strength identified at this time

Action

What is the urgency for intervention?

- 0 Can be used as a centerpiece for strength-based plan
- 1 Can be useful in the plan
- 2 Requires significant strength building in order to be used in the plan
- 3 Efforts are required to identify strengths in order to be used in the plan



For treatment planning:

- Items rated '0' or '1' Items can be used to support treatment goals.
- Items rated '2' or '3' may need to be addressed in the plan.

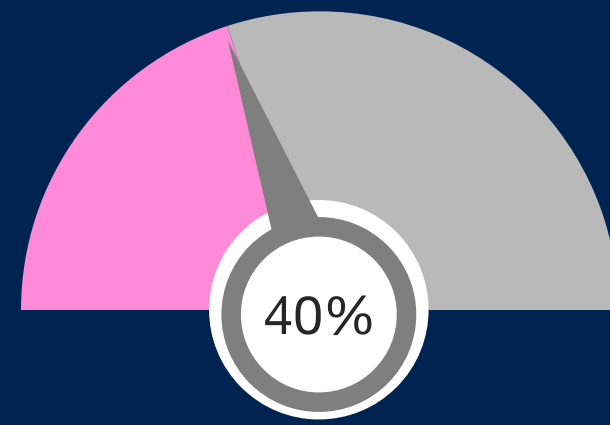
TRANSFORMATIONAL COLLABORATIVE OUTCOMES MANAGEMENT BACKGROUND



Five Decision Points

Information from TCOM tools such as the ANSA is designed to follow the course of the individual from system access to goal attainment and transition. Data feedback are configured to support decisions appropriate to different roles at each level of the system.

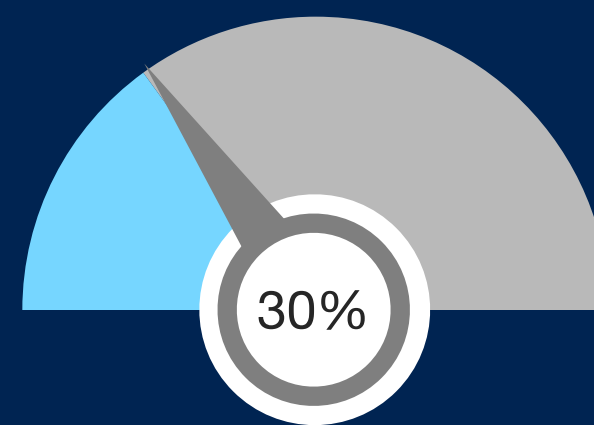
CONTRIBUTIONS TO POSITIVE OUTCOMES



Client

The client is the single most potent contributor to the treatment outcome.

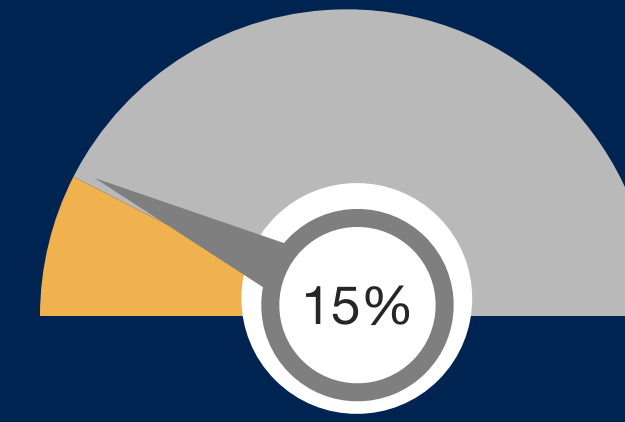
We must cultivate client strengths.



Therapeutic Relationship

The client's perception of the therapeutic relationship impacts outcomes.

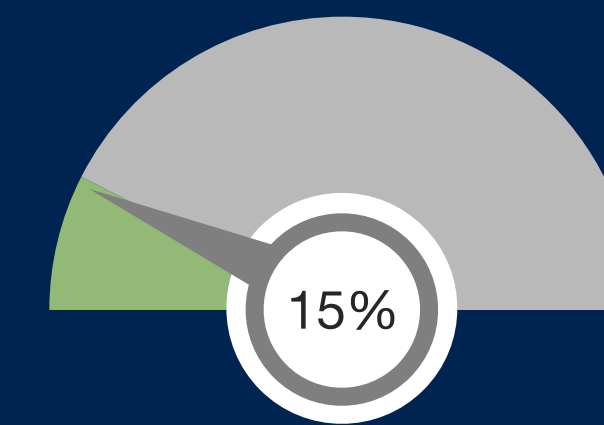
Authentic relationships matter.



Expectations

Positive expectations and hope create a sense of empowerment and possibility.

We can influence expectations and build on client resources.

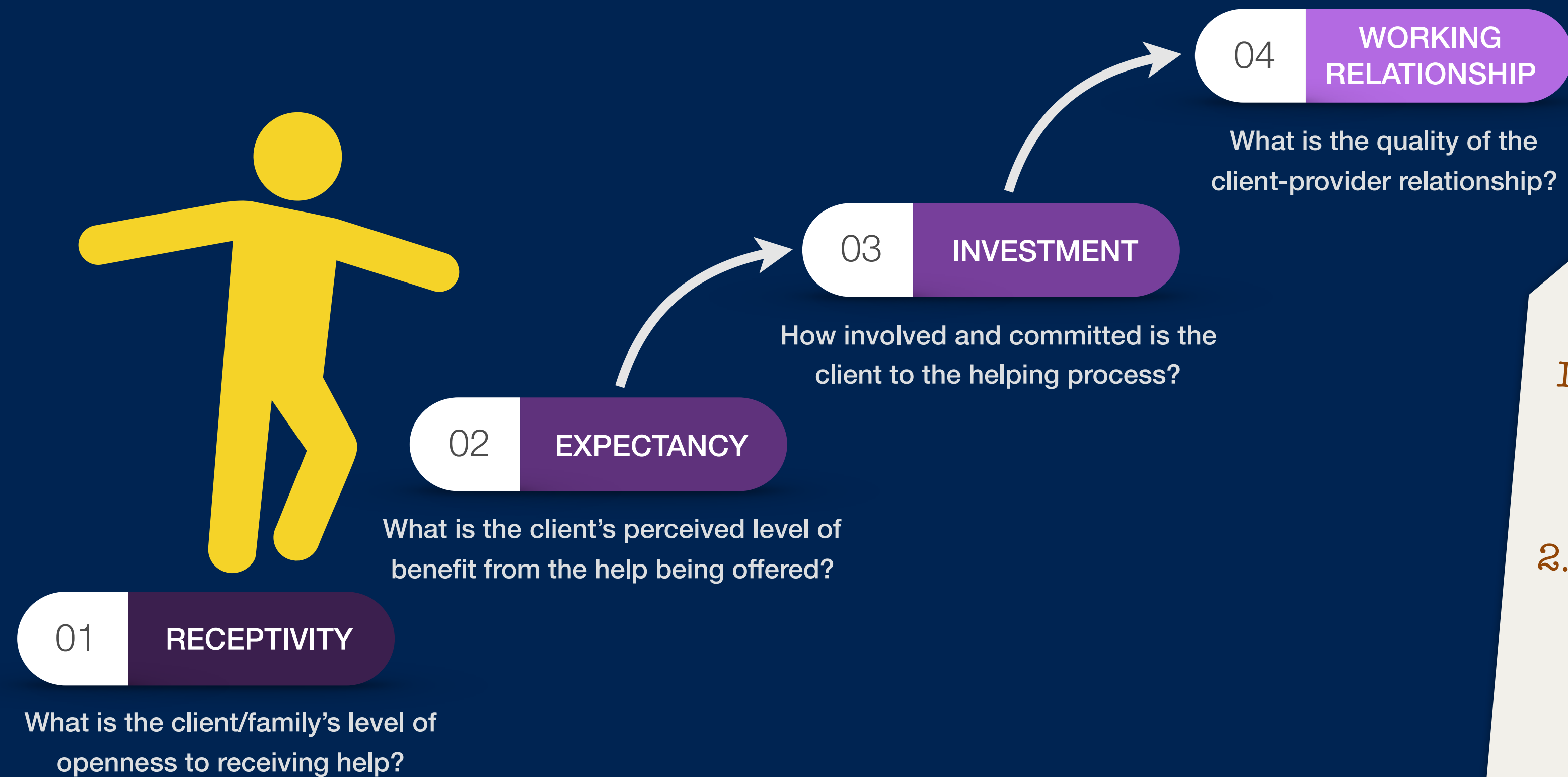


Treatment Approach

Treatment models and techniques positively impact outcomes.

Collaboratively identifying interventions and strategies with clients and families works best.

ESTABLISHING CLIENT ENGAGEMENT



No. 04

1. Identify & describe the benefits of client engagement.
2. Explain the common barriers and strategies to achieving client engagement.

Engagement

TCOM/CANS SKILL BUILDER

START

Develop the individual's story. Identify strengths and needs. Complete the ANSA; discuss with individual.

With individual, develop the shared understanding of the needs and desired outcomes.

Map ANSA items to the shared understanding.

2

Link ANSA items to identified needs. Link ANSA items to outcomes. Identify interventions or services to achieve outcomes.

3

...ne how will be
...outcomes and
...ms.
...an as needed.

FINISH

Identify what supported the change (skills, tools, strategies, resources). Celebrate progress!

4

No. 05

1. Describe a collaborative assessment process and how the CANS is integrated into this process.
2. Describe the role of cultural humility in collaborative assessment.

Collaborative Assessment

TCOM/CANS SKILL BUILDER



ACBHCS ANSA DOMAINS AND ITEMS

- Domains
 - Traumatic/Adverse Childhood Experiences
 - Life Functioning
 - Individual Strengths
 - Cultural Factors
 - Behavioral Health Needs
 - Risk Behaviors
 - Caregiver Needs (optional)
- Extension Modules
 - Health
 - Vocational/Career
 - Developmental Needs
 - Parenting/Caregiving
 - Substance Use
 - Traumatic Stress
 - Suicide Risk
 - Dangerousness
 - Crime

No.  06

1. Have a clear description for each item; be able to articulate a clear action level for a given scenario.
2. Communicate the difference between the action levels and the item descriptions and when to use each.

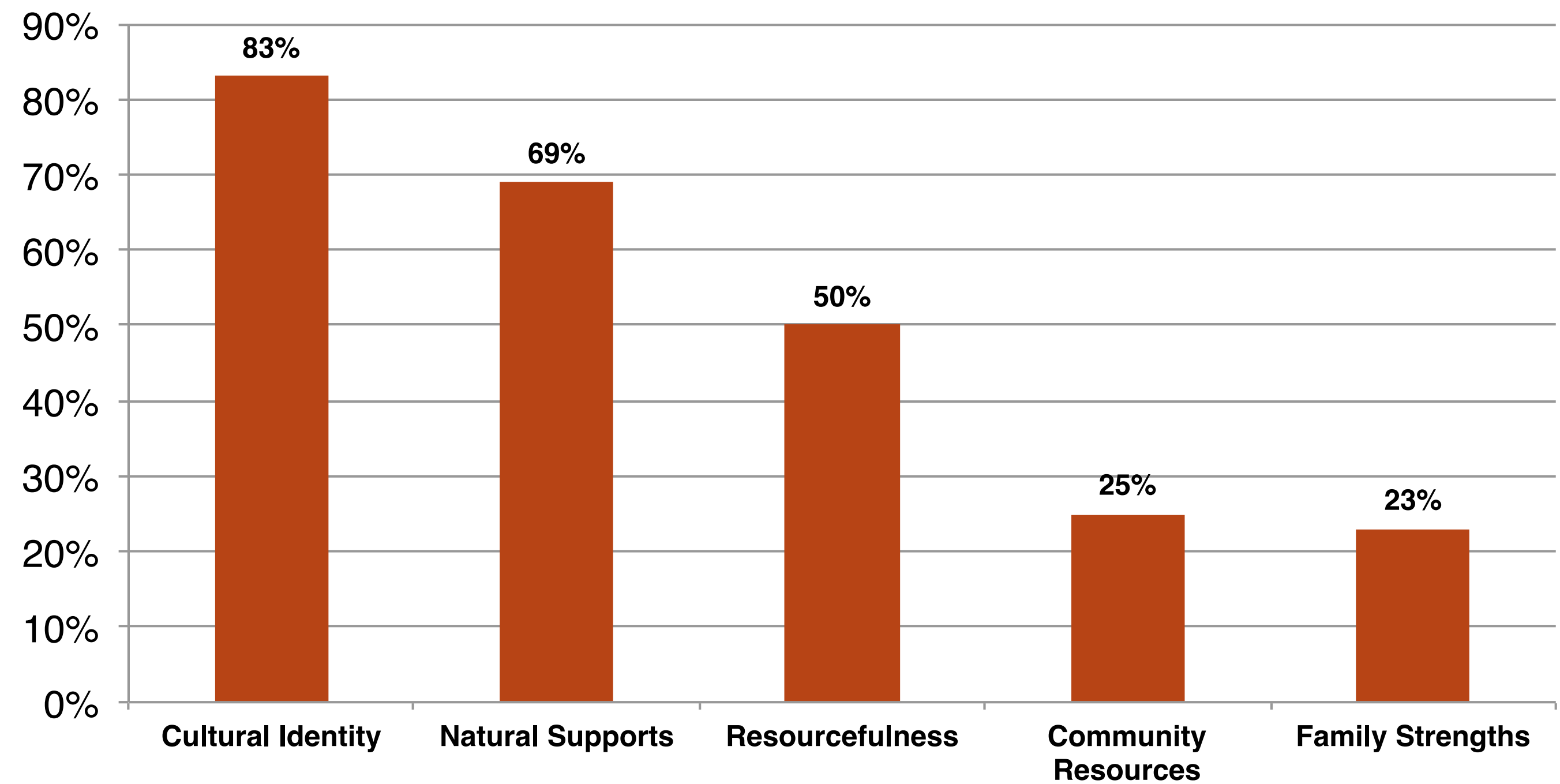
Domains & Items

TCOM/CANS SKILL BUILDER

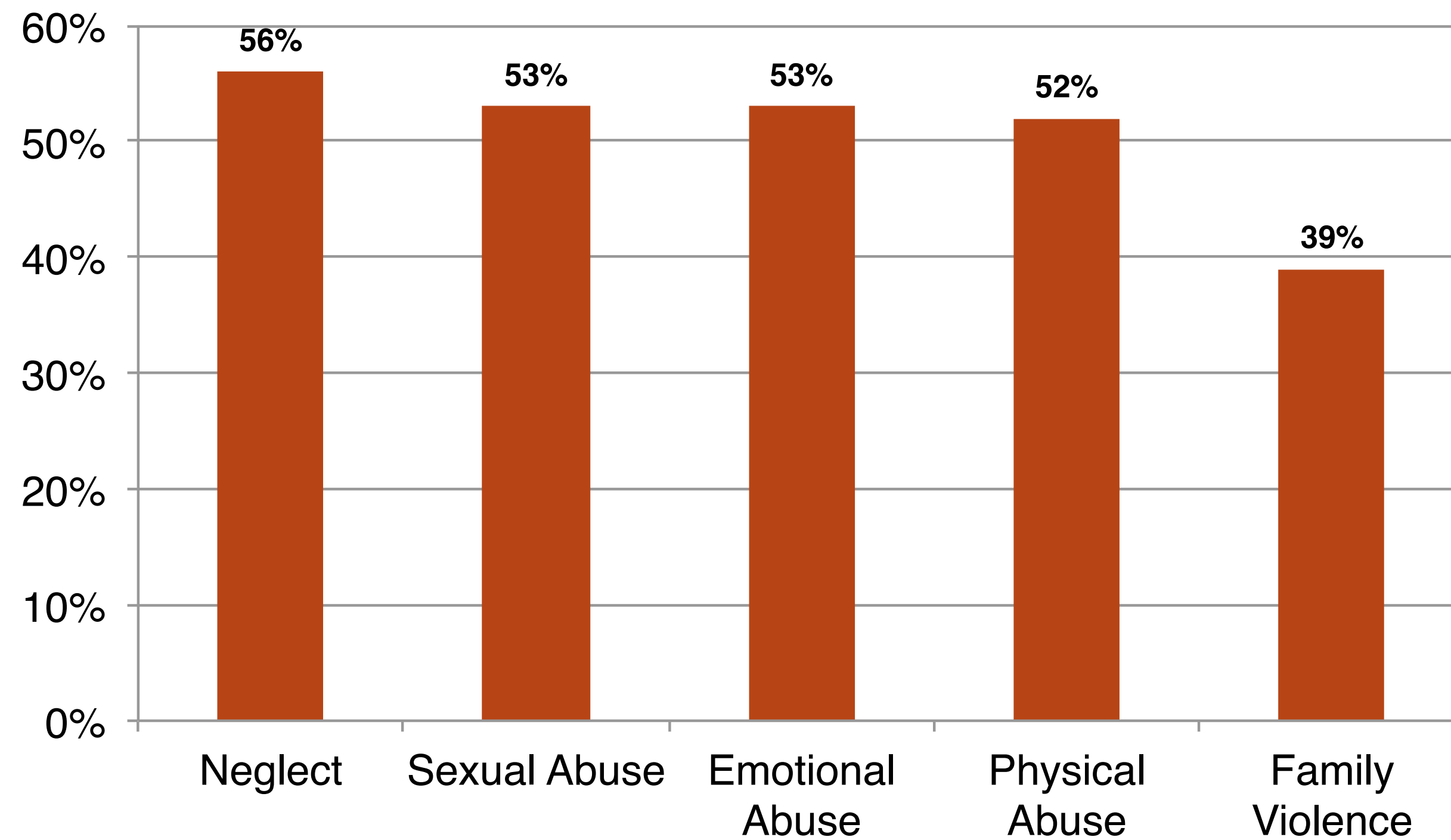
ACBHCS ANSA TRIGGER ITEMS

Domain	Trigger Item	Module Triggered
Life Functioning	Physical/Medical	Health
Life Fuctioning	Developmental Functioning	Developmental Needs
Life Functioning	Parental/Caregiving	Parenting/Caregiving
Behavioral Health Needs	Substance Use	Substance Use
Behavioral Health Needs	Adjustment to Trauma	Trauma
Risk Behaviors	Suicide Risk	Suicide Risk
Risk Behaviors	Danger to Others	Violence
Risk Behaviors	Unlawful Behavior/Criminal Behavior	Crime

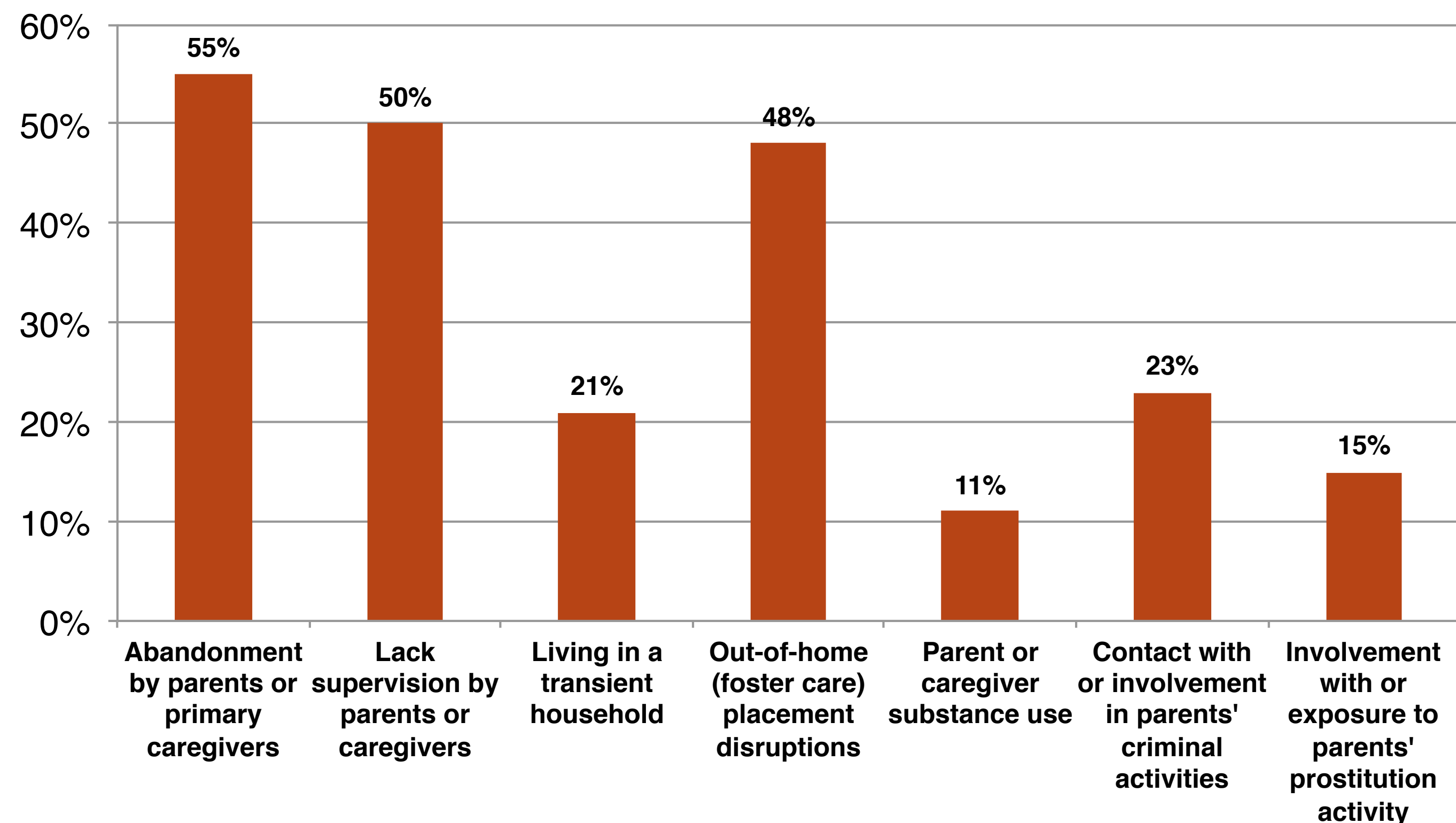
YOUTH'S EXTERNAL STRENGTHS



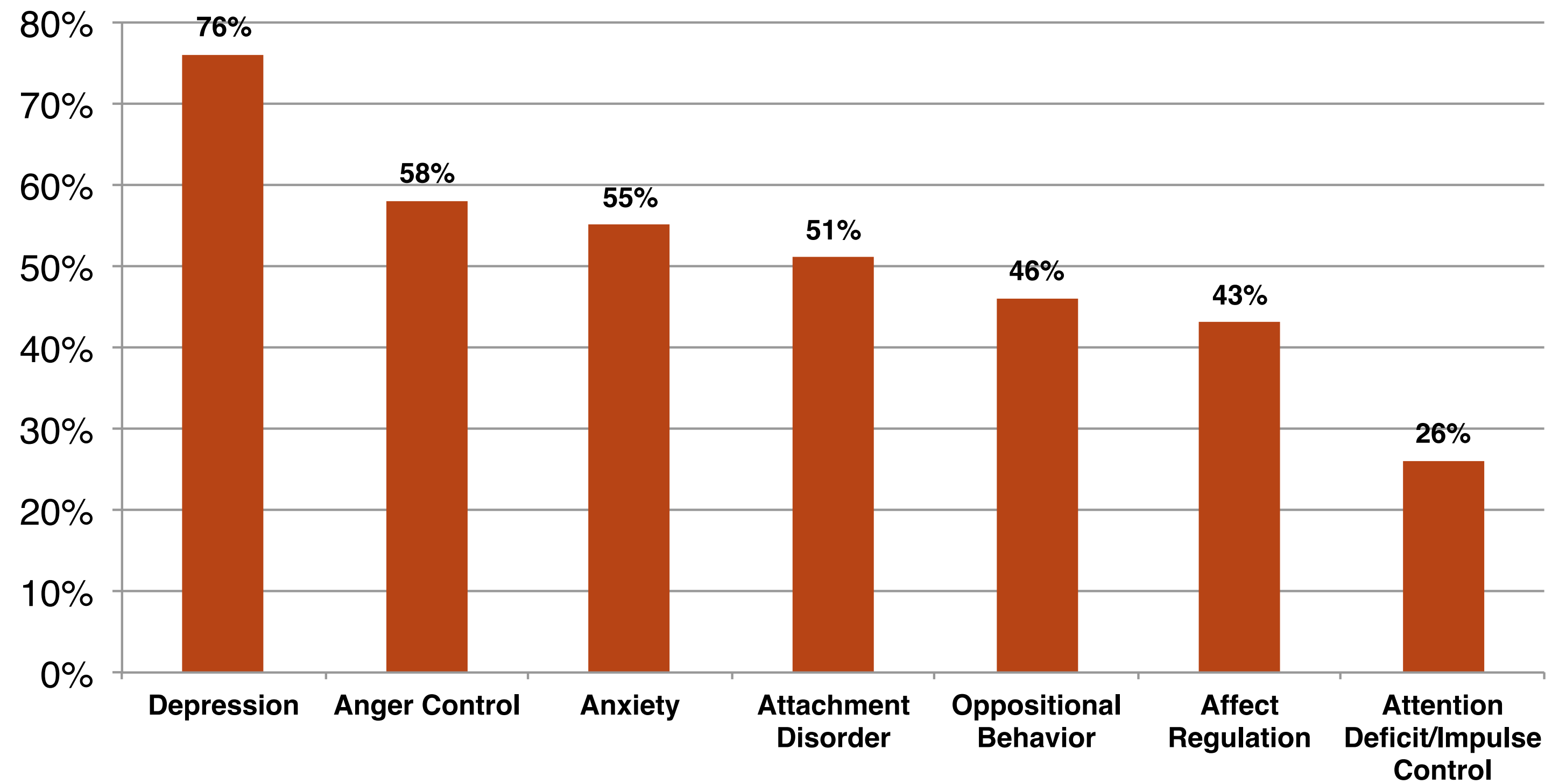
EXPOSURE TO TRAUMA & HISTORY OF ABUSE



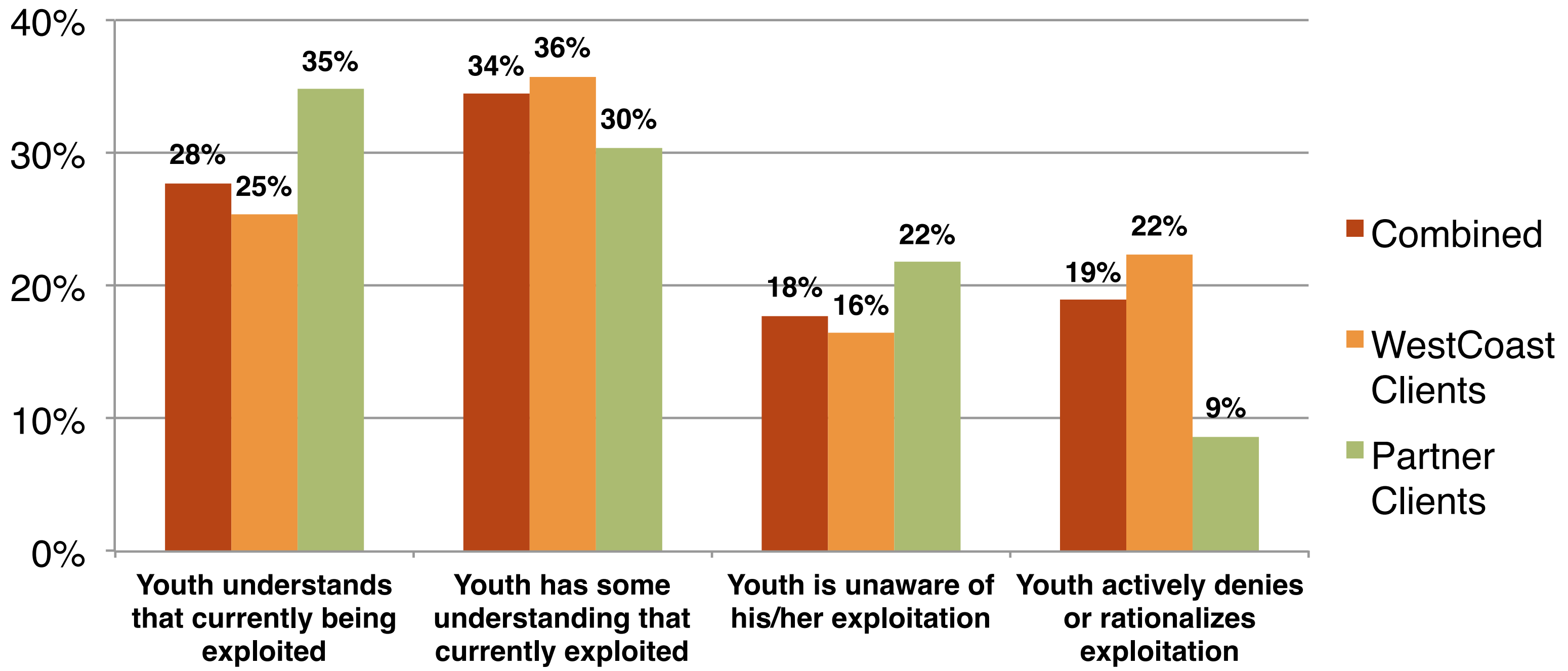
PREVALENCE OF KNOWN FAMILY DISRUPTIONS



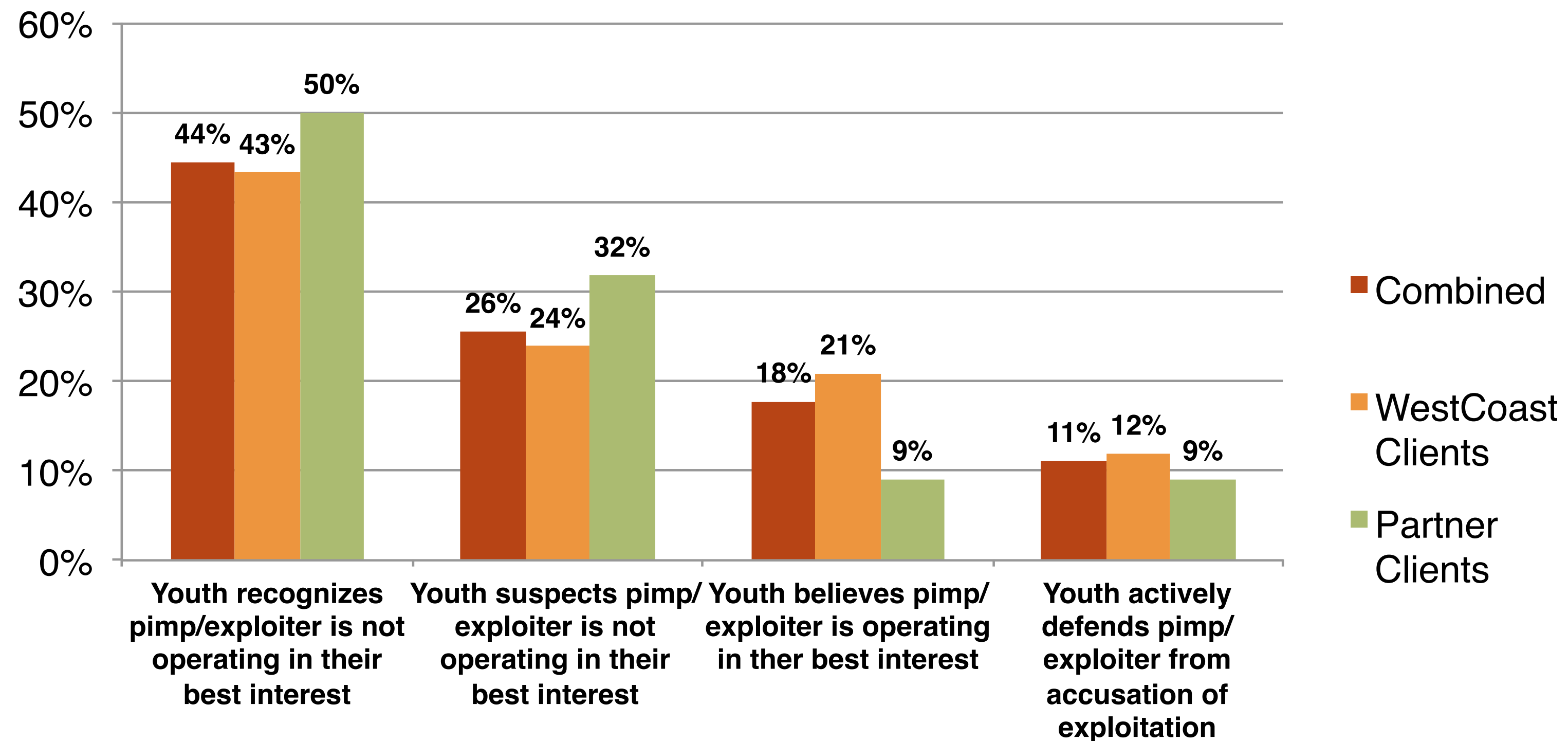
PREVALENCE OF MENTAL HEALTH NEEDS



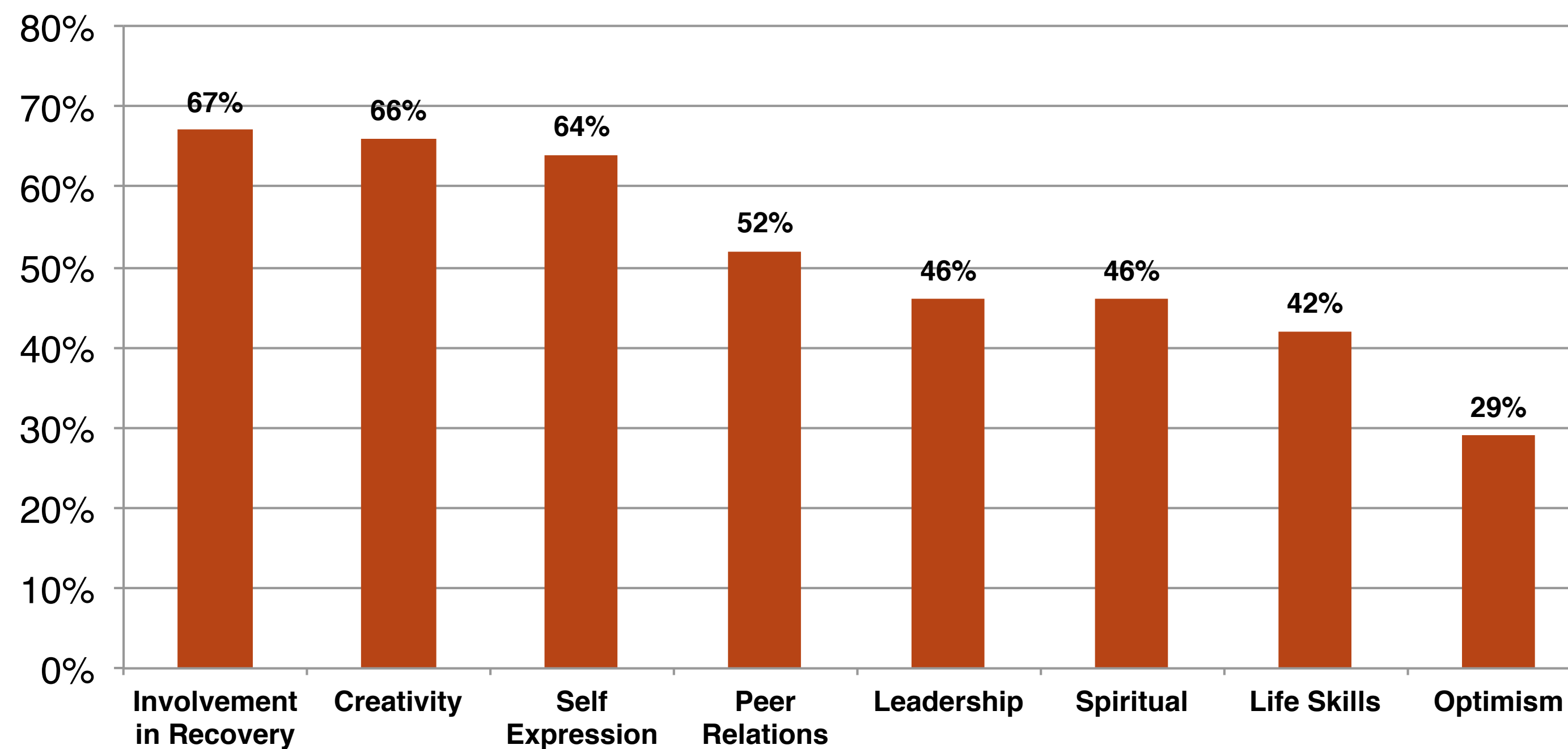
KNOWLEDGE OF EXPLOITATION



TRAUMA BONDING/STOCKHOLM SYNDROME



YOUTH'S INTERNAL STRENGTHS



...AND AFTER 6 MONTHS OF TREATMENT

50% of youth with sleep problems see improvements in their ability to get a full night's sleep or have only occasional sleep interruptions

29% of those with medical impairments see improved ability to manage their medical problems

51% see improvements in their school behavior

30% see improvements in school attendance

29% see improvement in school achievement



LEARNING ACTION RATING FLUENCY ANSA PRACTICE VIGNETTE

- Provides an opportunity for a deep dive into understanding the communitric principle of actionable items.
- Discussions on vignettes and ratings:
 - helps us understand how our assumptions on a case impacts how we see a youths' needs and strengths.
 - provides us with an opportunity to practice surfacing disagreements about our perspectives on youths' needs or strengths (pre-rating triangulation).
- Helps us understand that establishing reliability is not separate from our process of relating to, and working with our clients.

Tips to Rating a Vignette

Completing a practice or test vignette can be very frustrating:

- ✓ If there is no information in the vignette related to a particular item:
 - **rate a NEED 0 (no need)**
 - **rate a STRENGTH 3 (no strength)**
- ✓ Take the vignette literally—don't over think, make any assumptions or add extra information (from your knowledge base or experience) into the vignette.
- ✓ Review the **ANSA User Tip Sheet**.





DEVELOPING A MOCK VIGNETTE

- **Write a Vignette.** It's best to use a composite of people (rather than a single person) for your vignette.
- Using the ACBHCS ANSA Rating and Rationale Worksheet, rate your vignette and provide a rationale for each rating.
- Approximately half of your ratings should be actionable.

CREATING A ROADMAP FOR CHANGE

COLLABORATIVE TREATMENT PLANNING

No. 07

1. Identify & describe the basic assumptions of a strength-based approach to treatment planning.
2. Categorize CANS items by areas of need: background, targets, outcomes.
3. Demonstrate the creation of goals and objectives.

**Collaborative
Service Plans**

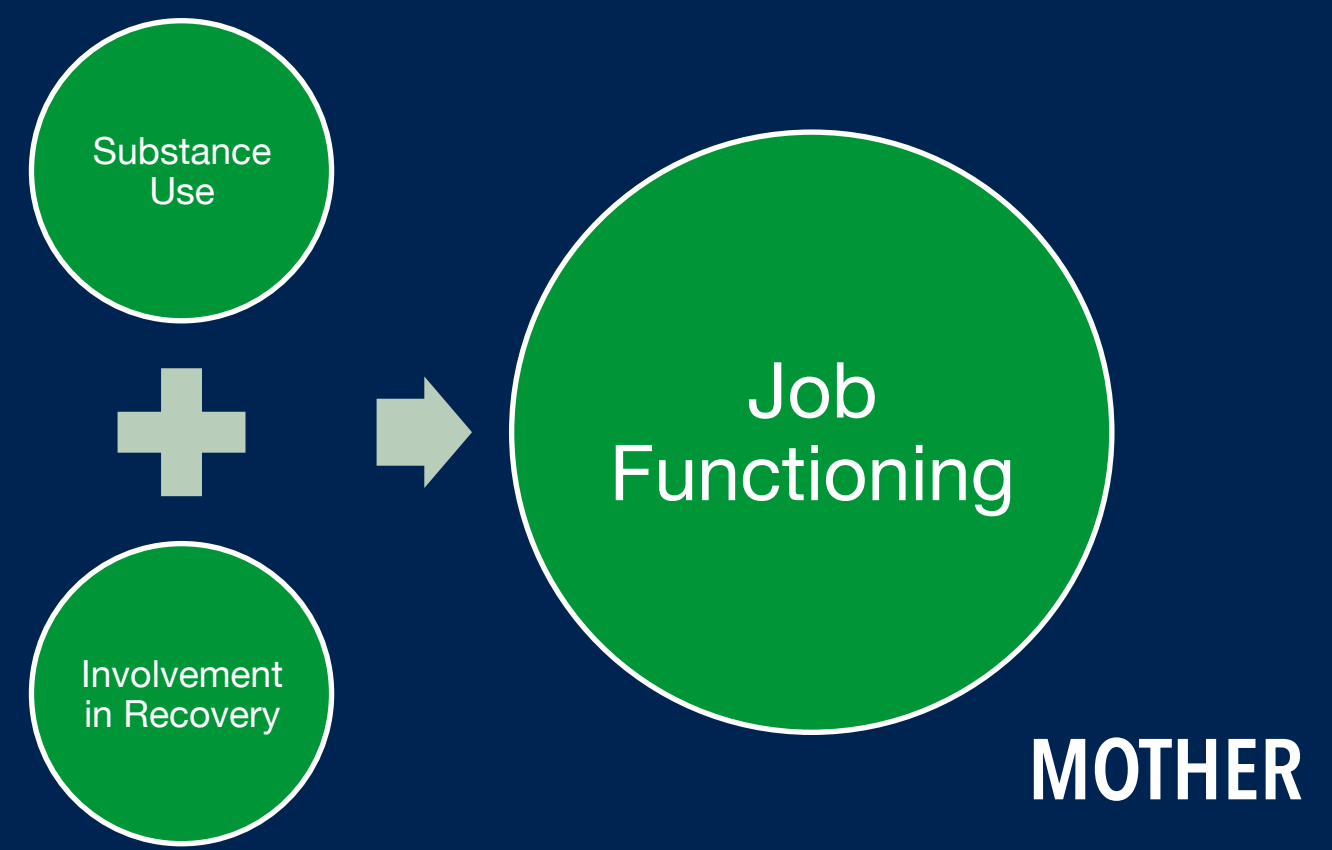
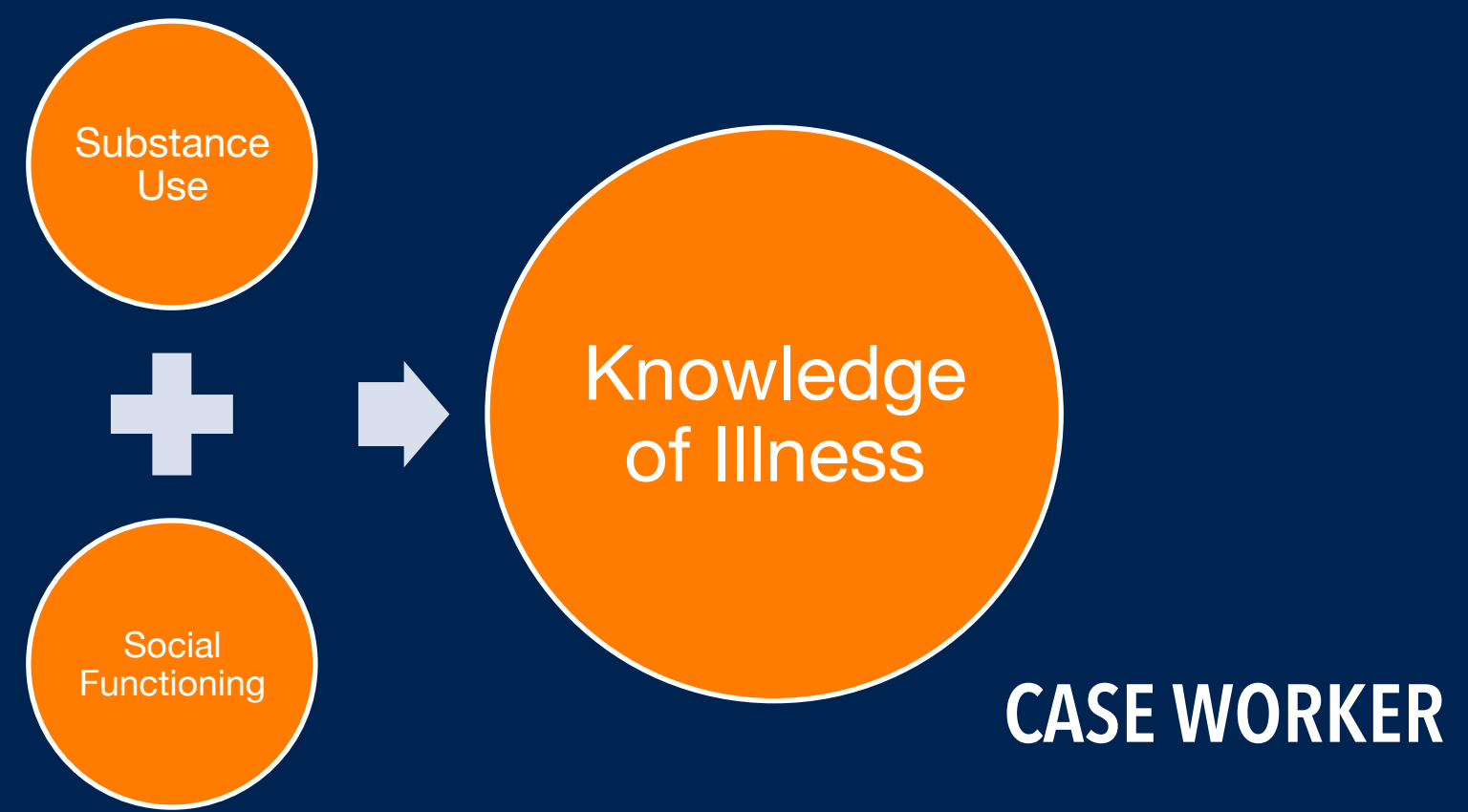
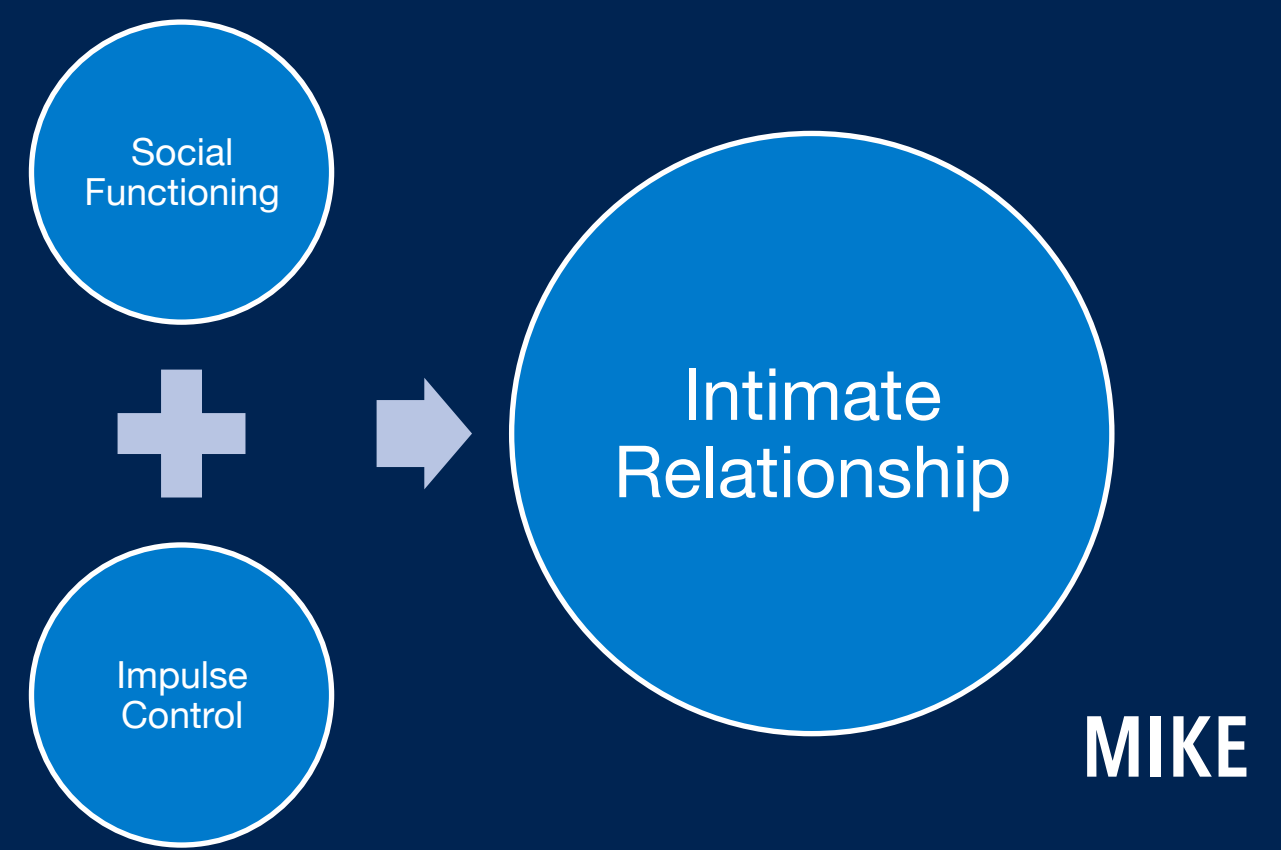
TCOM/CANS SKILL BUILDER

- Creating a shared understanding to take in multiple perspectives
- Prioritizing needs and leveraging strengths
- TCOM framework for thinking through the plan

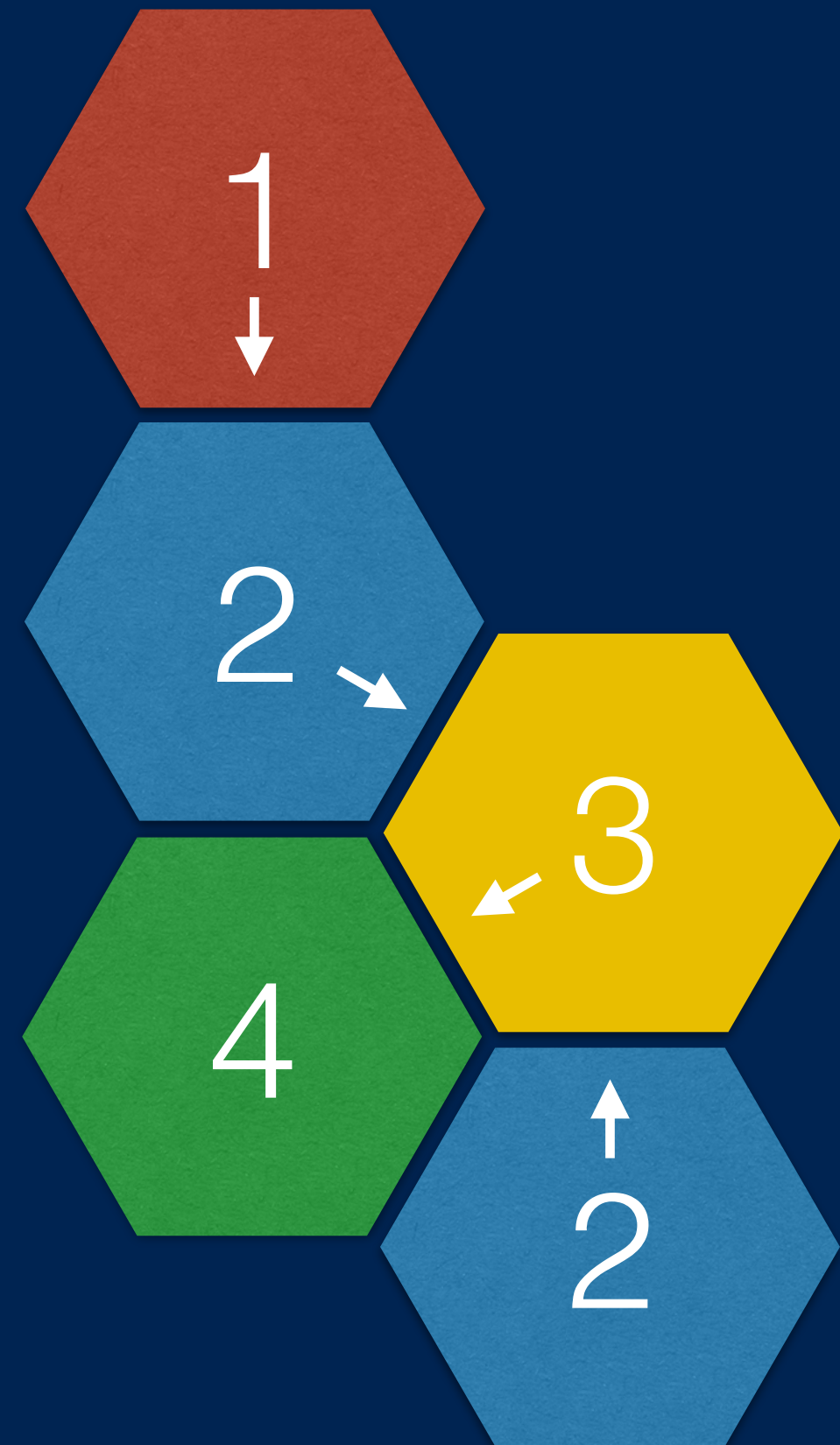
MIKE EXAMPLE

Medical Trauma	2	Employment	3
Social Functioning	3	Self-Care	1
Legal	1	Talents and Interests	3
Involvement in Recovery	2	Family Strengths	1
Intimate Relations	2	Resourcefulness	1
Impulse Control	2	CG Knowledge	1
Substance Use	2		

MIKE EXAMPLE: MULTIPLE PERSPECTIVES



FACILITATING TRANSPARENCY IN THE TREATMENT COLLABORATIVE CASE CONCEPTUALIZATION



Connecting the dots. Helping clients/families understand their lives from past to the present, outlining how a particular difficulty has developed, persisted and the various cognitive, emotional, behavior effects and interpersonal difficulties generated as a consequence.

Critical aspect of treatment. Sharing the case conceptualization has the potential to facilitate the individual's therapeutic experience, insight and understanding; can facilitate client's/family's experience of feeling understood.

Collaborative and co-created is key. To be effective, case formulation must be a collaborative endeavor, comprise the client and family's views and beliefs, and not imposed (covertly or otherwise).

Working Together

- ◆ Supports clinicians in their work with individuals to develop a narrative/ understanding of the current challenges that can be revisited throughout the course of treatment.
- ◆ The narrative on the individual's needs should integrate information from the CANS.

Shared Understanding

Process

Activities required to obtain information needed in order to conceptualize the case.

Content

Describes the person and situation: challenges, events, impact, treatment plan.

Hypothesis

How we make sense of the youth's difficulties: how the difficulties began, what factors (internal or external) are maintaining them.

symptom & problem

Identifying any problems and concerns.

predisposing events

temperamental factors, experiences, social, familial or cultural issues, that bias a youth towards development of the particular pattern of problems

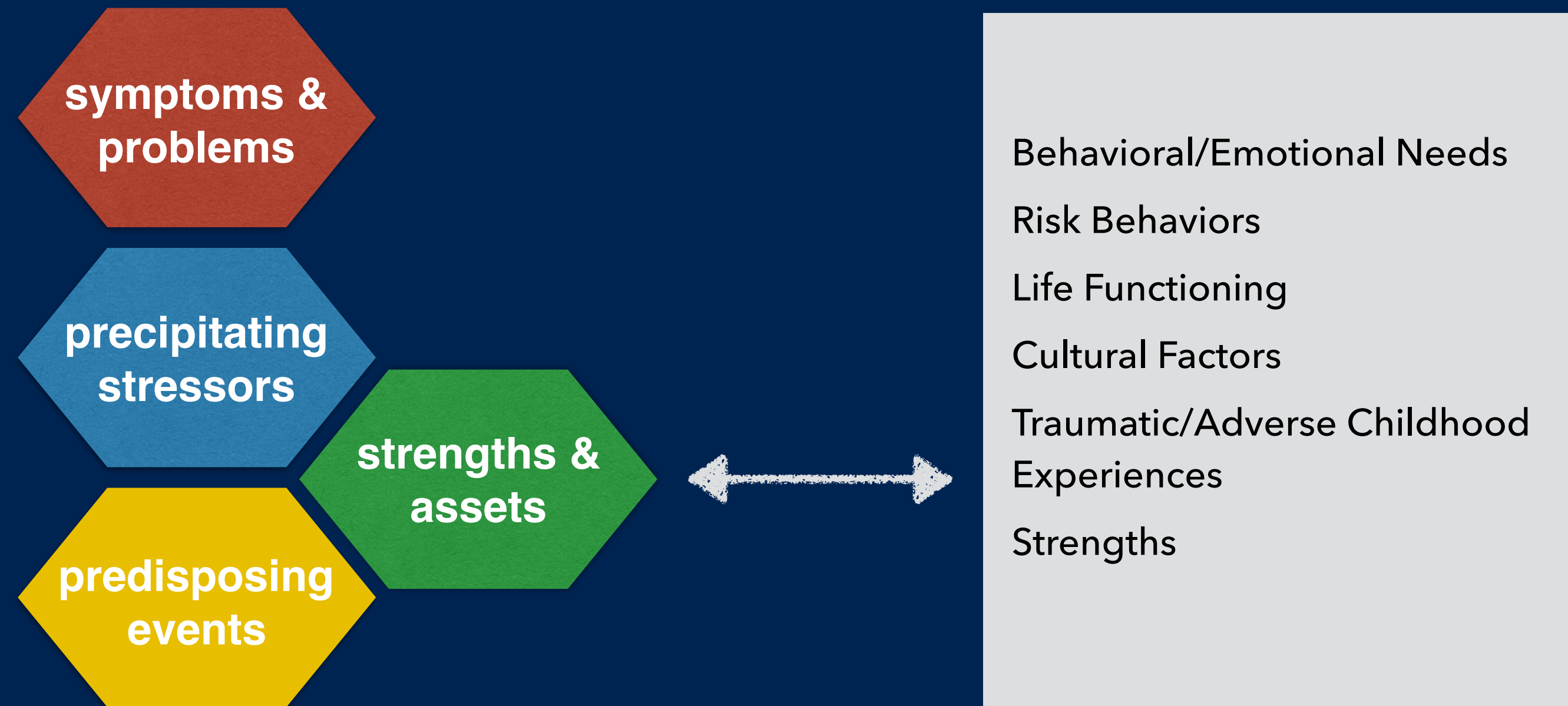
precipitating stressors

precipitants leading to the emergence of the problem, and any perpetuating factors that maintain the current set of problems

strengths & assets

youth or family strengths or assets that have provided supports or served as protective factors

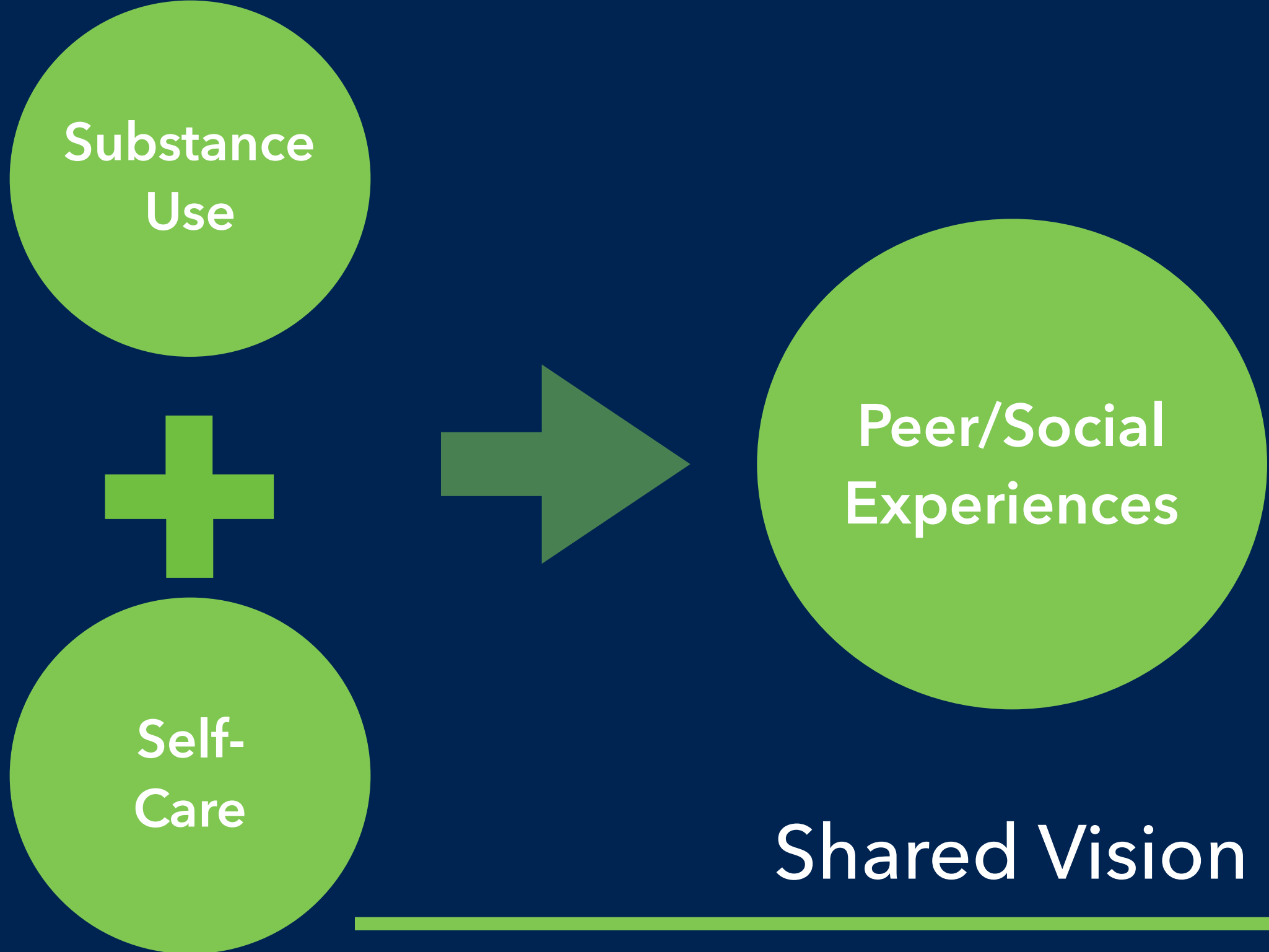
COLLABORATING TO A SHARED UNDERSTANDING



Our shared understanding of the case and the ANSA items support each other:

- The CANS items help to illustrate the shared understanding of the problem.
- The shared understanding of the problem helps to clarify how the ANSA items are grouped and how they relate to each other.

MIKE EXAMPLE: SHARED VISION



THINKING THROUGH THE TREATMENT PLAN

Shared Understanding (conceptualization)	<p>What: What are the functional problems? What are the symptoms associated with the functional problems?</p> <p>Why: Why are the problems occurring? Are there reasons in the individual's history? Triggers in the present?</p> <p>How: How will the individual's functioning improve?</p>
Background Needs	<p>What are the background factors -- predisposing events (past) and precipitating stressors (present) – to the current problems?</p> <p>List associated ANSA items ratings ('2' or '3').</p>
Treatment Targets	<p>What must be addressed to improve functioning? What will be targetted in the treatment?</p> <p>List associated ANSA items and ratings ('2' or '3').</p>
Functional Outcomes	<p>What area of functioning of the individual's life will change as a result of the treatment? If the treatment targets are addressed, what functioning areas will improve?</p> <p>List associated ANSA items, ratings and anticipated change (e.g., Anger Control '2' to '1').</p>
Useful Strengths	<p>What strengths have been helpful in the past and present?</p> <p>List associated ANSA strengths ('0' or '1').</p>
Strengths to Build	<p>Are there strengths that would help the treatment and better achieve the goals but need development or building ?</p> <p>List associated ANSA strengths ('2' or '3').</p>

THINKING THROUGH THE TREATMENT PLAN

Shared Understanding of the Problem (conceptualization)

Mike struggles with isolation and being able to successfully live independently. His poor self-care skills and his substance use contribute to his lack of friends, inability to fully care for himself, and negatively impact his ability to work and support himself.

Background Needs

Mike was involved in a car accident that has left him cognitively disabled. He has had some legal issues in the past.

Treatment Targets

Mike has poor hygiene that contributes to his lack of friends. His substance abuse also prevents him from being able to function and pursue any employment.

Anticipated Outcomes

By addressing Mike's struggles with his substance use and his self-care, Mike will be able to make friends, get along better with others at work thereby improving his independent living skills and his job functioning.

Useful Strengths

Mike's mother is engaged and able to help. Mike's resourcefulness could also be tapped into.

Strengths to Build

Developing Mike's talents and interests could help with his peer relationships.

TARGETS, OUTCOMES, INTERVENTIONS

Goal/ Functional Outcome	Objective/Tx Target Steps to the Goal	Intervention/ Strategy	Timeframe
What functioning area of the person's life will change?	What steps must be taken to accomplish the personal change?	What are the specific interventions and strategies to address the treatment targets or objectives?	What is the estimated length of time to achieve the personal change?
What CANS functional area will improve?	<p>What CANS needs and/or strengths items must be addressed to improve functioning?</p> <p>What CANS strengths items can be used as supports?</p>		

SOME TIPS

- Minimum standard: What would be enough change to support the youth's functioning in that environment?
- Make sure that all stakeholders agree on the goals.
- Be clear about timelines for goals
 - How long does it usually take to see some relief?
 - Will it get worse before it gets better?
 - Youth: "What do I do when the plan feels like isn't working?"
 - How long is too long?

MIKE EXAMPLE: TREATMENT PLANNING

Goal Functional Outcome	Objective Tx Target /Steps to the Goal	Activities and Interventions
<p>1. Mike will meet others and have more positive experiences with peers and friends.</p> <p>Social Functioning: 3 to 2</p>	<p>A. Mike will maintain sobriety of 30-days.</p> <p>Substance Use: 2 to 1 Resourcefulness: 1</p>	<ol style="list-style-type: none"> 1. Identify NA meetings that Mike can attend. 2. Help Mike find a sponsor. 3. Work with Mike to create a transportation plan so that he can attend NA meetings.
	<p>B. Mike will develop a hygiene routine and stick to it (e.g., showering, brushing his teeth and shaving).</p> <p>Self-Care: 2 to 1</p>	<ol style="list-style-type: none"> 1. Mike will attend a 4-week workshop on independent living skills. 2. Match Mike with a peer advocate to provide support and feedback on Mike's progress with maintaining self-care and practicing independent living skills.

CREATING A ROADMAP FOR CHANGE TRAINER TREATMENT PLANS

Create a treatment plan

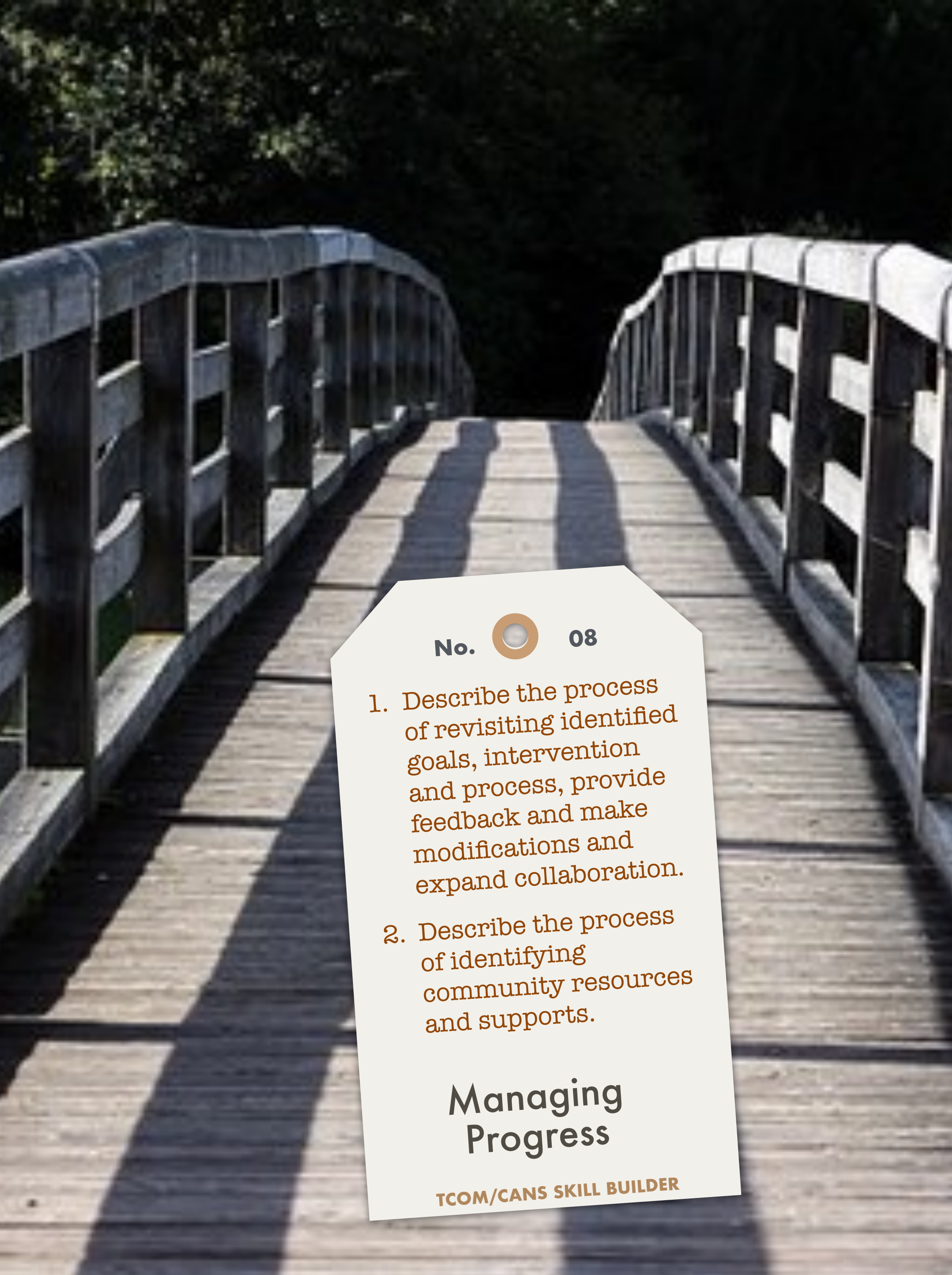
- Using the vignette you created, complete the Treatment Plan Worksheet.
- Complete all of page 1, and at least 1 goal and 1 objective.
- Make sure you identify the ANSA items that are part of your plan.



Plan B



Plan A



LINKING TO THE FUTURE

ENSURING PROGRESS TO WHAT'S NEXT

No.  08

1. Describe the process of revisiting identified goals, intervention and process, provide feedback and make modifications and expand collaboration.
2. Describe the process of identifying community resources and supports.

Managing Progress

TCOM/CANS SKILL BUILDER

- With the youth and the family, identify benchmarks for the treatment targets and functional outcomes that alert the team to when things are working and when they aren't. Monitor these benchmarks.
- Be willing to make changes to the treatment plan before compliance regulations require you to do so.
- Develop the individual's toolkit: Identify what supported the change — what worked and what didn't work and why.
- Celebrate successes with the individual.



FREQUENTLY EXPRESSED CONCERNS
**"IT TAKES TOO LONG
TO COMPLETE...!"**

FREQUENTLY EXPRESSED CONCERN # 1

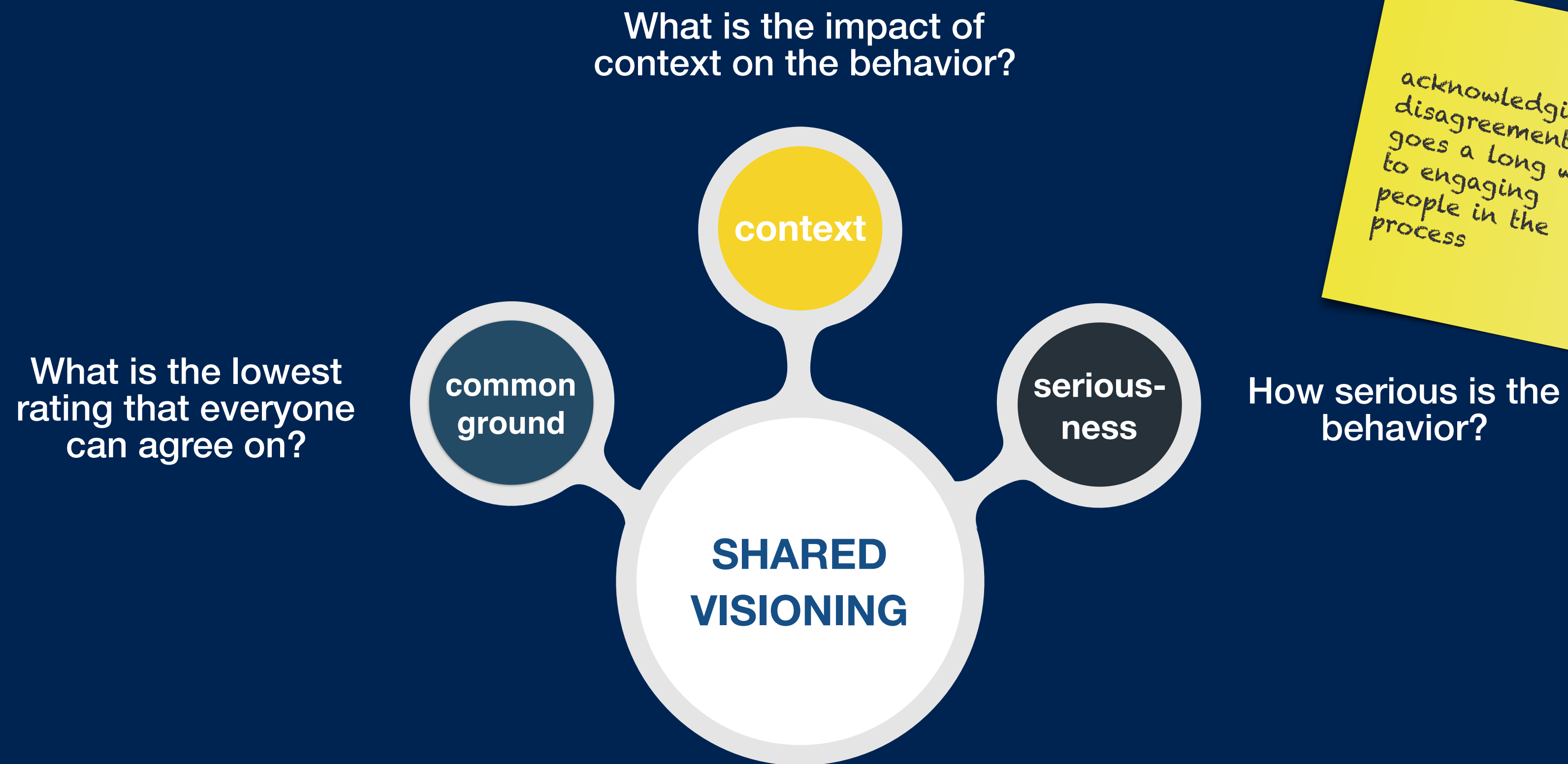
"The CANS/ANSA takes too long to complete."

"Completing the CANS/ANSA takes time away from



FREQUENTLY EXPRESSED CONCERN # 2

"What's the point of this if we can't agree on the ratings?"



FREQUENTLY EXPRESSED CONCERN # 3

“There are too many actionable items. It does not promote focal treatment planning, or provide guidance on the one thing to focus on in treatment.”

The CANS/ANSA is a tool for critical thinking. It requires that the direct care provider use his/her skills and experience in determining how to develop the treatment plan.



FREQUENTLY EXPRESSED CONCERN # 4

"There are too many questions. And many of the questions are not relevant to the work that we do."



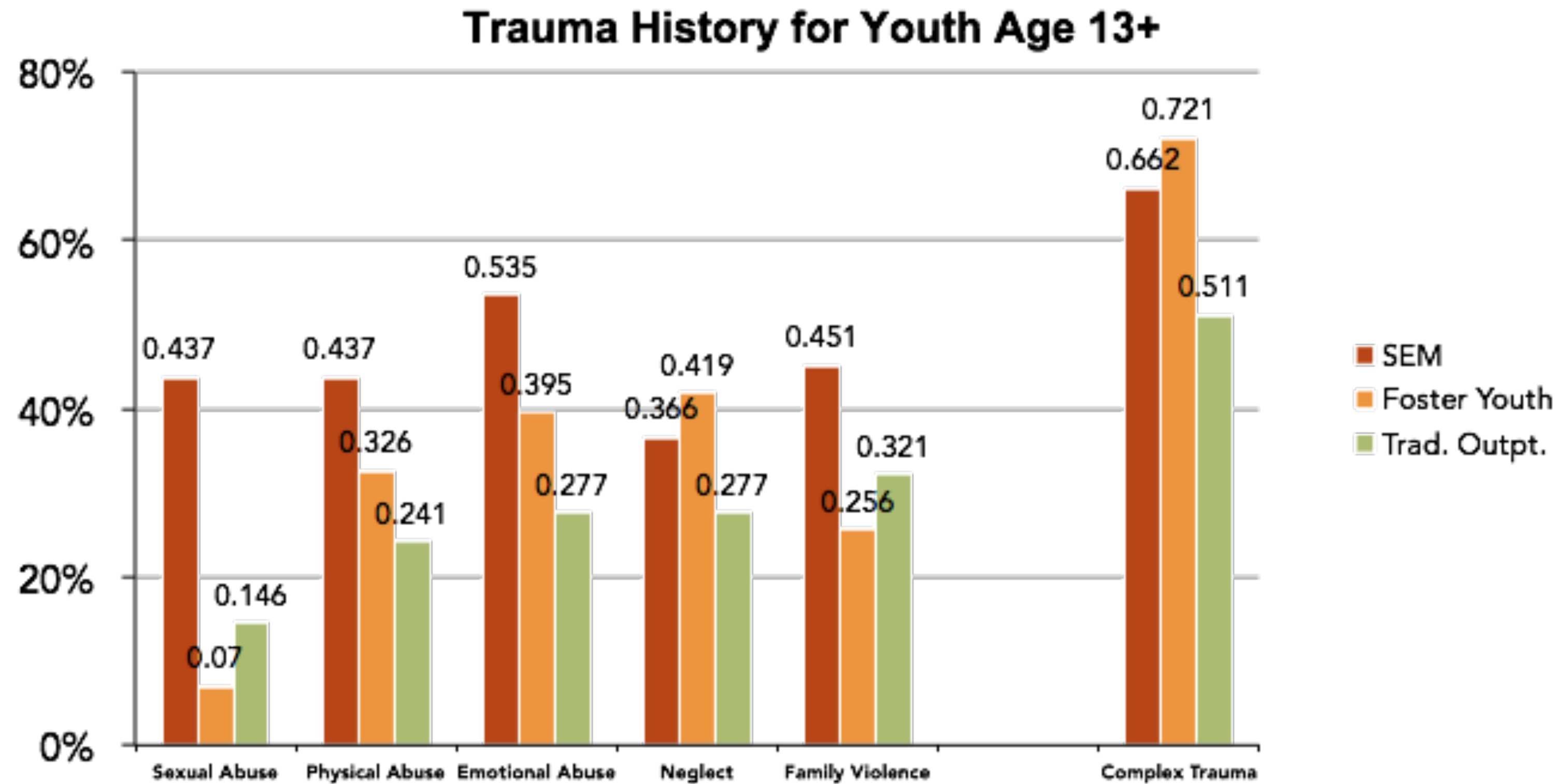
- Our assessment processes helps us gather information so that we can understand the whole person.
- The ANSA helps us organize that information so that we can understand their needs and how best to approach working with them on addressing those needs.

FREQUENTLY EXPRESSED CONCERN # 5

"I'm not sure how the CANS/ANSA adds value to my work."

- When you don't get any feedback, you don't know if anything is working, and you can't figure out what is needed to make things better.
- Ways in which the CANS/ANSA supports your work:
 - The model (Transformational Collaborative Outcomes Management) requires client/family engagement in all aspects of the process. This improves the chances of real personal change.
 - The tool (CANS/ANSA) provides information in a broad way (whole child, whole program) for decision support (treatment planning priorities, identifying when things aren't working, determining when goals have been met) — but you have to use the information that it provides.

EXAMPLE: COMPLEX TRAUMA



EXAMPLE: COMPLEX TRAUMA

How did this information help our work?

Youth with complex trauma:

- had higher levels of service utilization (i.e., more likely need intensive services and stay longer in the program). The longer the program participation, the better the outcome.
- responded to the programs just as well as those without complex trauma
- showed fewer strengths and higher need for strength improvement at intake. There were significant levels of improvement in their strengths over time.

Time 1: Strengths to Build	Time 2: Strengths Improved
Family Support	Family Support
Interpersonal/Social	Interpersonal/Social Connectedness
Optimism	Optimism
Community Connection	Talents and Interests (ns)
Relationship Permanence	Relationship Permanence
Resiliency	Resiliency
Resourcefulness	Resourcefulness
Talents and Interests	Talents and Interests (ns)
Educational Setting	Talents and Interests (ns)
Spiritual/Religious	Spiritual/Religious

EXAMPLE: COMPLEX TRAUMA

How did this information help our work?


Evidence of programmatic needs:

- Provided a context for the HR department to understand the workforce needs (recruitment, retention, benefits; trauma informed organization)
- Provided a context for staff professional development (training, supervision/coaching)
- Provided program level management metric (workload management)
- Facilitated critical review of program level theory of change, metrics, and treatment interventions
- Important context to describing program level outcomes to funders

FREQUENTLY EXPRESSED CONCERN # 6

“The CANS/ANSA requires checks and balances to protect against over and under rating.”

- Checks and balances occur while developing the shared vision on the individual/family (e.g., client, caregiver, natural supports), program (e.g., supervision, program CQI) and system levels (e.g., system CQI).
- Identifying the reasons for over and under rating needs and strengths can help surface issues and that can be addressed in ways that are more transparent, appropriate and effective.

- 
- In your small group, identify at least 10 barriers to implementing TCOM or the ANSA in your organization. These can be issues that your organization is already struggling with, or concerns you have.
 - Write down your list of 10 barriers and be prepared to share it with the large group.

BARRIERS AND STRATEGIES



INTRODUCING THE ANSA

**PROVIDING LEADERSHIP IN
IMPLEMENTING PRACTICE
CHANGE**

CERTIFIED SUPERUSER/TRAINER REQUIREMENTS

In order to complete your requirements to be a Certified SuperUser/Trainer you must:

1. achieve an ANSA certification reliability of .80
2. develop and submit an ANSA vignette with recommended ratings and rationale
3. develop and submit and plan of care using the ANSA vignette that you created, using the corresponding ratings
4. submit your introduction to the ANSA

These materials must be submitted by October 14th electronically to: mfernando@chapinhall.org

FOR YOUR ATTENTION & PARTICIPATION THANK YOU!

April D. Fernando, PhD
Policy Fellow • TCOM Operations Lead
afernando@chapinhall.org

Chapin Hall at the University of Chicago
1313 E 60th Street
Chicago, IL 60637

ChapinHall
at the University of Chicago