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# Annual Evaluation Report 2020



Centro Sávila: Evaluating multileveled perspectives of  
organizational growth





# Executive Summary

Centro Sávila (CS) has served South Valley communities by providing high quality behavioral health care, assistance in navigating the healthcare system, and community support services. Culturally appropriate services are provided regardless of ability to pay. CS's staff aims to encourage a peaceful and respectful healing space that is accessible to uninsured populations in Albuquerque. All of CS's programs share a commitment to empowering clients by taking a systemic perspective and engaging community and individual resources to encourage and maintain positive mental and behavioral health outcomes.

CS addresses a need in the community for culturally appropriate care and advocacy. Because of this, there is a high demand for the services provided by CS. In the short amount of time that CS has been operating, the organization has experienced extraordinary growth including opening a new location, the Hopkin's Center, in Albuquerque's International District. In response to the needs of its clients, the organization has started and maintained multiple programs and has formed partnerships with city and county governments and other organizations in the community.

CS has experienced rapid growth in funding and in the services provided by the organization. Growth into new geographic areas and an expansion of staff and services has led to new challenges as leadership continues to work to avoid "mission stray". The Evaluation Lab worked with CS to evaluate leadership, management and staff's perspectives of the ongoing changes experienced by the organization in its current period of rapid expansion. Specifically, the evaluation team analyzed how staff, management, and leadership perceived, were involved in, and are affected by the ongoing changes. Additionally, the evaluation team utilized information gathered from focus groups and meetings with leadership to identify recommendations to support the organization's mission.

The evaluation team conducted two meetings with the leadership team and separate focus groups with the leadership team, management, and staff. Focus groups were chosen for data collection because they can foster more elaborative responses and they are useful in gathering subjective experiences and illuminating multifaceted issues within a group dynamic.

Data analysis suggests CS leadership, managers, and staff are largely aligned in their perceptions of the ongoing change experienced by the organization, although from varying viewpoints. All groups are highly committed to CS's mission and understand the need for growth in order to meet the needs of communities that are grossly underserved. Major areas of overlapping concern center on planning, particularly regarding communication and job roles, as well as geographic distribution of services.



# Introduction

Since 2011, Centro Sávilá (CS) has served South Valley communities by providing high quality behavioral health services, assistance in navigating the healthcare system, and community support services regardless of an individual's ability to pay. CS's staff aims to create a peaceful and respectful healing space that is accessible to all members of the community.

In addition to behavioral health, Centro Sávilá's services include a Medicaid enrollment program. The organization also provides services through the Critical Time Intervention (CTI) program, which aims at minimizing the long-term impact of early childhood trauma through family counseling. CS is also part of the Bernalillo County Pathways program, providing navigators to help fill individuals' unmet needs and, in so doing, help improve health outcomes and reduce health disparities. Currently, CS serves in locations in

***“We want to build a healthier, more engaged, and more equitable community. Everything should be moving toward these goals.”***

the International District and the South Valley, and provides peer support in the North West homeless shelter. In short, all of CS's programs share a commitment to empowering clients by taking a systemic perspective and engaging community and individual resources to encourage and maintain positive mental and behavioral health.

In the short amount of time CS has been providing services, the organization has experienced rapid growth and restructuring. This current growth process involves the following components:

- geographic expansion
- financial reorganization
- organizational restructuring to clarify management and staff's roles

Accelerated growth has been accompanied by new programs and grants which contribute to the organization's mission while creating new logistical and operational needs. This has included securing new streams of funding through city, state, and federal grants, adding the aforementioned Hopkins Center in Albuquerque's International District,<sup>1</sup> and expanding programs through collaborations with community partners to meet client and community needs.

The main goal of this evaluation is to assess how individuals in positions of leadership, management and staff perceive and experience the ongoing changes as a result of CS's rapid growth. To accomplish this, this evaluation asks the following questions:

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<sup>1</sup> Formerly part of Samaritan Counseling Centers, now closed.

1. How does each group perceive the ongoing changes?
2. How have members of each group been involvement in the changes?
3. How do the ongoing changes affect their work?
4. What changes would they like to see regarding the ongoing growth?



## Work Performed

The UNM evaluation team conducted two meetings with leadership and three focus groups; one each with Centro Sávilá organizational leaders, managers, and staff. The focus group protocol for meetings with managers and staff were developed based on the outcomes of previous meetings and focus groups in order to respond to the rapid changes experienced by the organization. Management and staff participated with the approval of CS leadership.

This evaluation was conducted using a participatory approach. Throughout this evaluation CS's evaluation coordinator, Martha Becerra, assisted in coordinating meetings and focus groups and was instrumental in providing documentation regarding the organization's structure and growth. The first two meetings and focus groups conducted with CS leadership (Executive Director and Director of Operations) determined the scope of the evaluation within the context of the needs of the organization. It was determined the focus of the evaluation would identify how managers and staff perceived, understood, and participated in the ongoing growth experienced by CS. These focus groups and meetings were also used to evaluate the organizational leaders' perceptions of the growth. The focus groups and meetings were recorded while a team member took detailed notes used later for analysis purposes.

Using the notes, audio recordings, and experiences gained from the focus groups and meetings the UNM evaluation team discovered general themes expressed by staff, managers, and the leadership team. Findings from completed meetings and focus groups were utilized to construct the protocols for subsequent focus groups. Participatory evaluation, an approach that involves the stakeholders of a program in the evaluation process and design, was implemented for the duration of the evaluation.

The manager and staff focus groups conducted by the UNM evaluation team took place at the Hopkins Center which is a familiar location for the participants as the site where staff meetings are normally held.

The manager's focus group consisted of three managers, two of whom participated in person and one who participated remotely via telephone (see Appendix A for Manager focus group protocol). Managers were asked which language they preferred to communicate in for the focus group, and it was decided English would be used. The team explained the purpose and process of the evaluation as well as issues of confidentiality. The managers were advised the

focus group would be recorded for later analysis and they agreed to the use of a recorder. The UNM team facilitated and took notes during the focus group. Each manager had an opportunity to respond to each question. At the conclusion of the focus group the managers were thanked for their participation and advised if they would like to follow up on any of the areas of inquiry they could contact any member of the evaluation team.

Preliminary findings from the manager's focus group, as well as data from previous meetings with the leadership team, were used to inform the construction of the protocol for the staff focus group (see Appendix B). The evaluation team decided on three domains of inquiry corresponding to the management and leadership focus groups and meetings. In order to encourage high levels of participation and elicit responses from all of the participants the evaluation team decided to use an interactive format for the larger staff focus group. Staff were notified the focus group would be conducted at the beginning of their regular monthly staff meeting at the Hopkins Center. Breakfast burritos, fruit, and coffee were provided by CS. The evaluation team introduced themselves, explained the goals and purpose of the evaluation, and how the focus group would be conducted. Staff were notified about confidentiality and gave their consent to be recorded. The focus group was conducted primarily in English, though some staff felt more comfortable speaking or writing in Spanish for certain activities. Two activities required the participants to respond individually on note cards and to draw on paper and then share with the group. Questions were also asked of the group as a whole. At the conclusion of the focus group the staff were thanked for their participation and told they may follow up on any of the areas of inquiry with any member of the evaluation team.

Preliminary findings from the staff and manager's focus groups were shared with the CS leadership one week after the staff focus group was conducted in order to provide leadership with timely information to inform the organization's change model and strategic planning.

Each focus group lasted approximately two hours and the evaluation team used detailed notes, recordings, and their experiences in the analysis of the focus group data. The team qualitatively coded the notes and developed first and second line codes. From the codes, themes were agreed upon which were used to develop the findings in this report. Findings and conclusions as well as recommendations were discussed among the evaluation team over the course of four meetings.



## Data Analysis

Based on the expertise of the UNM lab team members it was decided that focus groups would be the best way to gather the data rather than conducting individual interviews or deploying surveys. Focus groups are useful in gathering subjective experiences and illuminating multifaceted issues when a group dynamic can foster more elaborative responses.

### Leadership Perspectives

## Theme 1: Serving the community through a social justice model

Leadership's aim is to uphold the values of the organization during this period of growth and change. CS has been "the safety net for the safety net" and new sources of funding and increased referrals from multiple sources and agencies provides internal and external opportunities and challenges for leadership. Providing clients high quality service is important

***"We cannot just be about numbers"***

for the integrity of the organization and to maintain its vision of a "healthy, engaged, and equitable community". Leadership is committed to expanding the number of people served via "boots on the ground" case management focused on advocacy and system navigation. In order to meet the needs of the community the organization should be able to reach a larger number of people in need. That

said, growth is not focused on becoming a larger service provider but on fostering a culture of practice in which culturally and language appropriate care/services are provided to vulnerable communities.

Organizational leadership has an overall objective of maintaining high levels of service while strategically managing growth by harnessing opportunities for new streams of funding and program development.

## Theme 2: Organizational Restructuring is Multidimensional

The organizational restructuring revolves around the following areas:

- Increasing geographic coverage.
- Creation of organizational departments and coordination of intake and triage.
- Expanding staff for behavioral health and peer support services.
- Purposefully pursuing advocacy to address the social determinants of health.

Each location would have a manager and the site managers will be responsible for supervising staff and allocating resources for their site. Geographically, it is intended that each location will have a member from each department thus increasing the ability to meet the needs of clients and the community at each site.

Intending to streamline intakes and identify persons in crisis, a new process with a universal intake package has been developed.

The leadership also discussed the need to hire an internal full-time financial manager, as well as new peer support case workers as an integral part of the organizational growth and restructuring. Additionally, leadership have identified the need for a director to lead the clinical department.

Leadership acknowledged the need for more administrative staff to help meet the organization's growing needs but explained funding often constrains such types of hires. Current funding sources tend to pay for direct service providers, but do not fund support staff

or other necessary operational expenses. Leadership is aware and actively pursuing alternative sources of funding from the state and foundations to address the need for additional administrative staff and operational support.

Finally, as new partners and collaborations have been realized there is also an expressed interest in developing a new department to work on political engagement and advocacy focused on structural change to realize an engaged and equitable community. In essence, this new department would work toward mending holes that exist in the community's safety net.

### **Theme 3: Communication strategies are necessary to address questions of ongoing changes and improve organization operations**

Leadership expressed concern that communication within the organization needs to be improved.

Currently, CS has several methods of communication which include email, meetings, and face to face communication, but it is not clear whether their communication with the management and staff are effective because there are many questions and things do not seem to be clear regarding the ongoing changes. The organization's director prefers face to face communication but recognizes that there may be drawbacks to that method in a rapidly growing organization.

There is also an expressed goal of having regular staff meetings but there exists a concern with the way information is being presented because there seems to be gap in what is believed is being expressed and what is understood by the staff. Clear and consistent communication made available to all managers and staff is a desired outcome at all levels of the organization.

Leadership would like to head off silos being developed between the departments and locations by bridging gaps and instituting a collaborative work structure by integrating case management with clinical staff. The intent is to improve service delivery while fostering a single organizational culture among the various geographic sites to mitigate the threat of silos due to rapid growth.

The leadership expressed concern that communication with the staff may be suffering because of the priority that has been placed on pursuing funding and the related growth. Managers and staff members expressed they understand the pressures faced by leadership in this ongoing period of rapid growth, however, a commitment to clear communication is necessary to successfully navigate the ongoing and planned changes.

### **Theme 4: Concern for the staff**

CS leadership has expressed concern for the staff not only through the organizational restructuring but also because of the kind of work they perform. The leadership is concerned that the organizational restructuring may be impacting relationships within the organization. They are concerned that grievances are not being effectively addressed and there is a sense

that staff is anxious because of the growth, the possibility of being moved to new sites, new expectations, and the introduction of new procedures. Leadership is highly concerned with staff satisfaction and well-being particularly in the area of staff self-care and managing grief amid recent losses of particular clients as well as the general nature of the work.

## **Management Perspectives**

### **Theme 1: Centro Sávila is changing organizationally as it expands in capacity, and programs**

Centro Sávila management understands growth as stemming from increases in funding. Increases to current funding levels and funding for new programs brings about change. It means there will be different programs and services that can be provided for community members. It also means there is an increase in, and reorganization of, the staff. The growth includes triangulation of clinical and peer support services, which means that there will be a centralized intake and triage. From the management's perspective, CS is expanding with the purpose of increasing its capacity to reach its target population.

### **Theme 2: Management willing to participate but not invited to do so in Centro Sávila's ongoing transition**

The management are motivated and have a strong desire for participation in planning and strategy but feel that, thus far, they have not been invited to participate in the planning and implementation of ongoing changes. From their perspective there has been centralized decision making and a top down organizational flow. Furthermore, that communication has been perceived as sporadic and disorganized. These communicative practices have made their role as managers difficult because they do not have complete information to relay to staff. In general, managers would like to participate in the strategic planning of any further growth or implementation of operational changes.

### **Theme 3: Organizational restructuring has created challenges that managers can and want to help address.**

When asked how the growth was affecting their individual units the managers had a variety of responses. One of the key ways in which their individual units have been affected was the introduction of a centralized intake and triage system. This issue presented several areas of concern. First, it would affect the current waitlist since there were no guidelines to distinguish an emergency from cases that could be kept on the waitlist. Second, centralized intake comes with a single intake form for all new clients. There was some unease regarding how the various necessary items for each program would be included on the form without making the process burdensome for clients and staff. Additionally, this change raised the question of how the intake coordinator would be trained on the services each of the programs offer. The managers expressed interest in helping with the planning and implementation of this new change.

Another way in which the units have been affected is the increase and reorganization of the staff. The quick influx of staff has increased the demand for each manager's time and



resources. Some of the specific resources needed were training materials and space for the new hires to do their work. Since locations are spread out, the associated stress placed upon managers and staff by serving multiple locations is a concern for the managers. From the management point of view, having various locations places constraints on in-person supervision. Furthermore, there is no policy in place to compensate staff and management for mileage.

Managers also expressed a desire for each site to have a comprehensive brochure explaining what each program does, the services it provides, and the populations it serves to ensure opportunities for the full utilization of programming by clientele. As CS has grown, the managers believe they, the staff, and clients would benefit from such a brochure to ensure the expansion of services is understood by all.

The triangulation of the clinical services and peer support is another change that has been implemented during this period of rapid growth. Pairing peer support staff with clinicians also affects the individual units. Needing time and space for the staff of these units to work together and communicate seems to be a concern. Having a system in place that would facilitate a cohesive operations model would help address many of these issues.

#### **Theme 4: Suggested courses of action**

Overall the managers had some key ideas when it came to possible adjustments that could be made to ease the growing pains of the organization. There were three domains the propositions fell under:

- strategic planning
- communication
- support

The focus group revealed a desire for increased support for management staff by leadership.

Managers recognize the leadership team is overworked and overburdened in a way that stalls action or prevents proper planning and implementation. They acknowledged the need for more support staff to help the organizational leadership carry out the essential duties to grow and maintain the organization. The managers also understand that current funding sources and levels inhibit the hiring of additional administrative support staff in the near term. To mitigate these pressures on leadership, managers have indicated they are interested in being more actively involved in the planning and implementation of growth and change. They envision their role as providing support to the leadership team and offering key insights that benefit the rapidly changing environment CS is working through.

***“Things were given so quickly to Centro Sávila but there has not been a lot of communication and so staff have questions and managers do not know what to say.”***

Managers acknowledge the need for quick decision-making by leadership to acquire much needed resources. However, overlooking the manager's experience and skills in the decision making process leaves a valuable resource available to leadership underutilized. Providing a mechanism for manager input and an opportunity to brainstorm ideas regarding new programs and funding opportunities would aid CS's strategic planning and implementation efforts and coincide with the collaborative values expressed by leadership.

Managers would also like to have training for managers and staff made available that prepare them in advance to provide new services brought online by the organization's growth. Such training might include new modalities clinical staff can use when in group and family sessions, working with children and teenagers, or creating processes to ensure client's individual needs are met by providing services that match the individual rather than a one-size fits all approach.

A key finding of the manager focus group revolves around fractured and inconsistent communication. The managers desire a unified method of communication where all management are receiving the same information in a timely matter. Also, there are concerns for the feedback loop and the format for which questions can be addressed. Managers would like input in the agenda for meetings and have an opportunity to ask questions before staff is given information. The managers believe it is important to their supervisory roles that they have adequate information to give their staff before changes are implemented. A clear chain of communication is desired by management so they may maintain the integrity of their supervisory roles with their staff.

## **Staff Perspectives**

### **Theme 1: Growth needs room**

One of the most salient themes from the staff focus group revolves around the issue of space. While most of the staff appreciate the growth because it has created new positions and opportunities, they are concerned about the space constraints faced by the organization. The staff have expressed that a lack of dedicated space is hindering their ability to work. Sharing workspaces for counseling and peer support is less than ideal and raises concerns of privacy. The staff are concerned for clients and recognize that their clients are oftentimes coming from chaotic environments and the issue of space and moving around add to the sense of disorder. Ideally the staff see CS as meeting the needs of the community in a peaceful environment situated near the homes and lives of the people they are serving.

### **Theme 2: Growth needs clear roles**

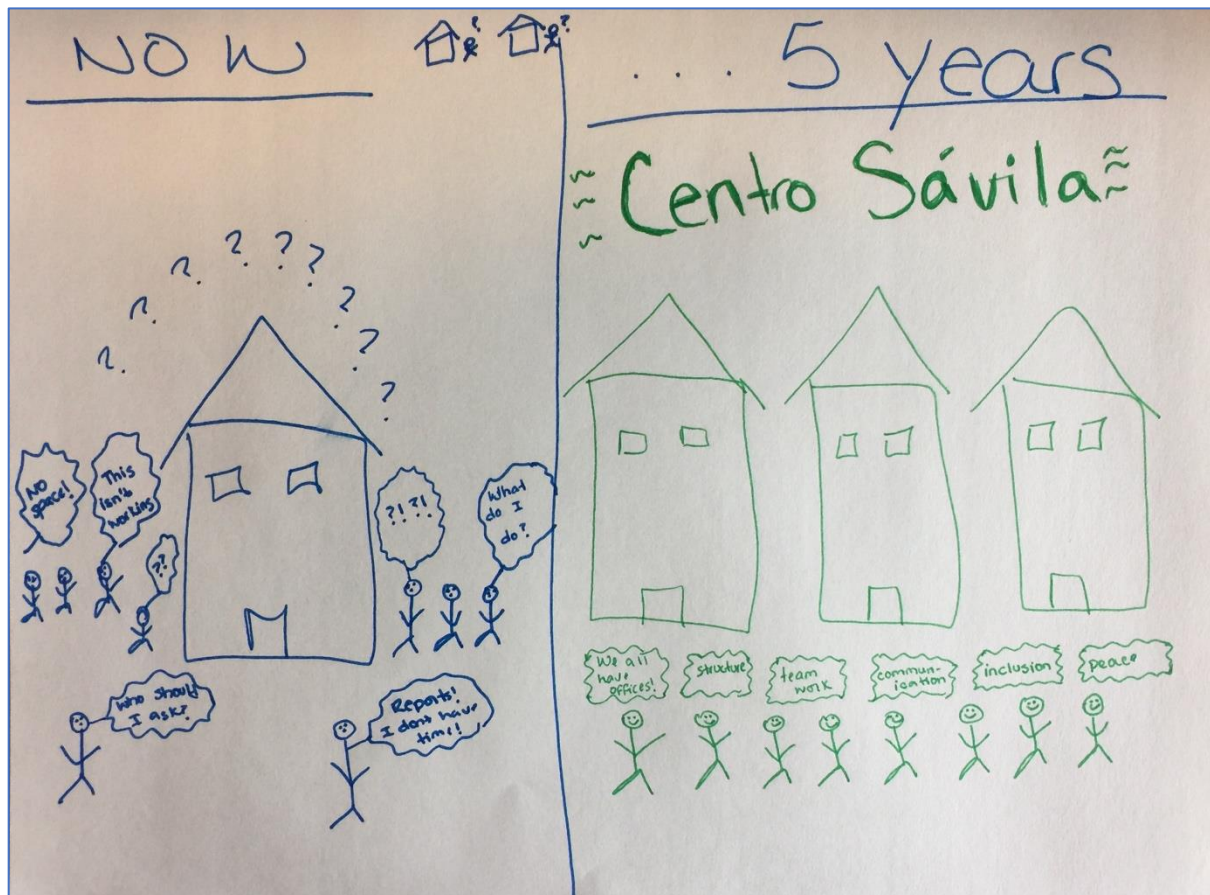
Staff expressed a need for clarification of roles and responsibilities. There is confusion about who has authority and what people's scope of work is. The staff are asking for more structure in their environment as well as in the organization.

Staff recognize the managers may not have all the tools they need to lead their departments and were curious if they need more training or if better communication with the leadership would clarify their roles in the organization. Ideally, the staff imagine CS as having a clear

organizational structure with clear and consistent lines of communication, and clearly defined roles and responsibilities.

Finally, minimizing forms and unifying paperwork would help productivity. The process for booking the rooms that are appropriate for therapy is not working as staff lament the double booking of rooms and the resulting rush to find space for sessions as clients arrive for appointments.

**Figure 1: Staff Drawing Representing Centro Sávila Now and in Five Years**



SOURCE: Participant drawing from staff focus group. Activity prompt - Draw CS as you see it now and 5 years from now. Please write a brief explanation of what your drawing means to you.

### **Theme 3: Communication and desire for meaningful input**

The staff expressed a clear and overriding commitment to the organization’s mission and the community. Their work is important to them and they have a strong desire to help CS evolve to meet its full potential. Ideally the staff would like to actively participate in the future vision for CS.

Staff have been told that CS is about empowering the community but feel as though their input is not being taken seriously as front-line workers and as members of the community themselves. As individuals helping clients navigate the system, they can identify barriers that

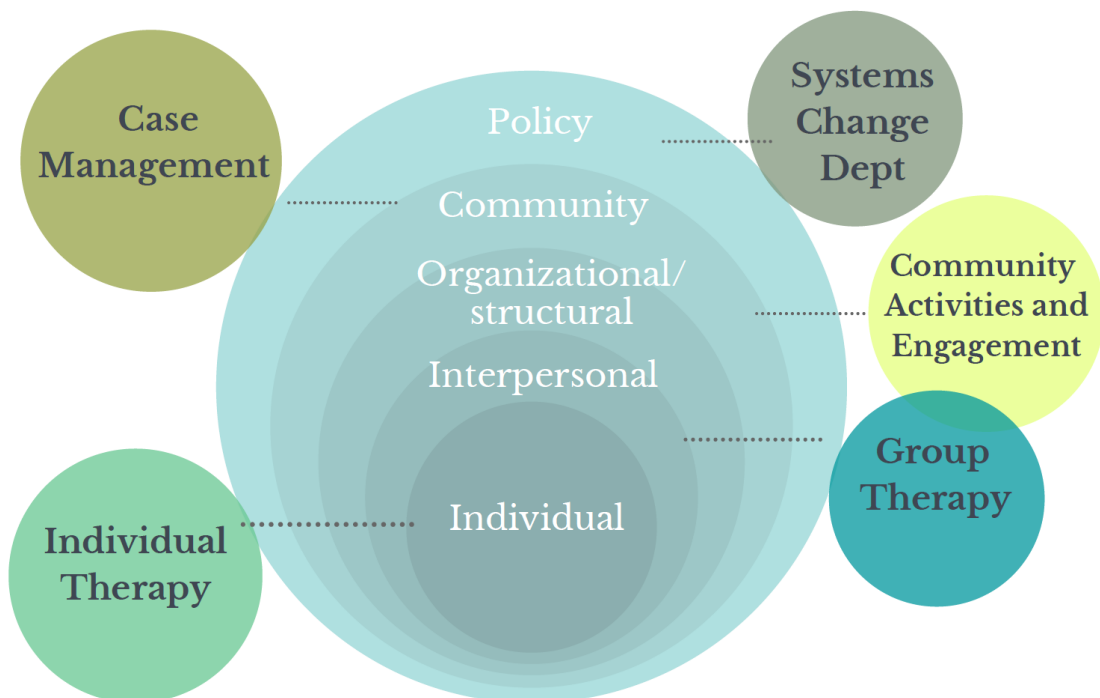


1. Intrapersonal factors- Characteristics of the individual such as knowledge, attitudes, behavior, self-concept, skills, etc. This includes the developmental history of the individual.
2. Interpersonal processes and primary groups-formal and informal social network and social support systems, including the family, work group, and friendship networks.
3. Institutional factors- social institutions with organizational characteristics, and formal and informal rules and regulations for operation.
4. Community factors- relationships among organizations, instructions, and informal networks within defined boundaries.
5. Public policy- local, state, and national laws and policies (McLeroy et al., 1988, p.355).

## SOCIO ECOLOGICAL MODEL OF HEALTHCARE

# CENTRO SAVILA

ADDRESSING THE MULTIPLE LAYERS OF INFLUENCE ON HEALTH



SOURCE: A model of Centro Sávila's Socio Ecological Model of Healthcare. Adapted from McLeroy et al. (1988).

By dividing the environment into analytic levels, attention is called to various social and environmental influences at each level, providing a variety of possibilities for intervention (McLeroy et al., 1988) as well as helping to visualize the multilayers of influence on health outcomes. Maximum health benefits are reached through a comprehensive multi-levelled approach, addressing the various influences on a health outcome. Health is a multifaceted concept and human environments are complex and multidimensional. Health promotions are most effective using a multi-level approach by which people-environment relationships are characterized by cycles of mutual influence.

Centro Sávila's organizational structure and mission work to address each layer affecting their community's health and health outcomes. Services are structured so that the organization pursues its mission through a comprehensive multi-level approach addressing the various influences on a health outcome. Case management, individual and group therapy, community activities and engagement provide the base from which to build a systems change department which will continue to address health outcomes across the five factors affecting and individual's behavior and health outcomes. A growth process which involves geographic expansion, financial reorganization, and organizational restructuring, along with new programs and grants contributing to the organization's mission, strongly positions CS to address changing logistical and operational needs while continuing to meet the multiple layers that influence health outcomes.



## Recommendations

These recommendations have been developed based on the outcomes of the focus groups conducted with CS managers and staff. The recommendations have been formulated with the intention of providing CS leadership immediate steps to address the challenges posed by a period of rapid growth and ongoing change. The evaluation team believes it is important to directly address the stated challenges regarding communication, geography, and organizational structure by developing and adhering to a flexible theory of change that will inform a documented strategic plan. CS benefits from highly dedicated staff, managers, and leaders that have fully bought-in to the goals of the organization. Leadership has a unique opportunity to tap into the creative and professional insights of its staff and managers to assist with the growth and inform decision making.

1. Executive leadership may benefit from a two-person retreat facilitated by a trained moderator to discuss their roles and expectations of themselves and each other. It was noted during the manager focus group that there may be a breakdown in communication within the leadership team. Improving communication of the leaders of the organization can be a first step to improving the overall communication strategy for the organization.
2. Plan a retreat with the managers, facilitated by a trained moderator, to create a strategic plan as a management/leadership team. Utilize this time to define roles, expectations, and an organizational structure that will be successful in managing change during this period of growth. Share the strategic plan with staff and address questions and concerns directly and in a timely manner at a staff meeting.

3. Create and adhere to a monthly schedule for staff meetings. Create an agenda with input from the managers and send it out to the organization three days before the meeting so staff understand the stakes and the importance of the meeting. Stick to the agenda and have a timekeeper ensure the meeting stays on track. Provide ample time at the end of the meeting for staff Q&A. Create a mechanism for staff to submit written questions should time run out and respond to questions via email to the entire organization. We believe an improvement in communication from leadership will create immediate improvements for manager and staff morale.
4. Utilize staff and management input to find creative ways to mitigate the concerns and issues faced due to a lack of space. Leadership should be transparent regarding the limitations of funding in addressing the current space constraints while remaining open to possible creative solutions that will benefit the organization and clients served.

***“We need an agenda and spaces for questions at the end.”***



## Next Steps

Centro Sávilva provides services to many of our community’s most vulnerable members. The organization has developed a reputation for providing culturally appropriate mental health services to the South Valley community and, as a result, has opportunities to expand services based on its established model to the broader population of underserved communities in Albuquerque, Bernalillo county, and beyond. In this rapid period of growth leadership has had to focus on identifying new opportunities for funding and programs that will assist CS in meeting its goals for growth. Growth has presented fantastic opportunities but external demands by funding agencies, partners, and collaborators now have to be measured along with the needs of internal programming and the staff and managers tasked with implementing changes.

Re-establishing effective lines of communication will be key to the success of CS’s continued growth. The creation of a strategic plan which clearly identifies roles and responsibilities of personnel and a unified vision for the organization is needed immediately. Addressing the challenges of geography, in terms of workspace and where services are offered, is also necessary in order to effectively manage the growth in services offered by CS. Growth may be necessary but addressing the challenges posed by rapid growth is required to offset the potential for undermining the goals of the organization that can result in mission stray.



## References

McLeroy, K. R., Bibeau, D., Steckler, A., Glanz, K. (1988). "An ecological perspective on health promotion programs." *Health Education & Behavior*, 15, 351-377.



## Appendix A

### **Centro Sávila Department Managers Focus Group Protocol**

*Supplies Needed: white board or easel with notepads*

Five areas of change:

- Finance
- Geography
- Case Management – expansion of capacity for case management, more integrated with clinical.
- Communication – inter-department and inter-location
- Advocacy
- Managerial Duties

*(Goal as evaluators – to identify how these areas of change are understood and perceived by the managers.)*

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Prompts:

1. What does CS's expansion look like to you from your point of view? How do they understand it? What would you like to see improved in the way the expansion is being implemented?
2. How are you personally involved in the change?
3. How does it affect your unit?
4. (Conduct Activity)
5. How can CS create a cohesive organization rather than a set of separate offices? How can the units improve communication? And how can a shared philosophy and vision be fostered?



6. In what ways have you personally been involved in the expansion? What would you like to see improved in the way the expansion is being implemented?
7. Is there a change/improvement not currently planned for that you'd like to see?
8. What would a service model look like that could be used in both case management and clinical that would address the patient holistically and the social determinants of health.



## Appendix B

### Centro Sávila Staff Focus Group Protocol

Location: Hopkins Center

Date: February 7, 2020

Time: 9:00 AM – arrive at 8 am

Attendees:

Claudia Díaz Fuentes

Camille Velarde

Joseph Gonzales

Ale Becerra

*Staff attendees listed here*

Five areas of change CS is experiencing:

- Finance
- Geography
- Case Management – expansion of capacity for case management, more integrated with clinical.
- Communication – inter-department and inter-location
- Advocacy
- Managerial & Staff Duties

*(Goal as evaluators – to identify how these areas of change are understood and perceived by the staff.)*

- 
- Write email addresses and names in whiteboard before the FG starts - Camille
  - Introduce ourselves/staff intro - Camille
  - Aim of FG - Joe
  - Read FG privacy language – Joe

Activity 1: Cards - Joe

Side 1: Tell us how you understand CS's expansion from your point of view (10)

Side 2. How have things changed for you now that CS is growing? (10)

Group sharing session (15)

Activity 2: Small group questions – hand out color paper and color markers and ask them to bullet point the main points (4 people per group) – Camille

Discussion 1: How would you like to be involved in CS ongoing changes? (15)

Group sharing session (15 – one person per group to share)

Activity 3: Drawing – (Joe and Camille ☺)

Draw CS as you see it now and 5 years from now. Please write a brief explanation of what your drawing means to you (10)

Group sharing session (15)

Materials: (Claudia)

- Cards
- Lots of color markers
- Color paper
- Legal size white paper
- Pen/pencils

