

Storytelling Report: FY 17-18

Summary

FY 17-18 was filled with so many accomplishments! While we are always figuring out ways to improve our program (workshops and the way we share our stories), we learned so much and engaged in storytelling with many people who work, play, or live in San Mateo County. Notably, ODE Storytelling trained leaders within the different communities, partner agencies, and divisions of BHRS to facilitate Photovoice and Digital Storytelling programs. From this, we built the capacity to host workshops on many different topics, also focusing our efforts to address topics of housing. Learning about challenges with vicarious and secondary trauma, facilitation styles and participant growth, and sharing stories, we also began thinking about and new developments for the storytelling program.

Facilitator Training

To empower community members to capture and share stories, ODE Storytelling began offering facilitator trainings to capture community stories through Photovoice and Digital Storytelling. BHRS departments, local CBOs, and other partner organizations attended these trainings. Alongside the training, ODE Storytelling began offering facilitation materials, co-facilitation, and programmatic consultation.

In FY 16-17, ODE Storytelling collaborated with a Cultural Stipend Internship Program (CSIP) intern, who successfully led a cohort of five participants to complete Photovoice projects with the framing question, “What is your journey in behavioral health?”. Based on the success of this trial, ODE Storytelling developed and delivered a Photovoice facilitator training in '17-'18 to 21 people and a Digital Storytelling facilitator training to 4 people. Of the 25 trained facilitators, 7 facilitators have planned and/or completed a Photovoice program and 0 facilitators have planned and/or completed a Digital Storytelling program. (note: all trained Digital Storytelling facilitators intend to plan and facilitate workshops as their schedules open up in the next fiscal year.)

CERTIFIED FACILITATOR, (COORDINATOR)	WORKSHOP TITLE
Desirae Miller	Substance Abuse & Suicide
Mary Matthiesen	Hospice and End of Life
Jennifer Rocklitz	Arab and Arab American Mental Wellness
Jamie Griffin	Spirituality in Recovery
DannyBoy Naha-Ve'evalu, (Veingo Finau)	Substance Use in East Palo Alto
James Matters	Coastside — “You Don’t Look Sick”

CERTIFIED FACILITATOR, (COORDINATOR)	WORKSHOP TITLE
Natalie Andrade, Nancy Chen (Lesley Martin)	Safe Space

We set the following procedures for all storytelling facilitators to follow as they prepare for their workshops:

- First time facilitators are required to facilitate a program with an experienced co-facilitator.
- All storytelling workshops that follow the ODE storytelling framework and/or curriculum must submit required materials: application for programmatic support, participant paperwork.

To improve the efficiency of coordinating new storytelling workshops, ODE storytelling created a “Storytelling Facilitator Hub” at <http://smchealth.org/storytellingfacilitators>. The facilitator hub is aimed to be a resource for all facilitators from the start of planning a program to the final stages of distributing the stories. On the facilitator hub, facilitators may apply for Photovoice and Digital Storytelling programmatic support, as well as download materials for both workshops.

Next Steps

In the next FY, the facilitator trainings will follow a **train-the-trainer model**, in which facilitators are trained to run the workshop, are provided the resources to facilitate storytelling workshops and are prepared with the competency to train their colleagues to facilitate the Photovoice or Digital Storytelling method.

In FY 18-19, ODE Storytelling will work to support the empowerment of people with lived experience by training and supporting LEA grads, California Clubhouse, Heart & Soul, HAP to facilitate storytelling workshops. We will also support the youth to facilitate storytelling workshops, including youth at SafeSpace and FHMI. Further, we will train different programs within the local jails to facilitate Photovoice and capture different angles in the criminal justice system.

Improvements

PROBLEM	SOLUTION
Facilitators that are being trained through other trainers are not connecting with ODE for consultation etc.	Add the procedures/requirements for certified and prospective facilitators to the facilitator hub and the facilitator curriculum.
Lack of a system to connect storytelling facilitators with each other for support.	Send an email to all facilitators to introduce the idea of the facilitator network
Facilitators and community don’t know how to distribute stories	Include procedures and recommendations on sharing stories

PROBLEM	SOLUTION
Facilitators need project management tools to ensure participants are on track	Daily checklist
Challenging to find clinical support for workshops with added challenge of scaling; Time-consuming to coordinate; CSIP clinical interns not meeting goal/required internships hours.	Systematize clinical support through CSIP program.
Lack of understanding of requirements to support youth to run storytelling workshops	Create procedure that will include requirements for youth, such as to be accompanied by an adult and debrief requirements; Outreach to youth who currently capture stories.

Arab and Arab American Mental Wellness

As part of her Cultural Stipend Internship Program, Jennifer Rocklitz led a Photovoice cohort on the theme of Arab and Arab American mental wellness. Alongside Islam Hassanein (StarVista), we learned about topics and issues the Arab and Arab American community, including: behavioral health stigma and cultural storytelling norms.

In preparation of the program, Islam, Jennifer, and Siavash outreached to Jefferson High School and Westmoor High School. Both schools serve Arab and Arab American students. Attending the Middle Eastern Student Association meetings at both schools to invite students to share their stories through Photovoice, 6 young women at Jefferson High School agreed to participate in a 4-day Photovoice workshop. It was challenging to find young men who were interested in participating in the program: Omar's (teacher at Westmoor High School) support to mentor young boys to participate in the program may help.

Throughout this program we learned ways to be responsive to the Arab and Arab American community's needs when sharing stories. As recommended by Islam, we designed the flyer for the program to have a green color scheme. Green was explained to be a color admired and respected in the Arab and Arab American community because of its allusion to nature. Further, the flyer did not include photos of faces and our verbal descriptions of the program stated that participants do not need to share their faces in the pictures that they take.

In response to the framing question, "What does mental wellness look like in your community?", the participants shared their stories as Photovoices. The final Photovoices included themes of isolation, feeling misunderstood, struggling with mental health issues, resilience, and a lack of mental health support.

Interpreters

This was the first Photovoice workshop that I utilized an interpreter. The following learnings are to be added to the facilitator curriculum. Here are some key learnings:

- Check in with the interpreter before each day of the workshop about workshop goals and agenda.
- Check in at the end of the workshop with the interpreter and the participant(s) utilizing the interpreter to reflect on communication and if the participant or interpreter has any feedback to improve communication.
- Ask interpreter to translate written submission immediately after the participant completes paperwork and workshop assignments (saves time and money and helps facilitator understand what the participant needs going forward).

Boundaries

This workshop presented tasks that crossed my boundaries and responsibilities as a co-facilitator and coordinator. From that, I learned to be clear with the planning and facilitating procedures and expectations.

PROBLEM	SOLUTION
Unclear roles and expectations for facilitators and coordinators.	Establish roles and procedures for facilitators and coordinators when checking in before a workshop and include them in the facilitator curriculum packet.
Unclear procedures to work with interpreters during storytelling workshops	Include procedures to work with interpreters in facilitator curriculum

Mission Hospice and Home Care

In May, ODE Storytelling partnered with Mission Hospice and Home Care to host a Photovoice program on the topic of death and dying. Death and dying is a stigmatized issue that affects the healthcare of people who are nearing the end of their lives and affects the mental wellbeing of families who are coping with loss. Challenging the stigma and isolation associated with death and dying, Mission Hospice & Home Care works to ensure that people at the end life receive appropriate care through compassion, conversations, and education.

In the workshop, we led participants to include emotions and coping mechanisms in their stories, as well as their philosophies and views on death and dying. The photovoice stories model healthy framing of experiences of loss and build visibility and solidarity for those coping with loss. The photovoice cohort met 2 months after the workshop to discuss where and how they would like to share these stories so that others who are facing these challenges will be connected with services and community support.

Participants volunteered to collaborate to share these stories at community events to inspire thought and conversation as part of Mission Hospice's community ambassador program. The stories will also be shared with healthcare providers, students, and families to develop empathy for patients/clients coping with loss and educate community members on navigating loss in healthcare.

Maple Street Correctional Facility.

To uphold the integrity of people who are incarcerated, "inmates" will be referred to as "incarcerated people" in this report.

This past April, ODE Storytelling collaborated with Correctional Health Services (CHS) and the Sheriff's Office to invite women from the Choices program, the Behavioral Health Pod, and the ASPIRE program participate in the first Photovoice cohort. Four women participated to share their stories in response to the framing question: What does recovery look like for you in jail?

Choices: A therapeutic Community recovery program for jail residents incarcerated in the San Mateo County Jail. Choices is supervised by Correctional Health Services.

Behavioral Health Pod (BHP): The Behavioral Health Program is a specialized pod for incarcerated men and women who have mental health and behavioral issues. The BHP focuses on behavior management, providing incarcerated people with mental health and medical treatment in both individual and group settings, with the goal of supporting their return to general population.

ASPIRE: "Access to Programs and Services to Inspire Reentry and Empowerment"

The women in the cohort shared their stories of recovery, including themes of trauma (domestic violence), substance abuse, hope and success, as well as hopelessness and personal surrender. The facilitators effectively supported storytellers to reframe their struggles. Although, there was an underlying challenge of facilitating a workshop on recovery while in jail. For some, recovery means that they need to be outside of jail. This problem was particularly profound for one of the participants who received a life sentence on the last day of the program. Also, jail presents a challenging environment for counseling and providing therapy because it is not a safe environment for incarcerated people to be if they are feeling triggered/activated after a therapy session. As a solution, clinicians choose to focus their therapy sessions on coping skills. Consequently, the co-facilitators suggested to limit our interaction from going 'too deep' with participants.

The workshop facilitators presented the final stories to all staff in corrections and they were moved and wanted to do more programs.

Staff completed this sentence after viewing the Photovoices, "I will..."

- "Read more about recovery and how people recover from drug & alcohol abuse."

- "Continue to be supportive to our inmates who have mental health and substance use."
- "Be more open minded, empathetic to individuals with behavioral health issues."
- "Continue to advocate for correctional health to provide this program to inmates."

This collaboration proves that Photovoice is an effective and important program to run in San Mateo County jails. Further, it has inspired jail staff to continue programming Photovoice workshops. As I began the planning process with the intention to expand the programming of Photovoice workshops in the jail, I trained staff in different programs in the jail and provided them with the opportunity to practice facilitating under my supervision. The facilitators were able to see the positive impact the workshop had on the incarcerated people. Further, jail staff were moved and impressed by the final stories that were shared at their all-staff meeting.

There still exists a vast number of issues within San Mateo County’s criminal justice system. Ranging from an existing empathy gap between guards and incarcerated people to challenges with re-entry for incarcerated people with behavioral health challenges, we will collaborate to determine the focus of our efforts on a small number of specific issues for the next fiscal year.

Train-the-Trainer

The Maple St. cohort was facilitated by one Photovoice facilitator-in-training, and they succeeded in facilitating powerful stories. With the goal to begin a train-the-trainer model for the storytelling facilitator trainings, we also invited other case managers and program leaders to participate in facilitating the program as part of a trial to determine the resources necessary for untrained storytelling facilitators to learn the competencies to run workshops. The facilitators worked well together, showing that the train-the-trainer model can be effective with facilitators-in-training.

PROBLEM	SOLUTION
Unclear programmatic jargon for facilitators	Define jargon such as, facilitator-in-training, train-the-trainer, etc., in the facilitator curriculum

Affirmations

Capturing and sharing stories in jails and prisons requires confidentiality, and does not allow for storytellers to include any forms of identifying information, including their own signature. Ownership is crucial to the storytelling process and many participants feel ownership as their place their signature on their stories. As a solution to the restriction on identifying information and signatures, we created an exercise for the participants to ascribe a positive characteristic to each story to affirm the growth of each participant.

Affirmation exercise

1. At the end of each person’s Photovoice showcase, once everyone has shared their positive feedback and affirmation, invite participants to suggest characteristics that reflect the

participants strengths in their story. For example, if a storyteller showed resilience in their story, suggest the word “resilience”.

2. Once all members of the group have shared their suggestions, invite the storyteller to pick the characteristic that they identify with most closely.
3. Ask the participant to sign the bottom of their story with the characteristic of their choice.

Photovoice Facilitator Curriculum: Sheriff Edition

With the hopes to implement Photovoice within different programs in the jail, Alison Bell (CHS) is writing a ‘Sheriff Edition’ of the facilitator curriculum. This edition will include logistical information to succeed in running a Photovoice program in a jail or prison.

Pre- and Post-Program Questionnaire Discrepancy

Participant pre- and post-program questionnaires did not indicate growth in empowerment and reduced internalized stigma. At a facilitator debrief following the workshop, Caitlyn Fournier (BHP lead clinician) offered insight to the lack of affect. Caitlyn explained that the women’s intense trauma makes jail a difficult place to be vulnerable. For example, many of our participants hold the mentality that there is always someone trying to take advantage of them. If we were to open up a vulnerable topic and not able to close the topic by the end of the workshop, it would leave participants raw and at a higher risk of behavioral relapse. Since part of the reason they are here is because of a time they have acted, we cannot put them in a situation where they might act in a similar way.

Further, Caitlyn observed that participants displayed denial at the beginning of the program. She explained that when people are faced with some change, especially in custody, there is a resurgence of denial when you are faced with looking at your own responsibility. This might have been another factor limiting the accuracy of the pre- and post-program questionnaire.

Substance use and suicide

In collaboration with the Office of Diversity and Equity, Service Connect, and the African American Community Initiative, this group of storytellers came together to share the ways that they have been affected by the issues of substance abuse and suicidal thoughts. The stories were shared at the Black History Month kick-off event, where the storytellers sat on a panel to answer questions and discuss their Photovoice stories to inspire conversation.

Spirituality in Recovery

In collaboration with the Spirituality Initiative and Jamie Griffin (CSIP intern), ODE Storytelling hosted a Photovoice workshop about the power of spirituality in recovery. The group identified that spirituality is invalidated among therapists and other behavioral health providers, and

needs to be understood to provide better care. Stories include themes of loss, substance abuse, mental health issues, religion, and spirituality being a key part of recovery.

Jamie Griffin reached out to Maria Lorente-Foresti (Central County Clinic Unit Chief) to display the Photovoice at Central County mental health clinic. With success, the stories are posted at 1950 Alameda de las Pulgas clinic.

Substance Use in East Palo Alto

In collaboration with One East Palo Alto (OEPA), ODE Storytelling facilitated a Photovoice workshop about substance use in East Palo Alto. The cohort of storytellers included people of all ages and stages in their substance use and recovery. The diversity of cohort members inspired valuable conversations for the storytellers: people in recovery had the opportunity to provide insight to the youth who are using substances and the youth were able to share their experiences to be understood by the other participants. Stories included themes of traumatization, peer-pressure, bias, and recovery.

“You Don’t Look Sick” Coastside Mental Health Clinic

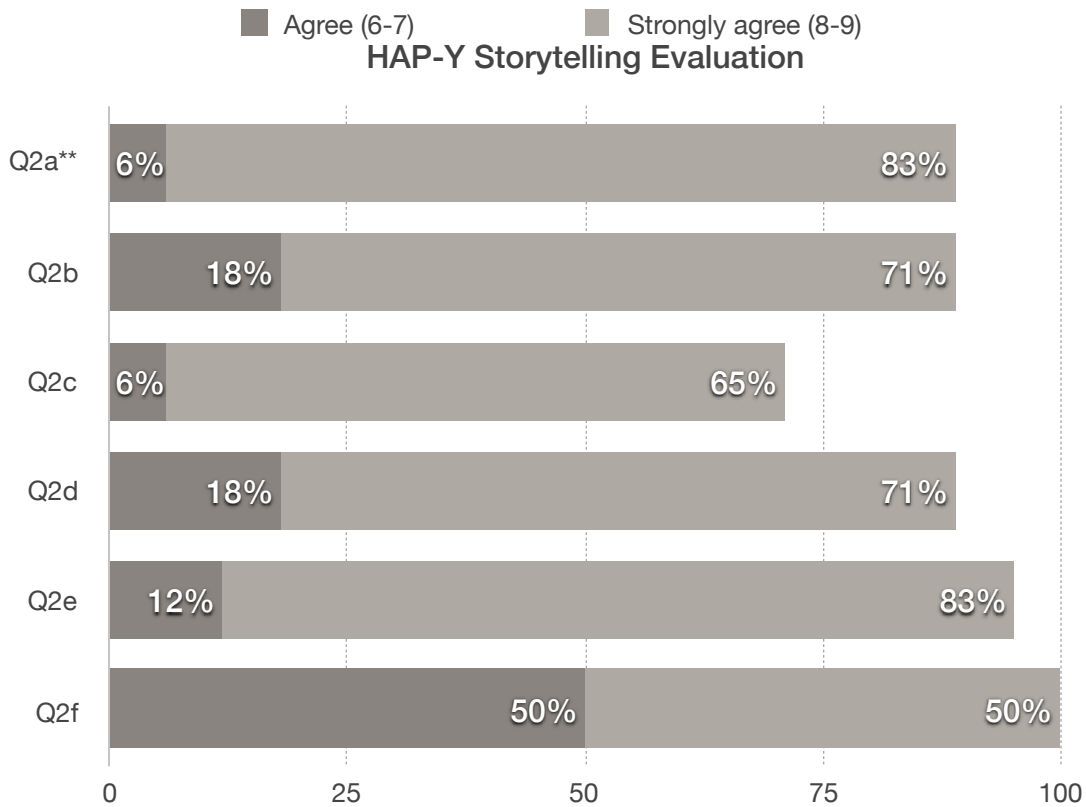
In collaboration with James Matters (Clinician at Coastside Mental Health Clinic), ODE Storytelling held a workshop addressing the stigma of behavioral health. Participants in James’ weekly therapy groups identified a community issue through their experiences of feeling invalidated and misunderstood when community members responded that they “didn’t look sick” upon disclosing their behavioral health diagnosis. Participants shared their stories to show the different ways that people can be affected by behavioral health. The stories were shown at an open house at Coastside mental health clinic.

Health Ambassador Program - Youth

Invited by StarVista’s Health Ambassador for Youth (HAP-Y) program, ODE Storytelling facilitated ‘Spoken Storytelling’ workshops with 2 HAP-Y cohorts. The youth were trained on ways to effectively share their stories in presentations for stigma reduction and advocacy.

HAP-Y now includes some form of ODE Storytelling programming in all of their cohorts.

PROBLEM	SOLUTION
Undefined curriculum for ‘Spoken Storytelling’ workshop to continue without Siavash	Create ‘Spoken Storytelling’ curriculum



Housing Advocacy

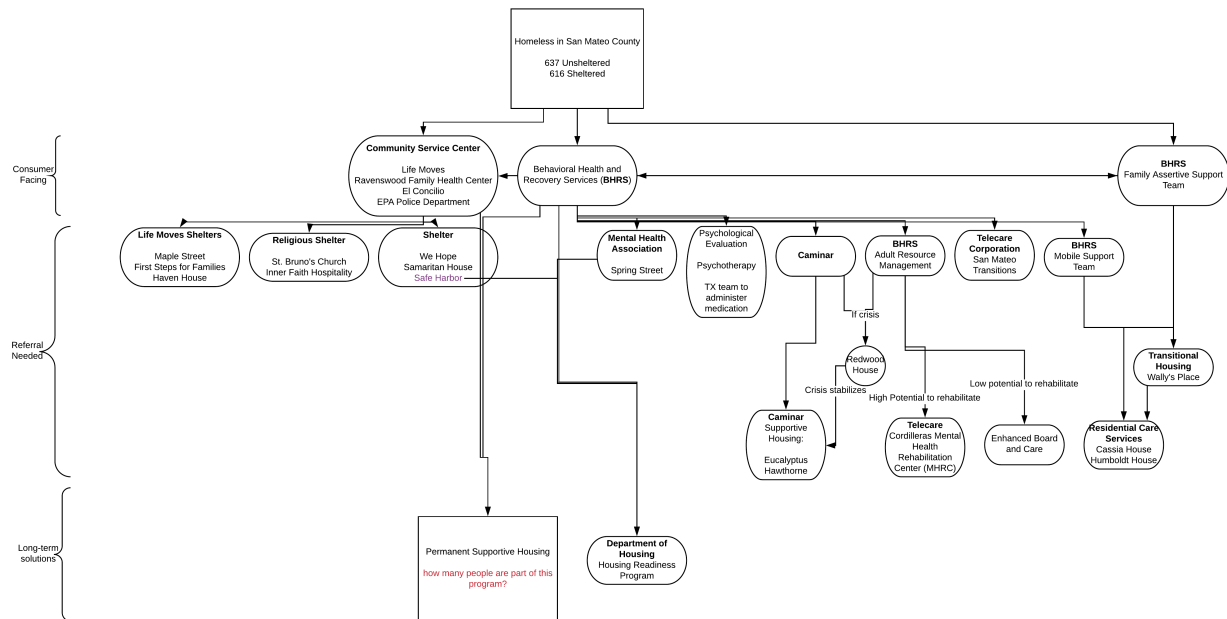
For FY 17-18, we prioritized housing for the Storytelling program’s advocacy. Within this priority, our goals for the past year are listed below:

- Host two “Housing Matters” Photovoice programs
- Share stories with housing stakeholders (Property managers, board of supervisors, town halls, Boards and Commissions, etc.)
- Share stories with organizations who advocate housing issues (On The Table, Home For All San Mateo, etc.)

Planning and preparing workshops and storytelling advocacy around housing was challenging. Considering this year was the first year in which the storytelling program prioritized a community issue, this year’s trial provided insight on addressing issues with storytelling. Further, it was challenging because I did not know very much about the nuances and complexities of the housing system.

Feeling uncertain and unsure of where to place my efforts, I consulted with people who work on or are affected by housing about the challenges they see or face:

- Case managers at San Mateo County mental health clinics
- Case managers at Alcohol and Other Drug (AOD)
- Public health professionals at Bay Area Regional Health Inequities Initiative (BARHII)
- Housing leaders and advocates in other counties in the Bay Area
- Landlords in San Mateo County
- People who are challenged with housing (homeless)
- San Mateo County Department of Housing (DOH)



Throughout the span of these conversations, I mapped the housing system to understand where we held power to be most effective in our advocacy. The map was useful for me to to organize and plan advocacy.

There is a need in the Spanish speaking community to share stories on housing. We identified this need through attending community events on housing. At one city forum hosted in Menlo Park, community members came together to engage with Mid-Peninsula Housing to understand their plans for affordable housing. With Nuestra Casa, there were about 10-15 people who were interested to share their stories for this topic. In response to this need, ODE Storytelling trained people at Nuestra Casa and translated Photovoice materials to Spanish.

Just as I identified the need in the Spanish speaking community by speaking with people who are affected by housing in my outreach process, I developed a thorough understanding of this issue within my Photovoice workshops. Speaking with people affected by housing brought a new angle to my understanding of this issue: empathy. I felt the pain the participants shared: waking up early in the morning and not knowing where you are, not knowing when and how you are going to eat next, anger and frustration about the factors that placed them in these situations, etc. This process of building empathy to better understand opportunities for advocacy proves the importance of a thorough outreach process.

It was from the storytellers and people affected who offered other palatable action points for the distribution of stories, such as to share stories with the homeless shelters to improve their services. To the contrary, I realize that the way that Lee Harrison (Currently: OCFA; At the time of the workshop: Housing Authority) and I began the Photovoice process to prepare stories of hope to be shared at a landlord appreciation event was not participant-centered and interfered with the potential of our advocacy. Since we will not influence the truth and stories that will be shared by the participants, we can only ensure that the stories will be shared effectively.

Advocacy and Distribution of Stories

The decision to prioritize housing was inspired by Lee Harrison's work with the Housing Authority. We originally agreed to run two groups on housing, one with people who are currently affected by housing instability, and another with people who have overcome housing instability. After our initial outreach, we were only able to secure four participants. For this program, we found the participants by placing up flyers at different homeless shelters in the county and by announcing the workshop to BHRS outreach workers, case managers, and clinicians, who shared the opportunity with their clients/consumers. The four participants were each facing different challenges in the housing system. The heterogeneity of the storytellers was most likely a result of the diversity of targets in our outreach process. A more homogenous group of storytellers could have been elicited by outreaching in person to a singular and already existing group of clients/consumers.

We shared stories at two **landlord appreciation** events. At the first event, which was more focused on building community and relationships with the landlords, Renee Harris (peer support worker) shared her Photovoice. Renee was one of the participants in the second Photovoice cohort on housing and was picked, alongside one other storyteller's Photovoice, to be shared at the landlord appreciation event for their portrayal of success and hope. The group responded positively to Renee's story.

The second landlord appreciation event was an awards event to thank outstanding landlords in San Mateo County. The demographic of landlords who attended this event seemed to care a lot more about supporting their tenants who are marginalized. Landlords and their tenants shared stories about their successes. For landlords, these successes included providing long term and reduced rent housing to people who were formerly unhoused. For these tenants,

housing improved their path to and sustainability of their recovery. Months after the landlord appreciation event, the same tenants are now peer support workers who help others toward their recovery. The room was full of gratitude, love, and inspiration.

I also shared stories of housing at the East Palo Alto Community Service Area (EPA CSA) meeting. Attendants of the meeting had a mixed response because they were aware of the issues in their community and felt burnt out by all of the negative stories and challenges they have been working with. In response, they requested stories of hope. This is a key learning on what types of stories to share with specific audiences.

Conclusion and next steps

Now that the fiscal year has ended, I have identified opportunities for effective Photovoice distribution:

- Leaders of homeless shelters (or those who make decisions about the shelters): A number of Photovoice participants and other community members have complained about the quality of services at the homeless shelters.
- Landlords: There is a need for landlords to understand that housing is a barrier to recovery to challenge the stigma about people who are formerly unhoused or struggle with substance abuse to be risky or 'bad' tenants.

In collaboration with StoryCenter, Redwood City 2020 hosted a Digital Storytelling workshop for people to share their stories on housing in their community. We are consulting their team about the distribution and packaging of these stories. In the next fiscal year, we will follow through with Redwood City 2020 to share the stories at a community event for the community to feel empowered to create action on the housing system.

Cultural Humility Video Series

ODE Storytelling created and published a video series with practical applications of Cultural Humility in clinical settings including: (1) Cultural Humility Introduction, (2) Working Through an Interpreter, (3) Using Gender Pronouns, (4) Developing Trust and Partnership, and (5) Gender Inclusive Restrooms (in progress).

Videos are presented to mental health, substance abuse providers, and others interested in Cultural Humility in San Mateo County and the Bay Area to:

- Educate behavioral health service providers and organizations, contractors who provide direct service, and contractors who provide education to behavioral health service providers and consumers

- Continue ODE’s reputation as a hub for knowledge and resources on cultural humility by providing resources and creating a following with consistent video releases

We set a goal that the ‘playlist’ will have 10,000 total views by end of June, 2018. To achieve these goals, we created a disbursement plan that includes outreach methods such as presentations, blogging, and email. Currently, we have 500 total playlist views.

Sharing the stories with different Health Equity Initiatives, we learned that providers are sharing these videos with each other at trainings and including them in their email signatures. This proves that we need to expand our measurements for the success of this video series beyond simply counting playlist views. Further, it shows an opportunity for more providers to share these videos at trainings.

To measure the success of the videos, we are tracking the places that the video has been shared. To continue supporting providers learning about cultural humility, we are also continuing to attend meetings to present the cultural humility video series.

Distribution and packaging of stories

In FY 17-18, Austyn Lee (ODE intern) created a plan to improve the web communication of our storytelling work. He created a set of recommendations to increase accessibility of the stories for consumers to search stories based on topic and to accommodate seeing and hearing disabilities.

I began communicating with BHRS communications about ways to improve the website, as well as working myself to improve the presentation of our content on our YouTube channel by adding tags and disclaimers. The BHRS communications team returned with a quote for our website vendor’s rate to build tools to accommodate our web needs. Unfortunately, the project would cost about \$6000-\$8000. (The website adjustment was inspired by: <http://juvietalk.com/play-builder>)

Recently, BHRS communication began a project to restructure the smchealth.org website. For this, ODE storytelling provided input to the BHRS communications team about our needs to display our storytelling work. To move forward, ODE Storytelling will replace the PDF Photovoices with JPG galleries.

Sharing Stories

Storytelling workshops in FY 17-18 have been more intentional than FY 16-17 as a result of increased community involvement in the storytelling planning and sharing process. Now that partner organizations are facilitating Photovoice workshops, our capacity for intentionality and participant engagement has expanded. Previously a challenge for the Storytelling coordinator, partner organizations now stay connected with past workshop participants. This follow up procedure is a less abrupt way to end storytelling workshops: previously, facilitators and participants would split paths at the end of workshops, leaving storytellers to feel uncared for and forgotten and for distribution of stories to lack.

Exemplified well by our work with Mission Hospice, Mary Matthiesen has maintained engagement with the Mission Hospice Photovoice cohort under Mission Hospice's community ambassador program. We hosted a brainstorming and planning meeting with the storytellers, and they created a mission and plan to share their stories at events, lectures, and other presentations. This system of storyteller ambassadors/cohort supports the empowerment of the storytellers, and reduces the workload of the storytelling coordinator.

For the next year, we will focus on improving the ways we show our Photovoices. This includes developing new design, printing, framing, and captioning styles.

PROBLEM	SOLUTION
Need to improve ways to share Photovoices	Develop new design, printing, framing, and captioning styles
Warm closing and call to action following workshops	Manage cohorts with partner organizations

Web-Based Storytelling Platforms

In collaboration with the ODE LGBTQ+ Outreach Worker and Out in Tech, ODE Storytelling supported the creation of QueerInSMC.org. The website aims to amplify queer voices through storytelling, and connects people in the LGBTQ+ community with resources and storytelling opportunities.

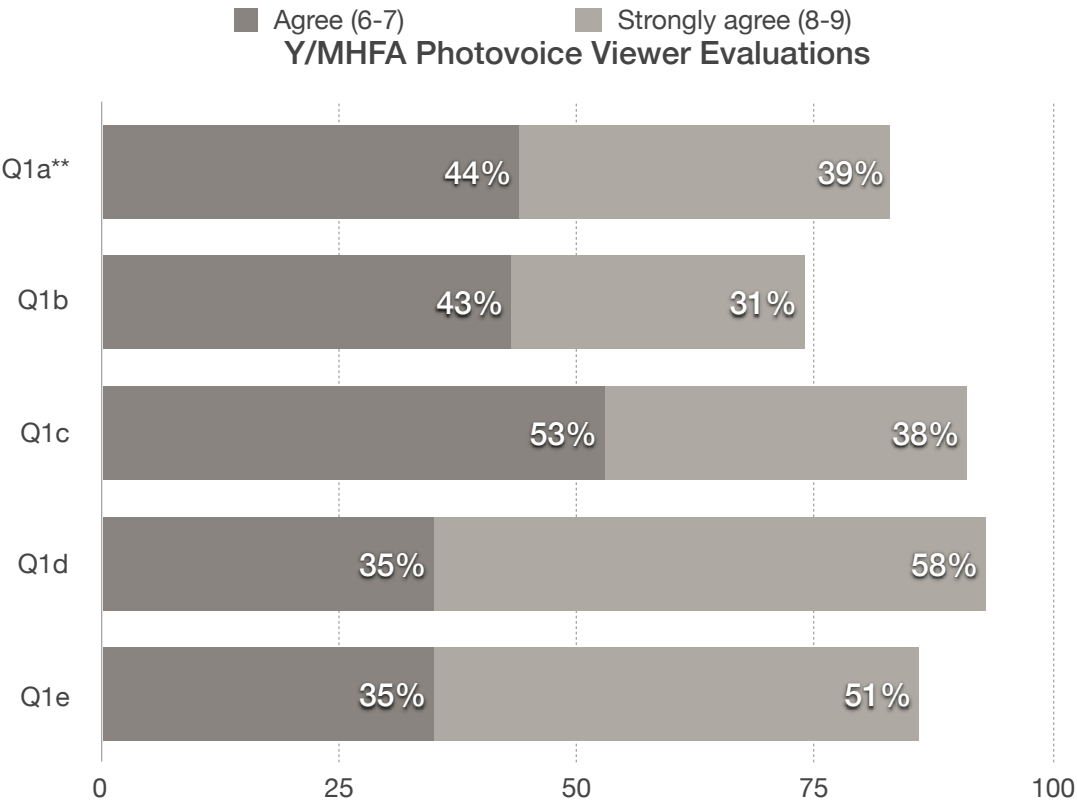
We included Photovoices, Digital Stories, and speeches from community events on QueerInSMC. Stories can be categorized by tag, which is something that we have been wanting to implement in our online storytelling sharing platforms. However, the presentation of the tags could be more effective.

PROBLEM	SOLUTION
Poor user experience when utilizing tag based navigation: too many tags, presented in long list	Utilize learnings in conversation about updating smchealth.org/stories

YMHFA Collaboration

Presenting Photovoices at Youth Mental Health First Aid (YMHFA) brings relevance to the lessons learned in class. Photovoice supports the curriculum by bringing a humanizing aspect to the concepts learned in class. Further, Photovoices are curated to have connection to the communities served by the Y/MHFAiders in attendance.

This past FY, ODE Storytelling collaborated with Y/MHFA to create a set of procedures for sharing Photovoices at Y/MHFA classes. The procedures include instructions for the Y/MHFA coordinator, the ODE Storytelling program coordinator, and Y/MHFA facilitators.



Storytelling training

In collaboration with ODE Youth/[adult] Mental Health First Aid (Y/MHFA), ODE Storytelling provided a training for Y/MHFA instructors to effectively utilize storytelling in their presentation. Our training goals included: improve their storytelling skills, develop a mission for sharing stories within Y/MHFA trainings, and workshop some of their stories to connect more closely to the MHFA and YMHFA content. The training received positive feedback from Y/MHFA instructors. In a 6-month follow up survey, some said:

“I have chosen to make different emphasis in my stories and shorten them to be concise and more effective.” “I found that in order to reach them effectively, that telling a true story was the ONLY means to communicate[...] I did not argue with them, the story itself spoke volumes because it was real.”

Participants responded to the following questions

How has this program changed the way you view your story?

- “Totally, I feel that it is ok to share our stories now”
- “I was actually able to tell one of my stories in a really effective way and I am excited to try this during trainings.”

What did you like more about this storytelling program?

- “Facilitator: very open, organized, prepared— most of all offered a sense of unity among the group, feedback, and was diligent to facilitate everyone to share.”

How will you implement the lessons and skills discussed in this workshop?

- “Think more about what stories would be helpful & craft them for key points in the curriculum”
- “I will definitely be more brave when sharing personal stories or try to be more brave.”
- “Start to think about stories and how to introduce them into my trainings”

In summary, facilitators felt a stronger understanding of how and why storytelling can be effective, improved ways that they relate their stories to the content, and improved their storytelling skills.

PROBLEM	SOLUTION
Y/MHFA instructors don't know how to share Photovoices	Practice sharing PVs in next storytelling training

PROBLEM	SOLUTION
Sustainability of training	make curriculum for this training
Facilitators sharing their lived experience in inappropriate or hard-to-understand ways	workshop personal stories and connections to Y/ MHFA training content

Sharing of stories partnership with Heart & Soul

ODE Storytelling and Heart & Soul’s Seeing Through Stigma entered a partnership to show Digital Stories at Seeing Through Stigma panels. Seeing Through Stigma is an anti-stigma campaign from Heart & Soul that utilizes storytelling to discuss topics of behavioral health. Seeing Through Stigma faced a couple of problems that this partnership solves.

PROBLEM	SOLUTION
Some new panelists are nervous and overwhelmed when sharing their stories.	By sharing Digital Stories made by the new panelists, their anxieties of including all relevant information and framing their stories is softened.
Challenges for partner agencies to find relevant stories.	Improve websites to Having a database of Digital Stories on different themes and issues, the Seeing Through Stigma coordinator can share stories that are relevant to the event.

Storytelling Workshop Evaluations

FY 17-18 held successful Storytelling workshops. The responses to participant evaluation were positive. Similarly, pre- and post-program questionnaires show some positive growth and insight on ways to improve the program. (For pre- and post- insight, see *Pre- and Post-Program Questionnaire Discrepancy*)

The pre- and post-workshop questionnaires measure Self Stigma of Mental Illness and Empowerment. In a comparison of aggregated pre- and post-workshop questionnaires from Photovoice workshops in FY 17-18, we find a few significant outcomes.

- “I see people with mental illness as capable people.”: Strongly agree increased from 53% to 62%, for an increase of 17%.
- “People with mental illnesses are able to do things as well as other people.” Strongly agree increased from 27% to 45%, for an increase of 67%.
- “Because I have a mental illness, I am unable to take care of myself.” Strongly disagree decreased from 57% to 37%, for a decrease of 35%.

- “Because I have a mental illness, I am to blame for my problems.” Strongly disagree increased from 29% to 42%, for an increase of 45%.
- “Because I have a mental illness, I am dangerous.” Strongly disagree increased from 48% to 74%, for an increase of 54%

1. How much do you agree or disagree with these statements (circle one number for each):

	Strongly Agree	(Strongly Agree to Agree)	Agree	(Agree to Neutral)	Neutral	(Neutral to Disagree)	Disagree	(Disagree to Strongly Disagree)	Strongly Disagree					
Q1a. I feel people with mental illness are persons of worth, at least on an equal basis with others.	77% (23/30)	72% (21/29)	10% (3/30)	7% (2/29)	10% (3/30)	17% (5/29)	0% (0/30)	0% (0/29)	3% (1/30)	0% (0/29)	0% (0/30)	0% (0/29)	0% (0/30)	0% (0/29)
Q1b. I see people with mental illness as capable people.	53% (16/30)	62% (18/29)	10% (3/30)	10% (3/29)	23% (7/30)	24% (7/29)	7% (2/30)	0% (0/29)	2% (0/30)	0% (0/29)	0% (0/30)	0% (0/29)	0% (0/30)	3% (1/29)
Q1c. People with mental illness are able to do things as well as other people.	27% (8/30)	45% (13/29)	10% (3/30)	7% (2/29)	37% (11/30)	17% (5/29)	3% (1/30)	7% (2/29)	20% (6/30)	17% (5/29)	0% (0/30)	0% (0/29)	0% (0/30)	7% (0/29)

2. Answer the questions below if you identify as someone who has a mental illness. How much do you agree or disagree with these statements (circle one number for each):

	Strongly Agree	(Strongly Agree to Agree)	Agree	(Agree to Neutral)	Neutral	(Neutral to Disagree)	Disagree	(Disagree to Strongly Disagree)	Strongly Disagree									
Q2a. Because I have a mental illness, I am unable to take care of myself.	5% (1/21)	5% (1/19)	0% (0/21)	0% (0/19)	10% (2/21)	5% (1/19)	0% (0/21)	0% (0/19)	5% (1/21)	5% (1/19)	0% (0/21)	5% (1/19)	29% (6/21)	37% (7/19)	0% (0/21)	5% (1/19)	52% (11/21)	37% (7/19)
Q2b. Because I have a mental illness, I will not recover or get any better.	5% (1/21)	5% (1/19)	0% (0/21)	0% (0/19)	0% (0/21)	5% (1/19)	0% (0/21)	0% (0/19)	10% (2/21)	5% (1/19)	0% (0/21)	0% (0/19)	19% (4/21)	32% (6/19)	10% (2/21)	0% (0/19)	57% (12/21)	53% (10/19)
Q2c. Because I have a mental illness, I am to blame for my problems.	5% (1/21)	0% (0/19)	0% (0/21)	0% (0/19)	0% (0/21)	0% (0/19)	0% (0/21)	20% (4/21)	21% (4/19)	0% (0/21)	5% (1/19)	33% (7/21)	36% (6/19)	5% (1/21)	5% (1/19)	23% (5/21)	42% (8/19)	
Q2d. Because I have a mental illness, I am unpredictable.	5% (1/21)	5% (1/19)	0% (0/21)	0% (0/19)	14% (3/21)	0% (0/19)	0% (0/21)	5% (1/19)	38% (8/21)	11% (2/19)	0% (0/21)	0% (0/19)	10% (2/21)	32% (6/19)	0% (0/21)	11% (2/19)	33% (7/21)	37% (7/19)
Q2e. Because I have a mental illness, I am dangerous.	0% (0/21)	0% (0/19)	0% (0/21)	0% (0/19)	5% (1/21)	0% (0/19)	0% (0/21)	0% (0/19)	14% (3/21)	5% (1/19)	5% (1/21)	11% (2/19)	19% (4/21)	11% (2/19)	10% (2/21)	0% (0/19)	48% (10/21)	74% (14/19)

The participant evaluations measure participant experience, facilitation, change in attitudes and stigma about behavioral health challenges, motivation to share stories as a result of the workshop, storytelling education, and photography education. Below are aggregated Photovoice participant evaluations in FY 17-18.

1. How much do you agree or disagree with these statements (circle one number for each):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Q1a. I am glad I participated in the program.	84% (27/32)	13% (4/32)	3% (1/32)	0% (0/32)	0% (0/32)
Q1b. I participated in the program to the best of my ability.	78% (25/32)	6% (2/32)	13% (4/32)	3% (1/32)	0% (0/32)
Q1c. My attitudes about behavioral health (mental health and/or substance abuse) were positively affected as a result of this program.	77% (23/30)	13% (4/30)	3% (1/30)	0% (0/30)	3% (1/30)
Q1d. The leader effectively supported me throughout the program.	94% (29/31)	0% (0/31)	3% (1/31)	0% (0/31)	0% (0/31)
Q1e. This program was sensitive to my cultural background.	56% (18/32)	13% (4/32)	9% (3/32)	3% (1/32)	6% (2/32)
Q1f. The goals of this program were clear.	78% (25/32)	0% (0/32)	19% (6/32)	3% (1/32)	0% (0/32)
Q1g. The goals of this program were met.	72% (23/32)	9% (3/32)	9% (3/32)	6% (2/32)	0% (0/32)

2. How much do you agree or disagree with these statements (circle one number for each):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Q2a. I feel that my Photovoice helps me express something I cannot express in other ways.	69% (22/32)	6% (2/32)	22% (7/32)	0% (0/32)	0% (0/32)
Q2b. I think more positively about challenges in my life as a result of this program.	59% (19/32)	9% (3/32)	19% (6/32)	6% (2/32)	0% (0/32)
Q2c. I will share my Digital Story with people in my community (friends, family, and/or colleagues).	72% (23/32)	9% (3/32)	13% (4/32)	0% (0/32)	0% (0/32)
Q2d. I am more likely to share my lived experience with people in my community as a result of this program.	69% (22/32)	13% (4/32)	9% (3/32)	3% (1/32)	0% (0/32)
Q2e. I learned something new about photography as a result of this program.	50% (16/32)	16% (5/32)	16% (5/32)	0% (0/32)	0% (0/32)
Q2f. I learned something new about storytelling and scripting as a result of this program.	58% (18/31)	29% (9/31)	10% (3/31)	0% (0/31)	0% (0/31)
Q2g. I learned how to create change in my community with my story as a result of this program.	53% (17/32)	13% (4/32)	28% (9/32)	0% (0/32)	0% (0/32)

PROBLEM	SOLUTION
Unsure why participants are endorsing room for improvement for cultural responsiveness	Change the second question from 'like' and 'dislike', to 'what did you like and what could be improved?'; check in with participants
Lack of data entry procedures	Create data entry procedures
Confusion about questions for people who don't identify with a behavioral health challenge	Clarify instructions for completing questionnaires
Participants unsure about PID and CID	Label PID and CID section as "for facilitator use"
Participants want more time in workshops	Offer host organizations to extend program by 2 hours
Need for long term support	Create a 6 month follow up evaluation
Evaluations lack alignment with ODE key indicators	Collaborate with Sylvia to update evaluations to include all ODE key indicators
Falling behavioral health outcomes correlated with number of new Photovoice facilitators	Add a focus on behavioral health to the facilitator curriculum

Compassion Satisfaction & Secondary Traumatization

Storytelling facilitators position are exposed to numerous traumatic stories in every workshop. With the goal of sharing powerful and truthful stories, facilitators support participants to share stories that have a moment of change or growth. Often times, these show up as stories about "rock bottom", instances of self harm, or other incidents that are traumatic and graphic in their nature. Further, these stories will come up regardless of how the program is run, because they are foundational to the identities of the consumers we work with.

For myself, I have developed more self awareness around my compassion to understand my limits and boundaries, signs of my compassion fatigue, and self-care needs. Briana's understanding, empathy, and patience has been critical to reaching this point. Together we agreed to a set of short-term goals:

- Read Trauma Stewardship by Connie Burk and Laura van Dernoot Lipsky
- See a counselor through the employee assistance program (EAP)
- Attend Vicarious Trauma and Resiliency training hosted by The California Endowment
- Adjust the work duties to limit exposure to secondary trauma: certified facilitators to support new facilitators, limit myself to 2 Photovoice workshops every 3 months.

To foster long-term sustainability for the storytelling program and those who are coordinating and facilitating workshops, it is important for ODE to reconsider long-term ways to support staff who make direct contact to consumers and community members.

- Offer resiliency/coping skills to be part of outreach team on-boarding and regular support
- Storytelling position to become clinical: Mental Health Program Specialist
- Recurring meetings to discuss countertransference from clients: group debriefs with outreach team and/or other staff specifically working with clients and consumers
- Regular assessment of ProQOL (professional quality of life) compassion satisfaction, compassion fatigue, burnout, secondary trauma, vicarious trauma and transformation survey
- Include trauma Stewardship book in on-boarding of outreach staff

FY 18-19 Goals

1. Storytelling program materials
 - Update and release Digital Storytelling and Photovoice Facilitator Curriculum
 - Update and release Storytelling Framework
 - Organize facilitation materials for storytelling program
 - Update evaluation materials
 - Create data entry and analysis procedures
 - Translate workshop materials to threshold languages
 - Update storytelling website and facilitator hub website
 - Develop Pop-Up Photovoice online
 - Create community for all facilitators
 - Develop new Photovoice layouts
2. Improve evaluation tools
 - Create 6-month follow up evaluation
 - Assess the effectiveness of evaluation tools
 - Update evaluation tools to include 5 key indicators
3. Distribution
 - Create partnerships with organizations to share stories
 - Package all stories to include category and event descriptions
 - Explore new ways to display stories
 - Manage and update storytelling website
 - Publish all stories on storytelling website
 - Reorganize uploaded content on website (PDFs to JPG, add captions)
4. Criminal justice system advocacy
 - Systematize Photovoice workshops at local jails
 - Identify organizational map of San Mateo County criminal justice system
 - Identify problem and action
 - Package and advocate with stories
5. Practicing Cultural Humility: Video Series
 - Create 2 videos
 - Outreach and engage providers and community members

'19 Biannual Addendum

Photovoice Facilitator Trainings

In FY 18-19, ODE Storytelling trained 42 more people to facilitate Photovoice (32 facilitators trained, 10 facilitators trained, respectively). To date, ODE Storytelling has trained 67 Storytelling facilitators and is supporting all facilitators with the resources to continue facilitating ODE storytelling workshops independently.

Criminal Justice System

Photovoice workshops are continuing to be offered to the county jails and juvenile services. Alison Bell and Caitlyn Fournier facilitated and are continuing to facilitate Photovoice workshops with the men in the behavioral health pod (BHP) and CHOICES program. (See page 5 for more information.) This solidifies our efforts to establish Photovoice as a recurring workshop to be held in the county jails. Following the method of establishing Photovoice as a recurring workshop in the jails by training clinical staff with the resources to train more staff, a workshop was also successfully facilitated by YSC staff at Camp Glenwood.

Men's BHP and CHOICES

Men in custody at Maguire Correctional Facility shared their stories of recovery in jail. The storytellers shared stories of the moments in which things turned around for the better as well as the lessons they have learned throughout their journeys.

Camp Glenwood

In November 2018, the boys in Section 4 at Camp Glenwood shared their stories about their hopes for Camp Glenwood and YSC. The Photovoice cohort wanted to highlight the services and resources that benefit them at Camp. They wanted to share their stories with decision makers and providers in San Mateo County in hopes of maintaining and expanding the services they feel that benefit them. This way, other young men who are labeled as "at-risk" in San Mateo County can receive the same resources and services that the boys in Section 4 feel benefit them.

Their stories mention the benefits of 'home passes', the harmful outcomes of feeling trapped at YSC and the positive effects of open space and more freedom at Camp, the difference in quality of food, the benefits of the weight room at Camp, and more.

The Photovoice cohort began after the boys would share statements such as 'we were sentenced to Camp, but YSC' in response to the weekends that they would be transported to

YSC for reasons unrelated to their behaviors and court sentencing. While they showed motivation before the workshop, the young men showed resistance on the first day of the workshop, sharing statements like ‘nobody is going to listen to this.’ etc.

After the young men completed their Photovoices, they presented their Photovoices at family night at Camp Glenwood. That evening, some of the young men prepared a steak dinner for the District Attorney, Probation Officers, Institution Service Managers, Mental Health Clinicians, as well as the families of the young men. The other boys stood in front of the room and read their Photovoice stories aloud, emphasizing their points and joking with the audience. Ultimately, the boys were recognized as showing more empowerment and growth by the judge following the showing the the Photovoice stories. Achieving the original intentions and goals that the young men set out at the start of the program, the stories reached the county Board of Supervisors as well as many leadership staff in Probation.

Nuestra Casa

People in the Promotoras & Family Advocate program at Nuestra Casa shared their stories in response to the framing question, “What does Nuestra Casa mean to you?”. The question, a double meaning of “our house” and name of the organization hosting the workshop, was an opportunity for people to share their stories with relevance to the federal issues on immigration. Stories include themes of mental health recovery, housing, and discrimination. Fun fact: this was out first Photovocie workshop facilitated in **Spanish!**

Safespace

Youth at Menlo Park non-profit, Safespace, shared their experiences and lessons learned from coping with mental health challenges. Safespace works to educate and help young people advocate for better mental health services throughout their local schools and community. Stories include themes of hardship and resilience and include both youth and adult perspectives. Fun fact: this was out first **youth-led** and facilitated Photovoice workshop!

Youth-led Facilitation

Making history in our Storytelling program, this workshop was led by a youth facilitator! The youth led facilitation proved to be successful and affirming of the strengths of young people to lead workshops and efforts on crucial topics.

Prior to the workshop, we consulted local youth leaders, such as Nadia Ghaffari, founder of TeenzTalk. It became apparent that many youth are prepared to facilitate these workshops because they are fluent in conversations about mental health, are thoughtful and compassionate, and are socially aware.

Health Ambassador Program - Youth (HAP-Y)

StarVista's Youth Health Ambassador Program operates two cohorts of youth each year to become mental health ambassadors in their communities. Since 2016, Siavash facilitated spoken storytelling workshops with each HAP-Y cohort. In FY 18-19, Brenda Nunez (HAP-Y coordinator) began facilitating the Photovoice workshops with each year's HAP-Y cohorts. Thus far, she has successfully facilitated Photovoice with 2 HAP-Y cohorts and is on track to continue facilitating Photovoice workshops with her cohorts. At this rate, there seems to be promise that Photovoice is established as a recurring workshop in HAP-Y.

Mission Hospice

In May 2018, ODE Storytelling partnered with Mission Hospice and Home Care to host a Photovoice program on the topic of death and dying. (See page 4 for more information.)

In November 2018, the Photovoice cohort presented their stories to a class at UCSF on death and dying. The presentation sparked conversation with the students, who asked about ways to support family members, the grieving process, as well as disclosed their own recent challenges to receive support. It became apparent that hospice care is closely connected to behavioral health and that a partnership between San Mateo County BHRS and Mission Hospice and Homecare may greatly benefit the community.

Workshop Evaluation

Evaluation Data

Participants continue to report positive feedback on the storytelling program and continue to report positive growth through the pre- and post-program questionnaires.

- "I feel people with mental illness are persons of worth, at least on an equal basis.": Strongly agree increased from 71% to 91%, for an increase of 20%.
- "I see people with mental illness as capable people.": Strongly agree increased from 69% to 86%, for an increase of 17%.
- "People with mental illness are able to do things as well as other people.": Strongly agree increased from 69% to 82%, for an increase of 13%.

We've inferred that a number of evaluations and questionnaires were completed inaccurately due to repeating choices (i.e. participant circles all 9s/strongly agree for questions measuring belief of mental health stigma as they rush out of the workshop and turn in their evaluation) and incongruence to participant affect during the workshop.

Consequently, we have **developed a procedure** for the evaluation stage of the storytelling workshops. The procedure will be added to the facilitator curriculum.

Evaluation Materials

After ODE defined key indicators for evaluating the impacts of our programs, the Storytelling program updated the Pre-Workshop Questionnaire, Post-Workshop Questionnaire, and Workshop Evaluation. Further, the Storytelling program developed a follow up evaluation for participants to complete 10 weeks after completing the workshop to measure the lasting impact of our workshops.

ODE Key Indicators: (1) Self-Empowerment, (2) Community Advocacy, (3) Cultural Humility, (4) Access to Treatment/Prevention Programs (Reducing Barriers), (5) Stigma Discrimination Reduction.

The Pre- and Post-Workshop Questionnaires now measure internalized stigma of substance use, social issues advocacy, and self-compassion. Additionally, the workshop evaluations now track resources and services that participants are referred to. These additions to the evaluations and questionnaires now meet all of the categories in the ODE key indicators.

Cultural Humility Video Series

This FY we plan to release two more videos in our Cultural Humility Video Series, which offers practical applications of Cultural Humility in clinical settings.

In collaboration with Britta, a volunteer at the San Mateo County Pride Center, we published a new video on California's Gender Recognition Act. The video outlines the act as well as teaches ways that people can practice cultural humility with clients who are non-binary or transgender. We will be distributing the video in the near future.