



# **San Mateo County Behavioral Health & Recovery Services**

## **Mental Health Services Act Innovation Evaluation**

### **Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve (PIONEERS) Annual Report**

Fiscal Year 2024–2025



**ASIAN AMERICAN  
RECOVERY SERVICES**  
A PROGRAM OF HEALTHRIGHT 360



**SAN MATEO COUNTY HEALTH  
BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

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Everyone to Rise and Serve (PIONEERS) Annual Report  
Fiscal Year 2024-2025

This report was developed by RDA Consulting under contract with the County of San Mateo Behavioral Health and Recovery Services.

The photo on the title page is of the Crystal Springs Regional Trail (Source: [The San Francisco Peninsula](#))

RDA Consulting, 2025





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## Acknowledgements



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# Introduction

In 2004, California passed Prop 63, the Mental Health Services Act (MHSA). The MHSA aims to expand and transform the public behavioral health system with the values of 1) Recovery, Wellness, and Resiliency; 2) Consumer and Family Driven; 3) Community Collaboration; 4) Cultural Competency; and 5) Integrated Services.

The purpose of the MHSA Innovation (INN) component is to pilot new and emerging behavioral health approaches to address the needs of underserved populations and contribute to learning across the state. MHSA INN funds provide an opportunity for counties to implement innovative behavioral health services and learn about practices that have the potential to transform the behavioral health system.

Pursuant to Welfare and Institutions Code Section 5830, all MHSA INN projects must meet the following requirements:

1. Address one of the following as its primary purpose:

- Increase access to underserved groups.
- Increase the quality of services, including measurable outcomes.
- Promote interagency and community collaboration.
- Increase access to services.

2. Support innovative approaches by doing one of the following:

- Introducing new behavioral health practices or approaches, including, but not limited to, prevention and early intervention.
- Making a change to an existing behavioral health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Introducing a new application to the behavioral health system of a promising community-driven practice or an approach that has been successful in non-behavioral health contexts or settings.

In December 2022, San Mateo County (SMC) Behavioral Health and Recovery Services (BHRS) was awarded a four-year MHSA INN grant from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to implement the Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve (“PIONEERS”) Program. This report details the second fiscal year of implementation from July 1, 2024 to June 30, 2025 (FY24-25).

## INNOVATION (INN)

INN projects are new, creative mental health practices/approaches that contribute to the learning process in the mental health field. INN projects must be developed in partnership with communities through a process that is inclusive and representative, especially of unserved and underserved, and inappropriately served individuals.



# Program Overview

The PIONEERS program serves addresses the unique challenges faced by Native Hawaiian and Pacific Islander (NHPI) youths (ages 12 to 24 years old). Culturally responsive behavioral health services are urgently needed for NHPIs, as their cultural beliefs and practices often deter them from seeking professional help. The PIONEERS program offers culturally relevant behavioral health services for NHPI youths in SMC. Notably, there is currently no other behavioral health prevention program in SMC specifically tailored to NHPI youths, making this program an innovative and much-needed solution.

The program is implemented by the community-based behavioral health provider Asian American Recovery Services (AARS), a program of HealthRight360, and partners with SMC Community Colleges, area high schools and middle schools, BHRS, and other community-based behavioral health providers to establish essential services on campuses.

Below are the key program components of PIONEERS.

- **The Leaders in Training, or “LIT,” Council.** The LIT Council is a youth advisory circle comprised of NHPI youths. Their input has guided the development of the program's design. LIT Council members engage in community engagement projects by leading workshops with the community. This enables participants to apply the knowledge and skills they acquire through the program to address the needs of their communities
- **PIONEERS Wellness Workshops.** The PIONEERS Wellness Workshops are a ten week, cohort-based cultural and mental health education program delivered directly to students in schools. Topics covered include the importance of cultural connectedness, migration stories, community memberships, and the power of resistance, among.
- **Mana Sessions.** These as-needed sessions provide a safe space for NHPI youths to decompress, engage in one-on-one or group discussions centered around behavioral health and wellness, and participate in skills-building workshops. These sessions are designed to promote emotional well-being and resilience.

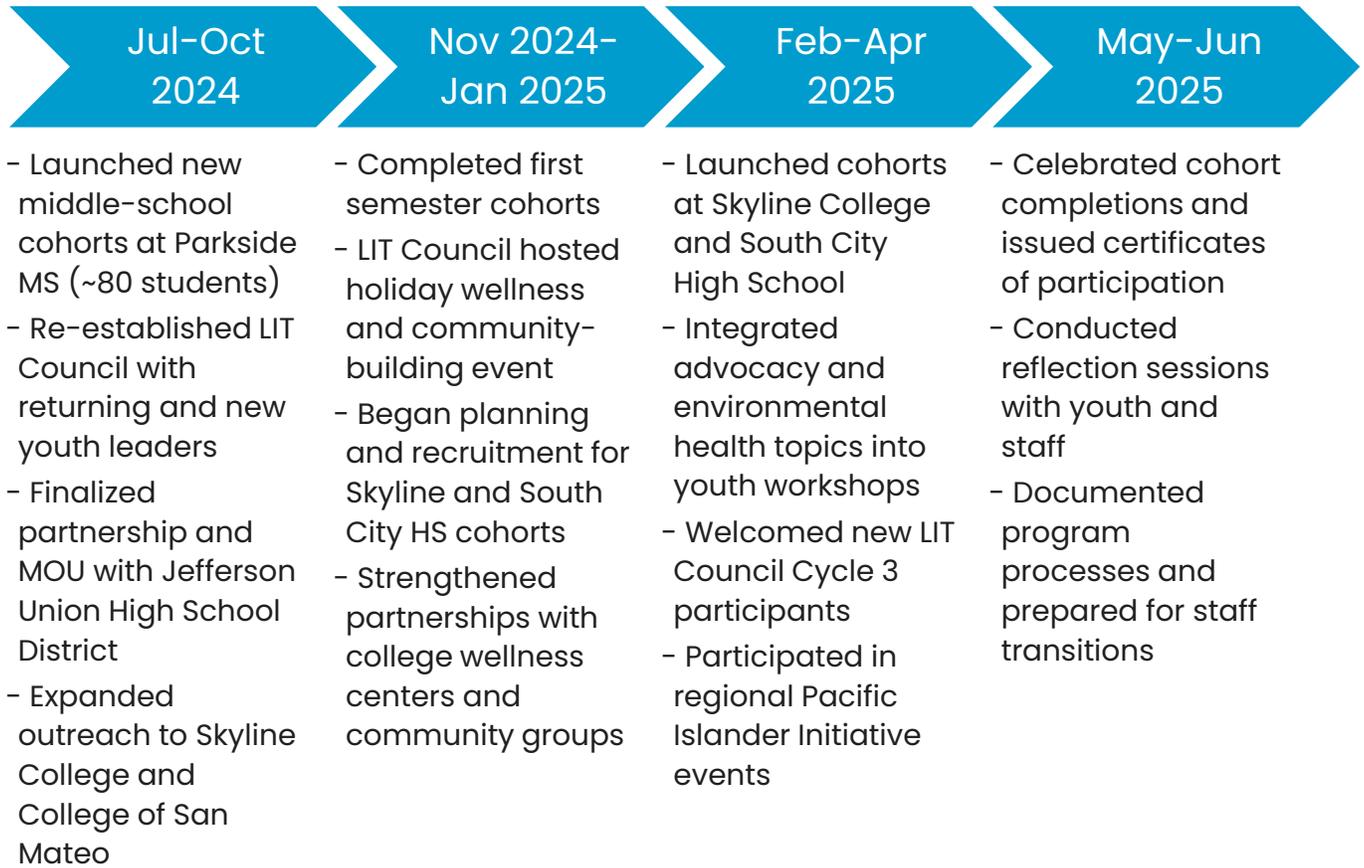


For more information about the PIONEERS program design, see [Appendix A](#).



# Program Innovations & Adaptations

Figure 1. PIONEERS Program Innovation Timeline



**Expanding Partnerships and Program Sites.** In its second year, PIONEERS built on the strong foundation of school and community partnerships established during the program’s launch. The team deepened its presence at Parkside Middle School while successfully expanding into high school and college settings, including Jefferson High School, South San Francisco High School, and Skyline College.



**Youth Leadership and LIT Council Evolution.** The LIT Council continued to evolve from an advisory group into a space for personal growth, wellness, and leadership development. Members led community engagement events, co-facilitated workshops, and attended regional events and conferences. Through activities focused on advocacy, storytelling, and mental health awareness, the members became more involved in informing programming.



**Program Growth and Inclusion.** During Year 2, PIONEERS reached a broader population of youth. While maintaining its commitment to the NHPI community, the program welcomed Hispanic, Latinx, and other youth of color whose shared experiences of belonging and identity aligned with PIONEERS' mission. Staff adapted curriculum examples and workshop formats to reflect diverse cultural perspectives and improve accessibility.

For a detailed description of program implementation updates by month, see [Appendix B](#).



# Evaluation Overview

In July 2023, SMC BHRS contracted RDA Consulting (RDA) to conduct a multi-year evaluation of the PIONEERS program, concluding in 2026. The purpose of this evaluation is to: (1) evaluate PIONEERS processes (implementation) and outcomes; (2) support continuous program improvement efforts; and (3) satisfy and comply with MHSA INN regulatory requirements, including annual and final evaluation reports to the MHSOAC.

Since starting the evaluation of the PIONEERS program in July 2023, RDA has worked closely with AARS and SMC BHRS to accomplish several key evaluation activities:



**Developed an Evaluation Plan and Data Collection Tools.** In partnership with AARS, RDA developed an evaluation plan that is intended to be used as a roadmap throughout the evaluation process. This plan is inclusive of the learning goals, evaluation questions, the proposed evaluation methodology and analytic framework, potential limitations, and reporting requirements. Using the evaluation plan, RDA collaborated with AARS to refine data collection tools including focus group protocols, a youth service log, and a youth survey.



**Data Collection.** RDA facilitated focus groups with both PIONEERS staff as well as youth participants in the LIT Council. AARS administered the youth surveys and inputted data into the youth service log.



**Data Analysis.** To inform this report, RDA analyzed the data collected. This includes data gathered from the focus groups, youth surveys, and youth service logs. Together, RDA and AARS made sense of the findings during a virtual data party. During the data party, AARS provided RDA with additional insights to help inform data interpretation.

Throughout this partnership, RDA also held regular monthly meetings with AARS and SMC BHRS to stay updated on the program's progress, discuss any new developments, and share evaluation progress. These ongoing meetings will continue to ensure the evaluation remains on track and that the findings are used to support the program's growth and success. Collectively, these efforts have laid the groundwork for an evaluation that will help to answer key questions about how the program is working and the impact it is having on the program participants. The following section outlines the specific evaluation questions guiding this work.

# Evaluation Questions

In alignment with the program’s learning goals, RDA and PIONEERS program leadership developed a set of evaluation questions to guide the assessment of the PIONEERS program. The evaluation questions aim to serve as a framework for assessing the program’s ongoing implementation, its impact on access and utilization of behavioral health services, and the behavioral health and quality of life outcomes it generates for the NHPI youth community. By exploring these four questions in Table 1 below, RDA aims to capture a holistic view of the PIONEERS program and its contributions to NHPI youths’ behavioral health and well-being.

**Table 1. Evaluation Questions and Associated Learning Goals**

Evaluation Questions and Learning Goals	
<b>Q1</b>	How is the PIONEERS <b><u>program being implemented</u></b> over time?
	<p><b>Learning Goal</b></p> <p>To assess and improve the implementation of the PIONEERS program to ensure it effectively meets participant needs, fosters collaboration, and delivers quality services.</p>
<b>Q2</b>	To what extent does the PIONEERS program <b><u>improve wellness outcomes</u></b> for NHPI youth participants?
	<p><b>Learning Goal</b></p> <p>To determine the extent to which the PIONEERS program enhances wellness outcomes for NHPI youth participants, focusing on the engagement and satisfaction with services and emotional wellbeing.</p>
<b>Q3</b>	To what extent does PIONEERS, a culturally relevant youth and community focused program, <b><u>improve access to behavioral health services</u></b> for NHPI youth participants?
	<p><b>Learning Goal</b></p> <p>To examine the extent to which the PIONEERS program improves access to culturally relevant behavioral health services for NHPI youth participants and cultivates emotional well-being, cultural pride, and a sense of belonging.</p>
<b>Q4</b>	To what extent does the integration of leadership and community advocacy <b><u>improve quality of life outcomes</u></b> for NHPI youths who participate in the PIONEERS program?
	<p><b>Learning Goal</b></p> <p>To evaluate the extent to which the integration of leadership and community advocacy within the PIONEERS program contributes to improved quality of life outcomes for NHPI youth participants, including their awareness, engagement, educational attainment, and wellbeing.</p>

# Methodology

RDA used a mixed-methods approach in this evaluation, combining both quantitative and qualitative data to provide a holistic view of the program. This method ensured that the evaluation team addressed SMC BHRS and PIONEERS priorities, answered key evaluation questions, and met MHSA INN reporting requirements. The annual evaluation report includes information about how the program was put into action, how participants engaged with services, and the short-term outcomes achieved during FY24-25.

## Data Collection

As part of the evaluation planning process, RDA, SMC BHRS, and PIONEERS collaborated to identify and discuss qualitative and quantitative data sources that could be used to address the evaluation questions for FY24-25 reporting. Data was collected from July 2024 to June 2025. RDA provided incentives for all survey respondents and LIT Council focus group participants. [Appendix C](#) provides a detailed overview of the learning goals, evaluation questions, the indicators and measures, and the data sources used for this evaluation.

Table 2 below outlines specific data sources and collection methods RDA used to gather information for the evaluation, further described in the following sections.

**Table 2. Data Sources and Collection Methods**

Data Source	Participants	Sample (N)	Collection Timeline
Focus Group	LIT Council	6	April 2025
Focus Group	PIONEERS Staff	6	April 2025
Youth Survey	Cohort Participants	44	Feb-May 2025
Youth Service Log	Cohort Participants and LIT Council	117	July 2024-June 2025

## Quantitative Data

**Youth Survey.** In collaboration with the PIONEERS team, RDA developed a confidential, voluntary survey for cohort participants. The survey measured participant engagement in the program, satisfaction with services, and impact of the program on participant mental health, cultural identity, and stigma. Items used to measure mental health and stigma were adapted from Generalized Anxiety Disorder-2 (GAD-2)<sup>1</sup>, Patient Health Questionnaire-2

<sup>1</sup> Sapra, A., Bhandari, P., Sharma, S., Chanpura, T., & Lopp, L. (2020). Using generalized anxiety disorder-2 (GAD-2) and GAD-7 in a primary care setting. *Cureus*, 12(5), e8224. <https://doi.org/10.7759/cureus.8224>

(PHQ-2)<sup>2</sup>, Ask Suicide-Screening Questions (ASQ)<sup>3</sup>, and the Attitudes Toward Serious Mental Illness Scale-Adolescent Version (ATSMI-AV).<sup>4</sup> PIONEERS staff administered a total of 44 surveys: 29 pre-surveys in February and 15 post-surveys in May. Paper surveys were scanned and uploaded to a secure file transfer protocol (SFTP) site, where they were then saved to a protected folder for analysis.

**Youth Service Log.** RDA developed an Excel tracking tool for PIONEERS staff to log LIT Council and cohort participant information. The tool was adapted from an existing service log from a similar program.<sup>5</sup> This included information about client demographics, program enrollment, referrals provided, and activity participation. Staff entered information for 117 LIT Council and cohort participants. The youth service log was uploaded to a secure file transfer protocol (SFTP) site, where it was then saved to a protected folder for analysis.

### Qualitative Data

**Focus Groups.** RDA facilitated two focus groups, one with LIT Council members and one with staff. Each focus group was tailored to gather unique insights from each group based on their position within the context of the PIONEERS program. All focus groups were virtually for approximately 1 hour each. RDA developed the protocol for the LIT Council focus group with input from PIONEERS staff.

**The focus group with LIT Council members** involved discussions of participants' experiences with activities and services and the impact on their wellbeing, access to behavioral health services, and quality of life. Seven LIT Council members participated in the focus group.

**The focus groups with PIONEERS staff** included discussions of program implementation and adaptations, service delivery, collaboration with partners and staff, and client engagement and outcomes. Six staff members participated in the focus group.

**Monthly Evaluation Meeting Documentation.** RDA used virtual, monthly evaluation meetings with PIONEERS as an opportunity to make additional observations about how the program was being implemented over time and to what extent the program was identifying needs and best practices to support participants. RDA documented these additional observations

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<sup>2</sup> Arroll, B., Goodyear-Smith, F., Crengle, S., Gunn, J., Kerse, N., Fishman, T., Falloon, K., & Hatcher, S. (2010). Validation of PHQ-2 and PHQ-9 to screen for major depression in the primary care population. *Annals of Family Medicine*, 8(4), 348-353. <https://doi.org/10.1370/afm.1139>

<sup>3</sup> National Institute of Mental Health. (2024). *Ask suicide-screening questions (ASQ) toolkit*. Retrieved from <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>

<sup>4</sup> Watson, A. C., Miller, F. E., & Lyons, J. S. (2005). Adolescent attitudes toward serious mental illness: *The Journal of Nervous and Mental Disease*, 193(11), 769-772. <https://doi.org/10.1097/01.nmd.0000185885.04349.99>

<sup>5</sup> ALAS Cariño Project.

through meeting notes and used a portion of these meetings to gather program updates from PIONEERS. These meetings were held for up to one hour.

## Data Analysis

RDA conducted a mixed-methods evaluation using qualitative and quantitative analysis techniques, triangulating findings from multiple data sources and types to produce a more robust set of findings.

To analyze quantitative data, RDA used Stata to calculate descriptive statistics such as basic frequencies and averages for survey and service log data. RDA excluded non-response or missing data from analysis at the item level. Per recommendations from The California Department of Social Services (CDSS), RDA de-identified data that represented fewer than 11 individuals to protect client confidentiality.<sup>6</sup>

Qualitative data were analyzed using a systematic approach. RDA transcribed, reviewed, and thematically analyzed responses to identify recurring themes and key takeaways.

To further bolster the findings, RDA hosted a virtual data party with the PIONEERS team. This data party provided a platform to present the initial findings, encouraging open discussion and feedback. PIONEERS staff shared their perspectives, offered additional context, and ensured that the interpretations were both accurate and culturally appropriate. These discussions were crucial, as they not only validated the findings but also added depth and nuance to the analysis. The insights gathered from this engagement were directly incorporated into the final findings and this report, ensuring that the results were reflective of the PIONEERS team's and program participants' expertise and experience.

## Limitations

**Small Sample Sizes.** Not every participant completed the survey or joined the focus group, meaning only a portion of feedback was gathered from those engaged with the program. RDA was unable to schedule a focus group with cohort participants, leaving only survey data to draw on. Additionally, RDA was unable to match much data from the pre- and post-surveys, making it challenging to understand participants' trajectory throughout the program.

It is also important to note that throughout the findings, frequencies are used to present most of the quantitative data, such as demographic characteristics and services accessed.

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<sup>6</sup> California Department of Social Services. (2019). *Data de-identification reference guide*. Retrieved from [https://www.cdss.ca.gov/portals/9/Data%20De-Identification%20Guidelines%20DSS%20Reference%20Guide\\_FINAL.pdf](https://www.cdss.ca.gov/portals/9/Data%20De-Identification%20Guidelines%20DSS%20Reference%20Guide_FINAL.pdf)

This approach was chosen to provide a clear, accurate interpretation of the results given the small sample size, avoiding percentages to prevent any potential misrepresentation.

**Data Entry.** Service log entries were not consistently completed by PIONEERS staff during the current reporting period, resulting in the absence of service data for this year. Consequently, the report does not include service counts or comparisons to the previous year. The evaluation team will collaborate with program staff to strengthen data entry procedures and ensure more complete documentation in future reporting periods.

**Participant Challenges Completing the Survey.** PIONEERS staff shared that youth had several questions about the way certain survey items were worded. At the time of the pre-survey, participants had a difficult time answering cultural identity questions as they had not yet learned about it. Some youth, particularly middle school students, had challenges with reading comprehension. Staff shared that they observed many participants rushing through the survey without reading the items, particularly those with multiple choice or Likert scales. Several survey items, including many demographic options, were skipped, potentially introducing **item nonresponse bias**. Those who completed each item on the survey may have different perspectives and experiences from those who skipped items. This may impact the validity of the participant survey findings.

**Self-Report Bias and Social Desirability Bias.** Participants may unintentionally misrepresent their experiences, either by exaggerating or downplaying them. Respondents might also have felt the need to provide responses they believed were more favorable or acceptable, rather than being fully candid. For example, some participants may have spoken more positively about the program than they truly felt, especially if they were reluctant to express criticism.

Despite these limitations, the feedback collected can help guide PIONEERS in refining its programming to better serve youth, their families, and the broader community moving forward.



# Evaluation Findings

The following sections share key findings in response to each evaluation question: program implementation, impact on emotional wellness and cultural awareness, impact on access to services, and impact on quality of life. Findings presented are for the second fiscal year of implementation (FY24-25).

## Q1. How is the PIONEERS program being implemented over time?

This section highlights the PIONEERS program's second year of implementation, showcasing its depth of services provided and high levels of client satisfaction. It also details key challenges and successes related to implementing this program in its second year.

### Clients Served

**More youth participated in the PIONEERS program during its second year of implementation compared to the first year.**

In Year 2, the program served 117 youth, including LIT Council members and cohort participants, compared to 40 youth in the first year.

# 117

youth served

**In its second year, the PIONEERS program reached a broader and more diverse group of youth while maintaining strong representation from NHPI communities.** Among the 117 participants, just over half identified as female and the majority identified as heterosexual or straight. Nearly half identified as Native Hawaiian or Pacific Islander, with additional representation from Hispanic or Latinx youth and Tongan, Fijian, or Samoan participants. Most primarily spoke English, reported no known disability, and were not veterans. The majority lived in San Bruno or South San Francisco, reflecting continued engagement in core communities and expansion to nearby areas. Table 3 below shows the full demographic breakdown of all participants served.

**Table 3. Participant Demographics, FY24–25<sup>7,8</sup>**

Category	Count <sup>9</sup>	Percent
<b>Age groups</b>	<b>83</b>	<b>100%</b>
10–14 years old	54	65%
15–19 years old	15	18%
20–30+ years old	14	17%
<b>Sex assigned at birth</b>	<b>114</b>	<b>100%</b>
Female	63	55%
Male	51	45%
<b>Sexual orientation<sup>10</sup></b>	<b>114</b>	<b>100%</b>
Heterosexual or straight	87	76%
Prefer not to answer	15	13%
Other <sup>11</sup>	12	11%
<b>Gender identity</b>	<b>*</b>	<b>100%</b>
Female	62	54%
Male	*	*
Other <sup>12</sup>	*	*
<b>Race</b>	<b>114</b>	<b>100%</b>
Native Hawaiian/Pacific Islander	53	45%
Other <sup>13</sup>	33	29%
Hispanic or Latinx	28	24%
<b>Ethnicity<sup>14</sup></b>	<b>162</b>	<b>108%</b>
Fijian, Samoan, or Tongan	48	30%
Mexican/Mexican-American/Chicanx	33	20%
Filipino/a/x	14	9%
Other <sup>15</sup>	67	49%
<b>Primary Language<sup>14</sup></b>	<b>131</b>	<b>111%</b>

<sup>7</sup> Data Source: Service Log

<sup>8</sup> Hispanic/Latinx identity is not reported to protect client confidentiality since n<11

<sup>9</sup> Subgroup counts may add up to more than the total category count as participants could select more than one response for some questions.

<sup>10</sup> Categories excluded from this count to protect client confidentiality when n<11 includes prefer not to answer, unknown/not reported, and Vakasalewalewa (a third gender identity in Fiji).

<sup>11</sup> Other sexual orientation includes Bisexual, Gay or Lesbian, Questioning or Unsure of Sexual Orientation.

<sup>12</sup> The category total count as well as other gender identity were excluded to protect client confidentiality when n<11.

<sup>13</sup> Other races include Asian, American Indian or Alaska Native, Black or African American, White, and Other.

<sup>14</sup> Subgroup percentages may add up to more than 100% as participants could select more than one response for some questions.

<sup>15</sup> Other ethnicities include African, Arab, Asian Indian/South Asian, Cambodian, Central American, Chinese, European, Japanese, Hawaiian, Honduran, Irish, Kiribati, Māori, Middle Eastern, Other, Palestinian, prefer not to answer, Puerto Rican, Salvadorean, Tahitian, Thai, Dominican, Ecuadorian, German, not sure, and Nicaraguan.

Category	Count <sup>9</sup>	Percent
English	61	52%
Spanish	31	26%
Tongan or Samoan	19	16%
Other <sup>16</sup>	20	17%
<b>Disability<sup>17</sup></b>	<b>111</b>	<b>100%</b>
No known disability	90	81%
Other	21	19%
<b>Veteran Status</b>	<b>108</b>	<b>100%</b>
Not a veteran	96	89%
Prefer not to answer	12	11%
<b>City of Residence</b>	<b>102</b>	<b>100%</b>
San Bruno	65	64%
South San Francisco	25	25%
Other <sup>18</sup>	12	11%

Unlike the first year of implementation, **most youth learned about the PIONEERS program through their schools rather than directly from staff.** Of the 23 survey respondents, 16 reported hearing about the program through school, 6 through friends or family, and 1 through PIONEERS staff. This shift from staff-led outreach to school-based and peer networks suggests that the program’s visibility and reputation have grown within the community. Youth are now learning about PIONEERS through trusted spaces and personal connections, reflecting stronger partnerships with schools and sustained interest from families who have seen the program’s impact firsthand.



<sup>16</sup> Other primary languages include American Sign Language, Arabic, French, Japanese, Khmer, Kiribati, Other, Portuguese, prefer not to answer, and Tagalog.

<sup>17</sup> Categories excluded from this count to protect client confidentiality when n<11 include learning disability, difficulty seeing, and chronic health condition, unknown/not reported, and prefer not to answer.

<sup>18</sup> Other cities of residence include Burlingame, Daly City, East Palo Alto, Hayward, Pacifica, Redwood City, San Carlos, and San Francisco.

## Client Satisfaction

# 14 out of 14

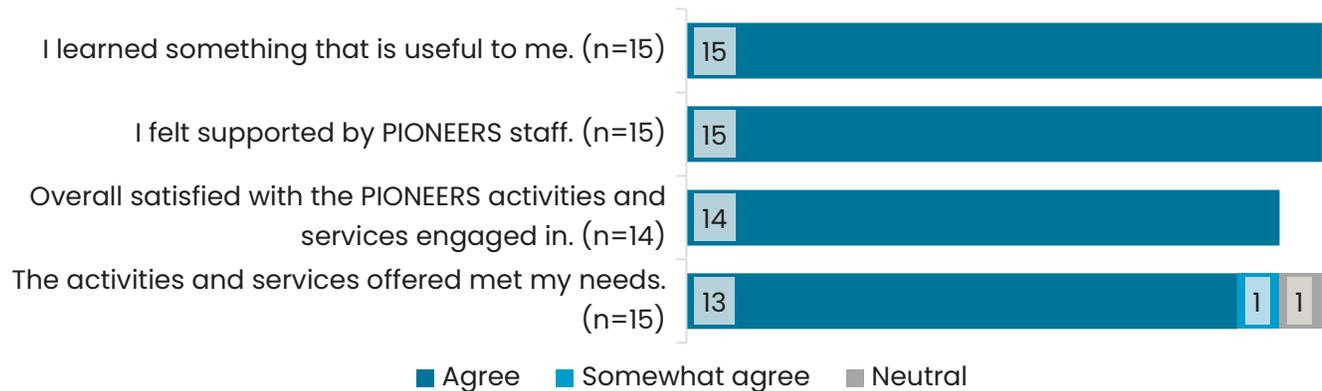
of youth were satisfied

Youth survey participants continue to be highly satisfied with the program. Of those who completed the post-survey, **all participants (14 of 14) were satisfied with their experience in the program.**

Overall, participants felt support by staff, felt the program met their needs, and they learned

something useful (Figure 3).

**Figure 2. Participant Satisfaction, FY24-25<sup>19</sup>**



## Program Implementation Strengths



### PIONEERS continued to build strong and trusting relationships with youth participants.

Staff and LIT council members described PIONEERS as a space where they feel seen, supported, and cared for. LIT council members shared that these relationships made it easier to open up, talk about difficult topics, and take pride in who they are. One participant shared, "If it wasn't for this space I wouldn't have graduated high

school ... because of them, my mental [health] has grown. I know how to express myself and cope in many ways." Another described, "It impacted my cultural pride by letting me know there's more people out there with the same culture going through the same things as me ... it opens me up to doing things and makes me realize I'm more comfortable than I think I am." Staff also reflected on how youth have grown in confidence and leadership over time,

<sup>19</sup> Data Source: Participant Survey

with one staff member stating, “We’ve had kids at [a training council] that have been with us the entire time. They have grown, speak at a broader scale like commission meetings, advocacy, and conference. They take initiative to speak at these. We don’t need to ask. They do the work themselves.”

**PIONEERS staff continue to strengthen relationships with schools, wellness centers, and Pacific Islander-serving agencies across the county.** These collaborations have helped increase visibility and facilitate connections for youth who need additional support. As one staff member explained, “Our partnerships allow us to do the work we are doing. If we did everything independently, we wouldn’t be able to implement the work that we do. Everything is dependent on collaboration.” Another added, “We try to attend their events as well and show up there to nurture our relationships... continuing to nurture those relationships and keeping up that contact list is very helpful.” These continued efforts reflect the team’s commitment to meeting youth where they are and maintaining a trusted presence in the community.

**PIONEERS staff and partners created culturally responsive and emotionally safe spaces for learning and connection.** Across site observations, facilitators were described as intentional, prepared, and caring. They used grounding questions, personal stories, and humor to encourage participation and

create safe, reflective spaces. Observation notes described “nearly every student participated multiple times. Instructors gave verbal and non-verbal affirmation—nodding, snapping, smiling.” In one session, a youth asked, “What if they don’t take me seriously when I set boundaries?” and the facilitator responded, “That’s real. It sucks ... but saying no is saying yes to yourself.” These moments reflect how facilitators build trust while helping youth practice vulnerability and self-advocacy. As one staff member shared, “The program has been eye-opening ... students have been receptive, [and] received feedback from parents saying the curriculum is essential and their kids are growing in school and personally.”

Survey responses echoed these findings, showing that participants found PIONEERS’ activities easy to access and aligned with their needs. All respondents agreed that services were offered in their preferred language (15 of 15) and held at places they could easily get to or where transportation was provided (15 of 15). Nearly all also agreed that activities were offered at times they could attend (14 of 15). This feedback reinforces that the program continues to minimize barriers to engagement by meeting youth where they are (Figure 4).

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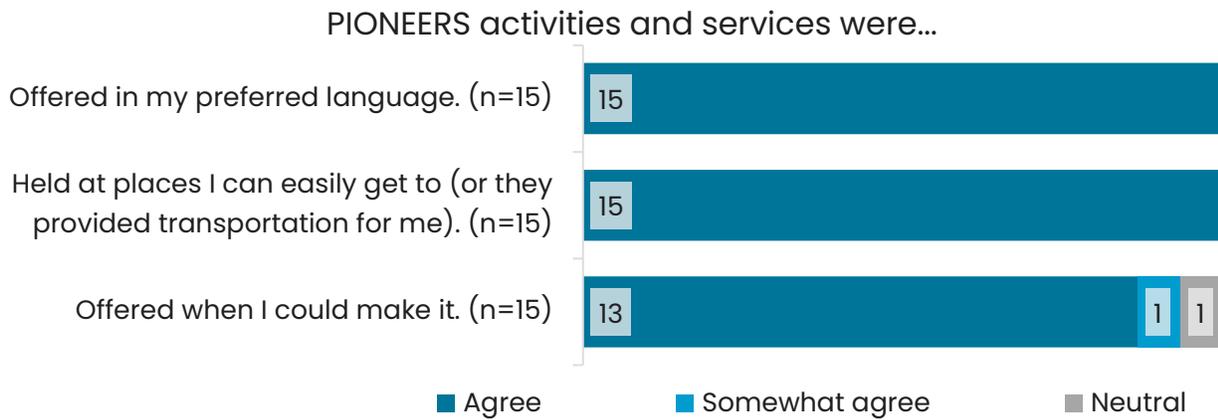
“If it wasn’t for this space I wouldn’t have graduated high school ... because of them, my mental [health] has grown. I know how to express myself and cope in many ways.”

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-LIT Council Member

**Figure 3. Elements that Impacted Program Engagement, FY24-25, N=15 participants<sup>20</sup>**



### Program Implementation Opportunities for Growth

As the PIONEERS program expanded its reach in the second year, staff and youth continued to note a few implementation challenges. **While attendance at workshops and cohorts remained strong at the start of each cycle, maintaining consistent participation throughout the school year was**



**difficult.** Youth, particularly transitional age youth, often balanced multiple priorities, including schoolwork, sports, church, and part-time jobs, which at times limited their ability to attend every session. Staff focus group participants observed, however, that when youth were present, engagement was consistently high.

### Staff focus group participants also described ongoing challenges with school access.

Although PIONEERS has built strong relationships with several schools and districts, turnover among administrators and gatekeepers sometimes disrupted established connections. Each time a new contact stepped into a leadership role, staff worked to rebuild trust and re-introduce the program’s purpose. Still, more schools and community colleges have begun inviting PIONEERS to offer workshops, signaling steady progress in visibility and partnership.

<sup>20</sup> Data Source: Participant Survey

**Staffing capacity remains a central concern.** With only two staff members dedicated to the program, meeting the growing demand across San Mateo County has been difficult. Staff emphasized that the “heart work” of culturally responsive engagement requires time, presence, and relationship-building, all of which are resources that need ongoing support and investment to sustain.

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“There are issues capacity wise because we can’t be at all schools all the time... We know the needs, we just need funding to address those needs.

-PIONEERS Staff

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## Q2. To what extent does the PIONEERS program improve wellness outcomes for NHPI youth participants?

This section assesses the wellness impacts that the PIONEERS program has had on participants in its second year of implementation. This includes emotional impacts such as overall emotional wellness, anxiety, depression, and suicidal ideation as well as cultural impacts like cultural awareness, a sense of cultural pride, and a sense of belonging. Findings should be understood in context of the small sample sizes, as less than half of participants completed a post-participation survey.

### Emotional Wellness<sup>21</sup>

#### Overall Emotional Wellness

Consistent with the first year of implementation, **participants did not experience a significant difference in overall emotional wellness as a result of participating in the program in the second year.** Many participants experienced mental health symptoms before and after participating in the program.<sup>22</sup> Of the participants who fully completed all mental health items on both the pre- and post-surveys, most reported fewer mental health symptoms after participating in the program.

In this second year, **LIT council focus group participants described feeling more comfortable sharing emotions and better equipped to manage challenges.** One participant shared, “Being part of the LIT Council helped me feel empowered to relieve the anxiety and be encouraged positively ... it made it better and I walked away feeling a million times better about myself.” Staff observed similar experiences, noting that “majority of the kids all say they are alive today because of this program ... they feel more like they are living for something.”

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“It is life, they are changing... it’s the planting of seeds that we do in this program for which you get to see them sprouting.”

–PIONEERS Staff

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#### Anxiety

**Like the previous year, participants did not experience a significant difference in anxiety symptoms after participating in the program.** Similar proportions of participants experienced anxiety symptoms before participating in the program and after participating in

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<sup>21</sup> Emotional wellness data points are not reported to protect client confidentiality; n<11 for most post-survey results.

<sup>22</sup> There was not a statistically significant difference at the 95% confidence level.

the program.<sup>23</sup> Of the participants who fully completed all anxiety items on both the pre- and post-surveys, most reported fewer anxiety symptoms after participating in the program.

### Depression

**Similar to the first year, participants did not experience a significant difference in symptoms of depression after participating in the program.** Nearly two-thirds of participants experienced depression symptoms before participating in the program, while less than half of participants were experiencing depression symptoms after participating in the program.<sup>24</sup> Of the participants who fully completed all depression items on both the pre- and post-surveys, most reported fewer depression symptoms after participating in the program.

### Suicidal Ideation

**Suicidal thoughts remained rare among participants, and youth continued to describe PIONEERS as a safe, family-like space that promotes belonging and emotional support.** Before joining PIONEERS, very few participants reported thoughts of suicide, and none reported such thoughts after participating in the program. Although this change was not statistically different,<sup>25</sup> these results suggest that suicidal ideation remained uncommon among youth involved in the program.

LIT council focus group participants shared how a sense of connection and understanding helps them feel supported through difficult moments. One participant shared, “Being in a mental health group with folks looking like me makes a new family. I feel more comfortable to express myself because these people understand more what it’s like.” This sense of belonging and shared experience continues to serve as a protective factor that supports youth well-being and reduces feelings of isolation.



### Cultural Awareness

**Participants felt that the activities and services were culturally relevant and helped them feel connected to their culture and community.** Overall, participants felt connected to their culture, felt seen and heard, felt like they belong, felt a sense of cultural pride, felt like the

<sup>23</sup> This is not a statistically significant difference at the 95% confidence level.

<sup>24</sup> This is not a statistically significant difference at the 95% confidence level.

<sup>25</sup> This is not a statistically significant difference at the 95% confidence level.

program was related to their cultural background and beliefs, felt connected to their community, and felt like the Pasifika<sup>26</sup> community is able to *teu le va/tahui va*<sup>27</sup> with each other (Figure 5). Of the participants who fully completed all cultural items on both the pre- and post-surveys, several reported more cultural awareness after participating in the program.<sup>28</sup>

Survey participants noted that the PIONEERS program helped them strengthen their sense of cultural identity, belonging, and self-understanding. Many participants described learning more about their culture and community, staying connected to their roots, and finding pride in who they are. Survey participants also shared that the program helped them build new relationships and feel more comfortable opening up to others, often describing PIONEERS as a space where they could be vulnerable and supported. Through this sense of connection, several participants noted increased self-awareness and confidence, sharing that they not only better understand their culture but also themselves.

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“[The program] helped me stay connected to my roots as a Tongan girl in America.”  
-LIT Council Member

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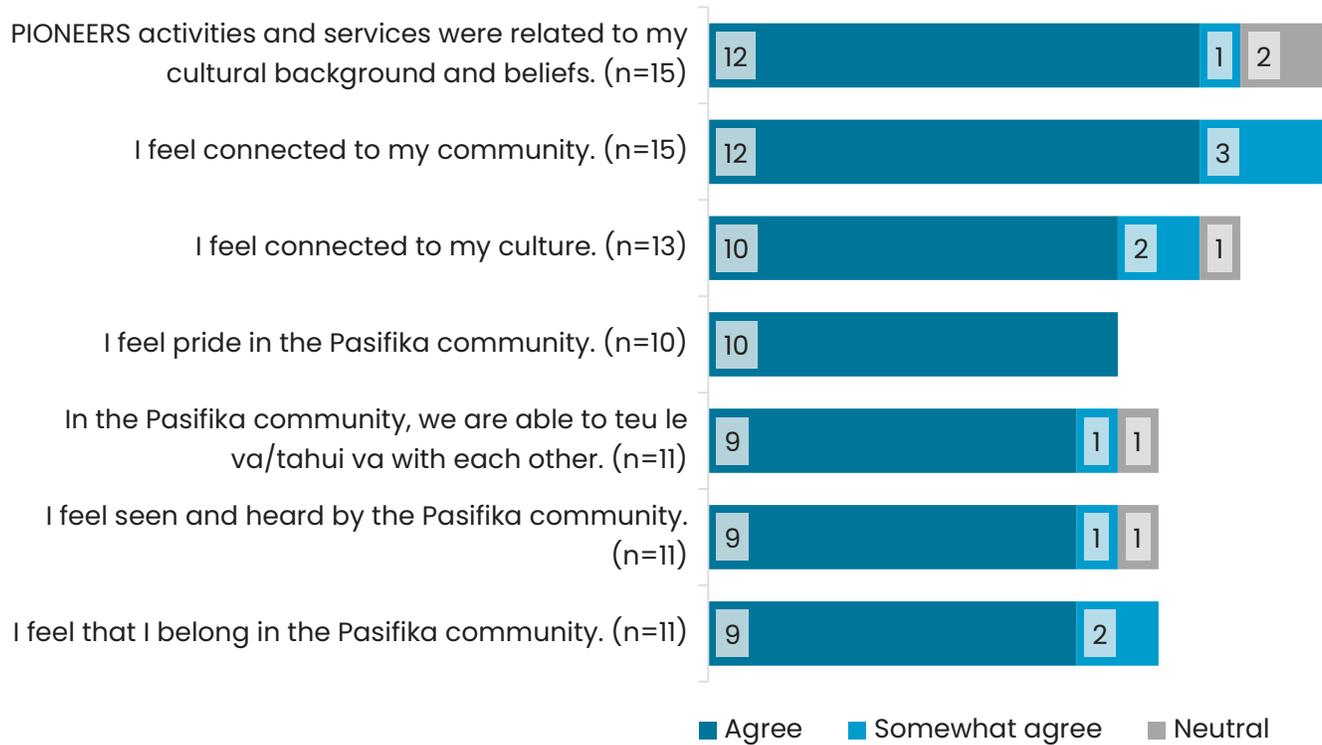
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<sup>26</sup> Pasifika is a term adopted from Aotearoa (New Zealand) that describes Pacific Islanders who live outside their homelands.

<sup>27</sup> *Teu le va* or *tahui va* is the Pacific Islander value of nurturing relationships and community.

<sup>28</sup> This is not a statistically significant difference at the 95% confidence level.

**Figure 4. Cultural Awareness, FY24-25<sup>29</sup>**



### Q3. To what extent does PIONEERS, a culturally relevant youth and community focused program, improve access to behavioral health services for NHPI youth participants?

This section describes how the PIONEERS impacted youth access to behavioral health services through connection to resources and addressing stigma.

#### Connection to Services

**Survey participants continued to report feeling supported by PIONEERS staff in accessing community resources.** All respondents agreed that staff connected them to other services in the community that were helpful, and most shared that they would feel comfortable reaching out to PIONEERS staff if they needed services in the future (Figure 6).

<sup>29</sup> Data Source: Participant Survey. It is important to note that not all participants completed all questions, therefore some counts may reflect more or less participants.

**Figure 5. Participant Connection to Services, FY24-25<sup>30</sup>**



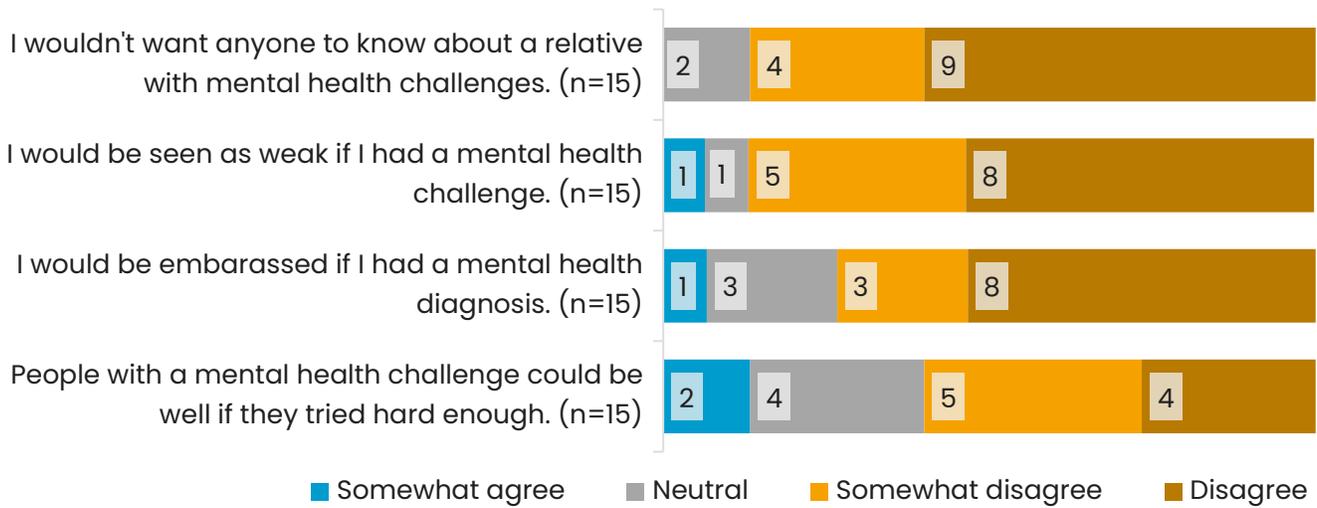
### Stigma

While differences were not statistically different, participants in the program’s second year expressed fewer stigmatizing beliefs about mental health and greater openness toward seeking support prior to receiving services. Similar to last year, most participants continued to report low levels of stigma related to mental health and treatment seeking. Fewer youth agreed with statements such as being seen as weak or embarrassed if they had a mental health challenge, or not wanting others to know about a relative experiencing mental health challenges. Most also disagreed with the idea that people with mental health challenges could get better only by trying harder. Although these changes were not statistically different,<sup>31</sup> the results suggest a gradual shift toward more accepting attitudes about mental health among PIONEERS participants (Figure 7).

<sup>30</sup> Data Source: Participant Survey

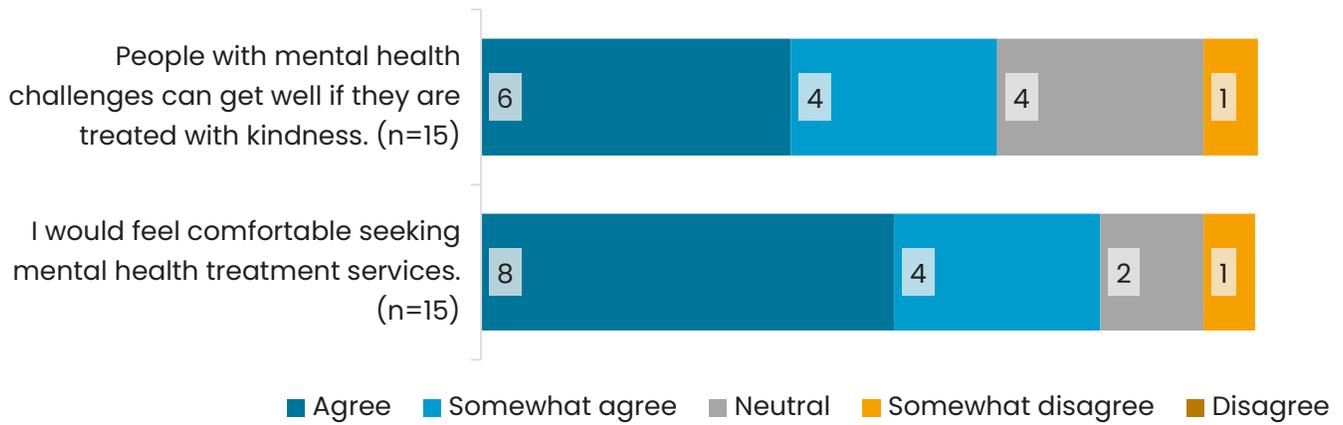
<sup>31</sup> This is not a statistically significant difference at the 95% confidence level.

**Figure 6. Mental Health Stigma, negative wording, FY24-25<sup>32</sup>**



When asked about stigma with positively worded questions, survey participants expressed growing comfort with seeking mental health care and greater compassion toward others experiencing mental health challenges, reflecting a gradual shift toward openness and understanding. Nearly all participants agreed or somewhat agreed that they would feel comfortable seeking mental health treatment, and most agreed that people with mental health challenges can get well when treated with kindness (Figure 8).

**Figure 7. Mental Health Stigma, positive wording, FY24-25<sup>33</sup>**



**PIONEERS continues to work toward reducing stigma and increase access to behavioral health supports.** LIT council and staff focus group participants shared that seeing themselves reflected in their facilitators and providers helped to address feelings of stigma. As one participant explained, “I met a Polynesian therapist... it helped break the stigma,” while

<sup>32</sup> Data Source: Participant Survey

<sup>33</sup> Data Source: Participant Survey

another added, “Being connected to people who look like me and are social workers was super helpful, even if I haven’t used those services yet, just knowing I can matters.” Facilitators were described as trusted access points who checked in about mental health outside of formal sessions, with one participant sharing, “They check in on our mental health, and we can talk to them at events, not just in groups.” LIT council focus group participants also described increased mental health literacy like learning how to name what they are experiencing, being introduced to ideas like shadow work, and recognizing that mental health is real even when family or community members do not see it that way.

### Knowledge of Resources

**More youth reported feeling knowledgeable about behavioral health resources available to them compared to the previous year.**

“My parents said mental health isn’t real... but in this space, people understand what it’s like.”  
 -LIT Council Member

Approximately one in four youth reported being knowledgeable about behavioral health resources before participating in the program (8 of 29), while the majority reported being knowledgeable about behavioral health resources after participating in the program (13 of 15) (Figure 9).<sup>34</sup> Youth described learning new mental health concepts, building vocabulary to explain what they experience, and feeling more capable of identifying when and how to seek support. Several shared that PIONEERS helped normalize mental health conversations and made information about available services more accessible. Staff also observed that youth are asking more informed questions and showing curiosity about wellness topics that once felt intimidating.

**Figure 8. Knowledge of Behavioral Health Resources, FY24-25, N=15 participants<sup>35</sup>**



When asked about how PIONEERS services has helped them, several participants shared they “learned what kind of help there is” and became “more aware of these options,” reflecting stronger understanding of how to connect with available services. They also described becoming more open about mental health, saying they had “opened up more,” “become vulnerable,” and learned to “communicate thoughts and emotions.” Several participants

<sup>34</sup> This is not a statistically significant difference at the 95% confidence level.

<sup>35</sup> Data Source: Participant Survey

spoke about applying what they learned in daily life such as “changing [their] daily tasks using the resources given here” and “speaking up when [they] know something is wrong.”

## Q4. To what extent does the integration of leadership and community advocacy improve quality of life outcomes for NHPI youths who participate in the PIONEERS program?

This section described the impact that the leadership and community advocacy components had on quality-of-life outcomes for youth. That includes impact on confidence levels and on independence.

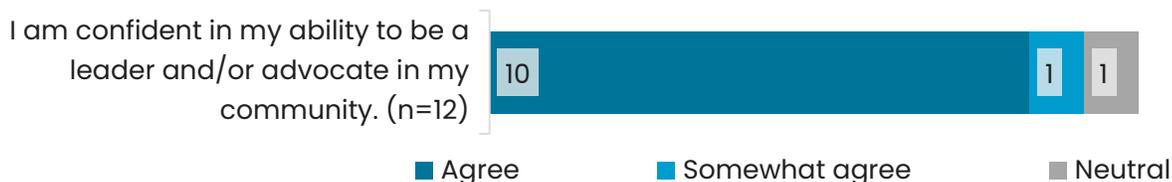
### Social Support

A key theme mentioned by both youth and staff was the **social support provided by the PIONEERS program and participants**. Youth participants, particularly LIT Council members, shared stories about feeling connected with each other on a deeper level after participating in workshops. One member phrased it as “nurturing the space between each other.” Members describe a safe and comfortable place to be themselves. Youth really enjoy going into the community and attending events, feeling like they are building a “second family.”

### Confidence and Independence

**Youth confidence to be a leader in their community did not change significantly after participating in the program, much like in the first year.** A much higher proportion of participants reported that they were confident in their ability to be a leader and/or advocate in the community after participating in the program (11 of 12) (Figure 11) compared to before participating in the program (15 of 25).<sup>36</sup>

**Figure 9. Confidence in Ability to be a Leader**, FY24-25, N=12 participants<sup>37</sup>



When asked what part of the program had the biggest impact on their lives, **youth described moments of community, connection, belonging, and agency**. One participant

<sup>36</sup> This is not a statistically significant difference at the 95% confidence level

<sup>37</sup> Data Source: Participant Survey

shared, "They saved my life... If I didn't join the group, I wouldn't have gone to college." Others talked about finding community and strength through connection, stating, "I've adopted new cousins in every community we go to," and "It's helped me grow, not just mentally, but as a person. I know how to cope. I know how to speak for myself." They also spoke about becoming advocates, taking on leadership roles, and recognizing that their voices matter, with one sharing, "I've seen so many opportunities because of this program. New people, new places, and new ways of seeing myself," and another highlighting how they have grown for themselves and others, "I've learned how to speak for myself... and how to show up for others."





# Recommendations

Building on lessons from the second year of PIONEERS implementation, RDA has identified a few recommendations that can help improve participant outcomes and program impact. These recommendations emphasize strengthening infrastructure while preserving the relationship-driven and culturally responsive approach that defines PIONEERS.

- **Sustain and continue to build strong relationships with youth participants.** Relationships remain the foundation of PIONEERS' success. Youth continue to attribute their growth, healing, and engagement to the trust and care they experience from staff. As the program grows, maintain small group spaces and consistent facilitator-to-youth ratios to preserve this sense of belonging and individualized support.
- **Develop a youth-to-staff pipeline to sustain leadership and continuity.** Many LIT Council members and cohort participants have grown into strong leaders, advocates, and peer supporters. Consider creating a structured pathway for youth alumni to transition into paid peer mentor, intern, or facilitator roles within PIONEERS. A formal leadership pipeline could also serve as a model for developing the next generation of NHPI behavioral health and community leaders in San Mateo County.
- **Embrace and intentionally support the program's organically diversifying participant base.** In its second year, PIONEERS expanded its reach beyond NHPI youth, engaging more Hispanic and Latinx participants through word-of-mouth and peer-to-peer connections. As PIONEERS' presence and trust continue to grow, there may be opportunities to strengthen relationships with other culturally responsive, community-based organizations serving youth from different backgrounds. PIONEERS can help support referrals or connections to these organizations. This can help ensure that all youth are connected to spaces that feel culturally relevant to them.
- **Enhance strategies for consistent attendance and engagement.** While enthusiasm remains high, attendance fluctuates due to competing priorities among youth. Consider flexible scheduling, modular workshop formats, and hybrid engagement options to accommodate school, work, and family responsibilities.
- **Continue to remove barriers to engagement.** Several participants mentioned that the program was easily accessible, offered at times and locations that were easy for them to attend. Offering transportation, food, and communication with parents are all critical for ensuring program attendance. Due to limited staff capacity, consider additional resources to fill in some of these roles, particularly transportation.



# Appendices

## Appendix A. Program Design

PIONEERS is designed to offer culturally relevant behavioral health services for NHPI youths in SMC. This program places a strong emphasis on prioritizing the well-being of both students and their respective communities through empowerment, leadership, and advocacy. Notably, there is currently no other behavioral health prevention program in SMC specifically tailored to NHPI youths, making this program an innovative and much-needed solution.

The primary goals of the PIONEERS program are to 1) enhance access to behavioral health services for NHPI youths by addressing mental health and substance use challenges, 2) increase awareness of emotional health, 3) empower NHPI advocates for behavioral health, and 4) improve culturally responsive services on local school campuses. The program is implemented by the community-based behavioral health provider, Asian American Recovery Services (AARS), and will foster partnerships between SMC Community Colleges, BHRS, and other community-based behavioral health providers to establish essential services on campuses.

### Service Offerings

The program encompasses three key components:

- **The Leaders in Training, or “LIT,” Council.** The LIT Council is a youth advisory circle comprised of NHPI youths. Their input has guided the development of the program’s curriculum, activities, and outreach strategies. LIT Council members also engage in community engagement projects by leading workshops and discussions with middle- and high school students and the broader community. It enables PIONEERS participants to apply the knowledge and skills they acquire through the program to address the specific needs of their communities
- **PIONEERS Wellness Workshops.** The PIONEERS Wellness Workshops are a ten week, cohort-based cultural and mental health education program delivered directly to students in schools. Topics covered include the importance of cultural connectedness, migration stories, community memberships, and the power of resistance, among others.
- **Mana Sessions.** These as-needed sessions provide a safe space for NHPI youths to decompress, engage in one-on-one and group discussions centered around behavioral health and wellness, and participate in skills-building workshops. These sessions are designed to promote emotional well-being and resilience.

By focusing on cultural relevance, empowerment, leadership, and advocacy, the program aims to improve behavioral health outcomes and foster a sense of community support among NHPI youths, ultimately benefiting both the individuals and their broader communities.

## Program Staff

The PIONEERS program has a small but mighty two-person team. A brief description of program staff's roles is below:

- **Program Coordinator** is responsible for the oversight of the identified work plan activities of the program to ensure the goals, objectives, and other deliverables are satisfactorily met in a timely manner.
- **Case Manager** assists the Program Coordinator in the implementation of the PIONEERS Project identified work plan and is responsible for outreach, recruitment and case management.



## Target Population

The PIONEERS program has a specific focus on addressing the needs of NHPI youths, ages 12 to 24 years old, a population that often faces significant health disparities. While comprehensive data on this community is limited, available information highlights the notable disparities experienced by NHPI individuals in various health indicators. For instance, according to data from the Census Bureau, a substantial 17.6% of the NHPI community lives below the poverty line. This figure stands in stark contrast to the national poverty rate of 11.7% for Asians and 11.6% for Whites. These economic disparities underscore the pressing need for targeted support and intervention within the NHPI youth demographic.

Annually, the PIONEERS program aims to make a meaningful impact by engaging with 45 NHPI youths through its various program services. Additionally, the program seeks to extend its reach to benefit 30 NHPI community youth through its community advocacy component. By targeting these specific demographics, the PIONEERS program endeavors to address the unique challenges and disparities faced by NHPI youths, working towards improving their overall well-being and contributing to the betterment of the NHPI community as a whole.

## Appendix B. Program Implementation Updates

Month and Year	PIONEERS Implementation Updates
<b>July 2024</b>	<ul style="list-style-type: none"> <li>• Held summer field trips to movies and Giants game (first-time experiences for many)</li> <li>• Planned advocacy field trip to the State Capitol</li> <li>• Prepared for school-year cohorts and LIT Council launch</li> <li>• Booked Parkside Middle School workshops and coordinated with teachers</li> </ul>
<b>August 2024</b>	<ul style="list-style-type: none"> <li>• Continued school outreach and cohort planning</li> <li>• Scheduled two Parkside Middle School cohorts to begin Sept 17</li> <li>• Conducted LIT Council outreach for returning and new members</li> </ul>
<b>September 2024</b>	<ul style="list-style-type: none"> <li>• Launched Parkside Middle School cohorts (four classes, ~80 students)</li> <li>• Held first LIT Council meetings with 8–10 youth leaders</li> <li>• Began relationship-building with Jefferson HS, South City HS, and Skyline College</li> </ul>
<b>October 2024</b>	<ul style="list-style-type: none"> <li>• Completed week 7 of Parkside cohorts (~80 youth) and planned celebration</li> <li>• Finalized MOU with Jefferson Union High School District to begin workshops next semester</li> <li>• Partnered with Skyline and CSM to explore new college cohorts</li> <li>• LIT Council received training on anxiety and mental health careers</li> <li>• Participated in community events (e.g., Trunk or Treat in Colma, NPIEN Conference)</li> </ul>
<b>November 2024</b>	<i>No meeting held this month</i>
<b>December 2024</b>	<ul style="list-style-type: none"> <li>• Completed middle school cohorts and collected pre/post surveys from ~80 students</li> <li>• Hosted LIT Council holiday game night and raffle event (25–30 attendees)</li> <li>• Continued partnership meetings with CSM Wellness Center and Terra Nova HS Poly Club for future cohorts</li> </ul>
<b>January 2025</b>	<ul style="list-style-type: none"> <li>• Conducted school visits (Jefferson, CSM, Mills, Taylor MS, South City)</li> <li>• Planned next round of cohorts and LIT Council Cycle 3 curriculum</li> <li>• Held LIT Council end-of-year meeting (Dec 22) and scheduled new kickoff (Jan 30)</li> <li>• Youth attended local advocacy events and community celebrations</li> </ul>

<b>February 2025</b>	<ul style="list-style-type: none"> <li>• Began Skyline College cohort planning and scheduled sessions for March</li> <li>• Continued relationship-building with Jefferson and South City for future cohorts</li> <li>• LIT Council met for goal-setting and reflections on accomplishments</li> <li>• Supported youth interest in environmental and community advocacy projects</li> </ul>
<b>March 2025</b>	<ul style="list-style-type: none"> <li>• Launched Skyline College (11 participants) and South City HS (~10 participants) cohorts</li> <li>• Facilitated activities on mental health, identity, and community connection</li> <li>• LIT Council Cycle 3 began (10–11 members) with new participants</li> <li>• Continued outreach for fall cohorts and expanded partnerships with rugby teams and wellness centers</li> </ul>
<b>April 2025</b>	<ul style="list-style-type: none"> <li>• Continued Skyline and South City cohorts and conducted group observations and surveys</li> </ul>
<b>May 2025</b>	<ul style="list-style-type: none"> <li>• Completed Skyline and South City cohorts and held celebration events</li> <li>• Issued completion certificates and collected feedback from participants</li> <li>• Staff prepared transition plans and cohort setup for next cycle</li> <li>• LIT Council attended Pacific Islander Initiative events and community graduations</li> </ul>
<b>June 2025</b>	<ul style="list-style-type: none"> <li>• Announced staff transitions (Lexi and Marcelle ending July 18)</li> <li>• Began recruitment planning for new staff and LIT Council members</li> <li>• Noted program to continue one more year under Prop 1 funding</li> </ul>

## Appendix C. Learning Goals, Evaluation Questions, Data Measures & Sources

Learning Goal	Evaluation Question	Data Measures	Data Sources
<p><b>To assess and improve the implementation of the PIONEERS program to ensure it effectively meets participant needs, fosters collaboration, and delivers quality services.</b></p>	<b>PROCESS EVALUATION</b>		
	<p>Q1. How is the PIONEERS program being <b>implemented over time</b>?</p>	<ul style="list-style-type: none"> <li>• Successes and/or challenges to implementation</li> <li>• Adaptations to implementation in response to participant needs</li> <li>• Count and proportion of participants served, including demographics</li> <li>• Type, count, and proportion of services provided</li> <li>• Collaboration</li> <li>• Staff support</li> <li>• Program elements that contributed to participant</li> </ul>	<ul style="list-style-type: none"> <li>• Youth service log</li> <li>• PIONEERS staff focus groups</li> <li>• Youth focus groups</li> <li>• Evaluation meeting notes</li> <li>• Youth survey</li> </ul>

Learning Goal	Evaluation Question	Data Measures	Data Sources
		engagement & outcomes	
		<b>OUTCOME EVALUATION</b>	
<p><b>To determine the extent to which the PIONEERS program enhances wellness outcomes for NHPI youth participants, focusing on the engagement and satisfaction with services and their emotional wellbeing.</b></p>	<p>Q2. To what extent does the PIONEERS program <b>improve wellness</b></p>	<ul style="list-style-type: none"> <li>Count and proportion of NHPI youths that</li> </ul>	<ul style="list-style-type: none"> <li>Youth service log</li> <li>Youth survey</li> <li>Youth focus groups</li> </ul>

Learning Goal	Evaluation Question	Data Measures	Data Sources
	<p><b>outcomes</b> for NHPI youth participants?</p>	<p>engage in PIONEERS program services</p> <ul style="list-style-type: none"> <li>• Count and proportion of NHPI youths whose emotional wellness improves (suicidal ideation, anxiety, depression)</li> <li>• Level of satisfaction with services</li> <li>• Self-reported impact on NHPI youths' overall emotional wellbeing</li> <li>• Count and proportion of NHPI youths who develop cultural pride and sense of belonging</li> <li>• Level of cultural awareness</li> </ul>	<ul style="list-style-type: none"> <li>• PIONEERS staff focus groups</li> </ul>
<p><b>To examine the extent to which the PIONEERS program improves access to culturally relevant behavioral health services for NHPI youth participants and cultivates emotional wellness,</b></p>	<p>Q3. To what extent does PIONEERS, a culturally relevant youth and community focused program, <b>improve</b></p>	<ul style="list-style-type: none"> <li>• Count and proportion of NHPI youths referred to behavioral health services</li> </ul>	<ul style="list-style-type: none"> <li>• Youth service log</li> <li>• Youth survey</li> <li>• Youth focus groups</li> <li>• PIONEERS staff focus groups</li> </ul>

Learning Goal	Evaluation Question	Data Measures	Data Sources
<p><b>cultural pride, and a sense of belonging.</b></p>	<p><b>access</b> to behavioral health services for NHPI youth participants?</p>	<ul style="list-style-type: none"> <li>• Count and proportion of NHPI youths that engage in services</li> <li>• Count and proportion of NHPI youths who decrease stigma and increase knowledge about behavioral health resources</li> <li>• Impact on NHPI youths' attitudes and behaviors toward emotional wellness and service utilization</li> <li>• Count, proportion, and description of NHPI youths' perception of behavioral health services</li> <li>• Count, proportion, and description of NHPI youths' willingness to talk about emotional wellness</li> </ul>	

Learning Goal	Evaluation Question	Data Measures	Data Sources
<p><b>To evaluate the extent to which the integration of leadership and community advocacy within the PIONEERS program contributes to improved quality of life outcomes for NHPI youth participants, including their awareness, engagement, educational attainment, and wellbeing.</b></p>	<p>Q4. To what extent does the integration of leadership and community advocacy <b>improve quality of life outcomes</b> for NHPI youths who participate in the PIONEERS program?</p>	<ul style="list-style-type: none"> <li>NHPI youths' awareness of data and storytelling</li> <li>NHPI youths' level of engagement in advocacy</li> <li>Count, proportion, and description of NHPI youths' interest in higher education</li> <li>NHPI youths' community trust and movement building</li> <li>Count, proportion, and description of improved cultural and emotional wellness awareness, self-identity and coping skills</li> <li>Count and proportion, and description of improved leadership skills</li> </ul>	<ul style="list-style-type: none"> <li>Youth service log</li> <li>Youth survey</li> <li>Youth focus groups</li> <li>PIONEERS staff focus groups</li> </ul>

Learning Goal	Evaluation Question	Data Measures	Data Sources
		<ul style="list-style-type: none"><li>• Count and proportion, and description of improved educational outcomes</li></ul>	