



# **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 2023–2024



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



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

# 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 2023-2024

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, 2024





## **Table of Contents**

Acknowledgements	4
Introduction	5
Program Overview	6
Program Innovations & Adaptations	7
Evaluation Overview	8
Evaluation Findings	14
Recommendations	29
Appendices	30



## Acknowledgements



A heartfelt thank you to the seven LIT Council members and 39+ cohort participants who offered feedback about their experiences.

Thank you to community partners who hosted PIONEERS cohorts: Miss Epi Aumavae and the Parkside Career Technical Education Department; Dr. Finau Tovo, Dr. Wesley Hingano, Dr. Levalasi Loi-On, and Mrs. Melissa Manuofetoa & the CSM Mana Learning Community Center.

Thank you to AARS and HealthRight360 staff Lexi Saelua, Marcelle Valdez, Nani Wilson, Junior Flores, Daniel Nava, Lueni Masina, and Lilibeth Narciso for supporting this project and being consistent thought partners throughout this evaluation.

Thank you to SMC BHRS leadership, including Doris Estremera, and the Behavioral Health Advisory Board along with the MHSA Ongoing Planning Council for their commitment to the success of this program. This program would not have been possible without MHSA Innovation funds.

Lastly, an acknowledgement to the RDA team who completed this evaluation: Alison Farringer, Caroline Calonge, Dina de Veer, and Vanessa Guerrero.



# 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 first fiscal year of implementation from July 1, 2023 to June 30, 2024 (FY23–24).

## 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.

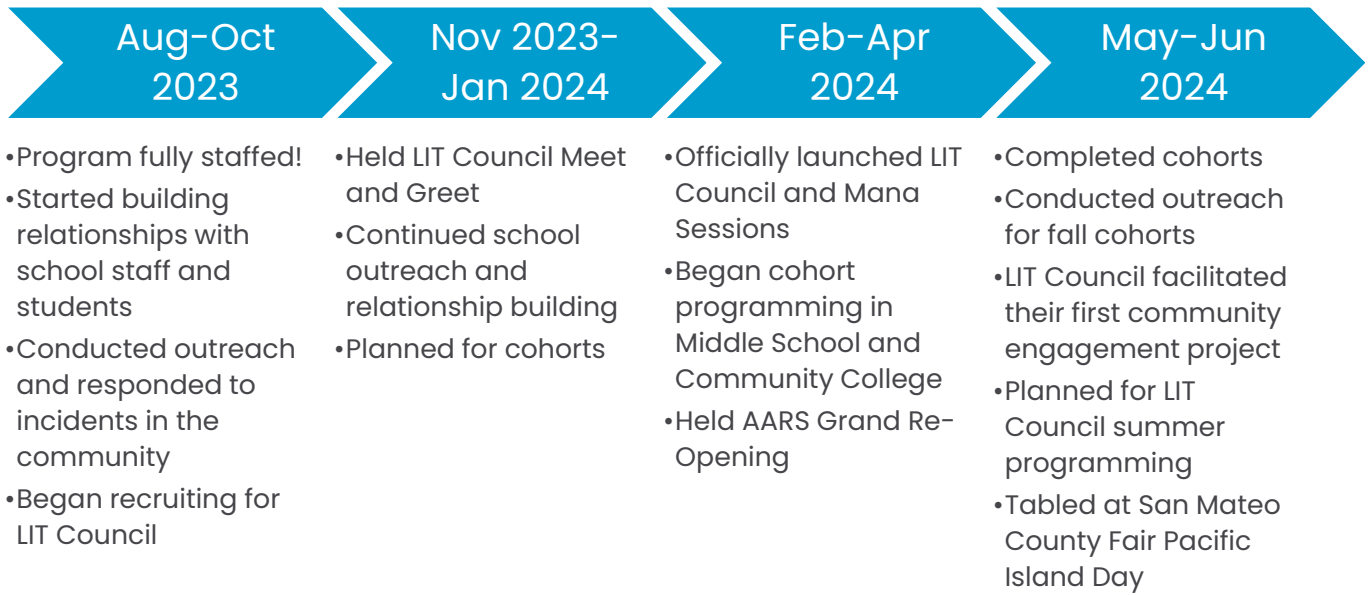


For more information about the PIONEERS program design, see [Appendix A](#).



# Program Innovations & Adaptations

Figure 1. PIONEERS Program Innovation Timeline



**Relationship Building and Outreach.** Before the program officially launched, PIONEERS staff began building relationships with school staff and students. This allowed the program to scout potential locations for their in-school cohort programming. The team also conducted outreach in the community, attending and tabling at multiple events to gain trust of community leaders and begin to recruit for the LIT Council.



**Cohorts in Middle Schools and Community Colleges.** The original intention of the program was to provide programming in middle schools, high schools, and community colleges. However, high school administration was very challenging to connect with and PIONEERS ultimately made the decision to begin their cohort programming in middle schools and community colleges, where they had been building strong relationships with school staff.



**LIT Council.** The original design of the LIT Council was a youth advisory board intended to guide program design and evaluation decisions. But as the group continued to meet, PIONEERS staff saw that the true need for this group was to provide emotional wellness and community building services.

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 develop 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 in the first FY of the program. 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 FY23–24.

## 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 FY23–24 reporting. Data was collected from December 2023 through May 2024. 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	7	April 2024
Focus Group	PIONEERS Staff	6	May 2024
Youth Survey	Cohort Participants	47	Feb–May 2024
Youth Service Log	Cohort Participants and LIT Council	40	Dec 2023–June 2024

## 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 47 surveys: 39 pre-surveys in February and 16 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 40 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. There were seven LIT Council members who 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. There were six staff members who 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

---

<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.

---

<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.

**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 first fiscal year of implementation (FY23-24) and should be interpreted as the baseline.

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

This section highlights the PIONEERS program’s first 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 new program.

### Clients Served

**In the first year of implementation, PIONEERS served 40 youth through the cohorts and LIT council.** Overall, most were heterosexual or straight (31 of 31), identified as Native Hawaiian/Pacific Islander (31 of 40), primarily speak English, had no known disability (30 of 30), and were not a veteran (39 of 39). Additionally, approximately half were female (22 of 39). Nearly all live in either San Bruno (17 of 40) or San Mateo (15 of 40). Table 3 below shows the full demographic breakdown of all participants served.

**40**  
youth served

**Table 3. Participant Demographics, FY23-24<sup>7,8</sup>**

Category	Count <sup>9</sup>
<b>Age groups</b>	<b>31</b>
10-19 years old	12
20+ years old	19
<b>Sex assigned at birth</b>	<b>39</b>
Female	22
Male	17
<b>Sexual orientation<sup>10</sup></b>	<b>31</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).

Category	Count <sup>9</sup>
Heterosexual or straight	31
<b>Gender identity<sup>11</sup></b>	<b>39</b>
Female	22
Male	17
<b>Race</b>	<b>40</b>
Native Hawaiian/Pacific Islander	31
Other <sup>12</sup>	18
<b>Ethnicity</b>	<b>39</b>
Fijian, Samoan, or Tongan	27
Other <sup>13</sup>	39
<b>Primary Language<sup>14</sup></b>	<b>40</b>
English	27
Tongan or Samoan	16
<b>Disability<sup>15</sup></b>	<b>30</b>
No known disability	30
<b>Veteran Status</b>	<b>39</b>
Not a veteran	39
<b>City of Residence</b>	<b>40</b>
San Bruno	17
San Mateo	15
Other <sup>16</sup>	19

**Most participants heard about the program through PIONEERS staff or other programs** (15 of 27 survey respondents), while the rest (12 of 27) heard about the program through school or friends and family. When asked what they were hoping to get out of their experience in the program, youth shared they were hoping to get community and friendship, an opportunity to understand their own culture and other cultures, build leadership skills and empowerment, find a place to do good, grow their mental health skills, build self-awareness, and get out of their comfort zone.

<sup>11</sup> The category Vakasalewalewa was excluded from this count to protect client confidentiality when n<11.

<sup>12</sup> Other races include Asian, American Indian or Alaska Native, Black or African American, White, and Other.

<sup>13</sup> Other ethnicities include African, American Indian/South Asian, Central American, Eastern European, European, Filipino, Italian, Mexican/Mexican-American/Chicano, Nicaraguan, Salvadorian, and White.

<sup>14</sup> Other primary languages include Hindi, Spanish, and Tagalog.

<sup>15</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>16</sup> Other cities of residence include Burlingame, Daly City, East Palo Alto, Hayward, Pacifica, Redwood City, San Carlos, and San Francisco.

## Services Provided

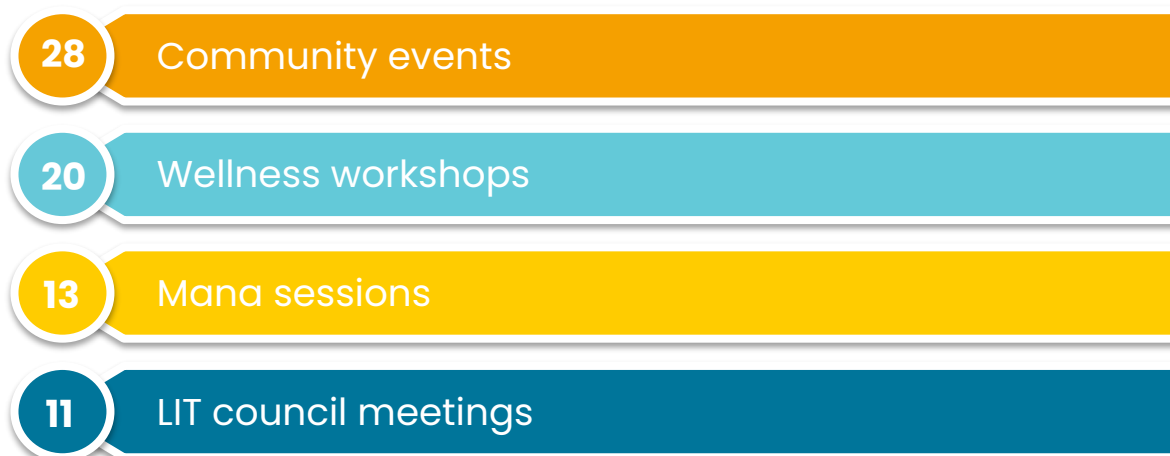
The PIONEERS program provided a total of 72 services to 58 youth.<sup>17</sup>

Participants attended community events including Wellness Wednesday, a weekly wellness-focused event hosted by the Samoan Community Development Center, and the Pacific Islander Day at the San Mateo County Fair. Staff held wellness workshops for cohort participants on topics ranging from regulating emotions, introduction to mental health, healthy communication, and setting boundaries. PIONEERS staff provided Mana sessions to participants, offering them a safe space to share their stories and receive support from staff. The program also held biweekly meetings with the LIT Council. Some LIT Council members facilitated activities during their meetings and at community events, further building leadership skills among members. Figure 2 below shows the number of services provided by type.

# 72

services provided

**Figure 2. PIONEERS Key Services, FY23-24, N=72 services<sup>18</sup>**



<sup>17</sup> Some youth in the community were provided services, but their information was not tracked with other participants in the service log. This is why the number of youth who received services (n=58) is higher than the number of program participants (n=40).

<sup>18</sup> Data Source: Service Log

## Client Satisfaction

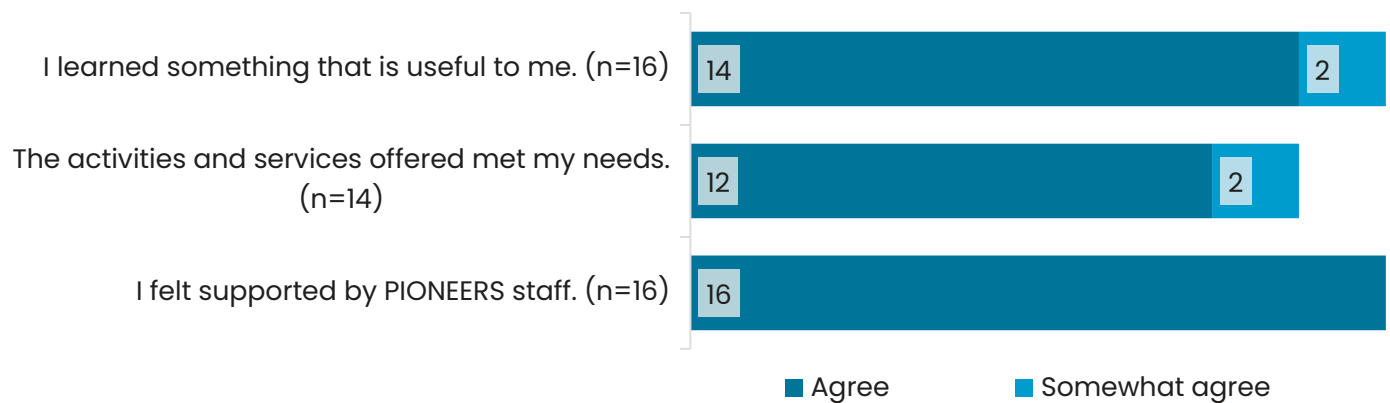
# 16 out of 16

of youth were satisfied

Of those who completed the post-survey, **100% (16 of 16) were satisfied with their experience in the program.** Most (14 of 16) did not have any suggestions for improvement. The two participants who did have suggestions for improvement expressed the desire to learn more and have the

program reach more people. Overall, participants felt support by staff, felt the program met their needs, and they learned something useful (Figure 3).

**Figure 3. Participant Satisfaction, FY23-24**<sup>19</sup>



## Program Implementation Strengths



**PIONEERS has built strong relationships with youth participants.** LIT Council members

shared in focus groups that they had built very strong connections with each other and PIONEERS staff. Several youth shared that it “feels like a second family.” These relationships contributed to a sense of overall satisfaction with their involvement in the program. Staff members echoed these sentiments, sharing that the consistent

quality time spent with youth has allowed participants to really open up to staff and ask for help. Staff also shared the importance of youth “seeing someone that looks like them on campus and in the community.”

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

**Staff have growing relationships with schools and partner organizations.** PIONEERS staff shared that they have been able to build strong relationships with several area schools where they are holding their cohorts. Staff are planning to do additional outreach to high schools to grow their cohort programming and continue building relationships with organizations at the College of San Mateo (CSM), including the Wellness Center. Staff also have strong relationships with other HealthRight360 programs and other Pacific Islander-focused agencies. This has allowed them to offer warm handoffs to clients who need external services as well as build visibility in the community.

**The program has worked to minimize barriers for participant engagement.**

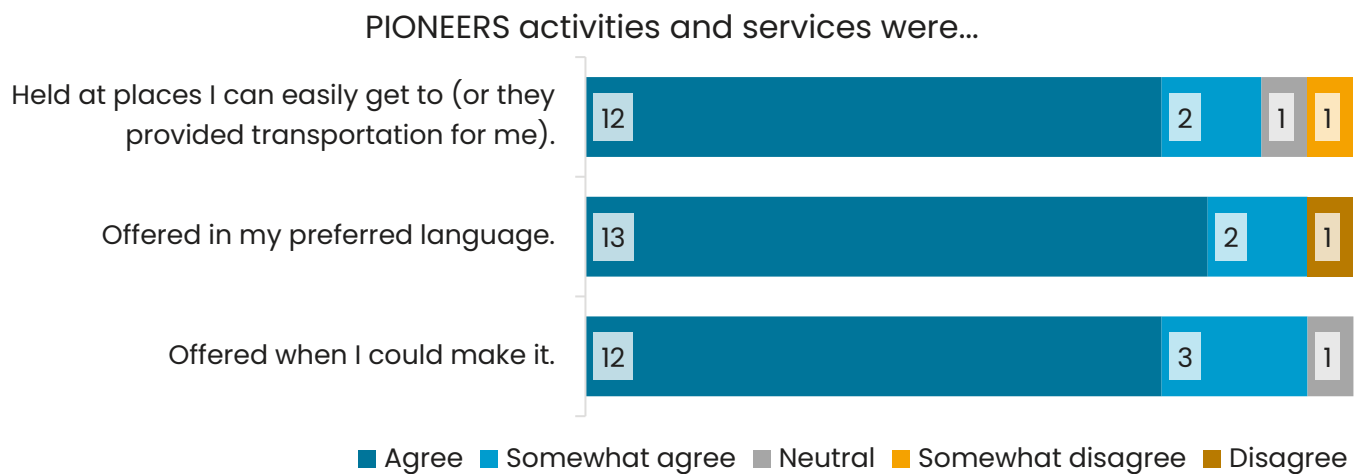
Cohort programming was offered directly in schools so participants could more easily attend workshops. Several LIT Council

“They really helped me out getting here and taking me to all these events that I wouldn’t be able to attend on my own.”

-LIT Council Member

members mentioned that the transportation provided by the program enhanced their accessibility. Staff coordinate pick ups and drop offs with the youth directly. These messages also serve as a reminder to youth about attending the events. Survey respondents shared that in general, services were offered at times, locations, and in a language that worked best for them (Figure 4).

**Figure 4. Elements that Impacted Program Engagement, FY23-24, N=16 participants<sup>20</sup>**



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



**Attendance at cultural events increased participants' connection to their culture and communities.**

During the LIT Council focus group, multiple participants shared how activities and events impacted their understanding of their culture. Youth shared stories about connecting through dance, understanding the values in the community, and increases in cultural pride. They talked about meeting a lot of community members at the events and often seeing people they know. This helped them feel a greater sense of family with the larger community.



**Program Implementation Opportunities for Growth**

**Youth are not always able to consistently attend programming.** Staff shared that the cohorts had consistent attendance at the beginning of programming. But the youth have many other commitments and as the school year went on, attendance became more sporadic for some.

**Staff have encountered some challenges working with school staff.** Staff shared that in order to offer cohorts in schools, PIONEERS needs to be invited on campus. Staff have had to build connections with administration, but there has been some turnover in local schools. When this happens, staff must restart the relationship building process. Additionally, PIONEERS staff have heard from teachers who want them to offer programming in their classrooms. But because the program is primarily oriented towards Pacific Islander youth, they are unable to work in all classes.

---

---

“Heart work is not cheap [...] they need additional funding to do the deep engagement work in the community.”

-LIT Council Member

---

---

**Both staff and youth have limited capacity for additional commitments, limiting the potential reach of the program.**

There are only two staff members dedicated to the PIONEERS program. Given the geographical reach of San Mateo County, they are unable to provide programming in all the schools who express interest. Youth also have limited availability outside of school and other commitments, so getting participants to regularly attend activities has been challenging.

## 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 first 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

**Participants did not experience a significant difference in overall emotional wellness as a result of participating in the program.** 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.

When asked how the PIONEERS program improved their life, **several survey respondents described the positive impact the program had on their emotional wellbeing.** Youth shared that the

program made them “feel comfortable with issues

I’m facing,” while others talked about how the program helped with their overall mental health. One participant shared that the program helped them “be a little positive.”

---

---

“PIONEERS was my steppingstone to learning more and being aware that it’s okay not to be okay.”  
-LIT Council Member

---

---

---

---

“The one-on-ones really helped me. Most of the time I don’t like putting my problems out to other people or talking about my mental health. [PIONEERS staff] said it’s okay to express my emotions. They really helped me a lot.”  
-LIT Council Member

---

---

**Participants shared an increased awareness of what mental health is, how to express emotions, and what resources are available.** Participants and staff shared examples of successful referrals to behavioral health resources. LIT Council members described how the workshops and Mana sessions helped them understand their emotions and how to express them.

<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

## Anxiety

**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 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

**Participants did not experience a significant difference in symptoms of depression after participating in the program.** Nearly three fourths of participants experienced depression symptoms before participating in the program, while just over 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

**Participants did not experience a significant difference in symptoms of suicidal ideation after participating in the program.** Nearly a third of participants experienced thoughts of suicide before participating in the program, while just one participant was experiencing thoughts of suicide after participating in the program.<sup>25</sup> Of the participants who fully completed all suicide items on both the pre- and post-surveys, none reported any suicidal ideation on either survey.

## 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 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



<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.

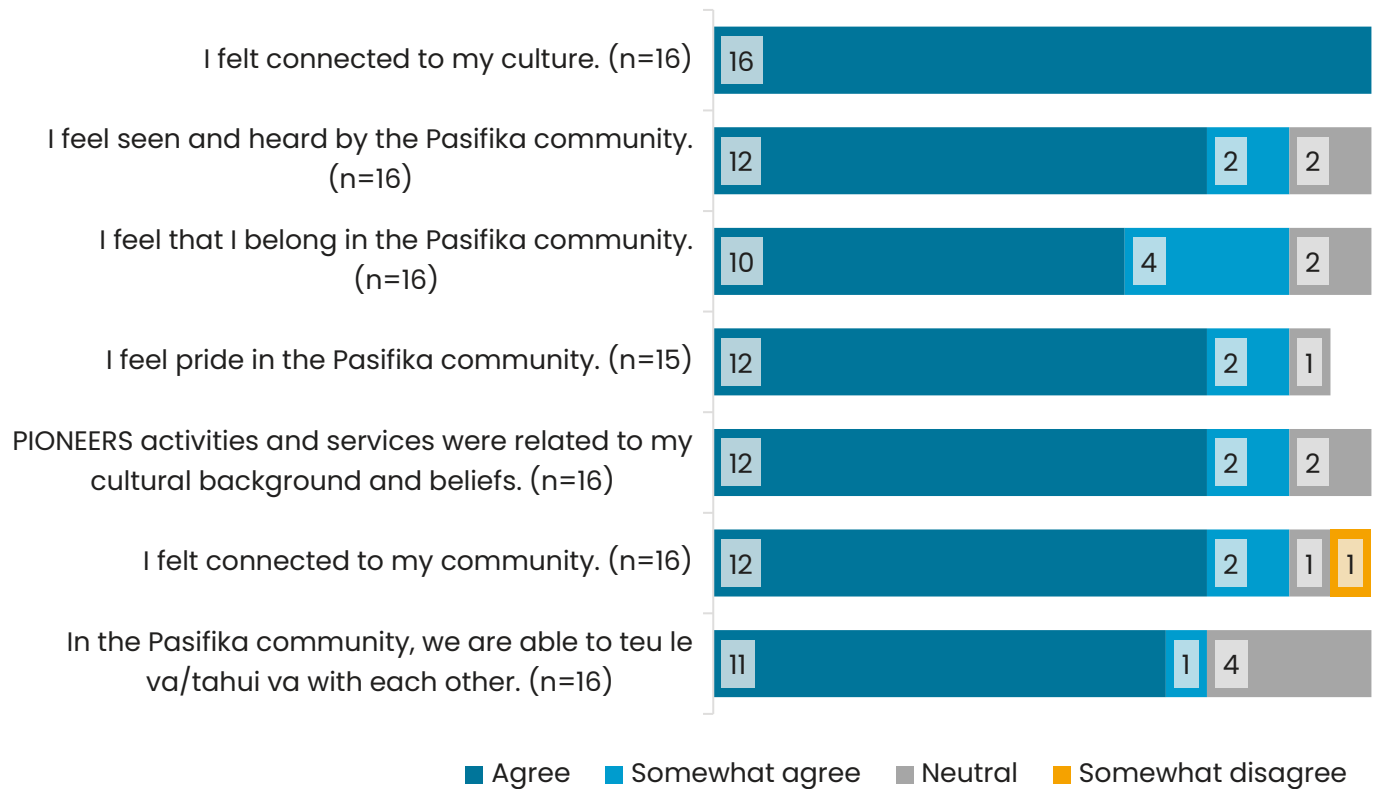
<sup>25</sup> This is not a statistically significant difference at the 95% confidence level.

<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.

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> When asked how the PIONEERS program improved their life, a few survey respondents shared the program helped them learn more about their culture. One LIT Council member shared that the program helped them understand the different perspectives and values in their community.

**Figure 5. Cultural Awareness, FY23–24<sup>29</sup>**



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

<sup>29</sup> Data Source: Participant Survey

### 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

In its first year of implementation, **PIONEERS staff provided eleven behavioral health referrals to youth** (Table 4), a few of whom received more than one referral. Youth were referred to other AARS programs (like Essence of Mana), the Pioneer Court Outpatient Program, and Daly City Youth Health Center.

**Table 4. Behavioral Health Referrals, FY23–24<sup>30</sup>**

Type of Behavioral Health Referral	Count
Mental health	6
Substance use	1
Other behavioral health referral	4
<b>TOTAL</b>	<b>11</b>

PIONEERS staff shared stories of providing referrals to youth in programming, families of youth, or participants at outreach events who express a need for services. **Community members often approach PIONEERS staff about resources**, and they provide referrals whenever possible. These referrals are not always tracked and therefore may not be reflected in Table 4.

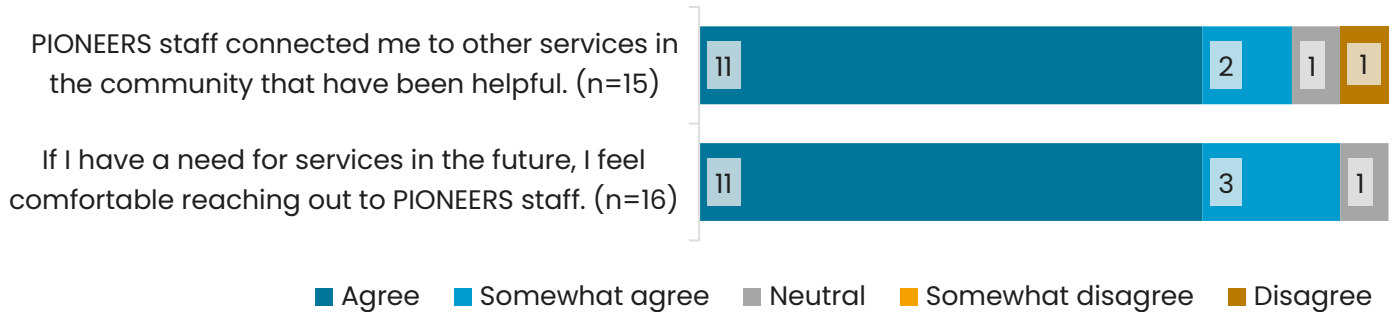
PIONEERS staff shared that their strong relationships with youth, particularly LIT Council members, has allowed youth to show vulnerability and ask for help. This has opened the door for staff to provide behavioral health referrals to those who share a need. Multiple LIT Council members shared being connected to therapy services by PIONEERS staff. In one instance, **staff referred a participant to therapy services, and the youth is still receiving those services to this day**. Staff have shared that they have seen enormous personal growth from this individual since they began receiving therapy services.

<sup>30</sup> Data Source: Service Log



When asked about being connected to other services in the community, **participants shared that they were connected to helpful services and would feel comfortable reaching out to staff if they needed services in the future** (Figure 6).

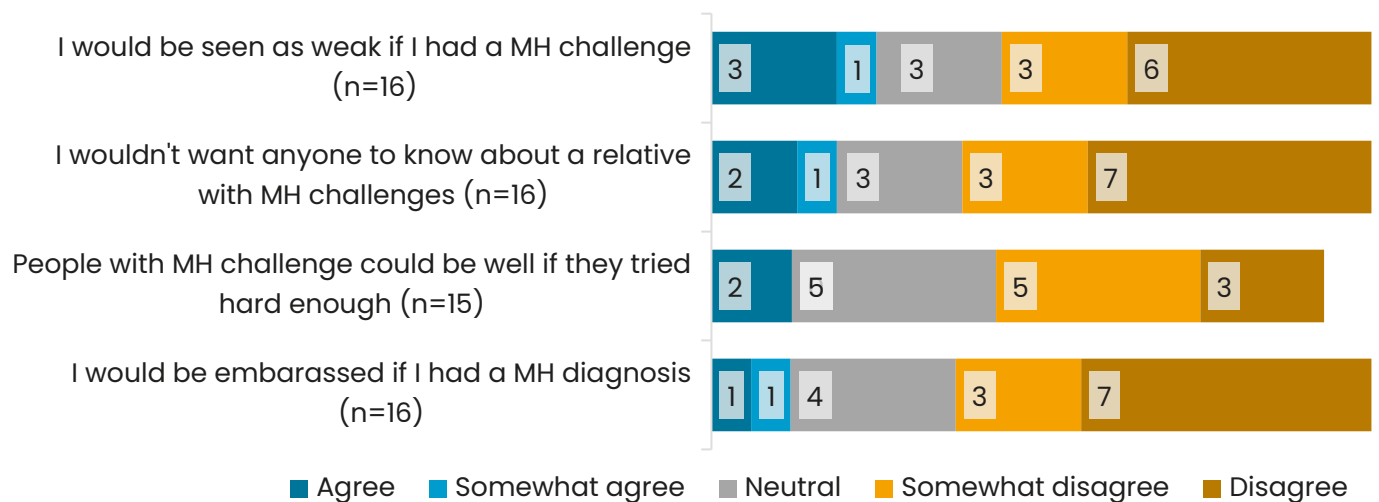
**Figure 6. Participant Connection to Services, FY23–24<sup>31</sup>**



## Stigma

**Most participants reported stigma around behavioral health and treatment seeking before and after participating in the program.** Of the participants who fully completed all stigma items on both pre- and post- surveys, most reported the same amount or a slight increase in stigma after participating in the program.<sup>32</sup> Several participants shared that they would be seen as weak if they had a mental health challenge, and that they wouldn't want anyone to know about a relative with mental health challenges (Figure 7).

**Figure 7. Mental Health Stigma, negative wording, FY23–24<sup>33</sup>**



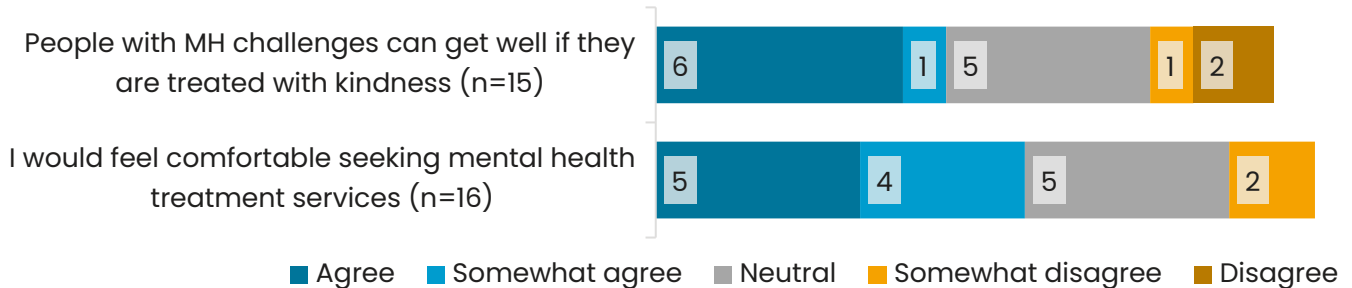
<sup>31</sup> Data Source: Participant Survey

<sup>32</sup> This is not a statistically significant difference at the 95% confidence level

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

When asked about stigma with positively worded questions, most participants shared that they would be comfortable seeking mental health services and that people with mental health challenges can get well if they are treated with kindness (Figure 8).

**Figure 8. Mental Health Stigma, positive wording, FY23-24<sup>34</sup>**



**PIONEERS staff shared that many of the participants know about the services that are available and understand that it is okay to use the services, but still carry a sense of stigma and fear around seeking treatment for themselves.** Staff suggested multiple reasons for this continued stigma including limited family support for seeking treatment and the idea that you need to “wait until things are really bad” before connecting with a therapist. Staff shared that youth view therapy as “the very last option.” Staff are continuing to work towards breaking down this stigma, but these issues show that there is still a long way to go.

LIT Council members shared similar sentiments; when they first entered the program they still had a lot of stigma around going to therapy. One participant shared feelings of fear and a family environment that did not support seeking treatment for mental health.

---

“My stigma was with therapy. [... PIONEERS staff] have taken down that wall. They helped me see that my stigma came from a place of fear. [...] I asked myself, ‘what could go wrong with healing?’”  
 -LIT Council Member

---

### Knowledge of Resources

**Participants did not report a significant increase in knowledge about available behavioral health resources after participating in the program.** Just under half of youth reported being knowledgeable about behavioral health resources before participating in the program (17 of 37), while just over half reported being knowledgeable about behavioral health resources after participating in the program (9 of 16) (Figure 9).<sup>35</sup> Of the participants who responded to

<sup>34</sup> Data Source: Participant Survey

<sup>35</sup> This is not a statistically significant difference at the 95% confidence level

this item on both pre- and post-surveys, most reported the same or increased knowledge about behavioral health resources available to them after participating in the program.

**Figure 9. Knowledge of Behavioral Health Resources, FY23-24, N=16 participants<sup>36</sup>**



When asked about how PIONEERS services has helped them, **several participants shared how the program increased their knowledge about mental health in general as well as the resources available to them.** Youth shared that PIONEERS introduced them to new ideas, helped them put words to things they experience, understand how to have healthy communication, and how to navigate their emotions. Several youth shared that the PIONEERS program was a safe space to talk about mental health, a sentiment that was echoed in the LIT Council focus group.

<sup>36</sup> Data Source: Participant Survey

## 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 connection to social services, impact on confidence levels, and impact on independence.

### Connection to Social Services

**PIONEERS staff provided seven social service referrals to youth (Table 5), a few of whom received more than one social service referral.** Youth were referred to housing resources, housing case management, and a nonprofit legal aid resource. Staff also talked about building relationships with youth’s parents and providing referrals to AARS parenting classes.

**Table 5. Social Service Referrals, FY23–24<sup>37</sup>**

Type of Social Service Referral	Count
Housing/shelter	4
Cultural	1
Family	1
Legal assistance	1
<b>TOTAL</b>	<b>7</b>

### 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

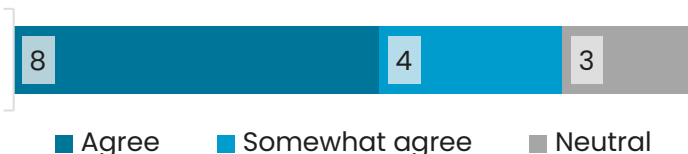
**Youth confidence to be a leader in their community did not change significantly after participating in the program.** A slightly higher proportion of participants reported that they were confident in their ability to be a leader and/or advocate in the community after

<sup>37</sup> Data Source: Service Log

participating in the program (12 of 15) (Figure 11) compared to before participating in the program (26 of 27).<sup>38</sup> Of those who responded to this item on both the pre- and post-surveys, most reported an increase in confidence in their ability to be a leader.

**Figure 10. Confidence in Ability to be a Leader, FY23–24, N=15 participants<sup>39</sup>**

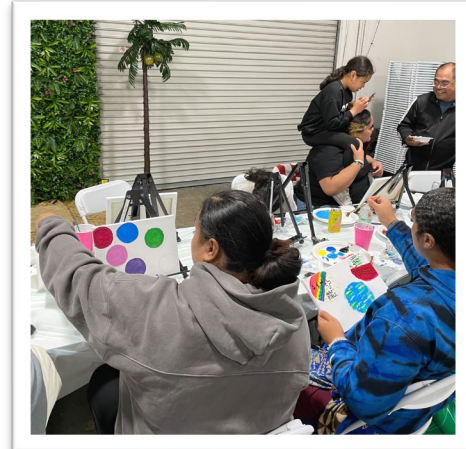
I am confident in my ability to be a leader and/or advocate in my community



When asked how the PIONEERS activities and services helped them, **youth described an increased connection to others, the confidence to share their feelings and speak up for themselves, and a stronger sense of independence and drive to follow their dreams.**

**PIONEERS staff described seeing significant leadership growth in youth, particularly the LIT Council members.** One staff member shared that they are seeing leaders come out of the group, describing how youth have come out of their shell and engaged in community activities. Some have been able to help facilitate workshops when staff capacity is limited.

**LIT Council members have also noticed this growth within themselves, sharing their goals for the future and the program has increased their confidence to achieve those goals.** One shared that they want to start a community organization geared toward Fijian Americans; another shared that they want to be a therapist who offers free services to the Pacific Islander community; another student shared that they felt encouraged to attend a four year college and pursue their education. LIT Council members shared that the program provided them with positive role models, opportunities to facilitate and lead sessions, and other opportunities to build their confidence and leadership skills.



<sup>38</sup> This is not a statistically significant difference at the 95% confidence level

<sup>39</sup> Data Source: Participant Survey





# Recommendations

Based on the lessons learned from the first year of PIONEERS implementation, RDA has lifted up a few recommendations that can help improve participant outcomes and program impact. These recommendations mainly focus on expanding current program successes as well as advocating for additional funding to expand services.

- **Continue to build strong relationships with youth participants.** Much of the successes in program engagement, connection to services, mental health outcomes, and quality of life outcomes are due to the deep relationships that staff have built with the participants. Continue putting quality time into these relationships, as this trust is at the heart of the program.
- **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.
- **Continue to show up in the community and build relationships with schools.** Because cohort programming is conducted in schools, it is important to continue to be present in the community and build relationships with school staff. This could help bring programming to more schools in the area. Additionally, attending community events with youth participants has had a powerful impact on their leadership skills and sense of cultural identity and belonging. Continue bringing youth to these events as part of the program activities.
- **Continue to work to address stigma.** As shown in the surveys and focus groups, there is still a lot of stigma surrounding mental health in the Pacific Islander community in San Mateo County. Ensure that anti-stigma activities are being built into the curriculum for future programming. Activities could include storytelling, peer-led sessions, and diving deep into the roots of generational stigma.
- **Advocate for supplementary funding to hire additional staff.** There is a clear need for more programs like PIONEERS in the community, and the impact of the program has been detailed in this report. Consider advocating for additional funding to hire more staff members dedicated to PIONEERS so the program can expand to more school sites and current staff can spend more time building relationships with participants and community members.



# 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 2023</b>	<ul style="list-style-type: none"> <li>• Work with RDA and PIONEERS officially kicked off this month</li> </ul>
<b>August 2023</b>	<ul style="list-style-type: none"> <li>• Hired the project coordinator role</li> <li>• Began attending community events to share about PIONEERS</li> </ul>
<b>September 2023</b>	<ul style="list-style-type: none"> <li>• Began visiting with schools to meet with staff and inform them of PIONEERS</li> <li>• Started recruiting for the LIT Council (then known as the Youth Advisory Board)</li> </ul>
<b>October 2023</b>	<ul style="list-style-type: none"> <li>• Continued to build relationships with schools</li> <li>• Supported the community through losses due to violence and suicide</li> <li>• Reviewed the LIT Council applications</li> </ul>
<b>November 2023</b>	<ul style="list-style-type: none"> <li>• Convened a community call to action meeting to respond to recent events</li> <li>• Continued supporting community through incidents of violence</li> <li>• Began planning for LIT Council programming</li> </ul>
<b>December 2023</b>	<ul style="list-style-type: none"> <li>• Held a meet and greet for the LIT Council</li> <li>• Continued to outreach to schools, including building a relationship with the Wellness Center at CSM</li> <li>• Attended CSM research showcase to present to the community</li> </ul>
<b>January 2024</b>	<ul style="list-style-type: none"> <li>• Scheduled the start of the workshops</li> <li>• Continued planning for cohort and LIT Council programming</li> </ul>
<b>February 2024</b>	<ul style="list-style-type: none"> <li>• Launched cohort programming at Parkside Middle School and CSM</li> <li>• Began biweekly LIT Council meetings</li> </ul>
<b>March 2024</b>	<ul style="list-style-type: none"> <li>• AARS and HealthRight360 Grand Re-Opening</li> <li>• Working to administer surveys in the cohorts</li> </ul>
<b>April 2024</b>	<i>No meeting held this month</i>
<b>May 2024</b>	<ul style="list-style-type: none"> <li>• Held focus groups with LIT Council and staff</li> <li>• LIT Council facilitated their first community workshop</li> <li>• Wrapped up programming with cohorts and LIT Council</li> </ul>
<b>June 2024</b>	<ul style="list-style-type: none"> <li>• Started reaching out to schools to set up the cohorts for the next academic year</li> <li>• Participated in professional development trainings</li> <li>• Attended San Mateo County Fair Pacific Island Day</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 engagement &amp; outcomes</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
<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 outcomes</b> for NHPI youth participants?</p>	<ul style="list-style-type: none"> <li>• Count and proportion of NHPI youths that engage in PIONEERS program services</li> <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>• 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>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, cultural pride, and a sense of belonging.</b></p>	<p>Q3. To what extent does PIONEERS, a culturally relevant youth and community focused program, <b>improve access</b> to behavioral health services for NHPI youth participants?</p>	<ul style="list-style-type: none"> <li>• Count and proportion of NHPI youths referred to behavioral health services</li> <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>	<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>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> <li>• Count and proportion, and description of improved educational outcomes</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>