

# MAOLEK NA LINA'LA (Life is Good)

---

PARTICIPANT HANDBOOK

A PROGRAM OF



## Table of Contents

ABOUT WESTCARE PACIFIC ISLANDS .....	3
ABOUT MAOLEK NA LINA'LA (LIFE IS GOOD) .....	4
HOURS OF OPERATION.....	4
CODE OF ETHICS .....	5
SERVICES OFFERED.....	5
PROGRAM SAFETY RULES .....	9
PROGRAM PERSONNEL.....	14

## ABOUT WESTCARE PACIFIC ISLANDS

### Who we are

WestCare began a relationship with the Pacific Islands on Guam in 2004 when we began providing data management, training and technical assistance to local nonprofit serving adolescents.

Over the course of time, WestCare became captivated by the warmth and hospitality of Guam's generous and vibrant people. We also recognized that Guam, Saipan, and Palau like most places in the world today, struggled to provide essential services to the community due to a lack of resources and a struggling economy.

WestCare felt compelled to ask for the privilege to help bridge the gaps in services to the people of the islands and the opportunity to become a part of Guam's unique culture and lifestyle.

WestCare Pacific Islands has a strong commitment to **"uplifting the human spirit"** through its diverse programs and services available to Guam and the greater pacific communities. Reaching out to those most in need, WPI has targeted services for veterans, persons with mental illness, the homeless, youth at risk and those who may be afflicted with HIV/AIDS, including reducing the stigma associated with HIV/AIDS and STD testing and awareness.

### Organizational Vision

"WestCare devotes our best collective and individual efforts toward uplifting the human spirit by consistently improving, expanding, and strengthening the quality, efficacy and cost effectiveness of everything we do in building for the future."

### Mission Statement

"The mission of WPI is to strengthen our communities through programs and partnerships striving for excellence in service through capacity building of persons and organizations while ensuring cultural competency and promoting professionalism."

### WestCare Motto

*"Uplifting the Human Spirit"*

### Contact Us

Phone: 671.989.9792

Facsimile: 671.472.0217

Web: [www.westcarepacificislands.org](http://www.westcarepacificislands.org)



### WESTCARE PACIFIC ISLANDS

222 Chalan Santo Papa  
Suite 202 Reflection Center  
Hagatna, Guam 96910

## ABOUT MAOLEK NA LINA'LA (LIFE IS GOOD)

### Project Goals

Maolek Na Lina'la (Life is Good)'s goal is to reduce youth substance misuse among youth ages 10-17.

### Funding

Funding support for Maolek Na Lina'la (Life is Good) is provided by the US Department of Health and Human Services - Substance Abuse and Mental Health Services Administration (SAMHSA).

## HOURS OF OPERATION

WPI's Maolek Na Lina'la (Life is Good) is open from 8:30 a.m. to 5:30 p.m. Monday thru Friday. Closed on Saturdays, Sundays, and holidays. Our office number is 671-989-9792.

### Crisis Intervention Services:

The procedures for crisis intervention are outlined during person served orientation and include emergency counseling services contact numbers. Emergency numbers are provided in the Person served Handbook and are also posted in buildings. Persons served are informed of the program hours of operation at orientation. They are also informed about how to contact their specific counselor in the case of a mental health emergency. Staff assists each person served in completing a Personal Safety Plan as a tool to prevent crisis or to intervene if necessary based on the preferences of the person served. All staff are required to be trained in Crisis Prevention and Intervention to help facilitate care in crisis situations and to help prevent crisis situations.

An emergency includes but is not limited to: suicidal ideation, severe feelings of depression and severe anxiety. Any medical emergencies are assessed by appropriate mental health and substance abuse counselors and medical staff if available on site.

When situations outside of the scope of practice of the staff arise arrangements are made to transport persons served to an appropriate emergency facility by calling 911. Staff also provide the below listed information to person served:

- 1. If you are ever in immediate danger, call 9-1-1.**
2. If you or a loved one are in crisis and/or thinking about suicide call the National Suicide Prevention Lifeline at [988](tel:988). This resource is available 24 hours a day, 7 days a week.
  - i. For Veterans press [1](tel:18002738255)
  - ii. For Spanish speaking individuals, press [2](tel:18002738255)
  - iii. You can also chat [988lifeline.org](https://www.988lifeline.org)
3. The Trevor Project is a crisis line specifically meeting the needs of youth who are in crisis or thinking about suicide, who are lesbian, gay, bisexual, transgender, and questioning. This is a 24-Hour resource available at [1-866-488-7386](tel:18664887386)
4. If you are in a violent relationship and need help, call the National Domestic Violence Hotline ([800](tel:8007997233)) [799-7233](tel:8007997233).

Persons served may also be able to call their program's emergency # after hours if they find themselves in a high risk situation and at risk of relapse.

If you are experiencing a non-threatening crisis, you may also call the following numbers:

1. *The Guam Behavioral Health and Wellness Center (GBHWC) Crisis Hotline* at [671-647-8838](tel:6716478838) or [671-647-8834](tel:6716478834). This resource is available 24 hours a day, 7 days a week.

2. If you are needing a resource for help in a poisoning emergency call the *Poison Help* at [1-800-222-1222](tel:1-800-222-1222).
3. *Narcotics Anonymous* at [671-989-NAGM \(6246\)](tel:671-989-NAGM).
4. The *GBHWC Rape Crisis Intervention* at [671-647-5351](tel:671-647-5351).
5. *Victims Advocate Reaching Out (VARO)* at [671-477-5552](tel:671-477-5552).

## CODE OF ETHICS

Your welfare is always our primary concern. All program participants are to be treated in a fair and equal manner and no one is given special consideration or advantage over anyone else. Staff is not allowed to accept monetary gifts from participants. No staff member is permitted to act as a sponsor for a participant for any recognized self-help or peer support group (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.). Staff cannot have personal/social relationships with any participant who is receiving or has received services from WPI.

## SERVICES OFFERED

Maolek Na Lina'la (Life is Good) aims to prevent and reduce alcohol and marijuana use in youth ages 11-17 in northern and central villages of Guam. Funded by the US Department of Health and Human Services - Substance Abuse and Mental Health Services Administration (SAMHSA), Maolek Na Lina'la is committed to building prevention and intervention strategies on Guam through various programs and outreach events in the community using evidence-based curricula such as Positive Action for the youth and for parents, Talk. They Hear You.

Maolek Na Lina'la will also highlight Champions in the community who exemplify a substance-free lifestyle. Maolek Na Lina'la hopes to shine a light on these individuals and organizations so that youth, and on a larger scale, the island community, can look up to and identify role models not only in people, but in organizations and their values.

### Referral and Linkages

Persons are provided referrals based on their individual needs and preferences. The programs maintain a list of community services available, local resource manuals and local resource web sites and refer as appropriate for each individual. Persons served may be referred to risk reduction services, sober living, transitional housing, self-help groups, providers for mental health services, employment skills, housing and rental assistance, parenting or domestic violence classes, anger management classes, transportation, childcare, and/or medical services. Some of the services listed as possible referrals may be provided by a particular program but not necessarily by all. Also, staff maintain a listing of community-based support group meetings which are distributed to the persons served, as appropriate. When appropriate, persons served are referred to local advocacy groups, consumer groups, and self-help groups.

### Eligibility

The community can access Maolek Na Lina'la (Life is Good)'s prevention education and outreach services. Youth who are under 18 years old and seeking to receive evidence-based programming must obtain a parental/legal guardian consent. This information is provided to the youth and parents/caregivers prior to enrollment to services.

### Duration of the Program

#### *Evidence-based curriculum: Positive Action*

MNL utilizes the evidence-based curriculum, Positive Action, for its cohort implementation. The duration can range between 15 through 27 contact hours. These hours may be divided into several

sessions in consideration to the partnering service site. For more information about the session scheduling of your cohort, please connect with our staff.

#### Potential Side Effects, Risks, and Discomfort

- You may experience some discomfort answering questions on our survey about your personal habits and activities. You do not have to answer any question that you do not want to answer.
- Your knowledge may not increase, and your behavior may not improve.
- It is also possible that you might share sensitive information during the sessions.

If you tell us that someone is abusing or neglecting you, that you are abusing or neglecting someone, or that you are a danger to yourself or someone else, the law requires that we must report this to the proper authorities.

You will be informed in a timely manner if new information that may influence your willingness to continue participation in the program becomes available.

#### Consent for Services

Whenever a Participant comes into WPI, a completed and appropriately signed consent form for services will be required prior to proceeding with administering any survey and/or programming. No services will be performed without this consent form being completed and signed by the parent and/or legal guardian of the participating minor.

#### Satisfaction Surveys

WPI strives to provide individual, confidential and caring services for persons and families we work with, thereby improving their quality of life. We ask each Participant to participate in ongoing Participant satisfaction surveys to determine what you found helpful about the services you received, what areas need improvement and how WPI might continue to help you. You are encouraged to add additional comments on the survey(s) if you would like to comment on any aspect of services about which the survey did not ask, there is also a suggestion box located in the front lobby or you may e-mail [pacificislands@westcare.com](mailto:pacificislands@westcare.com).

#### Potential Benefits

The benefits of participating in the program are multifaceted: to provide middle to high school students and their parents/ guardians prevention services to delay the onset or prevent the use of alcohol or marijuana use, to improve character, social skills, self-management skills, mental health, and skills for setting and achieving goals for students.

#### Alternative to Participation

Participation in this program's services is voluntary. Program staff will honor the participant's decision to stop receiving services at any time.

#### Compensation

Participant will not receive any payments for joining the program, receiving any of the program's services, and/or for answering the surveys.

#### Costs

There is no cost to participate in the program, answering the surveys, going to any of the educational sessions, or going to any of the events.

#### Voluntary Participation/Right to Withdraw

Participation in this program is VOLUNTARY. If the participant chooses not to participate at any time, it will not affect their relationship with WestCare Pacific Islands, Inc. or their right to services to which they may be

otherwise entitled. Program staff may stop participant participation without participant's consent by for any reason. For example, participation may be stopped if Participant fail to comply with WPI's safety policy.

### Questions and Persons to Contact

You have the right to ask questions about this form or the program at any time. If you have questions, concerns, complaints about the research, would like information, or would like to offer input, or if you have questions about rights as a Participant, contact:

#### **Beverlyn Coleman**

Vice President of Operations  
WestCare Pacific Islands  
Tel: (671) 472-0218/9  
222 Chalan Santo Papa  
Suite 202 Reflection Center  
Hagåtña, Guam 96910

Or

#### **Melissa A. Rhea, Ed.D.**

Director of Evaluation and Quality – Western/Pacific Island Regions  
Tel: (559) 708-8172  
WestCare Foundation  
P.O. Box 12107  
Fresno, CA 93776

## CONFIDENTIALITY

During participation in the program, information will be collected about Youth. To ensure the Youth's confidentiality, however, responses to the questionnaires will not have any identifying information on them, only an ID number. **There are only a few exceptions to confidentiality. According to law, the following are the few exceptions:**

*"I understand that there are two exceptions to the promise of confidentiality. There are no questions on these forms related to these types of matters. However, please be aware that if information is revealed concerning suicide, homicide or child abuse and neglect, it is required by law that this be reported to the proper authorities. In addition, should any information contained in this study be the subject of a court order or lawful subpoena, our group may not be able to avoid compliance with the order or subpoena."*

Each Participant receiving services at WPI will be informed of the policy regarding confidentiality.

The confidentiality of Participant records maintained by this program is protected by the Federal Law and Regulations. WPI ensures compliance with 42 CFR Part 2, 45 CFR Part 160 and 164, and other legal restrictions affecting confidentiality of alcohol, abuse, and other medical Participant records. Generally, the program may not say to a person outside the program that a Participant participates in the program, or disclose any information identifying Participants unless:

1. The Participant consents in writing, OR;
2. The disclosure is allowed by a court order after application showing good cause, OR;
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation, OR;
4. The Participant commits a crime either at the program or against any person who works for the program, OR;
5. Citation of the Federal Law, OR;
6. In the event of imminent life-threatening physical danger to Participant or others.

Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal laws and Regulations do not protect any information about suspected child/adult abuse or neglect from being reported under State Law to appropriate State or local authorities. (See U.S.C. 290-ee-3 and 42 U.S.C. 290ff-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations.)

You may complain to WestCare and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPPA.

Your complaint may be mailed to WestCare’s Privacy Officer (listed below). You will not be retaliated against for filing such a complaint. For further information contact:

<p><b>Robert Neri, <i>Senior Vice President</i></b>          Privacy Officer          WestCare Foundation, Inc.          P. O. Box 12019,          St. Petersburg, FL 33733-2019          Phone: (727) 490-6767 ext. 30105</p>	<p><b>Shawn N. Anderson</b>          Sirena Plaza          108 Hernan Cortez, Suite 500          Hagatna, GU 96910          Main Phone: (671) 472-7332          Main Fax: (671) 472-7334</p> <p>P.O. Box 500377          Saipan, MP 96950-0377          Main Phone: (670) 236-2980          Main Fax: (670) 236-2985</p>
--	--

## PARTICIPANT RIGHTS

WPI strives to protect and promote the rights, privacy and confidentiality of all persons served. WPI safeguards the rights for the persons served in a manner that is responsive to each person’s age or developmental level, gender, social supports/preferences, cultural orientation/background, psychological characteristics, sexual orientation, physical condition, and spiritual beliefs. WPI ensures that information and education are relevant to the needs of the persons served.

WPI communicates and shares the Participant Rights in a manner that is clear and understandable to the Participant prior to the beginning of services and at least annually thereafter. The Participant Rights are also posted in the program office lobby for review. If clarification is needed, the Participant may speak with their designated case manager.



## Your Rights as a WestCare Participant

All programs operated by WestCare are made available to Participants without discrimination concerning race, religion, natural origin, gender, gender identity, sexual orientation or disability. Participants can expect to have their human rights upheld and protected.

1. You have the right to be treated with dignity and respect as an individual who has personal needs, feelings, preferences and requirements.
2. You have the right to access services regardless of race, religion, ethnicity, gender, gender identity, disability (as specified in the Americans with Disabilities Act of 1990), sexual orientation, HIV or AIDS status, age and/or financial status.
3. You have the right to voice opinions, recommendations and grievances (and appeal any decision) in relation to policies, services and treatment offered by the program, without fear of restraint, interference, coercion, discrimination or retaliation.
4. You have the right to informed consent.
5. You have the right to a current, individual services plan, to have access to it and to request review of your own records and protected health information in accordance with WestCare policies and procedures.
6. You have the right to confidentiality of HIV/AIDS status within the scope of Pacific Islands Health Department regulations.
7. You have the right to discharge yourself from treatment/services at any time.
8. You have the right to have treatment/service records that are protected by Federal and State statutes of confidentiality, and HIPAA regulations from unauthorized disclosures.
9. You have the right to refuse services or treatment; however, there may be consequences to your refusal, including discharge from the program
10. You have the right to access pastoral services as appropriate to the treatment setting or service.
11. You have the right to be informed of any special restrictions imposed on you, prior to imposition of the restriction, including reasons for and duration of the restriction, and to not have intrusive and restrictive measures, either medical or mechanical, imposed upon you.
12. Freedom from abuse, financial or other exploitation, retaliation, humiliation and freedom from neglect.

## PROGRAM SAFETY RULES

All person served are responsible for promoting and maintaining a safe and respectful environment. The safety of all persons served, staff members, visitors, and volunteers in our facility is an important responsibility and cooperation is needed. We ask that all persons served agree to the following rules to make every visit as comfortable as possible.

**Conduct & Behavior:** To ensure that everyone who enters *WPI* is treated respectfully and feels safe at all time; we ask that all persons serve agree to the following:

1. To be verbally respectful at all times while at *WPI*. All person serve will not use obscene or disrespectful language, make threats, tell abusive jokes or make abusive comments. This includes sexual comments, sexual advances, teasing, insulting or making fun of others.
2. To be physically respectful at all times while at *WPI*. All person serve will not strike, punch, slap or intimidate anyone, damage any property or equipment or threaten to do so.
3. To accept personal responsibility to promote and maintain an atmosphere of safety and respect while at *WPI*.
4. To speak to a staff member if rules of conduct are not able to be met. If rules are broken, program privileges and services may be lost.

**Weapons:** No weapons may be brought on any WestCare Facility or designated service site other than by law enforcement personnel in the event of emergencies. Weapons include but are not limited to firearms, knives, shanks, mace, pepper spray, tasers, etc. When staff or Participant safety issues are apparent, and eminent danger exists, staff on duty must call 911 immediately.

In the event any Participant receiving services has a weapon with him/her at any time while receiving services at a WestCare Facility or designated service site, the Participant will be asked to leave and return without the weapon; as required, the referral source will be notified and an incident report will be completed.

**Illegal Drugs, Legal Drugs and Drug Paraphernalia:** Participants may not bring drug paraphernalia, illegal drugs, or legal drugs without a prescription into any WestCare facility or designated service site. In the event these are found in the possession of Participants, the Participant or visitor would be asked to leave. When staff or Participant safety issues are apparent, and eminent danger exists, staff on duty must call 911 immediately.

**Contagious Diseases/ Illnesses:** If any persons served or their families are suffering from an infectious or contagious condition that may be harmful to others, we ask that our office is contacted to re-schedule the appointment for when individuals are well.

**Novel Coronavirus (COVID-19):** As the outbreak of the COVID-19 virus continues to spread, WPI is dedicated to keeping all persons served, visitors, and workforce safe.

## PARTICIPANT GRIEVANCE POLICY

WestCare allows all persons served the opportunity to grieve and appeal decisions of the staff and treatment team when Participants feel their human rights and civil liberties are endangered. The Vice President of Operations is responsible for establishing and maintaining a grievance and appeal process for all WPI programs and services that protects and safeguards the human rights and civil liberties of each person served. All program leads are responsible for upholding the grievance and appeal procedure in their respective programs, ensuring that all participants served are educated about the process and ensured access to it. The staff is responsible for adhering to this policy, orientating each person served to the procedure and allowing all persons served the right to use the process.

For purposes of this Policy a “grievance” or “complaint” shall mean any written complaint by a person served or their representative, including legal guardian, about their treatment experience, including assessment, intervention(s), and decisions about placement and discharge as well as any complaint concerning personnel, facilities, or operations. All personnel, in particular newly hired personnel shall receive training on how to properly follow the grievance procedure.

The procedures to support this Policy are as follows:

1. All procedures shall comply with Americans with Disabilities Act (“ADA”) requirements, including incorporating necessary accommodations for any person served who has a disability or needs assistance to understand the procedure.
2. To support this Policy and its stated purpose, at the time of admission or, if the capacity of the person served is impaired, as soon as possible following admission, each person served shall be informed in writing about the Grievance Policy and procedures set forth herein. All persons served shall be given a copy of the grievance form during orientation with an accompanying verbal explanation of the process that includes information that a written grievance may be filed by the person served or their legal guardian or representative for any reason without restriction, reprisal, or retaliation. Additionally, unimpeded access to copies of the grievance forms are available at all times.

3. Any initial questions or concerns from the person served or representative of the person served regarding the Grievance Policy or process shall be addressed in writing as soon as possible by the appropriate personnel.
4. Intake/orientation paperwork shall include signing an Acknowledgement of Understanding of the Person served Grievance Process. The information regarding the grievance process and the acknowledgment shall be included in the orientation checklist and in the program handbook. The acknowledgement of understanding shall be incorporated into the clinical record of the person served, whether electronic or paper format.
5. Personnel shall never discourage use of the grievance process and any personnel can accept a written grievance from persons served, their guardian, or their representative or the grievance may be placed in the grievance drop box, as applicable. The filed grievance shall be given to the Program Manager, Clinical Director, or Program Director as soon as practicable, but not later than 24 hours after receipt.
6. The Chief Clinical Officer or the leadership of the program or region, shall keep and maintain a copy of all written grievances. The Clinical Team shall oversee all analysis of trends and related performance improvement planning or processes undertaken in response to the grievance and shall ensure that all grievances are appropriately processed. The grievance process shall be developed by the Chief Clinical Officer and shall ensure that necessary steps are taken to remedy any reasonable and founded written complaint. At a minimum the grievance process shall include the following:
  - a. Initially, the person served who filed the grievance and appropriate personnel will meet to discuss the concerns of the person served and determine if a reasonable compromise or understanding can be reached. This step can include support personnel and the Program Manager, Clinical Director and/or Program Director as needed.
  - b. All Grievances submitted under this Policy shall be submitted in writing on the Person Served Grievance Form (attached) and pursuant to all established guidelines and processes as set by the Chief Clinical Officer.
  - c. A person served may elect to have an advocate assist them with understanding and going through the process of filing a grievance. The advocate of the person served may be a case manager, direct care personnel, or anyone connected with the person served such as a family member, friend, and/or significant other.
  - d. In the event a Grievance involves a person served who is in the legal custody of another collaborating agency while the person served is also receiving services at WestCare, representative(s) of that collaborating agency will be involved throughout the process, if state regulations require this action.
  - e. All Grievances shall be responded to, in writing, by the Program Director within ten (10) business days of receipt.
  - f. If the Grievance is not resolved within thirty (30) days, the Clinical Department will document the reason the grievance has not been resolved on the Feedback, Comment, Suggestions and Complaints form and include the plan for resolution.
  - g. Persons served shall be free of interference, coercion, discrimination, or reprisal. when filing a Grievance and free from retaliation or negative consequences as a result thereof.
  - h. A person served shall have the right to appeal any decision relating to their Grievance to the Regional Vice President within five (5) days of the finding. A date for the appeal will be set by the Regional Vice President but shall not be more than ten (10) business days after the date the person served submits the appeal. The Regional Vice President will submit a final written decision on the grievance within ten (10) business days of the appeal hearing. All subsequent appeals shall be made, if any, to the Chief Clinical Officer. The Chief Clinical Officer shall set the date for the final appeal within thirty (30) days of the notice of appeal from the person served and shall submit a final written decision within ten (10) business days of the hearing. The Chief Clinical Officer's findings shall be final and binding.

7. This Grievance Policy does not cover and shall not apply to personnel grievances or complaints, or cover vendor, intern, volunteer, or non-person served related grievances or concerns. Personnel are advised to discuss all grievances through the Human Resources structure or corporate compliance hotline. Additionally, any Grievance filed against personnel may, pending the nature of the allegations or findings supported, be transferred to WestCare's Human Resource Department for disposition.
8. All person served grievances must be entered into the WestCare Incident Reporting System. A grievance counts as an incident and the incident reporting guidelines for documentation of a grievance apply. An incident report about a grievance should be documented within 24 hours of receipt of the grievance, whether it was received in person or through some other manner.
9. A copy of the Grievance Policy and applicable procedures shall be posted at all WestCare facilities and forms readily available 24 hours a day. The forms and postings shall be kept in an open area, easily visible, and accessible to persons served without requiring personnel assistance. Additionally, the name, address, phone number of an external review entity such as, but not limited to, the local Ombudsman shall also be posted at all WestCare facilities.
10. Clinical Documentation: it is acceptable to document the facts about the situation that resulted in the grievance in your progress notes. **Do not indicate that an incident report was completed.** An incident report is an internal quality assurance tool and does not document person served care or responses to situations that resulted in the grievance.
11. **Do not include a copy of the grievance in the person's served clinical file.** This document **must** be kept elsewhere.
12. A quarterly or biannual **and** annual analysis of grievances occurs as part of the Performance Improvement activities undertaken by the region. These activities include incorporating the results of the analysis into the revision of performance targets if needed, developing an action plan and documenting improvements and/or changes needed to reach the established performance targets.
13. The annual analysis of grievances also includes reviewing the:
  1. Quantity,
  2. Frequency, and
  3. Types of grievancesand the outcome of this analysis may result in information regarding grievances being included in the annual risk management plan of the region.



### WestCare Person Served Grievance Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

A **grievance** is a formal written complaint by a person served or their representative, about their treatment experience, including assessment, intervention(s), and decisions about placement and discharge as well as any complaint concerning staff, facilities, or operations.

Describe your grievance: *(Continue on the back if more space is needed)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would have helped you to resolve this prior to submitting a written grievance?

- Being able to talk to case manager, counselor or medical staff about my concerns
- Being able to talk to a supervisor about my concerns
- Other: \_\_\_\_\_

Was there something that prevented you from doing this?

- Staff was not available to talk to me
- Supervisor was not available to talk to me
- I did not feel comfortable talking to the staff
- Other: \_\_\_\_\_

Grievance Reviewed by:

\_\_\_\_\_  
Counselor/Therapist Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Program Director Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Administrator/Area Director/Regional Vice President Date: \_\_\_\_\_ Time: \_\_\_\_\_

Decision/Resolution of Grievance: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature and Job Title Date: \_\_\_\_\_ Time: \_\_\_\_\_

Copy of decision/resolution given to client Date: \_\_\_\_\_ Time: \_\_\_\_\_

Client (initial one):

I agree  or  I disagree with the decision/resolution to my grievance

\_\_\_\_\_  
Client Signature Date: \_\_\_\_\_ Time: \_\_\_\_\_

Program Name/Department:	Location:	County/State

Revised 5/2/13 hs; 11/30/20 jl; 04/01/21 jl; 01/06/23 jl



## PROGRAM PERSONNEL

### **Beverlyn Coleman – Vice President of Operations, *WestCare Pacific Islands***



Beverlyn is a proud, CHamoru daughter of Guam with southern roots in Inarajan. She comes to WestCare Pacific Islands with almost 20 years of case management and counseling experience working with youth who are at-risk, families who are involved in early intervention, and service members who are transitioning out of the military. She graduated with her Bachelors in Social Work from the University of Guam in 2001 and later graduated with her Master of Arts in Mental Health Counseling from UOG in 2010. Shortly after, she enlisted in the Army National Guard and proudly served for 6 years. While her husband completes an overseas assignment, Beverlyn has returned home and set her sights on helping her island community; and reconnecting with colleagues in the social services profession.

### **Kathleen Aguon – Program Director, *Maolek Na Lina'la (Life is Good)***



Kathleen Aguon has committed the past 16 years to helping youth in the Micronesian region. She has extensive experience and training in youth programs, local and regional collaboration, group facilitation, policy advocacy, program planning and training. Mrs. Aguon has led model practices including an effort to have youth develop and manage a limited liability corporation (LLC) establishing an initiative to help teens learn marketable skills through entrepreneurship. She has worked in various aspects of youth services to include prevention and diversion, positive development, and socio-economic development programs. Mrs. Aguon was one of the key staff at a local nonprofit organization who provided primary support to the accreditation of the region's first accredited non-profit organization in 2009. She then brought her knowledge in assisting WPI youth program's accreditation in 2017. She is a staunch believer in the possibilities of change in people and communities.



**Mia Flores**

*Lead Epidemiologist/Research Assistant*



**Joyful Noket**

*Prevention Specialist*



**Georgiana Tyquiengco**

*Prevention Specialist*