

Minister Destiny Testimony Schools

Youth: Medical and Mental-Health Facilities — What a Stay Is Like, Your Rights

Youth — Class Book · Month 11

Minister Destiny Marie Morgan
Minister & Founder

A Prayer Before You Begin

In the name of God, the Most Gracious, the Most Merciful.

Lord, bless this reader on their journey. Guard their health in body, mind, and spirit as they study. Open their heart to knowledge and their mind to understanding, and let what they learn here become light in their hands. Guide them to the places where they are needed — to help others, and to save lives, safely. Bless their steps, their work, and every life their learning will one day protect.

Amen.

— Minister Destiny Marie Morgan

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Minister Destiny Testimony Schools — Youth: Medical and Mental-Health Facilities — What a Stay Is Like, Your Rights.

Published by Minister Destiny Marie Morgan, Minister & Founder.

Educational completion certificate only — not a state license, POST certification, or government credential.

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This book is not an emergency service and does not replace 911. In an emergency, call 911 (or your local emergency number) if you can do so safely. In a mental-health crisis, call or text 988 (U.S.).

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The lessons in this book are educational information, written in plain language. If you or someone you know is in danger, call 911. Help lines: 988 (call or text) · Crisis Text Line (text HOME to 741741) · Childhelp National Child Abuse Hotline 1-800-422-4453.

How This Book Works

This book is one class of Minister Destiny Testimony Schools — Youth: Month 11 — Medical and Mental-Health Facilities — What a Stay Is Like, Your Rights. It is the study book for this class's test. Everything the test asks is taught in this book, in plain language: the full lesson, Words to know, the stories to think through, the Try-this activity, and Resources to keep.

Minister Destiny Testimony Schools is a free school. The classes, the tests, and the certificates are free online at destinymorganbooks.com — nothing about this class costs money. This book is the print edition, for people who want the class in their hands. You never need to buy a book to take a class or a test.

How to use this book: read the lesson, learn the Words to know, think through the stories, and do the activity. Try the word search for fun. Then take the Chapter Test at the back of the lesson — printed without answers marked. Score 80% or higher to complete the class and earn its certificate (the certificate page is in this book; write your name on it after you pass). The Answer Key is at the back of the book, for parents, teachers, and self-checking after you finish. Go at your own pace.

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Before You Start

Before you start

- **This space is private.** Nobody sees your answers. Nothing you read or answer here is sent anywhere — your progress stays on your own device.
- **We never ask your name.** Not here, not on the certificate. If you earn a certificate, you download it first and write your own name on it after.
- **How you pass this month:** Take the Month 11 test at the end and score 80% or higher to earn this month's certificate. You can retake it as many times as you need.
- **No shame here.** Needing medical or mental-health care in a facility is healthcare, not punishment and not failure. Many young people have a stay at some point, and needing one says nothing about your worth.
- **If you are in danger right now:** call **911**. You can also call or text **988**, or text **HOME to 741741** for the Crisis Text Line, any time, day or night.

Month 11 — Medical and Mental-Health Facilities — What a Stay Is Like, Your Rights

Minister Destiny Testimony Schools — Youth

The lesson

1. Why a young person might stay in a facility

A facility is an organized place where care happens around the clock. Some facilities are medical: a hospital stay can follow a serious illness, an injury, surgery, or a health problem doctors need to watch closely for a few days. Others focus on mental health: a stay may be recommended when feelings, thoughts, or behavior have become unsafe or too heavy to manage at home for a while — for example, thoughts of harming yourself, a crisis that is not settling, or symptoms that need daily professional care and a safe, structured setting while a treatment plan is built.

How a stay starts varies. A caregiver may bring a young person to an emergency department for evaluation. A doctor, counselor, or crisis team may recommend admission after an assessment. Sometimes police or an ambulance are involved because safety could not wait. However it begins, the purpose professionals state is the same: safety first, then understanding what is happening, then a plan that continues after discharge.

A stay is not a verdict about your character, and it is not a punishment, even when rules feel strict. Structure — set times for meals, groups, and sleep — is part of how facilities keep many young people safe at once and watch health closely. Knowing what to expect turns much of that strangeness into routine within a day or two.

2. Intake — what happens when you arrive

Intake is the arrival process, and it is mostly questions, checks, and paperwork. Staff confirm who you are, why you came, your medical history, allergies, and any medicines you take. They check basics like temperature, blood pressure, height, and weight. For a mental-health admission, they will ask directly about safety — whether you have thoughts of harming yourself or others, what has been happening at home and school, sleep, eating, and what helps you when you are upset. Honest answers at intake are not "getting yourself in trouble"; they are how the team calibrates care to what you actually need.

Belongings are usually reviewed. Facilities commonly hold or restrict items that could be unsafe on a unit — belts, cords, certain toiletries, and electronics are typical examples — and they explain their own list. You may be given hospital clothing for part or all of a stay on some units, or allowed your own comfortable clothes within the rules on others. Rules differ by facility and by unit, so ask what applies where you are, and ask what items family may bring later.

A caregiver is normally part of intake, providing history, insurance or contact information, consent paperwork, and the names of your regular doctor, counselor, and school. If you arrive without a caregiver, staff work to contact family and to arrange the permissions the law and the facility require. Write down, or ask staff to write down for you: the unit's phone number, visiting and phone-call times, and the name of the person coordinating your care. Those three facts are your lifeline for staying connected.

3. The people you will meet

A facility team is larger than most young people expect, and each role is different. Nurses provide day-to-day care, give medicines, check on you through the day and night, and are often the fastest route to help with a physical need or a rising worry. Doctors — including psychiatrists on mental-health units — evaluate, diagnose, oversee treatment, and decide medical questions with the team. Social workers and case managers coordinate with family, school, and outside providers and build the discharge plan. Therapists or counselors run individual and group sessions. Teachers attached to some programs help you keep up with schoolwork so returning is not a cliff. Unit staff or milieu counselors keep the daily routine running and are the adults you will see most between sessions.

You do not have to remember every name on day one. A workable strategy is to identify two people: the nurse or staff member on your shift when you need something immediate, and the social worker or case manager for questions about family contact, school, and discharge. Everyone else will become familiar through the routine.

Ask each professional the questions their role owns. Medicine questions go to the nurse and doctor: What is this? What is it for? What feelings or side effects should I report? Plan questions go to the social worker: When can my family visit? What happens at discharge? If you do not know who owns a question, ask any staff member to point you to the right person — routing questions is part of their job.

4. A typical day inside

Most youth units run on a visible schedule, often posted on a board. Days usually include wake-up and hygiene time, breakfast, health checks and medicines, school or learning time, therapy groups or activities, lunch, rest or quiet time, more groups or individual sessions, phone or visiting time, dinner, evening activities, and a set lights-out. Groups might cover coping skills, emotions, safety planning, communication, or planning for discharge. You will not love every group, and that is normal; attending, listening, and trying one idea from each is a realistic goal that staff notice and respect.

Free time exists but looks different from home. Phones and personal electronics are usually limited or held, shared spaces are supervised, and doors, checks, and counts at set times are routine. Staff checks during the night — brief, regular looks to confirm everyone is safe — can startle new arrivals; knowing they are standard safety practice, not suspicion of you personally, makes them easier to sleep through.

Boredom and homesickness are the two most common complaints, ahead of everything else. A paper notebook, reading material from the allowed list, and the unit's activities carry most young people through. If anxiety spikes, say so before it crests: staff can offer coping tools, a quieter space within the rules, or a check-in rather than waiting for a crisis to announce itself.

5. Your rights during a stay

Being a patient does not cancel your personhood, and being young does not cancel your rights. While details vary by facility and situation, core rights young patients can generally expect include: care that treats you with dignity and without abuse or discrimination; clear explanations of your treatment in language you understand; the chance to ask questions and to say what is or is not helping; privacy for your health information, shared on a need-to-know basis with the team and your caregivers rather than broadcast; contact with family through the unit's calls and visits, unless a specific safety reason limits it; needed medical care, food, hygiene, and sleep; and a way to raise a concern — to a staff member, a supervisor, a patient advocate where one exists, or your caregiver — if you believe you are being mistreated.

If something feels wrong, use your voice in steps. First, name it calmly to the staff member involved: what happened, and what you need. If it continues, ask for a charge nurse or supervisor and repeat the facts, once, clearly. Tell your caregiver at the next call or visit, in concrete detail, and tell your outside counselor or doctor at discharge as well. Write down dates, times, and names while your memory is fresh. A complaint stated in facts is powerful; you do not need to shout to be taken seriously, and shouting can, unfairly or not, distract adults from the facts themselves.

On medicines specifically: you have the right to an explanation of what you are being given and why, every time it changes. If a medicine makes you feel strange — dizzy, wired, flattened, sick — report it promptly and specifically. Adjusting medicines based on patient reports is ordinary medicine, not complaining.

6. Staying connected to family and school

Connection is part of treatment, not a reward for good behavior. Families typically have scheduled phone times and visiting hours, and staff may hold family meetings where the team, the caregivers, and you discuss what is improving, what is still hard, and what home needs to look like at discharge. Use calls for real connection, not only for complaints about the food — though a moment of normal joking with family does more for most young people than they expect.

School connection takes a little organizing. With caregiver permission, the facility or family can let your school know you are receiving medical care — the school generally needs to know you are absent for medical reasons, not your private details — and arrange for assignments or a teacher's lessons to reach you where the program allows. If keeping up is unrealistic during a short, intense stay, the discharge plan can include how missed

work will be handled on return. Either way, ask the question early; a guidance counselor who hears from the family on day two can protect your grades far better than one surprised on the day you walk back in.

Friends are usually a smaller circle during a stay: limited phone lists are common, and social media is generally paused. That pause, while annoying, often lowers the temperature of whatever peer crisis surrounded admission. You can reconnect, on your terms, after discharge.

7. Discharge — how going home actually works

Discharge is a planned handoff, not a sudden release. As the stay nears its end, the team holds discharge planning: Is safety stable? What treatment continues outside — therapy appointments, a doctor for medicines, a school plan? What are the warning signs that things are slipping again, and what will the family do, step by step, if they appear? You should leave with paperwork: a summary, medicines and instructions if any were prescribed, follow-up appointments with dates, and crisis resources. In this school, those resources always include 988 by call or text and the Crisis Text Line at HOME to 741741.

Many young people step down rather than simply stopping care: a day program, intensive outpatient sessions several times a week, or weekly therapy may follow the stay. That is a sign the plan is being taken seriously, not a sign you failed to finish. Attend the first follow-up appointment even if you feel fine — especially if you feel fine. The relationship with the outside therapist is built in calm weeks so it exists in hard ones.

At home, expect an adjustment stretch. Caregivers may hover. Siblings may have questions you do not want to answer; a short, prepared sentence helps — "I was in the hospital getting help, I'm home now, and I don't want to get into details." Sleep, appetite, and energy may take days to return to your rhythm. A follow-up safety plan, written while support is close, should name your warning signs, your coping tools, your trusted adults, and your help lines, exactly as you practiced in Month 6 and Week 4 of the Core.

8. Getting the most from a stay, and afterwards

Three habits separate a stay that changes things from a stay that merely pauses things. First, participate: groups and sessions work in proportion to what you bring to them, and honest effort is visible to the team writing your plan. Second, practice one or two coping tools inside until they are boring — breathing you have done fifty times on a quiet unit is breathing you can find at 2 a.m. at home. Third, tell the truth about discharge fears before discharge day. "I am scared the same fight happens the first night home" is exactly the sentence family meetings exist to hear, because the plan can be adjusted while the whole team is still in the room.

Afterwards, a stay becomes part of your health history — private, and yours to share selectively. You may tell close friends a simple version, tell most people nothing at all, and tell future health professionals the full version, because they need it to care for you well. Choose per person, and let no one pressure the details out of you. Needing a higher level

of care, getting it, and coming home with a plan is a complete, respectable story of handling a hard thing the right way.

Words to know — Month 11

- **Facility** — an organized place, such as a hospital or treatment center, where care is provided around the clock.
- **Intake / admission** — the arrival process of questions, health checks, and paperwork when a stay begins.
- **Unit** — a specific section of a facility where a group of patients stays and receives care.
- **Psychiatrist** — a doctor who specializes in mental health and can prescribe medicine.
- **Case manager / social worker** — a professional who coordinates family, school, and services and builds the discharge plan.
- **Discharge** — the planned end of a stay, when care is handed off to family and outside providers.
- **Step-down care** — follow-up treatment that is less intensive than a facility stay, such as a day program or regular therapy.
- **Patient advocate** — a person whose job is to help patients raise concerns and understand their rights.
- **Follow-up appointment** — a scheduled visit after discharge that continues treatment and checks progress.

Myths vs facts — Month 11

- **Myth:** A mental-health stay is a punishment for bad behavior. **Fact:** It is healthcare in a structured setting, aimed at safety, understanding, and a working plan for home.
- **Myth:** Once you are admitted, you have no say in anything. **Fact:** You can ask questions about every part of your care, say what helps, and raise concerns through staff, supervisors, advocates, and your caregiver.
- **Myth:** Staff checks at night mean they think you did something wrong. **Fact:** Regular checks are standard safety practice for everyone on a unit.
- **Myth:** Discharge means treatment is over. **Fact:** Discharge is a handoff — follow-up appointments and a safety plan continue the care at home.

What would you do? — Month 11

The situation: It is your second day on a mental-health unit. A new medicine is brought with your evening routine, but nobody has told you its name or what it is for, and you feel nervous about taking something unexplained. A peer at the table whispers, "Just refuse

everything — that's how you get out faster."

Walk it through:

1. Separate the two problems: an unexplained medicine is a legitimate question; the peer's strategy is not medical advice and refusing care rarely helps a discharge plan.
2. Use your right to an explanation, calmly and directly: ask the nurse the medicine's name, what it is for, and what effects you should report.
3. If the answer is rushed, ask for the doctor or charge nurse to explain before the next dose — routing the question upward is allowed.
4. Tell your caregiver on your scheduled call what you asked and what you were told, so an outside adult shares the picture.
5. Keep participating in the day's structure; the team planning your discharge weighs engagement and stability, not silence and refusal.

One more real-life story — Month 11

Priya arrived at a medical unit after a severe asthma episode frightened everyone, including Priya, who had been hiding how often she used her rescue inhaler at school because she did not want to seem dramatic. Intake felt endless — questions, a wristband, her belongings listed. But on day two, the routine settled: checks, schoolwork from the program teacher, a respiratory therapist who taught her to track symptoms honestly, and a social worker who arranged for the school nurse to be part of the plan. At discharge, Priya left with a written action plan, a follow-up appointment, and instructions her whole family reviewed together at the table. The biggest change was not a device or a medicine — it was that Priya stopped treating her own warning signs as an embarrassment, which meant the next episode got help an hour earlier instead of a day later.

The lesson: A stay works best when it replaces hiding with a written plan. Honest tracking, named steps, and adults who share the same page are what turn one frightening episode into safer months ahead.

Try this — Month 11

Write a "if I ever had a stay" preparation page, kept privately at home.

- List your regular medicines, allergies, doctor, and counselor, as best you know them — caregivers can help you complete it.
- Write two comfort items you would ask family to bring, if the facility allowed them.
- Write your top three coping tools and the names of your trusted adults.
- Write the three questions from this lesson to ask about any medicine: its name, its purpose, and what to report.
- Add the help lines from this lesson at the bottom, so the page is useful in any health crisis, stay or no stay.

Resources to keep — Month 11

- Emergency: **911**
- Suicide & Crisis Lifeline: call or text **988**
- Crisis Text Line: text **HOME** to **741741**
- Childhelp National Child Abuse Hotline: **1-800-422-4453**
- SAMHSA National Helpline: **1-800-662-4357**
- Poison Control: **1-800-222-1222**
- A trusted adult, your school counselor or nurse, and your local library can help you find health information and local support.

What you earned / what's next — Month 11

Month 11 complete (test score 80% or higher): You can describe intake step by step, name the members of a facility team and what each one does, state your rights during a stay, and explain how discharge planning, step-down care, and a safety plan carry treatment safely home.

What's next: Month 12 — Staying Out of Trouble — Exit Plans, Goals, and a Fresh Start: the closing month, where you build your exit plan from old patterns, set goals you can measure, repair what can be repaired, and finish the full 12-month Youth course.

Word Search — Month 11

Find the words from this class's Words to know. Words run across, down, or diagonally.

Z D J W M S G M Q D N O U
I S T E P D O W N C A R E
Q I P D S T W W J T K H O
W D I S C H A R G E K Z A
K F A C I L I T Y J N S J
Z Y V A W J G S W D U S F
I Y J X D W Z U V W A W X
W X B U C Q I R H H R H J
B C F N A T Q N O M M Z M
T P N I L R T Z O P I M R
U L E T W V G Y H P L B Z
P S Y C H I A T R I S T N
R C J X Q S D U E B E J S

Words to find: Facility · Unit · Psychiatrist · Discharge · Stepdowncare

Words to Remember — Say It in Your Own Words

Cover the Words to know page. For each word from this class, write what it means in your own words, the way you would explain it to a friend. Then check yourself against the lesson.

Facility

Intake / admission

Unit

Psychiatrist

Case manager / social worker

Discharge

Step-down care

Patient advocate

Follow-up appointment

Check Yourself — Practice Questions

These are practice questions, not the test. Write your answers in your own words. Everything you need is in this book's lesson.

1. Explain in your own words what “Facility” means, and give one example from real life.

2. Explain in your own words what “Intake / admission” means, and give one example from real life.

3. Explain in your own words what “Unit” means, and give one example from real life.

4. Explain in your own words what “Psychiatrist” means, and give one example from real life.

5. The lesson has a part called “The lesson.” Write the most important thing it teaches, in your own words.

6. The lesson has a part called “Myths vs facts — Month 11.” Write the most important thing it teaches, in your own words.

7. The lesson has a part called “What would you do? — Month 11.” Write the most important thing it teaches, in your own words.

8. Think about the stories in this class. Pick one, and write what you would do — and why.

Chapter Test — Month 11

Answer every question. Score 80% or higher to complete this class and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. What is the stated purpose of a mental-health facility stay?

- A. Punishment for bad behavior
- B. To keep young people away from school
- C. Safety first, then understanding what is happening, then a plan that continues after discharge
- D. To decide a court case

2. What happens at intake?

- A. You are immediately discharged
- B. Questions about history and safety, health checks, medicine and allergy information, and a review of belongings under facility rules
- C. Only a tour, with no questions
- D. Friends are interviewed first

3. Who coordinates family, school, and outside services and builds the discharge plan?

- A. A social worker or case manager
- B. The unit cook
- C. Another patient
- D. A visiting friend

4. Which is a right young patients can generally expect, according to the lesson?

- A. To refuse all explanations of treatment
- B. To have health information shared with everyone at school
- C. To leave any time without a plan
- D. Clear explanations in language you understand, the chance to ask questions, and a way to raise a concern

5. Why do staff do regular checks during the night?

- A. Because they suspect each patient personally
- B. They are standard safety practice for everyone on the unit
- C. To wake patients up for activities
- D. Only when someone has broken a rule

6. If a medicine makes you feel dizzy, wired, or strange, what should you do?

- A. Say nothing — reporting it is complaining
- B. Stop all care immediately
- C. Report it promptly and specifically to the nurse or doctor, because adjusting medicines from patient reports is ordinary medicine
- D. Ask another patient what to do instead of staff

7. What is discharge?

- A. The planned end of a stay, handing care to family and outside providers, with follow-up appointments and crisis resources
- B. A sudden release with no paperwork
- C. The same as intake
- D. A punishment for not finishing groups

8. What is step-down care?

- A. Going back to the start of intake
- B. Follow-up treatment less intensive than a stay, such as a day program or regular therapy
- C. Care that only happens at home with no professionals
- D. A type of school discipline

9. How should school be kept connected during a stay?

- A. Tell the whole school your private details
- B. Never contact the school at all
- C. Have friends post updates for teachers
- D. With caregiver permission, let the school know you are absent for medical care and arrange how work or return will be handled — without sharing private details

10. What were Priya's biggest gains at discharge in the second story?

- A. A new phone and no follow-ups
- B. Permission to skip the school nurse forever
- C. A written action plan, a follow-up appointment, and a family that reviewed the plan together — plus honest symptom tracking instead of hiding
- D. A promise she would never need help again

Certificate — Month 11

Minister Destiny Testimony Schools

Certificate of Completion — Month 11: Medical and Mental-Health Facilities — What a Stay Is Like, Your Rights

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Youth

Month 11: Medical and Mental-Health Facilities — What a Stay Is Like, Your
Rights

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Educational completion certificate only — not a state license, POST certification, or government
credential.

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My Agenda — Class Tracker

Everything in this agenda is yours to write in. It stays in your book — nothing is collected.

Step	Done	Date	Score	Grade
Week 1 — Study the lesson				
Week 2 — Study + Words to know				
Week 3 — Stories + Try-this activity				
Week 4 — Chapter test (pass at 80% or higher)				

Letter grades: A 90–100 · B 80–89 · C 70–79 · D 60–69 · F below 60.

My goals for this class

Write the goals you are working toward in this class — and for yourself.

My Weekly Planner

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Notes

Resources to Keep

This class's resources, in one place. Keep this page.

- Emergency: 911
- Suicide & Crisis Lifeline: call or text 988
- Crisis Text Line: text HOME to 741741
- Childhelp National Child Abuse Hotline: 1-800-422-4453
- SAMHSA National Helpline: 1-800-662-4357
- Poison Control: 1-800-222-1222
- A trusted adult, your school counselor or nurse, and your local library can help you find health information and local support.

Answer Key

For parents, teachers, and self-checking after you finish the chapter test.

Month 11 Test — Medical and Mental-Health Facilities — What a Stay Is Like, Your Rights

1. Safety first, then understanding what is happening, then a plan that continues after discharge
2. Questions about history and safety, health checks, medicine and allergy information, and a review of belongings under facility rules
3. A social worker or case manager
4. Clear explanations in language you understand, the chance to ask questions, and a way to raise a concern
5. They are standard safety practice for everyone on the unit
6. Report it promptly and specifically to the nurse or doctor, because adjusting medicines from patient reports is ordinary medicine
7. The planned end of a stay, handing care to family and outside providers, with follow-up appointments and crisis resources
8. Follow-up treatment less intensive than a stay, such as a day program or regular therapy
9. With caregiver permission, let the school know you are absent for medical care and arrange how work or return will be handled — without sharing private details
10. A written action plan, a follow-up appointment, and a family that reviewed the plan together — plus honest symptom tracking instead of hiding

Sources & Credits

The lessons in this book were written for Minister Destiny Testimony Schools from public sources — official websites, public health and safety organizations, help lines, and the law itself. The sources each chapter was built from, and the help resources it points you to, are listed under that chapter's name, with credit, so you can check anything in this book and keep learning. Court opinions and laws are public documents that belong to everyone. Everything here is retold in the school's own plain words — nothing in this book is copied from anyone else's book.

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The school itself is free: every class in this book, with its test and certificate, is free online at destinymorganbooks.com.

About the Author

Minister Destiny Marie Morgan is an ordained Muslim minister. She was ordained on May 15, 2025, through the Universal Life Church, and she is registered clergy in Massachusetts.

Her ministry is advocacy — standing up to injustice and helping people, locally and internationally.

She is the founder of Minister Destiny Testimony Schools, a free school. She built it so people can learn for free what cost her years to learn — people who may not have jobs, good credit, or loans, and who deserve real knowledge anyway. Every class is free online, for every age, with no sign-up and nothing collected.

She is also the author of two testimony series — Chronicles of Destiny Morgan and The Chronicle Trials — her own story, in her own words. Those books are her testimony; these school books are her teaching.

Follow her Amazon Author Page to find every new book as it comes out.

The school is free online at destinymorganbooks.com.

Contact: ministerdestinymariemorgan@gmail.com

From Minister Destiny

You finished this book — but the learning does not stop here. Keep your resources close, keep asking questions, and use what you now know to help the people around you. If this book helped you, pass it to someone who needs it. I built this school for you, and I am proud of you for showing up for yourself. — Minister Destiny Marie Morgan

Minister Destiny Testimony Schools — Youth
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