



PA CASSP

Newsletter

Pennsylvania Child and Adolescent Service System Program

A comprehensive system of care for children, adolescents and their families

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Pennsylvania Young Adults and Parents Assert Their Mandates

By Frank Rider

Collaboration across systems is a fundamental principle underpinning systems of care. The most successful cross-system partnerships tend to be those that demonstrate full awareness of, and shared commitments to, upholding the public mandates of each participating entity.

Child welfare systems, for example, are typically charged with protecting children (“safety”), and striving to ensure their stability (“permanency”) and overall well-being.

Juvenile justice system mandates typically include community protection, rehabilitation of young offenders, and (increasingly) commitment to restoration for victims of crime and delinquency.

Public education systems are driven by public mandates to prepare students for employment and/or higher education.

Health care programs – including behavioral health, public health and primary health care systems – are expected to prevent illness and injury when possible, to comfort pain that is suffered, and to heal those who are ill or wounded.

The Pennsylvania System of Care Partnership, with a new federally-funded

cooperative agreement, has an ambitious design to develop local systems of care in 15 of Pennsylvania’s 67 counties by 2015. A state leadership team of 12 members has begun to steer that work, comprised of state-level leaders of most major child-



serving systems alongside an equal number of youth and family leaders.

The partnership’s commitment to full and equal participation by family members, system and youth representatives was evident during a late July retreat in Harrisburg when more than 40 participants played interchangeable roles. The tone was set right at the beginning of the retreat agenda. Pennsylvania juvenile justice, mental health and child welfare sys-

tem leaders each shared informative descriptions of the respective systems they manage, spelling out public system mandates, descriptions of populations they serve, and identifying current issues and trends of significance that must be ac-

counted for within the collaborative work ahead. But the first two such presentations came not from “system representatives” at all. Instead, two family leaders, and two youth leaders, shared parallel information from their respective viewpoints.

During the week preceding the Pennsylvania retreat, over 80 family members across the state contributed to Pennsylvania

Families Incorporated’s compilation of a list of “mandates.” State leadership team family representative Crystal Karenchak and Pennsylvania Families Inc. leader Dianna Brocius shared some of the most important of these parental mandates with the retreat participants, including:

- Provide for the health and safety of our families
- Provide for the basic well-being of our families (food, clothing, shelter)

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The Pennsylvania System of Care Partnership

In December 2009, the PA CASSP Newsletter focused on early implementation of High Fidelity Wraparound (HFW) and introduced the Pennsylvania System of Care Partnership, which was born out of a cooperative agreement awarded to Pennsylvania in October 2009 by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Pennsylvania System of Care Partnership is starting with \$9 million of federal funding over six years to ultimately reach its vision (see right column). Through our mission, we will work to successfully implement Systems of Care with services and supports that are: youth-driven, family-driven, strengths-based, individualized, culturally and linguistically competent, evidence-based, high quality, accessible, integrated, cost-effective, and data-informed.

As we move toward our statewide vision, the federal funds will be used initially to work with 8-18 year-olds and their families in 15 counties, who have serious mental health challenges, are involved in the juvenile justice and/or child welfare system(s) and are in, or at risk of, out-of-home placement. Those youth and families will have the opportunity to participate in the HFW process, during which they will build self-advocacy skills, lead a team of their supporters and develop a plan of integrated services and supports that will meet their true needs.

As individual youth and families go through HFW, several youth, family and system leaders in their counties will be working in equal partnership to assure that overall youth, family and community well-being is actively promoted through the integration of needed services and supports for all youth and families.

During the first two years of our cooperative agreement, the following events have occurred:

- November 2009 – youth meeting, fam-

- ily meeting and planning retreat
- February 2010 – Pennsylvania stakeholders attended New Communities conference in Washington, DC
- March 2010 – State Leadership Team formed and director hired
- April 2010 – youth meeting
- July 2010 – youth, family and system partners attended the SAMHSA System of Care Institutes
- July 2010 – planning retreat
- October 2010 – first five System of Care Partner counties were chosen (Chester, Erie, Lehigh, Montgomery and York), along with two learning communities (Luzerne and Philadelphia)
- May 2011 – annual Pennsylvania System of Care Partnership conference was held

Now, as our partnerships broaden and deepen across Pennsylvania, "you never know who might be caught up in a conspiracy of goodness" (Pierre Sauvage, *Weapons of the Spirit*).

Karen Mallah, Ph.D. is director of the Pennsylvania System of Care Partnership.



Mission

The youth, family, and system leaders of Pennsylvania will work as equal and trusted partners in creating sustainable change which will empower youth, families and all youth serving systems to be responsible and accountable for outcomes that lead to the fulfillment of hopes and dreams.

Vision

Every youth and family in Pennsylvania will be able to access and navigate a unified network of effective services and supports that are structured in adherence to System of Care Values and Principles.

Natural Supports are Key to the High Fidelity Wraparound Process

When she was 18, Jenn adopted two children: Tracy, age three, and Barry, six months. They are now ages 17 and 14.

When Barry was two, his serious behaviors began in the form of severe tantrums. Services began soon after with a preschool therapeutic program, followed by a round of Family-Based Mental Health Services. Barry's needs were very complicated and it took a long time to determine why he struggled as he did and how best to help him. The family was thrust into what seemed like a never-ending cycle of crisis stabilization with safety being just out of reach.

For years, Barry needed extensive amounts of physical redirection and passive physical restraint to maintain his safety. He was hospitalized more than 75 times including four stays in Residential Treatment Facilities over the next several years. He ran the gamut of services in the system, from Outpatient Therapy, Behavioral Health Rehabilitation Services (40 hours a week of Therapeutic Staff Support included), Family-Based Mental Health Services, Partial Hospitalization, Acute Inpatient, Residential Treatment Facility, Juvenile Probation, and a brief time with Children and Youth Services as an infant prior to being adopted. There were few other services to try, and Barry's behavior was getting more and more difficult to manage safely at home.

Enter High-Fidelity Wraparound and natural supports. The Pennsylvania System of Care Partnership embraces the following definition of natural supports: "Natural supports are personal associations and relationships, independent from formal services, typically developed in the community that enhance the quality and

security of life for family and youth, including but not limited to, family relationships." Examples are:

- Friendships reflecting the diversity of the neighborhood and the community
- Associations with fellow students developed through participation in clubs, organizations, education, sports, etc.
- Parents' associations with co-workers as well as civic, community and faith-based groups



In Fall 2008, when Barry came home from his third Residential Treatment Facility stay, the family learned about High Fidelity Wraparound (HFW). Subsequently, Family-Based Mental Health Services began and HFW was also offered to the family. HFW was brand new to the county at that time, and since they had exhausted all other avenues, the family readily welcomed any additional support that might help. Previous clinical services tended to focus on the big clinical needs and issues. HFW was able to focus on the smaller details of daily living where the family's biggest needs were. For example, it was a struggle to take Barry along to the grocery store. The HFW team helped Barry and his family overcome this challenge in a way that brought them both personal pride and success. Barry ex-

pressed his need for the shopping trips to be less boring for him, and the team heard him. He is now an expert at organizing coupons and goes on shopping trips regularly. This is a tremendous success made possible because Barry asked for the change with the help of his youth support partner.

Other important elements of the HFW process for this family included bringing all team members together so no one felt the burden of implementing the plan alone. Being a single mom is tough enough, and while Jenn is very resourceful, having a team to share the load made a big difference. Another key factor was engaging the extended family in new and different ways so their efforts supported the family in the best way possible. The process helped to identify and further establish the natural supports that were readily available but no one knew how to access them in helpful ways. Extended family members unified around Barry and his family when their voices and opinions started to matter to everyone involved.

Most importantly, the changes that the family accomplished have been sustained using the brainstorming technique introduced by HFW as well as a good crisis plan that includes natural supports. Even today, Jenn hands out the crisis plan when Barry joins a new activity like karate or starts at a new school. Barry has not had a crisis hospitalization and has not been physically aggressive since May 2010. Barry's family graduated from HFW in October 2010 after being involved with a HFW team for two years. Currently, a behavioral specialist works with Barry for only two hours per week to help him maintain his skills, and Jenn went to work as a family support worker for a local provider agency in March 2011.

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Meet the Staff of the System of Care Partnership



Karen Mallah, Ph.D. is director of the Pennsylvania System of Care Partnership. She worked for two years at Mercer Consulting Services as part of the team consulting with several states, including Pennsylvania, about children's mental health issues. Previously she worked for more than 10 years as a clinician, supervisor and program director for community mental health programs in Denver, Colorado and she served as a Clinical Associate Professor in the Department of Psychology at the University of Denver for six years. Karen has directed grants to improve trauma-focused services to youth and relocated survivors of Hurricane Katrina. She is a bilingual (English/Spanish) licensed clinical psychologist whose work has focused largely on treatment of youth and families from the black, immigrant Latino and deaf communities, particularly those who have experienced trauma. Karen also helped to found a public charter school in Colorado that focuses on foreign language immersion. She received her B.A. from Barnard College and her M.A. and Ph.D. from the University of Denver.



Kawa Shwaish, M.S., M.I.S., M.B.A is the newly hired data manager. He completed a master's degree in developmental psychology, a master's degree in management of information systems and a master's degree in business administration at the University of Pittsburgh School of Education and Katz Graduate School of Business. Mr. Shwaish holds numerous certifications which include a green belt in Six Sigma, and Technology Innovation and Entrepreneurship (TIE). He has extensive project management experience in human computer interaction and human centric design methodology. He previously supported state and federal research grants aimed at developing and measuring early learning, developmental

progress and outcomes through the Early Childhood Partnerships at Children's Hospitals. Shwaish has also served as an executive consultant, information technology director, and technical expert on various technology projects. He is on the board of Industry Academics Clinicians Together (IACT) and Innovation Beans LLC.; in his free time he helps startup companies commercialize their ideas. His role will be to establish and improve data collection, reporting, and analysis to measure outcomes related to the PA System of Care Partnership.



Antonio Fevola, Ph.D. is the lead evaluator and director of evaluation and continuous quality improvement for the Youth and Family Training Institute. Dr. Fevola has participated in various policy development and evaluation processes at the international, federal, state and county levels. He has considerable experience in organization and policy analyses, program evaluation, action research and teaching.

At the state level, he has been involved in overseeing the evaluation of the pre-kindergarten initiative in Pennsylvania. As part of this initiative, Dr. Fevola managed an interdisciplinary team of graduate and undergraduate students and staff who coordinated data collection and conducted longitudinal data analyses for various community-based projects. At the national level, he has participated as a member and invited guest of the Office of Research and Practices of the U.S. Department of Education and for the Office of Special Education Programs (OSEP) on the development of outcome measurements and accountability systems for early childhood intervention and education agencies and programs. At the international level, he has been and is currently involved in researching and evaluating the use and application of the World Health Organization International Classification Systems

(WHO-ICF) for guiding clinical judgment, outcome evaluations and authentic assessment alternatives.



Michele Whapeles is the Partnership's administrative assistant. Michele brings expertise from her 13 years with General Dynamics where she served in multiple capacities as project administrator and office manager. She has raised two wonderful children – a son who attends LaGuardia College and a daughter who has proudly served in the United States Army. Michele loves animals and has two dogs – a performance bulldog and a rescued American pit bull terrier – and three cats. She was personally intrigued by the mission of the Partnership collaborative agreement, and is pleased to have the opportunity finish her career in service to others.



Crystal Karenchak is a family involvement and cultural competence specialist for the Partnership. Crystal and her family have a long history of involvement in Pennsylvania's child-serving systems, including mental health, juvenile justice and drug and alcohol where she began her advocacy work in the 1980s. In addition, Crystal has served youth and adults in group home settings and in the court systems as a counselor advocate for sexual assault and domestic violence victims. She was a credentialed victim advocate through the Coalition of PA Crime Victims Organizations (COPCVO). She has also partnered with the founding youth leaders of RYOT (Rallying Youth Organized Together) Against Rape helping to create the training manual for this youth-adult partnership. Crystal graduated from the Pennsylvania Victim Assistance Academy at Scranton University where she won the George Award and has provided the voice of victims for Project Point of Light Team, a sex offender treatment program. Her

training talents include Family Group Decision-Making, NAMI's Family to Family training and being a STOP Grant trainer to provide training to advocates, police, other systems and the community on Rape Trauma Syndrome and Post Traumatic Stress Disorder.

Crystal is also affiliated with many professional and community organizations.



Brian Satterfield, B.A. is the Partnership's youth involvement and cultural competence specialist. A young adult from King of Prussia, Brian has overcome several bouts with severe depression. In

2005, he graduated from Phelps High School in Malvern, and received his bachelor's degree in psychology from Temple University in 2009. While successfully managing the challenges of anxiety and attention deficit disorder, Brian has

worked as a youth advocate member of Youth M.O.V.E. Philadelphia and served as a youth member on the Youth and Family Training Institute Advisory Board. Before being hired by the Partnership in September 2010, Brian was a member of the State Leadership Team. He enjoys long walks on the beach and quiet evenings by the fireplace listening to smooth jazz.



Michelle Baugh, B.S., MBA is the communications training technical assistance coordinator. She began her career as an adaptive behavior teacher in a K-12 residential treatment facility.

She spent the next 12 years teaching diverse populations including elementary, secondary, adult learners and English Language Learners (ELL) in a variety of public and private settings. Michelle has used her Spanish bilingual skills to serve ELL populations in an afterschool program as

well as on mission trips and as a Literacy Corp volunteer. More recently, she completed a graduate assistantship through the Penn State Harrisburg School of Business. Upon graduation, Michelle was employed as marketing director for curriculum and development for School Specialty, Inc., an educational supply company.

Pennsylvania System of Care Partnership State Leadership Team

Shaheed Days, Youth Leader, Tri-Chair

Ellen DiDomenico, Executive Director, Governor's Commission on Children and Families

Alex Knapp, Youth Leader

Stan Mrozowski, Director, Bureau of Children's Behavioral Health Services, Tri-Chair

Laurie Mulvey, Family Leader, Tri-Chair

Valarie Oulds-Dunbar, Family Leader

Michael Pennington, Director, Office of Juvenile Justice, Pennsylvania Commission on Crime and Delinquency

Robin Rothermel, Director, Bureau of Drug and Alcohol Programs

Tom Seben, Chief, Division of Monitoring and Planning, Bureau of Special Education

Keith Snyder, Deputy Director, Juvenile Court Judges' Commission

Karan Steele, Family Leader

Ladona Strouse, Family Leader

Cathy Utz, Acting Deputy Secretary, Office of Children, Youth and Families

Youth and Family Training Institute Advisory Board

Lonnie Barnes, Department of Health, Bureau of Drug and Alcohol Programs

Bernadette Bianchi, PA Council of Children, Youth and Family Services

Darlene Black, Office of Children, Youth and Families, Bureau of Policy and Program Development

Rick Boyle, Allegheny Children's Initiative

Jess Curtis, Youth Member

Andrew Kind-Rubin, Family Member

Corey Ludden, Youth Member

Deborah Ludden, Family Member

Gloria McDonald, Family Member

Connell O'Brien, Pennsylvania Community Providers Association

Valarie Oulds-Dunbar, Family Member

Jennifer Parke, Youth Member

Margaret Parke, Family Member

Jill Santiago, Family Member

Karan Steele, Family Member

Jacob Vandall, Youth Member

System of Care Community Training, Summer 2011

In July 2011, youth leaders, family leaders, state and county system partners and Pennsylvania System of Care Partnership staff attended the annual conference hosted jointly by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Technical Assistance Partnership. This summer's conference in Chicago boasted a record high attendance of 1,500 participants. Representatives from 70 System of Care cooperative agreement sites extending from Maine to Washington State and Guam and Puerto Rico enriched the learning and networking opportunities.



Pictured from left to right: (back) Stan Mrozowski, Crystal Karenchak, Laurie Jones, Ruth Fox, Corinne Mullen, Laurie Mulvey, Shaheed Days, Antonio Fevola; (front) Brian Satterfield, Alex Knapp, Karen Mallah

The theme was "Expanding and Sustaining Systems of Care: New Challenges and New Opportunities." Pennsylvania attendees offered the following impressions of and learnings from the conference.

Crystal Karenchak

*SOC Family Involvement/
Cultural Competence Specialist*

- In the workshop, "Working for Better Outcomes for Youth Involved with Juvenile Justice and Child Welfare Systems: Connecting Courts, Community, and Service Providers," several community leadership teams included judges which helped promote the SOC philosophy.
- Better outcomes for family and youth are reached when: 1) judges champion their SOC, and 2) a single plan of care is in place.
- I appreciated the discussion and expressed concern about finding youth and family leaders in the community who can serve as equal partners at the SOC table.

Stan Mrozowski

*Director, Bureau of Children's
Behavioral Health Services*

- The federal deficit will most surely affect future funding for Systems of Care.
- SAMHSA has clearly made a commitment to statewide SOCs.
- Research shows that a dual strategy is required: building capacity at the state level and developing local efforts.
- It is critical to create advocacy for SOC development (especially youth and family).
- Health Care reform is going to result in dramatic change in mental health systems – including integration with physical health.

Corinne Mullen

*Quality Assurance Manager
Erie Mental Health Team*

- I most valued the Pennsylvania community planning time.
- I learned in Erie we are missing youth input. We have a lot of consumers and families involved on a regular basis, but not youth.
- I now understand we can shape what is already in place. We presently have a lot of cross-system collaboration. It is a matter of fine tuning and improving what we do through the SOC process.
- I heard about other experiences within SOC. Hearing the youth and young adults speak was a very moving and motivating process.

Brian Satterfield

SOC Youth Involvement/Cultural Competence Specialist

- Systems of Care need to be like Starbucks.
- Evaluation, if done correctly by peer to peer specialists, can help build relationships with youth.
- Youth M.O.V.E. is on the forefront of everything.
- SAMHSA and the TA Partnership are focused on the concept of youth-driven and building the resources and support for youth support partners across the country.
- Instead of flash drives with all the digital information from every session on it, SAMHSA should hand out bottle openers.

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- Provide well-informed nurturance, love and unfailing acceptance for our children
- Provide a reasonable-to-high quality of life for our families (including inclusion in – not isolation from – the community)
- Ensure education for our children “without a hassle,” and their appropriate transitions into adulthood
- Provide our specific expertise about what does and does not work for our children and families, as respected and co-equal partners with child-serving systems
- Gather with other families to offer and receive mutual support and opportunities for our own growth
- Seek out and receive occasional or regular periods of rest and relief (a.k.a. “respite”) to ease our burden of 24/7 caregiving

The vital (“life and death”) nature of these family mandates was underscored by a brief profile of the family members who contributed to the statewide retreat. Five of the parents have experienced the suicide deaths of their children, all are currently raising children with complex mental health needs and many have significant experience with other child-serving systems as their children and families battle substance abuse, criminal behavior, educational challenges, safety issues and out-of-home placement.

Along with the presentation of family mandates, Pennsylvania youth leaders Michael Reber and Brian Satterfield offered a parallel presentation of their own mandates. As the primary focus of the System of Care initiative, youth should be regarded as credible and respected sources of insight about what works and does not work so well for them. The developmental issues that youth face should also be considered, including:

- Creating a stable identity, and becoming complete and productive adults
- Achieving new and more mature relationships with others both within and beyond their age groups
- Achieving social roles
- Achieving emotional independence from parents and other adults
- Preparing for economic careers, for marriage and family life
- Acquiring a set of values and an ethical system (“ideology”) as a guide to behavior
- Desiring and achieving socially responsible behavior

Brian and Mike drove home to retreat participants this point above all: young people wish for their time “in the system” to be temporary, and for their system involvement to not dominate their lives.

All participants in the retreat used opportunities to exchange roles as group leaders, facilitators, reporters, recorders, listeners, brainstormers, problem-solvers, consensus builders and affirmers. Many system representatives, who are not regularly involved with families and youth in these ways, expressed that their eyes were opened not only to the viability but also the value of directly accessing the ideas and insights of the very people they are committed through their agencies to support to success.

The Partnership deserves commendation for “walking the walk,” both in forming its state leadership team and in designing a retreat event that exemplify its commitment to full and equal partnership among youth, family members and system representatives. Judging from the recommendations the retreat generated, counties participating in the Partnership will also be expected to create full and equal partnerships among families, system representatives and young people.



Frank Rider is the technical assistance coordinator for the National Federation for Children's Mental Health, Alexandria, VA.

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HFW teams such as those that help Jenn and her family operate in 10 counties: Allegheny, Bucks, Chester, Delaware, Erie, Fayette, Lehigh, Montgomery, Northumberland and York. HFW is mandated for all counties awarded funding through the PA System of Care Partnership collaborative agreement. At a families' request, each HFW team may include a coach, facilitator, family support partner and youth support partner. Natural supports are individualized to each family's needs. In contrast to clinician-led treatment models, the HFW process is youth-guided and family-driven. Pennsylvania reflects innovative mental health leadership by being the first state to require

youth support partners as team members. The Youth and Family Training Institute (YFTI) is designated by the Bureau of Children's Behavioral Health Services as the state's HFW credentialing provider. YFTI is contracted by the Partnership to support, monitor and evaluate system of care development in all partner counties.

As Jenn reflects on her experience with HFW, she thinks it would be good to make the process easier to explain to families. Because HFW is so different, at first it is hard to explain and difficult to understand for many families. In time, as more and more families experience a family-driven type of support, it will be

easier to explain. It will also be more likely that interventions and supports to help families will be focused on the specific needs of the families rather than on the services and treatment options that happen to be available.

MY LIFE Gaining Momentum in Pennsylvania

In case you haven't kept up on Facebook, MY LIFE (Magellan Youth Leaders Inspiring Future Empowerment) launched in Pennsylvania this past March. MY LIFE youth leadership groups, sponsored by Magellan Behavioral Health of Pennsylvania and Bucks, Delaware, Lehigh, Montgomery and Northampton counties, are making strides in their respective counties with planned MY Fest events in Norristown Saturday, Sept 17th, and Allentown Saturday, October 8th.

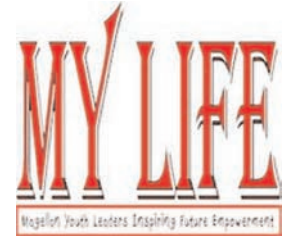
Magellan of Arizona is home to MY LIFE where Greg Dicharry, Youth Empowerment Director, and local youth first garnered support and recognition for youth leadership efforts on a grand scale. MY LIFE members identify themselves as "Agents of Change" who strive to diminish the stigma so commonly associated with youth mental health issues while championing the effort to help transform youth serving systems to better prepare youth for the future. MY LIFE leadership groups directly support youth ages 13 to 23 who have experienced system involvement

through mental health, substance abuse, juvenile justice or foster care.

The PA SOC Partnership shares the same vision of youth-driven system change and empowerment, and is pleased to partner with and support these upcoming MY FEST events. MY FEST is a free community event showcasing youth performances through live music, dance and art as well as promoting community resources and family-based organizations.

MY FEST events are planned and produced by members of MY LIFE (Magellan Youth Leaders Inspiring Future Empowerment) youth groups to raise awareness about mental health, substance abuse and foster care related issues facing youth and young adults.

For more information about MY LIFE or the MY FEST events, contact Greg Dicharry at GDDicharry@Magellan-Health.com.



MY FEST PA

**MY FEST Lehigh Valley
Saturday, Oct. 8, 2011**

Lehigh Parkway, Allentown, PA

MY Fest Lehigh Valley is a FREE community event that will feature live music, performances, art, games and a variety of youth and family-based organizations offering inspiration, resources and services for youth and families.

MY Fest is planned and produced by members of MY LIFE (Magellan Youth Leaders Inspiring Future Empowerment) Lehigh Valley to raise awareness about mental health, substance abuse and foster care related issues facing youth and young adults.

MY LIFE is an empowering leadership group for youth ages 13 to 23 who have experience with mental health, substance abuse, foster care or juvenile justice issues; and who want to use their experience to help improve the systems that serve youth.

