



From the Chief Executive Officer's Desk

Joseph Sedlock

Medication First Philosophy to Treatment of Opioid Use Disorders¹¹

The Medication First (or low-threshold) approach to Opioid Use Disorders is based on a broad scientific consensus that:

- The epidemic of fatal accidental poisoning (overdose) is one of the most urgent public health crisis in our lifetimes.
- Increasing access to buprenorphine and methadone maintenance is an essential strategy for preventing opioid-related deaths.
- Universal access to OUD medications will be achieved in part by expanding the number of buprenorphine providers in traditional and non-traditional treatment settings, including primary care and office-based mental health clinics, and by integrating buprenorphine and methadone induction and referral throughout the healthcare system.

Medication First attempts to get persons with Opioid Use Disorder maintenance medical treatment as quickly as possible and provides voluntary supportive services as needed. This approach prioritizes client choice in both service selection and service participation.

Medication First is consistent with the [World Health Organization's recommendations](#) for the effective treatment of Opioid Use Disorders (2011) and with the Substance Abuse and Mental Health Administration's working definition of recovery which prioritizes the self-determination of persons recovering from mental illness and substance use disorders.

The four principles of "Medication First" are:

1. People with OUD receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatments planning sessions;
2. Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;
3. Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy;
4. Pharmacotherapy is discontinued only if it is worsening the person's condition.

Adoption of a medication first approach across the healthcare and justice systems may save lives!

¹¹ (Excerpted from medicationfirst.org, 09/24/2023)

For further information or questions, please contact Joe at Joseph.Sedlock@midstatehealthnetwork.org

Michigan Health Endowment Fund Award Notice

On September 12, 2024 Michigan Health Endowment Fund announced sixty (60) new grant awards totaling over \$14.7 million aimed at improving health for Michigan. The majority of the funds fuel new projects through their Behavioral Health and Nutrition & Healthy Lifestyles initiatives. Mid-State Health Network was one of the providers selected to support Behavioral Health initiatives. MSHN submitted a proposal to improve access, quality of care and timeliness of that care by proactively identifying potential health risks using real-time data and predictive models within its day-to-day clinical workflows.

MSHN proposed building and deploying predictive models for improved identification and risk stratification for most at-risk populations. These models will include the following:

- Identify enrollees most likely to become the highest cost in the coming twelve (12) months
- Identify most at risk enrollees for substance use disorder
- Identify enrollees not diagnosed but most at risk for anxiety/depression

The predictive models' outputs will be produced and provided monthly. They will be intelligently automated to send their outputs directly to respective CMHs and MSHN. Recommended next-best actions can be automatically triggered according to MSHN's care guidelines.

Because of the predictive identification of the most at-risk enrollees and the real-time automation, all stakeholders have an exponential return on engagement, leading to proven improvements in service delivery, health outcomes, and return on investment. Short term value impacts include the following:

- Identify enrollees for intervention who otherwise may have gone unidentified
- Identify enrollees for intervention earlier than previously able
- Higher levels of enrollee engagement, as evidenced by a variety of metrics, including touches, successful contact, new cases opened for care management, etc.

Over the long term, the ultimate goal is to increase access to care and quality of care while lowering higher cost emergency care.

To hear more about Michigan Health Endowment Fund priorities, see link: [\\$14 million+ in new grants to enhance behavioral health, food access, built environments - Michigan Health Endowment Fund \(mihealthfund.org\)](https://mihealthfund.org)

For more information about Mid-State Health Network's Predictive Analytics Project, contact amanda.ittner@midstatehealthnetwork.org

For further information or questions, please contact Amanda at Amanda.Ittner@midstatehealthnetwork.org

Information Technology

Steve Grulke
Chief Information Officer

What is Artificial Intelligence (AI)?

Artificial Intelligence (AI) refers to the simulation of human intelligence processes by machines, particularly computer systems. These processes include learning, reasoning, and self-correction. AI encompasses a wide range of technologies and approaches, from machine learning, where algorithms improve through experience, to natural language processing, which enables machines to understand and respond to human language. The goal of AI is to create systems that can perform tasks typically requiring human intelligence, such as recognizing patterns, solving problems, and making decisions.

AI can be categorized into two main types: narrow AI and general AI. Narrow AI, also known as weak AI, is designed to perform a specific task, like facial recognition or language translation, and operates under a limited set of constraints. In contrast, general AI, or strong AI, aims to replicate human cognitive abilities in a broad range of activities, enabling machines to understand and reason about the world as humans do. Narrow AI is currently prevalent in everyday applications, such as virtual assistants and recommendation systems.

The impact of AI on society is profound, influencing various sectors including healthcare, finance, transportation, and entertainment. AI technologies are enhancing efficiency, improving decision-making, and enabling new innovations that were previously unimaginable. However, this rapid advancement also raises ethical concerns regarding privacy, job displacement, and the potential for bias in algorithms. As AI continues to evolve, it is crucial to address these challenges while harnessing its benefits to create a future that prioritizes both technological progress and societal well-being.

The above article was generated by ChatGPT.

MSHN leadership and information technology staff are reviewing how AI can benefit our organization and putting

together the rules for using this new technology by creating an AI policy that will be presented for Board approval at a future date. This policy will regulate how MSHN and related providers can utilize AI, allowing all the benefits that are possible while mitigating risk and security concerns.

For further information or questions, please contact Steve at Steve.Grulke@midstatehealthnetwork.org

Finance

Leslie Thomas, MBA, CPA
Chief Financial Officer

As mentioned in the September 2024 Board Meeting, Fiscal Year (FY) 2025's original budget included draft Michigan Department of Health and Human Services (MDHHS) rates. Although MDHHS anticipated releasing final rates on September 16, 2024, the information and all supplemental data was sent to PIHPs on September 25, 2024. MSHN's Finance team is working to update revenue figures now that many of the unknowns noted in the budget presentation have been answered. MSHN will share the new fiscal position with the Board via email.

In addition to calculating MSHN's regional fiscal position, the Finance Team is beginning close-out activities for FY24.

FY24 - Close-out activities include the following:

- Processing and paying the remainder of claims for dates of service on or before September 30, 2024. Finalizing claims provides a more accurate picture of MSHN's Substance Use Disorder (SUD) expense information included on preliminary fiscal year-end reporting.
- Finalizing Fiscal Monitoring and Oversight of providers - MSHN conducts abbreviated and full reviews for providers on an alternating fiscal year schedule.
 1. Abbreviated Reviews - Providers not under a Corrective Action Plan has an abbreviated review every other year alternating with full reviews. This type of review includes an attestation from the provider affirming policies and procedures as well as its Certified Public Accountant (CPA) audit has been completed.
 2. Full Reviews - As the name suggests, includes a comprehensive review of various fiscal areas to ensure MSHN contract compliance. Some items evaluated include policies and procedures, provider board approved financials, and liability insurance confirmation. In the event discrepancies arise, providers may be subject to recoupments.
- MSHN Administrative Expense - In addition to the first bullet above, MSHN engages with staff to ensure all administrative expenses such as travel vouchers (which include mileage, conference expense, and so on) have been processed and paid.
- MSHN Block Grant Expenses - Although other final fiscal year end reporting occurs in February, Block Grant expenses are finalized in early November which allows MDHHS to meet federal reporting due dates.
- MSHN and Community Mental Health Service Programs (CMHSPs) Interim Cost Settlement - MSHN is obligated to cover allowable CMHSP Medicaid and Healthy Michigan Plan (HMP) expenses. Any dollars in excess of CMHSP expenses must be returned to MSHN. The region typically completes 85% of its preliminary cost settlement transactions in mid-November. If CMHSP expense exceeded revenue provided by MSHN, the Pre-paid Inpatient Health Plan (PIHP) is responsible for sending additional funds to cover the costs.
- MSHN and MDHHS Interim Reporting - November is the month MSHN also submits an interim Financial Status Report (FSR) to MDHHS. This report includes a breakdown of Medicaid and HMP expenses by CMHSP and MSHN. It outlines revenue, expenses, potential savings amounts, and Internal Service Fund (ISF) calculations.

For further information or questions, please contact Leslie at Leslie.Thomas@midstatehealthnetwork.org

Behavioral Health

Todd Lewicki, PhD, LMSW, MBA
Chief Behavioral Health Officer

The Advent of the Michigan Child and Adolescent Needs and Strengths (MichiCANS) Tool

As of October 1, 2024, the Michigan Department of Health and Human Services (MDHHS) will require that the Michigan Child and Adolescent Needs and Strengths (MichiCANS) tool be used for children and youth with serious emotional disturbance (SED) and/or intellectual and/or developmental disabilities (IDD). With the start of the MichiCANS, MDHHS will no longer require the use of the Child and Adolescent Functional Assessment Scale (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS). While the CAFAS and PECFAS have helped target the treatment needs of SED children and youth for the past several years, the MichiCANS represents a new chapter in Community Mental Health Services Programs (CMHSPs) collaboratively addressing the behavioral health needs of children and adolescents in Michigan.

The MichiCANS differs from the CAFAS/PECFAS, as would be anticipated. The MichiCANS will use a collaborative approach involving the child/youth, the family, and others involved in their care; it is the shared story

that helps support collective decision making and service planning and the monitoring of the outcome of services. This integrated process includes a MichiCANS Screener and a Comprehensive assessment that both help formulate the information gathered into areas of strengths and treatment focus. The Screener helps determine the initial level of eligibility and level of care to guide the referral to services. The Comprehensive is completed at intake and helps to create a youth and family focused plan of service that identifies where help is needed and the strengths that can be used in that treatment. The focus on strengths and needs helps to create a balanced approach to the child/youth, the family, and their unique situation. It is a standardized instrument that will help to provide consistency in assessing and planning services for children, youth, and families throughout all Michigan CMHSPs and Pre-Paid Inpatient Health Programs (PIHPs).

The MDHHS Children’s Services Administration (CSA) has been training to implement use of the MichiCANS Screener instrument. More specifically, CSA staff will play a part in completing the Screener and referring to the CMHSP, if indicated. Health Liaison Officers in the CSA have been used in completing the Screener for children entering the foster care system to help identify eligibility needs of this vulnerable group of youth. Starting October 1, 2024, PIHPs and CMHSPs will accept and honor the MichiCANS Screener results provided by the CSA and will review this information with the child/youth and family during their referral to services. This means the PIHP and CMHSP systems will be busy at work ensuring that workflows are being developed and perfected as this new process takes hold.

For children and youth entering the foster care system, there is a greater chance that they have experienced multiple and chronic interpersonal traumas. Referred to as complex trauma exposure (Kisiel et al., 2009), it impacts many areas of mental health functioning. When this exposure is related to multiple/chronic caregiver-related trauma, it creates traumatic stress, mental health symptoms, risk behaviors, functional difficulties, reduced capacity to effectively cope, and increased risk in developing serious psychopathology which can increase in severity over time if not effectively identified and addressed. Despite this, evidence shows that employing strengths in clinical care, something the MichiCANS is formulated to do, can help reduce mental health symptoms and risk behaviors and improve positive coping skills.

Figure 1. Total Number of Children in Foster Care in MSHN Region

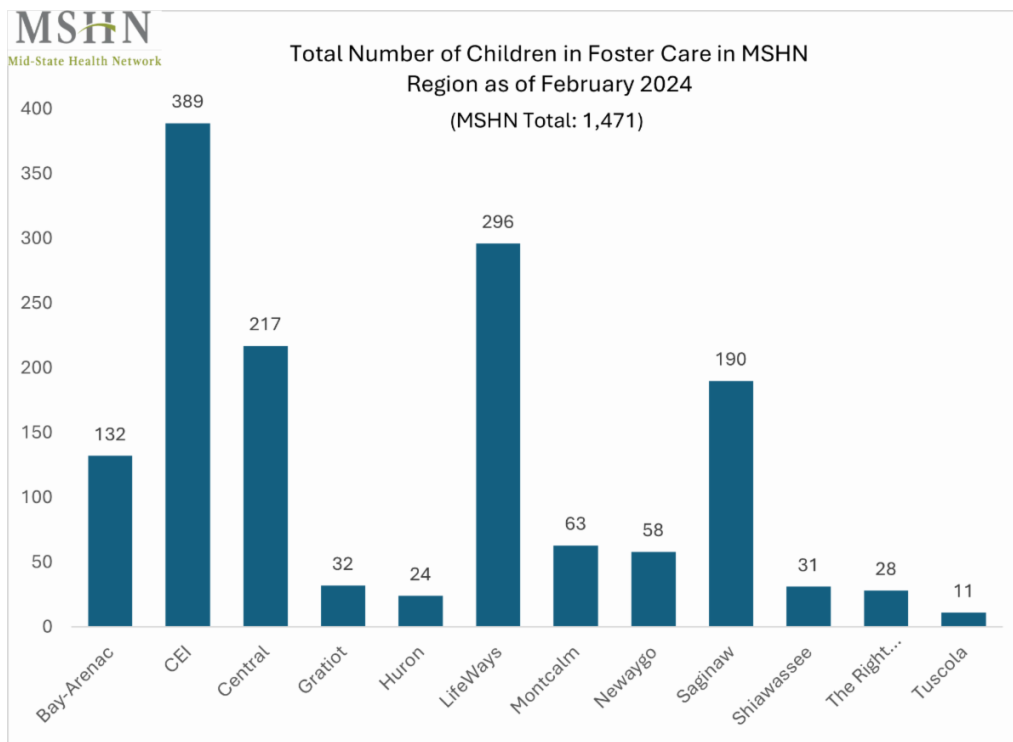


Figure 1: Total Number of Children in Foster Care in MSHN Region, shows the data related to those youth in the foster care system in the MSHN region as of February 2024, some of whom are already involved in CMHSP services. The graphic should be understood to be an important indicator of the potential for youth needing to be connected to medically necessary behavioral health services through improved inter-agency coordination, referral, and standardized approaches that the use of the MichiCANS processes introduces to service delivery. When collaborative models for mental health and child welfare are used, there are increased chances toward significant improvements in symptoms experienced by youth and an improvement in treatment outcomes (Barth et al., 2020). MSHN and its CMHSP partners look forward to the effective implementation of the MichiCANS Screener and Comprehensive instruments in furtherance of its Quintuple Aim: Better Health, Better Value, Better Care, Better Provider Systems, and Better Equity. This framework aims to establish a refined and inclusive approach to improving behavioral health services through systemic and individual-level efforts.

For references or more information, please contact Todd at Todd.Lewicki@midstatehealthnetwork.org

With National Recovery Month occurring in September, I thought it timely to share a fantastic success story MSHN received from one of the region's Opioid Health Home providers, Victory Clinical Services in Saginaw. MSHN will continue to expand the presence of Substance Use Disorder (SUD) Health Homes in the region during FY25 with expanded eligibility for individuals struggling with Alcohol Use Disorder, Stimulant Use Disorder, or Opioid Use Disorder.

Please join me in recognizing the incredible work being done every day by the region's current health home providers, with special recognition to the important role of peer supports and recovery coaches in helping individuals achieve whole-person wellness through health home programs.

Success Story: A Journey of Triumph Through the Opioid Health Home Program

Amanda Hartley, RCPF (Recovery Coach Professional Facilitator)
Victory Clinical Services of Saginaw

As a peer recovery coach with the Opioid Health Home (OHH) Program at Victory Clinical Services I have had the honor of helping many individuals on their journey to recovery. Sharing these stories is one of the greatest perks of my job. Although there have been many successes one particular story comes to mind. To respect privacy, details have been anonymized, but the essence of this individual's journey is a testament to the transformative power of the OHH program and the resilience of those we support.

When I first began working with this client, they were grappling with significant challenges. Enrolled in the OHH program, they faced the dual burden of substance use disorder and a recent escape from a dangerous domestic violence relationship and many complex dental issues. The road ahead seemed daunting, but the support provided through the OHH program proved to be a cornerstone in their path to recovery.

One of the most notable achievements in their journey was securing their own apartment. This milestone represented not just a new living space, but a safe and stable environment essential for rebuilding their life. Helping my patient move into her new apartment was an amazing day for both of us. The OHH program's comprehensive support played a crucial role in this accomplishment, offering guidance and resources that were instrumental in helping them establish a secure safe home.

Throughout their time in the OHH program, my client demonstrated extraordinary dedication to their recovery. They consistently attended all scheduled health and dental appointments, showcasing a profound commitment to their well-being. The program's approach, which includes referrals for patients to access medical and dental care, greatly contributed to their ability to prioritize and manage their health effectively.

Providing consistent clean urine drug screens (UDS) and reaching Level 6 in their recovery phases is a significant milestone that underscores the effectiveness of the OHH program by eliminating obstacles of client's everyday lives, our clients are free to focus on their recovery. This achievement reflects not only the individual's hard work and perseverance but also the supportive framework provided by the program. The structured support and resources available through OHH have been pivotal in helping them navigate the complexities of their recovery journey and achieve such a notable level of success.

This success story highlights the profound impact of the Opioid Health Home program. It serves as a powerful reminder of the program's role in providing comprehensive support that addresses the multifaceted needs of individuals in recovery. Through tailored care, resources, and guidance, the OHH program has proven to be an essential component in transforming lives and fostering sustainable recovery.

As a peer recovery coach, sharing this story reaffirms my belief in the importance of programs like OHH. Witnessing the profound positive changes in this individual's life is incredibly rewarding and illustrates the significant difference that dedicated, structured support can make. Their journey is a testament to the strength of the human spirit and the effectiveness of the OHH program in guiding individuals towards a healthier, more stable future.

We do recover.

Contact Skye with questions, comments or concerns related to the above and/or MSHN Population Health & Utilization Management at Skye.Pletcher@midstatehealthnetwork.org

Substance Use Disorder Policy, Strategy and Equity

Dani Meier, PhD, LMSW, MA
Chief Clinical Officer

Sarah Surna, MSSA, MPH
Prevention Specialist

Impact of Cannabis Legalization on Youth Following Passage of Proposal 1 in 2018

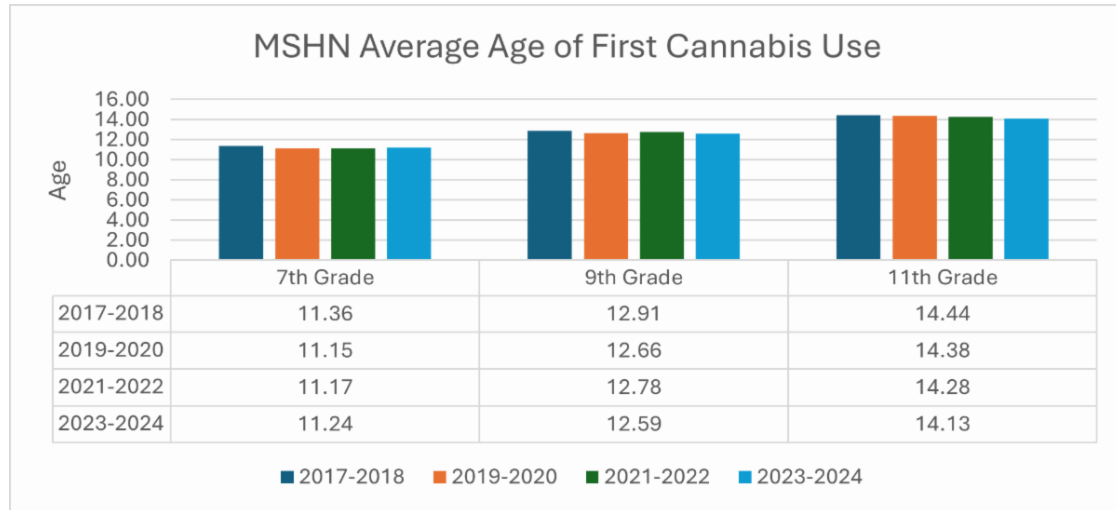
With the passage of Proposal 1 in 2018 decriminalizing recreational cannabis use in Michigan, many of us in the Substance Use Disorder (SUD) prevention, treatment and recovery community were concerned that this would increase youth access and use of cannabis products. Michigan has become the second-largest cannabis market in the country after California which has created an oversupply of cannabis product in Michigan, leading to lower prices ([DFP](#)) which makes cannabis more accessible to Michigan residents. This is particularly concerning for youth because of the known impacts of cannabis on brain development which continues until around age 25 ([CDC](#)).

A primary source for data on youth health risk behaviors is the Michigan Profile for Healthy Youth (MiPHY). It provides school building and district level reports on health risk behaviors, reported anonymously by students in grades 7, 9 and 11 on topics like substance use, violence, physical activity, nutrition, emotional health and sexual behavior. The survey also identifies risk and protective factors most predictive of these health risk behaviors. The MiPHY asks multiple questions regarding cannabis, but of special interest are age of first use, past 30-day use, and parental disapproval (i.e., where students report if they thought their parents would think the student using cannabis would be considered “wrong” or “very wrong”).

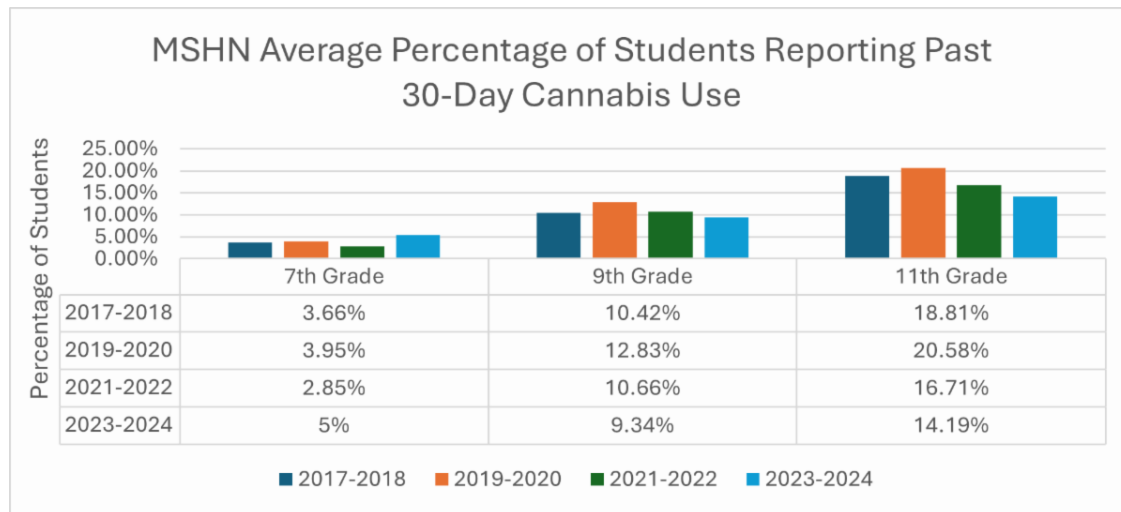
Somewhat counter-intuitively, Region 5 MiPHY data does not show significant changes for youth in the years since legalization of recreational marijuana.

The graphs below were created for each of these questions and display region-wide averages for the 2017-2018, 2019-2020, 2021-2022, and 2023-2024 MiPHY cycles.

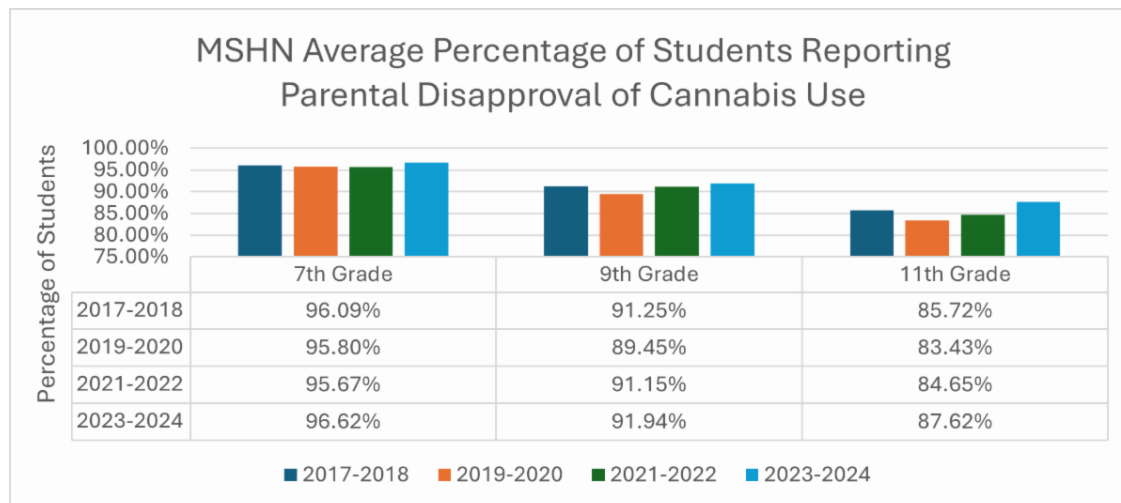
Age of First Use has remained very consistent across MiPHY cycles



Past 30-day Use has decreased for 9th and 11th grade students but rose slightly for 7th graders



Parental disapproval is steady for 7th graders and 9th graders and increased for 11th graders



At the state level, the University of Michigan's Injury Prevention Center released a 2020 report using Michigan data which noted that young adults (ages 18-25) reported the highest usage of cannabis, and also showed some of the largest increases in use, but those increases in use started after the legalization of medical cannabis back in 2008, not just after adult use legalization. Furthermore, 18–25-year-olds report the lowest amount of perceived risk related to cannabis use, and perceived risk as a whole has decreased. The report also notes that death and hospitalization due to cannabis poisoning is extremely rare since 2018 despite the potency of cannabis today far exceeding marijuana from past decades ([UM Injury Prevention Center](#)).

Further study is needed among adults regarding cannabis use. Serious adverse health events due to poisoning fortunately remain rare, and among youth, use and attitude trends have not changed much since 2018. Other data indicate that perceived risks have decreased among young adults. However, as cannabis remains easy to access within the state, these trends may change in the coming years, and it will be important to review and respond to new data as it becomes available.

Contact Dani with questions, comments or concerns related to the above and/or MSHN SUD Treatment and Prevention at Dani.Meier@midstatehealthnetwork.org

Substance Use Disorder Providers and Operations

Trisha Thrush, PhD, LMSW

Director of SUD Services and Operations

National Recovery Month

National Recovery Month (Recovery Month), which started in 1989, is a national observance held every September to promote and support new evidence-based treatment and recovery practices, the nation's strong and proud recovery community, and the dedication of service providers and communities who make recovery in all its forms possible.

In the years since Recovery Month launched, Substance Abuse and Mental Health Services Administration (SAMHSA) has timed announcements of initiatives and grant funding during Recovery Month, while collaborating with private and public entities to celebrate individuals during their long-term recoveries.

SAMHSA's National Recovery Agenda Goals include:

- **Inclusion** - To foster the meaningful involvement of an array of people with lived/living experience to improve behavioral health practice and policy and to foster the social inclusion of people with behavioral health conditions.
- **Equity** - To increase equity and opportunities for recovery for underserved and under-resourced populations and communities including people of color, youth, older adults, women and girls, LGBTQI+, rural, veterans and people with disabilities.
- **Peer Services** - To expand peer-provided recovery support services within every community.
- **Social Determinants** - To address key social determinants that support recovery including access to high quality and affordable housing, education, social supports, transportation, and employment.
- **Wellness** - To expand holistic, self-care strategies and to integrate recovery-oriented practices and systemic reform into the full continuum prevention, harm reduction, treatment, crisis care, and recovery support.

To support these goals, SAMHSA also provided a variety of resources to support recognition and awareness during September. This included the following resources:

- [Recovery Month Toolkit](#)
- [National Recovery Month Events](#)
- [Office of Recovery](#)
- [Recovery and Recovery Support](#)
- [2024 Theme: The Art of Recovery](#)

During Recovery Month, MSHN supported 154 Substance Use Disorder (SUD) provider staff members to attend the 25th annual Michigan Department of Health and Human Services (MDHHS) SUD and Co-occurring conference held in Novi, MI on September 15-17. This year's conference theme was "Positive Outcomes Through Integrated Approaches." The conference had over 1,200 attendees who came together to hear the latest and greatest evidence-based and trending practices, to network with colleagues, and to get reinvigorated for the work they support every day.

For source information or questions, please contact Trisha at Trisha.Thrush@midstatehealthnetwork.org



Quality, Compliance & Customer Service

Kim Zimmerman, MBA-HC, LBSW, CHC

Chief Compliance and Quality Officer

The Inspector General Act of 1978 (Public Law 95-452), as amended, requires that the Inspector General report semiannually to the head of the Department and the Congress on the activities of the office during the previous six (6) month period. The [Spring 2024 Semiannual Report to Congress](#) covers the time period of October 1, 2023, through March 31, 2024.

The Health and Human Services- Office of Inspector General's (HHS-OIG) Semiannual Report is intended to keep the Secretary and the Congress fully and currently informed of the significant findings, including risks, problems, deficiencies, and investigative outcomes among other activities.

The Spring 2024 report includes over \$2.76 billion in expected recoveries resulting from HHS-OIG audits and investigations as well as 712 criminal and civil enforcement actions against individuals and entities suspected of engaging in crimes targeting HHS programs and the people they serve. This includes false claims lawsuits filed in federal district court, civil monetary penalty settlements, and administrative recoveries related to provider self-disclosure matters. In addition, the HHS-OIG excluded 1,795 individuals and entities from participation in federal health care programs.

The OIG identifies pressing issues each year and for 2023, the following challenges were noted:

1. Safeguarding Public Health
2. Ensuring the Financial Integrity of HHS Programs
3. Improving Outcomes in Medicare and Medicaid
4. Protecting People Served by HHS Programs
5. Securing Data and Technology

Highlights from this report include:

- Fewer than 1 in 5 Medicare enrollees with opioid use disorder received medication to treat their disorder. Certain groups of enrollees, such as older enrollees, enrollees without the Part D low-income subsidy, and female enrollees, faced greater challenges accessing treatment than did others.
- OIG work has identified several challenges State Medicaid agencies have encountered in their efforts to meet third-party liability requirements to help ensure that Medicaid functions as the payer of last resort. OIG found that States continue to experience challenges in their efforts to meet third-party liability requirements, such as difficulties obtaining timely and reliable coverage information from third parties.

The OIG also works with Medicaid Fraud Control Unit (MFCU) as a State-based law enforcement partner. During FY 2023, MFCUs were responsible for 1,143 convictions, 436 civil settlements and judgements, and \$1.2 billion in recoveries.

At the local level, MSHN completes investigations and audits, including potential fraud, waste, and abuse in compliance with the Program Integrity requirements in the contract with the Michigan Department of Health and Human Services (MDHHS). These activities are reported quarterly to the MDHHS Office of Inspector General and become part of the State's Program Integrity Report. In addition, if there is a credible allegation of fraudulent activity resulting from an investigation, a referral to the OIG and the MFCU is completed. MSHN staff then work with the OIG and the MFCU to determine the next steps to remediate the situation, which can include recoupment of funds, voiding of claims, termination of contract/employment, and exclusion from participation in federal health care programs.

MSHN's Program Integrity Report submitted for Fiscal Year 2023 included 174 activities that were resolved region wide. The included activity types were audit, complaint and referral, and data mining. The reported activities had a combined overpayment in the amount of \$840,144.30. The summary of the findings included inappropriate credentials/qualifications/training, lack of documentation to support the claim, incorrect date and time, missing treatment plans, and use of wrong modifiers among other issues. The activities identified as having an overpayment require a plan of correction that can include voiding of the identified claims/encounters. In addition, the overpayments will be recouped, but in many cases, the provider can resubmit corrected claims with supporting documentation as appropriate, therefore potentially reducing the final amount of the overpayment and recoupment.

MSHN reviews the findings and trends identified from these activities with the internal Compliance Committee and the Regional Compliance Committee, as well as other appropriate councils/committees for opportunities to streamline processes and identify improvements at both the local and regional level.

Additional information on compliance can be found on MSHN's website at the following link:
<https://midstatehealthnetwork.org/stakeholders-resources/quality-compliance>.

Contact Kim with any questions, comments or concerns related to MSHN Quality, Compliance and Customer Service at Kim.Zimmerman@midstatehealthnetwork.org

Our Mission:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health & substance use disorder services provided by its participating members.

Our Vision:

To continually improve the health of our communities through the provision of premiere behavioral

healthcare & leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure quality of life while efficiently, and effectively addressing the complex needs of the region's most vulnerable citizens.

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