

# **BLUEGRASS EAST**

**RIAC**

(Regional Interagency Council)

**Policies and Procedures**

Revised September 2023

*This document includes the essential practices of RIAC supported by KRS 200.501 – 200.509; KRS 605.035; the Department for Behavioral Health, Developmental, and Intellectual Disabilities; Kentucky’s Community Mental Health Centers; and the System of Care Core Values and Guiding Principles. RIACs can add to the policies and procedures at their discretion to meet the individual needs of their respective RIAC; however, the essential practices provided in this document should not be altered.*

## **SYSTEM OF CARE (SOC)**

A system of care is a spectrum of effective community based services and supports for children and transition-age youth with or at risk of behavioral health needs or other challenges, and their families that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them function better at home, in school, in the community, and throughout life.<sup>1</sup>

System of care is not a model or a program that can be replicated, but instead an organizational framework that supports sustainable system change. Kentucky is one of few states with an organized infrastructure focused on the development, implementation, and oversight of the system of care.

## **RIAC MISSION**

Promoting healthy children and transition-age youth across Kentucky: Building a collaborative system of care to promote children’s and transition-age youth’s social, emotional, and behavioral well-being where they live, learn, work, and play.

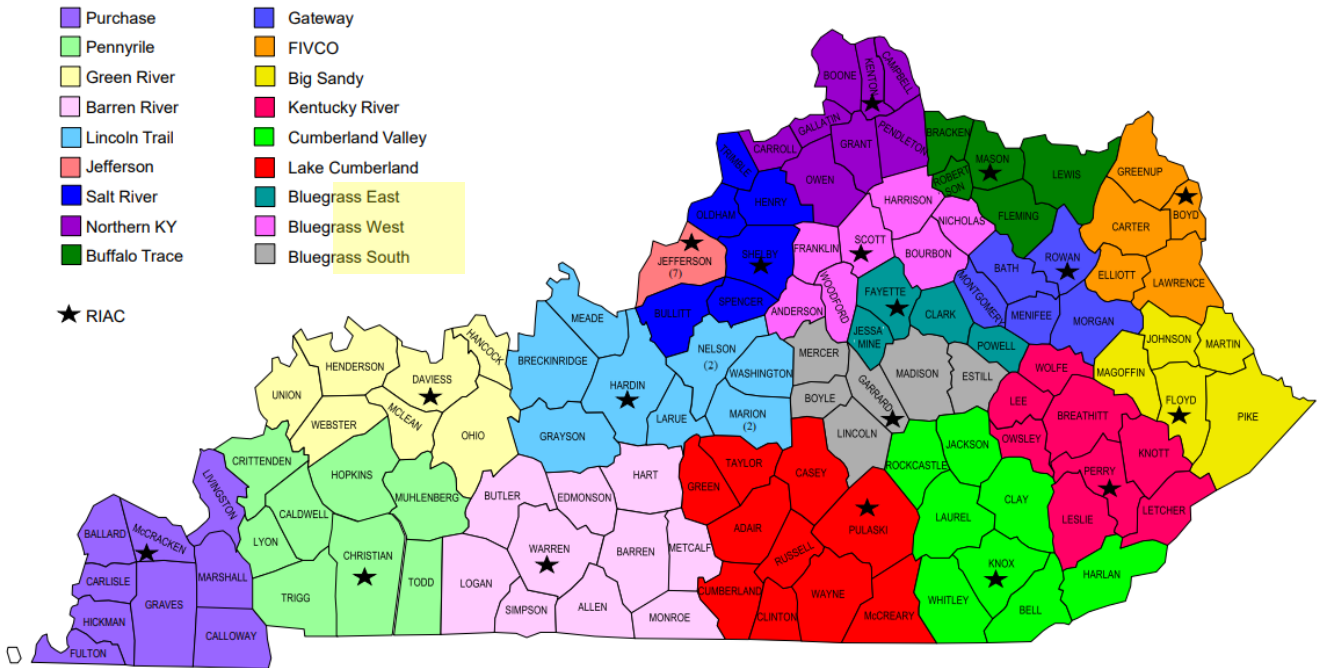
## **RIAC PURPOSE**

RIACs operate as the regional locus of accountability for the system of care, providing a structure for coordination, planning, and collaboration of services and supports to children and transition-age youth with SED and those at risk of developing behavioral health needs and other challenges, and their families. This structure builds on existing resources of local public and private agencies and community partners within the community to support sustainable policy, practice and system reform in order to improve the larger system of care for Kentucky’s children, transition-age youth, and their families.

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<sup>1</sup> Stroul, B. & Friedman, R.M. (1986). A system of care for children and youth with severe emotional disturbances (rev ed.). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children’s Mental Health.

## KENTUCKY RIACs



### SYSTEM OF CARE CORE VALUES AND GUIDING PRINCIPLES<sup>2</sup>

The system of care philosophy is built upon national core values and guiding principles. The core values and guiding principles should guide the development, implementation, expansion, and evaluation of the regional system of care.

The core values of the system of care philosophy specific that the system of care should be:

- **Youth and Family-Driven**
  - Valuing and ensuring that youth and families are full partners in all aspects of service delivery and have a primary decision-making role in their care, beginning in the planning phase when policies and procedures are developed. Youth and families are involved in implementation activities, such as choosing culturally and linguistically appropriate supports, services, and providers; setting goals; designing, implementing, and evaluating programs; monitoring outcomes; and partnering in funding decisions. Youth-and Family-Driven System of Care engages and supports that youth and families with lived experience are trained and hired as peer support professionals to decrease gaps, help in retention of services and let other youth and families know that they are not alone. Youth-and Family-Driven means family members and youth are engaged, supported, and respected as equal partners, their “voice” and lived experiences add valuable perspectives

<sup>2</sup> Adapted from Stroul, B., Blau, G., & Friedman, R., 2010

in planning, implementation, and monitoring which result in shared accountability for outcomes.

- **Community-Based**
  - Ensuring high quality services are accessible to families in the least restrictive, clinically-appropriate setting possible and are available at home or close by. A community-based system of care requires systems to see the home, school, and neighborhood of the family from an asset perspective, and to identify the natural supports in these familiar surroundings as part of a strengths-based approach.
- **Culturally and Linguistically Responsive**
  - Ensuring services are developmentally, culturally and linguistically responsive with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve. It should meet families where they are and value diversity, understand the differences, and develop services and supports to meet the unique needs of each community
- **Trauma-Informed**
  - Seeking to actively resist re-traumatization by recognizing the potential presence of trauma symptoms and acknowledging the role that trauma may play in an individual's life. Being trauma-informed means fully integrating knowledge about trauma into policies, procedures, and practices

At the heart of the effort is a shared set of guiding principles. The implementation of these guiding principles reflects the common goals of the agencies, parents, youth, and the community to ensure the well-being of children, transition-age youth and families. System of care guiding principles support that children, youth, and families have access to:

- A comprehensive array of services that are
  - Effective
  - Community-based
  - Developmentally appropriate
  - Evidence-informed and promising practices
  - Least restrictive, and;
  - Provided without discrimination, while protecting their rights
- Effective care management supports
- Individualized, strength-based service planning
- A continuum of behavioral health services from promotion to recovery
- A system that
  - Support provider accountability and quality improvement, and;
  - Partners with families and youth

## **RIAC MEMBERSHIP**

Per KRS 200.509, each RIAC is chaired by one (1) member, chosen by a majority vote of the members. Mandated members legislated to participate on the RIAC include:

- The Children’s Service Director from the Regional Community Mental Health Center or their designee;
- A Court Designated Specialist (CDS) or Court Designated Worker (CDW) chosen by the executive officer of the Department of Family and Juvenile Services of the Administrative Office of the Courts;
- A Special Education Cooperative Representative with behavioral health experience chosen by the Directors of the Educational Cooperatives in the area served by the Regional Inter-Agency Council;
- A Parent\* (biological parent, adoptive parent, or relative caregiver with permanent legal custody) who is raising or has raised a child with mental health or co-occurring mental health and substance use challenges who has been or is a client of at least one service to address these challenges, prior to the age of twenty-one (21);
- A Transition-Age Youth\*\* (between the ages of sixteen (16) and twenty-five (25) who has a behavioral health disorder and who is receiving or has received a service to address mental health, substance use, or co-occurring mental health and substance use disorder before the age of twenty-one(21)
- A Youth Alternate who meets the same criteria as the Youth Representative; and
- One (1) Representative from each of the following:
  - Department for Community-Based Services (DCBS)
  - Department of Juvenile Justice (DJJ)
  - Family Resources and Youth Services Center (FRYSC)
  - Local Health Department
  - Kentucky Office of Vocational Rehabilitation (OVR)

Each mandated member agency shall appoint one consistent designee to represent them in the event that they cannot attend the RIAC meeting. The appointment of the designee shall be in writing (electronic communication is acceptable). A designee will have full rights and responsibilities of the office member. The attending designee shall update their respective agencies and entities of the RIAC business.

Representatives from any other local public or private agency that provide services and supports to children and transition-age youth are not required, but may attend as guests and/or be added as a member of the RIAC at the discretion of the RIAC (examples: family organizations, Court Appointed Special Advocates, law enforcement, Peer Support Specialists, Parent Teacher Association, faith-based organizations, Big Brother/Big Sister organizations, United Way, Early Childhood Mental Health Specialists, Managed Care Organizations, Community Collaboration for Children, Regional Prevention Centers, psychiatric hospitals, community centers, etc.).

### **Adding members to RIAC**

The RIAC may choose to add non-mandated members to the RIAC that represent other agencies/entities that provide services and supports to children and transition-age youth with a behavioral health need. This should occur by majority vote of the RIAC members. All members 6 Revised September 2022 (mandated and non-mandated) shall be included in the RIAC's quorum when conducting business.

Each member agency added to the RIAC shall appoint one consistent alternate to represent him or her in the event he/she cannot attend the RIAC meeting. The appointment of the designee shall be in writing (electronic communication is acceptable). A designee will have full rights and responsibilities of the official member. The attending designee shall update their respective agencies and entities of RIAC business. The attending alternate shall vote only if the regular member is not present.

Please note: RIAC meetings are open to the public; therefore, anyone is welcome to attend. Agencies/entities may attend RIAC meetings to learn about the local system of care, share information about their services and supports while not becoming a member

#### **\*Parent Representative**

The parent representative shall be the biological parent, adoptive parent, or relative caregiver with permanent legal custody who is raising, or has raised a child with a behavioral health need, who is or has been a consumer of system of care services and supports prior to the age of 21\* to address the behavioral health need. The parent representative shall not be an employee of the community mental health center or other RIAC mandated or non-mandated member agency. The parent alternate shall meet the same criteria and may attend all RIAC meetings, but shall vote only in the absence of the parent representative. Parents that meet the criteria to serve in the role of parent representative shall complete the Parent/Youth Membership Application located at [https://dbhdid.ky.gov/dbh/documents/riac/RIACYouthAndParentMembershipApplication\\_2.1.2\\_2.pdf](https://dbhdid.ky.gov/dbh/documents/riac/RIACYouthAndParentMembershipApplication_2.1.2_2.pdf). The RIAC shall vote on the parent representative and the parent alternate. Applications from the parent and the parent alternate with majority vote shall be submitted to the SIAC and RIAC Administrators. The SIAC Administrator will submit the application(s) to the SIAC. The SIAC Chair will make the official appointment(s). Appointees shall serve a two-year term and may be re-appointed to one additional, consecutive two-year term.

\* In order for the parent to be eligible to serve as the parent representative, services and/or supports received by the child/youth/transition-age youth must have occurred within five (5) years of the parent assuming the role of parent representative.

#### **\*\*Youth Representative**

The youth representative shall be between the ages of 16 and 25, with a behavioral health disorder, and currently receiving or have received a service to address mental health, substance use, or co-occurring mental health and substance use disorder prior to age 21. The youth

representative shall not be employed by a community mental health center or other RIAC-mandated or non-mandated member agency. The youth alternate shall meet the same criteria and may attend all RIAC meetings, but shall vote only in the absence of the youth representative. Youth that meet the criteria to serve in the role of youth representative shall complete a Parent/Youth Membership Application located at 7 Revised September 2022 [https://dbhdid.ky.gov/dbh/documents/riac/RIACYouthAndParentMembershipApplication\\_2.1.2\\_2.pdf](https://dbhdid.ky.gov/dbh/documents/riac/RIACYouthAndParentMembershipApplication_2.1.2_2.pdf). The RIAC shall vote on the youth representative and the youth alternate. Applications for the youth representative and alternate youth representative with majority vote shall be submitted to the SIAC and RIAC Administrators. The SIAC Administrator will submit the application(s) to the SIAC. The SIAC Chair will make the official appointment(s). Appointees shall serve a two-year term and may be re-appointed to an additional, consecutive two-year term.

### **Compensation**

RIACs/LIACs are required to provide, at minimum, a fifty dollar (\$50) payment to reimburse each Parent and Youth Representative and/or the Parent and Youth Alternates for their time spent at each monthly RIAC meeting they attend. Therefore, DBHDID, upon recommendation of the SIAC, requires that Community Mental Health Centers allocate of minimum of two thousand four hundred dollars (\$2,400) each fiscal year for the compensation of Parent and Youth Representatives and their alternates for monthly RIAC meeting participation.

These funds ensure family and youth participation in all levels of regional system of care planning, implementation, and evaluation. For regions with LIACs, this amount will be higher to include supporting Parent and Youth Representatives and their alternates on each LIAC.

RIACs may vote to compensate Parent and Youth Representatives and their alternates with a greater amount than the required minimum. The process for this policy should be included in the RIAC's/LIAC's policies and procedures manual and be accessible to any party upon request.

The RIAC, with approval of the CMHC, should budget additional funds for:

- Mileage reimbursement to meetings;
- Regional family and youth leadership development opportunities (i.e. training for emerging family and youth leaders in the community including registration fees, time and travel expenses);
- Childcare expenses incurred during RIAC meetings, trainings, and/or leadership development opportunities;
- Family members' participation on Family Accountability Intervention and Response (FAIR) Teams and/or;
- The attendance of Parent and/or Youth Representatives or their alternates to relevant activities/meetings at the request of the RIAC/LIAC (i.e. community meetings, trainings, community outreach activities, etc.).

Per KRS 200.509, no member of the RIAC shall be given compensation in addition to the compensation they already receive as service providers or state employees, except that the Parent and Youth Representatives and Parent and Youth Alternates of RIAC shall be reimbursed by the RIAC's contracted fiscal agent for all expenses incurred through the performance of their duties as council members if it is outside the scope of their job duties.

### **Member Responsibilities**

In order to ensure the effectiveness of the work of the RIAC, each member is responsible for:

- Attending monthly meetings (for consistency purposes, this should be the same member each month);
- Designating an alternate from the respective member agency in the event the RIAC member cannot attend, and ensuring the alternate has been updated on current RIAC business prior to attending;
- Actively participating in developing solutions to identified system-level barriers for children and transition-age youth;
- Providing local agency data to assess/support identified gaps and needs;
- The knowledge of (per their respective agency):
  - Service availability
  - Rules/regulations
  - How to access services
- Voting on the following items:
  - The direction of the RIAC;
  - Action Plans, including areas of focus and action items;
  - How to engage the community and community partners;
  - How to involve members in the Action Plan(s) and regional system of care efforts;
  - Member responsibilities;
  - Grant opportunities to expand the regional system of care efforts;
  - Approval of RIAC minutes and meeting adjournment;
  - The RIAC Chair;
  - The term of the RIAC Chair;
  - The RIAC Policies and Procedures;
  - The Parent and Youth Representatives and their alternates;
  - Supporting RIAC members in training/professional development opportunities by covering the cost of registration, mileage, lodging, and/or childcare expenses and;

Adding non-mandated members to the RIAC.

### **RIAC COORDINATION AND FACILITATION**

Each RIAC has two (2) leaders, the Local Resource Coordinator (LRC) and the RIAC Chair. The LRC is employed by the Community Mental Health Center within the region and is the only "staff" to the RIAC. The Chair is a current member of the RIAC who is voted in by a majority vote of the



RIAC members. The RIAC Leaders work together to support and promote the mission of the RIAC within their region.

### **LOCAL RESOURCE COORDINATOR (LRC): RESPONSIBILITIES**

The LRC coordinates the work of the RIAC and provides technical assistance and oversight to the RIAC and regional system of care efforts. The LRC cannot serve as the Chair or the CMHC Representative and is not a voting member of the RIAC. The LRC is responsible for:

- Working collaboratively with RIAC members, community partners, the community mental health center, and other provider agencies to identify service gaps for the population of focus, and work strategically with partners to find solutions to said gaps;
- Maintaining the Action Plan and ensuring all members and the RIAC Administrator have a current copy;
- Communicating RIAC Action Plan efforts, progress, barriers, and opportunities for growth to necessary parties, including the RIAC Administrator;
- Staying neutral in discussion;
- Working with the SIAC and RIAC Administrators to facilitate bi-directional communication between the RIAC and SIAC;
- Providing administrative support to the RIAC including direct support for members;
- Disseminating information from DBHDID, RIAC member agencies, and/or community partners to the RIAC;
- Working with the RIAC Chair to develop the meeting agenda;
- Determining if there is a quorum, using the RIAC Quorum Tracker, at each RIAC meeting for the purpose of conducting RIAC business;
- Sending meeting minutes, reminders, and materials to all RIAC members in advance of all meetings;  
Sending a copy of the meeting minutes to the RIAC Administrator within thirty business days of the meeting;
- Maintaining RIAC meeting records (per KRS 171.640);
- Tracking mandated member attendance and non-mandated member attendance;
- Contacting members who have missed two or more consecutive meetings to encourage attendance;
- Requesting representation from vacant member agencies;
- Overseeing adherence to relevant Kentucky Revised Statutes (KRS) and Kentucky Administrative Regulations (KAR) and RIAC Policies and Procedures;
- Serving as a link for caregivers, community members, and the RIAC;
- Assisting in locating, developing, or increasing awareness of local resources, services, and prevention tools;
- Establishing collaboration with community agencies and resources;
- Ensuring all RIAC members receive RIAC orientation and training;
- Monitoring and sharing RIAC budget and expenditures (as documented on the 131 IMPACT Region-wide RIAC Form), with members, and signing the IMPACT Region-wide

RIAC Funds Form (Form 131) for Plan & Budget and semi-annual expense reports. (See Form 131A for more information);

- Attending:
  - 10 Revised September 2022 o
  - All Quarterly RIAC Leader Peer Group Meetings;
  - o SIAC meetings, quarterly at minimum, and;
  - o Monthly FAIR Team meetings, or designating an alternate to attend from the RIAC, per KRS 605.035, and;
- Providing information and data entry as required or requested by DBHDID.

### **RIAC CHAIR: RESPONSIBILITIES**

The RIAC Chair is chosen by a majority vote of the members and is responsible for:

- Facilitating RIAC meetings;
- Following Robert's Rules of Order;
- Staying neutral in discussion and voting as a tie-breaker (as needed);
- Supporting the LRC with meeting preparation;
- Ensuring meeting focus and timeliness;
- Promoting active involvement by members, and;
- Attending:
  - All Quarterly RIAC Leader Peer Group Meetings (or designating the RIAC Alternate Chair to attend, when/where appropriate), and;
  - SIAC meetings, quarterly at minimum

See [the RIAC Chair Informational Flyer](#) for more information.

### **RIAC MEETINGS**

The RIAC shall meet monthly on INSERT DATE, TIME, LOCATION ADDRESS, AND PHONE NUMBER. This schedule may be altered with the consent of RIAC members. RIAC expectations also include:

#### **Quorum**

RIACs are required to use the RIAC Quorum Tracker (*See Appendix A*) to track meeting attendance and to ensure a quorum exists in order to conduct RIAC business. A quorum of the Council shall exist if fifty-five percent (55%) or more of the total members (mandated and non-mandated) are present. If Council membership is vacant (i.e., the agency has not designated a member or alternate), that membership will not be counted in the quorum.

#### **Action Plan**

Each RIAC must have a current Action Plan that includes the RIAC's areas of focus, goal(s), and objectives as chosen by the RIAC members. The Action Plan should be used as a tool to guide regional system of care development and implementation. The majority of each RIAC meeting should be devoted to the continued completion of the Action Plan, including activities needed, implemented, or completed toward the overall goal. Updates, progress, changes, and/or barriers to implementation should be routinely documented on the Action Plan and shared with the members. Updated Action Plans are due quarterly (December 31, March 30, June 30, & September 30) at minimum, to the RIAC Administrator.

### **RIAC Meeting Minutes**

Meeting minutes shall be provided by the LRC or other members as determined by the RIAC. Meeting minutes should include Action Plan updates, activities, decisions (including budget decisions and voting in new members), progress relevant to the area(s) of focus, regional system of care efforts, and shall be signed and dated by the preparer. Meeting minutes shall be provided to all RIAC members following each meeting. The original copy of the approved minutes shall be maintained in a file by the LRC per KRS 171.640 and shall be available for public inspection. A copy of approved RIAC minutes shall be sent to the RIAC Administrator within thirty business days of the meeting.

Meetings are subject to the Kentucky Open Records Law (KRS 61.870- 61.884) and the Kentucky Open Meetings Law (KRS 61.800 – 61.850). Council meetings are open to the public, with the exception of closed/executive sessions, which deal with grievances or personnel issues. Executive sessions are restricted to members (mandated and non-mandated), and the LRC at the discretion of the RIAC Chair. (KRS 61. 810). Effective July 14, 2022, Open Meetings Law requires members participating via video teleconferencing shall remain visible on camera at all times that business is being discussed (KRS 61.826).

### **DUTIES OF THE RIAC**

Per KRS 200.509, RIACs shall perform the following functions:

- Conduct regional system of care planning and operations:
  - Assessment and planning to build community capacity to provide effective, community-based services and support that are delivered consistent with system of care core values and guiding principles
  - Ongoing regional and/or local needs assessments across agencies to identify service gaps and/or community needs.
- Coordinate system-level continuous quality improvement:
  - Regularly review local, regional, and state-level data and utilize performance data, including indicators of child, youth, and family functional outcomes,

satisfaction, finances, and process performance to evaluate and strengthen the system of care.

- Promote data-drive decision-making across agencies and in the community.
- Identify and develop system of care expansion opportunities:
  - Develop ways to bridge service gaps, such as with flexible funding, grant opportunities, volunteer efforts, and creative use of community resources to increase access to and availability of high-quality services and supports.
- Promote system of care awareness:
  - Promote system of care core values and guiding principles across the community and provide education across all sectors regarding ways in which supporting the system of care can benefit the entire community. This should assist in garnering community support (financial, human resources, referrals, media to reduce stigma, etc.).
- Initiate and adopt interagency agreements as necessary for providing services and supports to children and transition-age youth with behavioral health needs by the agencies represented on the RIAC
- Advise the SIAC regarding the system of care within the region
- Ensure one or more RIAC members participate in Family Accountability, Intervention, and Response (FAIR) Teams established pursuant to KRS 605.035 and collaborate with FAIR Teams as appropriate to improve or promote the system of care.

## **RIAC ACCOUNTABILITY**

The State Inter-Agency Council (SIAC) for Services and Supports to Children and Transition-Age Youth is established by legislation and charged with directing the RIACs. Per KRS 200.505, the SIAC shall:

- Make recommendations annually to the Governor and the Legislative Research Commission, regarding the system of care for children and transition-age youth with behavioral health needs;
- Direct each RIAC to:
  - Operate as the regional locus of accountability for the system of care;
  - Participate on FAIR Teams;
- Assess the effectiveness of RIACs;
- Meet monthly and maintain records of meetings;
- Adopt interagency agreements as necessary to advance the system of care and;
- Develop a comprehensive array of services and supports to meet the needs of children and transition-age youth with or at risk for behavioral health needs.

The SIAC shall, with assistance from the SIAC Administrator, ensure periodic review of the RIAC policies and procedures. The SIAC and RIAC Administrators will make periodic site visits to RIAC meetings to:

- Provide coaching and support to RIACs in the development of the RIAC's Action Plan;
- Provide technical assistance and support around policies and procedures that support implementation of the Action Plan and;
- Ensure RIACs are implementing and periodically updating their regional Action Plans.

The RIAC Administrator will use information gathered from RIAC visits, RIAC meeting minutes, and updated Action Plans to provide a summary report to the SIAC each month. The summary report shall include the RIAC's area of focus, an overview of current activities, strengths, successes, challenges, needs, and barriers.

### **LOCAL INTERAGENCY COUNCILS (LIACs)**

Per KRS 200.509, Local Inter-Agency Councils (LIACs) for the system of care may be formed at the discretion of a RIAC to advance the functions of the RIAC at the city, county, or other local community level.

**LRC Contact Information (Bluegrass East)**

Madelaine Coy

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## RIAC Members Contact List

Mandated Members		
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