

## Breakout Group Notes – Kheya

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The mental model looked as peer support as layer outside the person that went away as

Have peer support woven in throughout the process and infusing it into care ( provide care as soon as possible - credentialing for peer support – bake in peer professionals- can increase equity – livable wages and equitable training

People making complaints about care – with no way to track or see patterns – many systems are set up to protect provider. We don't get to hear the stories. We need a justice framework. Create panels to make sure people are heard. No responses from the system,

People often do not complain because there was only one expert – there is a hidden understanding that they “may not be good with....” Referral rather than consultation model. Why do we do the hand off rather than provide care using psychiatric model.

A need to establish a holistic score card – track in concrete ways – 10 – 20 indicators – rate of involuntary incarceration.

The medical model is not the right answer here – how do we break that? We need a true public health approach. We are not treating people well. Insurance and payers are an

Who gets to be an expert? How do we develop a culturally sensitive local definition of being healthy? Slow down and have conversation.

Stories = Fiction – data is data

How do we ignite real change? What is the cost of not changing? How do we use this information?