



# Empowering Emerging Leaders Throughout New England: Lived Experience Transformational Leadership Academy (LET(s)Lead)





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## About the New England MHTTC

The [New England Mental Health Technology Transfer Center](#) (MHTTC) has as its overarching aim *“using evidence-based means to disseminate evidence-based practices”* to mental health providers across the region to promote the resilience and recovery of persons at risk for, living with, or recovering from mental health challenges and their loved ones. In addition, we are committed to proactively advancing social justice and racial equity, as well as the provision of culturally and linguistically appropriate behavioral health services to all residents of the New England region.

The area of focus of the New England MHTTC is to promote [recovery-oriented practices](#). Our training and technical assistance explicitly aims to help promote recovery-oriented behavioral health systems of care and to move these systems “beyond an acute care model to better meet the needs of persons with prolonged mental illness and/or substance use disorder

(SUD)” (Davidson et al., 2021). A central aspect of recovery-oriented systems of care is the inclusion of people with lived experience at all levels of partnership from direct peer support service providers, to clinicians, to managers and administrators.

In a needs assessment conducted by the New England MHTTC, behavioral health agencies expressed a desire to learn more about how to integrate the lived experience of recovery from mental health challenges and/or substance use disorders into their service delivery and leadership teams. To meet that need, the New England MHTTC partnered with faculty from [Yale University’s Program for Recovery and Community Health](#) to facilitate the [New England LET\(s\)Lead Academy Learning Community](#). The New England MHTTC is committed to bringing people with lived experience into mental health leadership positions and transforming systems of care across the New England region.

# About Yale University's Lived Experience Transformational Leadership Academy (LET(s)Lead)



In 2014, the Program for Recovery and Community Health (PRCH) and the International Initiative for Mental Health Leadership (IIMHL) facilitated a meeting of people with lived experiences from around the globe. A key takeaway was “the lack of opportunities available for people with lived experiences to take on leadership roles, to acquire leadership experience, or to receive mentorship and guidance in these areas” (Program for Recovery and Community Health, 2014). The team decided to find out what people wanted in a leadership academy. Over 600 people from around the world completed a survey developed by PRCH, and nine individuals from underrepresented countries in Africa and Latin America completed one-on-one interviews. The results showed overwhelming support for an initiative that targeted lived experience leadership and systems and social change.

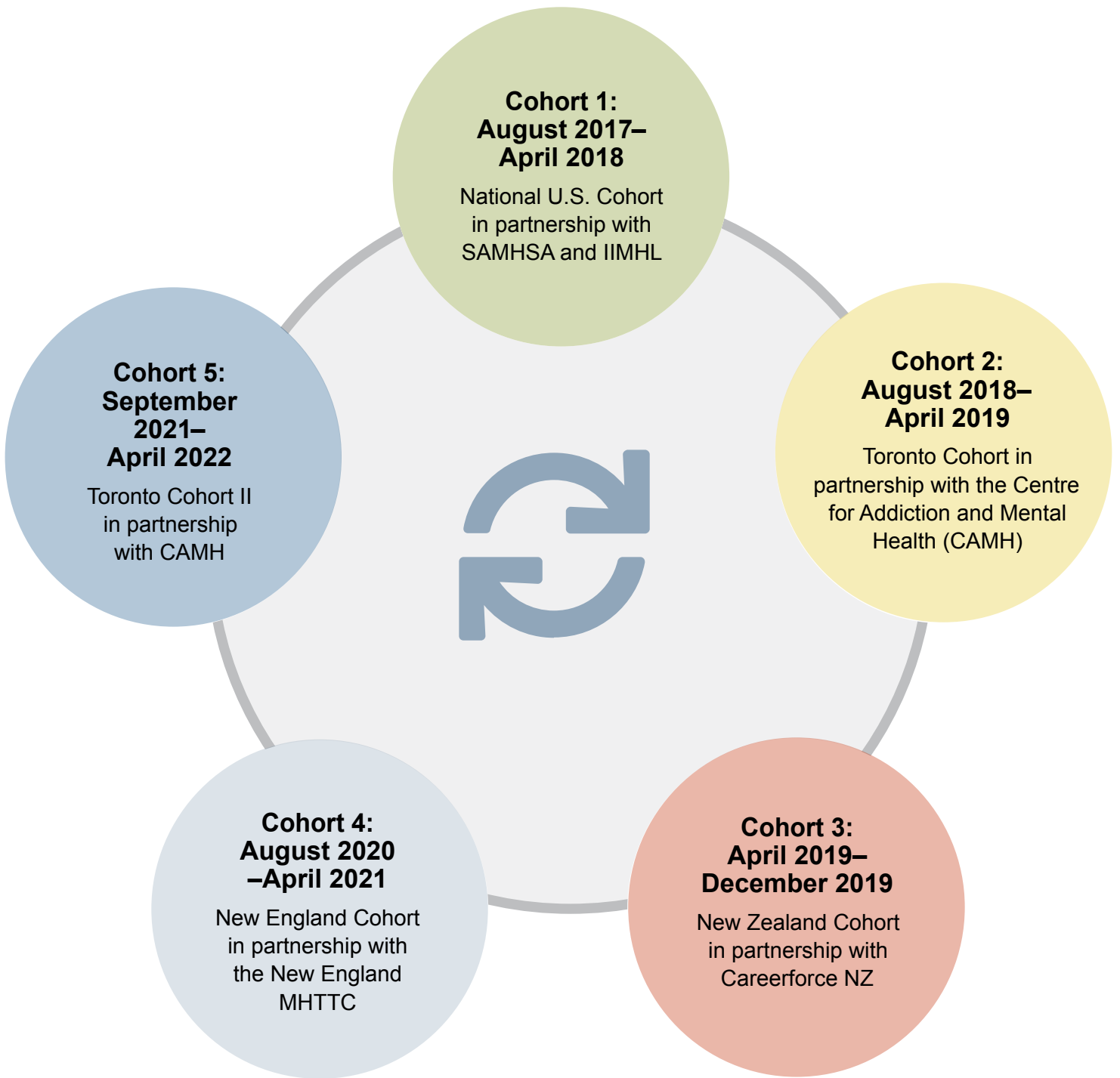
Leaders from around the world gathered and created a course that provides emerging leaders with lived experience with knowledge about and opportunities for leadership skill development, as well as mentorship to support a transformational change project. Fellows enter the program with an idea for a project that targets the community where they live or with whom they work or the behavioral health system itself. Through knowledge acquisition

and mentorship, these emerging leaders are able to strengthen and enhance their projects before bringing them to their communities.

## Topics of Study

- **Transformational leadership**, a style of leadership that seeks to inspire others to enact a shared vision towards change
- **Appreciative Inquiry**, a strengths-based approach to organizational development with a four-step affirmative choice process: discover, dream, design, and deliver
- **Healing racism and cultural humility**, especially how intersectional identities and power dynamics affect our abilities to lead with the heart
- **Courageous Conversations**, a framework to compassionately guide conversations about racial equity
- **Organizational change strategies** to support transformational change
- **Advocacy, grassroots, and activism in behavioral health**, including a history of the role of people with lived experience in the field, as well as the influence of grassroots movements and organizations with other established civil rights organizations to advance the role of leaders with lived experience
- **Critical perspectives on lived experience**, including the role of leaders with lived experience in behavioral health organizations, boards, committees, and activist organizations
- **Use of story in leadership** and our stories' abilities to influence decision-makers

Before the New England LET(s)Lead Academy Learning Community Cohort, there were three previous cohorts of graduated LET(s)Lead Fellows; two new cohorts are in planning or implementation phases.



The LET(s)Lead Academy continues to provide opportunities internationally for emerging leaders with lived experience to develop their leadership skills and create projects that transform their communities and the behavioral health system.

# About the New England LET(s)Lead Academy Learning Community

Emerging leaders in behavioral health in the New England region participated in the fourth LET(s)Lead Academy cohort, where they applied the transformational leadership skills that they learned to complete a change initiative for their own or their organization's vision along with help from established regional leaders serving as mentors.

A large number of emerging leaders with lived experience of mental health and/or substance use challenges from the six New England states applied to participate in the New England LET(s)Lead Academy Learning Community. After a rigorous interview selection process, the program invited 17 individuals to take part; 14 (82 percent) of these Fellows graduated from the New England LET(s)Lead Academy Learning Community after completing the course. To graduate, Fellows participated in a series of required events:



**AUGUST 2020**

Meet and Greet Session



**SEPTEMBER–NOVEMBER 2020**

10 consecutive weeks of 2-hour leadership development classes from experts in behavioral health, lived experience advocates, and learning community faculty



**NOVEMBER 2020–APRIL 2021**

Regular meetings with mentor(s) to design and develop community projects



**DECEMBER 2020–APRIL 2021**

Monthly group check-ins, with brief presentations from leaders in the field and learning community faculty



**APRIL 2021**

Graduation with presentations by Fellows

The LET(s)Lead Academy uses a flipped classroom model, providing students with learning materials about each week's class topic a week in advance so that potential Fellows can explore each concept on their own. Academy participants come to class with wonderings, insights, and inquiries to discuss and explore with that week's instructor, fellow students, faculty mentors, and learning community faculty.

Two faculty mentors, Martha Barbone and Kelly Staples, attended the Academy along with two project co-coordinators. These individuals added their own lived experiences to the discussions and offered mentorship in various ways to all Fellows throughout the course of the program. Established leaders in New England peer support, Ms. Barbone has a history of leadership in certified peer support training in Massachusetts, and Ms. Staples is a recovery training coordinator for the Maine Department of Health and Human Services.

Co-founders Dr. Chyrell Bellamy and Ms. Maria E. Restrepo-Toro served as directors and facilitators for the New England LET(s)Lead Academy Learning Community. For the New England cohort, Dr. Bellamy, Ms. Restrepo-Toro, and co-coordinators Heather McDonald-Bellamy and Dana Asby revised the curriculum to suit the unique needs of New England's emerging leaders. In this year of global upheaval due to the COVID-19 pandemic and widespread racial violence, the faculty revised the curriculum by adding the session "Healing Racism: Applying a Diversity, Equity, and Inclusion Lens to Leadership" and using class time to explore the implications of world events on behavioral health leadership. Dr. Bellamy and Ms. Restrepo-Toro, alongside consultant and Yale University-affiliated professor, Dr. Dietra Hawkins, taught many of the core classes on transformational leadership, Appreciative Inquiry, and cultural humility. In specific classes, local leaders were

invited to share their perspectives, which provided a cultural, racial, and geographic context for the needs of this cohort. **Table 1** lists course topics and faculty.

In addition to the 10 weeks of classes, Fellows learned from one another and other leaders with lived experience during monthly check-in calls. In one monthly check-in, for example, Lyn Legere presented “Dollars and Sense” to teach Fellows how to marry statistics illustrating the economic costs of mental health care with their own narratives, and how to adapt these storytelling methods for various audiences.

LET(s)Lead alumni also provided various examples of how they’ve advanced their visions using their stories and the help of the LET(s) Lead network.

During monthly check-ins, regional and national leaders whose expertise aligned with Fellows’ project topics provided direct mentorship. These mentors offered support and encouragement in areas such as organization, management, networking, funding, and visioning projects. Faculty mentors and learning community faculty were also available to Fellows throughout the program for learning and project support.

**Table 1: New England LET(s)Lead Academy Learning Community Classes and Faculty**

Date	Topic	Faculty
August 13, 2020	Welcome to the New England LET(s)Lead Academy	Chyrell Bellamy Maria E. Restrepo-Toro
<b>Week 1</b> September 3, 2020	Academy Overview and Getting to Know Each Other	Chyrell Bellamy Maria E. Restrepo-Toro
<b>Week 2</b> September 10, 2020	Healing Racism: Applying a Diversity, Equity, and Inclusion Lens to Leadership	Dietra Hawkins
<b>Week 3</b> September 17, 2020	Foundations of Transformational Change and Appreciative Inquiry	Dietra Hawkins Chyrell Bellamy
<b>Week 4</b> September 24, 2020	Foundations of Transformational Leadership	Dietra Hawkins Chyrell Bellamy
<b>Week 5</b> October 1, 2020	Encouraging the Heart and Partnering with Others	Maria E. Restrepo-Toro
<b>Week 6</b> October 8, 2020	Lived Experience: State of Affairs	Nev Jones
<b>Week 7</b> October 15, 2020	Review Week	Maria E. Restrepo-Toro Dana Asby
<b>Week 8</b> October 22, 2020	Grass Roots and Activism	Ahmad Abojaradeh Sera Davidow Nyamoun (Moon) Machar
<b>Week 9</b> October 29, 2020	Developing Your Vision / Building Your Project: Community Mapping	Maria E. Restrepo-Toro Eduardo Vega Dana Asby
<b>Week 10</b> November 5, 2020	Pushing Forward, Next Steps, and Student Presentations	Chyrell Bellamy Maria E. Restrepo-Toro

# Fellows and Their Projects

Each Fellow briefly described a project idea on their New England LET(s)Lead Academy Learning Community application and in their interview with faculty. Some Fellows planned for or executed a project identical—or very similar to—the projects they described during their April 2020 interviews. Others revised their projects—or abandoned original ideas for novel ones—during the program. Fellows arrived with a variety of leadership experiences. While many of the Fellows had experience working as Certified Peer Support Specialists (CPSS), working alongside a unique population shaped each Fellow’s experience. Because each Fellow’s particular perspective influenced their ideas, no two projects were alike.

Projects included developing curricula on peer support for Bridger programs for those returning from prison or veterans leaving substance use programs, starting a peer-led food co-op, increasing equity in workforce development programs, reducing stigmatizing language used by families of those in recovery, and advocating for systems reform.

In this section, we introduce the 2020-2021 New England LET(s)Lead Academy Cohort and their projects. To hear Fellows give their elevator pitch for their projects, [watch this video](#).

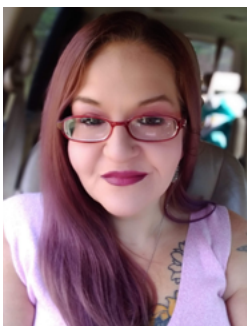


## Katie Bourque, VT

Operations and Outreach Director | *Fireside Project*

### Cognitive Liberty, Epistemic Injustice, and Harm/Risk Reduction

“I will host and co-facilitate virtual panels to discuss how substances can impact our sense of cognitive freedom and how to minimize risk in drug experiences. I would like the panel to address the intersectionality of these topics.”



## Rosanna “Rosie” Boyce, ME

Executive Director | *The REST Center*

### The Lotus Project: Increasing Women’s Recovery Housing in Central Maine

“The long-term goal is to open a reentry program, with sober living homes for women in the Lewiston–Auburn area. These homes will be a safe place for women after incarceration, a trauma-informed environment to find traction in recovery from substances and start healing by focusing on housing / family / employment first model.”





### **Char'Dornne Bussue, CT**

Community Bridger/Recovery Support Specialist | *Advocacy Unlimited Inc.*

#### **New Bridge Reentry Peer Support Services**

“Offering one-on-one peer support to individuals transitioning back into the community from the Connecticut Department of Corrections. Begin establishing peer relationships built on mutual trust and respect up to 6 months prior to scheduled release to help ease the transition back into the community.”

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### **Bradford Chaffee, MA**

Abstract Artist | *SoWa Art + Design District*

#### **Farm to Table Peer Run Food Co-op**

“I’m interested in increasing food security for peers by starting a peer-run food cooperative that brings those with lived experience together to both lower the cost of healthy food and empower individuals to be part of the process, as well as reducing isolation.”

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### **Stephanie Covington, CT**

Certified Peer Support Specialist | *Department of Veterans Affairs, West Haven*

#### **Peer Bridger Project for VASH [VA Supportive Housing] Veterans**

“My big idea is to provide our Veterans with a connectedness through Peer Support into their community of choice and through the process of Peer Bridging. This can help them increase their quality of life, have a sustainable recovery, and become more connected to support in their immediate communities.”

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### **Erin Goodman, RI**

Certified Peer Recovery Specialist | *Wood River Health Services*

#### **Creating a Pathway of Care for Washington County, RI**

“I would like to create a Pathway of Care for the Washington County Zero Suicide Program and generate buy in at all levels (practitioner to CEO) within our grant partner organizations. In other organizations around the country utilizing the Zero Suicide Framework, there is a clearly identified ‘Pathway of Care.’ The boundaries and expectations of this Pathway are identified and the action steps that will be taken in various scenarios is stated up-front in writing so that the individual can make informed consent. Clinicians, caseworkers, physicians, nurses, and others providing services to the individual also understand the expectations for both patient and provider.”

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### **Kristine Irizarry, MA**

Site Supervisor | *Gandara Center, Impact Center Drop In, Springfield, MA*

#### **Integrating Peer Support Model into Latino Population**

“I want to adequately train Latino/Hispanic people on how to share our lived experiences. My goal is to create a curriculum that helps providers who serve or are Hispanic/Latino find techniques to engage with others by sharing their lived experience.”

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### **Dan Johnston, MA**

Certified Peer Support Specialist, Public Speaker, Writer | *Edinburg Center*

#### **Continyouum: Raising Lived Experience Through Narratives**

“I intend to research the existing dialogues for lived-experience narratives and narrative-based research, write further about my own experiences, and then will seek to disseminate what I learn and write through publications in print and in person.”

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### **William Mounce, NH**

Residential Coordinator | *WestBridge Community Services*

#### **Stigma Kills**

“My idea is to provide resources that will motivate families to want to change the language they use when speaking to a loved one with an addiction, or when speaking about the topic generally. This is to not only further understand the perspective of families on the project development side, but to potentially provide the materials to them once finished.”

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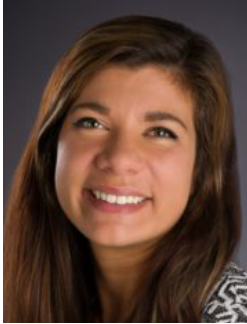
### **Gidget Newell, ME**

Peer Support Specialist Network Coordinator | *Amistad Wabaniki*

#### **Peer Support: Outreach Advocate Coordination for Wabanaki Tribe**

“My goal is to help find resources needed in my area, to provide information to the community, and educate them. I hope to set up an outreach network to address the pandemic as well as substance abuse, homelessness, and suicide prevention.”

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### **Allie Orlando, MA**

Director of Career Services | *Project Place*

#### **Creating an Inclusive Workplace**

“My project aims to analyze current curricula in at least three Workforce Development job training programs and identify areas that reinforce tenants of white supremacy culture. This will be done in a committee composed of WFD [workforce development] professionals, at least one employer, and a DEI [diversity, equity, and inclusion] specialist. The committee will then offer alternatives to current curricula.”

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### **Malaika Puffer, VT**

Peer Support Manager | *Health Care and Rehabilitation Services of Southeastern Vermont*

#### **Prison Abolition Solidarity: No New Prisons Means No New Locked Psych Facilities**

“I am working on building solidarity between the psychiatric survivor movement and prison abolition movement. Part of this process includes a campaign to resist the creation of a new locked facility in Vermont under the premise that psychiatry is a carceral system more similar to the criminal punishment system than it is different.”

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### **Jason Young, VT**

Team Leader of Soteria Services | *Pathways Vermont*

#### **Peer Support in a Residential Setting**

“My goal with this project is to describe the program we have developed over the past six years at Pathways Soteria Vermont. Soteria Vermont has created a three- to six-month program that places lived experience, peer support, and personal empowerment at its core and supports people to make their own decisions regarding health and well-being and can be a model to lead our mental health system beyond incarceration and medication.”

# Impact of New England LET(s)Lead Academy on the Fellows' Work and Lives

Fellows overwhelmingly reported that the New England LET(s)Lead Academy Learning Community had a profoundly positive impact on their work in the behavioral health field, as well as on themselves as individuals. Because the cohort convened during the COVID-19 pandemic and in a year when the United States experienced

a collective reckoning over racial and politically motivated violence, many Fellows reported that the sense of community that LET(s)Lead provided virtually was an integral part of their well-being during a challenging year. Fellows were asked to record a brief video explaining the impact of LET(s)Lead, which you can view in full [here](#).



## Fellows' Impressions of the New England LET(s)Lead Academy



“LET(s)Lead has been an amazing journey over the past few months . . . It built somewhat of a community for me. For many of us, it was hard for us to see ourselves as leaders at the beginning of this. Through the process, we cultivated that confidence in ourselves; I know I have. I've been able to see how my story and my lived experience is able to impact others in the work that I do.”

—*Char'Dornne Bussue, Community Bridger/Recovery Support Specialist, Advocacy Unlimited*

“LET(s)Lead has been a really eye-opening and world-expanding opportunity for me. Over the course of the Academy, I've learned so much and met so many people: the Fellows and the mentors. I've learned so much new material and been supported in developing a project that I'm realizing is so near and dear to my heart—listening to the stories of people and learning from their lived experience, and realizing there is a whole movement and a whole world that we are a part of moving forward.”

—*Dan Johnston, Public Speaker, Writer, and CPSS, Edinburg Center*

“Being part of LET(s)Lead has been absolutely transformative for me, personally and professionally . . . To go through this program and to really become more confident in seeing myself as a peer leader has been amazing. I'm already having more opportunities coming to me to be in a leadership role and I'm excited to see where things go.”

—*Erin Goodman, CPSS, Wood River Health Services*

“I've had the opportunity to listen to other people's points of view, and not necessarily see mine as the only point of view to be listened to. I appreciated the course that I have taken, because it has allowed me to be a better team player and incorporate other people's ideas into mine.”

—*Stephanie Covington, CPSS, Department of Veterans Affairs, West Haven*



## Fellows' Satisfaction Measured Through Course Evaluation

Three months after the New England LET(s)Lead Fellows graduated, they were asked to complete a brief course evaluation, provide an update on their projects, and describe the impact of LET(s)Lead on their work and personal lives. Here are the questions asked during the evaluation:

1. What was your overall experience with LET(s)Lead?
2. What aspect of LET(s)Lead impacted you the most?
3. How could LET(s)Lead be improved for future participants?
4. Were the activities and classes offered in LET(s)Lead enough support to implement the beginning stages of your project? If not, what else would have been helpful?
5. Which session(s) were most beneficial?
6. Please indicate agreement to the following statements:
  - a. Course reading materials were clear and well written.
  - b. Assignments were appropriate to my level of understanding.
  - c. Classes increased my interest for these topics.
  - d. Presenters and faculty demonstrated respect for Fellows.
7. Please provide us with a brief update on any progress you have made on your project. You can also let us know if there is any way we can further support you in moving your project forward.
8. Please share any additional suggestions, recommendations, and comments.

Eighty-five percent (11) of the 13 graduates completed the evaluation, as did both faculty mentors. Fellow and faculty mentor satisfaction with their program participation was high with few constructive comments and no negative comments. **Table 2** shows participants' level of satisfaction with program components.

**Table 2: Participants' Level of Satisfaction with Academy Components**

Component	Strongly agree <i>n</i> (%)	Agree <i>n</i> (%)	Neutral <i>n</i> (%)	Disagree <i>n</i> (%)	Strongly disagree <i>n</i> (%)
Course reading materials were clear and well written.	4 (31)	9 (69)	0 (0)	0 (0)	0 (0)
Assignments were appropriate to my level of understanding.	4 (31)	9 (69)	0 (0)	0 (0)	0 (0)
Classes increased my interest for these topics.	5 (38)	8 (62)	0 (0)	0 (0)	0 (0)
Presenters and faculty demonstrated respect for Fellows.	3 (23)	10 (77)	0 (0)	0 (0)	0 (0)

Note: *n* = 13

Survey participants *agreed* or *strongly agreed* that course materials were clear, assignments were appropriate, their interest increased for the topics presented, and that presenters and faculty demonstrated respect for Fellows. No participant reported a neutral stance or disagreement to these statements, further demonstrating the Fellows' positive response to the New England LET(s)Lead Academy Learning Community.

## Experience and Impact of New England LET(s)Lead Academy Learning Community

In response to the first question, "What was your overall experience with LET(s)Lead," every answer was positive. Three participants used the word *amazing*; two used the word *positive*; while others described the experience as being *meaningful*, *excellent*, and *fabulous*. Many spoke with gratitude about the opportunity to learn from one another and be in community. One participant wrote this about their experience in LET(s)Lead:

"LET(s)Lead was an inspiring, motivating, and altogether career and life-changing experience. I feel I was trained by the best to use my experiences to educate others, advocate for human rights, and lead the systems of mental health care to be more compassionate and person-centered in the future. I began LET(s)Lead when I was just beginning my journey in peer support, and over the course of the academy, I got my first job as a peer specialist. In the following months, I was inspired to create a project to explore the restorative power of sharing personal narratives after witnessing the process over and over in the people I've supported and within myself.

If not for all the material and connections that the Academy presented, I might have overlooked so many accomplishments of the recovery movement and been less apt to address systemic issues that arise in supporting a person's self-determination in recovery and independence. I've also applied a number of transformational leadership strategies I learned directly from LET(s)Lead, such as Appreciative Inquiry, at my place of work to better support the people we serve. In all, the subject matter, the guidance for developing projects, and most of all the people I met through LET(s)Lead have given me the confidence and expertise required to do the work that I want to do for the recovery movement and to carry it with me for the rest of my life."



## Key Learnings

The course evaluation provided insights helpful for improving the Academy for future cohorts, and reaffirmed that the curriculum inspires a new generation of leaders with lived experience to transform the behavioral health system to be more equitable, just, recovery-oriented, and person-centered.

### Most Impactful Aspects and Classes of the Program

Participants considered these the most valued aspects of the learning community; the number of participants voting for each aspect follows in parentheses:

- Learning from peers' lived experience (6)
- Sense of community (4)
- Access to mentors (3)
- Networking opportunities in the field (3)
- Learning the history of the behavioral health field (2)
- New career opportunities opened (2)
- Organization and structure of the course (1)
- Opportunity to develop a project (1)
- Leadership skill and confidence development (1)

Learning community faculty were not surprised to learn that sharing the lived experience of recovery from mental health and/or substance (mis)use challenges was the most impactful aspect of the LET(s)Lead Academy for many of the participants. A core component of the program is the idea that to transform the behavioral health system to become more compassionate, person-centered, and equitable, we must allow those with lived experience to take the microphone and share their stories. One goal of the LET(s)Lead Academy program is to elevate the importance of lived experience on par with the level of academic expertise. We believe that a person with lived experience of recovery is every bit as much—and perhaps even more so—an expert in behavioral health as an individual without lived experience who holds a professional clinical certification.

Other common themes echoed faculty's experience of previous cohorts that also appreciated the community built in the LET(s)Lead Academy. The community continues to strengthen with the addition of each new cohort to this group of leaders that remains in touch, working together to transform the behavioral health system. The opportunity to network with other leaders and the help of mentors to realize their projects, or in some cases, obtain new employment, are other positive sentiments that faculty have heard from Academy graduates.

During the evaluation, Fellows were asked which class sessions they found most beneficial. In addition to rating the classes (listed in Table 1), Fellows rated a special session from December 2020 with Lyn Legere, “Advocacy and Leadership on Boards and Committees.” Fellows and faculty mentors were allowed to select more than one class in response to the question, “Which session(s) were most beneficial?” The lowest ranked class was “Review Week,” which received three votes. The highest rated classes, which each received nine votes were “Foundations of Transformational Change and Appreciative Inquiry” and “Developing Your Vision/Building Your Project: Community Mapping.”

**Table 3: Participants’ Ratings of Academy Classes**

Class	Rated most beneficial n (%)
Foundations of Transformational Change and Appreciative Inquiry with Dietra Hawkins and Chyrell Bellamy	9 (69)
Developing Your Vision/Building Your Project: Community Mapping with Maria E. Restrepo-Toro, Dana Asby, and Eduardo Vega	9 (69)
Healing Racism: Applying a Diversity, Equity, and Inclusion Lens to Leadership with Dietra Hawkins	8 (62)
Foundations of Transformational Leadership with Chyrell Bellamy and Dietra Hawkins	8 (62)
Lived Experience: State of Affairs with Nev Jones	8 (62)
Grass Roots and Activism Panel with Ahmad Abojaradeh, Sera Davidow, and Nyamoun Nguany (Moon) Machar	8 (62)
Encouraging the Heart and Partnering with Others with Maria E. Restrepo-Toro	6 (46)
Pushing Forward, Next Steps, Student Presentations with Chyrell Bellamy and Maria E. Restrepo-Toro	6 (46)
Academy Overview and Getting to Know Each Other with Chyrell Bellamy and Maria E. Restrepo-Toro	4 (31)
Advocacy and Leadership on Boards and Committees with Lyn Legere	4 (31)
Review Week with Maria E. Restrepo-Toro and Dana Asby	3 (23)

*Note: N = 13; participants could rate more than one class as being most beneficial*

As shown in **Table 3**, about two-thirds of participants rated six of the learning community’s 11 core classes as being *most beneficial*, indicating a high degree of satisfaction with the Academy’s course content.

The “Review Week” session that participants ranked lowest was not a traditional LET(s)Lead Academy session; faculty inserted the session because the planned speaker had an emergency, preventing them from presenting. Since few Fellows found this session to be useful, LET(s)Lead faculty will consider alternatives if this situation arises in the future.





## Fellow Projects: During and After LET(s)Lead Academy

As a part of the LET(s)Lead Academy, Fellows designed and developed a project to inspire systems or community change in behavioral health. The 10 weeks of coursework focused on transformational leadership, behavioral health history and advocacy, and cultural humility. Mentors and faculty gave further support on visioning, community mapping, and organizational practices to help Fellows realize their projects.

In addition to this universal support, mentors provided individualized support. LET(s)Lead Academy faculty met mid-course to explore potential mentors for each participant, drawing from each faculty member's networks. Faculty paired Fellows with mentors that faculty suggested, as well as with mentors Fellows encountered in their own professional lives. Mentors were available to meet for approximately 1 hour per month—with many meeting longer or more often than this—to consult on projects and provide connections and resources to help Fellows further their work.

When asked if “the activities and classes offered in LET(s)Lead [gave] enough support to implement the beginning stages of [their] project” in the course evaluation, 10 of the 11 (91 percent) Fellows who responded answered affirmatively, that *yes*, they felt fully supported in developing their project. One Fellow responded, “I’m not sure,” because their project was still in its early stages.

Three months after graduation, we also asked Fellows to provide an update on their projects. Of the 11 Fellows responding to the survey, seven (64 percent) responded that their projects were well underway or nearing launch. Four Fellows reported these challenges to maintaining project growth:

- Competing priorities not allowing adequate time for project development
- Parental leave and shifting life priorities
- Difficulty developing materials independently
- Frustration with workplace bureaucracy

LET(s)Lead faculty contacted these Fellows and offered to meet with them to strategize about these hurdles and find solutions to help put projects back on track.

One successfully launched project is William Mounce's [Stigma Kills](#) website, which he uses alongside speaking engagements and material development to help educate the families of those with mental health and substance misuse challenges about the importance of person-first language. Another project, [The Cognitive Liberty Project](#) launched by Katie Bourque and her colleague J River Helms, convenes leaders in the behavioral health field for conversations about how to bring a greater sense of agency to those using mental health services. Many other Fellows' projects are on the cusp of launching or in progress.



## Conclusions and Next Steps

When asked for additional suggestions, recommendations, and comments, many participants requested an opportunity to reconvene as a community sometime soon. A few others asked for a “part two” of LET(s)Lead Academy, to help further develop and deepen their leadership skills. Others took the opportunity to emphasize their earlier responses, expressing sentiments such as “Thank you very much for this incredible opportunity. It has truly been a transformational experience for me personally and professionally.”

In September 2021, the fifth LET(s)Lead Academy Cohort began in Toronto, Canada, with plans to offer the Academy each year in a new geographic area to grow the international lived experience behavioral health leadership community over time.

The results of the New England LET(s)Lead Academy course evaluation show that Fellows were overwhelmingly satisfied with the program. LET(s)Lead faculty will continue to provide geographic region-specific content on leadership development for the behavioral health workforce with lived experience, maintaining the community developed through LET(s)Lead cohorts, and will consider the potential of an advanced leadership academy as our community grows.

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## Acknowledgments

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

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### About the Mental Health Technology Transfer Network (MHTTC)

The purpose of the MHTTC Network is technology transfer—disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

This collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.

MHTTC services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

**For more information, contact the MHTTC Network Office.**

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