The Victorian Lived and Living Experience Workforce Learning Collaborative

Information for applicants

# Background

Lived and living experience (LLE) roles have rapidly grown in Victoria in recent years. There is a clear need to support mental health and alcohol and other drug (AOD) organisations with recruiting, embedding, supporting and retaining lived and living experience workforces (LLEW). Organisations have told the Department of Health (the department) that there is a lack of clarity about what is being asked of organisations. They have identified that they need access to people with on the ground know-how that have led to changes in organisations, access to guidance and resources, practical examples and opportunities to share the journey with others.

The department has engaged Yale University, in partnership with Dr Louise Byrne and SHARC, to improve the capability of organisations to integrate and partner with strong lived experience workforces, through the Victorian Lived and Living Experience Workforce Learning Collaborative (the Learning Collaborative).

The Learning Collaborative will bring together organisations to draw on their unique strengths and contributions and provide organisational tools and resources to support lived experience workforces to thrive in safe work environments.

This Learning Collaborative partially responds to the Royal Commission into Victoria’s Mental Health System (RCVMHS) interim report Recommendation 6, asking for a lived experience organisational readiness and workforce training program to be delivered across all Area Mental Health Services and identified non-government organisations.

# About the Victorian Lived and Living Experience Learning Collaborative

The Learning Collaborative is one of two initiatives that make up Lived and Living Experience at Heart (LLEAH), an organisational support program for Victoria’s mental health and alcohol and other drug (AOD) sectors. The other initiative, Supporting Organisational Lived Experience (SOLE), provides guided assessments, tailored support and one-off grants to determine current levels of LLEW development and support organisational changes.

Launched in November 2024, this groundbreaking program is designed to revolutionise the integration of Lived and Living Experience Workforces (LLEW). This will be achieved through both the Learning Collaborative and SOLE, which are being run simultaneously.

If you would like to learn more about the LLEAH program or apply for the other initiative, SOLE, please visit [https://www.sharc.org.au/lleah/](https://protect.checkpoint.com/v2/r04/___https://www.sharc.org.au/lleah/___.Y3A0YTpzaGFyYzpjOm86ZDE3MDZjMTJiYjhkYmM2OWFmMTk0ZTBlNjBjZTE1YjM6Nzo0OGZlOmRmYjZhOGEyMjk4NzlkYmJmMGI0NjY2NDBmZDliNjgxMTJiODlmMjljZjU2ZGM5MjQ3MDg5NzY5Mzc1OTZlMTI6cDpUOk4) for more information.

The Learning Collaborative consists of one year of ongoing consultation and technical assistance to a cohort of ten (10) organisations who deploy lived experience workforce. This will be the second cohort of the Learning Collaborative, with the first cohort finishing the program in December 2025.

This initiative is designed to assist organisations in supporting and maximising the contributions of the LLE workforce in the delivery of mental health, health, and community support for people living with serious mental illness, distress, trauma, and/or substance use disorders and experiences.

The Learning Collaborative aims to help organisations establish the organisational culture and administrative infrastructure needed to hire, deploy, and effectively sustain a Lived and Living Experience Workforce.

The Learning Collaborative has been adapted to the Victorian context and is guided by the Australian National Lived Experience (Peer) Workforce Development Guidelines.

For many organisations involved, this work will involve developing or adapting policies, procedures, and programs to ensure the lived and living experience workforce can provide effective peer and other support and that their work is recognised and integrated into the organisation.

The Learning Collaborative includes training, consultation, and technical assistance provided by the lived and living experience faculty outlined at [Appendix 1](#_Appendix_1._Faculty/Coordinators:) and comprises the following:

1. A 12-month Learning Collaborative training course based on the Australian modified toolkit consisting of three modules:
   1. Module 1: Preparing the Organisational Culture (3 months)
   2. Module 2: Role Clarity, Recruiting and Hiring (3 months)
   3. Module 3: Supervising, Retaining, and Advancing the Careers of the Lived Experience Workforce (3 months)
2. Initial and ongoing consultation and technical assistance (TA) sessions to implement organisational-wide culture change, based on what the organisation needs, including:
   1. a minimum of one TA session per organisation, over the year
   2. more concentrated TA supports offered in the last six months of the project.

# Resources and support for selected organisations

The Learning Collaborative training and technical assistance will be provided at no cost to the participating organisations. The program is funded by Victoria’s Department of Health and delivered in partnership with the Yale Program for Recovery and Community Health (Yale PRCH), Dr. Louise Byrne and SHARC.

The second Victorian cohort will commence on 5 February 2026.

As part of this initiative, selected organisations will be offered:

1. Half-day “kick-off” on the organisational aspects of integrating lived experience within your program. This training will include preliminary discussion of organisational changes involving both clinical and administrative activities.
2. 3-hour monthly virtual Learning Collaboratives for all organisations.
3. A minimum of one site visit by technical experts to each participating organisation.
4. Two co-reflection sessions to be held at the end of modules 1 and 2.
5. Consultation, technical assistance, and/or training for line managers/supervisors in providing supports grounded in peer competencies and skills.
6. Access to grants of up to $50,000 to undertake a project defined with technical assistance from the Learning Collaborative.
7. A copy of the toolkit “Facilitating Cultural Change and Enhancing Lived and Living Experience in your organisation”.

Resources will be adapted for the Victorian context and will integrate with relevant Australian and Victorian guidelines and frameworks.

# Eligibility

Victorian Department of Health-funded organisations that employ lived and living experience workforces within mental health and drug and alcohol sectors are eligible to apply, including mental health and alcohol and drug services; First Nations and lived and living experience led services/organisations; and system steward organisations (for example, the Victorian Mental Health and Wellbeing Commission).

# Organisational commitment

Participating organisations need to be able to commit to the following:

1. Having CEO/executive management sponsorship (authoriser of the EOI application) or, if your organisation has a separate mental health division or similar, sponsorship at the divisional or equivalent level.
2. Select an organisation project key contact to be the lead liaison for the initiative and coordinate activities. This person should have adequate release time from regular duties to fulfill the responsibilities of the initiative and the power/authority to implement change.
3. Have a team that would include a currently employed designated lived experience worker, a senior leader or administrator, HR specialist, and supervisory staff. The team will be expected to meet at least monthly and will participate in virtual and on-site consultations.
4. Commit to attending all events and activities of the collaborative as outlined in [Appendix 2](#_Appendix_2._The), including: the initial three-hour kickoff, monthly three-hour collaborative meetings, two one-hour TA calls, one two-hour site visit, and two one-hour co-reflection sessions.
5. Actively participate during monthly meetings, report on the progress of the project and learn from the faculty and other participants.
6. Identify and implement a mechanism for sustained or increased lived experience involvement specific to this initiative.

# How to apply

1. Applications are open from Monday 6th October 2025.
2. Complete the application form in [Appendix 3](#_Appendix_3._Application).
3. Applications must be supported by the organisation’s CEO or equivalent level of authorisation.
4. Applications must be submitted electronically to [LLEAH@sharc.org.au](mailto:LLEAH@sharc.org.au) by COB on Friday 31st October 2025.

# Selection process

Participating organisations will be selected by members of the project team across SHARC, Yale, and the department. A mix of organisation types will be selected based on demonstrating the ability to commit to program requirements.

# Queries

If you have questions about the application process, please contact: [LLEAH@sharc.org.au](mailto:LLEAH@sharc.org.au)

If you have questions about the Learning Collaborative please contact:

* Megan Evans: [megan.evans@yale.edu](mailto:megan.evans@yale.edu) or
* Maria E. Restrepo-Toro: [maria.restrepo-toro@yale.edu](mailto:maria.restrepo-toro@yale.edu) or
* Matthew Corbett: [LLEAH@sharc.org.au](mailto:LLEAH@sharc.org.au)

# Appendix 1. Faculty/Coordinators:

***Dr Louise Byrne, PhD*** is a leading international expert on Lived and Living Experience, acknowledged as a thought-leader in workforce development and the change management strategies required to build authentic, effective and impactful Lived Experience (Peer) workforces.

Louise’s name is synonymous with highest quality, evidence-informed work, setting benchmarks for best practice, and enhancing understanding of authentic Lived Experience principles and practice.

Louise’s work is informed by her personal (consumer) Lived and Living Expertise and her experience in a diverse range of designated Lived Experience work roles across sectors and settings, since 2005.

Louise trained in Intentional Peer Support, and since 2010 has led an internationally groundbreaking body of research on Lived Experience workforce development, culminating in numerous frameworks, policies and models including the Australian ‘National Lived Experience (Peer) Workforce Development Guidelines’. Louise is a Fulbright alumni, has been awarded multiple research fellowships including her current RMIT Vice-Chancellor’s Senior Research Fellowship, and holds an Associate Professor Adjunct position at Yale University.

Louise’s program of research has created a theory of change for how to advance understanding, respect and leadership opportunities for the Lived and Living Experience workforces.

***Chyrell D. Bellamy, PhD, MSW*** is a Professor of psychiatry in Yale’s Department of Psychiatry and where she serves as the Director of Yale’s Program for Recovery and Community Health and the Director of Peer Support Services & Research. Dr. Bellamy is also the Senior Policy Adviser to the Commissioner of Connecticut Department of Mental Health and Addictions Services. Her research examines sociocultural experiences and pathways to wellness and recovery in prevention and treatment; peer support; lived experience leadership; and community based participatory research and co-design methods. She brings expertise as a frontline service provider, clinician, social worker, community educator and organizer, trainer, program evaluator, and community and academic researcher in the health and behavioral health fields, and she openly identifies as a person with lived experience of multiple marginalized and minoritized identities including mental illness, trauma, and addictions. She is founder and developer of the Imani Breakthrough Faithbased Harm Reduction Opioid Recovery program with Dr. Ayana Jordan. She has received various federal and state grants for her work on peer support and community based participatory development of interventions. She is a co-founder and director of the International Yale Lived Experience Transformational Leadership Academy (LET(s)Lead). Dr. Bellamy is a proud 2013 recipient of the Pearl Johnson Advocacy Award from the National Association for Rights Protection and Advocacy, a 2021 recipient of The Steve Harrington Award from the National Association of Peer Support, 2023 recipient of the new inaugural Celia Brown Advocacy Award from the Alliance for Rights and Recovery (formerly NYAPRS), and 2024 recipient of the Museum of African American Addiction, Treatment and Recovery Hall of Fame Award.

***Maria E. Restrepo-Toro, MS*** is a nationally recognized leader, educator and trainer in the fields of Latino behavioral health recovery, psychiatric rehabilitation and cultural competence. She was one of the developers of LET(s)Lead and if co-director with Chyrell Bellamy. She is currently the director of Yale PRCH’s Health Equity, Education and Training and the project co-director of the New England Mental Health Technology Transfer Center and brings her expertise in 1) workforce development in recovery-oriented practices such us person-centered, trauma-informed care and psychiatric rehabilitation interventions; 2) development of peer-run initiatives, training and technical assistance on peer integration practices; and 3) development of culturally appropriate curriculums and web-based training tools. She has trained hundreds of multidisciplinary stakeholders, both nationally and internationally and provided technical assistance in the implementation and dissemination of innovative recovery-based interventions. She founded the Latino Initiatives at Boston University Center for Psychiatric Rehabilitation and established and coordinated the Yale Latino Recovery Colectivo a group committed to the dissemination of recovery oriented, trauma informed and evidenced based initiatives on Latinos(x). She has earned recognition as a leader in the field of psychiatric rehabilitation, receiving the USPRA 2012 Leroy Spaniol Educator Award. For the past 28 years—most of which were spent at the Boston University Center for Psychiatric Rehabilitation —Restrepo-Toro has successfully trained bilingual professionals, administrators, peers, advocates, and family members both nationally and internationally. She has a unique expertise in developing culturally appropriate recovery oriented training materials designed to bring hope and to empower Spanish-speaking persons and their families, as well as other persons of color.

***Megan Evans, PhD, MS*** is a Postdoctoral Fellow at Yale’s Program for Recovery and Community Health. Dr. Evans also serves as faculty and the curriculum and evaluation lead of the Yale Lived Experience Transformational Leadership Academy (LET(s)Lead). Following almost a decade of professional experience in the behavioral healthcare and social services fields, Dr. Evans returned to graduate school to pursue systems change on a larger scale. Informed by her professional and lived experiences of the behavioral healthcare system as well as her graduate training in public health, her research focuses broadly on social and behavioral approaches to promoting mental health, recovery, and quality of life among disenfranchised populations. Specifically, her current research program focuses on 1) the role of employment in recovery, and 2) designing, implementing, and evaluating peer support initiatives. She is the author of the 2023 book, Peer Support Services Reaching People with Schizophrenia.

***Graziela, Reis, MPH, MA*** is a program coordinator for Yale PRCH and has experience in public health and psychology in Brazil and the USA. Graziela Reis is an immigrant from Brazil who brings several strengths and international experiences to the field of behavioral health and wellbeing. She is a mother, wife, worker, and advocate for equity, inclusion, and human rights. She is a clinical psychologist who graduated in Brazil with a master's degree in public health (MPH) and a post-master's degree in trauma-informed care (PMT) from Springfield College, MA. Currently, Graziela works at Yale Program for Recovery and Community Health. Her professional interests are focused on improving mental health, substance use, and disability access and services for minoritized communities. Graziela is a recognized national and international trainer, and her work is related to education, focusing on promoting culture-sensitive services and community engagement for adults and children with trauma, mental illness, and substance use challenges. She is the IMANI Latino project coordinator, Yale site coordinator at the New England Mental Health Technology Transfer Center, project manager of the Disability Lived Experience Networking and co-chair of Yale Recovery Latino Collective.

Graziela's commitment is to advance and disseminate recovery-oriented care strategies for Spanish and Portuguese communities as part of her community activity. She was the Mental Health Task Force's chair at Unitarian Society of New Haven for more than six years, a board member of NAMI Elm City for two terms, a board member of Yale Latino Network, board member of the Unit Head, Policy, Law and Human Rights Unit (PLR) Department of Mental Health and Substance Use, World Health Organization, Coordinator of Brazilian University Researchers, a board member of CT Mental Health, and a Board Member of Connecticut Council on Developmental Disabilities.

***Dietra D. Hawkins, Psy.D.*** is the Principal Consultant of Both And Partners Inc., overseeing all programming, curriculum, and training of Both And consulting partners. Dietra is a licensed Clinical Psychologist who works nationally and internationally with state and local government organizations, public and private K-12 schools, and behavioral health agencies as the owner and lead consultant with Both And Partners, Inc. She is a published author and frequent speaker for workshops addressing Appreciative approaches toward system change, Recovery Oriented Systems of Care, Asset Based Community Development and Inclusion, and the Healing of Racism. Dr. Hawkins holds a faculty appointment as an Assistant Clinical Professor at Yale University, Program for Recovery and Community Health, School of Medicine. Before her consultation practice, she was the Director of Consultation and Training at the Yale Program for Recovery and Community Health (PRCH). Dr. Hawkins has extensive experience with family, child, adult, and community behavioral health and has worked closely with Parent and Consumer Advocacy organizations. Her primary research interests address racial and ethnic health care disparities, organizational systems change and transformation, HIV prevention/interventions, qualitative and community-based participatory research, and the critical dimensions of cultural competency, recovery, and community engagement. Dietra will lead the Appreciative Inquiry work.

***Maria O’Connell, Ph.D.,*** Director of Research and Evaluation, Yale PRCH, and Creator of the Recovery Systems Assessment. Dr O’Connell is a clinical and community psychologist and an associate professor in the Department of Psychiatry at the Yale School of Medicine. As an implementation scientist, she has developed individual, provider, and systems-level infrastructure, tools, measures, and interventions and examined patterns of care and the effectiveness of recovery-oriented interventions. Her work comprises three key methodological attributes: collecting data from individuals with diverse roles within complex care systems, developing and utilizing reliable measurement tools, and integrating data from multiple sources to inform behavioral health services and policy changes. Employing mixed methods, cluster randomized trials, and stepped wedge trials, her research uncovers critical insights into the multi-level factors influencing client outcomes. These findings, in turn, inform the development of interventions targeting individuals with chronic physical and mental illnesses at the individual, provider, and system levels. Her contributions include pioneering methods to assess system-level recovery-oriented practices through the Recovery SelfAssessment (RSA), now used internationally in over 12 countries; applying participatory and innovative mixed research methods, i.e., concept mapping, to identify elements of care and outcomes most critical to key stakeholders in a system; creating algorithms for linking and classifying health indicator improvements from diverse administrative datasets; and adapting and translating this knowledge into capacity building tools and feedback loops to inform practices. In this project, she will assist organizations that want to use the RSA in conducting surveys and provide report cards based on analyzing the agency-level RSA findings. These have been useful for organizations as they assess their organization's culture regarding recovery and lived experience readiness.

# Appendix 2. The Learning Collaborative Schedule

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| **Schedule 2026** | |
| **5 February 2026**  9 am - 12 pm | **LLEWLC Kick-off meeting** |
| **5 March 2026**  9 am - 12 pm | **Module 1(a)**: Preparing the Organisational Culture. |
| **2 April 2026**  9 am - 12 pm | **Module 1(b)**: Preparing the Organisational Culture. |
| **7 May 2026**  9 am - 12 pm | **Module 1(c):** Preparing the Organisational Culture.  Team presentations (**Project #1**). |
| **19 May 2026**  9 am - 11 am | **Co-reflection space** |
| **4 June 2026**  9 am - 12 pm | **Module 2(a):** Role Clarity, Recruiting and Hiring Lived Experience Workers. |
| **June 2026** | **TA Site Calls – 1 hour per organisation** |
| **9 July 2026**  9 am - 12 pm | **Module 2(b)**: Role Clarity, Recruiting and Hiring Lived Experience Workers**.** |
| **6 August 2026**  9 am - 12 pm | **Module 2(c)**: Role Clarity, Recruiting and Hiring Lived Experience Workers**.**  Team presentations **(Project #2)** |
| **18 August 2026**  9 am – 11 am | **Co-reflection space** |
| **3 September 2026**  9 am - 12 pm | **Module 3(a)**: Supervising, Retaining, and Advancing the Careers of Lived Experience Workers. |
| **September 2026** | **TA Site Calls – 1 hour per organisation** |
| **1 October 2026**  9 am - 12 pm | **Module 3(b)**: Supervising, Retaining, and Advancing the Careers of Lived Experience Workers. |
| **5 November 2026**  9 am - 12 pm | **Module 3(c)**: Supervising, Retaining, and Advancing the Careers of Lived Experience Workers. |
| **November 2026** | **TA Site Visits – 2 hours per organisation** |
| **26 November 2026**  9 am – 1 pm | **Final Presentations** |
| **3 December 2026**  9 am – 12 pm | **Certificates and Celebrations** |

# Appendix 3. Application form

Complete all sections, adding more lines to the tables as required.

Email applications to [LLEAH@sharc.org.au](mailto:LLEAH@sharc.org.au) by 5pm on Friday 31st October 2025.

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| **Identifying Information** | |
| **Name of organisation** |  |
| **Address of organisation** |  |

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| **Project Key Contact** | |
| Provide the name and position of an individual who will be identified as the project key contact for the initiative and coordinate activities. Ideally this individual should have line authority over programs or a major and relevant institutional role. | |
| **Name** |  |
| **Position/title** |  |
| **E-mail address** |  |
| **Phone number** |  |

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| **Executive Sponsor** | |
| Please provide details of your organisation’s Executive Sponsor for this work as described in point 1 under [Organisational Commitment](#_Organisational_commitment). | |
| **Name** |  |
| **Position/title** |  |
| **E-mail address** |  |
| **Phone number** |  |

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| **Criteria 1: Organisational overview** |
| Provide a brief, overview of your organisation, including years in operation, mission/vision, organisational structure, range of services, number of staff, and number of individuals served annually. Please attach a copy of your organisational chart to this application. |
| **Details:** |

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| **Criteria 2: Current lived and living experience workforce status** |
| Describe current Lived and living experience roles within your organisation (role types, functions and FTE etc.). If your organisation has a separate mental health division or similar, describe that rather than the whole organisation. |
| **Details:** |
| Describe any organisational development or training your organisation has already undertaken regarding integration of lived and living experience workforce in your organisation. |
| **Details:** |

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| **Criteria 3: Organisational readiness/capacity** |
| Describe the readiness or capacity of your service/organisation to participate and benefit from this initiative. Identify any potential barriers to effective participation or successful implementation. Please refer to [Organisational Commitment](bookmark://_Organisational_commitment) on page 3. |
| **Details:** |

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| **Criteria 4: Other initiatives** |
| Identify any other LLEW initiatives at your service/organisation that would take place concurrently with this project and whether these would complement or compete with this initiative. |
| **Details:** |

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| **Criteria 5: Benefit of participation** |
| What is your vision for LLEW at your organisation and how will this initiative be helpful to your organisation and the people you serve. |
| **Details:** |

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| **Other relevant information** |
| Please provide any other information you think may be relevant for the panel assessing this application. |
| **Details:** |