HEALING ARTS RECOVERY PROJECT

THEORY OF CHANGE

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1) Overview

The Healing Arts Recovery Project is a recovery support program centered on the belief that creative expression —particularly music and art therapy — can play a transformative role in substance use disorder (SUD) recovery. The program is designed to encourage individuals to actively engage in music or art–based therapeutic approaches while removing the financial and logistical barriers that often prevent people in underserved communities from accessing consistent treatment. Through this initiative, we aim not only to support individuals on their recovery journeys, but also to generate meaningful data and real-world evidence that can help inform policymakers about the effectiveness of creative arts therapies in addiction recovery.

At the core of the program is a model that prioritizes participation in music and art therapy as a central component of recovery. Creative arts therapies provide participants with powerful tools for emotional expression, identity rebuilding, stress regulation, and connection—factors that are often critical for sustained recovery. To make participation feasible, the program provides Treatment Stipends that cover part or all of the costs associated with required treatment services, regardless of insurance status.

Supporting this creative-therapy foundation is a Contingency Management (CM) incentive structure, which provides Recovery Bonuses for verified sobriety and consistent participation in program activities. These incentives reinforce healthy behaviors and sustained engagement while allowing the program to systematically track participation and outcomes. In this way, contingency management serves as a supporting mechanism that encourages adherence to a recovery model centered on creative therapeutic engagement.

Participants retain full freedom to choose their own treatment providers—we remain strictly neutral and do not make clinical referrals. To support informed choice, the program offers a non-preferenced provider directory and appointment-scheduling assistance, helping participants quickly connect with services they trust. By combining financial support, behavioral incentives, and a strong emphasis on music and art therapy, the Healing Arts Recovery Project seeks to expand access to creative therapeutic recovery

pathways while building evidence that can shape future addiction treatment policy and practice.

The program operates in two structured phases:

- **Phase 1 – Intensive 2-weeks:** Funds required care for (6 hours of AA/NA or alternative support groups, 2 individual SUD counseling sessions (90-minutes each), 2 music and art therapy session (60-minutes each), and 1 case management sessions weekly) and provides a CM Bonus for ≥90% attendance and a negative drug test at month's end.
- **Phase 2 – Long-Term Abstinence (3–12 months):** Continues stipends for weekly music and art therapy and 4 hours of NA/AA support groups, and case management, with monthly CM Bonuses for ongoing verified sobriety. Group therapy and peer support are encouraged but not mandatory.

If relapse occurs, participants re-engage quickly: a 2-week "booster" intensive for brief lapses (<14 days) or a full Phase 1 restart for longer or repeated lapses. CM Bonuses are not awarded during the reset period (unless patients have been attending at least 6 hours of weekly sessions, in which case an exception can be made.

Our model is compliant by design—payments are reasonable, behavior-linked, independent of any provider, and available to all eligible participants. By blending financial access, behavioral reinforcement, and flexible, participant-directed care, Healing Arts aims to improve treatment retention, reduce relapse, and strengthen recovery outcomes across the communities we serve.

The end objective – a) validate that contingency payments work, 2) ascertain the amount needed to gain sober compliance, 3) and document our results for both a) academic submission and use for applying for grants and petition local governments for the policy.

Vision Statement:

To transform recovery from substance use disorder by making creative expression through music and art therapies universally accessible, fostering sustained recovery, and empowering individuals in underserved communities to reclaim their lives with resilience, creativity, and purpose.

Mission Statement:

The Healing Arts Recovery Project is committed to breaking down financial and logistical barriers to recovery by integrating creative arts therapies with contingency management. We provide participants with the resources, support, and empowerment they need to engage in meaningful recovery pathways through music and art therapy, while incentivizing sustained sobriety and treatment engagement, and contributing to evidence that shapes future addiction recovery policy.

Core Values:

1. **Empowerment Through Choice:** We believe in the autonomy of each individual. Participants are empowered to choose their own treatment providers, ensuring that their recovery journey is guided by personal preference and self-determination.
2. **Creative Expression as Healing:** We embrace the transformative power of creative expression. Music and art therapy are central to our program because they provide emotional release, build resilience, and support personal healing in a way that traditional therapies often cannot.
3. **Accessibility and Equity:** We are dedicated to ensuring that every person, regardless of financial, geographic, or social barriers, has access to high-quality, holistic recovery support. Our program is designed to be inclusive, culturally responsive, and payor-agnostic.
4. **Sustained Engagement and Support:** Recovery is a journey, not a destination. We provide continuous support and incentives to ensure that individuals remain engaged in their recovery, helping them build lasting habits and maintain long-term sobriety.
5. **Accountability and Transparency:** We hold ourselves to the highest standards of accountability. Through regular audits, clear documentation, and a transparent stipend and bonus system, we ensure that every participant receives fair, unbiased support.
6. **Data-Driven Advocacy:** We are committed to building a solid evidence base that demonstrates the effectiveness of creative therapies and contingency management in addiction recovery. Our goal is to shape the future of recovery policy and practice with data that drives systemic change.

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2) Problem & Need

Across underserved communities, individuals with Substance Use Disorders (SUD) face a mix of structural, financial, and treatment-access barriers that make recovery far harder than it should be. Even when treatment programs are available, they often remain out of reach due to cost, transportation issues, or insurance gaps. For those who do enroll, relapse rates remain high when engagement drops or treatment is disrupted.

Three interlinked challenges drive these poor outcomes:

1. **Economic Barriers to Access**
    - The cost of therapy sessions, medication, transportation, and recovery supports can be prohibitive, especially for uninsured or underinsured individuals.
    - Even small out-of-pocket costs lead to treatment interruptions, missed appointments, and early drop-out.
    - Lack of flexible financial support forces many to choose between basic needs and consistent care.
2. **Limited Access to Holistic and Engaging Supports**
    - Traditional treatment models often lack integration of alternative or creative therapies that can improve engagement and emotional resilience.
    - Services like music and art therapy—which are proven to reduce anxiety, improve mood, and build coping skills—are rarely covered by insurance and remain inaccessible to those who could benefit most.
    - Without variety and personalization, many participants disengage from treatment prematurely.
3. **Inconsistent Treatment Retention and Sobriety Reinforcement**
    - Relapse is often triggered by gaps in treatment attendance and lack of ongoing behavioral reinforcement.
    - While research shows that contingency management (CM) is one of the most effective tools for improving attendance and abstinence, few programs in underserved areas offer it.

- Without structured incentives tied to verified progress, individuals often lose motivation, especially in early recovery.

These barriers feed a cycle of disengagement and relapse, resulting in preventable hospitalizations, overdoses, and loss of life. In addition, the absence of neutral, non-referring navigation support leaves many individuals unsure of where to turn for help, leading to wasted time and missed opportunities for intervention.

Healing Arts addresses these needs by removing financial barriers entirely for uninsured services, integrating proven CM incentives, and ensuring participants can choose their own care while receiving navigation support. By combining access, engagement, and reinforcement, the program targets the primary drivers of poor SUD recovery outcomes and positions participants for long-term success.

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3) Who We Serve

Healing Arts's SUD Contingency Management Program focuses on individuals who are most likely to face treatment-access barriers yet have the most to gain from consistent, evidence-based support.

Primary Population – Adults with Substance Use Disorders (SUD) in underserved areas

- **Financial barriers:** Individuals at or below 200% of the Federal Poverty Level, or facing comparable financial hardship.
- **Insurance gaps:** Uninsured, underinsured, or with coverage that does not fully support required services.
- **Access challenges:** Rural residents, those with limited transportation, or living in service deserts.
- **Risk factors:** History of relapse, unstable housing, unemployment, or limited recovery support networks.

Eligibility Snapshot

- Documented SUD diagnosis.
- Verification of financial need (income, housing status, or other hardship indicators).
- Residency within program service areas.

- Agreement to participate in program-required services and CM verification protocols.

Equity and Inclusion Commitment

Our program is designed to be payor-agnostic, culturally responsive, and accessible to individuals regardless of gender, race, ethnicity, sexual orientation, or primary language. Services are participant-directed: individuals select their own providers from a non-preferenced directory, ensuring choice and control over their recovery journey.

By concentrating resources on those facing the steepest barriers, Healing Arts maximizes the program's potential for impact—improving treatment engagement, reducing relapse, and strengthening recovery outcomes in the communities most in need.

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4) Program Design

Healing Arts's program is built around a two-phase structure that removes cost barriers to required treatment and reinforces recovery behaviors with Contingency Management (CM). Participants receive Treatment Stipends to pay for required services, plus CM Bonuses for verified attendance and sobriety.

4.1 Treatment Stipend

- Provides a set stipend for program-required services – generally not covered by insurance - regardless of insurance status.
- Can be used for therapy fees, transportation, and other treatment-related expenses.
- Amounts are set and tied to verified service attendance.

4.2 Contingency Management - Recovery Bonuses

- Awarded for meeting [≥90%] attendance at required services and passing drug testing per program policy.

- Bonuses are separate from the stipend to clearly distinguish access funding from behavior incentives.
- Disbursed via reloadable VISA card.
- Payment amounts and escalation schedules are defined in program terms and conditions and reviewed annually for compliance and impact.

4.3 Phase 1 – Intensive 2-Weeks

Required weekly minimums:

- **AA/NA or similar support groups:** 6 hours per week.
- **Individual SUD counseling:** 2 sessions/week, 90 minutes each.
- **Music and art therapy:** 2 sessions/week, ≥60 minutes.
- **Case Management:** 1 session/week.

CM eligibility: ≥90% attendance across required services **and** a negative month-end drug test.

4.4 Phase 2 – Long-Term Abstinence (2–12 months)

Required weekly minimums:

- **AA/NA or similar support groups:** 4 hours per week
- **Music and art therapy:** 2 session/week, ≥60 minutes.
- Individual therapy and peer support: encouraged but optional.

CM eligibility: Negative drug test each month and ≥90% attendance on required services.

4.5 Drug Testing Protocol

- **Observed monthly drug testing** (lab-confirmed, e.g., GC/MS) for long-window accuracy.

- **MAT-friendly policy:** Prescribed buprenorphine/methadone do not count as positive.
- **Cannabis policy:** Follows applicable law and program guidelines.
- **Due process:** One re-test allowance per disputed result.
- **Tamper controls:** Verified identity at collection, documented chain of custody.

4.6 Relapse and Rapid Reengagement

- **Brief lapse (<14 days):** 2-week "booster" intensive; CM payments paused until completion and negative test.
- **Longer/repeated lapse:** Restart full Phase 1 before returning to Phase 2.

4.7 Neutral Navigation Support

- Access to a non-preferenced provider directory (e.g., Psychology Today listings, SAMHSA, or government listings).
- Appointment scheduling and benefits verification assistance.
- No steering toward specific providers; participants retain full choice.

4.8 Compliance and Safeguards

- All payments are reasonable, tied to specific behaviors, and independent of any provider.
- Documentation, verification, and audit protocols ensure accountability.
- Data privacy policies limit access to only essential information.

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5) Implementation & Operations

Healing Arts's program is designed for clarity, accountability, and ease of participation. All operational procedures balance accessibility for participants with rigorous safeguards for funders and compliance purposes.

5.1 Intake & Eligibility Verification

- **Application process:** Simple, two-page intake form covering contact information, SUD diagnosis, financial hardship, and residency.
- **Documentation:** Verification of income or hardship (e.g., pay stubs, benefits letters, housing status).
- **Consent:** Written agreement to program rules, attendance requirements, CM testing, and data privacy policies.
- **Orientation:** Review of stipend/bonus structure, relapse pathway, and navigation tools.

5.2 Session Verification

- **Provider attestation:** The provider must complete a Provider Attestation form, provided by Healing Arts.
- **Random audits:** Quarterly verification of attendance records against provider documentation.

5.3 Drug Testing

- Monthly observed drug tests at approved labs with chain of custody documentation.
- Lab confirmation for any positive result.
- One re-test allowance if a participant disputes a result.
- MOUD compliance: Prescriptions verified to exclude legitimate medication from positive count.

5.4 Payment Processing

- Reloadable VISA card for stipends and bonuses.
- Stipends disbursed after two weeks in Phase 1; monthly in Phase 2.
- Sobriety Bonuses issued within 5 business days of verified eligibility each month.

- Separate ledger entries for stipends vs. bonuses to ensure audit clarity.

5.5 Data Privacy & Security

- Minimum necessary data collected for participation and compliance.
- Role-based access control for all participant information.
- Secure digital storage with encryption and defined retention schedules.

5.6 Appeals & Dispute Resolution

- Participants may file an appeal within 7 days of a denied stipend/bonus.
- Fast-track review by program coordinator within 5 business days.
- Written outcome provided; decisions documented for audit purposes.

5.7 Vendor & Partner Agreements

- MOUs with labs, music and art therapists, counselors, and group facilitators to ensure credentialing, liability coverage, and quality standards.
- Providers agree to attendance verification, session reporting, and periodic audits as a condition of participation.

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6) Outcomes & Learning Agenda

Healing Arts measures success through a mix of short-term, intermediate, and long-term indicators, supported by a robust evaluation process. Our goal is to demonstrate measurable improvements in treatment engagement, abstinence, and stability, while continuously refining the program based on participant feedback and performance data.

6.1 Short-Term Outcomes (0–12 months)

- **Treatment Engagement:** ≥90% attendance at program-required services in both phases.
- **Access Achieved:** 100% of enrolled participants are able to attend required sessions regardless of insurance status or financial barriers.
- **Sobriety Milestones:** ≥75% of Phase 1 completers test negative at month-end hair test.

- **Navigation Use:** ≥80% of participants use directory and/or scheduling support at least once.

6.2 Intermediate Outcomes (1–3 years)

- **Sustained Abstinence:** ≥65% of Phase 2 participants maintain continuous negative tests for [6] months or longer.
- **Reduced Drop-Out:** ≥20% reduction in treatment discontinuation compared to baseline community averages.
- **Improved Stability:** Positive change in self-reported housing stability, employment/education participation, and WHO-5 Well-being Index scores.
- **Peer Support Retention:** ≥60% of Phase 2 participants voluntarily continue peer/group engagement.

6.3 Long-Term Outcomes (3+ years)

- **Relapse Reduction:** ≥25% lower relapse rates among graduates compared to matched community controls.
- **Healthcare Utilization:** Reduced emergency department visits and overdose incidents.
- **Community Impact:** Increased employment, reduced justice-system involvement, and improved community safety indicators.

6.4 Evaluation Methods

- **Attendance Tracking:** Session logs with provider verification and random audits.
- **Testing Verification:** Lab-confirmed results logged in secure system.
- **Participant Surveys:** Quarterly self-reports on well-being, stability, and satisfaction.
- **Qualitative Interviews:** Annual participant and provider interviews to capture lived-experience insights.
- **Comparison Analysis:** Benchmark outcomes against state and national averages for similar populations.

6.5 Learning Agenda & Continuous Improvement

- **Quarterly Reviews:** Internal review of outcomes and participant feedback to identify improvement areas.
- **Annual Program Audit:** Independent review of compliance, financial controls, and participant outcomes.
- **Innovation Trials:** Pilot variations in CM amounts, service mix, or navigation tools to test potential improvements.
- **Stakeholder Reporting:** Publish an annual impact report summarizing results, challenges, and adaptations.

By grounding the program in clear, measurable targets and a disciplined evaluation process, Healing Arts ensures that its Contingency Management approach not only meets immediate recovery goals but also contributes to sustained, long-term community health improvements.

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7) Risks & Mitigations

Healing Arts anticipates potential operational, financial, and participant-related challenges and has integrated mitigation strategies into program design.

7.1 Participant Retention Risks

- **Risk:** Drop-off after initial intensive month due to life instability, relapse, or reduced incentive perception.
- **Mitigation:**
    - Maintain a modest monthly CM floor in Phase 2 to sustain engagement.
    - Use escalating CM bonuses for consecutive negative tests.
    - Provide rapid re-engagement pathways (booster or full restart) without long wait times.

7.2 Fraud & Misuse Risks

- **Risk:** False attendance reporting, “ghost” visits, or misuse of stipends.
- **Mitigation:**
    - Dual verification (provider attestation).

- Random audits of attendance logs.
- Separate accounting for stipends and CM bonuses with capped amounts.

7.3 Limited-Service Availability

- **Risk:** Insufficient supply of qualified music and art therapists, SUD counselors, or peer groups in rural/underserved areas.
- **Mitigation:**
  - Maintain an updated directory of in-person and virtual providers.
  - If needed, recruit providers outside the service area for telehealth delivery.

7.4 Funding Sustainability

- **Risk:** Program demand exceeds available funds, limiting reach or continuity.
- **Mitigation:**
  - Start with a fixed-cohort pilot to measure cost per successful participant.
  - Adjust stipend and CM amounts based on data.
  - Pursue diversified funding sources (grants, philanthropy, local partnerships).

7.5 Compliance & Regulatory Risks

- **Risk:** Misinterpretation of payments as prohibited inducements.
- **Mitigation:**
  - Payments tied to documented, health-promoting behaviors.
  - Provider-neutral structure—participants choose any qualified provider.
  - Reasonable, evidence-based amounts reviewed by legal counsel annually.

7.6 Equity & Access Risks

- **Risk:** Certain subgroups (e.g., those without transport or tech access) are unable to fully participate.
- **Mitigation:**

- Allow access funding to include use to pay transportation or technology costs for participants using tele-health.

By embedding these safeguards from the outset, Healing Arts ensures that the program remains reliable, equitable, and resilient in the face of operational challenges—supporting sustained impact across all target communities.

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8) Assumptions

Healing Arts's Theory of Change rests on several core assumptions about participant behavior, service availability, and the program environment. These assumptions guide design choices and help define success conditions.

8.1 Participant Behavior

- Removing cost barriers will lead to higher attendance and service engagement.
- ≥90% attendance plus contingency rewards will reinforce habits that support sustained abstinence.
- Participants can and will select suitable providers when given neutral navigation support and timely scheduling help.
- After being exposed to intensive treatment, even when not required by the Program to receive a CM, patients will have enough knowledge to choose the treatment path – if any – that is a best fit for their recovery process.

8.2 Service Availability

- Adequate supply of qualified SUD counselors, music and art therapists, and peer support options will be accessible in person or via telehealth.
- Labs capable of performing compliant, observed hair/drug testing will be available within reasonable distance or through mail-in systems.

8.3 Financial & Operational Stability

- Program funding will remain sufficient to cover both Treatment Stipends and CM Bonuses for the targeted number of participants.
- Reloadable VISA cards systems will remain secure, reliable, and accessible to participants.

- Administrative capacity will be maintained for intake, verification, and monitoring without delays that affect payments.

8.4 Community & Policy Environment

- Community organizations and providers will collaborate to support participant engagement.
- Public perception of CM incentives will remain positive when tied to documented treatment and sobriety outcomes.
- From our data, we will be able to evidence the connection between CM incentives and sobriety, and the positive impact of sobriety to society as a whole.

By making these assumptions explicit, Healing Arts can monitor not only program performance but also the external factors that influence success—allowing for timely adjustments to protect impact.

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9) Conclusion

The Healing Arts Recovery Project is built on a simple but powerful premise: when individuals are given meaningful opportunities to engage in music and art–based therapeutic experiences, and when the financial barriers to participation are removed, recovery becomes more accessible, engaging, and sustainable. Creative arts therapies offer participants a pathway to process emotion, rebuild identity, and reconnect with purpose—critical elements for long-term recovery that traditional treatment models sometimes struggle to provide on their own.

To support consistent engagement in these therapies, the program combines Treatment Stipends, which help cover the cost of required treatment services regardless of insurance status, with Contingency Management (CM) Recovery Bonuses, which reward verified sobriety and consistent program participation. In this model, contingency management serves as a supportive reinforcement mechanism, encouraging participants to remain engaged in the creative therapeutic activities that form the foundation of the program.

Participants maintain full autonomy in selecting their treatment providers, supported by a neutral provider directory and appointment assistance that ensure access without directing clinical choice. Within this flexible structure, music and art therapy remain central program elements, helping participants build emotional resilience, strengthen

engagement in recovery, and experience treatment in a more human, expressive, and personally meaningful way.

Equally important, the Healing Arts Recovery Project is designed to generate real-world data and evidence. By tracking participation, sobriety outcomes, and engagement with creative therapies, the program aims to contribute meaningful insights that can help policymakers, healthcare leaders, and researchers better understand the potential role of music and art therapy—combined with contingency management—in effective substance use disorder treatment.