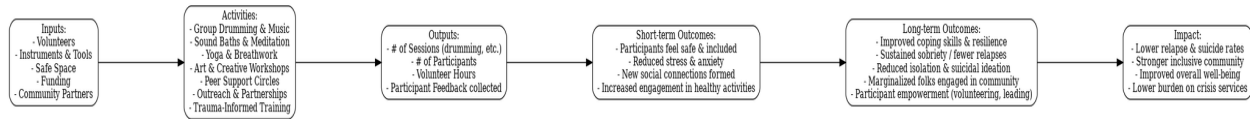


Connecting Through Rhythm -

Theory of Change



This document is best viewed in print layout mode, if you're on a handheld device, the three dots in the top right corner..

(see larger flowchart at the end of this document)

Problem and Need

Many individuals in addiction recovery or experiencing mental health challenges struggle with isolation and a lack of supportive community. Traditional supports (like 12-step groups, churches, or clinical programs) don't work for everyone - some feel alienated or "out of place" in these environments.. As a result, they may not seek help at all, increasing their risk of relapse or suicide. A local recovery court judge noted that we are "more lonely and disconnected than ever," calling this disconnection **"unhealthy and frankly toxic"** and emphasizing how **"bringing people together for uplifting sober fun and shared experiences is critical"** for those healing from addiction *Connecting Through Rhythm (CTR)* was created to fill this gap. It offers an alternative path for people who crave connection and healing but wouldn't otherwise engage in traditional recovery settings. By providing a safe, inclusive space and creative outlets, CTR addresses the root issues of isolation and stigma that often undermine sustained recovery and wellness. This approach is grounded in the understanding that social connectedness and belonging are powerful protective factors - feeling connected to a community can buffer against substance relapse and even reduce suicide risk ([Complementary therapy for addiction: "drumming out drugs" - PubMed](#)) ([Risk and Protective Factors for Suicide | Suicide Prevention | CDC](#)). In short, the problem is clear: too

many people are left without a comfortable place to heal, and CTR meets that need by forging a new kind of community where *everyone* is welcome.

Key Assumptions

The theory behind CTR's programming rests on several key assumptions:

- **Belonging and purpose drive recovery:** We assume that people are more likely to maintain sobriety and mental wellness when they feel a sense of belonging, acceptance, and purpose. When isolation is replaced with belonging and shame is replaced with acceptance, lives can change. The CTR model assumes participants will engage and remain involved because the environment meets a basic human need for connection.
- **Holistic healing is effective and engaging:** It's assumed that music, art, and mindfulness-based activities can effectively engage individuals who may distrust or dislike formal therapy or religious programs. We operate under the belief (supported by research) that creative and mindfulness practices can reduce stress and build coping skills, even among those resistant to traditional treatment. ([A Narrative Review of Yoga and Mindfulness as Complementary Therapies for Addiction - PMC](#))
- **Peer leadership builds trust:** A core assumption is that having peers and volunteers with lived experience lead and govern the program will build trust and relatability. Participants are more likely to open up and return when they see others "like them" in leadership roles, and when they can eventually take on those roles themselves. This peer-led model assumes that shared experience is a powerful catalyst for hope and engagement.
- **Safe, trauma-informed space lowers barriers:** We assume that providing a consistent, welcoming, **trauma-informed** space (free of judgment, substances, and cost barriers) will encourage participation from people who otherwise remain isolated. If the space is open at all hours and designed with sensitivity to trauma, more individuals will feel safe to drop in and seek support on their own terms.

These assumptions, drawn from both research and the lived experiences of the founders, underpin CTR's strategy. They reflect our belief that an inclusive, creative community can empower individuals who might never set foot in a clinic or AA meeting to nevertheless embark on a healing journey.

Inputs

Achieving our goals requires a combination of tangible resources and human capital. Key inputs include:

- **Dedicated Volunteers and Staff:** The lifeblood of CTR is its people - passionate volunteers (including certified peer support specialists and community members) who facilitate activities and keep the space open and welcoming. Many have lived experience with addiction or trauma, providing empathy and relatability.
- **Inclusive Space:** A safe, accessible physical location is crucial. CTR is actively securing a donated or low-cost venue (e.g. a vacant church or community hall) that can serve as a 24/7 **substance-free** community hub. This space will be trauma-informed in design (comfortable lighting, calming decor, private nooks) to help everyone feel at ease.
- **Instruments, Tools, and Materials:** Musical instruments (drums, guitars, singing bowls), art supplies, yoga mats, cushions, and other wellness tools are needed to facilitate the wide range of activities. These tools enable creative expression and mindfulness practices - everything from a djembe drum for a circle to mats for meditation sessions.
- **Funding and In-Kind Support:** Financial resources (through grants, donations, and fundraisers) are needed to cover program expenses - from outreach materials and instruments to operational costs (utilities, snacks, etc.). In-kind donations (like donated instruments or services) and community partnerships also fuel the program's reach.
- **Community Partnerships:** Building connections with local organizations and leaders is an important input. Partnerships with treatment courts, mental health clinics, shelters, and cultural groups help refer individuals who might benefit, and provide additional resources (e.g. a yoga instructor volunteering from a local studio). These partnerships and goodwill from the community will strengthen CTR's capacity.

With these inputs in place - dedicated people, a welcoming space, the right tools, funding, and community support - CTR will be equipped to deliver its programming. The inputs form the foundation upon which all activities are built and scaled.

Activities

CTR will implement a range of **holistic, creative, and peer-driven activities** to engage participants. These activities are designed to support emotional wellness, foster social connections, and fill service gaps in the community and recovery landscape. The core activities include:

- **Music-Based Healing (Drumming & Sound):** Rhythm and music are at the heart of CTR. We host *group drumming circles*, live instrument open mic jams, percussion jams, ecstatic dance nights, and *sound bath* meditation sessions using gongs and singing bowls. These activities harness the therapeutic power of rhythm and vibration to reduce stress and open participants up emotionally. Research shows that drumming can induce relaxation, release emotional trauma, and alleviate feelings of isolation - creating a

sense of connectedness with self and others. In fact, drumming circles have been successfully used as a complementary therapy for people with repeated relapse, especially when other modalities failed, by providing a non-verbal, spiritual outlet for expression. Likewise, meditative sound baths (e.g. Crystal singing bowls) have been found to significantly lower tension, anxiety and depressed mood while increasing feelings of spiritual well-being ([Effects of Singing Bowl Sound Meditation on Mood, Tension, and Well-being: An Observational Study - PMC](#)). By integrating music-based healing (from lively drum circles to tranquil sound meditations), CTR helps participants regulate their emotions, have fun in sobriety, and experience moments of joy and catharsis together.

- **Peer Support & Inclusive Social Space:** All programming is grounded in peer support and community-building. We will facilitate *peer-led support circles*, recovery check-ins, and simply unstructured social time (like community meals or game nights) in a safe, sober environment. The emphasis is on **inclusive social connection** - everyone is welcomed as family, no matter their background or identity. This informal peer support helps reduce feelings of loneliness and creates a sense of belonging among participants. Evidence shows that peer support is beneficial in improving wellbeing by reducing isolation and fostering community ties ([The Impact of Peer Support on Patient Outcomes in Adults With Physical Health Conditions: A Scoping Review - PMC](#)). In our space, someone might come for a drum circle and end up chatting with peers over tea for hours afterwards - forming friendships that continue outside CTR. The center is intentionally non-institutional and non-judgmental: there are no hierarchies of “provider” and “client,” just people helping each other. By experiencing fellowship and understanding, participants build trust and supportive relationships that extend beyond any single activity. This **community-based protective factor** directly combats suicide risk - simply feeling connected to others and cared for can be lifesaving ([Risk and Protective Factors for Suicide | Suicide Prevention | CDC](#)). CTR’s social activities will thus cultivate an extended family of mutual support, open to those who may have never felt “accepted” elsewhere.
- **Holistic Wellness Practices:** CTR will offer a variety of mind-body wellness activities - *guided meditation sessions, breathwork classes, yoga, mindfulness workshops*, and even occasional movement/dance or tai chi classes. These practices help participants develop healthy coping mechanisms for stress, trauma triggers, and cravings. All sessions are designed for beginners and are secular in nature, lowering barriers for those who might shy away from spiritual or clinical programs. There is a growing body of evidence that yoga, mindfulness, and breathwork can complement addiction recovery by improving self-awareness, emotional regulation, and stress resilience ([A Narrative Review of Yoga and Mindfulness as Complementary Therapies for Addiction - PMC](#)) For example, a simple guided breathing exercise or yoga stretch in a moment of anxiety can ground someone and prevent impulsive harmful behavior. By regularly engaging in these practices at CTR, participants will learn skills to calm their nervous system and mind. Over time, this translates to better coping with cravings or depressive thoughts. The

holistic wellness activities also reinforce self-care and personal growth - participants start to see themselves not just as “addicts” or “patients” or “depressed” or “different”, but as people capable of growth, balance, and even joy. In combination with the creative outlets, these practices treat the *whole person*: body, mind, and spirit.

- **Volunteer & Member-Led Governance:** Uniquely, CTR will involve participants directly in leading and shaping the program. Many activities will be **member-led** or co-facilitated by volunteers who started as participants. For instance, a member passionate about art might host a painting circle, or a peer in long-term recovery might mentor newcomers. The nonprofit’s governance also includes members in decision-making (e.g. a volunteer advisory board composed of community members). This approach not only provides abundant programming (since members contribute their talents), but also empowers individuals by giving them ownership. Research on peer recovery services highlights that involving peers in program leadership and delivery improves effectiveness and engagement ([What is the Evidence for Peer Recovery Support Services? - Recovery Research Institute](#)). We see this daily at CTR - when someone who used to sit in the back now leads a drum circle, their confidence and commitment soars. Volunteer- and member-led programming ensures authenticity (“**nothing about us without us**”) and will keep the space attuned to community needs. It also means the community can sustain itself: as people grow, they give back, creating a positive feedback loop of engagement. This participatory model is a stark contrast to top-down clinical and social settings and is precisely what helps CTR reach people who previously “dropped out” of formal treatment or don’t feel comfortable in traditional social settings.. Each member is a stakeholder, not just a service recipient.
- **Strategic Outreach & Trauma-Informed Engagement:** To reach those who need this space the most, CTR will engage in active outreach and employ a trauma-informed approach in all interactions. *Strategic outreach* involves partnering with, halfway houses, LGBTQ+ centers, veteran groups, and other community organizations to invite marginalized or high-risk individuals to attend our events. We also use social media and word-of-mouth referrals, often through current members, to welcome newcomers who may feel distrustful of institutions. Importantly, everything at CTR is **trauma-informed** - our volunteers are trained in principles of safety, choice, collaboration, trustworthiness, and empowerment. This means we meet people “where they’re at.” If someone just wants to sit quietly at the edge of a drum circle, that’s okay. If a participant has a trauma trigger (e.g. certain loud noises), we adapt accordingly. By prioritizing emotional safety, we ensure the space remains welcoming to those with *deep scars of trauma*. Many participants have histories of abuse, combat trauma, or adverse childhood experiences; our approach avoids re-traumatization (for example, no confrontation, no forced sharing, allowing people to step outside or take breaks as needed). Over time, this consistency and compassion build trust. CTR explicitly seeks to engage individuals who have “fallen through the cracks.” As the proposal describes, this space is for “*everyone*,” *especially those who feel out of place in traditional settings* - a “**calm, creative, and affirming place**” where people can participate on their own terms. In practice, that might mean a

person who would never speak in a formal group finds themselves drumming freely among friends at CTR. Our outreach and trauma-informed practices ensure that *the most isolated and vulnerable know they have a place here*. This fills a critical service gap: peer community programs like CTR focus on rebuilding one's social network and life in ways formal treatment and regular societal engagement often cannot ([What is the Evidence for Peer Recovery Support Services? - Recovery Research Institute](#)).

Through these interconnected activities, CTR provides a **holistic program of healing**. A typical week might include: a Monday night drum circle, a mid-week yoga class, open drop-in hours every afternoon for coffee and conversation, a Friday art workshop, and a weekend potluck with acoustic music. All of these activities work in synergy - the drumming might attract someone initially; they stick around for the meditation; over time they become a volunteer facilitating Sunday morning yoga. Each element reinforces the others under the unifying goal of connection and wellness. Ultimately, CTR's activities meet people's social, emotional, and creative needs in a way that traditional social settings (where some may feel out-of-place) and recovery services often do not.

Outputs (Direct Results of Activities)

As CTR implements its programs, we will track a variety of **outputs** to measure our reach and productivity. These outputs are the immediate, countable results of our activities and resources. Key outputs include:

- **Participation and Attendance:** The number of people served is a crucial metric. CTR will track how many individuals attend events and utilize the space each month. This includes total attendance (e.g. cumulative counts at drum circles, classes, etc.) as well as unique participants (how many different individuals engaged). We anticipate serving hundreds of people annually once established, with a focus on those not engaged elsewhere.
- **Events and Sessions Held:** We will record the number and types of sessions offered. For example, the number of drum circles per month, meditation/yoga classes per week, arts (visual and performance) workshops, open mic nights, support circles, ecstatic dance nights, and other gatherings. Consistently offering a variety of events (e.g. **4 drum circles, 8 yoga/meditation sessions, and 2 workshops per month**) will demonstrate program activity levels. As the space is open 24/7, we will also log the hours of open community access provided.
- **Volunteer Engagement:** Another output is the level of volunteer involvement. This can be measured in volunteer hours contributed, number of active volunteers, and number of peer-led sessions. For instance, tracking that X volunteers facilitate Y sessions or that volunteers logged Z hours in a quarter. A high rate of member-led events is a positive output indicating community empowerment.

- **Member Feedback and Engagement:** We will gather data on participant engagement beyond mere attendance. Outputs here include the number of feedback surveys collected, testimonials, or participants joining as volunteers/mentors. For example, if 90% of participants report feeling welcome and plan to return (via surveys), or if a certain number move into leadership roles, those are tangible outputs of engagement. Similarly, counts of partnerships established (e.g. *N* partner organizations referring people or co-hosting events) and outreach activities (presentations or community events attended by CTR to raise awareness) are tracked.

These outputs give funders and stakeholders concrete evidence of activity: how many people are coming, how often, and what we are delivering. In summary, by tracking “**how much we did**” - events held, people reached, volunteer involvement - CTR can demonstrate productivity and growth. For example, within the first year we might report: *100+ holistic events hosted; 200 distinct participants engaged; 20 volunteers running programs; 500 total attendance count; 95% of surveyed participants satisfied*. These figures show that the inputs are being effectively converted into accessible services for the community.

Short-Term Outcomes (0-12 months)

Beyond outputs, CTR will be focused on the **short-term outcomes** - the initial changes and benefits experienced by participants and the community as a direct result of our activities. In the first months of engagement, we expect to see positive shifts in individuals’ emotional states, behaviors, and social connections. Key short-term outcomes include:

- **Improved Emotional Well-Being:** Participants experience immediate relief from stress, anxiety, and depressive feelings during and after activities. For many, attending a drum circle, meditation class or breathworks session leads to an observable mood boost - they leave calmer and more uplifted than when they came. Studies confirm this effect: even a single session of a singing-bowl sound meditation significantly reduced tension, anger, and depressed mood in participants ([Effects of Singing Bowl Sound Meditation on Mood, Tension, and Well-being: An Observational Study - PMC](#)). We anticipate similar short-term improvements; for example, someone struggling with anxiety might report feeling relaxed and hopeful after an evening sound bath. These emotional benefits, though subtle at first, are critical early wins that keep individuals coming back instead of turning to substances or harmful behaviors for relief.
- **Increased Social Support and Connection:** A major outcome within the first months is that participants will form new positive relationships and feel a sense of *belonging*. Those who came in feeling alone will start to recognize familiar faces, make friends, and build trust in others. We expect to see people exchanging phone numbers, supporting each other through challenges, and celebrating successes together. This emerging social network provides **protective peer support** - instead of isolation, individuals have someone to call when they’re struggling. As early as their first few visits, participants often say they “finally found a community where I fit in.” This shift from loneliness to

camaraderie is invaluable: research indicates that reducing feelings of isolation through peer connection directly improves well-being and can be a lifesaver in recovery ([The Impact of Peer Support on Patient Outcomes in Adults With Physical Health Conditions: A Scoping Review - PMC](#)). In practical terms, an outcome may be that a participant who had no supportive friends now has 2-3 “buddies” they regularly meet at CTR events or hang out with outside.

- **Enhanced Coping Skills and Healthy Behaviors:** In the short term, we expect participants to begin using the techniques and practices learned at CTR in their daily lives. For example, after a few breathwork sessions, a participant might start using deep breathing at home when stressed instead of reaching for a drink or participating in other maladaptive behaviors. Someone who picks up drumming might use it as an outlet when they feel anger or cravings. These are outcomes like *improved coping skills*, *healthier stress responses*, and *constructive use of free time*. Participants will often rekindle hobbies and passions (art, music, dance), replacing idle or negative time with positive activities. Even attending CTR regularly is itself a healthy routine that provides structure - an outcome could be that a person goes from isolating at home to showing up every Friday for drum circle and helping clean up after (a positive routine and sense of responsibility). Such changes, while small-scale, mark a turning point: individuals are choosing healing activities over harmful/maladaptive ones in the short run.
- **Increased Hope and Engagement in Recovery:** Another immediate outcome will be a boost in hopefulness and motivation. By seeing that change is possible (for example, meeting peers who are sober for years, or who are learning to live with mental health diagnosis, witnessing their own mood improve, without substances or participating in unhealthy behaviors), participants will gain hope for their own recovery. We expect many to report feeling inspired and more determined to stay sober, feel more comfortable in social settings and have an overall better quality of life after engaging with the community. We anticipate better early retention in recovery - e.g. someone newly out of treatment, recovering from a traumatic experience or just being released from an inpatient hospital stay, who continues with our support group weekly for 3 months, whereas previously they may have lost interest in any sort of recovery practice. Participants will also become more open to seeking other help (therapy, employment, etc.) as their confidence grows. An indicator of this outcome could be self-reported increases in optimism about the future and personal recovery goals. In short, CTR aims to ignite that spark of hope and commitment in each individual, so they continue on a healing path rather than giving up.

Collectively, these short-term outcomes reflect **meaningful changes in attitudes, feelings, and behaviors**. Within weeks and months, individuals should feel better emotionally, connect with others, and start making healthier choices - all of which set the stage for sustained recovery and well-being. For funders, these outcomes demonstrate that CTR is not just providing activities, but is truly changing lives on a day-to-day level (e.g., “Participants report reductions in

stress and loneliness after 1 month of involvement,” “X% of newcomers have built at least one supportive friendship through CTR”). These immediate changes will be the building blocks for the long-term outcomes and impacts on the community.

Long-Term Outcomes (1+ years)

Over the longer term - one to several years of engagement - CTR expects to see deeper, more sustained outcomes for individuals, as well as ripple effects in the broader community. These **long-term outcomes** will indicate that participants are not only feeling better, but actually living more stable, fulfilling lives, and that the community is becoming stronger and more inclusive.

Key long-term outcomes include:

- **Sustained Recovery and Relapse Prevention:** Perhaps the most critical long-term outcome is that individuals maintain their sobriety or significantly reduce substance use over time. By continuously participating in CTR’s supportive community and activities, people in recovery have a much lower likelihood of relapsing. They have a safety net to catch them during crises and a sense of accountability to their peers. We aim to see participants celebrating “milestones” - six months, one year sober - with their CTR family. Even those who experience slips are met with **the most** support to get back on track, rather than feeling shame. The ultimate measure is reduced relapse rates among our members compared to those without such support. Evidence strongly suggests that peer-based recovery support correlates with lower relapse rates and higher treatment retention ([What is the Evidence for Peer Recovery Support Services? - Recovery Research Institute](#)), validating our expectation that CTR members will be more likely to stay substance-free. In time, this could be reflected in data like: “After one year, 80% of regular CTR participants have maintained sobriety, compared to 50% typical for the population,” illustrating a concrete reduction in relapse due to our program.
- **Improved Mental Health and Reduced Suicide Risk:** In the long run, individuals involved with CTR should experience overall improved mental health - fewer depressive episodes, reduced trauma symptoms, and an enduring sense of belonging that protects against suicidality. With ongoing participation in evidence based, peer reviewed practices like meditation, yoga, and artistic expression, many will develop resilience and healthier thought patterns. Importantly, as their social supports grow, the risk of reaching a point of crisis or suicide is greatly diminished. We expect outcomes such as *reduced suicidal ideation, improved self-esteem, and greater utilization of coping strategies during personal crises*. We expect participants to report that CTR “saved my life” by giving them hope and community during dark times. On a measurable level, we might track crisis interventions or suicide attempts among our members: the goal is that those engaged with CTR have significantly fewer psychiatric hospitalizations or suicide attempts than before. This aligns with community health goals, as connectedness is a known protective factor against suicide ([Risk and Protective Factors for Suicide | Suicide Prevention | CDC](#)). As a community member of Recovery Cafe’ in seattle stated *“I haven’t felt suicidal in over a year, ever since I started coming- I feel like I have a reason to live and*

people who care about me.” That kind of transformation from hopelessness to stability is what CTR strives to facilitate at scale.

- **Empowerment and Personal Development:** Over years, CTR expects participants to grow into leaders and thriving community members themselves. A key outcome is that formerly marginalized individuals gain confidence, skills, and purpose. For example, someone who was unemployed and struggling might, through volunteering at CTR, gain leadership experience and go on to secure a job in the wellness field. Others might become certified peer support specialists or start their own creative recovery groups. We will see members taking ownership - in the long term, we anticipate a network of peer mentors emerging from CTR. This reflects **empowerment**, individuals will recognize their strengths and leverage them to help others, breaking free of the “patient”, “black sheep” or “crazy person” identity. Quantitatively, we could measure this by the number of participants who transition into volunteer roles or complete training programs (e.g., X members became volunteer facilitators or obtained relevant certifications after being participants). Qualitatively, evidence shows that participants in models like these speak with pride about “our place” and will proactively drive its future. ([Recovery Café related Members’ outcomes](#)) This outcome ensures the program’s sustainability as well - the community continually renews itself by empowering its own members to carry the torch.
- **Greater Community Cohesion and Inclusion:** On a broader level, CTR’s long-term presence will contribute to a more cohesive and inclusive community, especially for marginalized groups. As people of diverse backgrounds come together at the space - across lines of age, race, LGBTQ identity, or socio-economic status - prejudices break down and understanding increases. The outcome is a micro-community that models inclusivity and compassion, which can influence the larger city environment. We anticipate that neighbors and local leaders will increasingly view CTR as a positive gathering place that will bridge gaps between people. Stories of unlikely friendships (for instance, a veteran with PTSD drumming alongside a young artist in recovery and forming a bond) will become common. In the long run, this *strengthened social fabric* might manifest as broader support for recovery and mental health initiatives city-wide, reduced stigma around addiction (because more community members will see recovery success firsthand at CTR), and even collaboration between different social groups. One concrete long-term outcome could be growth in the diversity of membership and leadership at CTR - ensuring that those often excluded (e.g. people of color, LGBTQ individuals, justice-involved persons) are not just participants but organizers. Another marker might be replication of our inclusive model in other neighborhoods, signaling that the community values and wants more of these spaces. Essentially, CTR will act as a community glue: by years 2-3, we expect it to be a well-known hub in Oklahoma City where anyone - from any walk of life - can walk in and feel at home. In a small but significant way, this increases overall community resilience and connectedness.

Collectively, these long-term outcomes will mean that individuals are not only avoiding negative outcomes (like relapse or self-harm) but are also moving toward positive life changes (like stable recovery, employment, giving back to others). For funders, the long-term outcomes will demonstrate that CTR's approach results in sustained behavior change and improved life trajectories. We can point to reduced relapse rates, improved mental health metrics, and testimonies of personal growth as evidence that the program will achieve its goals. Moreover, the community-level changes will show that your investment in CTR has a ripple effect beyond each individual - it helps build a healthier, more connected society.

Intended Impact

The ultimate **impact** of Connecting Through Rhythm is a healthier community where fewer people fall through the cracks, and more people thrive in recovery and wellness. If CTR's theory of change holds true, the long-term impact will be evident as **measurable reductions in relapse and suicide rates** among the population we will serve, and an enduring strengthening of the community fabric in our region. In concrete terms, our vision of impact includes:

- **Lives Saved and Sustained Recovery:** Fewer families will lose loved ones to overdose or suicide. Individuals who might have relapsed or taken their lives are instead alive, sober, and contributing to society - in part because CTR was there at the crucial moment to offer connection and hope. Over several years, we aim to demonstrate statistically that participants in CTR have higher rates of sustained recovery and lower incidence of suicide or overdose compared to those without access to such support. Every person who stays sober and alive is an immeasurable impact in itself; collectively, this translates to a significant public health improvement.
- **A Model of Inclusive Community Healing:** The community impact is not just on those who will attend CTR, but on the whole culture of care in the area. We envision CTR as a **catalyst for a more inclusive, compassionate community**, where seeking help and engaging in healing practices is normalized and encouraged. The expected success of CTR (e.g. hundreds of people regularly coming together in sobriety and solidarity) can inspire the creation of similar spaces or the integration of holistic, peer-driven approaches in other organizations. In time, the broader recovery ecosystem shifts - it becomes more common to see drum circles or yoga in treatment programs, more peer-run groups in different neighborhoods, etc., because many others have proved the concept. The impact is a community that truly values and supports **"connections before disconnection,"** making isolation less prevalent.
- **Reduced Burden on Emergency Services and Systems:** As a result of fewer crises and relapses, there is a tangible easing of strain on healthcare, law enforcement, and social services. When people find stability and support through CTR, they are less likely to require emergency room visits, psychiatric hospitalizations, or involvement in the criminal justice system related to their addiction or mental health struggles. A prominent city leader noted that a space like this is **"not just a powerful tool for healing - it's**

also a smart investment,” because by supporting long-term recovery and social reintegration, we **“reduce the strain on emergency services, jails, and treatment centers - ultimately saving taxpayer dollars while improving lives.”** This captures the systemic impact CTR strives for. Funders’ contributions are leveraged into cost savings for the community at large, as well as outcomes like reduced homelessness and unemployment as people stabilize their lives. In sum, the impact is both human (lives improved) and economic (resources saved).

- **Stronger, Healthier Community Fabric:** In the big picture, Oklahoma City (and specifically its recovery and mental health community) will become stronger and more resilient thanks to CTR. The **sense of community cohesion** - neighbors looking out for one another, people from different walks uniting in common purpose - is an intangible but vital impact. This is reflected in things like increased volunteerism, higher civic engagement among people in recovery, and a general ethos of inclusivity in local events and spaces. Success will look like this: no one in our community feels like they have “nowhere to go” when they are struggling. Instead, they will know CTR (or a similar community hub) is there for them any time, day or night. The narrative around addiction and mental health shifts from one of shame to one of support and second chances. In a phrase, the **impact is a community where healing, connection, and inclusion are the norm, not the exception.**

Persuading funders requires not only showing these lofty impacts but also the credible path to get there - which this Theory of Change has outlined from inputs and activities to outcomes. The impact of CTR is aligned with both compassionate humanitarian goals and practical outcomes that any funder can appreciate: lives saved, illnesses averted, and communities strengthened. By investing in CTR, funders are effectively investing in a preventative, community-centered solution to two of society’s toughest challenges - addiction and suicide. Over time, the return on this investment is seen in healthier people (physically, mentally, emotionally) and a more vibrant, connected community. **The result? Healthier people, stronger communities, and long-term savings for public systems)** - exactly what Connecting Through Rhythm is built to achieve.

Connecting Through Rhythm - Theory of Change FlowChart

This Theory of Change flow chart visually illustrates the logical pathway from **Inputs** to **Impact** for Connecting Through Rhythm’s programming.

- It begins with key **Inputs** such as instruments and wellness supplies, volunteers and staff, community partnerships, and funding.
- These resources support a range of **Activities** like drumming circles, sound baths, holistic wellness classes, peer-led groups, and outreach efforts.

- These activities produce tangible **Outputs**, including participant attendance, events held, feedback collected, and volunteer engagement.
- From there, the chart shows progression to **Short-term Outcomes** (0-12 months), such as improved emotional well-being, increased social connection, and enhanced coping.
- Over time, these outcomes contribute to **Long-term Outcomes** (1+ years), including sustained recovery, reduced relapse, personal empowerment, and stronger community cohesion.
- Ultimately, all pathways lead to the overarching **Impact**: reduced relapse and suicide rates, overdose deaths and a stronger, more inclusive community.

