



Wyoming Survey & Analysis Center
UNIVERSITY OF WYOMING

PROGRAM EVALUATION

MEN'S FAITH-BASED RESIDENTIAL RECOVERY PROGRAM

Residential Recovery
Life in Victory
Renewal Ranch
Program Evaluation 2025

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Executive Summary

The Wyoming Survey & Analysis Center (WYSAC) at the University of Wyoming provides evaluation services to the Arkansas Opioid Recovery Partnership (ARORP). ARORP is an independent organization, unaffiliated with any religious institution, created to distribute opioid settlement dollars to Arkansas-based programs. These funds, based on settlement distribution agreements, may be awarded to projects that utilize and implement evidence-based practices to abate the opioid epidemic. Programs and interventions may be delivered by either faith-based or non-faith-based organizations. While faith and spirituality can serve as supportive elements in recovery, ARORP's mission is to advance evidence-based opioid prevention, treatment, and recovery practices that are accessible to all, regardless of religious affiliation.

Two funded programs — Life in Victory and Renewal Ranch — are faith-based residential recovery facilities for men, offering structured, Christian-centered recovery services in a safe and supportive environment. This evaluation examined the implementation, perceived effectiveness, and operational strengths and challenges of these two programs. Findings show that Life in Victory and Renewal Ranch provide structured, faith-based environments that support personal growth, spiritual development, and lasting recovery. Challenges include personal, relational, and program-related factors that can limit engagement and progress. Recognizing both successes and barriers helps identify best practices, address service gaps, and strengthen the sustainability of these recovery programs.

Background

Residential recovery programs provide a structured, sober-living environment for individuals working to overcome substance use disorders or other behavioral health challenges. Within a supportive and supervised environment, participants engage in individual and group coaching, training, and relapse prevention planning. The purpose of these programs is to help individuals build a stable foundation for sustained recovery in a safe, substance-free setting.

Approaches to residential recovery can differ in their guiding philosophy. Faith-based programs integrate spirituality and principles defined by their specific faith into the recovery process, while secular programs focus primarily on behavioral interventions. Despite these differences, both models share the goal of building ethical principles and fostering long-term sobriety through structured support and accountability.

Introduction

The Wyoming Survey & Analysis Center (WYSAC) at the University of Wyoming conducted an evaluation of the men's faith-based residential recovery programs – Life in Victory and Renewal Ranch – in August 2025. Each program was funded by the Arkansas Opioid Recovery Partnership (ARORP).

WYSAC researchers conducted 14 semi-structured interviews with program staff, facilitated two focus groups with current participants, and interviewed former participants from both facilities who exited early. These activities were designed to assess implementation, perceived effectiveness, and the operational strengths and challenges of the two programs.

The purpose of this evaluation is to explore the following research questions:

- Which core processes and beliefs contribute most to the success of these faith-based programs?
- What are the primary strengths and distinguishing features of these programs?
- What common challenges and barriers do these programs face in implementation or participant engagement?
- In what areas could these programs be improved or enhanced to increase their effectiveness?
- What factors influence participants' decisions to leave the program prior to completion?



All photos in this document were obtained from Life in Victory and Renewal Ranch's public Facebook pages in September of 2025.



Program Summaries

Life in Victory: Life in Victory has seven staff members and a main campus with a total of 202 beds; at present, 130 individuals are enrolled in its year-long residential program. The program centers on biblical principles and emphasizes discipline, peer support, and gradual reintegration into independent living. Residents begin with a 30-day blackout period during which all outside contact is prohibited. Afterward, they are permitted limited phone calls and family visits during designated times. In the first 90 days, residents complete onsite chores such as lawn care, dishwashing, and maintenance. Following this period, they must obtain employment. Transportation is provided by staff for work, court, or medical appointments.

The rural campus includes bunkhouse accommodations, semi-private rooms, cabins, and recreational facilities. Housing transitions are phased, with increasing privacy and privileges awarded after achieving specific milestones, including weekend home passes and use of personal vehicles after six months. Graduates may choose to remain on-site in personal campers.

Daily routines—adjusted for work schedules—include morning Bible study, chores or job assignments, meals, and evening classes in areas like parenting and anger management. Residents who miss Bible study due to work receive supplemental materials. Peer support is central throughout, and graduation requires an individualized exit plan addressing employment, church involvement, and sobriety maintenance.

Renewal Ranch: Renewal Ranch's facilities have a total of 100 beds on its main campus and employs 21 staff members. Residents participate in a structured, faith-based program lasting approximately twelve months. The program is divided into two distinct phases and is designed to prepare residents for lasting sobriety, accountability, and reintegration into the community.

Phase One emphasizes discipline and consistency through a highly structured daily routine. Residents begin the day with personal preparation, chores, and breakfast before alternating between classroom instruction and work assignments throughout the week. This balance of faith-based learning and practical responsibility builds accountability. Evenings conclude with dinner and Bible study. Residents are housed in dorm-style rooms, transitioning to shared apartments upon graduation of Phase One.

Phase Two focuses on independent living. Residents move into on-site apartments, secure full-time employment, and pay rent while maintaining their housing and following nightly curfews. After 30 days in Phase Two, they may take weekend passes with staff approval, subject to mandatory drug testing upon return. During this phase, participants must commit to a church in the surrounding community and attend weekly services.

Sampling Approach

WYSAC evaluators relied on ARORP staff's existing relationships for recruitment to a) use purposive sampling to select staff with direct experience with the programs, and b) guide program staff in recruiting focus group participants and past (former) program participants who left the program prior to completion.

Ethical Considerations

Informed consent was obtained from all participants. Audio recordings were securely destroyed following transcription, and no identifiable information will be included in any reports or presentations resulting from this project.

Methods

WYSAC conducted a thematic analysis of transcripts from qualitative data, which included 14 semi-structured staff interviews, two focus groups with current program participants, and interviews with four individuals who discontinued the program prior to completion.

Data Analysis

Data were derived from participant interviews and focus groups. All sessions were audio-recorded and transcribed. A thematic approach to data analysis was used to identify themes, interpret patterns, and highlight common and divergent programming, experiences, and perspectives across participants.





FINDINGS: Staff Interviews

Interviews revealed several common core processes and beliefs that staff from both programs felt contributed to their success: a shared program goal, similar client services and support, and the promotion of responsibility through experience and structure. For staff interviews, Life in Victory participants included four women and three men, and Renewal Ranch participants included six men.

Program Goal

All staff members of both programs stated that the primary goal was to form a lasting and transformative relationship with God, and that this relationship was key to sobriety and stability. Staff members from both programs presented addiction as both a behavioral health condition and a spiritual challenge. While acknowledging biological, psychological, and social contributors, staff emphasized that substance use often reflects a search for meaning, unresolved pain, or a disconnection from God. Recovery is therefore a process of spiritual renewal, moral transformation, and restored purpose supported by faith practices, accountability, and a supportive community.

“We care about them getting clean and sober, but that is not our goal. Our goal is to help them get that intimate relationship with the Lord, which I believe with my whole heart and soul, is the only true way to recovery. Because a lot of people, it's not even the addiction that's causing the problem in their life. What is causing them to go to the addiction that's you've got to get to the root there, you know, like an iceberg. There's so much you see on the surface, but the Titanic hit what was under the surface. They didn't hit the top.”

Client Services and Support

Staff from both Life in Victory and Renewal Ranch described the comprehensive support they provide to address residents' practical, emotional, and spiritual needs. Services included access to health care and transportation for medical appointments and court. Assistance with immediate needs such as clothing, hygiene products, and urgent medical or dental care are also provided. Both programs supply personal bibles and other Christian reading materials.

“So, we do telehealth for mental health. We give them rides back and forth to the doctor, back and forth for court. We offer parenting classes, anger, resolution, character commands. We have tons of classes.”

“So, typically, when a guy comes, I would say 35 or 40% of them don't have anything, just the clothes on their back. So, we have a lot of people calling us to give us donation clothing. So, we have a room full of just clothing that they can have. We provide them hygiene products. We

obviously help them get health insurance so that we can send them for a physical and take care of some of their medical needs. We're partnered with a couple of dentists here who would help them. Most of them have terrible teeth, which can be painful. So, if . . . if their teeth are to a point of, you know, pain and discomfort, we can find somebody to help them pull their teeth or whatever the case may be. Nothing cosmetic, really, but like needed things. We have a car donation list that the men can be put on once you make it to Phase Two. If there's an available vehicle that someone's donated, it just kind of goes in line of who's on the list, but there's been guys given vehicles to help them out."

Responsibility, Experience, and Structure

Personnel from both programs discussed how structured work experience and daily routines helped residents develop responsibility and accountability, self-discipline, and decision-making skills. Together, staff members described how “experience plus structure” helped residents internalize responsibility as a habit rather than a one-time lesson to prepare for independent, sober living.

“We center around our faith, but coach you how to work in life, and they have to know how to be able to work in circumstances and situations that are not like [here]... So, we try to, we try to instill how you're going to handle getting on here working and if someone does this or this or this next, you know how you're going to respond. This is what we're trying to teach them.”

“I think that this program is set up to help a man succeed. So, what I mean by that, the first phase being kind of a blackout. First six months, you're not having a phone, you don't have much freedom. You're learning structure in your life, okay? And then as you move to Phase Two, you get a little bit of freedom back, but you still got a leash on you. And what you do by the end of this thing is you've learned structure, and then you've gone to Phase Two, and you've learned responsibility. And after a full year, it's our hope that you will take everything that you've learned and just go and do that on your own. So, I feel like the way that this program is set up is truly designed to help you succeed. You could come in here homeless, and in eight months, you might be working at [business] making, you know, seven or \$800 a week. And when you graduate, you be able to get your own place.”

Discussions with staff of both programs highlighted key strengths, including shared understanding between staff and residents, forgiveness and second chances, the use of resident feedback to enhance services, and the importance of staff supporting one another to ensure effective and consistent care.

Shared Understanding

Staff across the two programs emphasized that their personal life experiences enhance their understanding of residents. At Life in Victory, most staff members have completed a faith-based residential recovery program, while all Renewal Ranch staff have personally gone through the Renewal Ranch program itself. Staff reported that lived experience significantly strengthens counseling for individuals with substance use disorders, as it provides firsthand insight into triggers, challenges, and systemic barriers.

“So, I’ve [assistant director] been through the program. It’s the only way I could’ve did it. I’ve been to secular programs, and I’ve been, I’ve been to faith-based ministries before, and it seems like when I get out there, I forget about what I learned. So, implementing Jesus Christ into my life and showing these guys by my actions, then it kind of, they kind of follow suit.”

“So, I would say, you know, one of our strongest factors would be the hiring of only graduates of our program. So, our entire program staff, and when I say program staff, I mean the men that are living amongst them, or that’s the like the certain phase supervisors, or our director. I’m the Assistant Program Director, and there’s a program director above me. All of us are graduates of the program, so just one, being able to say that to a man that’s sitting in the seat, you know, being interviewed, or as you’re helping him out. I feel like that creates a sort of relatability. You know, I’m not a pastor coming in from a church preaching towards you men. I’m a man that sat in that very seat and done very things that you’ve done. So, I feel like that’s one of our strongest . . . our strong points is that all of our staff members are graduates of the program.”

Forgiveness with Accountability

Team members at each program discussed how forgiveness played an important role, reflecting the biblical principle of grace with accountability. When a resident relapses but is allowed to continue to pursue recovery through alternative placement or later reentry, this act of grace not only reinforces accountability but also models the redemptive nature of forgiveness. This act of forgiveness encourages residents to take responsibility, learn from their mistakes, and continue moving toward lasting sobriety with renewed hope.

“There’s enough freedom for you to [make mistakes], I guess is the saying . . . We give them another chance [to start over from the beginning of the program]. And that’s a big one. Most places, they’re done with you, and that’s your one chance. You know, your one chance was coming in there. And just showing them love through it. You know? Yeah, they, they messed up, but loving them through it, I guess, is the big thing.”

“There’s time . . . at that moment they’re dismissed from the Renewal Ranch program. And ultimately, what I would try to do . . . another part of my job responsibility here is I network with

other places. So, I would reach out to, like, [other programs] and say, “Look, here's what happened. We're gonna have to dismiss him, but could you guys take him?” Sometimes that works out. Sometimes we'll dismiss them and tell them, “Hey, call us back in 30 days and we start you back over,” and they'll do that.”

Resident Feedback

Staff from both Life in Victory and Renewal Ranch Resident described the importance of resident feedback, stating that it helps their recovery program stay responsive to participants' spiritual, emotional, and practical needs, strengthening program quality and fostering deeper engagement in recovery and faith.

“Okay, I will give you an example. A gentleman came to us about a week and a half, two weeks ago and said, “I think we should do a softball group. I think that it would be very beneficial. It would get us all together,” and I can't say yes to it. That's not my position. That's a director position. And so, I immediately brought it to ____, and I was like, hey, ____, listen to this. And then the director told him to write the plan out and we'll get it going. So, they're writing the plan out and they're getting that going. So, we do we welcome those kinds of things. We very much so welcome those things.”

“Yeah. You know, we saw a trending pattern in the last time that we did this, which would have been about a month ago, that our bunk house leaders, which would be the men that live in the bunk house . . . I'm trying to think of some of the wording. One of them said that “I felt like I lived in a jail pod.” So, kind of running it more rules driven than the love and care that we want to lead out here. So, what we did is we started directing some of our teaching. You know, we meet every week as a staff for a time of teaching, and also for a time of just talking about, you know, what needs to be discussed in the program. But we, we swapped over and started teaching about that love and care, very specific topical studies about what that love and care for these men should look like. So yeah. So, we adjust, make corrections, but also kind of gear how our senior staff is leading our newer staff members as well.”

Staff Support

Several staff representatives from the two programs described how mutual support among staff is vital in residential recovery programs, helping them manage the emotional demands of the work, stay consistent in their approach, and prevent burnout.

“I personally don't [talk to my friends outside of work]... I mean, just because they wouldn't be able to comprehend exactly what I'm talking about, they wouldn't know the, know the mass [weight] of what I'm talking about, you know what I mean, and whereas the people [staff here],

they know exactly what I'm saying when I'm saying it, and so it's not a confusing thing, and I'm having to explain all this foreknowledge, to explain what's currently going on."

"I have my upper staff, which are above me, and [they] are some of my best friends. Their doors are always wide open."

Program leadership and staff identified several common challenges and barriers faced by both programs. Staff stressed that addressing these obstacles is essential for supporting residents' engagement and long-term success. Challenges included residents' mental health issues, negative attitudes, and damaged reputations, as well as organizational challenges such as staffing limitations and funding constraints. Barriers to successful completion included limited access to healthcare, lack of reliable transportation, and financial hardship.

Challenges

Mental Health Issues

Staff reported that residents' significant mental health challenges, including severe psychiatric conditions, create difficulties in achieving program placement, highlighting the need for improved screening and assessment processes to ensure both resident safety and program effectiveness.

"So yes, I probably do between, I would say, on average, between four and eight interviews a week, with just guys calling . . . I want to say, let's just say if, if I have eight interviews, at least five, at least five are from a hospital, from a detox or a mental, a mental home, in a sense. So, if they're kind of losing it, they go to what they call [healthcare facility], and that's something that we're working through, because that's not working for us. Some of these guys have mental problems, paranoid schizophrenia, are seeing stuff, and so what's happening is that [healthcare facility] . . . That's probably where we get 60% making 50%-60% of our guys. And what's happening is they evaluate them for three days, and they tell me exactly what I want to hear in an interview. So, I will send the ride. I'm gonna get them here, and they're not mentally there. They're not, and then we have kids here. We are going to have to figure out something different. We're going to have to do in person interviews, so I can determine . . . because we don't have the resources to help people with that level of mental capacity, you know?"

Damaged Reputations

Staff noted that residents' damaged reputations in their home communities can create significant challenges for recovery, as past behaviors, social connections, and local stigma may hinder their ability to maintain sobriety and successfully reintegrate.

"Now, one thing I would tell you guys, a man has a much better chance at success if he is not from this area. So, for instance, like I moved here from _____. I came here from two hours away.

So, I have truly a fresh start here. No one knew me. No one knew my past. So, when I was trying to get my new start at life here, it was really easy. Now, if a guy's from [this area] and comes here and we do everything in [this area], and he graduates, and he's got to live back in [this area]. Well, there's just so many hurdles that come along with that. You've already ruined your name in [this area]. You have . . . maybe have some enemies in [this area]. You know where to go get drugs in [this area], there's a lot of hurdles that would come with that. So, it's best if you come from somewhere else, in my opinion, or else go somewhere else.

Illiteracy

Staff highlighted that residents' limited literacy skills can present challenges in program participation, requiring additional support and accommodations to ensure they can fully engage in recovery activities.

"He came in and he was whispering, and we told him, just shut the door and come in and talk to us. He wouldn't make eye contact. He wouldn't participate. And we said, "It's okay," you know. He couldn't tell us. And we're like, "Don't worry about what you have say. Just say it. You know you're not gonna offend us." I mean, you know so. And he's like, "I can't read or write."

Staffing Limitations

Staff observed that increasing program enrollment has resulted in larger cohort sizes, which can present challenges for maintaining individualized attention and support for residents.

"Our biggest challenge? Numbers. When I was here, when I came here, there was about 17 of us in Phase One, and now there's 60, you know. So, there's [many] more guys here on this campus now."

Funding Constraints

Staff reported that funding constraints, including unexpected reductions in resources and loss of benefits, such as SNAP, pose significant challenges for program operations and the ability to fully support residents and their families.

"SNAP benefits for their families and things like that. And so, we're trying to work through [it], but that's like you're in the middle of a budget year, and \$10,000 is ripped out of . . . you know, our funding. That's unexpected, but that's been our biggest challenge."

"Yes, medical, medical stuff, I wish. I wish that we could, I wish we could help the guys more with that."

Barriers

Limited Access to Healthcare

Staff indicated that limited access to comprehensive healthcare, including dental and other medical services not covered by government programs, remains a barrier for some residents to maintain their physical and mental health.

“So, we try to get them set up on government insurance. But as far as medical . . . for some reason, if they can't get government assistance [it's difficult], I mean, they have health fairs that we take them to, I would say, twice a year.”

Lack of Reliable Transportation

Staff reported that limited transportation resources makes it difficult for coordinating multiple work assignments, events, and off-site activities for residents. For both programs, reliable transportation is critical to ensure requirements for graduation, such as work and volunteering, are met.

“We're currently going through this [period] of not having enough vehicles to do the things that we need to do. So, we've got quite a few transport vans. We have the capability of taking all the men, you know, if we want to all go to church, we can do that. But when you start talking about work days, or, you know, we work a lot of events . . . when you start talking about, “Hey, I've got seven different work crews going out to mow and to move, and then crew go into the concert to set up,” the capability of being able to handle all of those moving pieces, the transportation for all of that is something that we've been running into here lately.”

Financial Hardship

Staff noted that the inability of residents to work during the initial 90 days, combined with family financial pressures, can create barriers to program retention and successful engagement.

“So, these men, they can't work for 90 days, and a lot of times they want to, some of them will leave because their lady needs them, or they have to get a job. They have to be able to support their family, things like that. So, the spouse, I think that's a barrier in a lot of programs, to be honest, is the fact that there's nothing set into place for the family members involved. You know, as far as financial help, that's a barrier.”

Staff suggested improvements in two key areas: enhancing collaboration between administration and peer support staff through joint training, and increasing staff compensation to support the financial needs of personnel.

Enhancing Collaboration

Staff suggested that strengthening collaboration between administration and certified peer support staff, including opportunities for joint training or shared classes, could improve understanding of roles and enhance support for residents.

“If there was anything that I could implement a change in, it would be [the relationship between] administration and peer support, having to take some of my classes together so whether they could understand each other's roles, so they could come together better, to help the residents better, because it's all about the residents.”

Increasing Staff Compensation

Staff noted that current compensation is minimal, and increasing pay would help support personnel and their families.

“The one thing I would change or improve is that the staff could be [better] compensated for what they do. I mean . . . it's, it's, it's minimal and I'm not, you know, I'm not . . . I mean, some of our guys, when they first come on staff, you know, they're making \$100 something a week. You could live here free, but, you know, it's hard to make ends meet. So, I wish we were able to, you know, pay the guys a little more.”

Staff identified several factors contributing to participants leaving the program early, including the challenges of adhering to a structured routine, external relationship pressures, and underestimating the commitment required for a year-long program.

Difficulty Adhering to Structure

Many participants leave within the first 30 days due to the programs' strict structure, which challenges long-standing habits and requires significant personal discipline.

“Typically, the ratio of guys come in usually leave before 30 days. Because, you know, this is tough, really. This is a tough program, but if it was easy, it wouldn't work. So as for a man, it is hard. How can I word this? For a man living a life that we have lived, it's hard to be submissive. So, they can take it about two or three weeks of mopping the floor. Some of these rules ain't made because we need to mop the floor. We're trying to break that cycle of [how] we've done things, what we wanted to do, when we want to do it, how we want to do it, for so many years.”

External Relationships

Relationships outside the program, particularly with partners, can influence early departures.

“Number one is probably a woman. Number two is they quickly forget where they came from. You know, they come in here desperate and they're in tears, I'll do whatever it takes and then two months down the road, they've forgotten just how broken they were, and they're like, “I can do it on my own.”

Commitment Level

Some participants underestimate the year-long commitment, believing they can maintain recovery independently before completing the program.

“Because they, I mean to me, I see they . . . they don't want to surrender all the way. They're still hanging on to a lot of that world, and they just feel like, after a couple months, they feel like they got it rather than, you know, because we're a year-long program, and to some people, that's a big commitment.”

FINDINGS: Resident Focus Groups

For focus groups, Life in Victory participants included ten men, and Renewal Ranch participants included eight men. All participants were in Phase One.

Getting Started/First Impressions

Focus group participants discussed how they first learned about the program, most commonly through personal networks, referrals, or the justice system. They shared their initial reactions upon entering the program and described the factors that influenced their decision to engage and remain involved. Participants described feeling genuine care and support, which, combined with early positive experiences and personal transformation, influenced their decision to stay engaged in the program.

◆ *How did you first hear about the program?*

"I first heard about the program by word of mouth. I was doing some work for a lady in here in [town]. I'd recently moved [here] and was working, and she was aware of my struggles, and she had been born and raised here, had always heard about this place, and so she recommended it to me.

"I was actually in jail. A graduate came in and they saw me in my Bible and everything, and I kind of knew my story, and they suggested this place for me. I thought it'd be a perfect fit."

"I had a little brother that was going through addiction, just like me, and he came to this program, and just when I saw this, the change he made in him, I was like, I want some of that. So that's how I heard about it."

◆ *What were your first thoughts when you arrived or started the program?*

"Before I got here, I was praying for spiritual leadership and spiritual brothers, like-minded people when I got here, I've never been around the love and compassion that I was surrounded with. And my first week, actually, I was very suspicious of it. I was like, Man, I'm gonna wait this out and see what the hell people were really like. I thought they were faking it, and it just blew me away that they weren't. They were all genuine about it. I've never had an environment like that. I couldn't ask . . . I couldn't have asked to be placed in a better place. It was exactly what I was praying for."

◆ **What made you decide to stick with it?**

"It has healed my broken family and put joy in my heart. I don't hate things that I used to hate, like seeing two guys hugging after church or praying for each other. That used to be, that would have weirded me out, what's going on, but now I'm the one at the alter hugging. God's definitely doing some good things in my life."

Daily Life in the Program

Participants described what a typical day in the program looks like, including the structure, routines, and expectations they follow. Participants valued both group instruction and individualized support, including one-on-one meetings with staff or local pastors, as well as attention to health and personal needs. While demanding, the program schedules provides consistency, teaches time management, and allows space for personal growth and recreation.

◆ **What is a typical day like for you here?**

"It's up at five, chores done by 5:30 breakfast at six, and then work at seven to 3:30 instead of class seven to 3:30 and then back in dinner at five, and then a chapel service or Bible study at night and that. And then set that's a work day. And then Saturdays, up at five, clean your room by 5:30 clean do chores by 5:30, chapel. Here we have chapel that starts at 10, and then we have visitation after that until three, and then the rest of the day is free. And then Sunday, up at five, chores to 5:30 breakfast . . . or no breakfast on Sundays. And then we travel across the state and go to different churches, wherever we're having church at that that day in whatever city we travel."

"It is very structured, which is good, yeah, you know, for people, you know, all of us, really, because we didn't have much of a structure, but we also have time to, you know, there's a little gym that we have here. Well, we have time, like, whatever you want to do. You have time for your extracurricular, fishing if you like sports. But it's good because, like when we get back out into life, you're also going to have to fit those things if you want to do them around your schedule. So that's how I get teaching."

◆ **What kind of activities, classes, or support do you find most helpful?**

"I definitely find the classes that we do three days a week, those the most helpful, because we have like 10 local pastors that come out and voluntarily teach those, and they will also do one on ones with us, which I find extremely helpful. Every Monday, they pass around a sheet, and if you would like to have a one on one with any of the leadership or the shepherds around here, you can schedule an appointment with them. And so that personal

individual time, because it's a lot of group therapy, because there's a lot of men and few staff, sure and so, but if you would like to have a personal some time with them, you can write your name down, and they will make time to meet with you every time, every week, and you can meet with them as long as you want. And I get a lot out of that."

"A lot of rehabs will let you lay there and die. This place, you tell them you're sick, they're not just going to jump and call the doctor right at the end, but if you keep on saying, they're going to call and get you in somewhere. I've seen so many people go to the hospital, back and forth."

◆ ***Are there parts of the program that you feel are ineffective or that you think need improvement?***

None of the participants in either focus group identified ineffective aspects of the program. When asked, the discussions instead focused primarily on the program components that have had a significant, positive impact.

"You can go anywhere to get sober. They're here to change your life. They're here to introduce you to a savior that is going to 100% change your life. And if you can grasp on when you first get here and kind of, like, hold on to it with it, it helps. I mean, this place is just amazing. Like, whoever you're taking this back to. I mean, you've got to stress the fact that, like, they're saving lives really true. And souls and spirits and families."

Relationships and Environment

Participants reflected on their interactions with staff and fellow program members, describing how these relationships shape their experience. They discussed the ways participants support—or at times challenge—each other and shared their perspectives on safety, respect, and the overall environment. Many described staff as approachable, understanding, and nonjudgmental, while fellow residents were said to offered accountability, encouragement, and empathy.

◆ ***How would you describe your relationships with staff?***

"It's more family personal here, because, I mean, you talk to any of the staff here about anytime."

"I've been here five months, and my first day of arriving, the things that I've been through, I was ashamed, and I didn't want to even look anybody in the eyes. But even our program director, our Executive Director, you know, they both have been where I've been, and they didn't try to fix me immediately. They didn't try to give me advice. They weren't condescending. It was just an atmosphere of love and welcoming and just a helping hand

of saying, brother, I've been where you've been. You're in the right spot. Let's begin to heal. Let's do it together. And it was just . . . it was very warming."

◆ ***How do residents support (or challenge) each other here?***

"We're all so close to each other, really, we know if, like, one of us having a bad day stuck in their head or something, man, kind of what they're going through, you know, and we all know that we can hold each other accountable and like, "Hey, man, what's . . . what's wrong with you? You ain't really talking that much," and we can talk about it, and we can try to give each other advice and share with each other."

◆ ***Do you feel respected and safe here? What helps create that environment?***

"It really surprises me how everybody gets along real. We're all different. We all show each other a lot of love and respect. I'm real proud of that."

Growth and Change

Participants shared how the program has influenced their personal growth, including emotional, spiritual, and relational changes. They reflected on shifts in mindset and identified key lessons they have learned about themselves during their time in the program. Many noted a shift toward responsibility, maturity, and purposeful living, emphasizing changes in behavior and perspective that set this program apart from previous experiences.

◆ ***Have you noticed any changes in yourself since joining the program?***

"It's been a complete 180 for me. They teach us about repentance here and for someone to recover. I'm into 13 secular rehabs. This is my first faith, first faith based, and this is only thing that seems to be working and that I'm where I'm finding true answers. It's because in those secular rehabs, I learned to recover. And for something to recover is for it to return to its original state, while our original state is a sin nature. So, it's like I'm going down the path of sin, and then I recover. Now I'm just back here and into my sin nature. But what they have taught me here is to repent, and to repent is to turn from something to something. Make that complete 180 and so it's been a complete life change and transformation for me to point towards God."

"I mean, I never actually grew up and became a man until, you know, I got here because I wasn't doing none of the things that the Bible said a man should do. And it was like I was

stuck in extended adolescence. I was still acting like I was a teenager. No responsibility, no just I was not being a man at all.”

Challenges

Participants discussed the most difficult aspects of being in the program, including both internal challenges and external pressures. They described outside factors—such as fatigue, acceptance of authority figures, and family responsibilities —that can affect their ability to stay focused and engaged.

◆ *What’s been the hardest part about being in the program?*

“Being [constantly] tired.”

“Authority. Another man correcting me.”

“The hardest part when I got here . . . my wife was supportive at first, then I got serious. She came up, she brought my kids, my two oldest weren't even talking to me. But we also have two other ones that she has. She decided that she didn't want me to contact her anymore, or call the kids. That's hard. But the thing about it, though, is if you're in the program and you really know what this program is about, you understand that even the hard parts are blessings, so even the not being able to focus is God really trying to tell you, like, he removed that because it was a golden calf, you know, it's, it makes it hard to focus. But then I quickly come back to, that's why, you know, like, because we're so focused on it, I had to completely remove it.”

Success and Moving Forward

Participants reflected on what success means to them and how the program aligns with their personal goals. They also considered the types of support they anticipate needing after graduation to maintain progress. Success is seen as living a drug-free, meaningful life, while maintaining ongoing connections with the program community is viewed as important for continued support and development.

◆ *What does “success” mean to you personally?*

“A godly family man and staying connected. It don't even have to be comfortable. Just a normal life without drugs. Yeah, just a godly man with my family and a normal life.”

“I’ve been thinking about that success question. My definition, what I would consider to be successful from leaving the program would be to be able to be a man that I want my

grandson to be. I want him to be able to look at me and think, “I want to be like my papa,” yeah, and, and it be a positive thing, because he . . . all the time he does things he sees me doing. And there, I've not done a whole lot of things in my life that I want to pass on, but from being here, I've learned how to be that man.”

◆ ***What support do you think you’ll need after you finish the program?***

“I’ll need to stay connected with this place as close as possible. Come back for functions and dinners. Go still go to church with them. Come check on the guys regularly. Make sure the new guys don't need anything. Just stay connection, close to this place and the people.





FINDINGS: Residents and Failure to Complete

Interviews with participants that failed to complete the program included two men from Life in Victory and two men from Renewal Ranch.

Background and Program Entry

Participants who did not complete the program described a variety of circumstances leading to their entry into the program, including court involvement, legal obligations, expectations, and personal decisions to seek change. Some were referred while in jail or by others familiar with the program, while others joined voluntarily after recognizing the need to address their substance use. These accounts illustrate the diverse pathways through which participants engage with the program and the complex factors influencing their initial commitment.

"I went to jail, had a warrant for 2014 in [town], and by the grace of God, a young lady found me in there, and she asked if I would you like to go to rehab. Like, somebody really knowing the stuff . . . I know in the back of my mind, though I'm struggling with addiction again, I'm like, "Okay, let's go." I had money to get out of jail. Had money to go whatever, do whatever I wanted to do, but I knew it's a life-or-death situation for me, and by the grace of God, I agreed to come out here, and that's how I found myself right here in the lobby from the jail house."

"My mind of time, it was going to give me a place of refuge for sobriety. That's, that's the key thing you know, was for finding me a place where I could actually sober up and be weaned off of the drugs, and that's exactly what it gave me."

Experience in the Program

Participants described the program as providing an important opportunity for personal growth, reflection, and adjustment to life outside of prison. They highlighted the supportive environment and the chance to build a new routine or surroundings, which helped them focus on recovery and make positive changes. Furthermore, none of these interview participants offered any criticisms of the program. Overall, these experiences underscore the programs' role in offering structure, guidance, and a fresh start for participants.

"I can't really say too much bad about it. I really can't. The good was it gave me a second chance to refocus and readapt. I highly encourage it for anybody who has past addictions, to have a place like this coming from a prisoner's point of view of coming out into society, you know, because the way the world works inside of prison, the way it works out here, two different worlds, and it can be overwhelming."

"We all come from different walks, but it all ties back into one thing, and that's the addictive personalities. Have addictive kind of habits, and these addictive habits are dangerous, but these people being living that life that I lived. They understood me, instead of judging me, instead of trying to cast me down and kick me while I was down, they built me up and they gave me a chance."

"The classes were beneficial. The fellowship with residents were beneficial. I don't really think there was . . . there wasn't anything in my state that wasn't beneficial. Now that I look back on it, everything had a small part to play in the change in my life now."

Reasons for Leaving

Participants shared a range of personal factors that contributed to their decision to leave the program before completion. Some described challenges with accountability, trust, or social engagement, while others noted tendencies to isolate or disengage from optional program components. These reflections highlight the individual circumstances and behaviors that can influence retention and program completion.

"For me, personally, the program couldn't have done anything to stop what I did. They have accountability in place for us when we go to Phase Two to keep us accountable. And I went around that, I broke that trust with them, so there was nothing they could have done."

" So, when I went through, it was quite a bit different program, but it's still the same in a lot of ways. For me, the fellowship was kind of hard and beneficial. I tend to isolate a lot, and that ended up kind of being my stumbling block. Phase Two was optional then, and I did not go to it, and I isolated. I didn't stay fellowshipping. I guess there's no way to say it, no, I didn't. I didn't do the program. I just kind of, when I got my opportunity to leave, I did, and then isolated and kind of fell back off."

Moving Forward

Participants offered advice for new program entrants, emphasizing the importance of self-reflection, humility, and commitment to the process. They highlighted that meaningful change comes from addressing underlying desires, not just outward behavior, and stressed the value of structure, honesty, and willingness to engage fully. These reflections provide insight into the mindset and effort participants view as necessary for continued growth and success beyond the program.

"I would tell them to be honest with yourself, you know, just sit down by yourself and ask yourself, Do you need help? And if you have any kind of battles within yourself without having to say, No, I don't, then you should definitely give this a shot. Most addicts are real similar to me, same old friends, same environments, and have nowhere to go back to but that sure and so like, this is a safe haven from that. It's something that's not possible in a lot of addicts eyes. Now, granted, you have got to want a change. There's got to be something inside you, and it's always Jesus pulling at you, but you've got to make that commitment, and then you got to put the work in. So, I would tell somebody, you know, if you have any thoughts at all, give it a shot."



Observations and Recommendations

- 1. Consider requiring a series of professional leadership trainings for staff.** *Conversations with staff revealed a lack of formal training in leadership and business administration.* Running a successful residential recovery program requires commitment, but also demands professional skills in addiction science, trauma-informed care, program management, and regulatory compliance. Strong leadership, staff development, and data-driven evaluation ensure accountability and continuous improvement, while community partnerships, cultural competence, and effective communication help secure resources and strengthen support networks for participants.
- 2. Provide a regularly scheduled course on health and health maintenance for both staff and residents.** *Discussions with staff and residents indicated difficulty in obtaining regular access to healthcare.* Maintaining physical and mental health is essential for recovery, especially for individuals with substance use disorder. Focusing on nutrition, exercise, sleep, preventive care, and mental health support helps rebuild strength, manage chronic conditions, and address co-occurring disorders. Prioritizing overall well-being reinforces sobriety and promotes a healthier, more sustainable lifestyle.
- 3. Offer a regularly scheduled course on basic life skills for residents.** *Discussions with staff highlighted a gap in teaching residents essential life skills, coupled with a reliance on traditional gender roles, which may limit opportunities for independence and self-sufficiency among participants.* Developing basic life skills is an essential part of building independence and self-sufficiency, particularly for men who may live alone. Skills such as cooking, menu planning, cleaning, managing laundry, and maintaining a household are not only practical for daily living but also contribute to self-confidence and personal responsibility. Relying on others—especially the assumption that a partner will provide these forms of care—can limit growth and create unhealthy dependencies. By learning and practicing these skills, men can foster a greater sense of independence, stability, and dignity, which in turn supports healthier relationships, stronger recovery, and the ability to thrive regardless of partnership status.
- 4. Consider engaging an independent counselor to provide staff with confidential support for both work-related and personal challenges that may be impacting their performance.** *Interviews with staff indicated the need for an independent professionally trained counselor to provide unbiased guidance.* While staff often rely on each other for support, in-group dynamics can create bias, reduce trust, and raise privacy concerns. Using outside counselors

provides confidential, unbiased guidance in a neutral setting, helping prevent conflicts, protect privacy, and ensure staff remain focused on supporting residents' recovery.

5. **Develop partnerships with job training and placement organizations that specialize in supporting individuals with criminal records, including those with felony convictions.** *A review of employment opportunities connected to each center showed limited career paths.* Access to diverse employment opportunities is essential for successful reentry and long-term recovery. Partnerships with specialized job training and placement organizations help individuals with criminal records find roles that match their skills and interests, fostering financial stability, independence, and self-confidence. Exposure to multiple career pathways supports skill development, reduces recidivism, and reinforces overall recovery and personal growth.
6. **Investigate the lack of racial diversity among staff and residents. Look for ways to make the programs more inclusive.** *Tours of both facilities revealed a lack of racial diversity.* Substance use disorder (SUD) affects individuals across all racial, ethnic, and socioeconomic groups, demonstrating that addiction does not discriminate. Despite this reality, faith-based recovery programs may unintentionally reflect cultural or demographic homogeneity, which may limit accessibility and inclusivity for diverse populations. Expanding cultural competence, embracing diverse spiritual perspectives, and actively addressing barriers related to race and ethnicity are essential for creating an environment where all participants feel welcome and supported. Inclusive programming not only fosters equity and respect but also strengthens recovery outcomes by ensuring that services meet the needs of the full spectrum of individuals affected by SUD.
7. **Specific to Life in Victory: Pursue funding to update the bunkhouse and other sleeping quarters to match the standards set by the National Alliance for Recovery Residences (NAAR).** *A tour of the facility highlighted a private and tranquil setting conducive to recovery, though many of the physical resources – especially shared sleeping quarters – appeared outdated or incomplete.* Healthy sleeping quarters are a fundamental component of a supportive recovery environment, as adequate rest is essential for physical healing, mental clarity, and emotional regulation. Overcrowded, noisy, or poorly maintained sleeping spaces can contribute to stress, fatigue, and difficulty focusing on treatment, potentially undermining recovery efforts. Providing clean, comfortable, and restful accommodations, helps participants maintain consistent sleep routines, which support overall well-being, resilience, and the ability to fully engage in therapeutic activities.



Key Differences in Programming

Staff Differences

1. Staff capacity differs significantly between the programs, with Life in Victory (LIV) operating with 7 staff for 130 men, while Renewal Ranch (RR) has 21 staff for approximately 100 men.
2. LIV employs two female peer specialists and two additional women in administrative roles who interact regularly with residents. RR does not currently employ women that work on campus.
3. At LIV, residents and staff may seek guidance from the pastor of Life in Victory Church. At RR, residents attend multiple local churches but also have an on-site Shepherd, a staff position meant to provide similar guidance and spiritual support to that of a pastor. While not a licensed therapist, the Shepherd's wife is, and together they offer marriage counseling to residents.

Facility Differences

1. RR provides newer residential rooms and apartments for Phase 2 residents, while its main “bunkhouse” accommodates two residents per room.
2. At the time of the visit, LIV's larger bunkhouse housed 53 men, with a capacity of 58. A smaller bunkhouse in a separate building provides additional beds (estimated 12–18).
3. LIV offers cabins and semi-private rooms for Phase 2, though limited availability means many men share semi-private rooms with up to five roommates.
4. RR facilities include air conditioning in both common areas and resident rooms. At LIV, air conditioning is available in the church but does not appear to extend to bunkhouses.
5. RR's bunkhouse provides accessible indoor bathrooms, while LIV residents must use outdoor facilities regardless of program phase.
6. RR's Phase 2 residents live in apartments with private bathrooms. LIV residents, even in later phases, continue to use outdoor facilities.

Community Involvement and Marketing

1. RR maintains an active website that outlines its mission, community events, admissions process, program phases, and contact information. LIV does not have a formal website but uses Facebook for updates; staff report that its strong community presence ensures local awareness and support.
2. RR operates *The Renewal Store*, a Conway-based thrift shop that provides clothing for residents, employment opportunities during their stay, and additional program revenue.

LIV struggles to consistently provide basic clothing items such as belts, underwear, and socks.

Rules

1. RR prohibits non-Christian entertainment, requiring books to be pre-approved and authored by Christian writers. LIV allows limited access to YouTube or other entertainment with required blocking software.
2. RR residents who relapse are dismissed but may return later; if RR cannot accept someone, staff assist in finding placement at another facility. LIV, in contrast, allows some residents (on a case-by-case basis) to pause for a period of self-reflection and start the program over from the very beginning.
3. RR does not accept participants with physical disabilities that prevent work. LIV makes accommodations by finding tasks suited to participants' abilities, though opportunities remain limited for those unable to perform physical labor.
4. LIV shares grounds with a women's recovery center; however, interaction with these women is grounds for dismissal. RR does not have women in recovery on site.

Weekly Worship

1. LIV residents attend Saturday and Sunday services at Life in Victory chapel, participate in off-campus church services, and engage in activities such as Celebrate Recovery.
2. RR residents in Phase 1 alternate between two local churches on Sundays and attend services at the same church on Wednesdays. In Phase 2, residents are encouraged to select and attend a community church of their choice that follows New Testament teachings.

Services and Support

1. Both programs assist residents in applying for health insurance; however, not all residents are eligible. RR has arrangements to secure dental care for essential procedures, while LIV is not able to provide access to dental services.
2. LIV offers additional support by accommodating single fathers and, in some cases, allowing children to live on-site with their parent.