

2025 Graduate Follow-Up Report

Outcomes and Experiences of Minnesota Adult & Teen Challenge Graduates

Author: Yue Zhang, Ph.D.

July 2026

WILDER

Executive summary

Minnesota Adult and Teen Challenge (MnTC) partnered with Wilder Research to examine the experiences and outcomes of individuals approximately one year after they graduated from the program in 2024. Between November 2025 and February 2026, Wilder Research completed follow-up surveys with 87 graduates, representing a 75% response rate in the sample.

Overall, findings indicate that MnTC continues to produce strong and lasting recovery outcomes. Most graduates have maintained sobriety during the year following program completion while also making meaningful progress in employment, education, housing stability, relationships, and overall well-being. Graduates consistently described the program as life-changing and identified supportive relationships, spiritual development, and peer accountability as the primary factors that helped them sustain recovery after graduation.



Nearly all graduates (97%) agreed that MnTC taught them how to live a sober lifestyle. One year after graduation, 85% of respondents met the study's sobriety criteria—having experienced zero or one lapse since program completion and reporting being sober at the time of the survey.



Recovery was sustained through a combination of community support, mentorship, accountability, and spiritual growth. Nearly all graduates (98%) reported that the program's spiritual component positively influenced their lives.



Recovery has extended well beyond sobriety and translated into meaningful improvements in employment, housing, and family relationships. Most graduates (81%) were employed at the time of the survey; more than one-third of graduates (36%) reported pursuing additional education or training after graduation; and 49% were living independently in their own apartment or home. Graduates also reported substantial improvements in relationships with parents, children, partners, relatives, and friends.



Graduates expressed exceptionally positive views of MnTC, with 92% rating the overall quality of the program as outstanding or very good and 99% reporting their lives had improved as a result of their participation in the program.

The findings demonstrate that MnTC is achieving meaningful long-term outcomes for graduates recovering from substance use disorders. At the same time, the findings suggest opportunities to further strengthen long-term recovery by expanding post-graduation support to address mental health, housing, employment, and continued community connection.

Contents

Background 1
Evaluation methods 2
Findings 5
Conclusion 26
Appendix 28

Figures

1. Number and percentage of respondents by campus location (N=87) 3
2. Number and percentage of respondents by gender (N=87) 3
3. Number of times respondents participated in Minnesota Adult and Teen Challenge programs (N=87) 4
4. Number and percentage of respondents by age group (N=87) 4
5. Percentage of respondents meeting the sobriety criteria, by age group 5
6. Percentage of respondents meeting the sobriety criteria, by campus 6
7. Length of time between graduation and first return to substance use for those who had relapsed (N=11) 7
8. Time since respondents' most recent substance use for those respondents who relapsed (N=12) 7
9. Longest abstinence period since graduation for those who relapsed (N=13) 7
10. Substance use since graduation from Minnesota Adult and Teen Challenge for those who relapsed (N=15) 8
11. Use of cigarettes, vapes, and other nicotine or tobacco products prior to Minnesota Adult and Teen Challenge enrollment and post-graduation 8
12. Changes in substance use rates prior to Minnesota Adult and Teen Challenge enrollment and post-graduation for those who relapsed (N=15) 9
13. Reported change in drug use (excluding alcohol) since entering Minnesota Adult and Teen Challenge for those who relapsed (N=15) 10
14. Reported change in alcohol use since entering Minnesota Adult and Teen Challenge for those who relapsed (N=15) 10
15. Access to and retention of mentorship, by gender 11
16. Perceived influence of the program on building supportive relationships (truthfulness ratings), overall and by gender 11
17. Perceived influence of the program on building supportive relationships (truthfulness ratings), by sobriety status 12

Figures (continued)

18. Perceived change in relationships since most recent enrollment in Minnesota Adult and Teen Challenge 12
19. Support group participation after graduation from Minnesota Adult and Teen Challenge (N=37) 13
20. Perceived impact of personal commitment to Jesus Christ on achieving long-term sobriety (N=81) 14
21. Perceived impact of the spiritual component of the program in making a difference in participants' lives, by gender 14
22. Perceived impact of the spiritual component of the program in making a difference in participants' lives, by age group 15
23. For those employed, average number of hours worked per week across all jobs (N=70) 15
24. Perceived improvement in work habits since graduation for those employed, by gender 16
25. Perceived improvement in work habits since graduation for those employed, by sobriety status 16
26. Number and percentage of graduates who were never employed or enrolled in an educational program since graduation, by sobriety status 17
27. Number and percentage of graduates' current housing arrangement (N=87) 17
28. Sources of housing expense assistance (N=39) 18
29. Perceived physical health improvement among graduates, overall and by campus 19
30. Perceived mental health improvement among graduates, overall and by campus 19
31. Post-graduation concerns related to anxiety, depression, or other mental health difficulties, overall and by campus 20
32. Characteristics of Individuals Involved in Criminal Justice System (N=12) 20
33. Perceived overall quality of the Minnesota Adult and Teen Challenge program, overall and by campus 21
34. Extent to which graduates believe the program improved their life circumstances, overall and by campus 21
35. Extent to which graduates agreed that the program taught them how to have a sober lifestyle, overall and by campus 22
36. Extent to which graduates agreed that the program showed them how to positively handle life situations, overall and by campus 22

Background

Founded in 1983, Minnesota Adult and Teen Challenge (MnTC) is a faith-based recovery organization that provides substance use treatment and long-term recovery support for teens and adults experiencing addiction and other life challenges. MnTC's mission is to assist teens and adults in treating chemical addictions and other life-controlling problems by addressing their physical, emotional, and spiritual needs. Over the past four decades, the organization has expanded its services across multiple campuses in Minnesota, including Minneapolis, Brainerd, Rochester, Buffalo, and Duluth.

MnTC offers a continuum of recovery services designed to support individuals at different stages of treatment and recovery. The organization's licensed short-term treatment programs utilize evidence-based practices such as Cognitive Behavioral Therapy (CBT), integrated mental health and substance use services, motivational and strength-based approaches, relapse prevention strategies, and life-skills development. Faith-based programming is also available for participants who choose to engage in the available spiritual components of treatment. In addition to short-term treatment, MnTC operates a long-term residential recovery program for men and women, which typically last 12 months or longer. The long-term program combines recovery support, counseling, community living, mentorship, and spiritual development to help participants sustain stability and sobriety.

Over the past 20 years, MnTC has partnered with Wilder Research to conduct several follow-up studies to better understand the experiences and long-term outcomes of program graduates. The most recent evaluation was conducted in 2017. In 2025, MnTC and Wilder Research collaborated again to conduct a follow-up evaluation of 2024 program graduates and examine their experiences during the first year after their program completion. This report summarizes findings from the 2025 MnTC Graduate Follow-Up Survey.

The evaluation is intended to assess post-graduation outcomes, identify factors that support sustained recovery, and inform ongoing program improvement efforts. Findings from the evaluation also illustrate graduates' strengths, ongoing challenges, and areas where additional support may further promote long-term recovery and stability.

Evaluation methods

2025 graduate follow-up survey design

The survey examined graduates' experiences during the first year following program completion, including sobriety and recovery, employment and education, housing stability, relationships and social support, spiritual well-being, and perceptions of program effectiveness. The survey included self-reported rating scales, frequency items, and open-ended questions that invited graduates to reflect on factors that supported their recovery, as well as areas where additional support or program improvements may be beneficial.

Data collection

Wilder Research collaborated with MnTC staff to connect with adults ages 21 and older who had successfully completed (graduated from) the long-term recovery program during calendar year 2024, approximately one year after their graduation. The target population for this study included 252 eligible individuals. Within this population, 212 graduates with valid contact information were all contacted by MnTC staff to determine their willingness to participate in the study. A total of 115 graduates agreed to participate and consented to be contacted by Wilder Research.

Phone-based surveys were conducted between November 2025 and February 2026. Each survey lasted approximately 30 minutes, and respondents received a $50 gift card upon completion of the survey. In total, 87 out of 115 surveys were completed, resulting in a 75% response rate. Participation in the survey was voluntary, and all identifying information was kept confidential.

In addition to survey data, MnTC provided Wilder with some basic data about participant characteristics at intake, including gender and date of birth, which was used to calculate respondent ages at data collection.

Data analysis

Wilder Research analyzed data using SPSS statistical software to conduct descriptive analyses of response frequencies and percentages, cross-tabulations by gender and age group, and, where appropriate, statistical tests examining differences between groups or across time points (e.g., chi-square tests and McNemar's tests). Responses to open-ended questions were systematically coded and analyzed by theme. Representative quotations

from respondents are included throughout the report to illustrate key findings and provide additional context to the quantitative results. Findings are reported at the aggregate level.

STATISTICAL ANALYSIS AND STATISTICALLY SIGNIFICANT CHANGE

For selected outcome areas, Wilder Research conducted statistical analyses to examine changes in participant outcomes from program intake to follow-up among graduates with data available at both time points (matched analysis). Additional analyses were also conducted to explore associations between participant characteristics and key outcomes.

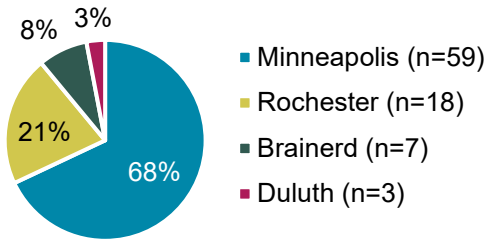
Statistical software (SPSS) was used to determine whether observed differences were statistically or marginally significant, meaning that the differences were unlikely to have occurred by chance. *Statistically significant differences are indicated as follows:* * $p < .05$, ** $p < .01$, *** $p < .001$; marginally significant differences are indicated as † $p < .10$.

Statistical significance does not always indicate that a difference is practically or meaningfully important. In some cases, relatively small differences between groups or time points may appear significant because the sample size provides sufficient statistical power to detect even modest changes. So, findings should be interpreted within the broader program and with regard for their practical implications.

Description of survey respondents

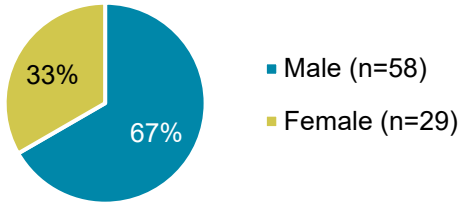
Campus location. The majority of survey respondents (68%) participated in the Minneapolis program. About a third of the respondents were from the Rochester, Brainerd, and Duluth programs.

1. Number and percentage of respondents by campus location (N=87)



Gender. The majority of respondents were male (67%).

2. Number and percentage of respondents by gender (N=87)



Participation history. Half of respondents (51%, n=44) were first time participants to the MnTC program, and half (49%, n=43) had participated more than once (Figure 3).

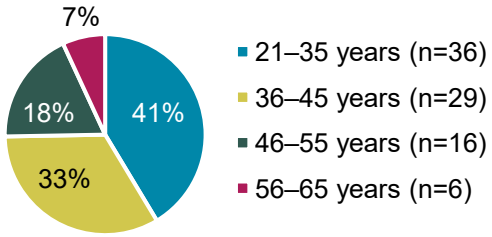
Participation frequency differed by gender: 41% of men (n=24) reported participating once, compared to 69% of women (n=20).

3. Number of times respondents participated in Minnesota Adult and Teen Challenge programs (N=87)

	Count	Valid %
1 time	44	51%
2 times	16	18%
3 times	17	20%
4 times	6	7%
5 times	4	5%

Age. Most respondents (41%) were 21-45 with the average (median) age being 37 years old.

4. Number and percentage of respondents by age group (N=87)



Limitation

This report has the following limitations. First, findings are based on self-reported data from phone surveys, which may be influenced by recall bias, social desirability bias, or differences in how respondents interpreted specific survey questions. Second, some subgroup analyses included small numbers of respondents. To protect confidentiality and avoid potentially misleading interpretations, percentage information is not presented for subgroups with fewer than or equal to 15 cases. In addition, findings for subgroups with fewer than 20 cases should be interpreted with caution due to limited statistical reliability and stability of estimates.

Findings

Recovery outcomes remain strong one year after graduation

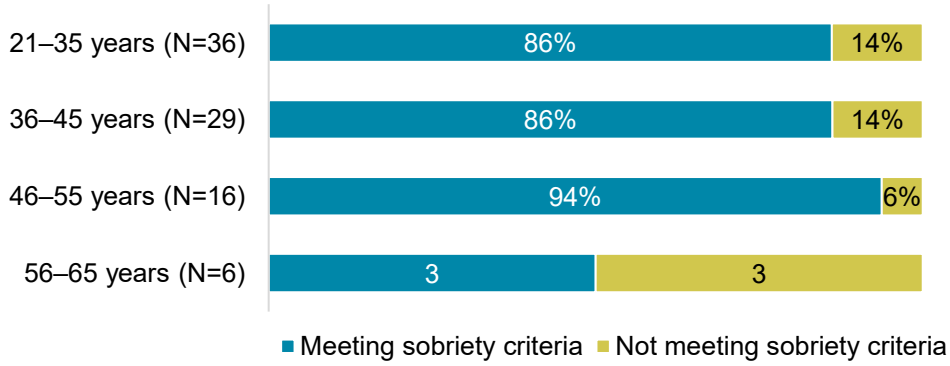
In this report, sobriety is defined as having experienced zero or one lapse since program completion and reporting being sober at the time of the survey. Sobriety reflects not only abstinence from substance use, but also evidence of sustained lifestyle changes and continued recovery stability.

Most graduates sustained sobriety after completing the program

Overall, most graduates reported maintaining sobriety and applying recovery skills learned through the program in their daily lives.

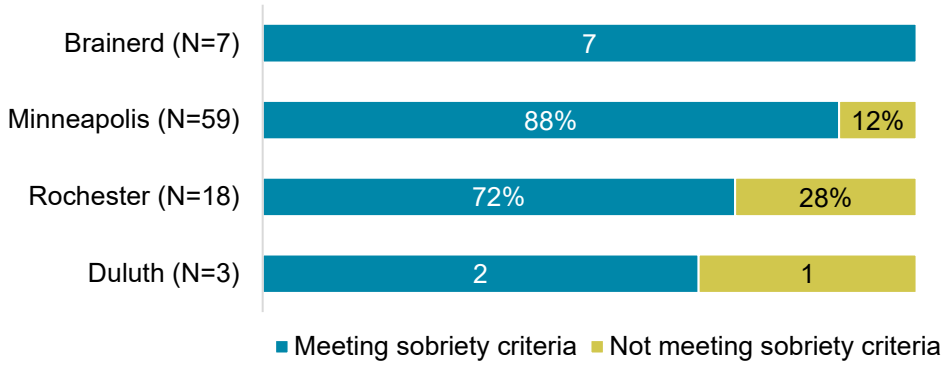
At follow-up, of the 87 respondents, 74 (85%) met the sobriety criteria, and 72 (83%) reported no substance use since graduating. Recovery outcomes were generally strong across demographic groups, although some variation emerged by gender, age, and campus. Female respondents reported somewhat higher sobriety rates than men (90% vs. 83%). Regarding age groups, sobriety rates were highest among respondents ages 46–55 (94%), compared with 86% among those ages 21–45 (Figure 5).

5. Percentage of respondents meeting the sobriety criteria, by age group



Differences also appeared across campuses (Figure 6). All of Brainerd graduates reported the strongest sobriety outcomes (7 of 7), followed by graduates from the Minneapolis campus (88%, n=52).

6. Percentage of respondents meeting the sobriety criteria, by campus



Nearly all respondents (97%, n=84) agreed that the MnTC program taught them how to live soberly, suggesting that graduates viewed the program as providing practical tools and support for sustaining long-term recovery.

Recovery was not always linear, but many graduates regained sobriety after returning to use

Thirteen of 87 respondents (15%) did not meet the sobriety criteria at follow-up, and most of these respondents (10 of 13) were male. These respondents were distributed across age groups in the following manner: five respondents ages 21–35; five ages 36–55; and three over age 55. Seven respondents were from the Minneapolis campus, five from Rochester, and one from Duluth. About half had participated in MnTC once (54%, n=7). In addition, four respondents (31%) reported being incarcerated after graduation.

Among respondents who relapsed, over half did so within the first three months after graduation (n=6; Figure 7). At the time of the survey, half of respondents (n=6) who relapsed reported that their most recent substance use had occurred within the past month (Figure 8). Despite relapse experiences, several respondents reported extended periods of recovery after graduation, including seven who maintained abstinence for more than six months and four who remained abstinent for 4–6 months at their longest point since graduation (Figure 9).

7. Length of time between graduation and first return to substance use for those who had relapsed (N=11)

	Count
Within 3 months	6
4-6 months	2
7-12 months	2
Over 12 months	1

8. Time since respondents' most recent substance use for those respondents who relapsed (N=12)

	Count
Within 1 month	6
In 1-3 months	-
In 4-6 months	2
In 7-12 months	3
Over 12 months	1

9. Longest abstinence period since graduation for those who relapsed (N=13)

	Count
Up to 3 months	2
4-6 months	4
7-12 months	2
Over 12 months	5

Among the 15 respondents who reported substance use for one or more times after graduation, alcohol was the most commonly reported substance involved in relapses (Figure 10). However, 12 of 15 reported that they had become abstinent again following their most recent return to use.

10. Substance use since graduation from Minnesota Adult and Teen Challenge for those who relapsed (N=15)

	Used since graduation	Used in the last six months	Used in the last 30 days
Alcohol	11	6	4
Non-prescribed Marijuana/Pot/Weed/Hash/ Cannabis	6	3	3
Cocaine or Crack	6	4	1
Methamphetamines/Meth	2	1	-
Hallucinogens	2	1	-
Inhalants	1	1	-
Misuse of prescription drugs, other than opioids	1	-	-
Any other substances	1	1	-

Notes. 1) The substance reported as used that was not listed in the survey was ketamine. 2) There was no reported use of heroin, other opioids (e.g., oxycodone, Percocet, morphine, Vicodin, fentanyl, OxyContin, buprenorphine), or sedatives/barbiturates among respondents who reported substance use one or more times after graduation.

Overall, there was a statistically significant reduction in current use of cigarette or tobacco products from just prior to their enrollment in MnTC (87%) to the time of the survey (39%). Those respondents who had relapsed were more likely to still be using cigarettes or tobacco (69%) than those who had not relapsed (34%; Figure 11).

11. Use of cigarettes, vapes, and other nicotine or tobacco products prior to Minnesota Adult and Teen Challenge enrollment and post-graduation

	Count	Valid %
Use of cigarettes/tobacco over time		
Prior to the most recent enrollment in MnTC (N=87)	76	87%
Since graduating from MnTC (N=87)	34	39%***
At follow-up use of cigarettes/tobacco by respondent's sobriety status		
Meeting sobriety criteria (N=74)	25	34%
Not meeting sobriety criteria (N=13)	9	69%**

Note. The McNemar's exact binomial test shows that the difference between prior to the most recent enrollment in MnTC and since graduating from MnTC is statistically significant (p<.001); the difference between respondents meeting sobriety criteria and those not meeting the criteria is statistically significant (p=.016).

Graduates reported substantially reduced substance use compared to before entering treatment

As reported previously, 72 of the 87 respondents had not used since graduation. For those who had used one or more times (n=15), respondents reported less use of each listed substance. For each type of substance, the proportion of respondents reporting use decreased from prior to enrollment to post-graduation (Figure 12).

12. Changes in substance use rates prior to Minnesota Adult and Teen Challenge enrollment and post-graduation for those who relapsed (N=15)

Substance	Prior to the most recent enrollment	Since graduation	# Change
Alcohol	14	11	-3
Non-prescribed Marijuana/Pot/ Weed/Hash/ Cannabis	9	6	-3
Cocaine or Crack	8	6	-2
Methamphetamines/Meth	7	2	-5
Hallucinogens	7	2	-5†
Inhalants	2	1	-1
Heroin	5	0	-5†
Other Opioids, such as oxycodone, Percocet, morphine, Vicodin, fentanyl, oxycontin, buprenorphine	5	0	-5†
Misuse of prescription drugs, other than opioids	5	1	-4
Sedatives/Barbiturates	4	0	-4
Any other substances	2	1	-1

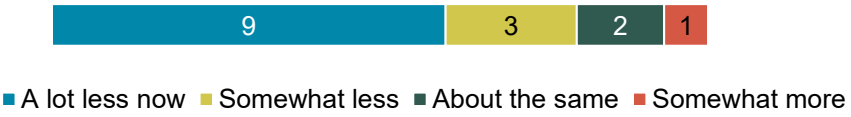
Notes. 1) The significance level was determined via McNemar's exact binomial test. 2) None of the pairs reached statistical significance ($p < .05$), while the comparisons of the use of hallucinogens, heroin, and other opioids were all marginally significant with p-values of .063.

Among the 15 respondents, 13 self-reported that their drug use was “a lot” or “somewhat” less than when they first entered MnTC (Figure 13), and 12 reported reduced alcohol use compared with intake (Figure 14).

13. Reported change in drug use (excluding alcohol) since entering Minnesota Adult and Teen Challenge for those who relapsed (N=15)



14. Reported change in alcohol use since entering Minnesota Adult and Teen Challenge for those who relapsed (N=15)



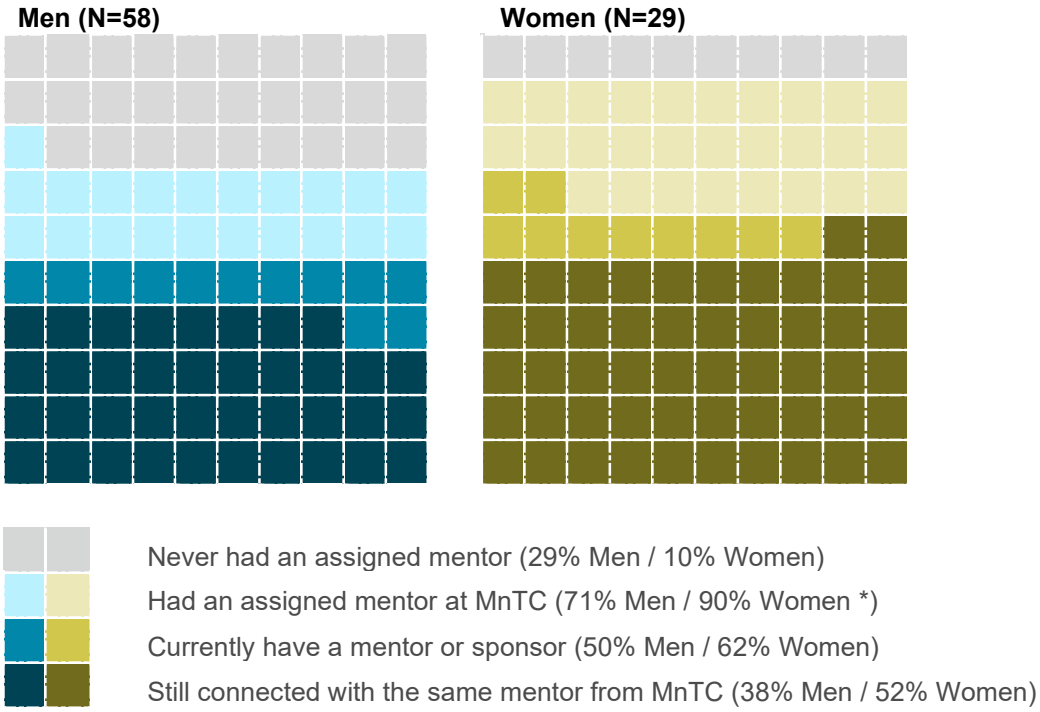
Recovery was sustained through relationships, accountability, and faith

Supportive relationships were the foundation of long-term recovery

Among respondents who described factors supporting their sobriety, 92% (n=66) identified their recovery community and supportive relationships as important supports in maintaining recovery, including peers, sponsors, family members, and mentors. Graduates frequently described sobriety as reinforced through peer accountability, social connection, and rebuilding healthy relationships with others.

Mentorship and ongoing accountability structures played important roles in long-term recovery. As Figure 15 shows, over three-quarters of respondents (77%, n=67) reported having an assigned mentor during the program. Female graduates were significantly more likely than male graduates to report having an assigned mentor (90% vs. 71%). Now one year after graduation, more than half (54%, n=47) currently have a mentor or sponsor supporting their day-to-day sobriety.

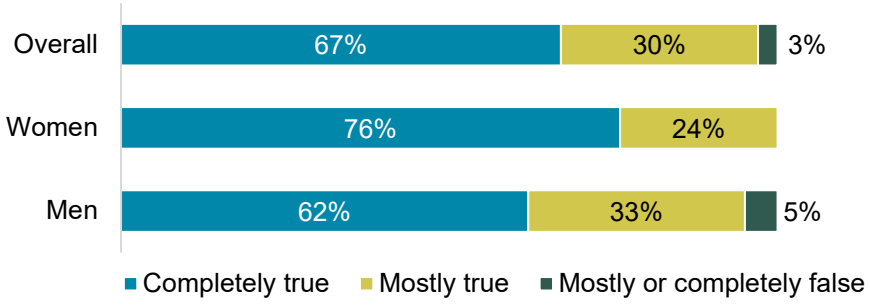
15. Access to and retention of mentorship, by gender



Notes. 1) The darker and slightly lighter blue and red segments combined to form each category level. The darker and slightly lighter blue and red segments combined to form each category level. For example, the darkest and medium-colored segments combined to form the category of respondents who currently have a mentor or sponsor (50% Men / 62% Women), within which the darkest segment represents those who are still connected with the same mentor from MnTC. 2) There is a statistically significant difference between male and female graduates in the proportion who reported having an assigned mentor during the MnTC program (p=.047).

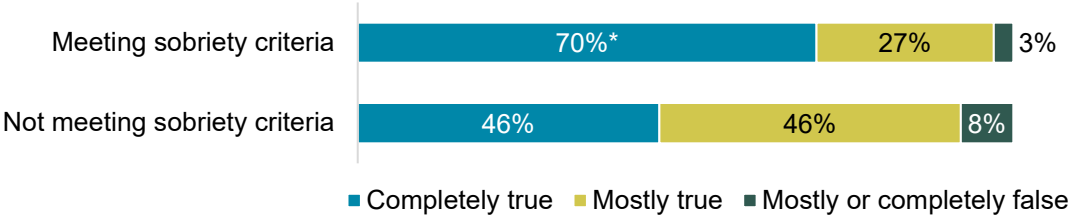
Survey findings further suggest that the program helped graduates build healthier and more supportive relationships overall. Nearly all respondents (94%, n=85) completely or mostly agreed that the program showed them how to have healthy supportive relationships (Figures 16 and 17).

16. Perceived influence of the program on building supportive relationships (truthfulness ratings), overall and by gender



Note. Sample sizes are as follows: Overall (N=87), men (N=58), and women (N=29).

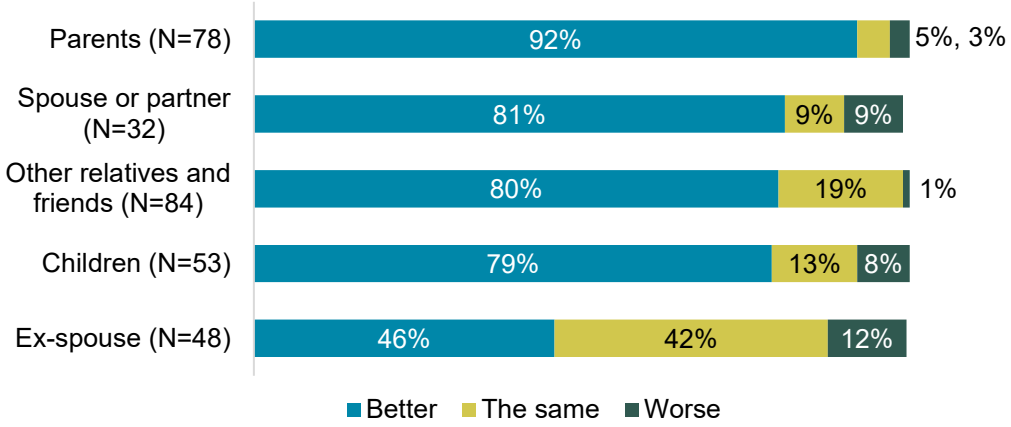
17. Perceived influence of the program on building supportive relationships (truthfulness ratings), by sobriety status



Notes. 1) Sample sizes are as follows: Meeting sobriety criteria (N = 74) and not meeting sobriety criteria (N=13). 2) The difference between respondents meeting sobriety criteria and those not meeting the criteria is statistically significant (*p*=.039).

Specifically, many graduates described repairing family relationships, reconnecting with loved ones, and surrounding themselves with positive influences as important parts of their recovery journey (Figure 18).

18. Perceived change in relationships since most recent enrollment in Minnesota Adult and Teen Challenge



Note. Among participants who had a spouse or partner, 16 (50%) were currently living with their spouse or partner in a long-term committed relationship.

> I had family members that were worried. I wanted to eventually build my own family and that requires sobriety.
>
> My entire life has changed. I don't want to go back to the old way. I have a good family. I have a good girlfriend who cares about me. Everything is good. I have a good community around me now.

Ongoing recovery involvement remained common after graduation

Graduates described continued participation in recovery meetings, support groups, sponsorship relationships, and service to others as important ways they stayed connected and accountable after graduation. At the time of the survey, 37 of 87 respondents (43%) reported having attended at least one support group (Figure 19).

19. Support group participation after graduation from Minnesota Adult and Teen Challenge (N=37)

	Count	Valid %
Support group type		
Alcoholics Anonymous (AA)	22	60%
Celebrate Recovery	16	43%
Narcotics Anonymous	18	49%
Other support groups	19	51%
Spiritual-based recovery activities	18	49%
Therapy-focused support groups	2	5%
Peer support group	2	5%
Gender		
Men	22	38%
Women	15	52%
Age group		
21–35 years	9	25%*
36–45 years	17	59%
46–55 years	9	56%
56–65 years	2	33%

Notes. 1) Respondents could select all types of support groups in which they participated. 2). Percentages for each subgroup were calculated based on the sample size of that subgroup. 3) The McNemar's exact binomial test shows that the differences across age groups were statistically significant (p=.029).

Across all support group categories (Alcoholics Anonymous, Celebrate Recovery, Narcotics Anonymous, and other alternative groups), while Celebrate Recovery attendance concentrated within 1–5 meetings per month, Alcoholics Anonymous, Narcotics Anonymous, and alternative groups' participants demonstrated greater variability, including some respondents attending 6–22 meetings monthly (n=6 in total).

Among respondents who participated in support groups, nearly all (95%, n=35) reported that attending these groups had been important in maintaining their sobriety.

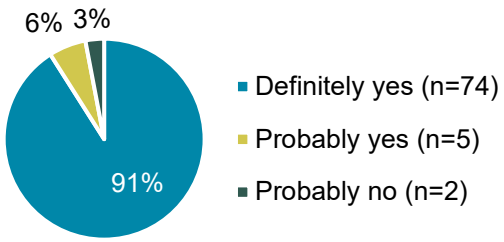
> [Key factors for maintaining sobriety include] staying connected with the recovery community, like regular meetings and conventions; working with and giving back to Teen Challenge; and helping others that are in the situation I was in.

Faith and spiritual transformation were central to many graduates' recovery journeys

Across survey findings and open-ended responses, graduates consistently described faith as a foundational source of strength, accountability, and purpose in sustaining recovery. Many respondents emphasized that spiritual growth was not just an additional program component, but a defining mechanism through which long-term sobriety and life transformation occurred.

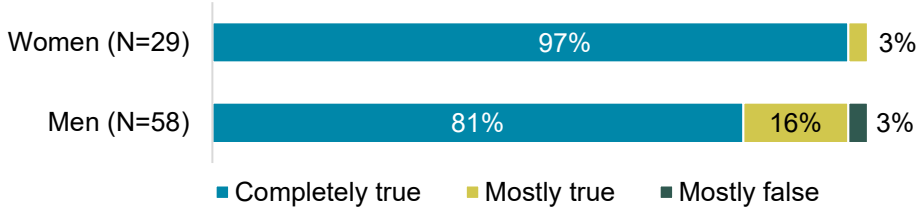
Spiritual commitment was closely connected to graduates' recovery maintenance and sense of resilience after program completion. In total, 93% of graduates (n=81) reported making a personal commitment to Jesus Christ either prior to entering MnTC (90%, n=78) or during their time in the program (3%, n=3). Nearly all respondents who had made a commitment to Jesus Christ (97%, n=79) said this commitment supported their long-term sobriety (Figure 20).

20. Perceived impact of personal commitment to Jesus Christ on achieving long-term sobriety (N=81)

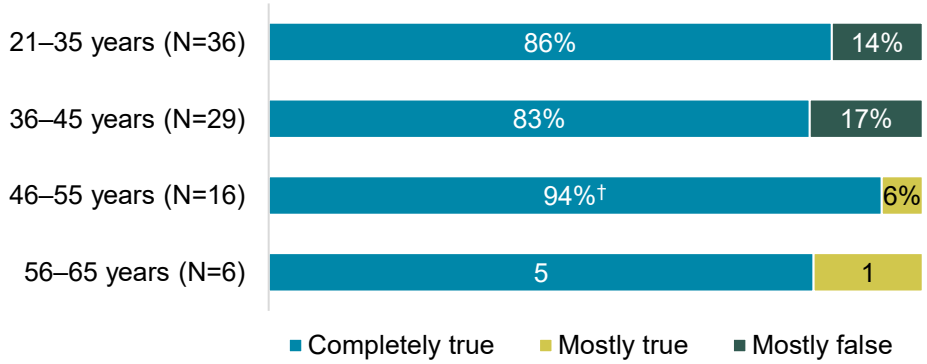


In addition, 98% (n=85) of all respondents completely or mostly agreed that the spiritual component of the program made a difference in their lives. Women and older graduates were more likely to report a stronger spiritual impact (Figures 21 and 22).

21. Perceived impact of the spiritual component of the program in making a difference in participants' lives, by gender



22. Perceived impact of the spiritual component of the program in making a difference in participants' lives, by age group



Note. The McNemar's exact binomial test shows that the differences across age groups were marginally significant (p=.079).

The survey also showed near-universal agreement regarding MnTC's spiritual influence. All respondents (100%, n=87) completely or mostly agreed that the program helped them develop a personal relationship with Jesus Christ. Graduates relied on prayer, scripture, and faith during moments of temptation or difficulty, often framing their recovery in terms of spiritual guidance.

> Having brothers and sisters to do things with and talk with [is the key factor].
>
> There is always a Bible verse I can pull up. I pull from the word of God a lot when I am tempted.
>
> God, obviously. His spirit is strengthening me and guiding me and his grace is the only reason I'm here.

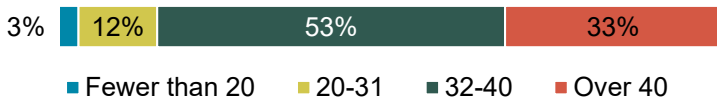
Many graduates have rebuilt stability in work and housing

Graduates reported strong progress in rebuilding stability and establishing productive, independent lives after completing the program.

Most graduates were working and rebuilding economic stability

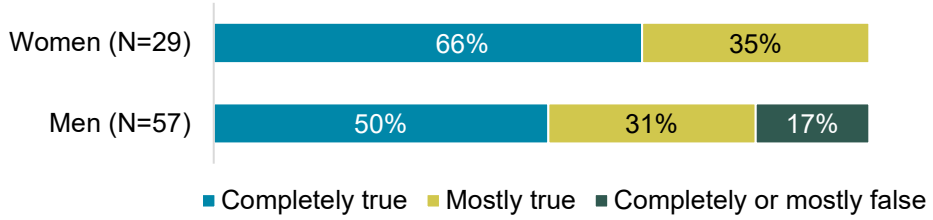
Employment emerged as an important marker of reintegration, with 81% of graduates (n=70) currently employed. Among those who were employed, the vast majority (86%) were employed more than 32 hours per week across all jobs (Figure 23).

23. For those employed, average number of hours worked per week across all jobs (N=70)

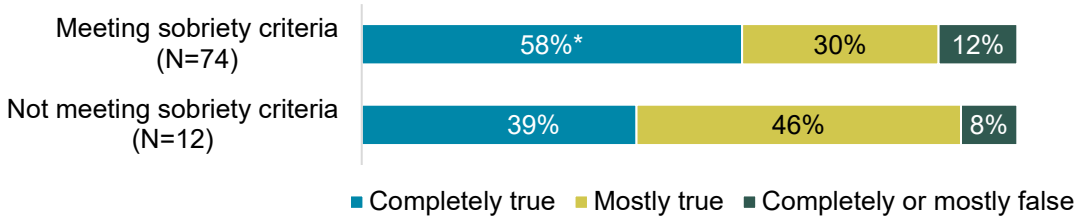


Beyond securing jobs, respondents described meaningful improvements in their ability to function and succeed in the workplace. Among those employed, 94% (n=66) reported that their work situation had improved since entering the program, and 88% (n=76) reported improved work habits needed to sustain long-term success. Figures 24 and 25 show the breakdown of perceived improvements by gender and sobriety status.

24. Perceived improvement in work habits since graduation for those employed, by gender



25. Perceived improvement in work habits since graduation for those employed, by sobriety status



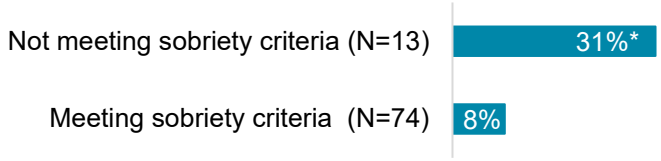
Note. The McNemar's exact binomial test shows that the differences between groups of different sobriety status were statistically significant (p=.030).

Education and training helped some graduates pursue new opportunities

Recovery was also associated with continued growth and long-term life planning. More than one-third of graduates (36%, n=31) reported pursuing additional education or training after graduation, demonstrating efforts to build new skills and expand future opportunities. Among those who pursued further education, nearly half (45%, n=14) currently enrolled in education or training programs at the time of the survey, including eight enrolled full-time and six enrolled part-time, while the remainder had completed or previously participated in educational or training programs.

Overall, 10 graduates (11%) were neither employed nor enrolled in an educational program at the time of the survey. However, non-engagement varied significantly by sobriety status (31% vs. 8%; Figure 26).

26. Number and percentage of graduates who were never employed or enrolled in an educational program since graduation, by sobriety status



Note. The McNemar's exact binomial test shows that the differences between groups of different sobriety status were statistically significant (p=.018).

Graduates described greater housing stability

Housing outcomes also point to meaningful progress toward stability and independence. Nearly half of graduates (49%, n=43) were living in their own apartment or home. Others continued to utilize sober housing (16%, n=14), transitional programs (15%, n=13), or housing with relatives or friends temporarily or long-term (15%, n=13), reflecting a range of pathways toward long-term stability (Figure 27).

27. Number and percentage of graduates' current housing arrangement (N=87)

	Count	Valid %
In an apartment or house that you own or rent, which is not part of a transitional or permanent supportive housing program	43	49%
In sober living for people in recovery	14	16%
In a transitional housing program	13	15%
Staying with relatives or friends on a temporary basis	7	8%
Staying with relatives or friends on a long-term basis	6	7%
In a residential drug or alcohol treatment facility	1	1%
In a permanent housing program with services to help you keep your housing, either on-site services or services that come to you	1	1%
In college or university dorm housing	1	1%
Other	1	1%

Note. The "Other" category includes one respondent who reported living "on the road" while working at construction sites around the state.

About half of respondents (55%, n=48) reported covering their housing expenses without outside assistance. Figure 28 shows the sources of housing expense assistance among respondents who received assistance.

28. Sources of housing expense assistance (N=39)

	Count	Valid %
Roommates or friends or relatives who live with you	13	33%
Section 8, GRH (Group Residential Housing), Housing Assistance, or Subsidized Housing	10	26%
Other government benefits	10	26%
Assistance from the Minnesota Adult and Teen Challenge	8	21%
Other sources	9	23%

Note. Respondents were allowed to select all that apply.

Respondents who did not meet sobriety criteria were more likely to report living with a spouse or partner (39%, n=5; * p=.043) compared to those who met sobriety criteria (15%, n=11).

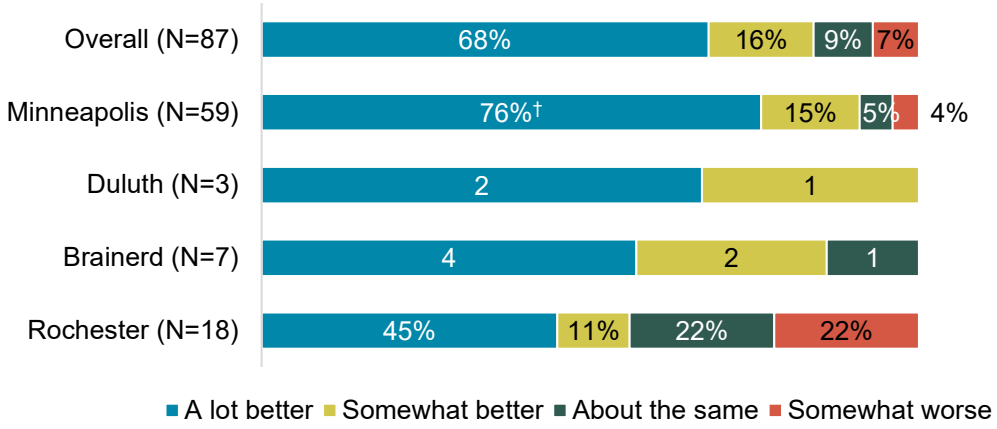
Some graduates continued to experience health challenges and criminal justice involvement

While recovery gains are substantial, for some participants, emotional, psychological, and behavioral needs were not fully resolved at the point of one-year follow-up.

Mental and physical health improvements varied across groups

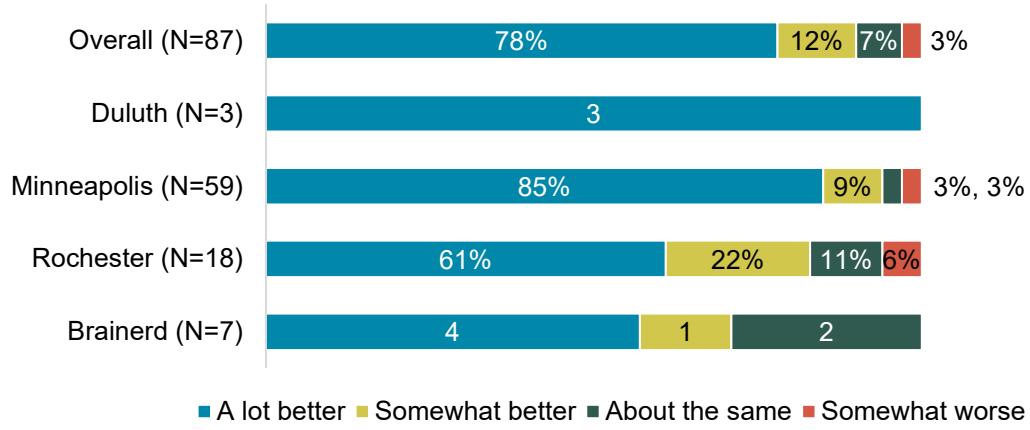
Although many graduates reported meaningful improvements in both mental and physical health after completing MnTC, there were some differences across campuses (Figures 29 and 30). Graduates who met sobriety criteria reported greater improvements in both mental and physical health than those who did not. For mental health, the proportion reporting feeling “a lot better” was significantly higher among sober graduates (82% vs. 54%; *p=.026). A similar pattern emerged for physical health, where 72% of sober graduates reported being “a lot better,” compared to 46% of non-sober graduates ($^{\dagger}p$=.058).

29. Perceived physical health improvement among graduates, overall and by campus



Note. The McNemar's exact binomial test shows that the differences across campus locations were marginally significant (*p*=.058).

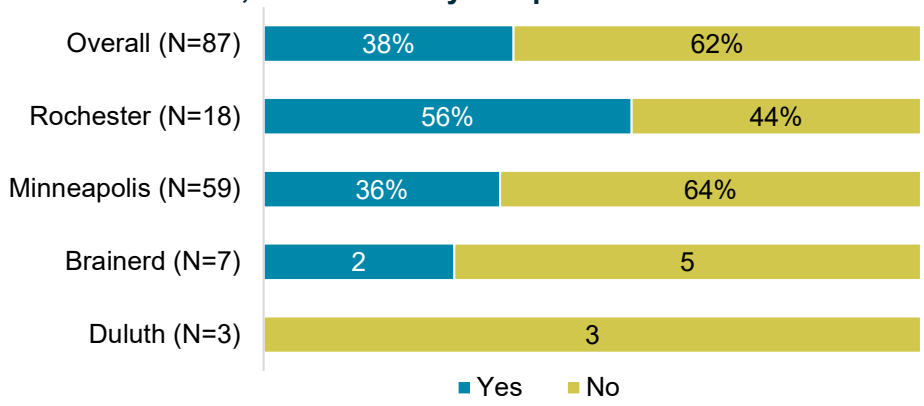
30. Perceived mental health improvement among graduates, overall and by campus



At the same time, some graduates (n=33, 38%) continued to experience mental health challenges after graduation, including ongoing anxiety, depression, or the need for continued treatment and support (Figure 31). Among these individuals, 25 (76%) were receiving care at a clinic or from a therapist, psychiatrist, or other mental health provider at the time of the survey. Individuals who did not meet sobriety criteria reported significantly higher rates of ongoing mental health struggles compared to those who maintained sobriety (77% vs. 31%; ***p*=.002).

In addition, four of 87 respondents (5%) reported current use of prescribed marijuana for physical or mental health conditions, including complex PTSD, ADHD, anxiety, depression, and chronic pain.

31. Post-graduation concerns related to anxiety, depression, or other mental health difficulties, overall and by campus



Post-graduation criminal justice involvement

A small group of respondents had been involved with the criminal justice system since graduation (14%, n=12). Among respondents reporting criminal justice involvement, 10 were incarcerated and two were convicted of crimes. Figure 32 shows more details.

32. Characteristics of Individuals Involved in Criminal Justice System (N=12)

	Count
Type of criminal justice involvement	
Incarceration	10
Conviction of a felony	1
Conviction of a misdemeanor	1
Frequency of involvement	
1 time	10
More than 1 times	2
Gender	
Male	10
Female	2
Age group	
21–35 years	4
36–45 years	6
46–55 years	1
56–65 years	1
Campus location	
Minneapolis	6
Rochester	3
Brainerd	2
Duluth	1
Sobriety status since graduation	
Meeting sobriety criteria	7
Not meeting sobriety criteria	5

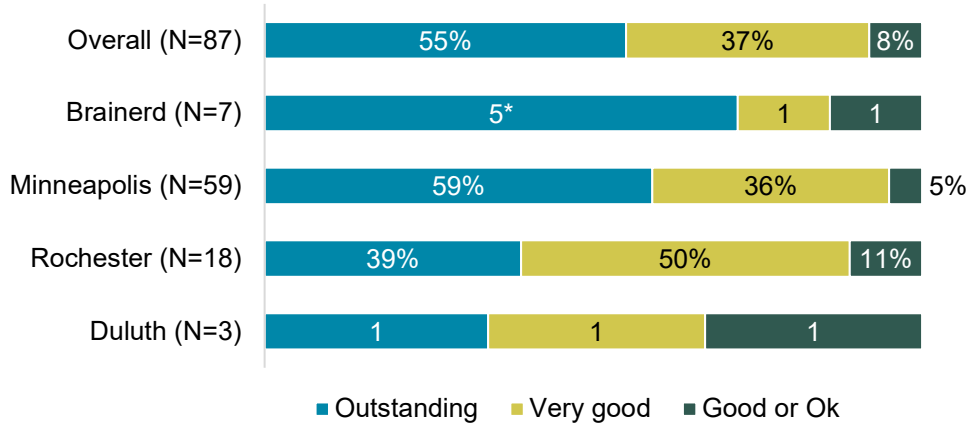
Overall, graduates viewed the program as life-changing

Graduates overwhelmingly described Minnesota Adult and Teen Challenge as a life-changing experience that extended well beyond achieving sobriety.

Graduates described the program as transformative

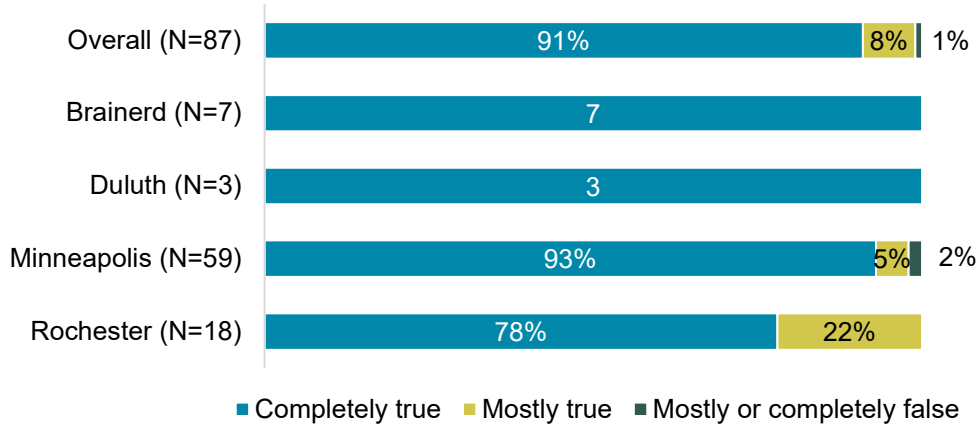
Respondents reported high levels of satisfaction with the program and strong agreement that participation contributed to meaningful improvements in their lives. About nine in ten graduates (92%, n=80) rated the overall quality of the program as either “outstanding” or “very good”, and nearly all respondents (99%, n=86) believed their life circumstances had improved because of completing the program. Figures 33 and 34 show breakdowns by campus.

33. Perceived overall quality of the Minnesota Adult and Teen Challenge program, overall and by campus



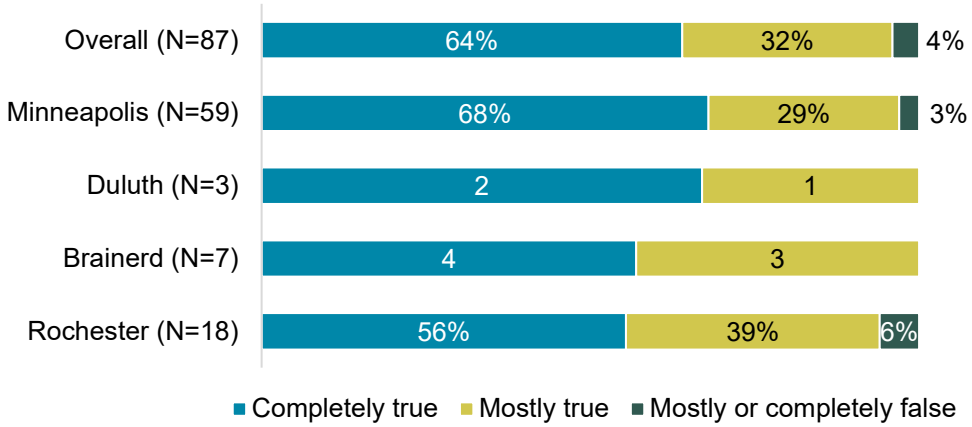
Note. The McNemar’s exact binomial test shows that the differences across campus locations were statistically significant (*p*=.023).

34. Extent to which graduates believe the program improved their life circumstances, overall and by campus

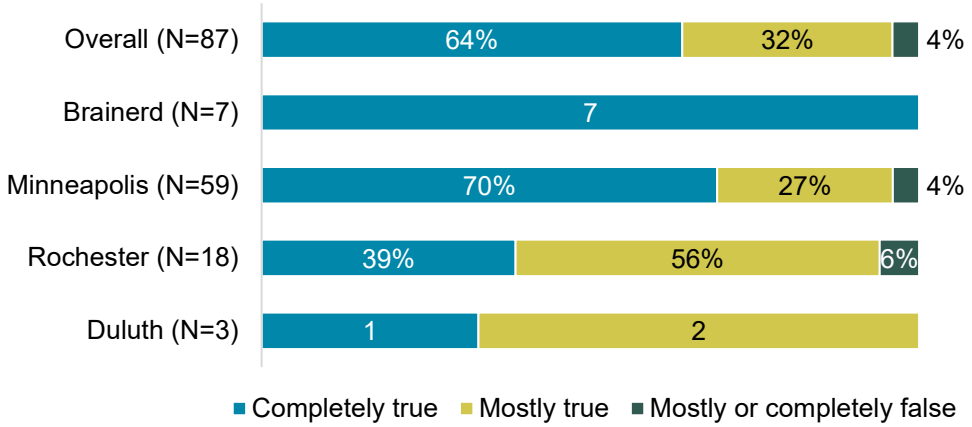


Additionally, 96% of graduates (n=84) completely or mostly agreed that the program taught them how to develop and maintain a sober lifestyle, and 96% (n=84) reported greater confidence in managing stress and responding to difficult situations. Figures 35 and 36 show the breakdowns by campus.

35. Extent to which graduates agreed that the program taught them how to have a sober lifestyle, overall and by campus



36. Extent to which graduates agreed that the program showed them how to positively handle life situations, overall and by campus



Graduates described changes in how they viewed themselves, related to others, and approached life after graduation. The combination of sobriety, healthier relationships, employment, housing stability, and spiritual growth contributed to a sense of transformation that graduates consistently attributed to their experience in the program.

> Staying part of Teen Challenge, went to the leadership institute, and now employed by Teen Challenge [has been transformational].

I've been through 10 [programs] and nothing helped until Teen Challenge. Living with people for a year who have experienced some of the same things [has been helpful]. We all hold each other accountable. Some of the staff have been addicts themselves. It was the people and the time, and the structured schedule that held you to be accountable and productive at all times of the day.

The 13-month long-term program is really unmatched and that's what I believe most addicts need.

Being held accountable [is most helpful]: being on time, creating a routine, and having consequences for your actions. There is codependency in addiction; and people protect you from these consequences. It protects the disease of addiction. Having the consequences happen helps you change. Most importantly, you learned how to receive love in a genuine way through Christ and the staff through Christ.

Graduates most valued the program's spiritual foundation and staff support

When asked what aspects of the program were most helpful, graduates described the program's faith-centered approach and supportive staff relationships as complementary strengths that contributed to their recovery and personal growth. More than half (57%, n=50) identified Christian faith and spiritual development as one of the most important components of their experience, while nearly half (49%, n=43) pointed to staff members, counselors, recovery coaches, and mentors.

These findings reinforce the central role that both spiritual growth and supportive relationships played throughout graduates' recovery journeys. Respondents often described the spiritual component as providing purpose, direction, and hope, while staff members were credited with offering encouragement, accountability, and practical support during difficult periods of change.

The first spiritual week in the chapel was what broke me and touched me. After this I met Jesus and have not turned back since.

I got a lot out of the clinical side as well as the levels classes that were discussion-led, but I got the most out of the one-on-one relationship with a spiritual leader who really challenged me to immerse myself in the Bible, challenged me to memorize parts of the scripture, and encouraged me to apply Biblical truths to every aspect of my life.

The staff were very helpful. I got really close to the Recovery Coaches and other staff. If it was not for them, I would not have completed this program. They were so kind and gentle with me.

Suggestions for improvement reflected graduates' belief in the program

Feedback about potential improvements reflected graduates' belief in the program rather than dissatisfaction with it. The most common response to the improvement question was that respondents would not change anything about their experience, reported by one-quarter of respondents (26%, n=23).

> I'd keep it exactly as it was when I went through. ... I would change zero.
>
> I don't know if I really can say anything that really can improve the program, because what they teach is what made me what I am today.

Graduates' suggestions for improvement were generally focused on enhancing an experience they already viewed positively. Among 64 graduates who offered recommendations, the most common suggestion was to provide more structure and accountability during the program (19%, n=12). These comments often reflected graduates' appreciation for the role that structure played in their recovery and a desire to strengthen that aspect even further.

> [The program should] maintain its integrity in terms of structure and accountability. There is a Next Generation initiative, and things are becoming more relaxed. I needed the structure.
>
> [The program should] continue to have the same rules applied as it was back in my time. Stick to structure and boundary.

A smaller number of graduates offered suggestions for strengthening the program by increasing opportunities for family connection (9%, n=6) and community engagement (13 %, n=8), including more family contact, visitation time, family counseling, accommodations for children, as well as community outings, outside recovery meetings, and social activities that support integration into the broader community.

> More passes to be with your family in [the] long-term [program].
>
> More parenting options for those who have children.
>
> More opportunities to bond outside of the four walls of Teen Challenge… More opportunities to get out into the community for outreach.
>
> A little more emphasis on recovery [meetings] and access to Alcoholics Anonymous and Narcotics Anonymous. Pull back from some of the religion and offer more AA and NA while people are in the program.

Others suggested expanding and strengthening staffing (13%, n=8), such as hiring additional staff, improving staff training and consistency, enhancing staff screening, and increasing compensation to support retention.

> More staff in general, more nurses, more LADC [licensed alcohol and drug counselors] which are the counselors and mental health professionals and recovery coaches.
>
> There are a lot of people who work there who do not get paid enough for the things they do. You can't put a price on the things they do there. A lot of workers are invested mentally, physically, and spiritually. They should be taken care of more than what they are receiving. I don't think it's much and should be more.

Graduates also highlighted the importance of post-graduation support (6%, n=4), recommending stronger aftercare services, transitional housing support, job placement assistance, alumni network, and ongoing follow-up to support long-term recovery and reintegration.

> Follow-up with graduates at the first, third, six months to check in.
>
> More support with getting a job or with transitional housing after you graduate.

Conclusion

The findings from this follow-up study indicate that Minnesota Adult and Teen Challenge (MnTC) continues to achieve meaningful and lasting outcomes for graduates facing substance use disorders and the complex life challenges that often co-occur. One year after graduation, the vast majority of respondents have maintained sobriety, with most reporting no return to substance use since completing the program. These outcomes suggest that MnTC is not only helping participants stop using substances while enrolled but is also equipping them with the skills, relationships, and support needed to sustain recovery after leaving the program.

The impact of MnTC extends beyond sobriety**. Graduates reported substantial improvements across multiple areas of life, including employment, housing, physical and mental health, family relationships, and overall well-being.** Most graduates were employed at the time of the survey, many had pursued additional education or training, and nearly half were living independently. Improvements in relationships with parents, children, relatives, and friends were notable, reflecting the broader social and relational healing that often accompanies recovery. Consistent with these outcomes, nearly all respondents believed their life circumstances had improved because of the program, and most rated the overall quality of the program very positively.

The findings also provide insight into why many graduates were able to maintain long-term recovery. **Graduates consistently described Christian faith and supportive relationships as central to their success.** Recovery peers, mentors, sponsors, family members, and the broader recovery community were frequently identified as critical sources of accountability, encouragement, and belonging. Equally important was the role of faith and spiritual development. For many participants, spiritual growth provided a sense of purpose, identity, and resilience that helped them navigate challenges and maintain sobriety. Program staff, counselors, and recovery coaches were also highly valued, with graduates describing the care, encouragement, and guidance they received as instrumental to their progress.

At the same time, the findings highlight that **recovery remains an ongoing process and that some graduates continue to face challenges after completing the program.** Mental health concerns, notably anxiety and depression, have remained common among a portion of respondents. Housing stability also remained fragile for some individuals, with some relying on transitional housing or public assistance to meet housing needs. Although involvement with the criminal justice system was uncommon overall, some experienced

ongoing legal and social challenges. These findings suggest that successful recovery requires continued support beyond program completion.

Overall, the results demonstrate that MnTC is achieving its mission of helping individuals move from substance use challenges toward healthier, more stable, and more purposeful lives. Graduates' experiences suggest that the program's combination of recovery support, spiritual development, mentorship, accountability, and caring staff creates a strong foundation for lasting change. That said, opportunities remain to strengthen post-graduation support in areas such as mental health and housing stability.

Appendix

A1. General use and primary substance choice prior to the most recent enrollment at Minnesota Adult and Teen Challenge

	General use (N=87)		Primary choice (N=86)	
Substance	**Count**	**Valid %**	**Count**	**Valid %**
Methamphetamines/Meth	58	67%	33	38%
Alcohol	72	83%	32	37%
Other opioids, such as oxycodone, Percocet, morphine, Vicodin, fentanyl, oxycontin, buprenorphine	33	38%	13	15%
Heroin	27	31%	5	6%
Cocaine or crack	35	40%	2	2%
Other substances	2	2%	1	1%
Non-prescribed Marijuana/Pot/ Weed/Hash/ Cannabis	50	58%	-	-
Hallucinogens	28	32%	-	-
Misuse of prescription drugs, other than opioids	28	32%	-	-
Sedatives/Barbiturates	14	16%	-	-
Inhalants	9	10%	-	-

Note: One respondent selected "Don't know" as the response to the primary substance choice question.

A2. Primary substance choice prior to the most recent enrollment at Minnesota Adult and Teen Challenge, by gender

	Men (N=57)		Women (N=29)	
Substance	**Count**	**Valid %**	**Count**	**Valid %**
Methamphetamines/Meth	20	35%	13	45%
Alcohol	23	40%	9	31%
Other opioids, such as oxycodone, Percocet, morphine, Vicodin, fentanyl, oxycontin, buprenorphine	8	14%	5	17%
Heroin	4	7%	1	3%
Cocaine or crack	1	2%	1	3%
Other substances	1	1%	-	-

A3. Primary substance choice prior to the most recent enrollment at Minnesota Adult and Teen Challenge, by age group

21–35 years (N=35)	**36–45 years (N=29)**	**46–55 years (N=16)**	**56–65 years (N=6)**

Substance	Count	Valid %	Count	Valid %	Count	Valid %	Count	Valid %
Methamphetamines/Meth	10	29%	14	48%	8	50%	1 of 6	-
Alcohol	10	29%	10	35%	8	50%	4 of 6	-
Other Opioids, such as oxycodone, Percocet, morphine, Vicodin, fentanyl, oxycontin, buprenorphine	9	26%	4	14%	-	-	-	-
Heroin	4	11%	-	-	-	-	1 of 6	-
Cocaine or Crack	1	3%	1	3%	-	-	-	-
Other substances	1	3%	-	-	-	-	-	-

A4. Primary substance choice prior to the most recent enrollment at Minnesota Adult and Teen Challenge, by campus

	Minneapolis (N=59)		Rochester (N=18)		Brainerd (N=7)		Duluth (N=2)	
Substance	Count	Valid %	Count	Valid %	Count	Valid %	Count	Valid %
Methamphetamines/Meth	26	44% **	5	28%	2 of 7	-	-	-
Alcohol	20	34%	8	44%	3 of 7	-	1 of 2	-
Other opioids, such as oxycodone, Percocet, morphine, Vicodin, fentanyl, oxycontin, buprenorphine	8	14%	2	11%	2 of 7	-	1 of 2	-
Heroin	4	7%	1	6%	-	-	-	-
Cocaine or crack	1	2%	1	6%	-	-	-	-
Other substances	-	-	1	6%	-	-	-	-

Note. The McNemar's exact binomial test shows that the differences across campus locations were statistically significant (p=.003).

A5. Primary substance choice prior to the most recent enrollment at Minnesota Adult and Teen Challenge, by after-graduation sobriety status

	Meeting sobriety criteria (N=73)		Not meeting sobriety criteria (N=13)	
Substance	**Count**	**Valid %**	**Count**	**Valid %**
Methamphetamines/Meth	31	42%†	2 of 13	-
Alcohol	26	36%	6 of 13	-
Other opioids, such as oxycodone, Percocet, morphine, Vicodin, fentanyl, oxycontin, buprenorphine	10	14%	3 of 13	-
Heroin	5	7%	-	-
Cocaine or crack	1	1%	1 of 13	-
Other substances	-	-	1 of 13	-

Note. The McNemar's exact binomial test shows that the differences across campus locations were marginally significant (p=.067).

A6. Participation in other treatment programs prior to the most recent enrollment in Minnesota Adult and Teen Challenge and after graduation (N=87)

	Prior to the most recent enrollment		Since graduation	
	Count	**Valid %**	**Count**	**Valid %**
Yes, participated	66	76%	7	8%
Participation frequency				
1-2 times	32	49%	6 of 7	-
3-5 times	22	33%	1 of 7	-
More than 5 times	12	18%	-	-
Completion status				
Ever completed or graduated	61	92%	5 of 7	-

Notes. 1) Among the seven respondents with post-graduation participation, three were in outpatient drug or alcohol treatment programs, two were in inpatient programs, and two were in both. 2) No significance testing was conducted due to the small sample size.

A7. Receipt of medication-assisted treatments (MAT) or opioid maintenance therapy while in Minnesota Adult and Teen Challenge (N=87)

	Prior to the most recent enrollment		Since graduation	
	Count	Valid %	Count	Valid %
Yes, received	17	20%	5	6%
Perceived helpfulness (N=17)				
Very helpful	11	65%	-	-
Somewhat helpful	5	29%	-	-
Not at all helpful	1	6%	-	-

Note. Among the five respondents with post-graduation reception, four were still using the services at the time of the survey.

A8. Main factors that contributed to graduates' most recent return to use (N=15)

Category	Code	Description	Count
Psychological factors	Emotional stress	Internal emotional states such as depression, anxiety, or loneliness, including both acute emotional pulse and chronic mood conditions	8
	Boredom	Having too much unstructured time, lack of activity, or boredom	3
	Psychological craving / Addiction	The psychological pull of addiction itself, such as cravings, reminiscence of past use, or intrinsic desire for the substance	2
	Trauma / Unhealed emotional wounds	Unresolved trauma, complex trauma disorders, deep emotional wounds, or extreme emotional reactions such as rage or unforgiveness	2
Physical issues	Physical discomfort / Withdrawal symptoms	Physical pain or withdrawal symptoms from another substance, where physical suffering motivated seeking relief through use	1
Agency Issues	Personal choice / Agency	Respondent frames the return to use explicitly as a personal choice or decision, acknowledging their own agency	2
Environmental factors	Stress from external pressure	External stressors such as work demands, financial pressure, or overwhelming life responsibilities	1
	Social or environmental triggers	Exposure to people who use substances, being in environments where substances are present, or social influences	3
	Life instability / Loss of protective structure	Return to use following major life disruptions such as housing loss, job loss, or breakdown of recovery support structures	2

Note. Respondents were asked to provide two to three main factors that contributed to their most recent return to use.

A9. Main factors that helped graduates maintain sobriety (N=71)

Category	Code	Description	Count	Valid %
Spiritual factors	Faith / Relationship with God or Jesus Christ	Personal religious faith, relationship with God or Jesus Christ, prayer, Bible reading, or spiritual practice.	44	62%
	Church involvement	Active participation in a church congregation as a source of sobriety support, accountability, and spiritual community	11	15%
Social network and community support	Recovery / Sober community	Connection to a recovery community, sober peers, fellowship, or structured recovery groups such as AA/NA	39	55%
	Family support	Relationships with family members, including children, spouses, and parents, and the desire not to lose those relationships or let family down	27	38%
	MnTC program / Continued involvement	Ongoing connection to MnTC's staff and alumni, or continued participation in the program structure such as TCLI	22	31%
	Healthy relationships / Positive lifestyle changes	Cultivating healthy relationships, lifestyle habits, positive outlook, or intentional separation from former unhealthy relationships and environments	6	8%
	Helping others / Service	The act of helping others in recovery, giving back, or serving in a recovery or community role	3	4%
Employment	Employment / Staying busy	Having meaningful work, staying occupied, or purposeful activity that structures time and provides identity	19	27%
Mental Health Support	Mental health support / Therapy	Access to mental health therapy, counseling, or professional psychological support	5	7%
Internal pulse	Fear of consequences / Motivation to change	Negative motivation framing: Sobriety is maintained by fear of losing important things (e.g., family, health, life) or a strong desire for a better life	2	3%

Note. Respondents were asked to provide two to three main factors that were most helpful for their sobriety.

A10. Program components graduates identified as most helpful (N=87)

Category	Code	Description	Count	Valid %
Spiritual elements	Faith / spiritual foundation	The faith-based, Christ-centered, or spiritual dimension of the program, including finding God, developing a relationship with Jesus, or experiencing spiritual transformation	44	51%
	Chapel / worship practices	Specific spiritual activities: Daily or regular chapel services, worship, singing, or communal spiritual practice	10	11%
	One-on-one spiritual mentorship	Personal one-on-one meetings with a chaplain or spiritual guide	7	8%
Community	Community /peer support	Peer relationships, sense of belonging, and mutual support among clients or students	19	22%
Services and courses	Staff / counselors / recovery coaches	The quality, care, lived experience, or specific relationships with staff, including LADC counselors, recovery coaches, and program staff	43	49%
	Structure / accountability / discipline	The structured environment, accountability requirements, disciplined routine, and program expectations	10	11%
	Mental health / clinical counseling	Access to mental health therapy, LADC counseling, clinical sessions, or one-on-one mental health support	9	10%
	Program length / long-term commitment	The length of the program (typically 12-13 months) identified as a key differentiating factor in achieving sustained recovery	3	3%
	Curriculum / classes	Specific program classes, including Bible study courses, levels classes, personal study topics, and educational curriculum	8	9%
Environment	Removal from technology / separate from the outside world	Being cut off from phones, social media, and the outside world that creates space for focus and recovery without distraction	2	2%

A11. Graduates' suggestions to improve the program (N=64)

Category	Code	Description	Count	Valid %
Program policy and rules	Program structure and size / Accountability / rules (maintain or strengthen, consistency)	To maintain, strengthen, or restore the program's structure, rules, and accountability (often in response to perceived relaxation of standards)	12	19%
	Cell phone / Digital advice policy	Cell phone or device access: either restricting phones more or allowing earlier/more frequent access	8	13%
	Family access / Visitation	To allow more family contact, visitation time, family counseling, or accommodate children	6	9%
	Nicotine / Substance management policy	Requesting allowance of nicotine or criticizing caffeine restrictions	5	8%
	Pet policy	To allow pets in, such as more dogs	1	2%
External Connection	Community access / Outside engagement	To increase community outings, outside meetings (AA/NA), social activities, or integration into the broader community	8	13%
Logistics	Food / Nutrition	To improve food quality, offer healthier options, adjust portion sizes, or address dietary concerns	6	9%
	Renew facilities	To update facilities, devices, etc.	1	2%
	Mail delivery improvement	To smoothen the mail delivery procedure	1	2%
Service, practices, and programming	More staff / Better staff	Suggestions to hire more staff, improve staff quality, training, or consistency, or pay existing staff better.	8	13%
	Post-graduation and aftercare support	To improve reintegration support, transitional housing, job placement, follow-up check-ins, or alumni programming after program completion	4	6%
	Individualized / Flexible programming	To make the program more responsive to individual needs, cultural backgrounds, or personal circumstances, including variety and personalized treatment.	3	5%
	Innovative services / Support	To provide support or services different from regular programming	3	5%
	Apply a different level of faithful practices	To provide more or fewer faith-related activities and support	2	3%
	Over-medication concern	Expressing concerns about medication practices	1	2%
Culture and mission	Balance religious diversity	To broaden the program's religious or spiritual scope to include non-Christian traditions, or to supplement the faith approach with secular/scientific content	4	6%

A12. Comparison of living status between groups meeting and not meeting sobriety criteria (N=87)

	Meeting sobriety criteria (N=74)		Not meeting sobriety criteria (N=13)
	Count	Valid %	Count
Mentorship			
Had an assigned mentor while at MnTC	57	77%	10 of 13
Have a mentor at the time of the survey	38	51%	9 of 13
Employment and education			
Being employed at the time of the survey	61	82%	9 of 13
Have been enrolled in educational or vocational programs since graduation	28	38%	3 of 13
Ever employed or enrolled in education since graduation	68	92%	9 of 13*
At the time of the survey…			
Using cigarettes, vapes, or other nicotine/tobacco products	25	34%	9 of 13*
Living with a spouse or long-term partner	11	15%	5 of 13*
Attending a support group	34	46%	3 of 13
Physical health since graduation			
A lot better	53	72%	6 of 13†
Somewhat better	12	16%	2 of 13
The same or somewhat worse	9	12%	5 of 13
Had concerns related to anxiety, depression, or other mental health difficulties since graduation	23	31%	10 of 13**

Note. Statistically significant differences are indicated as follows: * $p < .05$, ** $p < .01$, *** $p < .001$; marginally significant differences are indicated as † $p < .10$.

A13. Comparison of perceived program impact between groups meeting and not meeting sobriety criteria (N=87)

	Meeting sobriety criteria (N=74)		Not meeting sobriety criteria (N=13)
	Count	Valid %	Count
The program showed me how to positively handle life situations			
Completely true	51	69%	5 of 13*
Mostly true	21	28%	7 of 13
Mostly/completely false	2	3%	1 of 13
The program helped me improve my work habits			
Completely true	43	58%	5 of 13*
Mostly true	22	30%	6 of 13
Mostly/completely false	9	15%	1 of 13
The program showed me how to have healthy, supportive relationships			
Completely true	52	70%	6 of 13*
Mostly true	20	27%	6 of 13
Mostly/completely false	2	3%	1 of 13
The program helped me to develop a personal relationship with Jesus Christ			
Completely true	61	84%	11 of 13
Mostly true	12	16%	2 of 13
My circumstances today would be a lot worse if I had not gone through the MnTC program			
Completely true	69	93%	10 of 13*
Mostly true	5	7%	2 of 13
Mostly/completely false	-	-	1 of 13
The spiritual part of the program made a difference in my life			
Completely true	62	84%	13 of 13
Mostly true	10	14%	-
Mostly/completely false	2	3%	-
Overall quality of the MnTC program			
Outstanding	43	58%	5 of 13
Very good	25	34%	7 of 13
Good or Ok	6	8%	1 of 13

Note. Statistically significant differences are indicated as follows: * p < .05, ** p < .01, *** p < .001; marginally significant differences are indicated as † p < .10.

Acknowledgments

The authors would like to thank the Minnesota Adult and Teen Challenge staff members for their partnership and support in data collection and coordination, as well as the program graduates for sharing their personal experiences, perspectives, and valuable input.

Thank you to Ginny Jacobs, Copyediting Consultant, for providing expert copyediting and editorial support for this report.

Wilder Research staff contributing to this study include:

Anna Alba
Dan Swanson
Emily Iwuc
Isha Gadkari
Jackie Aman
Ryan M. Ander-Evans
Margaret Peterson
Maureen McGovern
Michelle Gerrard
Miguel Salazar
Thalia Hall

Here for good.

WILDER

651-280-2700 | www.wilderresearch.org

Mn Adult & Teen Challenge