

The Economic Impact of The Extension

Prepared for:
The Extension, Inc.

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Business Innovation Group
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August 12, 2026

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The Center for Business Analytics and Economic Research (CBAER) of the Business Innovation Group (BIG) in the Office of Research and Economic Development at Georgia Southern University was engaged to conduct an economic impact study by The Extension, Inc.

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Executive Summary

This report, prepared by the Center for Business Analytics and Economic Research (CBAER) at Georgia Southern University, examined the economic impact that The Extension, Inc. (hereafter referred to as “The Extension”) has on the regional economy of Cobb County and Metro Atlanta. The Extension is a state-licensed, CARF-accredited long-term residential substance use disorder (SUD) treatment program located in Cobb County, Georgia. There are three areas of focus for the economic impact analysis: spending on operations, earnings of residents, and earnings of alumni who have successfully completed the program between 2023 and 2025.

CBAER utilized the economic impact software IMPLAN to examine the impact of The Extension on the regional economy of Cobb County and Metro Atlanta. The Metro Atlanta region includes Cherokee, Cobb, Douglas, Forsyth, Gwinnett, Rockdale, Clayton, DeKalb, Fayette, Fulton, and Henry Counties. The primary findings of the impact analysis are listed as follows:

- Overall, The Extension has a total annual economic impact of \$50.54 million in output, \$30.27 million in value added, \$21.27 million in labor income, and supports 415 total jobs. These jobs include employees, operating expenditures, earnings by residents and alumni, and other jobs supported by these direct effects.
- The aspect with the largest impact was alumni earnings, which accounted for 46.2 percent of the total output impact.

CBAER also analyzed aggregated data provided by The Extension and surveyed data of alumni. The survey was conducted online and distributed by The Extension between May 19, 2026, and May 31, 2026. Additional notable findings from the analyses are listed in the bullet points.

- Of the individuals admitted to The Extension between 2023 and 2025, 38.7 percent successfully completed the program. When these individuals stayed in the program for at least 90 days, successful completion increased to 59.2 percent.
- On average, residents in the men’s program of The Extension earn \$642 per week during their time in the program. For the women’s program, the average was \$502 per week.
- These earnings are in line with the typical entry-level position in the region and represent a first step to financial independence.
- Residents of The Extension are commonly employed in occupations such as food services and building repair/landscaping.
- Every individual who completes the program was employed full-time when they left, and all have secured living arrangements before they completed the program.
- In total, 95.4 percent of survey participants have not experienced homelessness since leaving the program, and 96.6 percent were working full-time or are business owners.

The holistic approach of The Extension positions the program as a model for supporting recovery among vulnerable, previously unhoused individuals in Cobb County and Metro Atlanta region.

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Introduction

Substance use disorder (SUD) has multiple treatment options available, and often the treatment approach is determined by the substance(s) being treated and the preferences of the individual or group providing care. Despite this variability, there are factors that help improve treatment success, such as a stable environment that meets the individual's basic needs and daily support from those around them. This is why it is often difficult for people without a supportive environment to change.

Furthermore, the longer an individual remains in a treatment program, the more likely success can be maintained.¹ This is in part due to holistic treatment that addresses other needs throughout the process. One example of a program that takes this approach is The Extension, Inc. (hereafter referred to as "The Extension"), located in Marietta, Georgia. This program was launched in 1987 and began year-round operation in 1995.

The program is currently licensed to serve 100 residents who come to the program without housing and are seeking treatment for the use of one or more substances. It is located on two campuses: one with 80 licensed beds for men and the other with 20 licensed beds for women. Both groups can be a part of the program for up to one year. The Extension program includes group counseling, group skills training, individual counseling, individual psychotherapy, family education and counseling, life skills training, vocational support, standardized assessments and evaluations, financial literacy, HIV/AIDS/STD education and testing, peer support, Medication Assisted Treatment (MAT), and case management services. The program uses evidence-based practices and curricula and also works with community partners and external providers as needed.

The investment in both resident care and overall operations led the organization's leadership to seek ways to estimate the economic impact of its operation. The Center for Business Analytics and Economic Research (CBAER) at Georgia Southern University has developed a report that estimates the economic impact of the programs and discusses factors influencing these findings. It begins with a literature review that focuses on defining substance use disorders, examining treatment programs, and evaluating the research into the impacts of SUD treatment centers. Next, an overview of The Extension's operations is included, and is followed by a discussion of the economic impact analysis process. The report examines the total economic impact across three core areas. These core areas include program operations, resident earnings, and post-transition alumni earnings. The report concludes with a summary of the findings.

¹ Robert Hubbard, S. Gail Craddock, and Jill Anderson, "Overview of 5-year followup outcomes in the drug abuse treatment outcome studies (DATOS)," *Journal of Substance Abuse Treatment* 25, no. 3 (2003), [https://doi.org/10.1016/S0740-5472\(03\)00130-2](https://doi.org/10.1016/S0740-5472(03)00130-2).

Factors Influencing Treatment and Recovery

The Diagnostic Statistical Manual of Mental Disorders, 5th Edition, describes a substance use disorder (SUD) as a medical condition with specific criteria based on the degree of substance use. Substance use that impairs an individual's life, and the amount of overall impact, is what ultimately determines its classification as a disorder. These conditions do have various treatment modalities currently in use; several examples include cognitive behavioral therapy, 12-step facilitation, medications, etc. Both inpatient and outpatient treatment options are used for SUD.²

SUDs have many related complications that impact the lives of those affected. Possible short-term health concerns related to substance use disorder include impacts on the brain, heart, airways, and more, depending on the length of use. Additionally, mental health can be worsened, even when substances are only used for a limited length of time, and mood specifically has been impacted when used for extended periods of time.³ These negative health impacts and co-occurring effects may linger, even after successful treatment and into periods of abstinence from use.⁴

In addition to the effects on physical and mental well-being, SUDs can also be detrimental to individuals from an economic perspective. SUD is associated with increased worker absenteeism and decreased productivity.⁵ In general, increased absenteeism and decreased productivity lead to lower earnings both in the short and long term. The association between SUD and absenteeism may be because of the short-term effects of substance use and subsequent withdrawal, or the need to periodically seek treatment and/or leave the workforce more than once in a lifetime. The impacts from these periods of absence from work can be pervasive and negatively affect employment and earnings in multiple ways throughout life. In the short term, it can lead to a decrease in productivity at work and missed opportunities. For example, illicit drug use was estimated to cause a 17 percent reduction in productivity for males and an 18 percent reduction in productivity for females, according to estimates from the United States Department of Justice.⁶ This can result in a reduction of lifetime earnings, especially if the disorder is not properly treated and persists for a longer period.

² Substance Abuse and Mental Health Services Administration "Treatment of Stimulant Use Disorders." SAMHSA Publication No. PEP20-06-01-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2020

³ Substance Abuse and Mental Health Services Administration "*Treatment of Stimulant Use Disorders.*"

⁴ Substance Abuse and Mental Health Services Administration "*Treatment of Stimulant Use Disorders.*"

⁵ Madison Ashworth, David Johnson, and Robin Thompson, "Adaptable Tool for Modeling the Benefits and Costs of Substance Use Disorder Recovery Programs," *Journal of Benefit-Cost Analysis* 15, 2 (2024), <https://doi.org/https://doi.org/10.1017/bca.2024.26>.

⁷ U.S. Department of Justice National Drug Intelligence Center, "The Economic Impact of Illicit Drug Use on American Society," (2011).

Additionally, even after substance use disorders are successfully treated, employed individuals are at greater risk of having their jobs terminated.⁷ Risk of termination, among other losses, presents a large barrier to treatment for many with substance use disorders.⁸ This highlights that employment can be an important part of recovery and that underlying conditions can make it more difficult for some to maintain their recovery.

SUD is rarely an isolated condition. Instead, it is usually part of a larger network of factors that may negatively affect one's life. One of these factors is housing issues or an unstable living environment. To be clear, not all people experiencing homelessness have SUD, and not all individuals with SUD are experiencing homelessness. However, there is a relationship between housing instability and substance use, making it important to note that it is more difficult to treat a person with SUD if they are experiencing homelessness.⁹ Homelessness is also independently associated with unemployment. In the United States, between 60 percent and 95 percent of individuals who are experiencing homelessness are also unemployed.¹⁰ Experiencing homelessness and unemployment can introduce instability and make it more challenging to treat individuals experiencing these conditions.

There are multiple potential additional pressures associated with experiencing homelessness that can deteriorate mental health or increase behaviors associated with SUD. An unstable housing situation can lead to "competing priorities", where basic immediate needs take priority and delay addressing other needs such as mental health and substance use.¹¹ Additionally, experiencing homelessness is associated with higher risks of experiencing events such as violence, victimization, self-injury, and justice system interactions, which can greatly complicate mental illness and SUD recovery.¹² With more individuals in recent years experiencing loss of housing, it is critical to consider these related factors and their impact on SUD treatment.¹³

Collectively, housing instability, unemployment, and other factors can compound the hardships of SUDs for those who experience them, and an SUD can make addressing these other factors

⁷ Marjorie L. Baldwin, Steven C. Marcus, and Jeffrey De Simone, "Job Loss Discrimination and Former Substance Use Disorders," (NIH: Drug Alcohol Depend, 2010).

⁸ Substance Abuse and Mental Health Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health, PEP25-07-007, NSDUH Series H-60 (2025).

⁹ Rupa Jose et al., "In flux: Associations of substance use with instability in housing, employment, and income among young adults experiencing homelessness," *PLOS ONE* 19, no. 5 (May 2025), <https://doi.org/10.1371/journal.pone.0303439>.

¹⁰ Jose et al., "In flux: Associations of substance use with instability in housing, employment, and income among young adults experiencing homelessness."

¹¹ Nick Kerman and Vicky Stergiopoulos, "Addressing Health Needs in People Experiencing Homelessness," *Nature Mental Health* 2, no. 4 (Apr 2024), <https://doi.org/https://doi.org/10.1038/s44220-024-00218-0>.

¹² Kerman and Stergiopoulos, "Addressing Health Needs."

¹³ Tanya de Sousa and Meghan Henry, "The 2024 Annual Homelessness Assessment Report (AHAR to Congress) Part 1: Point-In-Time Estimates of Homelessness," (The U.S. Dept. of Housing and Urban Development, 2024).

more difficult. Therefore, a holistic approach may be more conducive to successful treatment when a web of complications is created by the overlapping impacts of SUD, homelessness, and unemployment.

Treating SUDs has a generally positive impact on individuals, and this holds across many different treatment types. General studies on the effectiveness of SUD treatment modalities have found that treatment can reduce substance use frequency.¹⁴ The effectiveness of treatment is also more pronounced the longer a person participates in a program, specifically after at least six months of treatment.¹⁵ The most comprehensive evidence comes from the Drug Abuse Treatment Outcome Studies (DATOS). DATOS is a series of studies funded by the National Institute on Drug Abuse and includes over 10,000 clients from 96 different treatment programs.¹⁶ These programs include different modalities such as outpatient methadone, outpatient drug-free, long-term residential, and short-term inpatient. Additionally, long-term residential programs, such as The Extension, showed evidence of added benefits beyond reduced substance use, such as a reduction in some criminal behaviors.¹⁷ This can be attributed to the fact that long-term residential programs are often more intensive and holistic than other treatment modalities.¹⁸

¹⁴ Hubbard, Craddock, and Anderson, "Overview of 5-Year Followup Outcomes."

¹⁵ Hubbard, Craddock, and Anderson, "Overview of 5-Year Followup Outcomes."

¹⁶ Texas Christian University Institute of Behavioral Research, "National Drug Abuse Treatment Outcome Studies," accessed 2/16/2026, <https://ibr.tcu.edu/projects/completed-projects/datos-project-summary/>.

¹⁷ Hubbard, Craddock, and Anderson, "Overview of 5-Year Followup Outcomes."

¹⁸ Hubbard, Craddock, and Anderson, "Overview of 5-Year Followup Outcomes."

Societal Benefits of SUD Treatment

Successful treatment of SUDs in individuals can also benefit broader society. From this perspective, the benefits of SUD treatment come from avoiding losses associated with the negative individual impacts of untreated SUD. These costs are most associated with a greater need for public services, such as health care, social services, and criminal justice services, as well as lost productivity. This section will detail the losses avoided by the successful treatment of SUDs.

Health Care Services

One of the most visible benefits of successful SUD treatment is the avoidance of health care costs. As mentioned earlier, an untreated SUD may lead to additional chronic health conditions. Additionally, an untreated SUD may increase the frequency of needing intense medical care, such as visits to the emergency department or periods of hospitalization. For these reasons, successful treatment of SUD at scale can benefit the public by avoiding these costs. A 2018 report estimating the avoided cost found an average per-individual avoided cost of around \$2,100 annually.¹⁹ Estimates for the state of Georgia have this cost at \$2,658 in 2021.²⁰ This reduction was mostly driven by a decrease in inpatient care use, but notably, SUD treatment is associated with a significant reduction in the number of emergency department visits. This reduction in costs comes from both decreased severity of conditions and decreased frequency of health care utilization.²¹ Nationally, costs of outpatient (emergency visits) related to SUDs were estimated to have totaled \$15.97 billion in 2019.²² These savings have become increasingly relevant, as the share of inpatient admissions attributable to mental health, including SUD, has been trending upward between 2020 and 2022.²³ Overall, a large measurable societal benefit of SUD treatment is a reduction in healthcare spending, especially in emergency scenarios.

¹⁹ Janice L. Pringle et al., "Screening, Brief Intervention, and Referral to Treatment in the Emergency Department: An Examination of Health Care Utilization and Costs," *Medical Care* 56, no. 2 (2018), <https://doi.org/10.1097/mlr.0000000000000859>, https://journals.lww.com/lww-medicalcare/fulltext/2018/02000/screening_brief_intervention_and_referral_to.6.aspx.

²⁰ Ashworth, Johnson, and Thompson, "Adaptable Tool for Modeling the Benefits and Costs of Substance Use Disorder Recovery Programs."

²¹ Pringle et al., "Screening, Brief Intervention, and Referral to Treatment in the Emergency Department: An Examination of Health Care Utilization and Costs."

²² Recovery Centers of America, "Economic Cost of Substance Abuse Disorder in the United States, 2019," <https://recoverycentersofamerica.com/resource/economic-cost-of-substance-abuse-disorder-in-united-states-2019/>.

²³ Kelsey Burke, Jessica Chang, and John Hargraves, *2022 Health Care Cost and Utilization Report* (2024), https://healthcostinstitute.org/wp-content/uploads/images/pdfs/HCCI_2022_Health_Care_Cost_and_Utilization_Report.pdf.

Labor Participation

The loss of the ability to work and gain income linked to an untreated SUD is detrimental to individuals personally, as discussed above, but it also has a broader economic impact. If an individual has an untreated SUD and is therefore more likely to be sick at work, absent from work, or injured at work, this can mean that the person is less able to contribute to the local community and economy at their full potential. If an untreated SUD leads an individual into situations such as a crippling injury, incarceration, or premature death, this can mean a total loss of that individual's contribution to the economy and, therefore, society. Decreased productivity also leads to lower tax contributions. Removing the obstacle to productivity from an untreated SUD for large numbers of people through successful treatment can benefit society by helping unlock some of the untapped potential of individuals in/out of the labor force.

Social Services

Lost labor participation and untreated SUD can also lead to an increased need for social services and public assistance. While programs related to food, energy, and childcare assistance are essential for those without employment, understanding potential risk factors that necessitate the use of social services can help support personal financial stability and reduce the economic impact on the public. While it is difficult to know exactly how many social service programs are utilized due to SUD, some have estimated that in the United States, social service costs attributable to related impacts exceed \$17 billion annually.²⁴ These impacts include services for children, such as protective services and additional education needs for children impacted by fetal alcohol exposure, as well as adults and children for food assistance (SNAP) or temporary assistance (TANF).²⁵ Increasing SUD treatment in society can have impacts on many other areas of daily life, as mentioned above. However, these impacts are important for the public as well, given the economic benefits that would result from reduced need for social services when SUD is properly treated on a large scale.

Criminal Justice

Another societal benefit of treating SUD is reduced criminal justice costs. Incarceration, along with premature death, remains one of the most extreme risks associated with untreated SUD. If an untreated SUD in part leads someone to be more impoverished, unhoused, or victimized, they may turn to illicit activities to get by. If these activities result in a severe enough crime, they may be incarcerated. Not only does this represent an unwanted outcome for the individual, but it also presents a cost to society at large.

²⁴ Recovery Centers of America, "Cost of Substance Abuse Disorder 2019."

²⁵ Recovery Centers of America, "Cost of Substance Abuse Disorder 2019."

For example, a person who is incarcerated for a year can be expected to cost \$31,614, according to average daily costs from the Georgia Department of Corrections.²⁶ It is important to note that not everyone with an untreated SUD will pursue criminal behavior.²⁷ However, it is still an excess risk that can benefit society if minimized; in 2023, it was estimated that the avoided criminal justice costs per person treated for SUD in Georgia were \$3,560.65.²⁸ Nationwide, these costs were estimated at over \$98 billion in 2019. This includes law enforcement, judicial, correctional, victim, and private costs.²⁹

Incarceration specifically is an important factor when considering economic impacts because incarcerated individuals are unable to contribute to the wider economy. The lost productivity of individuals who may have otherwise been able to work can serve as an indirect cost of untreated SUD. Nationwide, total productivity lost due to incarceration linked to SUD totaled between \$3.6 billion and \$4.12 billion. In the same estimate, this was more than the combined loss of productivity due to short- and long-term disability costs and worker compensation costs.³⁰

Treatment

Outlined above were common approaches and benefits associated with SUD treatment, both individually and societally. Additionally, SUD treatment can also be a valuable tool for workforce and economic development. Expanded access to health care can serve as a driver of economic development and resilience.³¹ SUD treatment, because it typically helps vulnerable populations, can help drive equity and development.

While there is limited work investigating SUD treatment centers specifically as an economic driver, there is research on the effects of health care facilities on the economy. For example, Dobson et al. examined the role of inpatient psychiatric facilities as economic drivers at both the national and state levels.³² A large body of research also examines the economic impact of hospitals on smaller geographies, especially rural economies. In both cases, these health care

²⁶ Recovery Centers of America, "Cost of Substance Abuse Disorder 2019."

²⁷ E. Fardone et al., "Economic benefits of substance use disorder treatment: A systematic literature review of economic evaluation studies from 2003 to 2021," *J Subst Use Addict Treat* 152 (Sep 2023), <https://doi.org/10.1016/j.josat.2023.209084>, <https://www.ncbi.nlm.nih.gov/pubmed/37302488>.

²⁸ Ashworth, Johnson, and Thompson, "Adaptable Tool for Modeling the Benefits and Costs of Substance Use Disorder Recovery Programs."

²⁹ Recovery Centers of America, "Cost of Substance Abuse Disorder 2019."

³⁰ Recovery Centers of America, "Cost of Substance Abuse Disorder 2019."

³¹ Erdong Chen and Huaxin Zhang, "The relationship between public health expenditure and urban economic resilience," *Frontiers in Public Health* 13 (2025), <https://doi.org/Chen and Zhang 10.3389/fpubh.2025.1550528>.

³² Allen Dobson et al., *The Economic Impact of Psychiatric Hospitals in Pennsylvania: A National and State-Level Analysis*, Dobson Davanzo & Associates (National Association of Psychiatric Health Systems, 2010).

operations served not only as supporting services but as drivers through employment and operational expenditures.

Overall, research into the economic benefits of Substance Use Disorder Treatment Centers (SUDTCs) and expanded treatment networks addresses either the broad, diffuse societal benefits of SUD treatment or the benefits and efficacy of treatment for individuals. Studies investigating societal benefits provide valuable information for stakeholders, but typically do not address the geographical distribution of those benefits. This leaves a gap for research into the economic benefits of a particular SUDTC to its surrounding neighborhood. These benefits could include investment, increased employment, workforce development, and greater circulation of money within the regional economy.

Overview Extension Operations Case Study

To conduct this study, CBAER was provided with aggregated program data of The Extension population for the three years from 2023 to 2025. This data was part of a request from CBAER and included only summary statistics. It did not include any data on an individual level. The data provided to CBAER included information on employment, housing, primary substances used prior to admission, referral sources, and demographics such as age, gender, and race/ethnicity. This data was also segmented into cohorts across different treatment periods: admission, 90 days, and departure.

This case study also presents statewide data for cohorts at similar programs. Statewide data were collected from the Treatment Episode Data Set (TEDS) from the Substance Abuse and Mental Health Services Administration (SAMHSA). TEDS is a national data system for admissions to and discharges from SUDTCs licensed or funded by single-state agencies.³³ Information in this database comes from reports to SAMHSA submitted by state administrative systems and includes data from all 50 states, the District of Columbia, and Puerto Rico.³⁴

CBAER has elected to use TEDS data to provide context and a comprehensive comparative baseline for The Extension. The TEDS database provides information on all types of programs. To provide the closest comparison and minimize variations due to geography or treatment modalities, CBAER has restricted the TEDS dataset to data from the state of Georgia and from SUDTCs classified as intensive inpatient (more than 30 days). Therefore, the baseline presented does not include programs such as detoxification, short-term residential, outpatient, or those in hospital settings, and does not include data from other states. For brevity, when referring to programs included in the TEDS database, CBAER will refer to them as all other Georgia programs, or other Georgia programs.

This section will examine the overall statistics and program elements to describe The Extension and how it operates. The following section will begin with an examination of the statistics at admission and how the admission process influences these statistics. Next, this section examines statistics at 90 days, a period that The Extension staff indicated was an important milestone and an indicator of potential program completion. Finally, this section examines the situation that people who completed the program (known as transitioning) face upon leaving The Extension.

³³Substance Abuse and Mental Health Services Administration, "What is the Treatment Episode Data Set (TEDS)?," <https://www.samhsa.gov/data/faq/about-treatment-episode-data-set/what-treatment-episode-data-set-teds>.

³⁴Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set (TEDS) 2023: Admissions to and Discharges from Substance Use Treatment Services Reported by Single State Agencies* (Substance Abuse and Mental Health Services Administration, 2025), <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>.

Statistics at Admission

First, CBAER analyzed the overall demographics for people admitted to the program. Table 1 presents the demographics from admission statistics from the Extension, along with the corresponding statistics from the TEDS-A system. For additional statistics such as employment status and housing arrangements, please refer to Appendix A.

Table 1: Admission Demographics 2023-2025

Statistic	The Extension	TEDS 2023
Total Admissions	432	1,444
Gender		
Male	324 (75.0%)	581 (40.2%)
Female	108 (25.0%)	862 (59.7%)
Other/not identified	0 (0.0%)	1 (0.1%)
Race		
White non-Hispanic	330 (76.4%)	849 (58.8%)
White Hispanic	8 (1.9%)	22 (1.5%)
Black/African American	83 (19.2%)	437 (30.3%)
American Indian/Alaskan Native	3 (0.7%)	53 (3.7%)
Asian	0 (0%)	6 (0.4%)
Native Hawaiian/Pacific Islander	0 (0%)	32 (2.2%)
Multi-Racial Hispanic	4 (0.9%)	6 (0.4%)
Multi Racial non-Hispanic	4 (0.9%)	15 (1.0%)
Other/not identified	0 (0%)	24 (1.7%)

Source: The Extension and TEDS-A 2023; percentages may not add to 100 because of rounding

Over the three years from 2023 to 2025, The Extension admitted 432 people to its program. This included 324 in their male program and 108 in their female program. In terms of percentages, this makes males constitute 75.0 percent of all admissions to The Extension. In contrast, the latest annual data from TEDS show that admissions to long-term residential treatment are more skewed towards females, who accounted for 59.7 percent of admissions in 2023. This difference can be explained by the capacity of The Extension: the buildings for the men's program have 80 beds, while those for the women's program have 20.³⁵

There are additional admission statistics that provide context on the people who enter the program at The Extension compared with other Georgia programs. Individuals at The Extension are more likely to use meth/speed and opioids when compared to individuals admitted to other Georgia programs.³⁶ Additionally, those admitted to The Extension are required by the admissions criteria to be unhoused prior to admission, which is not necessarily the case for

³⁵The Extension, "About Us," 2026, <https://theextension.org/about-us/>.

³⁶ For the data, refer to the appendix

other Georgia programs.³⁷ Finally, individuals at The Extension are more likely to be referred directly from the justice system as part of a diversionary program or for further rehabilitation post-incarceration.

Statistics While in the Program

This next subsection covers the descriptive statistics of the cohorts of The Extension program at 90 days. This period was indicated by The Extension staff as an important milestone for the successful completion of the program.

The first statistic is the total number of individuals who stayed in the program for at least 90 days. This represents a preliminary success rate, as the chances of successfully completing the treatment increase after the first 90 days. CBAER also presents data from the TEDS-D database. It should be noted that TEDS-D is not the same database as TEDS-A, but they are drawn from the same source. Therefore, there may be some discrepancies between the total observations and the statistics presented earlier for admissions. Also, this variable is not entirely congruent with the data from The Extension as the TEDS-D database, but still represents a close comparison.

Table 2 presents the number of individuals admitted to SUD treatment and the number who stayed for at least 90 days from both The Extension and TEDS. For the TEDS system, CBAER has excluded individuals who reported leaving the program because of successful treatment, death, or transfer to another facility. This is to ensure that CBAER minimizes spurious statistical differences arising from program length and extenuating circumstances.

Table 2: 90-Day Attendance

Statistic	90 Days	TEDS-D
Individuals at 90 days	282	628
Individuals admitted	432	1,302
Attrition at 90 days	34.7%	51.8%

Source: The Extension and TEDS-D 2023

From 2023 to 2025, of the 432 individuals who were admitted to The Extension treatment program, 282 stayed in the program for at least 90 days. This can be seen as a 90 days attrition rate of 34.7 percent. Compared with other programs in Georgia, which have an attrition rate of 51.8 percent at 90 days, individuals who enter treatment at The Extension are more likely to stay for 90 days. Given that individuals who stay for at least 90 days are more likely to successfully complete treatment, this lower attrition rate is a promising indicator of the program's effectiveness.

³⁷The Extension, "Admission Criteria," Accessed 6/4/2026, <https://theextension.org/our-solutions/admission-criteria/>.

Next are the details of employment for individuals when they reach 90 days in The Extension. Table 3 presents the reported employment status of individuals in The Extension at the time they reached 90 days in the program.

Table 3: 90-Day Employment

Employment	90 Days	Admission
Full-time	262 (92.9%)	0 (0%)
Part-time	11 (3.9%)	0 (0%)
Unemployed	9 (3.2%)	432 (100%)
Not in the labor force	0 (0%)	0 (0%)
Unknown	0 (0%)	0 (0%)
Total	282	432

Source: The Extension

Among individuals who remain residents for at least 90 days, the employment picture is much more positive than at admission. Of those remaining after 90 days, only 3.2 percent were unemployed. Additionally, those who have found employment have likely secured full-time positions, with 92.9 percent of the remaining cohort employed full-time. This is due to the efforts of the individuals in the program, and the support and encouragement that they receive at The Extension. The positive employment prospects these individuals have gained during their time in the program indicate a greater likelihood of successfully completing treatment.

Additionally, CBAER analyzed employment details during the time at The Extension. This section describes employment type, median earnings, type of job worked, type of company worked for, and periods of unemployment during the stay at The Extension. This also informs the part of the impact analysis. Statistics presented in this section are not conditional on successful completion of the program, so some statistics presented include individuals who have not completed the program.

First are descriptive statistics examining the tenure and job search aspects during individuals' time in the program. Table 4 presents the statistics about gaining employment during treatment. These statistics are the average number of days in the program when they successfully gained employment, the number of individuals who experienced unemployment during treatment after their first job, the number who did not experience unemployment after their first job, and the average number of employers that the individuals worked for.

Table 4: Employment Characteristics of Residents as Reported to Staff

Statistic	Male	Female
Average days in program before first job	41	42
Experienced unemployment after first job	24	17
Did not experience unemployment	207	68
Average number of employers	1.14	1

Source: The Extension

The statistics can paint a picture of the employment story of those in The Extension. On average, they spend 41 days in the program before obtaining employment, and those in the female program spend 42 days. The Extension does not allow job searching for 30 days to allow time to acclimatize to the program. This means that the typical person in The Extension searches for about 11 days. Once individuals have found employment, they tend to retain it during the program, as a majority did not experience unemployment (89.6% of males and 80% of females). They also tend to stick with their original employer during their time in the program, as the average number of employers they work for is only 1.14 for males and 1 for females. If these individuals maintain this employment during their treatment, it can lead to additional positive career prospects.

Next are details of the type of occupation worked during treatment. These match broad descriptions of the kinds of occupations that residents at The Extension are employed in. The categories in Table 5 below are based on major SOC codes, which are federal statistics that describe occupations and represent the broadest classification.³⁸ The individuals represented in this table are those who found employment during their time in The Extension; this does not necessarily mean that they have successfully completed the program. Table 5 presents the number of individuals in each occupation during their time in the program.

Table 5: Occupations Reported by Residents

Job Type	Male	Female	Total
Food services	28	39	67
Construction	23	3	26
Building repair/landscaping	52	2	54
Office and administrative	0	4	4
Installation/maintenance and repair	8	0	8
Manufacturing	24	6	30
Transportation/warehousing	43	9	52
All Occupations	178	63	241

Source: The Extension

³⁸ "Standard Occupation Classification," U.S. Bureau of Labor Statistics, accessed 6/04/2025, <https://www.bls.gov/soc/#>.

The types of jobs listed show that residents of The Extension program represent a multitude of different occupations. From 2023 to 2025, residents in the program were employed in positions spanning seven broad occupations. The most common occupation type is food service, with 67 individuals total, followed by building repair/landscaping at 54. There are also differences in occupations between the male and female programs. For example, 52 individuals were employed in building repair/landscaping occupations in the male program, but only two were in the female program. As a percentage, food services occupations are more frequent in the female program, where over half of all individuals in that program were employed in food service occupations.

Finally, we have the average and median weekly income earned while in the program. The Extension encourages savings to help residents secure housing once they transition. Table 6 presents the average and median weekly earnings of residents in each program.

Table 6: Resident Earnings During Program

Weekly Income	Male	Female
Average	\$642.04	\$502.30
Median	\$640.00	\$560.00

Source: The Extension

On average, those in the male program earn \$642.04 weekly. Assuming the resident is working full-time, 92.9 percent of The Extension's residents were, this equates to a wage of \$16.05 per hour. For those in the female program, this was \$502.30 per week and \$12.56 per hour. These wages also equate to an individual yearly gross income of \$33,386 for men and \$26,120 for women. According to JobsEQ by Chmura Economics, the 25th percentile hourly wage in Cobb is \$18.12 per hour, and the lowest 10th percentile is \$14.18 per hour. This means that males in The Extension, on average, are in the lowest 25 percent, while females are in the lowest 10 percent. These jobs are used as a starting point for individuals looking to re-enter the workforce and not for long-term careers.

According to the most recent data from United for ALICE (asset limited, income constrained, employed), the minimum household survival wage, the wage needed for sustained living, in Cobb County was \$23.56 per hour.³⁹ However, these values are 150 percent of the federal poverty level for a family of one in 2025, which was \$23,475 in annual income.⁴⁰ These earnings represent a first step to financial independence and housing stability because residents are

³⁹ United Way of Northern New Jersey, "The State of Alice in Georgia," accessed 6/7/2026, <https://www.unitedforalice.org/the-cost-of-basics/georgia>.

⁴⁰ According to the HHS, the determination whether poverty guidelines apply to before or post tax earnings depends on the individual agency. Department of Health and Human Services, "Frequently Asked Questions Related to the Poverty Guidelines and Poverty," accessed 6/8/2026, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/frequently-asked-questions-related-poverty-guidelines-poverty>.

saving their wages as they go through the program. Additional evidence that employment during treatment at The Extension is a first stepping stone is that the typical entry-level wage for Cobb County is \$15.38, according to JobsEQ.⁴¹ This is in line with male wages among residents but above female wages in the program. In this case, the concentration of women in the food service occupation is one potential explanation for the wage difference between genders.

Statistics at Departure

Lastly, CBAER analyzed departure statistics. First, CBAER compares the total cohort that transitioned to the total admissions. As TEDS is not longitudinal, data cannot be compared to the Extension statistics.⁴² Table 7 presents the number of individuals who were admitted to The Extension, remained at least 90 days, and have successfully completed the program (known as transitioning).

Table 7: Total Admissions, 90-Day Attendance, and Transitions (2023-2025)

Statistic	Transitions	90 Days	Admission
Individuals	167	282	432

Source: The Extension

From 2023 to 2025, 167 individuals successfully completed the treatment program at the Extension. In the context of the 432 total admissions, this means that 38.7 percent of those admitted successfully completed the entire program and transitioned. As additional evidence, individuals who remain for at least 90 days are more likely to complete the program, with 59.2 percent of individuals who remain in the program for 90 days going on to successfully transition (total transitions/individuals who remain 90 days).⁴³

Not everyone who leaves the program does so because they plan to end their sobriety. Conversations with staff at The Extension indicate that there may be some other reasons for leaving the program. Motivations listed to CBAER include family, believing that they have successfully entered a period of abstinence, or other outside influences. Despite these beliefs, the best metric for successful treatment is the proportion of those who complete the entire program.

Next is the employment data for individuals who have successfully completed treatment and transitioned between 2023 and 2025. Table 8 presents the details for both the men's program and the women's program.

⁴¹ JobsEQ, "Hourly Wage – Entry Level," *Data Explorer, All Occupations*, accessed 4/16/2026.

⁴² TEDS-D does contain statistics pertaining to successful completion of program, but these statistics do not indicate the length of the program attended, only that they are residential and 30 days or longer.

⁴³ Individuals who remain 90 days 282, individuals who transitioned 167, $167/282 = \sim 59.2$ percent

Table 8: Employment Status at Departure (2023-2025)

Employment	Male	Female
Full-time	111	56
Part-time	0	0
Unemployed	0	0
Not in labor force	0	0
Unknown	0	0
Total	111	56

Source: The Extension

Every individual who successfully completed treatment at The Extension was employed full-time at the time of their departure. Considering that residents are not allowed to work during their first 30 days and must meet HUD income requirements, this represents a positive trajectory. Full-time employment is also a major goal towards completion of each resident's individual treatment plan.⁴⁴ Employment, along with the savings individuals have accumulated, could allow them to transition from the program with a degree of financial independence and flexibility.

Next are the immediate post-transition living arrangements of individuals who successfully complete the program. Table 9 presents details for both the male and female programs.

Table 9: Housing Arrangements at Completion of Program (2023-2025)

Housing Arrangements	Male	Female
No housing secured	0	0
Dependent living	29	19
Independent living	82	37
Unknown	0	0
Total	111	56

Source: The Extension

There is more variation in living arrangements than in employment status. While everyone had some form of secure housing, not everyone lived in an independent arrangement. In this case, independent living arrangements mean the individual lives alone or with others in a private residence and is capable of self-care. This can also include housing support.⁴⁵ Dependent living means they are living in a supervised setting, such as a halfway house or group home.⁴⁶ Not everyone who transitions immediately moves to an independent setting; 28.7 percent move

⁴⁴ The Extension. "Program Description." 2023, accessed 4/28/2026, <https://theextension.org/wp-content/uploads/2024/03/Program-Description-Updated-10-2023.pdf>.

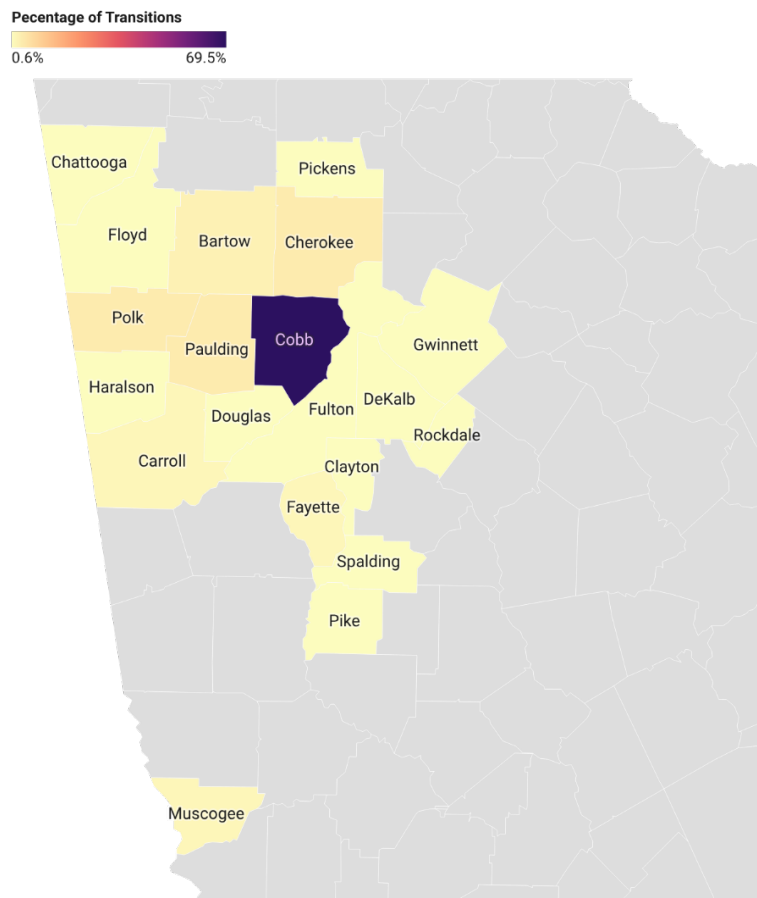
⁴⁵ Center for Behavioral Health Statistics and Quality, *Treatment Episode Data Set Discharges (TEDS-D), 2023: Codebook*, Substance Abuse and Mental Health Services Administration (2024).

⁴⁶ *Treatment Episode Data Set Discharges (TEDS-D), 2023: Codebook*.

into dependent living arrangements, but the majority do have self-organized housing by the time they leave The Extension.

Next are the counties where individuals who transition from The Extension reside immediately after they leave the program. Figure 1 presents the counties. For additional data, please refer to Appendix A.

Figure 1: County of Residence Immediately Post Transition



Individuals who successfully transition from The Extension typically remain in northwest Georgia and are most concentrated in Cobb County, where The Extension is located. Overall, 69.5 percent of the individuals who transition remain within Cobb County. Additionally, 79.0 percent of the individuals who transition remain in the Metro Atlanta region immediately after transition.⁴⁷ Overall, individuals who transition from The Extension remain in the region and contribute to the local community and economy after completing treatment in the program.

⁴⁷ Metro Atlanta is defined as Cherokee, Cobb, Douglas, Forsyth, Gwinnett, Rockdale, Clayton, Dekalb, Fayette, Fulton, and Henry Counties.

Economic Impact Analysis Introduction

This section examines the economic impact of The Extension via three aspects. The first aspect is the economic impact of The Extension operations. This includes the wages earned by The Extension employees and the operation and support of The Extension facilities. Next, this analysis includes the earnings of active residents during their treatment period in the program. The final aspect examined is the post-graduation earnings of The Extension alumni. These three aspects make up the economic impact of The Extension.

To perform the economic impact analysis, CBAER utilized the widely used IMPLAN input/output model. It uses four variables to describe economic impact. The variables are output, value added, labor income, and employment. The output variable encompasses the value of industry production, including net sales and inventory changes, estimated using annual production estimators embedded in IMPLAN.⁴⁸ Value added is the total value that is added to the economy and is similar to gross domestic product. It excludes intermediate goods, as these are categorized as part of the output by IMPLAN to track how transactions flow through the economy. Intermediate goods include goods and services consumed or purchased from other industries or imported from outside the target area.⁴⁹ Next is labor income, which includes both employee wages and benefits. The last variable is employment. This includes all full-time, part-time, and temporary labor and indicates the number of jobs created or supported over the timeframe being analyzed.⁵⁰

The IMPLAN model generates three components that collectively represent the total impact. The first is direct employment or spending related to the respective industry. Next, the indirect transactions that cover business-to-business spending include many different types of items that are purchased locally, such as the replacement of input goods, uniforms, safety equipment, etc. The third is the induced transactions, which cover consumer-to-business transactions. When employees use their earnings to purchase homes, cars, groceries, medical care, and other necessities, an induced transaction occurs. Together, all three components are combined and are calculated for each of the four variables described above to equal the total impact.

⁴⁸ "Output," IMPLAN, June 27, 2017, <https://support.implan.com/hc/en-us/articles/115009668388-Output>.

⁴⁹ Candi Clouse, "Value Added," IMPLAN, June 27, 2017, <https://support.implan.com/hc/en-us/articles/115009498847-Value-Added>.

⁵⁰ Candi Clouse, "Employment," IMPLAN, June 27, 2017, <https://support.implan.com/hc/en-us/articles/115009668668-Employment>.

IMPLAN Inputs

In this section, CBAER discusses the variables that were input into the IMPLAN model to estimate the total economic impact of The Extension. These inputs were used in IMPLAN to describe and estimate the three aspects that make up the economic impact of The Extension. These three aspects are operations, active resident earnings, and alumni wages.

First, the data related to operations is from correspondence with The Extension and financial audit reports published on their website. CBAER was also provided with total payroll compensation and full-time equivalent (FTE) employment figures for the years 2023 to 2025. Additionally, CBAER included total annual operating expenses in its financial report to capture non-payroll spending. This information was cross-referenced with the financial reports published on their website.⁵¹

Next, inputs for in-program wages were constructed to represent an average yearly cohort of The Extension. To create this cohort, CBAER first obtained descriptive demographic and earnings statistics for residents at The Extension for the years 2023 to 2025, provided by the program. Data used for this analysis included total employment, median wages, employment rate, average tenure, and economic sector. CBAER then cross-referenced earnings data with Metro Atlanta and Cobb County wage data from JobsEQ by Chmura Economics to validate and confirm the data. Once confirmed, CBAER used the median earnings, average yearly cohort employment by sector, and average cohort employment tenure to construct the cohort wage data used in the IMPLAN analysis.

The third part of the analysis was alumni wages. The alumni wages and employment data were measured by a survey conducted by CBAER and administered by The Extension to their network of alumni. The survey measured total annual earnings, employment, county of employment, and economic sector of employment. CBAER then used this data as input into IMPLAN to measure the economic impact of alumni. This data only included alumni who transitioned within the last three years, as beyond this timeframe, the earnings would be too attributable to the individual to be linked directly to The Extension. This data served as the final input into the IMPLAN analysis.

⁵¹ The Extension, *The Extension, Inc. Financial Report June 30, 2025* (Atlanta, Georgia: The Extension, Inc., 2025), <https://theextension.org/wp-content/uploads/2026/01/The-Extension-Inc.-2025-Financial-Report.pdf>.

Economic Impact Findings

In this section, CBAER presents estimates of the annual economic impact of The Extension across three aspects: operations, resident wages during the program, and alumni wages. First, CBAER presents the total annual economic impact from all aspects to present an aggregate figure. Next, CBAER further breaks down the total by aspect and its contribution to the total. The geographic area analyzed is Cobb County and Metro Atlanta. In this case, the Metro Atlanta Region is defined as the counties of Cherokee, Cobb, Douglas, Forsyth, Gwinnett, Rockdale, Clayton, DeKalb, Fayette, Fulton, and Henry.⁵² All dollar amounts presented in this section are in 2025-dollar values.

First, CBAER analyzes the total impact of The Extension across all three aspects. This figure represents the total annual impact and aggregates all aspects that will be analyzed later. Table 10 presents the total annual impact of The Extension in 2025 inflation-adjusted dollars across the four standard IMPLAN variables of output, value added, labor income, and employment.

Table 10: Total Annual Impact of Extension 2025

Impact	Output	Value Added	Labor Income	Employment
Direct	\$25.12	\$15.09	\$13.31	292
Indirect	\$11.16	\$6.23	\$3.55	49
Induced	\$14.26	\$8.95	\$4.41	74
Total	\$50.54	\$30.27	\$21.27	415

Dollars in millions, base year 2025

The aggregated total economic impact of Extension operations, resident earnings, and alumni earnings formed the basis for the regional economic impact. Overall, the direct annual impact equaled \$25.12 million in output and \$15.09 million in value added. This direct impact also supported employment. Direct employment totaled 292 supported jobs, with a combined direct labor income of \$13.31 million. As these impacts ripple through the economy, the overall impact increases. The total impacts equal \$50.54 million in output, \$30.27 million in value added, 415 supported jobs, and a combined labor income of \$21.27 million.

The first aspect that contributes to the total economic impact presented in this section is the operations of The Extension. This includes the employment and operations of running the programs and serves as the support structure underpinning the entire impact. Table 11 presents the annual impact of The Extension operations for the year 2025.

⁵² Atlanta Regional Commission, "The Atlanta Region," accessed 4/2/2026, <https://atlantaregional.org/about-arc/about-the-atlanta-region/>.

Table 11: Annual Impact of Extension Operations 2025

Impact	Output	Value Added	Labor Income	Employment
Direct	\$4.28	\$3.00	\$3.00	61
Indirect	\$1.73	\$0.92	\$0.50	8
Induced	\$2.73	\$1.71	\$0.84	14
Total	\$8.74	\$5.63	\$4.34	83

Dollars in millions, base year 2025

The direct effects of The Extension operations impact both Cobb County and the Atlanta Metro region. The direct output effect of these operations is \$4.28 million. Once indirect and induced effects are included, this impact reaches \$8.74 million. This output leads to an additional \$3.00 million in direct value added and \$5.63 million in total value added to the regional economy. In terms of employment and labor income, the direct impacts include 61 jobs earning \$3.00 million in labor income. Jobs include full-time, part-time, and temporary labor arrangements, and are based on labor patterns from IMPLAN, and do not represent a headcount of people. One direct “job” does not necessarily equal one person employed by The Extension. Once indirect and induced effects are included, these numbers increase to a total employment impact of 83 jobs and a total labor income impact of \$4.34 million. The economic impacts of The Extension constitute the smallest percentage of all three aspects at 17.3 percent of total output, 18.6 percent of value added, 20.4 percent of labor income, and 20 percent of employment. However, the operations of The Extension serve as a critical supporting service and enabler of resident and alumni earnings. While these operations have the most modest impact, they are crucial to supporting the local economy by enabling residents and alumni to seek and maintain employment.

Next, CBAER analyzes the portion of this total impact resulting from wages earned by residents during their time at The Extension. The inputs for these figures are based on the average cohort’s earnings over the last three years, as provided to CBAER by The Extension. Table 12 presents the economic impact of wages earned in 2025.

Table 12: Average Annual Resident Impact 2025

Impact	Output	Value Added	Labor Income	Employment
Direct	\$9.37	\$5.05	\$3.26	105
Indirect	\$4.42	\$2.45	\$1.41	18
Induced	\$4.68	\$2.93	\$1.44	24
Total	\$18.47	\$10.43	\$6.11	147

Dollars in millions, base year 2025

The economic impact The Extension has on Cobb County and the Metro Atlanta region, through residents working during their time in the program, is significant. In terms of direct effects, the

work of these in-treatment residents supports a direct output impact of \$9.37 million. These individuals also create a \$5.05 million direct impact on the value added to the regional economy. This direct impact involves 105 jobs that earn a combined labor income of \$3.26 million. These direct impacts involve all part-time, full-time, and temporary arrangements over one year. They do not represent a headcount; one “job” does not necessarily mean one worker or alumni. The direct impacts from employment during treatment also benefit and support other regional activities through indirect (business-to-business) and induced (consumer-to-business) effects. Once these effects are introduced, the total impact of these residents increases to \$18.47 million in output, \$10.43 million in value added, \$6.11 million in labor income, and 147 total jobs supported. In terms of value added and employment, resident earnings during tenure account for 36.5 percent of the total annual output impact and 35.4 percent of the total employment impact listed above in Table 10.⁵³

After graduating from The Extension, former residents often continue working, earn wages, and contribute to the regional economy. These earnings are another way The Extension affects not only those in the program but also the regional economy through alumni's economic work. Table 13 presents the annual impact of alumni earnings on Cobb County and the Metro Atlanta region in 2025.

Table 13: Total Annual Impact of Alumni 2025

Impact	Output	Value Added	Labor Income	Employment
Direct	\$11.47	\$7.04	\$7.05	126
Indirect	\$5.01	\$2.86	\$1.64	23
Induced	\$6.85	\$4.31	\$2.13	36
Total	\$23.33	\$14.21	\$10.82	185

Dollars in millions, base year 2025

The earnings and work done by recent alumni of The Extension contribute greatly to the overall impact of the program on the economy in Cobb County and Metro Atlanta. Overall, direct impacts linked to recent alumni totaled \$11.47 million in output, \$7.04 million in value added, and \$7.05 million in labor income. Once this impact has worked its way through the economy, the total impacts increase to \$23.33 million in output, \$14.21 million in value added, and \$10.82 million in labor income. Additionally, recent alumni of The Extension are linked to employment impacts of 126 direct jobs and 185 total jobs. This makes the impact from alumni the largest of the sources, as it is responsible for 46.2 percent of the total economic output impact of The Extension.⁵⁴

⁵³ Resident percentage of value added, 34.5 percent, labor income, 28.7 percent

⁵⁴ Alumni percent of value added, 46.9 percent, labor income, 50.9 percent, employment, 44.6 percent

The Extension Alumni Survey

This section presents the analysis process of the survey data provided by alumni of The Extension. The questionnaire was developed based on previous surveys conducted by the SAMHSA and the United States Census. The survey was administered online via both an email link and a QR code, which brought respondents to the Qualtrics platform. Data collection and recruitment were conducted by The Extension staff from May 19, 2026, to May 31, 2026. The purpose of the questionnaire was to gather data from individuals who graduated from The Extension about their current economic situation. It was an anonymous survey of individuals, and the results were analyzed based on several key factors. All individuals who completed the survey were over the age of 18 and had attended and completed the program at The Extension. In total, CBAER collected 89 valid responses. Please refer to Appendix B for a copy of the survey instrument and Appendix C for the complete results.

First, CBAER analyzed the years survey participants were residents of The Extension program. Participants answered what month and year they started the program, and then the month and year for which they graduated from the program. Of the 89 valid responses, CBAER received one response from a participant affiliated with the program before 2009. The remaining participants were part of the program between 2010 and 2026. Further, 7

percent of these respondents entered the program between 2017 and 2025, at the midpoint of the years reported by participants. Overall, 81.9 percent of respondents graduated or completed the program between 2017 and 2026. For the remainder of this section, CBAER will be focusing on the complete responses unless otherwise noted.

Next are the employment characteristics of the respondents. In terms of participation in the workforce, survey respondents reported that just under 89.9 percent were working full-time, while none worked part-time. The remaining 10.1 percent of respondents either provided home care or responded to the other category. Within the other category, 6.7 percent noted they were business owners, bringing the employed to 96.6 percent in total. Respondents who reported themselves as working were then asked to indicate which pre-determined income bracket best described their yearly income. Among the respondents, 82.7 percent indicated a yearly income between \$25,000 and \$99,999.⁵⁵ The remaining indicated making over \$100,000 (12.6 percent) or less than \$25,000 (3.5 percent).

To better understand if employment during their time as a resident of The Extension influenced their careers after completing the program, the questionnaire asked questions about whether the respondents were working in the same type of job as during their time as a resident, and if

⁵⁵ 25,000 – \$49,999 = 26.4 percent, \$50,000 – \$74,999 = 24.1 percent, \$75,000 - \$99,999 = 32.2 percent and 1 percent preferred not to say

they were employed by the same employer as during their time as a resident. In terms of occupation, 29.3 percent of respondents were employed in or looking for work in the same type of job they worked before going into treatment, while the remaining 70.7 percent were not working in the same job or opted not to answer. For most (69 percent), their current employer is not the same employer/business that they had during their time at The Extension. Switching employers or jobs is frequent, especially among younger individuals or those in early careers. According to the Bureau of Labor Statistics, in 2022, the median employee tenure of individuals between the ages of 25 to 34 was 2.7 years.⁵⁶

Another emphasis of The Extension is on housing and living arrangements. Questions on the survey also included those about current living arrangements, such as whether the individual lived alone, with friends, or with family. This also includes whether, at any point, the individual was experiencing homelessness, living on the street, in a vehicle, or in some type of makeshift housing like a tent or empty building. Overall, in terms of their current living arrangements, 63.2 percent of respondents reported living independently, while 19.5 percent were living with family, and the remaining 17.3 percent were living with friends or had a roommate. Only five percent indicated that they had experienced homelessness since leaving The Extension.

Finally, the survey also collected demographic information. For age, individuals were asked the year they were born. Other demographic questions included ethnicity and race, such as Black or African American, White, or if they are Hispanic, Latino, or of Spanish origin. Lastly, everyone was asked their gender. Overall, 60.9 percent of the respondents were male, 39.1 percent were female, and 95.4 percent were white.

⁵⁶ Bureau of Labor Statistics, "Employee Tenure Summary," Economic News Release, 2024, accessed 6/5/2026, <https://www.bls.gov/news.release/tenure.nr0.htm>.

Summary of Findings

This report examined the economic impact that The Extension has on the regional economy of Cobb County and Metro Atlanta. By examining how the operations of The Extension, as well as earnings from individuals who are currently in, and have completed the program, CBAER has provided a unique perspective into how SUD treatment centers contribute positively to their respective communities and economies.

Elements of the treatment program at The Extension, including admissions criteria and emphasis on employment, result in some statistics about individuals in the program. Due to admissions criteria, everyone who is accepted into the program was experiencing homelessness and met the HUD income limits. The program also places additional emphasis on those who use substances intravenously.⁵⁷ This shows in the primary substances used by individuals who enter the program, as individuals who are admitted to the program are more likely to be primarily using heroin/opiates than similar programs in Georgia. Overall, 38.7 percent of the individuals admitted to the program successfully completed the program and transitioned. Additionally, the individualized treatment goals ensure that no individual transitions from The Extension without a living arrangement and full-time employment.

CBAER also examined the employment characteristics of those individuals at The Extension and recent graduates of the program. Overall, individuals at The Extension find employment in multiple different types of occupations, the most popular of which were food service and building repair/landscaping. During their time in the program, they find their first employment after an average of around 41 days. For earnings, those in the men's program earn on average \$642 weekly. In the women's program, this average was \$502. These wages are in line with the typical entry level wage for the Metro Atlanta region.⁵⁸ This wage data was then used to form part of the economic impact analysis.

Using the economic input/output model IMPLAN, CBAER evaluated the annual economic impact of The Extension from three sources. The first is the expenditures by the Extension to maintain its operation. The second and third sources used in the analysis were the wages and earnings from individuals at The Extension who have graduated from the program. From these three inputs, the overall annual economic impact of The Extension totals \$50.54 million dollars in output, \$30.27 million in value added, \$21.27 million in labor income, and 415 support jobs to the regional economy. From this total, the largest impacts were from alumni continuing employment after they graduate, which accounted for 46.2 percent of the total output impact.

⁵⁷The Extension, "Program Description."

⁵⁸ JobsEQ, "Hourly Wage – Entry Level," *Data Explorer, All Occupations*, accessed 4/16/2026.

Overall, the impacts of The Extension go beyond only the public health and societal outcomes most associated with the benefits of SUD treatment centers. Typically, the impacts of SUD treatment centers are measured as avoided costs, such as fewer social services used, less health care used, and fewer criminal justice system costs.⁵⁹ This report adds another dimension, and the emphasis that The Extension puts on employment as a facet of recovery supports the conclusion that SUD treatment centers are contributing to regional workforce development. As SUD treatment centers usually serve vulnerable populations, such as those with an SUD or individuals experiencing homelessness, this development can be doubly positive.

⁵⁹Fardone et al., "Economic benefits of substance use disorder treatment: A systematic literature review."

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Appendix A: Data Tables

Table A-1: Location of Housing Arrangements Post Transition (2023-2025)

County	People	Percentage of Transitions
Bartow	5	3.0%
Carroll	3	1.8%
Chattooga	1	0.6%
Cherokee	7	4.2%
Clayton	1	0.6%
Cobb	116	69.5%
Columbus	1	0.6%
DeKalb	1	0.6%
Douglas	3	1.8%
Fayette	1	0.6%
Floyd	1	0.6%
Fulton	1	0.6%
Gwinnett	1	0.6%
Haralson	3	1.8%
Paulding	7	4.2%
Pickens	1	0.6%
Pike	1	0.6%
Polk	7	4.2%
Rockdale	1	0.6%
Spalding	1	0.6%
Out of State	4	2.4%
All Counties	167	100.0%

Source: The Extension, Inc, CBAER Analysis, numbers may not sum to 100 due to rounding

Table A-2: Primary Substances Used Prior to Admission

Substance	EXT	TEDS
Alcohol	78 (18.1%)	385 (26.7%)
Cocaine/Crack	25 (5.8%)	183 (12.7%)
Marijuana	16 (3.7%)	106 (7.3%)
Opiates/Opioids	86 (19.9%)	84 (5.8%)
Non-Prescription Methadone	0 (0%)	3 (0.2%)
Other Opiates	0 (0%)	98 (6.8%)
PCP	0 (0%)	0 (0.0%)
Hallucinogens	0 (0%)	9 (0.6%)
Methamphetamine/speed	207 (47.9%)	517 (35.8%)
Other Amphetamines	4 (0.9%)	28 (1.9%)
Other Stimulants	11 (2.5%)	6 (0.4%)
Benzodiazepines	0 (0%)	13 (0.9%)
Other Tranquilizers	0 (0%)	1 (0.1%)
Barbiturates	0 (0%)	0 (0.0%)
Other Sedatives or Hypnotics	1 (0.2%)	0 (0.0%)
Inhalants	0 (0%)	2 (0.1%)
Over-the-Counter Medications	0 (0%)	0 (0.0%)
Other Drugs	0 (0%)	6 (0.4%)
Tobacco	4 (0.9%)	0 (0.0%)
Total Admissions	432	1,444

Source: The Extension, Inc. and TEDS-A 2023

Table A-3: Referral Sources

Referral Source	EXT	TEDS-A
Private	221 (51.2%)	1,127 (78.0%)
Justice System	95 (22.0%)	246 (17.0%)
Immediate Post Incarceration	116 (26.9%)	0 (0.0%)
Total	432	1,444

Source: The Extension, Inc. and TEDS-A 2023

Table A-4: Housing and unemployment

Statistic	EXT	TEDS-A
Housing		
Unhoused	432 (100%)	184 (12.7%)
Dependent living	0 (0%)	831 (57.5%)
Independent living	0 (0%)	396 (27.4%)
Unknown	0 (0%)	33 (2.3%)
Employment		
Full-time	0 (0%)	34 (2.4%)
Part-time	0 (0%)	11 (0.8%)
Unemployed	432 (100%)	1129 (78.2%)
Not in labor force	0 (0%)	0 (0.0%)
Unknown	0 (0%)	270 (18.7%)
Total Admissions	432	1,444

Source: The Extension, Inc. and TEDS-A 2023

Table A-5: Percentage of Total Impacts

Source	Output	Value Added	Labor Income	Employment
Extension Operations	17.3%	18.6%	20.4%	20.0%
Residents	36.5%	34.5%	28.7%	35.4%
Alumni	46.2%	46.9%	50.9%	44.6%

Source: IMPLAN and CBAER calculations

Appendix B: Survey Instrument

Benjamin McKay from the Center for Business Analytics and Economic Research (CBAER) at Georgia Southern University (GSU) is conducting a post-transition survey for The Extension. The survey was developed in partnership with The Extension, Inc. The information gained from this questionnaire will be included in an economic impact report that will be used by The Extension to better understand and advocate for people who transition from The Extension.

You must be aged 18 or over to participate. Please know that you can skip most questions and/or stop taking the survey at any given time. Participation in this survey poses minimal risk, no more than typically associated with daily life. Data collected will be presented in aggregated form, and no attributed individual responses will be included in the final report. The aggregated and anonymous database will be stored on a password-protected hard drive for a period of three years. After three years, it will be erased. This project has been reviewed and approved by the GSU Institutional Review Board (GSU-IRB) under tracking number H26331. For questions about your rights as a participant, please contact GSU-IRB at (912) 478-5465. For questions about the research, please contact Mr. Benjamin McKay at (912) 912-478-5033 Thank you for approximately 15 minutes of your time

Thank you for approximately 15 minutes of your time

Q1: Are you 18 years or older and consent to taking this survey? (if answer = no, end survey)

1. Yes
2. No

Q2: Have you at any time been a resident of The Extension and successfully completed the program?
(If answer = no, end survey)

1. Yes
2. No

Q3: Have you taken this survey before? (if yes, end survey)

1. Yes
2. No

Q4: What date did you start at The Extension?

Month ____/year ____

Q5: What date did you leave or graduate from The Extension?

Month ____/year ____

Q6: What ZIP code do you primarily reside or live?

ZIP: _____

Transition: These next questions are about employment after you transitioned from The Extension

Q7. CURRENTLYEMPLOYED: What is your current employment status?

1. Full-time Employed (more than 35 hours or more at 1 or more jobs)
2. Part-time Employed (less than 35 hours a week in total)
3. Unemployed and looking for work
4. Stay at home care giver
5. Some other status _____
6. Prefer not to answer

Q8. Are you employed in or looking for work in the same type of job you worked in before going into treatment?

1. Yes
2. No
3. Not sure
4. Preferred not to say

Q9: How many different employers, including self-employment, have you had since completing The Extension Program?

Q10: Which of these categories best represents your income from all your jobs/businesses over the past 12 months?

1. \$0 - \$24,999;
2. \$25,000 - \$ 49,999
3. \$50,000 - \$74,999
4. \$75,000-\$99,999
5. \$100,000+
6. Preferred not to say

Q11: Is your current employer/business (including self-employment) the same employer/business you worked for during your time at The Extension?

1. Yes
2. No
3. Preferred not to say

Q12: Which of these categories best represents the kind of work the business you work for (including self-employment) does?

1. Hourly retail
2. Office work
3. Manufacturing
4. Food service
5. Construction
6. Other (please specify) _____

Transition: These next questions are about housing since your completion of The Extension program

Q13: Which of the following best describes your current living arrangement?

1. Living independently
2. Living with friends/roommates
3. Living with family
4. Lack of permanent housing/unhoused
5. Prefer not to answer

Q14: Since transitioning from The Extension, has there been any time where you were homeless, living on the street, in a vehicle, or in some type of makeshift housing like a tent or empty building?

1. Yes
2. No
3. Prefer not to answer

Transition: These questions are for statistical purposes only, to help us analyze the results of the survey.

Q15: What year is your date of birth?

1. DOB: _____
2. prefer not to answer

Q16: Are you of Hispanic, Latino, or Spanish origin or descent?

1. Yes
2. No
3. Prefer not to answer

Q17: Which of these groups best describes you?

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Two or More Races (Not Hispanic or Latino)
7. Prefer not to answer

Q18: What gender do you identify as?

1. Male
2. Female
3. Other
4. Prefer not to answer

Thank you for participating in this survey (end survey)

Appendix C: Survey Response Percentages

Q1. Are you 18 years or older and consent to taking this survey? (if answer = no, end survey)

Recent Alumni				All Responses		
Answer	Responses	Percent		Answer	Responses	Percent
Yes	30	100		Yes	89	100

Q2. Have you at any time been in treatment at The Extension and successfully completed the program (If answer = no, end survey)

Recent Alumni				All Responses		
Answer	Responses	Percent		Answer	Responses	Percent
Yes	30	100		Yes	89	100

Q3. Have you taken this survey before? (if yes, end survey)

Recent Alumni				All Responses		
Answer	Responses	Percent		Answer	Responses	Percent
Yes	30	100		Yes	89	100

Q4. What year did you start at The Extension – Month?

Month	Recent Alumni	All Responses
January	13.3%	5.7%
February	6.7%	4.5%
March	13.3%	10.2%
April	10.0%	11.4%
May	10.0%	12.5%
June	10.0%	10.2%
July	10.0%	9.1%
August	6.7%	11.4%
September	13.3%	5.7%
October	6.7%	10.2%
November	13.3%	5.7%
December	6.7%	3.4%

Q4. What year did you start at The Extension – Year?

Sample	2002	2010	2011	2012	2014	2015	2016	2017	2018	2019
Recent Alumni	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
All Responses	1.1%	2.3%	2.3%	2.3%	4.5%	0.0%	4.5%	9.1%	11.4%	6.8%

	2020	2021	2022	2023	2024	2025
Recent Alumni	0.0%	13.3%	20.0%	20.0%	36.7%	10.0%
All Responses	6.8%	5.7%	6.8%	6.8%	12.5%	12.5%

Numbers may not sum perfectly to 100 due to rounding

Q5. What year did you leave or graduate from The Extension – Month?

Month	Recent Alumni	All Responses
January	3.3%	1.1%
February	6.7%	8.0%
March	13.3%	12.5%
April	10.0%	9.1%
May	6.7%	9.1%
June	6.7%	11.4%
July	6.7%	13.6%
August	13.3%	11.4%
September	3.3%	3.4%
October	20.0%	12.5%
November	3.3%	3.4%
December	6.7%	4.5%

Q5. What year did you leave or graduate from The Extension – Year?

Sample	2002	2010	2011	2012	2014	2015	2016	2017	2018	2019
Recent Alumni	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
All Responses	1.1%	2.3%	1.1%	3.4%	4.5%	4.5%	1.1%	3.4%	10.2%	11.4%

	2020	2021	2022	2023	2024	2025	2026
Recent Alumni	0.0%	0.0%	13.3%	20.1%	23.3%	43.3%	0.0%
All Responses	5.7%	6.8%	5.7%	6.8%	8.0%	14.8%	9.1%

Numbers may not sum perfectly to 100 due to rounding

Q6. What ZIP code do you primarily reside in? (by county)

County	Recent Alumni	All Responses
Carroll County	3.3%	1.1%
Cherokee County	10.0%	18.0%
Clayton County	3.3%	1.1%
Cobb County	63.3%	50.6%
DeKalb County	0.0%	1.1%
Douglas County	3.3%	5.6%
Effingham County	3.3%	1.1%
Forsyth County	0.0%	1.1%
Fulton County	3.3%	3.4%
Gordon County	0.0%	1.1%
Gwinnett County	0.0%	1.1%
Haralson County	3.3%	1.1%
Heard County	0.0%	1.1%
Out of State	3.3%	2.2%
Paulding County	3.3%	9.0%
Pulaski County	0.0%	1.1%

The next questions are about working after your completion of The Extension program.

Q7. What is your current employment status?

Answer	Recent Alumni	All Responses
Full-time Employed (more than 35 hours or more at 1 or more jobs)	96.7%	89.9%
Part-time Employed (less than 35 hours a week in total)	0.0%	0.0%
Unemployed and looking for work	0.0%	0.0%
Unemployed and not looking for work	0.0%	0.0%
Stay at home care giver	0.0%	1.1%
Some other status _____	3.3%	9%
Preferred not to answer	0.0%	0.0%

Q8. Are you employed in or looking for work in the same type of job you worked in before going into treatment?

Answer	Recent Alumni	All Responses
Yes	36.7%	29.3%
No	60.0%	67.4%
Not Sure	3.3%	1.1%
Preferred not to say	0.0%	2.2%

Q9. NUMEMPLOYERSDCOMPLETE: How many different employers, including self-employment, have you had since completing The Extension Program?

Number Employers	Recent Alumni	All Responses
One	60.6%	37.1%
Two	33.3%	42.7%
Three	3.0%	10.1%
Four	0.0%	4.5%
Five	3.0%	3.4%
Six	0.0%	2.2%

Q10. INCOME: Which of these categories best represents your income from all your jobs/businesses over the past 12 months?

Income Range	Recent Alumni	All Responses
\$0-\$24,999	0.0%	3.5%
\$25,000-\$49,999	48.3%	26.4%
\$50,000-\$74,999	27.6%	24.1%
\$75,000-\$99,999	17.2%	32.2%
\$100,000+	6.9%	12.6%
Preferred not to say	0.0%	1.2%

Q11. Is your current employer/business (including self-employment) the same employer/business you worked for during your time at The Extension?

Answer	Recent Alumni	All Responses
Yes	44.8%	31.0%
No	52.2%	69.0%
Prefer not to answer	3.0%	0.0%

Q 12. Which of these categories best represents the kind of work the business you work for (including self-employment) does?

Job Type	Recent Alumni	All Responses
Hourly retail	3.4%	3.4%
Office work	17.2%	13.8%
Manufacturing	3.4%	2.3%
Food service	6.9%	9.2%
Construction	17.2%	16.1%
Other (please specify)	51.7%	55.2%

These next questions are about housing since your completion of The Extension program.

Q13. Which of the following best describes your current living arrangement?

Arrangement	Recent Alumni	All Responses
Living independently	48.3%	63.2%
Living with friends/roommates	27.6%	17.3%
Living with family	24.1%	19.5%

Q14. Since transitioning from The Extension, has there been any time when you were homeless, living on the street, in a vehicle, or in some type of makeshift housing like a tent or empty building?

Answer	Recent Alumni	All Responses
Yes	6.9%	4.6%
No	93.1%	95.4%
Prefer not to answer	0.0%	0.0%

These next questions are for statistical purposes only, to help analyze the results of the survey.

Q15. What year is your date of birth?

Year	Recent Alumni	All Responses
1960	0.0%	1.1%
1961	0.0%	1.1%
1962	0.0%	1.1%
1964	0.0%	2.2%
1965	0.0%	1.1%
1968	3.3%	2.2%
1969	3.3%	1.1%
1970	0.0%	1.1%
1971	0.0%	1.1%
1972	0.0%	3.4%
1974	0.0%	4.5%
1975	0.0%	2.2%
1976	6.7%	3.4%
1977	6.7%	2.2%
1978	13.3%	6.7%
1979	3.3%	3.4%
1980	3.3%	7.9%
1981	3.3%	3.4%
1982	6.7%	3.4%
1983	0.0%	1.1%
1984	3.3%	3.4%
1985	3.3%	3.4%
1986	0.0%	3.4%
1987	10.0%	10.1%
1988	3.3%	2.2%
1989	13.3%	5.6%
1990	0.0%	2.2%
1991	3.3%	3.4%
1992	3.3%	2.2%
1995	6.7%	2.2%
1996	3.3%	1.1%
Prefer not to Say	0.0%	6.7%

Q16: Are you of Hispanic, Latino, or Spanish origin or descent?

Answer	Recent Alumni	All Responses
Yes	0.0%	4.6%
No	96.6%	93.1%
Prefer not to answer	3.4%	2.3%

Q17: Which of these groups best describes you?

Groups	Recent Alumni	All Responses
American Indian or Alaska Native	0.0%	0.0%
Asian	0.0%	0.0%
Black or African American	0.0%	3.4%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
White	96.6%	95.4%
Two or More Races (Not Hispanic or Latino)	0.0%	0.0
Prefer not to answer	0.0%	1.2%

Q18: What gender do you identify as?

Gender Identity	Recent Alumni	All Responses
Male	55.2%	60.9%
Female	44.8%	39.1%
Other	0.0%	0.0%
Prefer not to answer	0.0%	0.0%