INTRODUCTION & PURPOSE

PROJECT INTRODUCTION

Abundance Foundation engaged Corona Insights, a Colorado-based social science research firm, in late 2025 to help Abundance quantify the economic value of its recovery programs. The goal of this analysis was to complement existing program evaluation data with research-based valuations and create a defensible and transparent model of how the organization contributes to the economy of Larimer County, Colorado.

To accomplish this, we conducted a systematic review of research on the economic impact of similar addiction recovery services. Then, we built a Social Return on Investment (SROI) model, following SROI best practices and capturing three key value drivers supported by the research: increased earnings, decreased healthcare costs, and decreased criminal justice involvement. We made additional research-based adjustments to findings from our source studies so the final SROI model reflects the economic realities for Larimer County and presents economic impacts in 2025 dollars.

Finally, we researched how the average taxpayer in Larimer County funds the systems that benefit from the Abundance Foundation's work to break cycles of addiction and created a one-page summary of the SROI model that places these economic benefits in context for a general audience.

ABOUT THE ABUNDANCE FOUNDATION

The Abundance Foundation is a 501(c)(3) nonprofit organization based in Fort Collins, Colorado, dedicated to supporting individuals in recovery from substance use disorders. Founded in 2020, the organization addresses a critical gap in the recovery continuum: the transition period after someone leaves a treatment center, detox facility, jail, or other institutional setting, when the risk of relapse is highest and the challenges of rebuilding life are most acute.

The Foundation's model centers around gender-specific sober living homes in Fort Collins, where residents commit to living in a substance-free, structured environment. Residents work with peer Recovery Coaches who have achieved sustained recovery themselves and serve as accountability partners, helping them set goals and navigate immediate needs such as securing housing, meeting legal obligations, enrolling in Medicaid, connecting with therapists and 12-step sponsors, and building a sober social network. Recovery Coaches function as the connective tissue between participants and the broader ecosystem of clinical and community supports. Most residents stay in sober living for at least 90 days, though some stay for a year or more before transitioning into other housing arrangements. Abundance Foundation follows up with alumni regularly for three years after they have transitioned out of housing, and also hosts regular community events that help participants build supportive relationships.

ABOUT SROI

Social Return on Investment (SROI) is a framework for measuring the broader economic value created by social programs. The result is expressed as a ratio: for every dollar invested in the program, how many dollars of economic value are generated for the community?

SROI follows principles established by Social Value International, including stakeholder involvement, valuing what matters, transparency, and not overclaiming results. We applied these principles throughout this analysis by using peer-reviewed research to monetize outcomes, only including outcomes where multiple peer-reviewed studies supported a particular kind of economic impact, using research to estimate deadweight (outcomes that would have occurred without the program), and presenting results at multiple time horizons so readers can evaluate how the impact grows over time.

RESULTS

The SROI model yields the following ratios at three time horizons: 6.61 at 10 years, 11.25 at 20 years, and 14.71 at 30 years. This means that every dollar invested in the Abundance Foundation's recovery programs generates between six and fifteen dollars of economic impact, depending on the timeframe in question. Further, the model found that societal benefits exceed program costs after two years, with societal benefits increasing each year thereafter as individuals in recovery continue to earn more and rely less on taxpayer-funded systems of support.

These results are conservative. At multiple points in the model, we chose the more cautious of available assumptions:

- We included only three cost categories (earnings, healthcare utilization, and criminal justice involvement), as these are supported by multiple peer-reviewed studies of similar interventions. The Abundance team identified other outcomes that we could have included (i.e., decreased reliance on Medicaid, decreased reliance on other public benefits, increased community involvement, increased ability to pay market-rate rent or mortgages, positive impacts on children from breaking the cycle of addiction). To remain conservative, we ultimately opted to only include those outcomes that had been previously researched and have multiple high-quality studies supporting them.
- We adjusted each cost category for deadweight (improvements that would have occurred without the program), based on published, well-designed randomized controlled trials (RCTs) that captured both improvements for individuals participating in sober housing and improvements for similar individuals in a control group.
- When considering positive outcomes over the life of an individual impacted, we included a research-backed estimate for drop-off (i.e., successful participants who relapse at some point in the future).
- We opted to present SROI impacts for people exiting successfully from Abundance at multiple future timepoints. While a 10-year cumulative estimate likely underestimates the value of a person getting and staying sober, combining this information with future timepoints helps the reader understand how the positive benefit of a program like this compound over time.

DETAILED METHODOLOGY

OVERARCHING ASSUMPTIONS

Year of Analysis. All costs and benefits are expressed in 2025 dollars. Historical cost figures drawn from source studies were adjusted for inflation using the GDP Implicit Price Deflator published by the Bureau of Economic Analysis via the Federal Reserve Economic Data (FRED) platform.

Discount Rate. We apply a 2% real discount rate to all future benefits, consistent with the rate recommended in the revised Office of Management and Budget Circular A-94 (November 2023). A discount rate accounts for the fact that a dollar of benefit received in the future is worth less than a dollar received today. The 2% rate is the current federal standard for cost-benefit analysis of public investment projects and is lower than the 3% rate commonly used in older SROI studies.

Geographic Adjustment. Because the source studies were conducted in geographic areas with different costs of living than Larimer County, Colorado, we applied geographic adjustment factors to translate national or study-specific values to local equivalents. For earnings, we used the ratio of Larimer County median household income to the study area's median household income (U.S. Census Bureau, American Community Survey). For healthcare, we used a regional cost-of-living index for medical expenses. For criminal justice, we compared per-inmate costs using data from the Vera Institute of Justice.

Timeframe for Outcomes. We present SROI results at three time horizons: 10, 20, and 30 years. The 10-year horizon represents the most conservative estimate and aligns with Social Value International's general guidance that most SROI analyses should use horizons under 10 years. The 20- and 30-year horizons capture the changes in life trajectory that flow from achieving stability. The upper limit of 30 years of post-program benefits was informed by the median age of Abundance participants (38 years), acknowledging that these individuals will likely continue to work for another 30 years before retiring between ages 65 and 70.

Deadweight. Deadweight is a key SROI concept that refers to the proportion of outcomes that would have occurred even without the intervention. We derived category-specific deadweight values based on high-quality experimental studies for similar interventions, focusing on comparison group ("usual care") outcomes. For earnings, the usual care group showed improvement equal to approximately 31% of the treatment group's gains, so we apply a 31% deadweight. For healthcare, we apply a 27% deadweight informed by reductions in hospital bed nights reported in Jason et al (2015). For criminal justice, the Lo Sasso comparison group also showed a reduction in illegal activity, though not as great as the intervention; the ratio of usual care to treatment group outcomes yields a deadweight of approximately 57%.

Drop-Off. Drop-off is another SROI concept that applies in scenarios where the social value experienced by an individual accrues for several years after exiting a program. Conceptually, drop-off represents how the proportion of social value attributable to an intervention decreases, while the proportion attributable to external factors increases over time. Based on conversations with the Abundance team and our literature review, we determined that getting sober and achieving stability is indeed life changing, but it is important to account for the possibility that even a successful program participant will relapse in the future. To account for the likelihood of future relapses among successful graduates, we use a schedule informed by Dennis et al. (2007), which found that relapse risk is highest in

the first one to two years of recovery and declines substantially thereafter. Our schedule applies a 15% drop in year 1, 10% in year 2, 7% in year 3, 5% in years 4–5, and 3% per year from year 6 onward. This cumulative retention rate is applied to all three benefit categories in each year of the timeline, resulting in benefits that taper more aggressively in the early high-risk period and stabilize as recovery becomes more durable.

Attribution. Attribution is a key SROI concept that refers to the contribution of other organizations or people to outcomes of interest. Through discussion with the Abundance team and research into similar sober living home models, we determined that supporting participants in adhering to complementary recovery programs (e.g., 12-step programs, medically assisted treatment) is a core feature of this type of intervention. In addition, programs whose studies formed the basis of our social value estimates similarly encouraged participants to engage with community resources, and participants in control groups also had the opportunity to engage with those same resources. Therefore, we chose not to further discount outcomes in our model to account for attribution, as this was addressed in our deadweight estimates.

Success Rate. Success rate is an SROI concept that estimates (ideally based on actual program evaluation results) the success of the program at producing key outcomes, and discounts economic impacts to account for both successful and non-successful participants. Ultimately, we determined not to further discount outcomes based on success rate estimates for two reasons. First, our analysis is based on only successful graduates who Abundance Foundation staff had identified as making meaningful progress on staying sober, getting employed, and finding housing (individuals who dropped out of the program before making meaningful progress on case goals were not included). Second, the studies that we leveraged to calculate monetary benefits included all program participants regardless of "success in the program," and compared all participants enrolled with a control group of non-participants. Therefore, various levels of success were already accounted for in our source studies.

Programmatic Costs. The investment figure used in the SROI denominator is $1,722,492, which represents the Abundance Foundation's total 2025 operating expenses ($1,784,971) minus fundraising expenses ($62,479). We excluded fundraising because it does not directly produce recovery outcomes, and it would be possible for the program to run without this expense if the program were fully funded by Medicaid, grants, and contracts. We retained administrative and overhead costs in the denominator because they support program delivery. This is consistent with SROI best practices, which recommend that the investment reflect the full resources required to deliver the activities that produce outcomes.

Successful Exits. The model is built around a cohort of 84 individuals who successfully exited the Abundance Foundation's program in 2025. This list was generated by Abundance Foundation staff, based on reviewing follow-up surveys and case plans. In general, these individuals participated in the program for at least 90 days, and made meaningful progress on maintaining sobriety, finding employment, and finding housing outside of Abundance.

COST ESTIMATION METHODOLOGY

Each benefit category uses a per-person annual value drawn from peer-reviewed research, adjusted for inflation, geography, and deadweight. These per-person values are then projected over the model's timeline, with the drop-off schedule and discount rate applied year by year. Per-person benefits are then multiplied by this cohort size, added together, and then the total is compared against total programmatic costs to derive the SROI ratios described above.

Earnings. The earnings benefit is derived from Lo Sasso et al. (2012), a cost-benefit analysis built on an RCT of the Oxford House recovery housing model (a sober living model similar to the Abundance Foundation) in Illinois, conducted by researchers at DePaul University. In that study, 150 individuals who completed substance abuse treatment were randomly assigned to either Oxford House residences or community-based usual care. The study reports an average incremental earnings benefit of $8,919 per person per year (in study-year dollars) for the treatment group relative to the comparison condition 24 months after starting the program.

We adjusted this figure for inflation to 2025 dollars using the GDP deflator, then applied a geographic adjustment based on the ratio of Larimer County to the Illinois statewide median household incomes to reflect local earnings potential. Based on these adjustments, we estimate that individuals who participate in sober housing tend to earn $13,313 more each year in 2025 dollars than similar individuals who did not participate in this kind of program.

We then applied a 31% discount for deadweight (also sourced from the Lo Sasso study), resulting in yearly earnings gain attributable to Abundance of $9,186. Finally, when we mapped this to the timeline, we assumed that earnings benefits grow at 1.5% per year. This is a conservative earnings inflation estimate based on a 2024 analysis conducted by the Federal Reserve of San Francisco.

Healthcare Utilization. The healthcare benefit draws on Peterson et al. (2021), which estimates the incremental healthcare costs attributable to substance use disorders using national claims data. That study estimates that a person with an untreated substance use disorder costs the healthcare system an additional $1,985 per year. We adjusted this national estimate for inflation, and applied a geographic adjustment based per-capita healthcare expenditures in Colorado vs. nationally, drawing on research from the health policy nonprofit KFF. Based on these adjustments, we estimate that individuals who recover from untreated substance use disorders spend $2,302 less on healthcare in 2025 dollars than similar individuals who do not maintain their sobriety.

After the 27% deadweight adjustment (informed by Jason et al's 2015 RCT, which shows differences in hospital bed nights for individuals participating in sober living houses vs. a control group), the model uses an adjusted per-person annual healthcare benefit of approximately $1,680. When we mapped this to the timeline, we assumed this benefit grows at 3% per year, reflecting medical cost inflation averages also sourced from KFF.

Criminal Justice Involvement. The criminal justice benefit is also derived from Lo Sasso et al. (2012), which tracked illegal activity costs across both participants in Oxford House and usual care groups over the 24-month study period. The study monetizes criminal justice involvement including arrests, incarceration, court costs, probation, and the economic costs of illegal activity. The Oxford House group showed lower total illegal activity costs, and a marginal annual benefit of approximately $11,213 per person. We adjusted this figure for inflation and applied a geographic adjustment using data from the Vera Institute of Justice on per-inmate costs. Based on these adjustments, we estimate that individuals who participate in sober housing tend to incur $19,053 less in criminal justice costs per year in 2025 dollars than similar individuals who did not participate in this kind of program.

After the deadweight adjustment of approximately 57% (derived from the ratio of usual care to treatment group outcomes in the Lo Sasso data), the model uses an adjusted per-person annual criminal justice benefit of approximately $8,193. When we mapped this to the timeline, we assumed this benefit grows at 2.5% per year, reflecting criminal justice cost inflation data sources from the Bureau of Justice Statistics.

TAX IMPACT

To place the SROI findings in context for a general audience, we estimated how the average taxpayer in Larimer County currently funds the public systems most affected by addiction.

Average Tax Burden. We estimated the total annual tax obligation for an average Larimer County homeowner at approximately $21,000 per year. This figure combines the following categories of taxes:

- Federal income taxes were based on effective tax rates for a household with Larimer County's median income of $91,364, assuming the standard deduction. This estimates an average federal tax burden of $6,700 per year.
- Colorado state income taxes were based on the state's flat 4.4% rate, applied to median household income in Larimer County of $91,364 per the Census Bureau's American Community Survey. This estimates an average state tax burden of $2,735 per year.
- Property taxes were based on the 2024 Larimer County mill levy (approximately 0.87% of a home's value) for a median-value home in Larimer County (worth approximately $540,000 per Zillow). This estimates an average property tax burden of $4,697 per year.
- Payroll taxes (Social Security and Medicare) of 7.64% were based on the median household income. This estimates an average payroll tax burden of $6,989 per year.

Percentage Funding Healthcare, Criminal Justice, and Social Services. We then estimated what share of the average taxpayer's total tax burden flows to systems most directly affected by addiction: healthcare (including Medicaid, emergency services, and behavioral health), criminal justice (including law enforcement, courts, corrections, and probation), and social services (including income security, housing assistance, and human services programs). Using budget allocation data from various levels of government—Larimer County 2024 adopted budget, Colorado FY 2025–26 general fund appropriations from the Joint Budget Committee, definitions of payroll taxes from the Social Security Administration, and FY 2024 federal spending data from the Congressional Budget Office and Center on Budget and Policy Priorities—we estimate that approximately 25% of the average Larimer County homeowner's total tax burden flows to these addiction-impacted systems. Specifically:

- 31% of federal taxes flow to addiction-impacted systems, specifically related to contributions of federal taxes that fund Medicare, Medicaid, and economic security programs (e.g., SNAP, SSI).
- 51% of state taxes flow to addiction-impacted systems, specifically the state's contribution to Medicare, and spending on corrections, human services, and the judicial system.
- 10% of local taxes flow to addiction-impacted systems, specifically public safety and human services.
- 19% of payroll taxes flow to addiction-impacted systems, specifically Medicare.

Taken together with the average tax burden for a Larimer County taxpayer, this translates to roughly $5,270 per year (25% of total taxes) that an average taxpayer contributes to systems directly impacted by addiction. In reality, the exact share will vary based on individual income, property value, and location within the county, as well as state and federal tax policies.

SOURCES

Banke-Thomas, A. O., Madaj, B., Charles, A., & van den Broek, N. (2015). Social return on investment (SROI) methodology to account for value for money of public health interventions: A systematic review. *BMC Public Health*, *15*, 582. https://doi.org/10.1186/s12889-015-1935-7

Brecht, M. L., & Herbeck, D. (2015). Time to relapse following treatment for methamphetamine use: A long-term perspective on patterns and predictors. *Drug and Alcohol Dependence*, *139*, 18–25. https://doi.org/10.1016/j.drugalcdep.2014.02.702

Bureau of Economic Analysis. (n.d.). Gross domestic product: Implicit price deflator [GDPDEF]. Retrieved February 7, 2026, from Federal Reserve Bank of St. Louis. https://research.stlouisfed.org/fred2/series/GDPDEF

Bureau of Justice Statistics. (2018). *Recidivism of prisoners released in 34 states in 2012: A 5-year follow-up period (2012–2017)*. U.S. Department of Justice. https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/rpr34s125yfup1217.pdf

Bureau of Justice Statistics. (2020). *Justice expenditures and employment in the United States, 2017*. U.S. Department of Justice. https://bjs.ojp.gov/library/publications/justice-expenditures-and-employment-united-states-2017

Center on Budget and Policy Priorities. (n.d.). Where do our federal tax dollars go? Retrieved February 23, 2026, from https://www.cbpp.org/research/federal-budget/where-do-our-federal-tax-dollars-go

Colorado General Assembly, Joint Budget Committee. (2026). *FY 2026–27 budget briefing summary*. https://content.leg.colorado.gov/sites/default/files/FY26-27brfsum-01-06-26.pdf

Dennis, M. L., Scott, C. K., Funk, R., & Foss, M. A. (2007). The duration and correlates of addiction and treatment careers. *Journal of Substance Abuse Treatment*, *33*(1), 51–59. https://doi.org/10.1016/j.jsat.2007.03.008

Doleac, J. L., Mukherjee, A., & Schnell, M. (2020). *Research on the effects of Oxford House on substance abuse outcomes: A re-analysis*. Working paper. https://jenniferdoleac.com/wp-content/uploads/2020/02/DoleacEtAl_Jan2020.pdf

Ettner, S. L., Huang, D., Evans, E., Ash, D. R., Hardy, M., Jourabchi, M., & Hser, Y. I. (2006). Benefit–cost in the California Treatment Outcome Project: Does substance abuse treatment "pay for itself"? *Health Services Research*, *41*(1), 192–213. https://doi.org/10.1111/j.1475-6773.2005.00466.x

Fardone, E., Montoya, I. D., Schackman, B. R., & McCollister, K. E. (2023). Economic benefits of substance use disorder treatment: A systematic literature review of economic evaluation studies from 2003 to 2021. *Journal of Substance Use and Addiction Treatment*, *152*, 209084. https://doi.org/10.1016/j.josat.2023.209084

Federal Reserve Bank of San Francisco. (2024, November). Productivity during and since the pandemic. *FRBSF Economic Letter*. https://www.frbsf.org/research-and-insights/publications/economic-letter/2024/11/productivity-during-and-since-pandemic/

French, M. T., Fang, H., & Balsa, A. I. (2002). Longitudinal analysis of changes in drug-use and health-care costs. *Health Services Research*, *37*(3), 321–338. https://doi.org/10.1111/j.1475-6773.2010.01218.x

French, M. T., Popovici, I., & Tapsell, L. (2008). The economic costs of substance abuse treatment: Updated estimates and cost bands for program assessment and reimbursement. *Journal of Substance Abuse Treatment*, *35*(4), 462–469. https://doi.org/10.1016/j.jsat.2007.12.008

Gillespie, S., & Culhane, D. P. (2021). *Breaking the homelessness-jail cycle with Housing First: Results from the Returning Home-Ohio pilot project*. Urban Institute. https://www.urban.org/sites/default/files/publication/104501/breaking-the-homelessness-jail-cycle-with-housing-first_1.pdf

Gillespie, S., & Oneto, A. D. (2025). *Denver Supportive Housing Social Impact Bond Initiative* [Project overview]. Urban Institute. https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative

Gryczynski, J., Schwartz, R. P., O'Grady, K. E., Restivo, L., Mitchell, S. G., & Jaffe, J. H. (2016). Understanding patterns of high-cost health care use across different substance user groups. *Health Affairs*, *35*(1), 12–19. https://doi.org/10.1377/hlthaff.2015.0618

Hanson, D., Gillespie, S., & Oneto, A. D. (2024). *Denver Housing to Health project: Housing stability payment outcomes*. Urban Institute. https://www.urban.org/sites/default/files/2024-05/Denver_Housing_to_Health_Project_Housing_Stability_Payment_Outcomes.pdf

Harvard Kennedy School Government Performance Lab. (n.d.). *Social impact bonds 101*. Retrieved January 20, 2026 from https://govlab.hks.harvard.edu/wp-content/uploads/2018/10/sibs_101_gpl_2017.pdf

Jason, L. A., & Ferrari, J. R. (2011). Oxford House recovery homes: Characteristics and effectiveness. *Psychological Services*, *7*(2), 92–102. https://doi.org/10.1037/a0017932

Jason, L. A., Olson, B. D., & Harvey, R. (2015). Evaluating alternative aftercare models for ex-offenders. *Journal of Drug Issues*, *45*(1), 53–68. https://doi.org/10.1177/0022042614552019

KFF. (n.d.). Health care expenditures per capita by state of residence. Retrieved February 12, 2026, from https://www.kff.org/state-health-policy-data/state-indicator/health-spending-per-capita/

KFF. (2024). How does medical inflation compare to inflation in the rest of the economy? *Peterson-KFF Health System Tracker*. Retrieved February 12, 2026, from https://www.healthsystemtracker.org/brief/how-does-medical-inflation-compare-to-inflation-in-the-rest-of-the-economy/

Koenig, L., Siegel, J. M., Harwood, H., Gilani, J., Chen, Y. J., Bruen, B., & Dunlap, L. (2005). Economic benefits of substance abuse treatment: Findings from Cuyahoga County, Ohio. *Journal of Substance Abuse Treatment*, *28*(S1), S41–S50. https://doi.org/10.1016/j.jsat.2004.10.010

Larimer County. (n.d.). How is my property tax calculated? Retrieved February 23, 2026, from https://www.larimer.gov/performance-budget-and-strategy/Budget/HowIsMyPropertyTaxCalculated

Larimer County. (2025). *2026 proposed budget narrative*. Retrieved February 23, 2026, from https://www.larimer.gov/sites/default/files/2026-proposed-budget-narrative.pdf

Lo Sasso, A. T., Byro, E., Jason, L. A., Ferrari, J. R., & Olson, B. (2012). Benefits and costs associated with mutual-help community-based recovery homes: The Oxford House model. *Evaluation and Program Planning*, *35*(1), 47–53. https://doi.org/10.1016/j.evalprogplan.2011.06.006

Luo, F., Li, M., Ballesteros, M. F., & Florence, C. (2025). Productivity losses from substance use disorder in the U.S. in 2023. *American Journal of Preventive Medicine*. https://doi.org/10.1016/j.amepre.2025.108102

Luo, F., Li, M., & Florence, C. (2021). State-level economic costs of opioid use disorder and fatal opioid overdose—United States, 2017. *Morbidity and Mortality Weekly Report*, *70*(15), 541–546. https://doi.org/10.15585/mmwr.mm7015a1

National Institute on Drug Abuse. (2020). *Criminal justice drug facts*. Retrieved January 20, 2026, from https://nida.nih.gov/publications/drugfacts/criminal-justice

Nicosia, N., Pacula, R. L., Kilmer, B., Lundberg, R., & Chiesa, J. (2009). *The economic cost of methamphetamine use in the United States, 2005*. RAND Corporation. https://apps.dtic.mil/sti/tr/pdf/ADA498655.pdf

Office of Management and Budget. (2023). *Circular No. A-94: Guidelines and discount rates for benefit-cost analysis of federal programs* (revised November 9, 2023). Executive Office of the President. https://www.whitehouse.gov/wp-content/uploads/2025/12/a094.pdf

Onuoha, E. N., Leff, J. A., Schackman, B. R., McCollister, K. E., Polsky, D., & Murphy, S. M. (2021). Economic evaluations of pharmacologic treatment for opioid use disorder: A systematic literature review. *Value in Health*, *24*(7), 1068–1083. https://doi.org/10.1016/j.jval.2020.12.023

Oyamakinde, A., Ryan, D., Cadet, T., Judge, T., Gopaldas, M., Jalali, A., Murphy, S. M. (2025). Cost per opioid-free year: A systematic review and summary analysis. *Value in Health*. https://doi.org/10.1016/j.jval.2025.07.008

Peterson, C., Li, M., Xu, L., Mikosz, C. A., & Luo, F. (2021). Assessment of annual cost of substance use disorder in US hospitals. *JAMA Network Open*, *4*(3), e210242. https://doi.org/10.1001/jamanetworkopen.2021.0242

Polcin, D. L., Korcha, R. A., Bond, J., & Galloway, G. (2010). Sober living houses for alcohol and drug dependence: 18-month outcomes. *Journal of Substance Abuse Treatment*, *38*(4), 356–365. https://doi.org/10.1016/j.jsat.2010.02.003

Vilsaint, C. L., Tansey, A. G., Hennessy, E. A., Eddie, D., Hoffman, L. A., Kelly, J. F. (2025). Recovery housing for substance use disorder: A systematic review. *Frontiers in Public Health*, *13*, 1506412. https://doi.org/10.3389/fpubh.2025.1506412

Social Security Administration. (n.d.). *FICA and SECA tax rates*. Retrieved on February 20, 2026, from https://www.ssa.gov/people/materials/pdfs/EN-05-10297.pdf

Social Value International. (n.d.). *Principles of social value*. Retrieved January 20, 2026, from https://www.socialvalueint.org/principles

Substance Abuse and Mental Health Services Administration. (2007). *Substance abuse prevention dollars and cents: A cost-benefit analysis* (DHHS Publication No. SMA 07-4298). https://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf

Substance Abuse and Mental Health Services Administration. (n.d.). *Treatment Episode Data Set (TEDS)*. Retrieved on February 12, 2026, from https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set

Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068). https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

U.S. Census Bureau. (n.d.). American Community Survey 1-year and 5-year estimates [Larimer County, CO and Illinois statewide median household income]. Retrieved February 7, 2026, from https://data.census.gov

University of Colorado School of Medicine. (2023). *Substance use services evaluation report* (SIGNAL Final Report 1326). https://medschool.cuanschutz.edu/docs/librariesprovider294/opioid-management/signal-final-1326-report-tsg-july-7-2023-(1).pdf

Vera Institute of Justice. (2015). *The price of jails: Measuring the taxpayer cost of local incarceration*. https://www.vera.org/publications/the-price-of-jails-measuring-the-taxpayer-cost-of-local-incarceration

Washington State Institute for Public Policy. (n.d.). *Benefit-cost results: Recovery housing*. Retrieved February 12, 2026, from https://www.wsipp.wa.gov/BenefitCost/Program/718

Zarkin, G. A., Dunlap, L. J., Bray, J. W., & Wechsberg, W. M. (2002). The effect of treatment completion and length of stay on employment and crime in outpatient drug-free treatment. *Journal of Substance Abuse Treatment*, *23*(4), 261–271. https://doi.org/10.1016/S0740-5472(02)00273-8

Zillow. (n.d.). Larimer County, CO home values. Retrieved February 20, 2026, from https://www.zillow.com/home-values/1849/larimer-county-co/