



**Centers for Health,  
Work & Environment**  
colorado school of **public health**



Colorado Recovery Friendly Workplace Initiative®

# **Recovery Community Organization, Workforce Development, and Employee Survey Landscape Report**

**April 2026**

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## 1. Introduction

The **Colorado Recovery Friendly Workplace Initiative® (RFW)**, based at the Centers for Health, Work & Environment (CHWE) at the Colorado School of Public Health, equips employers to support employees affected by opioid and other substance use disorders, applying evidence-based prevention strategies and *Total Worker Health®* approach to reduce stigma and enhance recovery support. With over a decade of experience, CHWE and RFW have engaged hundreds of Colorado employers, representing tens of thousands of workers, fostering workplace cultures where employees feel safe seeking help and accessing resources, and partnering with the Colorado Consortium for Prescription Drug Abuse Prevention to align interventions with statewide opioid response strategies. Through these efforts, CHWE educates future leaders, conducts impactful research, and designs practical solutions to improve safety and overall worker well-being.

The Colorado Opioid Abatement Council (COAC) Infrastructure Round 3 funding supports initiatives to strengthen addiction recovery infrastructure across Colorado. Under this grant, the Centers for Health, Work & Environment (CHWE) partnered with The Steadman Group (TSG) to conduct a Landscape Analysis and RFW Employee Needs Assessment between October 1, 2025, and March 31, 2026. The goal was to identify gaps in workplace peer-specialist training and geographic coverage, highlighting areas where training is insufficient or absent as well as understand attitudes, perceptions and experiences of the Colorado workforce in addressing substance use in workplace settings, specifically informing the establishment of Employee Resource Groups (ERGs) to support employees in treatment and recovery.

### Definitions

**Employee Assistance Program (EAP):** A confidential, employer-sponsored service designed to help employees address personal or work-related challenges that may affect their well-being or job performance.

**Employee Resource Group (ERG):** A voluntary and employee-led group designed to build community and support shared identities or experiences.

**Peer Support:** is when people with personal experience of mental health or substance use challenges help others facing similar situations. It focuses on understanding, encouragement, and practical guidance, showing that recovery and well-being are possible through shared experience and connection.

**Peer Support Specialist:** are trained professionals who use their own lived experience with substance use, mental health challenges, or recovery to support, mentor, and guide others facing similar issues. They provide emotional support, help individuals navigate systems and resources, model recovery, and promote hope by demonstrating that healing and long-term recovery are possible.

**Recovery Community Organization (RCO):** An independent, nonprofit organization led and governed by representatives of local communities of recovery that organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, or provide peer-run recovery support services.

**Workforce Development (WFD) Organization:** An organization that focuses on helping individuals gain job skills, employment, and career advancement.

This report involves analyzing the statewide network of recovery community organizations (RCOs), workforce development (WFD) agencies, and peer certification programs. The findings will guide future investments and strategies to expand peer-specialist training and ensure recovery support reaches underserved regions and workplaces throughout Colorado.

## 2. Executive Summary

Unintentional drug overdose continues to significantly impact Colorado's workforce, with certain industries bearing a disproportionate burden of loss. Recent data (2024) from the Colorado Department of Public Health and Environment indicate that overdose deaths are concentrated in key sectors that employ large and diverse segments of the workforce. The construction industry accounts for the highest number of overdose deaths (n=233), followed by accommodation and food services (n=130), retail trade (n=96), and health care and social assistance (n=84). Additional industries with notable overdose death counts include transportation and warehousing (n=74), other services (n=74), and administrative and waste management services (n=61).

These findings highlight the importance of focusing recovery friendly workplace strategies within high-impact industries, where the scale of overdose-related harm is greatest. Employers in construction, food services, retail, and health care are uniquely positioned to play a critical role in prevention, early intervention, and sustained recovery support, particularly when equipped with the tools, training, and partnerships necessary to address substance use and recovery in the workplace.

This Landscape Analysis and RFW Employee Survey provide a statewide view of how Colorado workplaces support employees in recovery, and where critical gaps remain.

### **Landscape Analysis Findings**

Interviews with Recovery Community Organizations (RCOs) and Workforce Development (WFD) organizations reveal highly variable approaches to supporting employees in recovery. While some organizations offer comprehensive Employee Assistance Programs (EAPs) and recovery-oriented training, most provide only basic job training with little focus on recovery, peer support, or workplace well-being.

Formal peer support structures are limited. Employee Resource Groups (ERGs) are rare, and culturally responsive supports are scarce. Only one organization reported offering recovery training in Spanish. Despite these gaps, there is strong demand for practical tools, structured training, and guidance to better support employees in recovery. Organizations expressed clear interest in partnering to build more recovery-supportive workplaces.

### **Employee Survey Findings**

Survey results reflect a diverse Colorado workforce and highlight a critical disconnect between awareness and workplace culture. While over 90% of respondents are familiar with substance

use disorder (SUD) and recovery, and many have worked with someone in recovery, comfort discussing these issues at work is notably lower.

Employees perceive strong support for physical and mental health needs but less support for addressing SUD, signaling an important gap. Stigma remains a major barrier: fear of judgment, confidentiality concerns, and potential career consequences limit disclosure and help-seeking. Although most employees report access to general benefits like health insurance and EAPs, far fewer have access to recovery-specific supports such as relapse prevention or peer recovery groups. Awareness of ERGs is also low, though interest in recovery-focused ERGs and peer-based supports is moderate to high.

### **Key Takeaways**

Colorado workplaces have a strong foundation of awareness and general support systems, but cultural and structural barriers persist. There is a clear opportunity to move from awareness to action by expanding recovery-focused training, normalizing conversations about SUD, strengthening peer support, and improving access to recovery-specific resources.

## **3. Existing Frameworks**

Two Colorado-based organizations, Advocates for Recovery (ARC) and Culinary Hospitality Outreach & Wellness (CHOW), offer exemplary models of recovery-oriented Employee Resource Group–like programming that integrates peer support, workforce engagement, and recovery values within organizational culture. Both organizations intentionally center lived experience, peer leadership, and community connection to create environments where recovery is supported, visible, and normalized in the workplace. As part of this project, we examined ARC’s and CHOW’s approaches to inform our research and better understand how recovery-focused peer engagement can function effectively within employment settings. Insights from these organizations helped identify promising practices that may be adapted or replicated, where appropriate, to strengthen recovery-friendly workplace infrastructure across Colorado.

### Advocates for Recovery

The interview responses from ARC highlight several strengths in how the organization supports individuals in recovery within workplace and employment contexts. ARC offers peer support through its ECHO program and through informal support between managers and supervisors, though the latter is more limited. Peer support is a core component of ARC’s model, with approximately 25 individuals currently employed through the organization. ARC also relies heavily on its Employee Assistance Program (EAP) as a primary source of support for employees, providing access to clinical services, financial counseling, financial advisors, and wellness resources.

ARC demonstrates a strong commitment to training and workforce readiness. All new hires are required to complete a 60-hour peer and family specialist training program, regardless of prior credentials, and ongoing training is provided for peer specialists. Training topics span substance

use disorder, mental health, and family dynamics, and ARC also trains external peer specialists, though it is not grant-funded to provide organizational trainings. Engagement with employees around substance use disorder and mental health occurs through multiple channels, including formal trainings, informational resources, manager- or HR-led discussions, peer supports, and EAP services.

The interview also highlights key lessons that can inform adaptation of ARC's model in other organizations. ARC identified challenges compensating employees for participation in wellness activities during work hours and balancing internal wellness needs with organizational growth. Cultural and language responsiveness is an area for future development, with all trainings currently delivered in English and a recognized need for Spanish-language materials, inclusive language practices, and attention to literacy levels. ARC has successfully delivered recovery-related activities in workplace settings, including peer meetings, wellness events, and naloxone training, and expressed interest in partnering further. ARC also emphasized the value of aligning peer support specialists with the industries they serve, noting that peers with relevant sector experience may be more effective in engaging employees.

#### Culinary Hospitality Outreach & Wellness

The interview with Culinary Hospitality Outreach & Wellness (CHOW) highlights a highly community-driven, peer-led approach to supporting mental health and recovery within the food, beverage, hospitality, and related service industries. CHOW provides extensive peer-to-peer supports through hybrid support groups that intentionally remove hierarchy and job titles to foster safety and openness. These groups are offered weekly, consistently scheduled, and tailored to specific communities, including men, women, LGBTQIA+ individuals, and Spanish-speaking participants, with both in-person and virtual options available across multiple Colorado locations and globally. CHOW also integrates education and training as a core support, offering free or compensated hybrid learning opportunities focused on mental health, substance use, and wellness that are designed by and for industry workers.

CHOW places strong emphasis on training and support for peer facilitators, known as "expos," who receive structured onboarding, role-specific training, and ongoing supervision. This includes clear protocols around boundaries, regular check-ins with expo supervisors, paid professional development opportunities, and additional training when new groups are launched to ensure cultural relevance. Engagement with participants extends beyond formal programming through newsletters, connection forums, monthly expos meetings, and annual retreats that emphasize resilience, compassion, and community-building. CHOW is also actively refining its Employee Assistance Program approach, transitioning to new platforms to better meet mental health and recovery needs after identifying gaps in prior systems.

Several key lessons emerge from CHOW's experience. Their model demonstrates the value of industry-specific peer support, requiring facilitators to have lived experience in food, beverage, or hospitality, which strengthens trust and relevance. CHOW also illustrates the importance of cultural and language responsiveness, particularly through Spanish-language meetings and materials that reflect the workforce makeup of the industry. At the same time, CHOW identified

challenges related to burnout and work-life balance inherent in service industries, requiring intentional internal policies to protect staff wellness. A consistent theme throughout the interview was that CHOW's programs are built directly in response to community-identified needs, reinforcing the importance of listening, adaptability, and co-creation when developing recovery-friendly workplace efforts=.

Drawing from the operations of ARC and CHOW, a successful recovery-friendly approach should center a **peer supporting peer** model that is trusted, accessible, and grounded in lived experience. Both organizations demonstrate the importance of pairing peer support with **extensive training and professional development for facilitators**, including structured onboarding, ongoing supervision, clear role boundaries, and paid opportunities to build skills and prevent burnout. Equally important is embedding peer support within an **integrated community of care** inside the organizations being served, where peer supports, education, wellness resources, and external referrals are coordinated rather than siloed. Together, these practices show that peer models are most effective when facilitators are well-supported and when recovery efforts are woven into the broader culture, systems, and relationships of the workplace or community.

#### 4. Methods

This landscape analysis used a mixed-methods approach combining secondary quantitative data collection and qualitative interviews to develop a representative understanding of Colorado's recovery-friendly workplace landscape. Secondary data were gathered to identify and characterize Recovery Community Organizations and Workforce Development organizations operating statewide, including their geographic reach and core functions. In parallel, we conducted in-depth interviews with 13 organizations across diverse regions of Colorado to capture detailed insights into workplace practices, peer support structures, and recovery-related training. Additionally, an employee survey was administered to individuals working across Colorado (n=185) to assess workplace awareness, perceptions, and supports related to substance use disorder and recovery across industries, roles, and organizational sizes. Together, these methods provided both breadth and depth, reflecting statewide trends while incorporating organizational and employee perspectives that illuminate how recovery-friendly workplace principles are implemented in practice.

Building on the complementary strengths of The Steadman Group and the Centers for Health, Work & Environment, this Landscape Analysis begins with identifying the organizations that make up Colorado's recovery and workforce infrastructure. Understanding where these organizations operate and the roles they play is a critical first step in assessing the state's capacity to support individuals in recovery through the workplace. Recovery Community Organizations and Workforce Development organizations serve distinct but interconnected functions in promoting recovery, employment stability, and well-being. By identifying these organizations statewide, this analysis establishes a foundation for examining current peer support and training practices, geographic coverage, and gaps in services.

#### 4.1 Existing Colorado Recovery Community Organizations

Through this analysis, a total of 31 Recovery Community Organizations were identified operating across the state of Colorado. These organizations represent a diverse and geographically distributed network providing peer-led recovery support, advocacy, education, and community engagement. Together, they form a critical foundation of Colorado’s recovery ecosystem. Please see the list below for the identified Recovery Community Organizations included in this landscape analysis.

Colorado Recovery Community Organizations	
<i>Organization</i>	<i>Service Location</i>
A Way Forward	Longmont
Advocates for Recovery (ARC)	Westminster
Auraria Recovery Community	Denver
Culinary Hospitality Outreach & Wellness (CHOW)	Denver
Colorado Artists in Recovery	Denver
Colorado Mental Wellness Network	Denver
CU Collegiate Recovery Community	Boulder
Discovery Cafe	Rifle
Face It Together	Colorado Springs
Free Recovery Community	Denver
HardBeauty	Castle Rock
Hazelbrook/ParadigmONE	Aurora
High Rockies Harm Reduction	Basalt
Hope COS	Colorado Springs
Hornbuckle Foundation	Aurora
White Bison - Indigenous Wellbriety	Colorado Springs/Cortez
In The Weeds	Durango
PCA/Embark	Colorado Springs
Peer 180	Grand Junction
Promotores de Esperanza	Denver
Purple Mountain Recovery	Colorado Springs
Reconnected Foundation	Avon
Recovery Cafe Longmont	Longmont

Roofers in Recovery	Alamosa
Rooted 303	Englewood
Serenity Recovery Connection	Colorado Springs
Sober AF Entertainment	Longmont
The Health Partnership	Steamboat Springs
The Phoenix	Various locations
Young People in Recovery	Various locations
Tribe Recovery Homes	Various locations

#### 4.2 Existing Colorado Workforce Development Organizations

Through this analysis, TSG identified 61 organizations across Colorado that broadly align with workforce development functions, including supporting individuals in gaining employment, building job skills, and advancing careers. Many of these organizations play an important role in serving individuals in or seeking recovery. This categorization was used for analytical purposes and is not intended as an official or exhaustive designation. We recognize that additional organizations may consider themselves part of the workforce development ecosystem, and that some organizations included here may not formally identify as workforce development entities. Collectively, they represent a broad and geographically diverse workforce development landscape. Please see the list below for the identified Workforce Development Organizations included in this analysis.

Colorado Recovery Community Organizations	
Organization	Service Location
Colorado Equitable Economic Mobility Initiative (CEEMI)	Statewide
AARP Foundation Senior Community Service Employment Program	Statewide
Activate Work Inc	Denver Metro
American Job Centers	Statewide
The Arc of the United States	Arapahoe and Douglas Counties
Bayaud Enterprises, Inc.	Denver Metro and Front Range
CareerWise	Statewide
Catholic Charities of Southern Colorado	Statewide
Colorado Department of Education	Statewide
Colorado Department of Higher Education	Statewide
Colorado Department of Human Services	Statewide

Colorado Department of Labor and Employment	Statewide
Center for Employment Opportunities, Inc.	Denver and Colorado Springs
Center for the Development of Economic Equity (Esquared)	Denver Metro
Center for Work Education and Employment	Denver Metro
Chef Ann Foundation	Boulder County
Climb Hire	Denver Metro and Boulder
Colorado Behavioral Health Administration – Workforce Development Initiatives	Statewide
Colorado Community College System	Statewide
Colorado Mental Wellness Network	Statewide
Colorado Mountain College	Mountain/Western Slope Region
Colorado Office of Employment First	Statewide
Colorado Workforce Development Counsel	Statewide
Community Anchor Academy	El Paso County
CrossPurpose	Denver Metro
Culinarians Helping Entrepreneurial Folks	Denver Metro and Front Range
Culinary Hospitality Outreach and Wellness (CHOW)	Denver Metro and Front Range
Denver Works/Community Works	Denver Metro
Emerge Career Denver	Denver Metro
Empowerment Program	Denver Metro
Evergreen Christian Outreach Job Center (EChO)	Evergreen/ Jefferson County
Goodwill	Statewide
Hanifen Employment Center	El Paso County
Homeward Alliance	Fort Collins/ Larimer County
HR Equity Solutions, LLC	Statewide
Jewish Family Service of Colorado- Employment Services	Denver Metro
Jobs of Hope	Weld County
Latino Coalition for Community Leadership	Statewide
Life-Line	Denver Metro
Mile High Workshop	Denver Metro and Front Range
Office of Economic Development and International Trade	Statewide

Pickens Technical College	Aurora
Ready to Work Housing and Employment Center/Bridge House	Boulder, Aurora, Englewood
Rocky Mountain WFD Association	Statewide
Saint Francis Center Employment Services	Denver Metro
Second Chance Center	Denver Metro
Sims-Fayola Foundation	Denver
Small Town Project	Otero, Bent, and Crowley Counties
Solid Rock Community Development Corp	El Paso County
Southwest Conservation Corps	Southern Colorado, Durango, Salida
Springs Rescue Mission	El Paso County
The Piñon Project	Durango
The Road Called STRATE	Aurora
The Rock Found	El Paso County
The Freedom Institute	Denver Metro and Front Range
Thrive- Transformation at Work	Denver Metro and Front Range
Torch Technology Solutions, Inc.	Denver Metro and Front Range
Unions (all encompassing)	Statewide
Urban Peak	Denver, Colorado Springs
Women's Bean Project	Denver
Work Options (pre-apprenticeship)	Denver Metro

#### 4.3 *Participating Agencies*

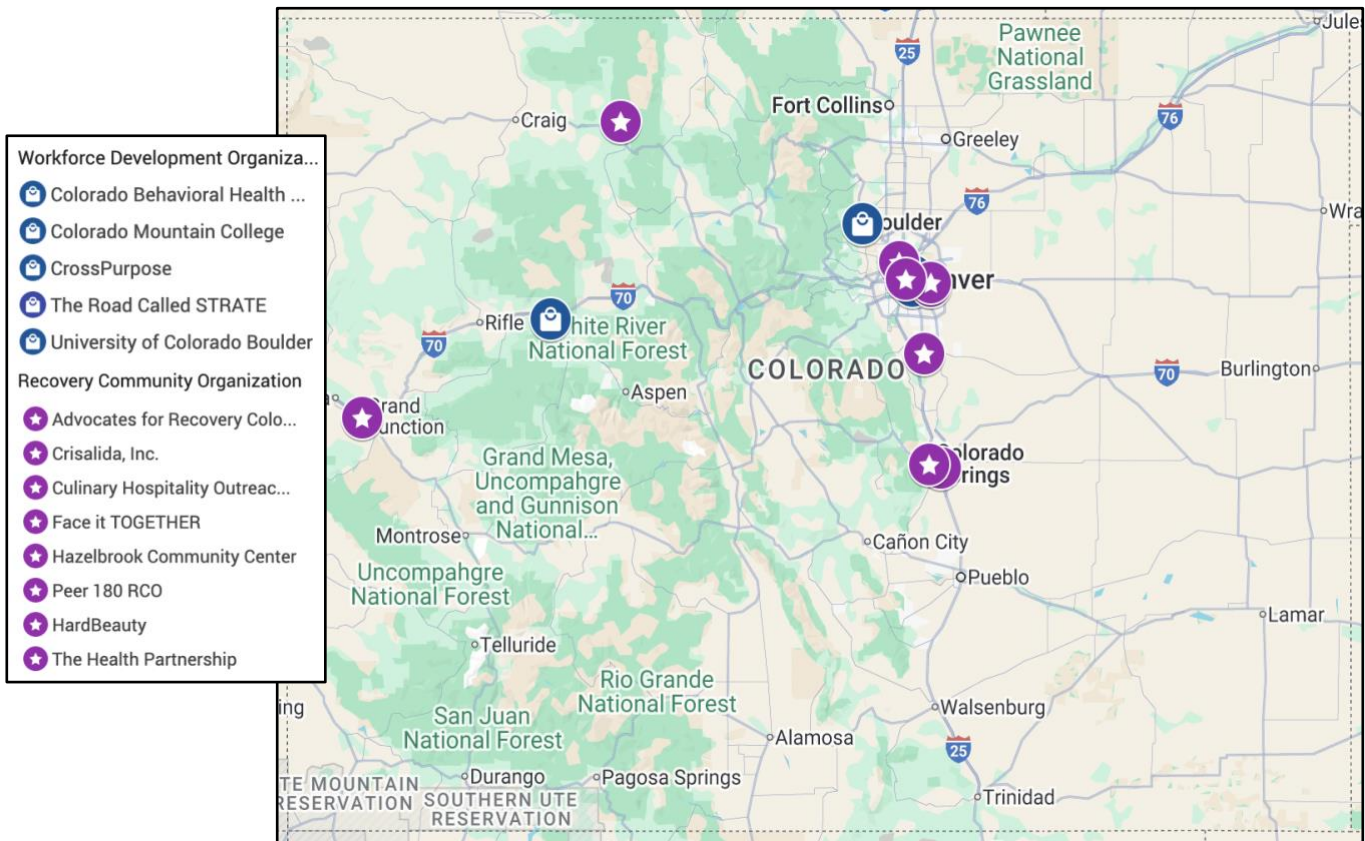
In total, 15 organizations across Recovery Community Organizations and Workforce Development organizations were interviewed as part of this landscape analysis. These interviews were conducted with organizations representing diverse regions of Colorado to ensure geographic and organizational representation across the state. The participating

organizations provided valuable insight into recovery-friendly workplace practices, internal peer support structures, and workforce training efforts. Please see the list below for the organizations interviewed and the accompanying map, which illustrates their geographic distribution across Colorado.

**HardBeauty and Face It TOGETHER provided the strongest internal employee support, showing that peer-led organizations invest more heavily in staff wellness and recovery than other employer types.**

- Behavioral Health Administration
  - Colorado Mountain College
  - Community Anchor
  - Crisalida, Inc.
  - CrossPurpose
  - University of Colorado, Boulder
  - Face It TOGETHER
  - Peer 180 Recovery Center
- HardBeauty
  - The Health Partnership
  - Road Called STRATE
  - Advocates for Recovery
  - Culinary Hospitality Outreach and Wellness (CHOW)

**Map 1. Geographic Headquarter Location of Interviewed Organizations**



## 5. Findings

### 5.1 Internal Peer Support

#### **Strengths**

Interviews revealed several meaningful internal strengths related to peer support and employee well-being. Six of the eleven organizations currently offer Employee Assistance Programs (EAPs), providing a foundational layer of support for staff experiencing personal or work-related challenges: The State of Colorado Behavioral Health Administration, Colorado Mountain College, CrossPurpose, University of Colorado, Boulder, The Health Partnership, and The Road Called STRATE. A few organizations go further by offering free mental health sessions, expanding access to timely and confidential care.

Colorado Mountain College highlighted a unique practice through its “CareReport” system, which allows employees to anonymously report concerns about colleagues who may benefit from assistance. This mechanism promotes early identification and intervention while fostering a culture of shared responsibility and care. Several organizations also integrate peer support directly into their employment structures. HardBeauty and Face It TOGETHER both employ “coaches coaching coaches” or formal peer-to-peer support models that enable staff to receive guidance, mentorship, and connection from others with similar lived experience.

Collectively, these internal practices demonstrate emerging strengths and promising foundations for expanding workplace-supported recovery across Colorado’s organizations.

#### **Challenges**


Interviews revealed several common challenges that limit the effectiveness and accessibility of internal peer support. Many employers lack clear, well-communicated access points for staff seeking help. In several cases, organizations like Community Anchor, Crisalida, and Cross Purpose reported that employees needing support can “just ask,” but without structured pathways or staff-wide education, this approach places the burden on individuals, often during moments of vulnerability and potentially missed moments of opportunity.

Other organizations, like the Behavioral Health Administration, Colorado Mountain College, and Road Called STRATE, relied primarily on formal, procedural mechanisms for requesting help. The employee access point was recommended they reach out to the EAP. While these systems offer clear documentation, they can feel impersonal or intimidating, making it difficult for employees to feel comfortable disclosing RFW needs. This creates a dual barrier: staff may be reluctant to approach their employer, and even when support is available, they may not fully understand their benefits or know how to navigate them independently.

Some organizations expressed confidence that leadership will “just know” when an employee is struggling and can proactively reach out. However, this assumption presents its own risks. Without systematic processes, signs of distress may go unnoticed, particularly in larger teams or remote environments. This may delay support and increase the likelihood of relapse before

an employer becomes aware and creates another layer of uncertainty if someone in leadership is experiencing struggle themselves.

Together, these challenges highlight the need for clearer pathways, better communication, and more structured support systems to ensure employees can access help in a timely, safe, and stigma-free way.



“Not everyone is meant to be a coach but everyone’s lived experience is a strength in this space. We will identify our employee’s unique strengths and build on them to ensure they are successful in the workplace and in recovery”

– Megan Colwell, CEO Face It Together

### **Opportunities**

- Improve access and navigation of EAPs
- Strengthen internal peer support systems
- Enhance early identification and support RFW processes
- Build a more RFW culture

### *5.2 Recovery in the Workplace Training*

#### **Strengths**

Organizations such as Crisalida, Face It TOGETHER, and The Health Partnership promote recovery-friendly workplace practices by providing targeted training on how to navigate recovery while at work. Weekly check-in huddles assess employee well-being and model recovery-friendly communication and workplace behavior. Training emphasizes the value of lived experience, showing employees how to leverage their recovery journey to support colleagues while maintaining healthy boundaries. One-on-one check-ins, often initiated through insights gained during group huddles, provide personalized guidance and reinforce practical recovery skills in the workplace. All-staff events and meet-ups are intentionally alcohol-free, offering an inclusive setting that normalizes recovery and reinforces destigmatization. Together, these practices integrate recovery-specific training into everyday workplace interactions, helping employees build confidence, resilience, and supportive connections on the job.

#### **Challenges**

Barriers to training employees are multifaceted and tied to gaps in organizational infrastructure and culture. Most of the training focuses on clients in recovery rather than equipping employees themselves, particularly those in recovery, with the tools and knowledge to succeed in the workplace. Only four organizations (The Colorado Behavioral Health Administration, Colorado Mountain College, University of Colorado, Boulder, and The Health Partnership) disseminate RFW resources, and engagement with these materials is often low, with one organization reporting that “*no one reads their newsletters*”. Peer support opportunities within the workplace are limited, as only two organizations (University of Colorado, Boulder, and The Health Partnership) currently offer employee recovery groups. Similarly, ongoing recovery-focused training led by HR or administration is rare, with just two organizations (Community Anchor and The Health Partnership) providing continued sessions. These gaps highlight the need to expand overall RFW infrastructure, including partnerships with RCOs, to provide structured, relevant,


and engaging training that empowers employees, normalizes recovery, and fosters a truly recovery-friendly workplace culture.

### **Opportunities**

- Incorporate RFW training into routine activities like Face It TOGETHER’s weekly staff wellness, self-care, and capacity check ins, encouraging routine reflection of the employee’s own recovery in the workplace.
- Expand one-on-one support and mentorship like HardBeauty’s peer-to-peer support model amongst employees.
- Normalize and destigmatize recovery in daily operations like CrossPurpose’s weekly Friday evening “Live Different Recovery” events bringing employees and clients together in recovery.

### *5.3 Language and Cultural Responsiveness*

Language and cultural responsiveness in recovery-friendly workplace practices are limited but show emerging strengths. Only one organization, Crisalida, provides training in Spanish, while HardBeauty offers informational resources in Spanish. Four organizations reported having bilingual peer support specialists and therapists, helping to bridge language barriers and better support diverse staff. In addition, The Health Partnership fosters an inclusive environment for neurodivergent and LGBTQ+ employees, demonstrating attention to broader cultural responsiveness. These examples highlight opportunities for expanding language access and culturally responsive practices to ensure recovery-friendly workplaces are equitable, accessible, and inclusive for all employees.



“I wanted to provide services specific to spanish speaking clients because when I needed support, I could not find anything that was available in my language.”

– Glory McDaniel, Founder of Crisalida

### **Opportunities**

- Develop and deliver bilingual training to ensure that ERGs and peer support specialists can meet the needs of Spanish speaking employees.

## 6. Employee Needs Assessment

This survey examined workplace awareness, perceptions, and supports related to substance use disorder (SUD) and recovery among employed respondents across Colorado. Results reflect a diverse workforce across industries, organizational sizes, and job roles and provide insight into workplace culture, stigma, and interest in recovery-supportive initiatives.

### Respondent Characteristics

The average age of respondents was 44 years, with a broad age range as seen in Figure 1. Most respondents (74%) were female (Figure 3) and approximately 20% of respondents were of Hispanic, Latino, or Spanish origin (Figure 4). The survey was open only to residents of Colorado and respondents were geographically dispersed across many Colorado counties (Table 1), with the largest shares in Denver (13.6%), Jefferson (12.0%), and Weld (10.9%) counties. Most respondents (92%) worked full time (Figure 5), and nearly half worked fully in person, with many others reporting hybrid arrangements (Table 5). Respondents represented a wide range of employer sizes, industries, and job positions (Tables 2-4), with the largest proportions working in health care and social assistance (31.4%) and educational services (19.5%).

### Awareness and Workplace Climate

Awareness of SUD and recovery terminology was high, with more than 90% of respondents familiar with these terms (Tables 6-7). Responses also indicate there is strong awareness of working with someone in recovery (Table 14). Despite this, respondents' comfort and openness to discussing substance use in the workplace was lower. Average agreement scores for statements about workplace openness ranged from 3.4 to 3.7 on a 5-point scale (Table 8). Respondents generally felt their organizations supported time off for physical health (mean 4.4) and mental health (mean 4.1), but support for taking time off to address SUD was lower (mean 3.9), suggesting perceived gaps in support (Table 9). Reports of workplace discussion and employer communication about substance use and recovery varied widely (Table 10).

### Stigma and Barriers to Disclosure

Half of respondents reported concern about a coworker's substance use, and more than 80% had been concerned about a coworker's mental health (Table 11). More than half reported having worked with someone in recovery and over a quarter were unsure (Table 14). The most common perceived barriers to disclosing substance use issues included fear of judgment (21.2%), concerns about confidentiality (20.5%), and worries about negative career consequences (15.0%) (Table 12). Open-ended responses reinforced themes of stigma, workplace silence, and fear of disclosure (Table 13).

### Benefits and Resources

Most respondents reported access to general support such as health insurance (90.5%) and Employee Assistance Programs (83.2%) (Table 14). However, fewer reported access to more specialized recovery-focused supports such as relapse prevention planning (20.6%) or mutual aid groups (27.9%). Qualitative responses emphasized the need for improved education and

awareness, stigma-reduction efforts, peer support and recovery communities, access to treatment and professional services, and clearer communication about benefits (Table 15).

### Interest in Recovery-Supportive Initiatives

Awareness of Employee Resource Groups (ERGs) was limited, with more than half of respondents unfamiliar with the term (Table 16). However, respondents perceived moderate interest across employee and management levels in a recovery-focused ERG, with mean interest scores ranging from 3.3 to 4.0 across different employee types (Table 17). Preferred formats included peer mentoring (16.4%), guest speakers (13.8%), and virtual meetings during work hours (13.6%) (Table 18).

### Key Takeaway

Overall, respondents demonstrate high awareness of SUD and recovery but report mixed comfort discussing these issues. While many organizations appear to offer structural support, cultural barriers such as stigma, confidentiality concerns, and unclear policies remain. Findings suggest an opportunity for employers to strengthen education and training, normalize conversations about recovery, and establish and/or strengthen peer support and access to treatment to create more inclusive and supportive workplaces.

### 6.1 Employee Needs Assessment Results

#### Demographics of Survey Respondents

Figure 1. Age Distribution of Respondents (n=185)

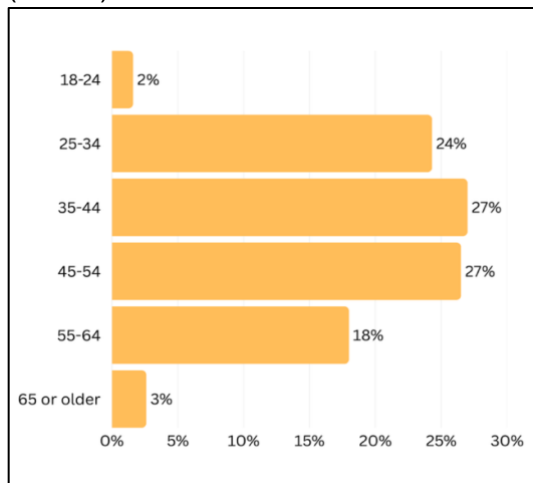


Figure 2. Preferred Language for Receiving Information (n=137)

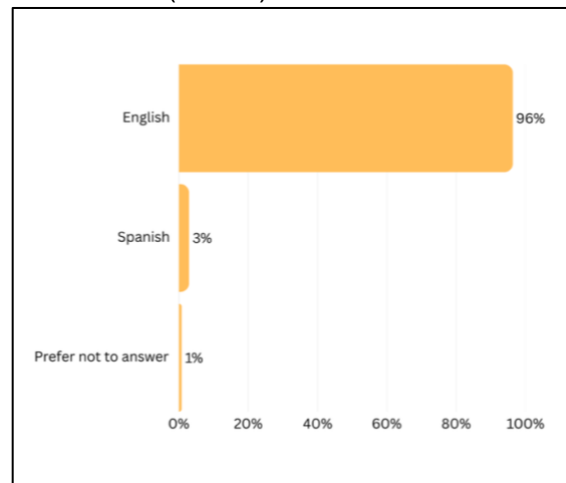


Figure 3. Sex of Respondents (n=137)

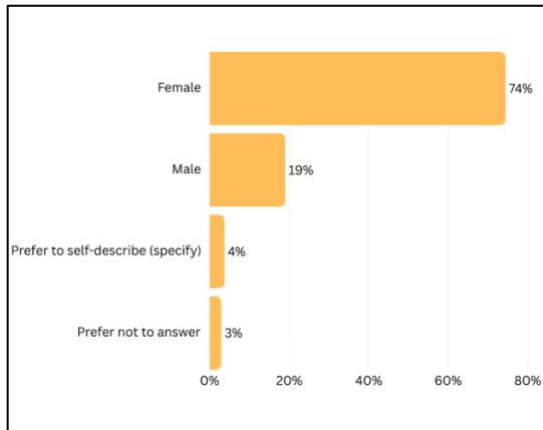


Figure 4. Hispanic, Latino, or Spanish Origin (n=137)

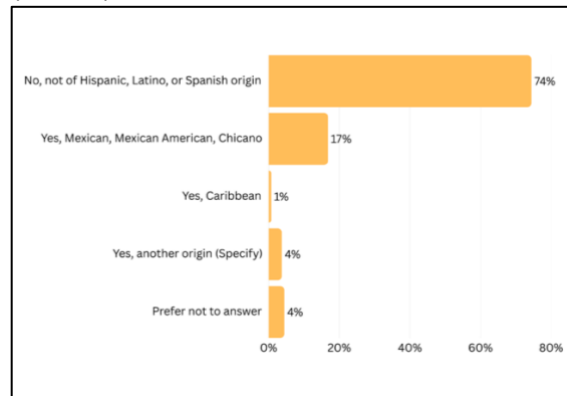
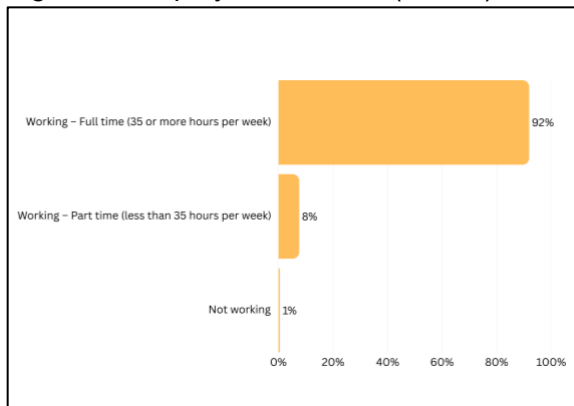


Figure 5. Employment Status (n=184)



## Location & Employment

Table 1. Colorado County of Residence (n=184)

Colorado County	%	Count
Adams County	5.4%	10
Arapahoe County	4.9%	9
Archuleta County	0.5%	1
Baca County	0.5%	1
Boulder County	3.3%	6
Chaffee County	0.5%	1
Costilla County	0.5%	1
Denver County	13.6%	25
Douglas County	4.4%	8
Eagle County	0.5%	1
El Paso County	3.8%	7
Grand County	0.5%	1

Jefferson County	12.0%	22
Kit Carson County	0.5%	1
Larimer County	4.4%	8
Las Animas County	1.1%	2
Logan County	2.7%	5
Mesa County	1.1%	2
Morgan County	2.2%	4
Otero County	0.5%	1
Park County	0.5%	1
Phillips County	1.1%	2
Pueblo County	0.5%	1
Rio Grande County	0.5%	1
Sedgwick County	1.6%	3
Summit County	2.2%	4
Weld County	10.9%	20
Yuma County	1.1%	2
Don't know	1.1%	2
I do not live in Colorado	17.4%	32
<b>Total</b>	<b>100.0%</b>	<b>184</b>

*Note: Counties not selected by participants were removed from this table. Respondents who indicated they did not live in Colorado were not eligible to complete the survey.*

### Organizational Characteristics

Table 2. Employer Size (n=149)

Employer Size	%	Count
Fewer than 10	13.4%	20
10–49	24.8%	37
50–249	24.8%	37
250–499	5.4%	8
500–999	9.4%	14
1,000 or more	22.2%	33
<b>Total</b>	<b>100.0%</b>	<b>149</b>

Table 3. Industry of Employment (n=149)

Industry	%	Count
Health Care and Social Assistance	31.4%	47
Educational Services	19.5%	29
Other Services (Except Public Administration)	13.4%	20
Public Administration	8.1%	12

Construction	7.4%	11
Professional, Scientific, and Technical Services	4.7%	7
Transportation and Warehousing	3.4%	5
Accommodation and Food Service	3.4%	5
Arts, Entertainment, and Recreation	2.7%	4
Utilities	2.0%	3
Finance and Insurance	1.3%	2
Information	1.3%	2
Manufacturing	0.7%	1
Real Estate and Rental and Leasing	0.7%	1
<b>Total</b>	<b>100.0%</b>	<b>149</b>

*Note. Industries that were not selected are not included in the table.*

Table 4. Position Within Organization (n=149)

Position	%	Count
Employee	42.3%	63
Entry-level manager	11.4%	17
Middle manager	23.5%	35
Top-level manager (CEO, CFO, CTO, VP)	16.8%	25
Something else (specify)	6.0%	9
<b>Total</b>	<b>100.0%</b>	<b>149</b>

Table 5. Work Arrangement (n=149)

Work Arrangement	%	Count
I do my work in person	47.7%	71
I do some work in person and some remotely	38.9%	58
I do all my work remotely	13.4%	20
<b>Total</b>	<b>100.0%</b>	<b>149</b>

## Awareness & Workplace Climate

Table 6. Awareness of the term "Substance Use Disorder" (n=139)

Response	%	Count
Yes	92.8%	129
No	5.0%	7
Don't know	2.2%	3
<b>Total</b>	<b>100.0%</b>	<b>139</b>

Table 7. Awareness of the term “Recovery” (n=140)

Response	%	Count
Yes	97.9%	137
No	2.1%	3
Don't know	0.0%	0
<b>Total</b>	<b>100.0%</b>	<b>140</b>

Table 8. Workplace Comfort Discussing Substance Use Disorders

Statement	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	Mean
Coworkers feel comfortable talking about substance use disorders	25.0%	30.0%	13.6%	17.9%	13.6%	3.4
Managers and supervisors feel comfortable talking about substance use disorders	27.1%	27.9%	15.7%	17.9%	11.4%	3.4
People can bring up problems and tough issues	27.9%	35.0%	14.3%	16.4%	6.4%	3.6
It is difficult for people to ask for help	28.8%	33.1%	18.0%	15.1%	5.0%	3.7

*Includes response distribution and mean scores (1-5 scale). Higher mean indicates stronger agreement.*

Table 9. Organizational Support for Taking Time Off

Statement	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	Mean
My organization supports employees taking time off for a physical health problem (being sick, going to the doctor, injury)	63.6%	25.0%	5.0%	4.3%	2.1%	4.4
My organization supports employees taking time off for mental health conditions	47.1%	27.9%	10.7%	8.6%	5.7%	4.1
My organization supports employees taking time off to address a substance use disorder	37.9%	27.1%	25.0%	5.7%	4.3%	3.9

*Includes response distribution and mean scores (1-5 scale). Higher mean indicates stronger agreement.*

Table 10. Frequency of Workplace Discussions & Employer Communication

Statement	Very Frequently	Frequently	Occasionally	Rarely	Never
Other people discuss their alcohol use at work (e.g., that they drank over a weekend)	13.0%	18.8%	31.9%	26.8%	9.4%
Other people discuss their drug use at work (e.g., talking about consuming cannabis edibles)	3.7%	5.2%	14.0%	36.8%	40.4%
My employer communicates about available support for people in recovery from substance use disorder	11.4%	17.4%	28.8%	18.9%	23.5%
My employer provides education for its employees about substance use disorder and recovery	14.3%	15.8%	25.6%	21.1%	23.3%
My employer encourages people to share their recovery experiences with others in the organization	12.3%	12.3%	18.9%	19.7%	36.9%
Other people in my job share their recovery status	10.0%	12.5%	22.5%	26.7%	28.3%

## Concerns & Perceptions

Table 11. Concerns About Coworkers' Health

Concern	Yes	No	Total (n)
A coworker's physical health	70.8%	29.2%	137
A coworker's mental health	82.4%	17.6%	136
A coworker's substance use	50.0%	50.0%	122

Table 12. Perceived Barriers to Disclosing Substance Use Issues

Concern	%	Count
Worry that people will think less of them	21.2%	92
Worry that disclosure will not stay confidential	20.5%	89
Fear of losing advancement opportunities	15.0%	65
Fear of being fired as a result	14.5%	63
Negative treatment of people who share substance use problems	12.0%	52
Fear of demotion or being given less responsibilities	9.5%	41

Does not apply	2.5%	11
Don't know	3.7%	16
Something else (specify)	1.2%	5

*Respondents could select more than one concern; percentages do not sum to 100%.*

Table 13. Something else (specify) (Perceived Barriers to Disclosing Substance Use Issues)

Specify other concerns people might have
The stigma around substance use is rampant and people fear self-disclosure. Also, work is not a “family” and unless someone needs assistance or an accommodation talk about weekend substance misuse is not appropriate.
Not being able to partake in outside work team activities
Dentist isn't really the time for those kinds of personal conversations; we are all so busy
I work at a faith-based organization and there is not much talk about this, or any struggles related to it. We do not address it, even though it could be happening in the background.
Fear of judgement

Table 14. Awareness of Working with Someone in Recovery

Response	%	Count
Yes	55.7%	78
No	16.4%	23
Don't know	27.9%	39
<b>Total</b>	<b>100.0%</b>	<b>140</b>

Table 15. Perceived Employer Support for Treatment/Recovery

Statement	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	Mean
My employer provides a supportive environment for employees who wish to seek treatment or are in recovery for a substance use disorder.	27.9%	31.4%	25.7%	12.1%	2.9%	3.7

*Includes response distribution and mean scores (1-5 scale). Higher mean indicates stronger agreement.*

## Benefits & Resources

Table 16. Employer Benefits Supporting Treatment & Recovery

Benefit/Service	Yes	No	Total (n)
Health insurance	90.5%	9.5%	126

Covered treatment for substance use disorders	66.2%	33.8%	71
Peer coaching	45.7%	54.3%	94
Mutual aid groups (AA, NA, or SMART)	27.9%	72.1%	86
Employee Assistance Program (EAP)	83.2%	16.8%	119
Flexible work schedule for outpatient treatment	81.6%	18.4%	103
Return-to-work planning	66.3%	33.7%	86
Relapse prevention planning	20.6%	79.4%	68
Other benefits (specify)	18.9%	81.1%	37

Open-ended responses:

- Other benefits related to substance use treatment or recovery
- A wellness stipend
- Medical insurance and standard leave
- EAP and health insurance
- Free rideshares from events; non-alcoholic options at events; mocktail workshops; VR-based smoking cessation programs
- Free therapy

Table 17. Themes: Suggested Workplace Resources

Theme	Description	Approximate Mentions
Education, Training, and Awareness	Education for employees and leadership; training on substance use disorders, recovery, self-care, and how to have conversations; clearer information about benefits and policies	~30-35
Reducing Stigma and Normalizing Conversation	Destigmatizing substance use and recovery; creating open, judgment-free dialogue; changing workplace culture and language	~25-30
Peer Support and Recovery Communities	Peer support specialists, recovery coaching, mutual aid groups (AA/NA), recovery groups, safe spaces, industry-based recovery communities	~20-25
Access to Treatment and Professional Support	Confidential access to counseling, therapy, treatment options, recovery services, faster access to care, alternatives to EAP	~20-25
Clear Policies, Benefits, and Communication	Clear leave policies, job protection during treatment, benefit transparency, intranet postings, signage, regular reminders	~18-22
Flexible Work and Recovery Accommodations	Flexible schedules, paid recovery leave, time off for treatment or meetings, return-to-work planning	~15-20
Visible Resources and Harm Reduction	Narcan access, signage, non-alcoholic options, discouraging glorification of drinking	~8-12

Leadership Engagement and Accountability	Leadership training, senior leadership involvement, recovery-minded management, organizational accountability	~8-10
Stress Reduction and Supportive Work Environment	Reducing workplace stress, grace and compassion, less rigidity	~6-8
Uncertainty / No Opinion / Not Applicable	Respondents unsure, did not know, or felt resources were not needed or already sufficient	~10-15

*Respondents could mention multiple ideas; themes are not mutually exclusive. Estimated counts reflect qualitative patterning rather than exact frequencies.*

### Employee Resource Groups (ERG)

Table 18. Awareness of Employee Resource Groups

Response	%	Count
Yes	42.1%	56
No	57.9%	77
<b>Total</b>	<b>100.0%</b>	<b>133</b>

Table 19. Perceived Interest in a Recovery-Focused ERG by Employee Type

Employee Type	Very interested	Somewhat interested	Neutral	Somewhat uninterested	Very uninterested	Mean
Employee	12%	61%	17%	7%	2%	3.7
Entry-Level Manager	30%	46%	15%	8%	0%	4.0
Middle Manager	18%	43%	18%	18%	4%	3.5
Top-level manager (CEO, CFO, CTO, VP)	10%	55%	15%	15%	5%	3.5
Something else (specify)	12%	50%	13%	11%	13%	3.3

*Includes response distribution and mean scores (1-5 scale). Higher mean indicates stronger agreement.*

Table 20. Preferred ERG Formats

ERG Format	% (Count)	Count
Peer mentoring or buddy system	16.4%	78
Special events or guest speakers	13.8%	66
Virtual meetings during work hours	13.6%	65
Virtual meetings outside of work hours	11.7%	56
Online discussion or message boards	10.5%	50

In-person meetings during work hours	9.4%	45
Meeting with others from same industry, but outside of worksite	9.4%	45
In-person meetings outside of work hours	8.6%	41
Don't know	5.2%	25
Employees would not be interested in any ERG format	1.3%	6
Something else (specify)	0.0%	0

## 7. Recommendations

Findings from this landscape analysis highlight a clear opportunity to strengthen recovery-friendly workplace infrastructure across Colorado by investing in workforce-aligned peer support, training, and organizational capacity. To address identified gaps, future efforts should focus on developing and scaling structured approaches that prepare peer support specialists to effectively engage within workplace settings.

Curriculum development and recruitment strategies should be intentionally designed to prepare peer support specialists to operate within employer environments. This includes equipping peers with the skills to facilitate Employee Resource Groups (ERGs), navigate workplace dynamics, maintain appropriate boundaries, and translate lived experience into professional, workplace-relevant support. Given the expressed interest in peer mentoring, recovery groups, and workplace education identified in the employee survey, training should also emphasize practical facilitation skills, communication strategies, and approaches to reducing stigma in organizational settings.

Recovery Friendly Workplace strategies should be tailored to reflect industry-specific needs and contexts. Data from both the landscape analysis and statewide overdose trends highlight specific sectors, including construction, hospitality, retail, and health care, face disproportionately high impacts. Peer support models and training approaches should be adapted to align with the cultural norms, job structures, and stressors unique to these industries. Incorporating industry-relevant examples and engaging peer specialists with lived experience in those sectors may enhance credibility, uptake, and effectiveness.

Organizations should prioritize ongoing support structures for peer support specialists to ensure sustainability and effectiveness. This includes access to supervision, mentorship, continuing education, and clear escalation pathways when additional support is needed. As highlighted in both organizational interviews and employee survey responses, navigating substance use, recovery, and workplace challenges can be complex, and peer specialists must be supported by a broader system of care rather than operating in isolation.

Findings from the employee survey underscore the importance of strengthening workplace culture alongside structural supports. While awareness of substance use disorder and recovery is high, stigma, fear of disclosure, and limited awareness of recovery-specific resources persist.

Employers should invest in ongoing education, clear communication of available benefits, and normalization of recovery-supportive practices, including the development of ERGs and peer support opportunities. These efforts can help create workplace environments where employees feel safe seeking support, ultimately improving well-being, retention, and organizational resilience.

## 8. Conclusion

Together, these findings highlight critical gaps in Colorado's recovery support infrastructure, particularly within the workplace. While Recovery Community Organizations and Workforce Development organizations play a central role in supporting individuals in or seeking recovery, many lack the internal structures, training, and resources needed to consistently support peer-led recovery in employment settings. Limited access to standardized peer support training, uneven geographic coverage, and the absence of formal recovery-focused Employee Resource Groups indicate that workplace recovery infrastructure remains underdeveloped and fragmented across the state. Findings from the employee survey further reinforce these gaps, demonstrating that while awareness of substance use disorder and recovery is high, stigma, fear of disclosure, and inconsistent awareness of available supports continue to limit employees' ability to seek help in the workplace.

This project directly responds to these gaps by strengthening the connective infrastructure between recovery, workforce development, and employment. Through expanded peer support training embedded within the **Colorado Recovery Friendly Workplace™** framework, and through the facilitation of new recovery-focused Employee Resource Groups, this initiative will build sustainable, scalable supports within organizations. By equipping peer specialists and workplace champions with practical tools, shared language, and evidence-based practices, the project will reinforce Colorado's recovery infrastructure, ensuring that recovery support is not only available in the community, but integrated into the places where people work, grow, and sustain long-term recovery.

**The Centers for Health, Work & Environment (CHWE)** at the Colorado School of Public Health is a national leader in advancing worker health, safety, and well-being. As one of ten Centers of Excellence for *Total Worker Health*<sup>®</sup> and home to the Mountain & Plains Education and Research Center, one of 18 NIOSH-supported centers, CHWE combines research, education, and practice to tackle emerging occupational health and safety issues locally and globally. CHWE trains graduate students and professionals, develops interventions and tools for diverse workforces, and conducts innovative, translational research.

**The Steadman Group (TSG)** is a woman-owned, Colorado-based B-Corp health care and social services consulting firm dedicated to advancing health and community well-being. Our team brings a rare blend of deep professional expertise and lived experience in recovery, and we are proud to model our values as a recovery-friendly workplace committed to supporting staff at every stage of their well-being journey. This dedication also fuels our work to expand recovery-friendly workplace initiatives across Colorado, recognizing that strong recovery ecosystems depend on supportive employers. With services spanning organizational development and healthcare consulting, we provide practical, community-centered solutions rooted in behavioral health, substance use disorder, and Medicaid.