

# Recovery Friendly Workplace Annual Point of Contact Survey Results

2022

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NH Recovery Friendly Workplace  
Governor's Initiative

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## BACKGROUND AND METHODS

Led by Governor Chris Sununu, New Hampshire's Recovery Friendly Workplace (RFW) Initiative promotes individual wellness for Granite Staters by empowering workplaces to provide support for people recovering from substance use disorder.

The RFW Initiative gives business owners the resources and support they need to foster a supportive environment that encourages the success of their employees in recovery.

In 2022, the RFW team administered a survey to the points of contact at each Recovery Friendly Workplace to

- Assess degree to which RFW is being implemented at workplaces (fidelity)
- Assess how RFW activities may be related to desired outcomes (logic model)
- Gather feedback on what's working and what else businesses are needing

The results are intended to inform program development (e.g., through ARPA spend decisions) for the RFW staff.

The survey was created in collaboration with the Community Health Institute/John Snow, Inc. (CHI/JSI) as consultants regarding data confidentiality, capacity, expertise, etc. It was developed over many meetings, included RFW input, RFW Advisory Council (AC) input, staff/AC review, and several rounds of testing.

It was designed to be low-burden, with extra questions moved to an optional part 2. This year's survey was the first iteration and was designed as a pilot off of which future iterations would be built. The RFW Initiative hopes to administer the survey annually.

To best understand the context of these results, it is important to note that the survey was administered electronically amidst the COVID-19 Pandemic. The Recovery Friendly Advisors (RFAs) noted several Covid-related engagement challenges. For example, the initiative received no Letters of Interest from businesses in January or February of 2022.

The survey was administered electronically using a platform called SurveyMonkey. The survey included 28 questions in total (see Appendix 1: Survey Questions) and was emailed to all points of contact at recovery friendly workplaces. The first reminder e-mail was sent on February 3rd, 2022, which resulted in 71 responses and a second e-mail reminder was sent on February 24<sup>th</sup>, 2022 which resulted in a total of 84 responses. After data cleaning, the total sample size was 75 valid responses.

Points of Contact (POCs) were asked to include the name of their organization so that their answer is could be matched to information in the a tracking sheet maintained by the RFAs. The average length of time to complete the survey was 12m:5s.

Data were exported from SurveyMonkey and uploaded into the data analysis software SPSS where a data analyst at CHI/JSI cleaned the data and analyzed it. Learning process removed any duplicate responses, any responses that were below a 20% completion threshold, and any responses that did not Contain valid answers. Frequencies were run for all variables, As well as cross tabs of relevant variables based on workplace demographics.

Using the questions related to workplace outcomes, an Outcome Score was calculated for each respondent as an average of their responses across outcome questions. Scores were divided into "Short Term" and "Long Term" based on the question sets and ranged from 0-5, with a higher score indicating better outcomes. Eight

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questions constituted the Short Term outcome score, and 10 questions constituted the Long Term outcome score (see table #). These questions were developed and categorized into Long Term and Short Term based on the RFW logic model. One Long Term outcome question was asked in the survey related to stigma, however this question was phrased as a measure of whether stigma had increased or decreased, which did not match the positive phrasing of every other outcome question. This was determined to be potentially confusing to respondents and therefore invalid, and it was removed from the outcome score results.

| Short Term Outcome Measures (8 total)   | Long Term Outcome Measures (10 total)   |
|---|---|
| <ul style="list-style-type: none"> <li>• Awareness of how SUD impacts the workplace</li> <li>• Awareness that SUD is a medical condition, and not a choice or moral failing</li> <li>• Knowledge of resources available for SUD treatment and recovery</li> <li>• Level of comfort bringing forward an issue related to his/her loved ones' substance use</li> <li>• Comfort level bringing forward an issue related to his/her own substance use at work</li> <li>• Managers'/supervisors' confidence in knowing how to respond to employee concerns about substance use</li> <li>• Accessibility to Narcan in the workplace</li> <li>• Knowledge about how to use Narcan</li> </ul> | <ul style="list-style-type: none"> <li>• Willingness to hire people in recovery</li> <li>• Number of people in recovery hired</li> <li>• Absenteeism</li> <li>• Workplace productivity</li> <li>• Employee retention</li> <li>• Ability to recruit employees</li> <li>• Number of negative drug screens</li> <li>• Workplace morale and satisfaction</li> <li>• Employees' willingness to discuss issues about their well-being in the workplace</li> <li>• Quality of customer relations/public relations</li> </ul> |

**Table 1: Short and Long Term Outcomes**

These Short Term and Long Term outcome scores were then statistically tested against several variables including workplace size and implementation measures to understand the relationship between these variables and the reported outcomes of the workplaces.

Several open-ended questions were also included in the survey in order to understand the nuances of the workplaces' experiences. The data analyst used inductive coding to analyze these responses and develop themes.

Once the data analysis was complete, the analyst worked with the RFW team to develop a PowerPoint summarizing the results and presented it to the Advisory Council A "2-pager" document was also developed to share high level results and themes with the public (Appendix #).

## RESULTS

The following sections describe the results of the annual workplace survey.

### WORKPLACE DEMOGRAPHICS

Several introductory questions were asked in order to understand the demographics of the workplaces who responded.

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Respondents were asked to estimate what percentage of their workforce fell between certain age ranges (see table #). All respondents estimated that less than 25% of their workforce were between the ages of 15-17, and most respondents (70%) estimated that more than a quarter of their workforce were between the ages 25-54. Most respondents (69.3%) also estimated that less than a quarter of their workforce were 55 years or older. These results indicate that most employees of RFW businesses are likely young adults or adults and that very few are between the ages of 15 and 24.

Respondents were also asked to estimate the proportions of their workforces that identified as male and female (*Figure 8: Workforce Gender Distribution*). The majority of respondents estimated that more employees at their workplaces identified as female than identified as male.

Table # shows a breakdown of the sizes of workplaces who responded. Most workplaces were between one and 49 employees, and only four workplaces over 1000 employees responded. Three respondents (4%) selected “Other” and gave the following answers:

- “100% volunteer with a board of 6-10 members”
- “Just me”
- “We have all volunteers”

| <u>Workplace Sizes</u> |                  |                |
|------------------------|------------------|----------------|
|                        | <b>Frequency</b> | <b>Percent</b> |
| 1-9 Employees          | 20               | 26.7%          |
| 10-49 Employees        | 25               | 33.4%          |
| 50-199 Employees       | 13               | 17.3%          |
| 200-999 Employees      | 10               | 13.3%          |
| 1000-4999 Employees    | 4                | 5.3%           |

**Table 2: Workplace Sizes**

Respondents reported the town in which their workplace was based. This variable was then recoded into categories based on New Hampshire’s (NH) Regional Public Health Networks (RPHNs) (table #). The percent of survey respondents from each region was calculated, then the percentage of Recovery Friendly Workplaces that exist in each RPHN of the state (“%RFWs by Region”) was used to calculate the response rate by region in order to identify opportunities for further outreach. For example, while the Seacoast RPHN constituted the largest proportion of survey respondents (14.3%), this region has the largest total proportion of RFWs in the state and the survey response rate was relatively average. Conversely, three workplaces responded from the Upper Valley, however, due to the lower number of total RFWs in this area, the representation of RFWs in this area was relatively high.

| <u>Regional Public Health Network</u> | <u>Frequency</u> | <u>Percent of Survey Respondents</u> | <u>% of total RFWs by Region</u> | <u>Response Rate by Region</u> | <u>RFWs in Region at Time of Survey</u> |
|---------------------------------------|------------------|--------------------------------------|----------------------------------|--------------------------------|---|
| Capital                               | 7                | 9.3%                                 | 8.2%                             | 29.2%                          | 24                                      |
| Carroll                               | 3                | 4.0%                                 | 4.1%                             | 25.0%                          | 12                                      |
| Central NH                            | 1                | 1.3%                                 | 2.1%                             | 16.7%                          | 6                                       |
| Manchester                            | 13               | 17.3%                                | 11.0%                            | 40.6%                          | 32                                      |
| Monadnock                             | 1                | 1.3%                                 | 1.7%                             | 20.0%                          | 5                                       |
| Nashua                                | 5                | 6.7%                                 | 4.8%                             | 35.7%                          | 14                                      |
| Sullivan                              | 1                | 1.3%                                 | 1.7%                             | 20.0%                          | 5                                       |
| North Country                         | 4                | 5.3%                                 | 4.8%                             | 28.6%                          | 14                                      |

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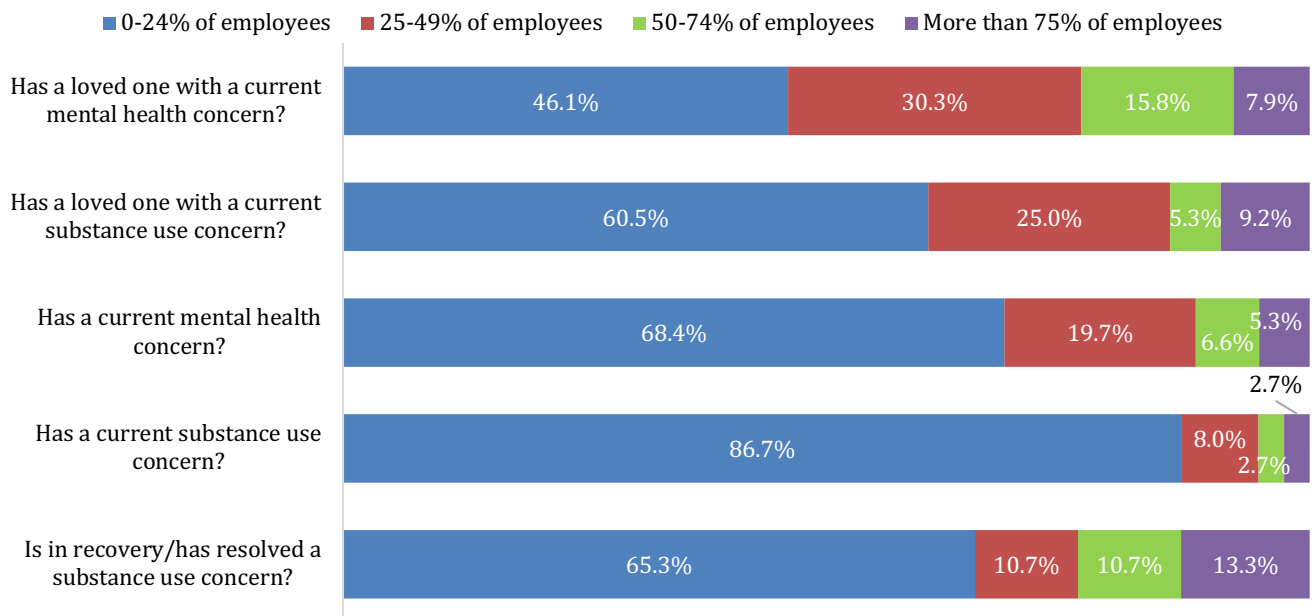
|               |    |       |       |       |     |
|---------------|----|-------|-------|-------|-----|
| Seacoast      | 12 | 16.0% | 30.5% | 13.5% | 89  |
| South Central | 2  | 2.7%  | 4.8%  | 14.3% | 14  |
| Strafford     | 11 | 14.7% | 16.8% | 22.4% | 49  |
| Upper Valley  | 3  | 4.0%  | 3.4%  | 30.0% | 10  |
| Winnepesaukee | 6  | 8.0%  | 5.1%  | 40.0% | 15  |
| N/A           | 5  | 7%    | N/A   | N/A   | N/A |

**Table 3: Responses by RPHN**

The survey asked respondents to share the industry in which their organization worked. The most common industries among respondents (in order) were: Non-Healthcare Non-Profit (37.7%), Healthcare (16.9%), and State/Local Government (11.7%) (*Figure 9: Industries Represented*). The RFAs shared that this was an expected result based on their word-of-mouth recruitment successes for RFWs and existing connections in these industries. There was lower representation among industries such as Agriculture, Finance, and Construction/Trades (all 1.3%).

### EMPLOYEE SUBSTANCE USE AND MENTAL HEALTH

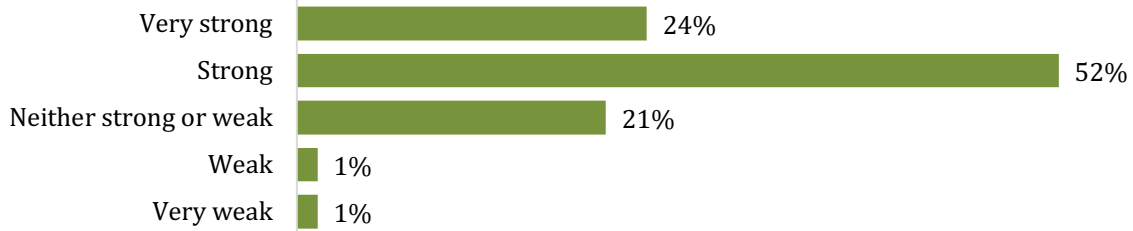
The next portion of survey questions asked about the Point of Contacts' perceptions of the substance use and mental health experiences of their employees. Overall, the most common concern that POCs perceived their employees had were: loved ones with current mental health concerns, loved ones with current substance use concerns, and employees in recovery/with resolved substance use concerns.



**Figure 1: Employee Substance Use and Mental Health Concerns**

POCs were also asked about their workplaces' Recovery-Friendly culture prior to becoming an RFW to provide a baseline view of where businesses were when they joined the initiative. The majority of respondents felt that their Recovery-Friendly culture was strong (52%) or very strong (24%).

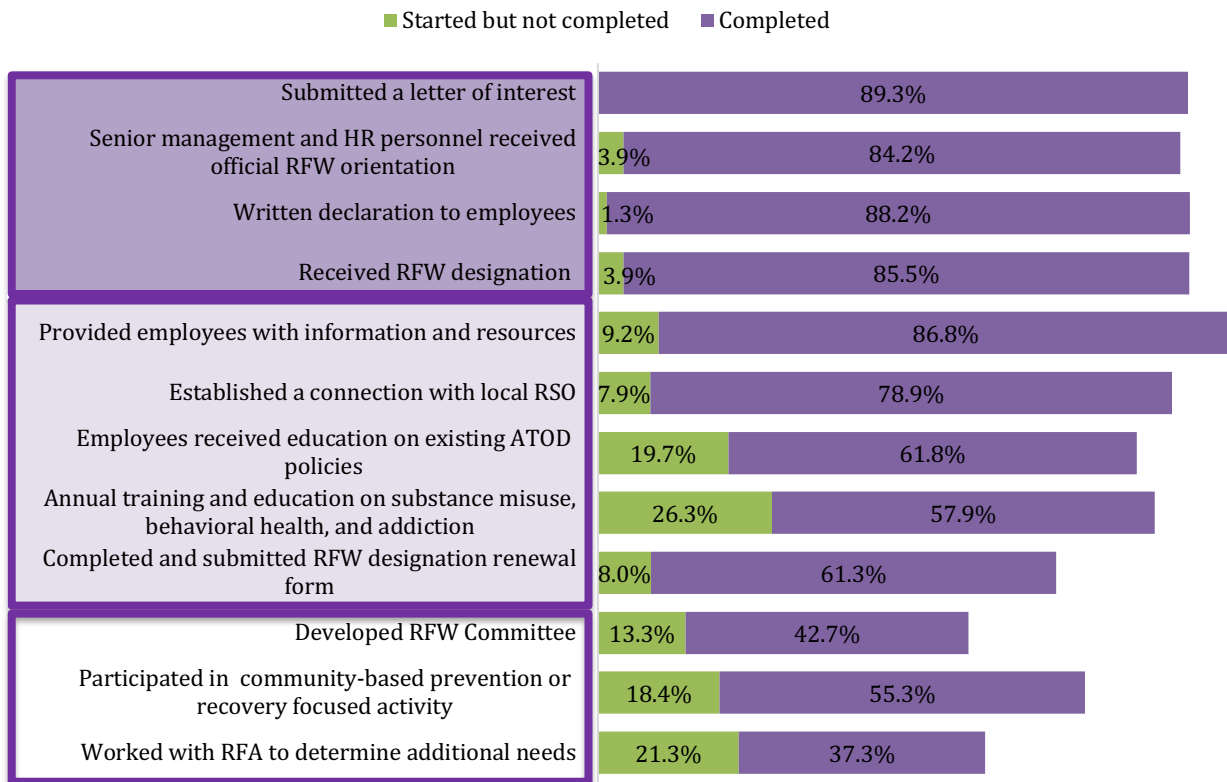
## Recovery Friendly Workplace Annual Business Survey



**Figure 2: Recovery Friendly Culture Prior to RFW Designation**

### IMPLEMENTATION MEASURES

The next set of questions gauged the workplaces’ level of completeness across implementation steps. The implementation measures ranged from required steps to achieve designation, to optional suggestions for businesses. Figure # shows the percent of respondents who reported they had completed or begun each implementation step. The portion of response options highlighted in dark purple are those which are required for RFW designation, medium purple are required within the first year of designation, and those just outlined in purple are optional implementation measures.

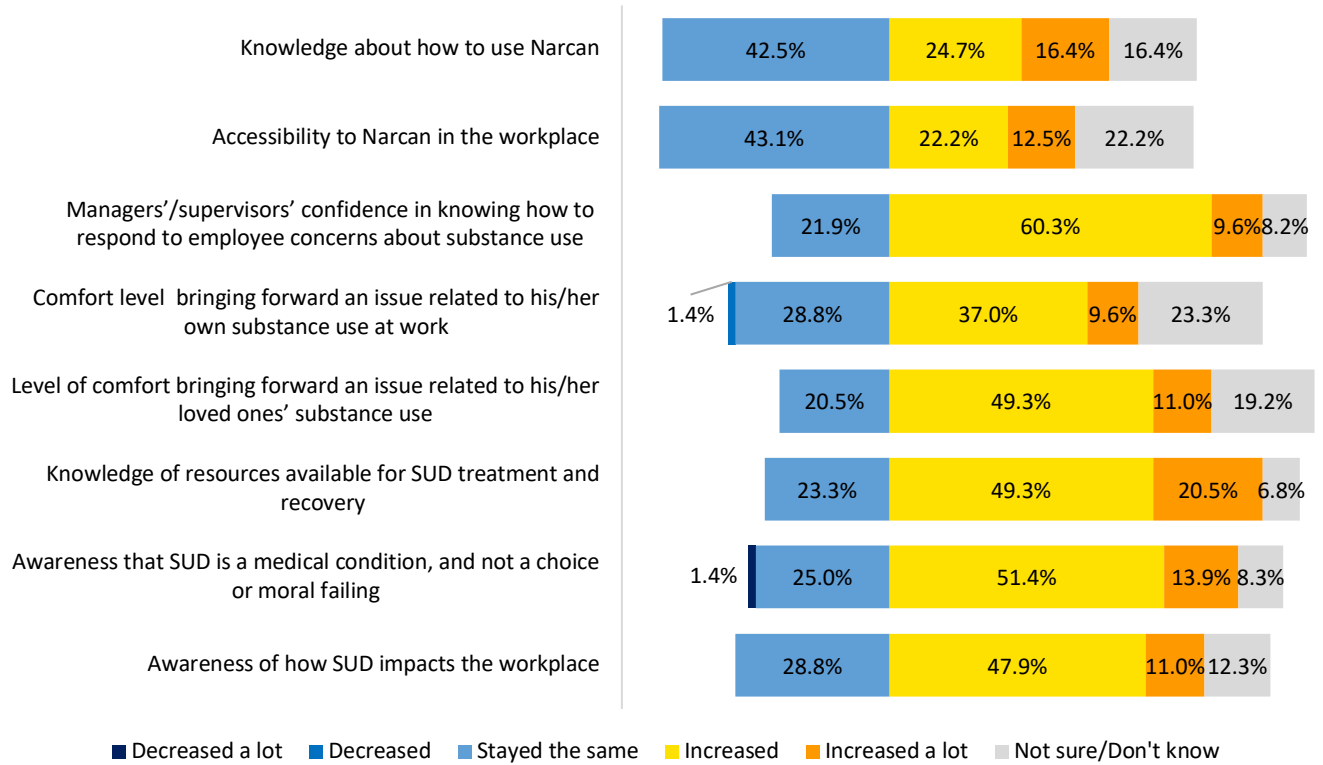


**Figure 3: Implementation Steps**

### OUTCOME MEASURES

## Recovery Friendly Workplace Annual Business Survey

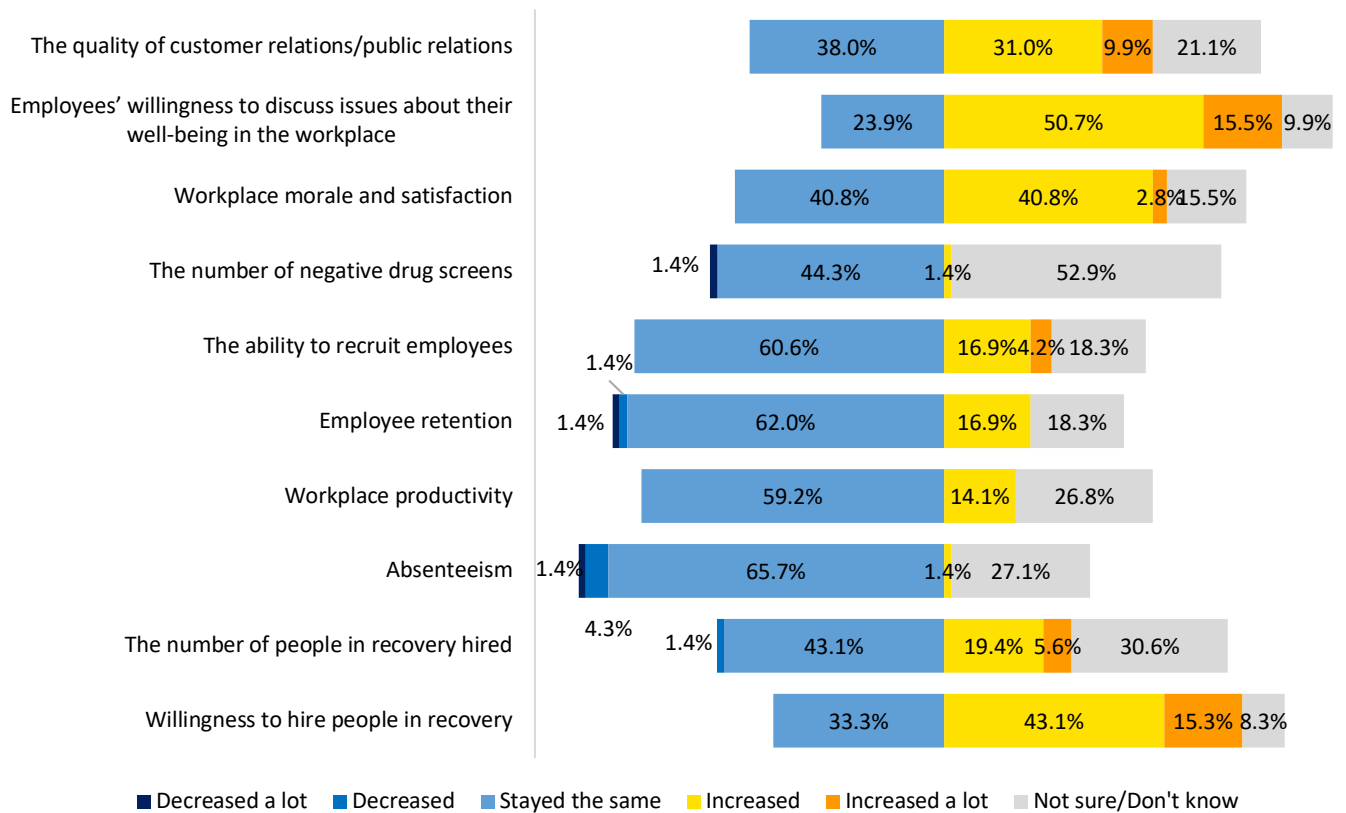
Outcomes were measured on a scale of “decreased a lot” to “increased a lot” and are presented in figures # and # grouped by short- and Long Term outcomes. As expected, business POCs reported higher rates of increase for the Short Term outcomes than the Long Term outcomes. On average, respondents were more likely to report increases in the Short Term outcomes, indicating positive results for the initiative.



**Figure 4: Short Term Outcomes**

The most frequently increased Long Term outcome measures included employees’ willingness to discuss issues about their wellbeing in the workplace, willingness to hire people in recovery, and workplace morale and satisfaction.

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**Figure 5: Long Term Outcomes**

In terms of **policy changes**, 38.4% of respondents reported that, as a result of becoming a RFW, their workplaces had made changes to their Alcohol, Tobacco, and Other Drug (ATOD) policies to better support those impacted by SUD. 39.9% reported no changes, and 21.9% were not sure or did not know ([Figure 10: Changes to Policy](#))

### OPEN-ENDED QUESTIONS

The Survey included six open-ended qualitative questions intended to glean more nuance into the experiences of businesses. These questions included:

- Motivation to become an RFW
- Creative and/or unique activities or strategies businesses have implemented as part of their RFW
- Changes made to ATOD policies
- How COVID-19 affected the anticipated impact of becoming or being a RFW
- Most meaningful ways their workplace has changed since becoming a RFW
- Suggestions for resources and supports that would be most helpful to businesses advancing RFW work moving forward

Several themes emerged from each question and are highlighted below.

#### MOTIVATION TO BECOME AN RFW

Responses to the question, **“What was your MOTIVATION to become a Recovery Friendly Workplace?”** could be sorted into the following themes:

- Access to resources
- Employee support: education for employees, increasing morale, workforce opportunities and benefits, and potential improvements to employee wellbeing and health.
- Alignment with the mission of RFW: POCs recognized the need for recovery supports in the workplace, and sought to reduce stigma.
  - One respondent cited their moral obligation to support employees in recovery by saying: ***“It’s the right thing to do. Every workplace needs to recognize that there are many people in recovery that have a lot to offer.”***
- Lived experience of respondents
- Referral from a peer
- Benefits to the business: productivity benefits, community partnership opportunities, client and Public Relations (PR) and Business Image, and employee retention.

**“For us, it was a no-brainer. Substance use and mental health challenges pervade the families we serve and our community at large. Mental health is incredibly close to home, considering 1/3 of our staff report frequent mental health challenges. The two go hand in hand; they are cyclical and inform each other. Having access to RFW trainings and resources and an advisor for support is invaluable for building a culture of support and non-stigma.”**

**“We have started support groups for staff and managers (separate group) to allow them space to talk about struggles and concerns with outside therapist. We are hoping this will help with burnout of staff.”**

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## CREATIVE AND UNIQUE STRATEGIES

Points of Contact shared the following themes in response to the question “What creative and/or unique activities or strategies have you implemented as part of your RFW?”

- Policy Changes
- Education and Training
- Culture

## POLICY CHANGES

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Many businesses shared that they made changes to their written policies and practices as part of their RFW participation. Following is some of the changes businesses made:

- “Established a return to work agreement procedure.”
- “Setup direct hiring infrastructure with local recovery homes.”

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- “Developed a private room with Zoom capabilities for employees to see counseling on-site.”
- “Flexible work schedules and supports for employees in recovery.”
- “Reflective supervision and progressive discipline policies.”

### EDUCATION AND TRAINING

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Offering more opportunities for education and training related to recovery and wellness was a crucial strategy for many respondents. Wellness Committees, routine trainings, and improving access to resources were just a few of the changes businesses implemented as RFWs. Here is what some respondents had to say:

- “City wide **Wellness Committee** which is tasked with providing our employees with information pertaining to maintaining their own mental health, wellness and recovery. The committee **promotes resources** from the Shatterproof and RFW programs.”
- “Created an **education series** for staff.”
- “We have added **RFW resources to our system** where employees enter their timesheet information. It allows for **easy access** to all human resources and employment related information.”
- “Incorporated **annual training and RFW initiatives** as it is difficult to gather all employees at the same time in one room as we all work different shifts.”

### CULTURE

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Cultural changes were strategies as they worked with the RFW initiative. Several respondents shared that their policy changes were reflective of a shifting culture, and others mentioned that opening the conversation among employees helped build their recovery friendly culture. One participant shared the many activities they implemented to build a culture around RFW:

“We have started to implement some strategies to support recovery, mental health and self-care including up to two hours of paid time for staff to engage in self-care/team building activities each week. When people are connected to co-workers through fulfilling activities such as art, book clubs, working out, walking groups, etc., they are better able to manage the daily stressors of work and stay focused on their health and recovery goals.”

Other businesses shared more generally about RFW Culture:

- “Open **communication** with staff about their recovery status.”
- “Internally, we incorporated conversations around current mental health challenges into a **safe environment** as part of our bi-weekly staff meetings.”

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### POLICY CHANGES

Businesses were asked to explain what changes they had made to their Alcohol, Tobacco, and Other Drug Policies. The responses ranged from businesses who were new to the initiative and had not yet made any policy changes to ones who had made deep systemic changes to how they dealt with issues related to substance use and recovery. The primary themes of this question were:

- Developing agreements
  - Return to work
  - Last chance policy

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- Fit for duty policy
- Policy to address SU issues
  - Offering leave (sick time, family leave, etc.) for recovery activities
  - More specific and *appropriate* language
- Hiring
  - “Leniency” with convictions and self-reported SUD
- Availability of policy information
  - Clearly posted
- None made yet
  - Already considered policies to be “Recovery Friendly”
  - One person business
  - Limited bandwidth to change policies

One particularly detailed response shared not only how the business’s approach to recovery and employee support had shifted to be more supportive, but also how they had bolstered resources for employees to remain employed and supported in their recovery:

“Policies have become more **supportive** in nature... we offer in-depth assessments and supported referrals to secure needed detox/stabilization services and/or to in/out patient treatment. There is more **flexibility** within the policies to work with people on a **case-by-case basis** as individual needs can widely vary. We offer **in-house recovery coaches** as a resource for people to work on their issues while still employed. We offer and approve paid time off that can be used for doctor apt or other help without requiring the reason. We frequently **verbally offer resources** to employees and family members about substance misuse and its symptoms and effects on performance, including misuse of medications. We promote prevention resources, helplines, and other recovery centers. Last rather than immediate dismissal, we offer a **series of consequences with termination being a final** option only after other strategies are used like 3 warnings paired with simultaneously securing in-depth treatment and recovery supports.”

### COVID-19 IMPACTS

The survey was administered electronically amidst the COVID-19 Pandemic. To understand the results in context, the survey asked about COVID-related challenges. As might be expected, the pandemic created many engagement challenges. And barriers For example, the initiative received no Letters of Interest from businesses in January or February of 2022, and the survey was administered in February and March of 2022.

In response to the question “How has the COVID-19 pandemic affected the anticipated impact of becoming/being a Recovery Friendly Workplace?”, businesses mentioned:

- Hiring challenges
  - High turnover rates
  - Increased difficulty in recruiting
- Communication
  - Challenges engaging virtually
  - Increased use of technology to support employees
- Effects on employees

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- Increased absenteeism
- Increased rate of relapses, isolation and burnout
- Decreased sense of connection in workplace
- Focus on RFW
  - Decreased while bandwidth is used to address COVID challenges
  - More important than ever to focus on recovery
  - Slowed progress of RFW work
- No impact
  - Already operating as “recovery friendly”
  - “No impact”

“I think that COVID has really **delayed** our ability to pull this off successfully. Our **workforce is down 15%**, but the workload on me has increased. Due to the lack of workforce, I am having to navigate resources being pulled from me which takes me away from regular RFW work and education.”

One respondent mentioned that despite their position in the field of Recovery, their workplace was also struggling to engage with RFW;

“For us as a recovery center, the pandemic **negatively impacted our ability to continue to reach out** to create supportive in-person relationships with employers in the region. With new protocols in place, we believe we’ll be able to increase new employer relationships in-person. Sometimes ‘selling’ the RFW concepts can be difficult to do and doing it via zoom hasn’t been that successful.”

### MEANINGFUL CHANGES

When asked “What are the most meaningful ways that your workplace has changed since becoming a Recovery Friendly Workplace?”, respondents shared many positive impacts. The main themes included:

- Attitude changes around SU and mental health
  - Respect/empathy
  - Stigma reduction
  - Acceptance
  - More open dialogue about SU
- Awareness/access to resources
  - New trainings offered
  - Language updated
  - Employee knowledge about SUD increased
- Hiring people in recovery
- Employee retention

### RESOURCES NEEDED

The final open-ended question in the survey asked “Moving forward, what kinds of resources/support would be most helpful to you as you work to advance your Recovery Friendly Workplace culture?”. The main resources needed were:

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- Additional training
- Continued connection to RFA
- Continued updates about RFW
- EAP resources
- Guidance in specific topics (hiring, crisis intervention, etc.)
- Sample policies

Some respondents were quite specific in their needs, mentioning guidance related to liability around hiring people in recovery with legal histories: “Our current focus is on navigating **hiring** of people in recovery, one barrier has been legal history. Guidance on recommendations for flexible hiring with concern for agency liability”. Others were interested in sample policies: “**Samples of employer policy updates** that can be easily adapted / online trainings for new volunteers, Board members, and staff as they onboard / annual training for current staff”. One respondent mentioned resources that were more client-facing for agencies, saying:

“Our culture is by default recovery friendly because we are a recovery center. But delving deeper into the services we offer, we would like to see **more specific resources and supports for parents and caregivers / family members, youth-serving agencies** who want to better serve their clients, and more options for schools to engage parents and youth with budget friendly strategies.”

### OUTCOME SCORES

In order to assess the impact of certain implementation measures and characteristics on the ability of businesses to improve desired outcomes, an **Outcome Score** was calculated for each respondent as an average of their responses across Outcome questions (measured by increased or decreased as a result of becoming an RFW, shown to the right in Table NUMBER). Scores were divided into “Short Term” and “Long Term” based on the question sets and could range from 0-5, with higher scores indicating better outcomes. An example of a Short Term Outcome Score calculation is shown below.

| Answer Selected | Score |
|-----------------|-------|
| Increased a lot | 5     |
| Increased       | 4     |
| Stayed the same | 3     |
| Decreased       | 2     |
| Decreased a lot | 1     |

**Table 4: Outcome Score Key**

| Question  | Answer          | Score       |
|---|-----------------|-------------|
| Awareness of how SUD impacts the workplace          | Increased       | 4           |
| Accessibility to Narcan in the workplace            | Stayed the same | 3           |
| Knowledge about how to use Narcan                   | Increased       | 4           |
| <b>Respondent's Total Short Term Outcome Score:</b> |                 | <b>3.67</b> |

**Table 5: Example Outcome Score Calculation**

After Long Term Outcome and Short Term Outcome Scores were calculated for each workplace, statistical tests were performed to determine if any Implementation Measures or Demographic Variables had a significant relationship with higher outcomes.

### WORKPLALCE SIZE

A one-way ANOVA was performed to compare the effect of Workplace Size on the average Long Term Outcome Score with a significant p-value of .026 and three degrees of freedom. Table # shows the association

that larger workplace sizes had with better Long Term Outcomes. These results are also shown below in Figure # which shows how Long Term Outcome Scores decrease as workplace size decreases.

These results may be due in part the fact that larger workplaces might require more strategic planning in order to implement changes across a wider range of employees, or the fact that they have more resources for systems-level changes and/or clearer HR policies.

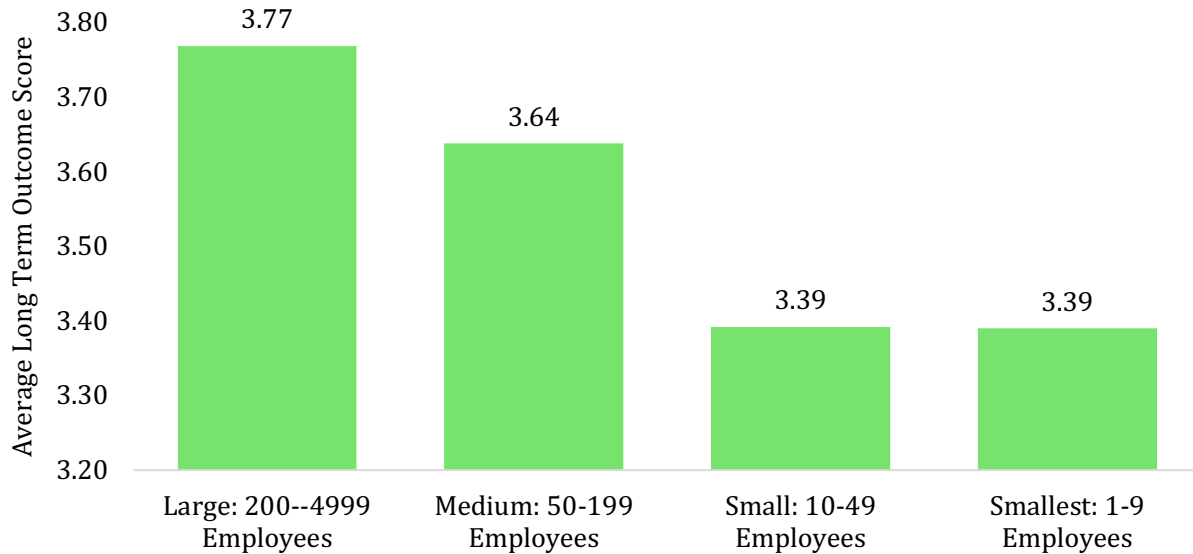


Figure 6: Long Term Outcome by Size

A one-way ANOVA was also performed to compare the effect of Workplace Size on the average Short Term Outcome Score, but the results were *not* found to be significant.

## IMPLEMENTATION MEASURES

A two sample t-test was performed to compare Long Term Outcome Scores in respondents who had completed each implementation measure and those who had not. There were significant differences in the following Implementation Measures by **Long Term Outcome Score** (shown in Table #).

“Early Adopter” was a variable tracked by the Recovery Friendly Advisors and was matched to businesses who completed the survey. It is defined as any business who became designated early in the implementation of the initiative and was coded as a dichotomous yes or no variable.

| Early Adopter     |            | Submitted a letter of interest to learn more about the Recovery Friendly Workplace (RFW) Initiative. |              |            |                 |
|-------------------|------------|--|--------------|------------|-----------------|
|                   | Mean Score | Sig. (2-tailed)  |              | Mean Score | Sig. (2-tailed) |
| Not Early Adopter | 3.4592     | .011   | Not Complete | 3.1071     | .001            |
| Early Adopter     | 3.8407     |  | Complete     | 3.5473     |                 |

Table 6: Long Term Outcome Score by Implementation Measures

Table # shows the mean Long Term Outcome Score and 2-tailed significance of the two sample t-tests for the Early Adoption and Letter of Interest variables.

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All other implementation measures did not have significant relationships with Long Term Outcome Score. This is not unexpected given the short length of time since the inception of RFW and the fact that the Long Term Outcomes take more time and effort to achieve.

A two sample t-test was performed to compare Short Term Outcome Scores in respondents who had completed each implementation measure and those who had not. There were significant differences in the following Implementation Measures by **Short Term Outcome Score** (shown in Table #).

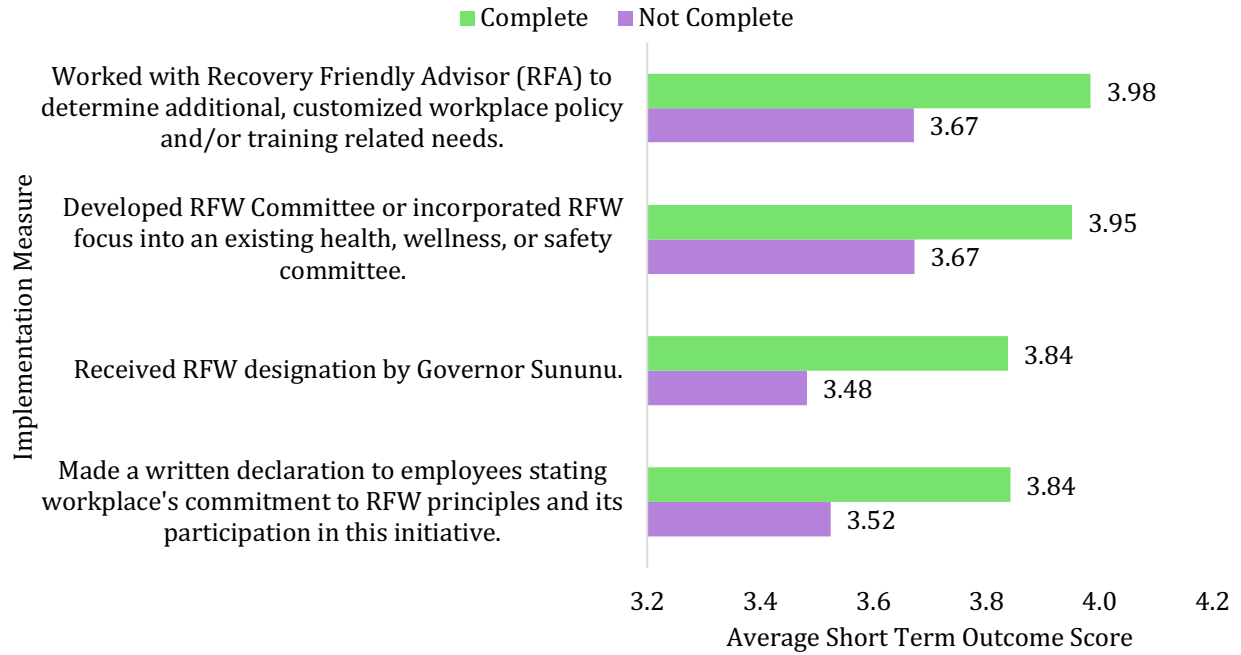
|              | Made written declaration to employees stating workplace's commitment to RFW. |                 | Received RFW designation by Governor Sununu. |                 | Developed RFW Committee or incorporated RFW focus into an existing health, wellness, or safety committee. |                 | Worked with Recovery Friendly Advisor (RFA) to determine additional needs. |                 | As a result of becoming a RFW, has your workplace made changes to your Alcohol, Tobacco, and Other Drug policies? |                 |      |
|--------------|--|-----------------|--|-----------------|---|-----------------|--|-----------------|---|-----------------|------|
|              | Mean   | Sig. (2-tailed) | Mean   | Sig. (2-tailed) | Mean  | Sig. (2-tailed) | Mean   | Sig. (2-tailed) | Mean  | Sig. (2-tailed) |      |
| Not Complete | 3.5240   | .044            | 3.4821                                       | .038            | 3.6726  | .016            | 3.6713   | .007            | No  | 3.6297          | .002 |
| Complete     | 3.8422   |                 | 3.8380                                       |                 | 3.9517  |                 | 3.9847   |                 | Yes   | 4.0331          |      |

Table 7: Short Term Outcome Score by Implementation Measures

Table # shows the mean Short Term Outcome Score and 2-tailed significance of the two sample t-tests for each implementation variable.

As expected, there were more variables associated with higher Short Term Outcome Scores. These results are shown graphically below in Figure # which emphasizes how completing the significant Implementation Measures resulted in improved Short Term Outcomes.

## Recovery Friendly Workplace Annual Business Survey



**Figure 7: Short Term Outcome Score by Implementation Measures**

The green bars in Figure # indicate the improved average Short Term Outcomes experienced by those who had completed each implementation measure compared to the lower average Short Term Outcome Scores (in purple) of those who had not completed the measures.

## DISCUSSION

This was the first year of administering the RFW Annual Business Survey, therefore there are not prior years with which to compare the data. These results can help to establish a baseline of perceptions among RFW business contacts regarding important metrics such as culture, degree of implementation (fidelity), association between RFW activities and desired outcomes (logic model), and successes and gaps.

While the sample size was slightly small relative to the total amount of RFWs in NH, this is to be expected based on the time of administration during the COVID-19 pandemic and the fact that this is the first round of surveying, so POCs were not yet familiar with the survey or its utility. Considering these points, the results indicate overall positive experiences and outcomes due to the RFW initiative.

Respondents perceived that large proportions of their workforces had both family members and personal experience with mental health and substance use concerns. 13.3% of respondents perceived that more than 75% of their employees were in recovery or had a resolved substance use concern. These results indicate a substantial need for RFW resources and services among the businesses surveyed. These results may also be due in part to the fact that many of the RFWs have been recruited through existing networks of the RFAs who have strong ties in the recovery community, therefore many of the first adopters of the initiative were in industries such as treatment and recovery which employ many people in recovery.

As might be expected, the implementation measure that were required for RFW designation (checklist items) saw the highest level of completion, followed by the additional required components (which businesses must complete within the first year), and the optional items.

The outcomes also showed expected results in that the Short Term outcomes increased more than the Long Term outcomes. These measures are expected to shift in future iterations of the survey when the maturity of the initiative will result in more increases among Long Term outcomes. During these early years of the initiative and survey, the increases seen in both Long and Short Term outcomes can be seen as a success for the businesses.

With such a small sample size (75), it was difficult to get a complete understanding of the relationships that exist between implementation measures and outcomes, however, the relationships that did show to be significant can help to illuminate which implementation measures might be most likely to result in improved outcomes. Further examination of these relationships from future iterations of the survey will provide deeper insight and might aid decision making around things like resource allocation.

The open-ended question provided businesses with the opportunity to share more nuanced and specific information, and their level of detail indicates high engagement both with the survey and the initiative itself. While there are still many needs related to recovery friendly resources and support, all responses referred to the initiative as an additive presence in their work, and many went into depth about the positive impacts and changes they experienced.

What is most potent about the results of this survey is the overall positive impact that the initiative has had on participating businesses. Future iterations of the survey will allow comparison across years and even deeper insight into the impacts felt by businesses.

**APPENDIX A: SURVEY**

**Recovery Friendly Workplace Point of Contact Annual Survey Part I**

**NH's Recovery Friendly Workplace Survey**

**Dear RFW Point of Contact:**

**You have received this survey because you are the RFW point of contact for your workplace. If assistance is needed with any of the responses, please feel free to reach out to your Human Resources Department or any other resources that can help. For many of the questions, we are looking for your best estimate and/or current perception as the RFW point of contact.**

**Although we do ask for identifying information in this survey, your responses will remain confidential unless otherwise noted. Survey results will go directly to our evaluators at the John Snow Research & Training Institute, Inc. (JSI). JSI staff will de-identify all data prior to sharing results with the RFW program staff, other stakeholders, and/or in public-facing communications.**

**We estimate that this survey will take about 15-20 minutes to complete.**

**If you have any questions about this survey, please contact your Recovery Friendly Advisor or Katy Shea Morgan (JSI) at [katy\\_shea@jsi.com](mailto:katy_shea@jsi.com).**

**Thank you for participating in our survey. Your feedback is critical to promoting the success and longevity of our program.**

**With gratitude,  
The RFW Team**

Recovery Friendly Workplace Point of Contact Annual Survey Part I

About Your Workplace

**This section of the survey is designed to capture information about workplace demographics. Your responses will help describe the range and types of workplaces that are designated as Recovery Friendly Workplaces in the state of NH.**

1. Please provide the name of the workplace that you are the RFW Point of Contact for. If you are the RFW Point of Contact for multiple workplaces, please list each workplace that is related to this survey response.

2. What category of industry best describes your workplace?

- Non-profit (Non-Healthcare)
- Healthcare
- Accommodation and Food Services
- Construction/Trades
- Manufacturing
- Transportation/Communication/Utilities (Utilities, Transportation and Warehousing, Information)
- Retail (Wholesale Retail/Trade, Retail Trade)
- Finance (Finance and Insurance, Real Estate, Rental and Leasing)
- Service (Professional, Scientific, Technical Services, Management of Companies and Enterprises, Administrative and Support, Waste Management and Remediation Services)
- Arts/Entertainment/Recreation
- State/Local Government
- Agriculture (Agriculture Support, Forestry, Fishing, Hunting, Mining)
- Other (please specify)

3. What is the size of your workplace?

- 1-2 employees
- 3-9 employees
- 10-24 employees
- 25-49 employees
- 50-199 employees
- Other (please specify)
- 200-999 employees
- 1000-4999 employees
- 5000 or more employees
- Unsure

Recovery Friendly Workplace Annual Business Survey

4. If you had to **estimate**...what percentage of your workforce do you think...

|   | Between 0-9%          | Between 10-24%        | Between 25-49%        | Between 50-74%        | More than 75%         |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Has a <b>current</b> <u>substance use</u> concern?                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is in recovery/has <b>resolved</b> a <u>substance use</u> concern?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Has a <b>current</b> <u>mental health</u> concern?                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Has a <b>loved one with a current</b> <u>substance use</u> concern? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Has a <b>loved one with a current</b> <u>mental health</u> concern? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. If you had to **estimate**...what percentage of your workforce do you think...

|                               | Between 0-9%          | Between 10-24%        | Between 25-49%        | Between 50-74%        | More than 75%         |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Is between the ages of 15-17? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is between the ages of 18-24? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is between the ages of 25-34? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is between the ages of 35-54? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is 55+ years of age?          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. If you had to **estimate**...what percentage of your workforce do you think...

|                       | Less than 10%         | More than 10% but less than 25% | Between 25-49%        | Between 50-74%        | More than 75%         |
|-----------------------|-----------------------|---------------------------------|-----------------------|-----------------------|-----------------------|
| Identifies as female? | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifies as male?   | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. What was your motivation to become a Recovery Friendly Workplace?

## Recovery Friendly Workplace Annual Business Survey

8. Generally speaking, how strong would you say your recovery-friendly culture was **PRIOR** to becoming a Recovery Friendly Workplace?

| Very weak | Weak | Neither strong or weak | Strong | Very strong |
|-----------|------|------------------------|--------|-------------|
| ★         | ★    | ★                      | ★      | ★           |

9. Please indicate the extent to which each of the following activities have been completed at your workplace as part of the RFW initiative.

|  | Not started           | Started but not completed | Completed             | Not sure/Don't know   |
|--|-----------------------|---------------------------|-----------------------|-----------------------|
| Submitted a letter of interest to learn more about the Recovery Friendly Workplace (RFW) Initiative                                    | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| Ensured that senior management and human resources personnel received official RFW orientation.  | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| Made a written declaration to employees stating workplace's commitment to RFW principles and its participation in this initiative.     | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| Received RFW designation by Governor Sununu.   | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| Provided employees with information and resources to promote health, well-being, and recovery for themselves and their family members. | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| Established a connection with local recovery support organizations as a resource for employees.  | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |
| Ensured supervisors and employees received education on existing alcohol, tobacco, and other drug (ATOD) policies                      | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |

## Recovery Friendly Workplace Annual Business Survey

upon hire and on an annual basis thereafter.

Ensured some or all employees received annual training and education on substance misuse, behavioral health, and addiction.

Completed and submitted RFW checklist and application with assistance from the Recovery Friendly Advisor (RFA).

Developed RFW Task Force or incorporated RFW focus into an existing health, wellness, or safety committee.

Participated in one community-based prevention or recovery focused activity or are committed to participating in one annually.

Worked with Recovery Friendly Advisor (RFA) to determine additional, customized workplace policy and/or training related needs.

10. What creative and/or unique activities or strategies have you implemented as part of your RFW?

Recovery Friendly Workplace Point of Contact Annual Survey Part I

Outcomes

**This section is designed to understand what has changed in the workplace as a result of becoming a Recovery Friendly Workplace.**

11. How has the majority of employees' **awareness of how SUD impacts the workplace CHANGED** as a result of becoming an RFW?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Decreased a lot | <input type="radio"/> Increased           |
| <input type="radio"/> Decreased       | <input type="radio"/> Increased a lot     |
| <input type="radio"/> Stayed the same | <input type="radio"/> Not sure/Don't know |

12. How has the majority of employees' **awareness that SUD is a medical condition, and not a choice or moral failing CHANGED** as a result of becoming an RFW?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Decreased a lot | <input type="radio"/> Increased           |
| <input type="radio"/> Decreased       | <input type="radio"/> Increased a lot     |
| <input type="radio"/> Stayed the same | <input type="radio"/> Not sure/Don't know |

13. How has **stigma related to substance use in the workplace CHANGED** as a result of becoming a RFW?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Decreased a lot | <input type="radio"/> Increased           |
| <input type="radio"/> Decreased       | <input type="radio"/> Increased a lot     |
| <input type="radio"/> Stayed the same | <input type="radio"/> Not sure/Don't know |

14. How has the majority of employees' **knowledge of resources available for SUD treatment and recovery CHANGED** as a result of becoming a RFW?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Decreased a lot | <input type="radio"/> Increased           |
| <input type="radio"/> Decreased       | <input type="radio"/> Increased a lot     |
| <input type="radio"/> Stayed the same | <input type="radio"/> Not sure/Don't know |

15. How has the majority of employees' **level of comfort bringing forward an issue related to his/her loved ones' substance use CHANGED** as a result of becoming a RFW?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Decreased a lot | <input type="radio"/> Increased           |
| <input type="radio"/> Decreased       | <input type="radio"/> Increased a lot     |
| <input type="radio"/> Stayed the same | <input type="radio"/> Not sure/Don't know |

Recovery Friendly Workplace Annual Business Survey

16. How has the majority of employees' comfort level **bringing forward an issue related to his/her own substance use at work CHANGED** as a result of becoming a RFW?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Decreased a lot | <input type="radio"/> Increased           |
| <input type="radio"/> Decreased       | <input type="radio"/> Increased a lot     |
| <input type="radio"/> Stayed the same | <input type="radio"/> Not sure/Don't Know |

17. How has **managers'/supervisors' confidence in knowing how to respond to employee concerns about substance use CHANGED** as a result of becoming a RFW?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Decreased a lot | <input type="radio"/> Increased           |
| <input type="radio"/> Decreased       | <input type="radio"/> Increased a lot     |
| <input type="radio"/> Stayed the same | <input type="radio"/> Not sure/Don't know |

18. How has **accessibility to Narcan in the workplace CHANGED** as a result of becoming a RFW?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Decreased a lot | <input type="radio"/> Increased           |
| <input type="radio"/> Decreased       | <input type="radio"/> Increased a lot     |
| <input type="radio"/> Stayed the same | <input type="radio"/> Not sure/Don't know |

19. How has the majority of employees' **knowledge about how to use Narcan CHANGED** as a result of becoming a RFW?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Decreased a lot | <input type="radio"/> Increased           |
| <input type="radio"/> Decreased       | <input type="radio"/> Increased a lot     |
| <input type="radio"/> Stayed the same | <input type="radio"/> Not sure/Don't know |

20. As a result of becoming a RFW, has your workplace made changes to your Alcohol, Tobacco, and Other Drug policies to better support those impacted by SUD? (For example: leave of absence, return to work agreements)

- Yes  
 No  
 Not sure/Don't know

21. Please explain what changes you have made to your Alcohol, Tobacco, and Other Drug policies.

## Recovery Friendly Workplace Annual Business Survey

22. As a result of becoming a RFW...

|  | Decreased a<br>lot    | Decreased             | Stayed the<br>same    | Increased             | Increased a<br>lot    | Not<br>sure/Don't<br>know |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| How much has willingness to hire people in recovery changed?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| How much has the number of people in recovery hired changed?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| How much has absenteeism changed?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| How much has workplace productivity changed?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| How has employee retention changed?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| How much has the ability to recruit employees changed?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| How has the number of negative drug screens changed?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| How much has workplace morale and satisfaction changed?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| How much has employees' willingness to discuss issues about their well-being in the workplace changed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| How much has the quality of customer relations/public relations changed?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |

23. Overall, how strong would you say your recovery-friendly culture is **AS A RESULT** of becoming a Recovery Friendly Workplace?

| Very weak             | Weak                  | Neither strong or<br>weak | Strong                | Very strong           |
|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |

Recovery Friendly Workplace Annual Business Survey

24. How has the COVID-19 pandemic affected the anticipated impact of becoming/being a Recovery Friendly Workplace?

25. What are the most meaningful ways that your workplace has changed since becoming a Recovery Friendly Workplace?

26. Moving forward, what kinds of resources/support would be most helpful to you as you work to advance your Recovery Friendly Workplace culture?

27. Please provide the name, title, email address and phone number of the person who completed the survey.

Name

Title

Email

Phone

28. Would you be willing to participate in another survey in the future to provide a little more detail about your experience as a Recovery Friendly Workplace?

Yes

No

**APPENDIX B: TWO PAGER OF RESULTS**

Governor Sununu’s Recovery Friendly Workplace (RFW) initiative empowers workplaces to support employees who are impacted by substance use disorder (SUD), helping them create a stronger, healthier, more productive workforce in the process.

**Recovery Friendly Workplaces are:**

**Good for Employees**

**AND**

**Good for Business**

Workplaces reported the following had **INCREASED** as a result of participating in RFW:<sup>1</sup>

**% of respondents who indicated an INCREASE**



**% of respondents who indicated an INCREASE**



Workplaces reported engaging in the initiative in a variety of meaningful ways:<sup>1</sup>

- **88.2%** made a written Declaration to employees stating their participation in the initiative and commitment to RFW principles
- **85.5%** received an RFW Designation from Governor Sununu
- **55.3%** participated in a Community-Based Prevention or Recovery activity
- **42.7%** developed an RFW Committee or incorporated an RFW focus into an existing health, wellness, or safety committee



<sup>1</sup> These results come from an all-RFW workplace survey that was administered to RFW points of contact in March of 2022 (n =75).

RFW is administered in partnership with the State of NH by



**Granite United Way**

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RFWs are also changing their policies to better support those impacted by SUD, which research shows will help employers recruit and retain a healthier, more productive, and more motivated workforce.

**38.4%**

of RFWs surveyed indicated that as a result of becoming an RFW, they've made changes to their Alcohol, Tobacco, and Other Drug policies to better support those impacted by SUD (for example, through leave of absence and/or return to work agreements).

Businesses were asked, What are the most meaningful ways that your workplace has changed since becoming a Recovery Friendly Workplace?

Here are a few of their responses:



"Policies have become more supportive in nature... There is more flexibility within the policies to work with people on a case-by-case basis, as individual needs can widely vary."  
-RFW Employer

"Employees know we care."  
-RFW Employer

"We are attracting employees who we would not have had the opportunity to attract before. We are keeping employees who we would have had to terminate before without giving them a chance to get in and stay in recovery. Many wonderful stories have come forward from people in recovery."  
-RFW Employer

"Learning and understanding how to deal positively and proactively with staff members in need of assistance with substance use matters"  
-RFW Employer

"(1) Reduction of stigma, (2) Increased compassion for coworkers, [and] (3) Increased respect for management/company."  
-RFW Employer



<sup>2</sup> Akanbi, M. O., Iroz, C. B., O'Dwyer, L. C., Rivera, A. S., & McHugh, M. C. (2020). A systematic review of the effectiveness of employer-led interventions for drug misuse. *Journal of Occupational Health, 62*(1), e12133.  
de Oliveira, C., Cho, E., Kavelaars, R., Jamieson, M., Bao, B., & Rehm, J. (2020). Economic analyses of mental health and substance use interventions in the workplace: a systematic literature review and narrative synthesis. *The Lancet Psychiatry, 7*(10), 893-910.

RFW is administered in partnership with the State of NH by



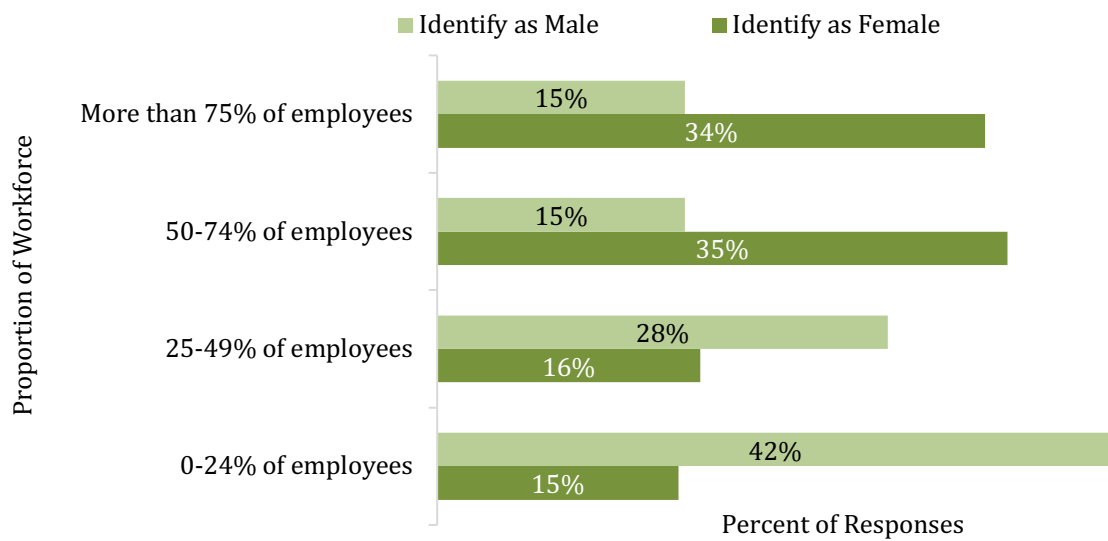
Granite United Way

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**APPENDIX C: DATA TABLES AND FIGURES**

| <u>Perception of Age Distribution</u> |              |              |              |              |            |
|---------------------------------------|--------------|--------------|--------------|--------------|------------|
|                                       | <b>15-17</b> | <b>18-24</b> | <b>25-34</b> | <b>35-54</b> | <b>55+</b> |
| 0-24% of employees                    | 100.0%       | 88.1%        | 32.9%        | 26.7%        | 69.3%      |
| 25-49% of employees                   |              | 11.9%        | 45.2%        | 37.3%        | 18.7%      |
| 50-74% of employees                   |              |              | 17.8%        | 32.0%        | 9.3%       |
| More than 75% of employees            |              |              | 4.1%         | 4.0%         | 2.7%       |

**Table 8: Perceptions of employee age distributions**



**Figure 8: Workforce Gender Distribution**

## Recovery Friendly Workplace Annual Business Survey

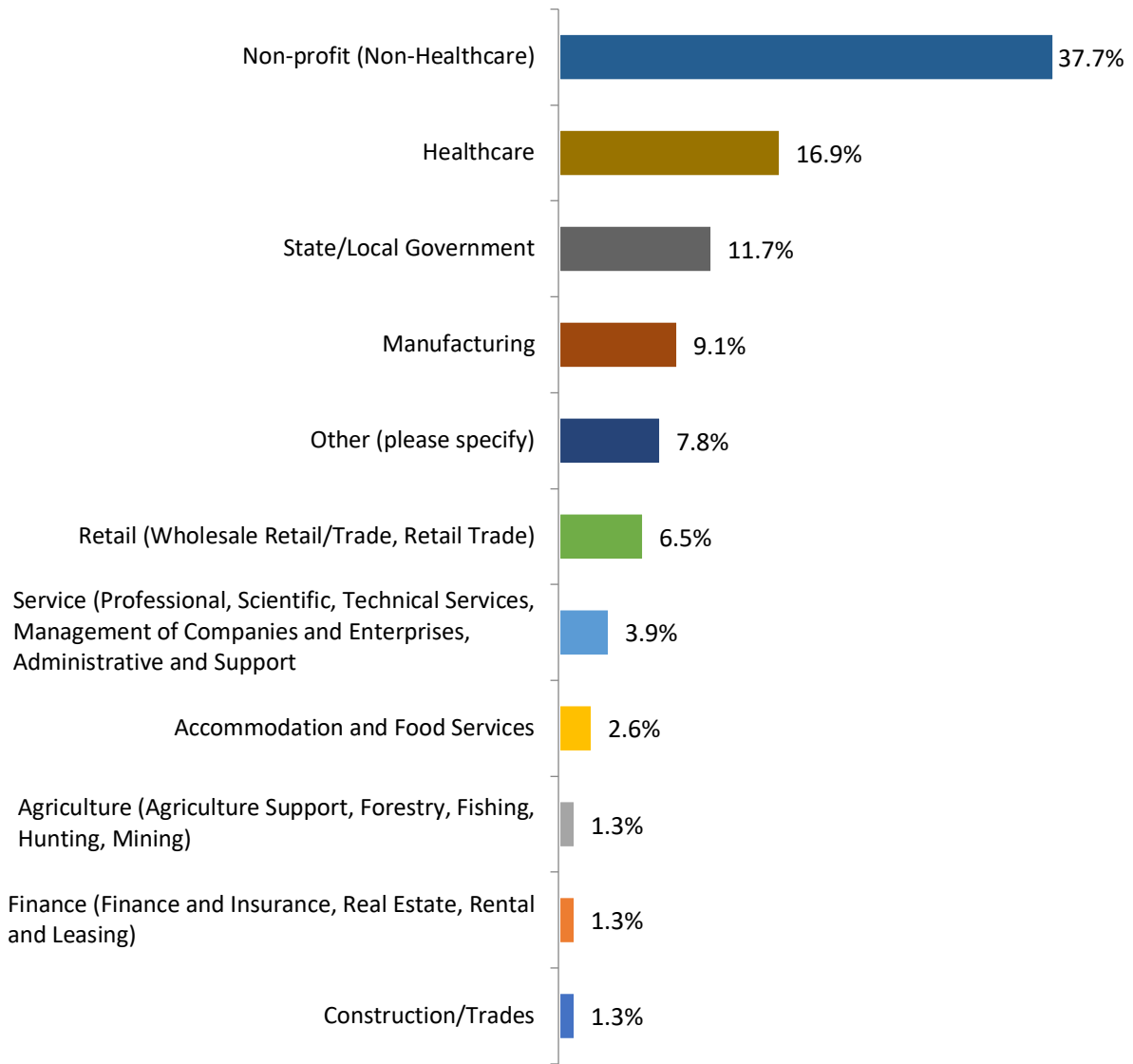


Figure 9: Industries Represented

Recovery Friendly Workplace Annual Business Survey

As a result of becoming a RFW, has your workplace made changes to your Alcohol, Tobacco, and Other Drug policies to better support those impacted by SUD? (For example: leave of absence, return to work agreements)

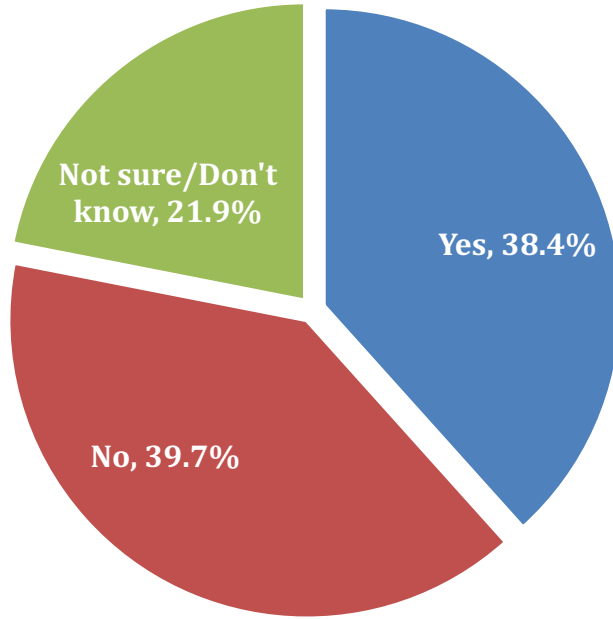


Figure 10: Changes to Policy