H.O.P.E. CERTIFICATION
HELPING OUR PEOPLE ELEVATE THROUGH TOUGH TIMES

H.O.P.E. Certification Program 2023 Evaluation Report New York State Pilot

Report to Suicide Prevention Center of New York May 2023

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RESEARCH EVALUATION CONSULTING

NEW YORK STATE | Office of Mental Health

SPC NY Suicide Prevention Center of New York State

DR. SALLY

825 INTERNATIONAL UNION OF OPERATING ENGINEERS

CNY

NEW YORK STATE LABORERS' HEALTH & SAFETY TRUST FUND

WORKPLACE SUICIDE PREVENTION

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The H.O.P.E. Certification recognizes organizations that successfully implement the 9 Practices of the National Strategy for Workplace Suicide Prevention.

For a 5 minute video overview of the H.O.P.E. Certification SPCNY Pilot Impact visit **https://youtu.be/QmNXaDLX_20**

What Was Done

• In 2022, the New York State Office of Mental Health's Suicide Prevention Center of New York (SPCNY) partnered with Dr. Sally Spencer-Thomas and Sarah Gaer to implement the Helping Our People Elevate through tough times Certification Program (H.O.P.E. Certification) and the VitalCog training.

• H.O.P.E. Certification is based on the Nine Practices of the National Guidelines for Workplace Suicide Prevention (aka the "Nine Practices") and is designed to help organizations build inclusive cultures that can address mental health and suicide risks.

• SPCNY chose to focus the pilot on the construction industry due to the fact that construction ranked as having the highest rates[1] of suicide of all occupations outside of New York City.

• The H.O.P.E. Certification program began with a "New York State Summit on Mental Wellness in Construction" event followed by four (bimonthly), 6-hour modules that were offered in July through November 2022, and concluded in January 2023 with a graduation ceremony. The VitalCog training, which aims to educate and equip individuals and businesses with tools to proactively address mental health and suicide concerns within the workplace, was conducted on October 27, 2022.

• To evaluate these programs, SPCNY partnered with Research Evaluation Consulting LLC (REC), an external evaluation firm, and the Helen & Arthur E. Johnson Depression Center from the Department of Psychiatry located at the University of Colorado Anschutz Medical Campus.

• There were 21 summit attendees and 20 attendees (95.2%) completed at least one survey. For the modules, there were between seven and 16 attendees and between seven and 13 attendees completed at least one survey (81.3% – 100%). Finally, there were 12 VitalCog attendees and all attendees (100%) completed at least one survey.

• Three teams completed the H.O.P.E. Certification program – CNY Group (PLATINUM), the International Union of Operating Engineers Local 825 (IUOE 825) (PLATINUM), and NYS Laborers Health and Safety Fund (BRONZE).

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[1]"Occupations for Suicide Decedents In New York State Outside of New York City, New York Violent Death Reporting System, 2015-2017" New York State Department of Health Bureau of Occupational Health and Injury Prevention New York Violent Death Reporting System, July 2019

What Was Learned

• 95% of participants were Satisfied and Very Satisfied with the H.O.P.E. Certification.

• Prominent strengths for all modules were the group collaboration and module content.

• Notable areas of improvement for all modules were the technology issues and timing (i.e., time management and time allotted).

What Changed

• Participants had significant increases ($p < .05$) in their content knowledge and confidence in their skills across all modules. Participants had significant increases ($p < .05$) in their intention to share the information for Modules 1, 3, and 4. Module 4 participants had significant increases ($p < .05$) in their understanding of the module's benefits.

Nine Practices and Evergreen Certifications Findings

• Participants agreed most that they felt confident in their ability to implement the Nine Practices at their organization after Module 2 (85%) and less after Module 3 (57%) and Module 4 (55%).

• Participants agreed most that they learned how to create a plan to implement the National Guidelines for Workplace Suicide Prevention for their organization during Module 2 (85%), but less during Module 3 (57%) and Module 4 (44%).

• Evergreen Certifications provided additional resources for participants to help them complete deliverables to obtain BRONZE, SILVER, GOLD, and PLATINUM status.

• Findings from Module 3 indicate that participants most often utilized Evergreen Certifications online portal (50%), quizzes (50%), readings (40%), and staff members (40%).

• At graduation, the three organizations that completed the H.O.P.E. Certification reported that contact with staff, the portal, and the pre-recorded modules were helpful resources and quizzes were least helpful from Evergreen Certifications.

Graduation Findings

• NYS Laborers Health and Safety Fund achieved the BRONZE level after completing seven of 20 total activities (35%).
• The CNY Group and IUOE Local 825 achieved PLATINUM certification.
• Participants reported increased leadership engagement in addressing mental health issues in the workplace, motivation to implement the discussion and tools, level of comfort talking about mental health in the workplace, and an overall improvement in workplace culture.

> Participants had significant increases ($p < .05$) in their content knowledge and confidence in their skills across all modules.

UPSTREAM → Engage Leadership
Reduce Psychosocial Hazards
Build a Culture-Shifting Communication Strategy

MIDSTREAM → Foster Self-Care Orientation
Establish a Skill-Development Training Program
Empower Workplace Peer Supporters and Well-Being Ambassadors

DOWNSTREAM → Audit and Promote Mental Health and Crisis Resources
Mitigate Risk
Develop a Crisis Response Plan

H.O.P.E. CERTIFICATION — BRONZE LEVEL
H.O.P.E. CERTIFICATION — SILVER LEVEL
H.O.P.E. CERTIFICATION — GOLD LEVEL
H.O.P.E. CERTIFICATION — PLATINUM LEVEL

Experiences with VitalCog Trainings

- All participants had been in contact with someone they were concerned might have suicidal thoughts or feelings and reported that they discussed their concerns with those individuals.

- Participants showed increased understanding, comfort, and confidence around mental health and suicide prevention

- Participants significantly increased ($p < .05$) in their confidence in identifying the warning signs of suicide.

Actionable Recommendations

- Improve recruitment efforts for the summit.
- Encourage a team-approach to complete the H.O.P.E. Certification.
- Promote the completion of each certification level.
- Develop templates, tools, and resources to support deliverable completion.
- Clarify the connection between the Nine Practices and module content.
- Address participant suggestions for improvement.
- Continue to make evaluation a priority.

Full Report

Implementing the H.O.P.E. Certification Program in New York

The New York State Office of Mental Health's Suicide Prevention Center of New York (SPCNY) aims to reduce suicide attempts and deaths by promoting, coordinating, and strategically advancing suicide prevention across New York[2]. This program is based on the Nine Practices of the National Guidelines for Workplace Suicide Prevention (aka the "Nine Practices") and is designed to help organizations build inclusive cultures that can address mental health and suicide risks. The H.O.P.E. certification is designed as a 12-month initiative and was created for implementation by mid- to large-sized organizations (e.g., employers, unions and professional associations) with support from statewide agencies, insurers, and/or healthcare benefits providers.

Many organizations are familiar with LEED Certification as a framework that promotes sustainable building practices for energy-efficient, environmentally friendly structures. LEED certification stands as a globally renowned emblem of sustainable accomplishment, fostered by a united industry of passionate individuals and organizations driving transformative change in the market. Like LEED Certification, the H.O.P.E. Certification strives to give organizations investing in worker well-being, mental health and suicide prevention a designation to be rewarded and recognized as leaders in this area.

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[2]Suicide Prevention Center of New York. (2023). About Us. New York State Office of Mental Health. Retrieved from: https://www.preventsuicideny.org/about-us/

What's Your Certification Level?
H.O.P.E. Certification is Similar to LEED Certification Process

While the H.O.P.E. Certification provides a general set of practices applicable to all industries as well as public, private and nonprofit sectors, SPCNY decided to focus the pilot effort on the construction industry. This focus was due to the fact that construction suicide deaths significantly outpaced other occupations' suicide deaths. For example, from 2015-2017[3] there were 281 suicide deaths by people working in construction outside of New York City reported to New York's Violent Death Reporting System making up 11.5% of all of the suicide deaths in this area. The next highest occupation was "Production" with 187 suicide deaths comprising 7.6%.

On June 16, 2022 in Albany, NY, the H.O.P.E. Certification pilot was launched with a "New York State Summit on Mental Wellness in Construction" that targeted organizations (employers, unions and professional associations) in the construction industry. The summit was hosted in-person and virtually, and engaged 35 people with 21 who stayed from start to finish (NOTE: a few people participating virtually dropped off due to technology challenges and some SPCNY team members came in and out of the Summit to observe).

Interested organizations applied to be a part of the first H.O.P.E. Certification cohort. Enrolled organizations were encouraged to build teams who would attend the four (bi-monthly), 6-hour modules that were offered in July through November 2022.

On October 20, 2022 the U.S. Surgeon General Vivek Murthy released a "New Framework for Mental Health & Well-Being in the Workplace" making the SPCNY pilot very timely. The framework call to action was in large part a response to the increasing concerns of the mental health of U.S. citizens resulting from the on-going repercussions of the COVID-19 pandemic.

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[3]"Occupations for Suicide Decedents In New York State Outside of New York City, New York Violent Death Reporting System, 2015-2017" New York State Department of Health Bureau of Occupational Health and Injury Prevention New York Violent Death Reporting System, July 2019

The U.S. Surgeon General's Framework for
Workplace Mental Health & Well-Being

Dr. Vivek Murthy
U.S. Surgeon General

The four modules provided participants with mental health promotion, addiction recovery, and suicide prevention practices to implement within their own organizations. The program concluded on February 15th 2023 with an in-person graduation ceremony in New York City; however, participants were given an extended deadline of May 2023 to complete all of their deliverables. Table A provides greater detail regarding all components of the H.O.P.E. Certification, topics covered, and the date when activities were offered."

> Participants significantly increased ($p < .05$) in their confidence in identifying the warning signs of suicide.

Table A. H.O.P.E. Certification Summit and Module Information

Activity	Topics Covered	Date
Summit	The Summit focused on why workplaces and professional associations were essential partners in suicide prevention. Key industry-specific risks and strengths were also discussed. Goals included designing a plan to assemble diverse stakeholders in a collaborative approach to implement the National Guidelines, assessing organizational readiness, identifying priority practices, understanding the Nine Practices, and developing initial plans for each of the 9 action steps of the National Guidelines.	June 16, 2022
Module 1 –BRONZE	Module 1 focused on leadership and practices 1 and 2. Goals included celebrating successes from the summit, building a community of practice, creating a Needs and Strengths Assessment plan, and making a short leadership video.	July 15, 2022
Module 2 –SILVER	Module 2 focused on psychosocial hazards, communication, and self-care orientation. This module emphasized practices 3, 4, and 5. Goals included celebrating shared learning from Module 1, reinforcing a community of practice, developing a plan to address Psychosocial Hazards at work, drafting a Content Calendar, planning for an awareness day, and identifying a mental health screening tool.	August 11, 2022
Module 3 –GOLD	Module 3 focused on how to create a stratified training program, develop a peer support plan, and conduct mental health resource audits. This module integrated practices 6, 7, and 8. Goals included celebrating shared learning from Modules 1 and 2, reinforcing a community of practice, developing a stratified training program plan, implementing a general awareness or basic skills training, drafting a plan for a peer support program, and conducting a mental health and crisis resources audit.	October 27, 2022
Module 4 –PLATINUM	Module 4 focused on risk mitigation, crisis response, and strategies to pay it forward. This module included practice 9. Goals included celebrating shared learning from Modules 1, 2, and 3, learning how to mitigate lethal means and harm reduction risk and handle HR/legal issues, developing a plan to handle mental health emergencies and providing postvention support, and paying it forward through philanthropy, volunteering, and sharing learning with others.	November 30, 2022

Organizations that completed the deliverables associated with each module received that level of certification. For example, organizations that completed Module 1 training and associated deliverables received BRONZE certification. The H.O.P.E. Certification engaged a second external firm, the Wisconsin-based Evergreen Certifications, to provide 3rd party verification of the organizational implementation efforts. Dr. Sally Spencer-Thomas and Sarah Gaer provided additional coaching and support. Table B displays the modules and their corresponding deliverables.

Evergreen Certifications' mission is to certify "behavioral health, healthcare, allied health and education professionals and organizations. Evergreen Certifications partners with leading knowledge experts to develop and uphold certification standards that are rigorous and respected, but also accessible and affordable." For the H.O.P.E. program Evergreen Certifications oversaw the completion of the module-associated deliverables and knowledge quizzes, while also providing resource and video tutorials to help participants fulfill certification requirements.

Table B. H.O.P.E. Certification Module Deliverables

Module	Deliverables
Module 1 – BRONZE	1. Leadership Video 2. Needs and Strengths Assessment
Module 2 – SILVER	3. Awareness Day Event (e.g., World Suicide Prevention Day) 4. Awareness Mental Health Promotions/Suicide Prevention content calendar 5. Town Hall-Style meeting to identify "Psychosocial Hazards" 6. Self-screening initiative
Module 3 – GOLD	7. Implement a general awareness session or basic skills training 8. Evaluate the general awareness session or basic skills training 9. Submit a 2-page summary of what was accomplished and lessons learned 10. Develop or enhance a peer support program plan 11. Create a 2-page summary of the peer support program plan 12. Submit a "What to Expect" document describing five vetted mental health services 13. Develop a 12-step mental health resources promotion plan (i.e., one promotional activity per month)
Module 4 - PLATINUM	14. Create and share a 1-page summary regarding lethal means safety (i.e., suicide prevention) or harm reduction (i.e., substance misuse/overdose prevention) with workers 15. Review the A White Paper for HR Professionals and Employment Lawyers: Mental Health Promotion and Suicide Prevention in the Workplace — Policy and Response Recommendations to Help Employers Positively Impact Workers and the Work Environment 16. Facilitate a conversation with HR/Legal about the information in the HR/Employment 17. Develop a Mental Health Emergencies and Postvention Protocol 18. Create a Suicide/Overdose Grief Toolkit 19. Submit a 1-page summary plan of how to "pay it forward" through philanthropy, volunteering, sharing information, and enrolling new organizations 20. Circulate the Community Post-Test with "Required Questions"

VitalCog in Construction

As a part of the H.O.P.E. Certification, Dr. Sally Spencer-Thomas, and Sarah Gaer conducted a 90-minute virtual training opportunity known as VitalCog in Construction. Formerly known as Working Minds, this training educated and equipped individuals and businesses with tools to proactively address mental health and suicide concerns within the workplace[4]. The VitalCog training was conducted on October 27, 2022.

Methodology

To evaluate the effectiveness of the H.O.P.E. Certification program, SPCNY partnered with Research Evaluation Consulting LLC (REC), an external evaluation firm. SPCNY also worked with the Helen & Arthur E. Johnson Depression Center from the Department of Psychiatry located at the University of Colorado Anschutz Medical Campus to evaluate the VitalCog training.

Data Collection

REC developed 10 surveys to evaluate the H.O.P.E Certification program – one Summit Survey (i.e., post-test only), eight Pre- and Post-test Surveys for Modules 1 – 4, and one Graduation Survey (i.e., post-test only).[5] All pre-test survey data was collected before each module began. All post-test survey data was collected at the end of the summit, modules, or graduation. The Summit Survey asked about participants' organizations, reasons for engaging in the summit, experiences with mental health and suicide prevention, and time within the construction industry. The survey also asked participants to rate their knowledge, confidence in skills, intention to share information, and understanding of the benefits of the summit. Module 1 – 4 Surveys included the same statements and also included content-specific knowledge questions[6]. Pre-test surveys for Modules 2 – 4 also asked participants about what they had accomplished from the previous modules (i.e., creating a Leadership Video, conducting a Needs and Strengths Assessment), and module post-test surveys solicited feedback about the completed module. These surveys also asked about knowledge regarding the National Guidelines. All H.O.P.E. Certification program surveys were administered via SurveyMonkey[7]. On average, Summit participants took five minutes to complete the survey. Module participants took between five to eight minutes to complete the pre-surveys and between three to five minutes to complete the post-surveys.

VitalCog Data Collection

Evaluation of the VitalCog training also involved a pre- and post-test survey with questions specific to the training content. These questions asked participants about their past experiences with individuals considering suicide and provided statements for participants to rate regarding their knowledge of suicide prevention, suicide risk factors, suicide statistics, suicide risk models, and their ability to assist someone at risk for suicide. These surveys were also administered via SurveyMonkey.

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[4]VitalCog. (2023). VitalCog: Suicide Prevention in the Workplace. Helen and Arthur E. Johnson Depression Center. Retrieved from: https://www.coloradodepressioncenter.org/vitalcog/#:~:text=Vi-talCog%20trains%20organizations%20to%20proactively,encouraging%20early%20identification%20and%20intervention

[5]Contact Dr. Annette Shtivelband (annette@researchevaluationconsulting.com) to request a copy of any of the surveys.

[6]For example, content knowledge statements from Module 3 surveys focused on participants' knowledge of stratified suicide prevention training programs, creating a training strategy, developing a peer support program, and the different mental health services from their organization.

[7]SurveyMonkey is an online survey administration platform (surveymonkey.com).

Data Analysis

REC analyzed both quantitative (i.e., close-ended) and qualitative (i.e., open-ended) data for this project. Quantitative data, or information that is easily represented through numbers, included demographic questions (e.g., organization, position) or rating statements. REC analyzed this data using both descriptive and inferential statistical techniques. Descriptive statistics describe the overall data characteristics, and include measures of trend and tendency, such as the mean[8] and range[9] . Inferential statistics[10] examine differences in different groups of data, including through t-tests[11]. For all inferential statistical tests, REC reported and interpreted the significance of the results based on p-values[12].

Qualitative data, or information not easily represented by numbers, comes primarily from open-ended responses. Open-ended data explores complex phenomena, such as opinions and personal statements. REC analyzed all given responses to the surveys' open-ended questions, coded them for common themes and patterns, and grouped those themes together using a Grounded Theory Approach[13]. This method yielded a picture of the typical responses given for each question. To better describe the themes, REC also identified representative quotes that illustrated individuals' responses.

Sample Size

REC reported the sample size, or n, throughout the report. Sample size refers to how many individuals provided an answer for a particular question. The sample size varied throughout the evaluation, as not all participants attended each module or answered each question. To maintain data integrity, REC omitted participants who completed 30% or less of the surveys. Throughout this report, the capitalized and italicized letter 'N' indicates the total number of possible participants, whereas the lowercase n represents a subset of the whole group.

There were 21 Summit attendees and 20 attendees (95.2%) completed at least one survey. For Module 1, there were 16 attendees and 13 attendees (81.3%) completed at least one survey. Module 2 had seven attendees and all attendees (100%) completed at least one survey. Similarly, Module 3 and Module 4 each had 10 attendees and all attendees (100%) completed at least one survey. In addition, there were 12 VitalCog attendees and all attendees (100%) completed at least one survey.

Organizations created teams to complete the H.O.P.E. Certification program. Teams consistently had at least one representative attend each module. The teams

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[8]Mean (M): An average (i.e., arithmetic mean) used to describe the central tendency of groups of data.

[9]Range: A number computed by subtracting the minimum number in a dataset from the maximum number in that dataset. The range describes the spread of a set of data, with a higher number often indicating more spread in the data and a lower number indicating less spread in the data. Outliers, or unexpected extreme values, may influence the range. When reporting the range, REC ensured that no outliers influenced the interpretation.

[10]Inferential Statistics: Techniques used to identify significant patterns in groups of data (e.g., do participants feel confident implementing the nine practices in their organizations?).

[11]T-test: This statistical test compares two groups of data to determine if they are significantly different (e.g., do participants have higher content knowledge after the modules compared to before?).

[12]P-value: A p-value is the result of a statistical test. P-values under .05 (i.e., p < .05) suggest that differences between groups of data are extreme enough to draw conclusions from, whereas p-values over .05 (p > .05) correspond to differences that do not indicate meaningful differences.

[13]Grounded Theory Approach: A technique developed for analyzing qualitative data. Key steps include coding all responses for major categories/concepts, grouping those categories/concepts, and identifying relevant relationships between responses (Hallberg, 2006).

worked together to complete each deliverable. Three teams completed the H.O.P.E. Certification program – CNY Group (PLATINUM), IUOE Local 825 (PLATINUM), and NYS Laborers Health and Safety Fund (BRONZE)[14]. At each module, CNY Group had up to seven representatives, IUOE Local 825 had up to two representatives, and NYS Laborers Health and Safety Fund had up to three representatives.[15]

Results

This section describes key findings from the H.O.P.E. Certification program and the VitalCog training evaluation.

H.O.P.E. Certification Findings

Key findings from the summit, modules, and graduation are presented.

New York State Summit on Mental Wellness in Construction Participants

Between 19 – 20 participants (95% – 100%) provided information about themselves and their companies. Participants were from Mid-Sized (n = 6, 31.6%), Small-to-Mid-Sized companies (n = 5, 26.3%), Large companies (n = 2, 10.5%), Small companies (n = 2, 10.5%), Start Up companies (n = 2, 10.5%), and Very Large companies (n = 2, 10.5%). Participants represented Unions (n = 7, 36.8%), Construction Management Companies (n = 4, 21.1%), Subcontractors (n = 3, 15.8%), Construction Vendors (n = 2, 10.5%), Consultants, (n = 1, 5.3%), General Contractors (n = 1, 5.3%), or Professional Associations (n =

1, 5.3%), General Contractors (n = 1, 5.3%), or Professional Associations (n = 1, 5.3%). More than half of participants (n = 12, 60%) were industry veterans with over 10 years of experience in construction, followed by one to ten years (n = 7, 35%) and less than one year (n = 1, 5%). When asked about their job title, participants selected Other[16] (n = 6, 31.6%), Company Officer/C-Suite (n = 5, 26.3%), Construction Employee/Engineer (n = 2, 10.5%), Field Manager (n = 2, 10.5%), Organizer/Union (n = 2, 10.5%), Project Manager (n = 2, 10.5%), and Professional Association (n = 1, 5.3%).

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[14]This team has not yet completed the deliverables associated with Modules 2, 3, and 4.

[15]Three other organizations attended Module 1, but did not continue with the certification program. Three other organizations attended Module 1, but did not continue with the certification program

[16]Other titles included Consultant, Executive Assistant, Funds Manager, General Superintendent, HR, and Training Coordinator.

New York State Summit on Mental Wellness in Construction and Module Content Findings

In post-test surveys, participants were asked to provide feedback on the summit and modules. Table C shows the total number of participants, strengths, areas for improvement, and average satisfaction rating for each activity.

Table C. New York State Summit on Mental Wellness in Construction and Module Feedback

Activity	n[17]	Strengths	Areas for Improvement	Average Satisfaction[18]
Summit	20	• Interacting with other attendees • Quality of the presenters • Applicable content	• Technology issues • Amount of time allotted for the Summit (both more and less)	4.50
Module 1 – BRONZE	16	• Interacting with other attendees • Informative materials • Presentation videos	• No suggestions • More time with the material and discussions • Difficulties devoting time to the modules • Technology issues	4.50
Module 2 – SILVER	7	• Informative materials • Practical ideas for implementation • Discussions	• Technology issues • No suggestions • Better time management • Having the presentation in person	4.57
Module 3 – GOLD	10	• Module content • Group collaboration	• Better time management • Providing questions in chat for breakout rooms • N/A	4.50
Module 4 – PLATINUM	10	• Module content • Group collaboration	• No suggestions • Improving the length • Providing more time for group discussion	4.78

At the end of Module 4, participants were asked about the most impactful aspect of the H.O.P.E. Certification program. Eight participants shared the following quotes:

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[17]Response rates varied as not all participants answered the post-test open-ended questions regarding the strengths and areas for improvement with each module. Specifically, between 15 – 20 participants (75% – 100%) responded in the Summit Survey, between 11 – 12 participants (68.8% – 75%) shared their feedback for Module 1, all participants responded for Module 2, between 7 – 10 participants (70% – 100%) responded for Module 3, and between 7 – 9 participants (70% – 90%) provided feedback for Module 4.

[18]Satisfaction was rated on a scale from 1 (i.e., Not at all Satisfied) to 5 (i.e., Very Satisfied).

- "Being able to get help for myself and others"
- "Initiated conversations with others"
- "Jobsite visits"
- "Join this committee"
- "Our townhall reviews. And assessing our benefits"
- "Preparing the Peer-to-Peer network for our voice"
- "Recruiting"
- "Share with my friends and family. Awareness"

H.O.P.E. Certification Module Impacts

For the Module Surveys (pre- and post-test), participants rated statements that related to constructs of content knowledge, confidence in skills, intention to share, and understanding of the module's benefits for each training. Ratings represented a scale from 1 (i.e., Strongly Disagree) to 5 (i.e., Strongly Agree). Comparisons were made between the statement ratings pre- and post-test, and reported across time. All participants who completed both surveys for a module, regardless of certification completion status, were included in these comparisons. **Asterisks denote significant increases from pre- to post-test for each module.**

Content Knowledge

Participants were asked between four and nine questions about their knowledge of the module content. Before the module, content knowledge average ratings represented Neither Agree nor Disagree and Agree. After the modules, average ratings were between Agree and Strongly Agree, and content knowledge significantly increased after completing the module ($p < .05$)[19]. These findings indicate that each module significantly increased participants' content knowledge from the H.O.P.E. Certification. Chart A presents the comparison of content knowledge between the pre- and post-test surveys and across time.

Chart A. Content Knowledge (n = 7 – 20)
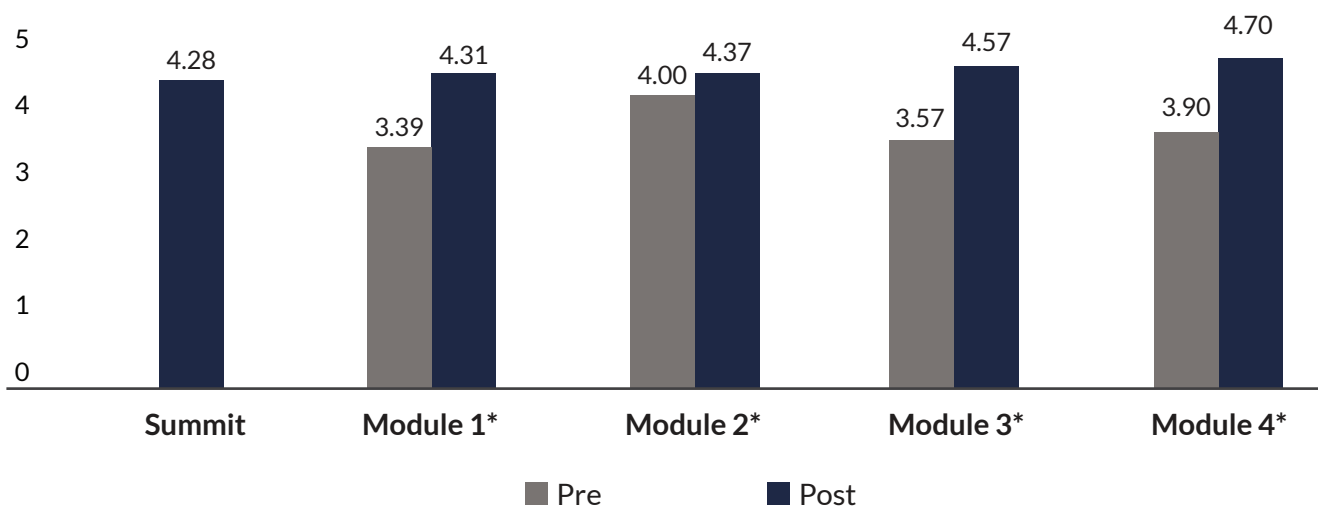
[19]The pre-test average for all modules was 3.72 and the post-test average for the summit and four modules was 4.45.

Confidence in Skills

Next, participants rated between one and three statements that reflected confidence in their skills during each module. In the pre-test surveys, participants' ratings were between Neither Agree nor Disagree and Agree, aside from the Module 2 rating which was between Agree and Strongly Agree[20]. Similar to content knowledge, confidence in skills also increased at the conclusion of the summit and modules, with all post-test averages between Agree and Strongly Agree[21]. Participants showed significantly increased confidence in their skills from the pre- to post-test for all modules (p < .05). **These findings suggest that participants had greater confidence in their skills after engaging in the H.O.P.E. Certification.** Chart B presents the comparison of confidence in skills between the pre- and post-test surveys and across time.

Chart B. Confidence in Skills (n = 7 – 20)
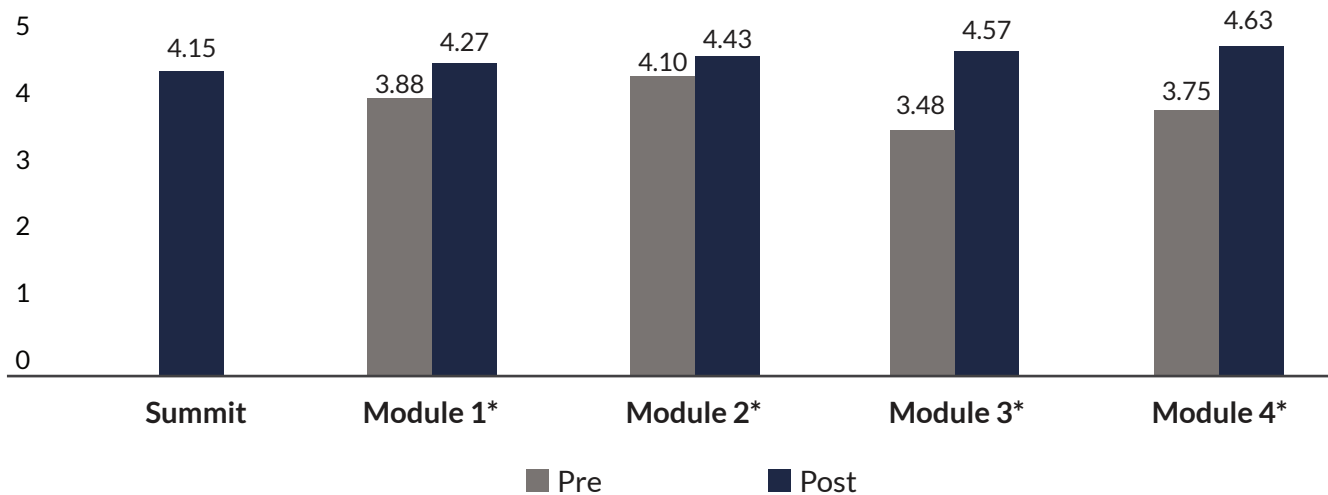
Intention to Share Knowledge

Participants also rated between three to five statements that measured their intention to share their knowledge. These rating were somewhat different from those for content knowledge and confidence in skills. All average ratings were between Agree and Strongly Agree for both the pre- and post-test[22]. Participants showed no appreciable change in their pre- and post-test intentions for Module 2 (p > .05). In contrast, participants reported significant increases in their intention to share knowledge for Modules 1, 3, and 4 (p < .05). Such findings indicate that participants already had strong intentions to share their knowledge with others before engaging in H.O.P.E Certification and this intention was sustained and increased after participation. Chart C displays comparisons of the intention to share knowledge responses.
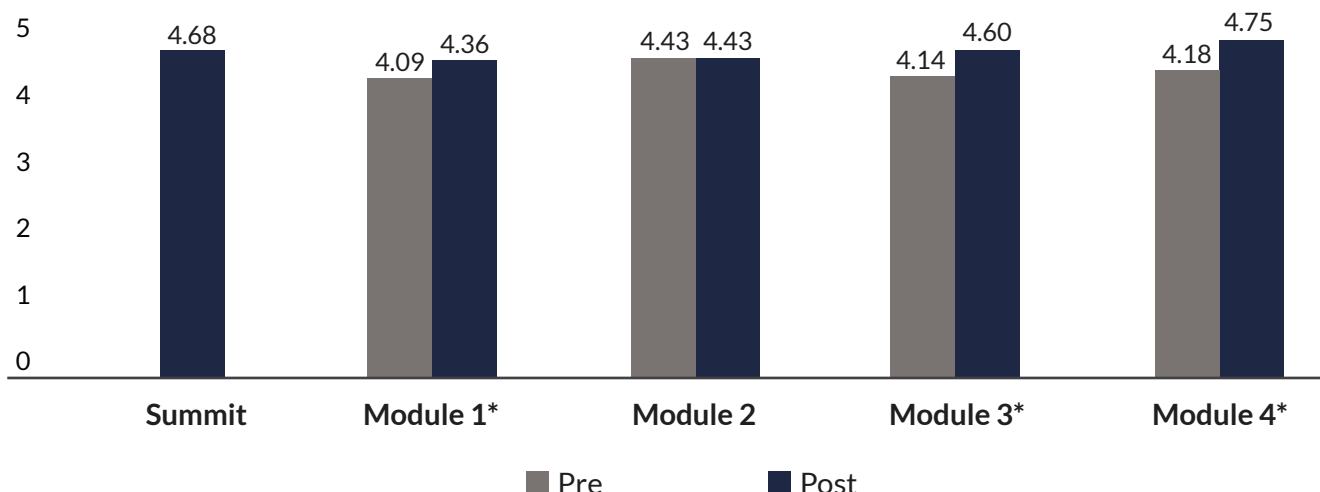
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[20]The pre-test average for all modules was 3.80.

[21]The post-test average for the summit and four modules was 4.41.

[22]The pre-test average for all modules was 4.21 and the post-test average for the summit and four modules was 4.56.
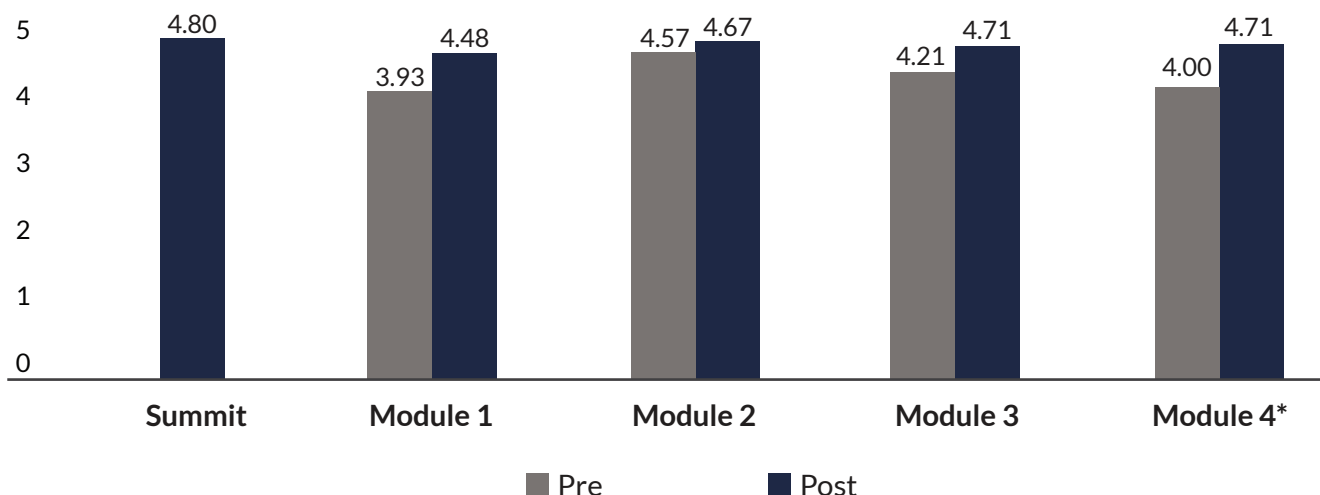
Chart C. Intention to Share Knowledge (n = 7 – 20)

Chart showing Pre and Post values:
- Summit: Post 4.68
- Module 1*: Pre 4.09, Post 4.36
- Module 2: Pre 4.43, Post 4.43
- Module 3*: Pre 4.14, Post 4.60
- Module 4*: Pre 4.18, Post 4.75

Pre ■ Post ■

Understanding the Benefits of the Modules

Finally, participants rated between one and six statements that demonstrated their understanding of the module's benefits. All modules had pre-test averages between Agree and Strongly Agree except for Module 1[23]. Similar to findings for the other constructs, participants had average post-test ratings between Agree and Strongly Agree for the summit and all modules[24]. While the average rating for all modules increased from pre- to post-test, this increase was only significant for Module 4 participants ($p < .05$). **These findings may suggest a ceiling effect in which participants already understood the benefits of the modules and their ratings remained stable and high with only Module 4 showing a significant increase.** Chart D compares participants' understanding of benefits between the pre- and post-test surveys and across time.

Chart D. Understanding of Benefits (n = 7 – 20)

Chart showing Pre and Post values:
- Summit: Post 4.80
- Module 1: Pre 3.93, Post 4.48
- Module 2: Pre 4.57, Post 4.67
- Module 3: Pre 4.21, Post 4.71
- Module 4*: Pre 4.00, Post 4.71

Pre ■ Post ■

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[23]The pre-test average for all modules was 4.18.
[24]The post-test average for the summit and four modules was 4.67.

Nine Practices Findings[25]

Periodically during the program, participants were asked to rate how much they agreed or disagreed with two statements regarding the Nine Practices of the National Guidelines[26]. For the first statement, many participants Agreed or Strongly Agreed that they felt confident in their ability to implement the Nine Practices at their organization; agreement was highest after Module 2 (85%) and lower after Module 3 (57%) and Module 4 (55%). Participants also rated the second statement, "I learned how to create a plan to implement the National Guidelines for Workplace Suicide Prevention for my organization." Most participants Agreed or Strongly Agreed with this statement during Module 2 (85%), but fewer during Module 3 (57%) and Module 4 (44%).

Evergreen Certifications Findings

Throughout H.O.P.E. Certification, Evergreen Certifications provided additional resources for participants to help them complete deliverables to obtain BRONZE, SILVER, GOLD, and PLATINUM status. After Module 3, participants (n = 10) were asked to identify which Evergreen Certifications resources they used to complete their deliverables. Participants engaged most with Evergreens Online portal (n = 5, 50%), Quizzes (n = 5, 50%), Readings (n = 4, 40%), and Staff members (n = 4, 40%). Chart E presents all options selected by participants[27].

Chart E. Evergreen Certifications Resources (n = 10)
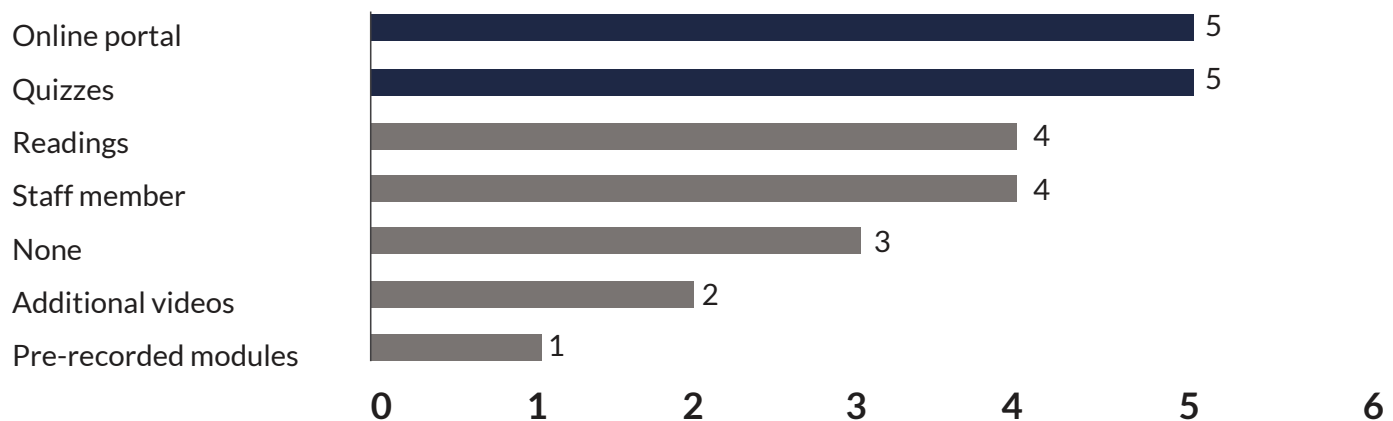
After Module 3, five participants (50%) reported which resources were the most helpful. Two participants responded, "N/A", two participants mentioned Dr. Sally, and one participant shared, "First time in training...still learning." Three participants (30%) also described which resources were least helpful suggesting some complexity with the additional tasks, responding "N/A", or mentioned they were still learning.

Graduation Findings

This section presents findings from the Graduation Survey administered in March and April 2023 via SurveyMonkey. One representative from each of the three organizations (n = 3) who completed the H.O.P.E.

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[25]Module 1 participants were not asked these questions.
[26]Seven Module 2 attendees (100%), seven Module 3 attendees (70%), and nine Module 4 attendees (90%) rated these statements.
[27]Participants could choose more than one resource for this question, resulting in total resources greater than ten.

Certification program (i.e., NYS Laborers Health and Safety Fund, the CNY Group, and IUOE Local 825) participated in the survey. The survey included questions on which activities were implemented from Module 1 (BRONZE), Module 2 (SILVER), Module 3 (GOLD), and Module 4 (PLATINUM) by each organization. Participants were also asked follow-up questions about the implementation of the National Guidelines and experience with Evergreen Certifications at their organization. The results are presented below as case studies.

NYS Laborers Health and Safety Fund – BRONZE Level

The NYS Laborers Health and Safety Fund is part of the Laborers' International Union of North America (LiUNA) and serves 40,000 members. LiUNA began in 1903 and the fund is recognized in the constructing industry, as it seeks to find new ways to make workers healthier and worksites safer. During the H.O.P.E. certification program, the NYS Laborers Health and Safety Fund had up to three union members attend the trainings. At graduation, NYS Laborers Health and Safety Fund reported implementing all activities for Module 1 (BRONZE), 50% of activities for Module 2 (SILVER), 42.9% of activities for Module 3 (GOLD), and none of the activities for Module 4 (PLATINUM). Table D shows the number and percentage of activities completed per module by NYS Laborers Health and Safety Fund and a list of those activities.

Table D. Module Activities Completed by NYS Laborers Health and Safety Fund

Modules	Number of Activities Completed (%)	Activities Completed
Module 1 – BRONZE	2 out of 2 (100%)	1. Created a 3-minuted edited Leadership video to increase buy-in from workers 2. Shared a brief of findings from the Needs and Strengths Assessment with Leadership and/or membership
Module 2 – SILVER	2 out 4 (50%)	3. Implemented an Awareness Day Event 4. Planned for year-long mental health promotions/Suicide prevention content calendar
Module 3 – GOLD	3 out of 7 (42.9%)	5. Implemented a general awareness session or basic skills training 6. Evaluated the general awareness session or basic skills training 7. Developed or enhanced a peer support program plan
Module 4 – PLATINUM	0 out of 7 (0%)	No Activities Reported

Table E. Open-Ended Responses Provided by NYS Laborers Health and Safety Fund

Modules	Number of Activities Completed (%)	Activities Completed
Module 1 – BRONZE	How did others respond [to the activities]? "[We] were not aware of the amount of our members who have been affected by suicide."	"[We] were not aware of the amount of our members who have been affected by suicide."
Module 3 – GOLD	Which activity, if any, was most helpful for your organization?	"The training."
Module 4 – PLATINUM	How have you applied what you learned from Module 4 at your organization?	"We provide CISM as a tool for our local contractors."

Participants were asked to rate their level of agreement with two statements regarding the Nine Practices of the National Guidelines. At graduation, the participant representing NYS Laborers Health and Safety Fund Agreed that they felt confident in their ability to implement the Nine Practices and learned how to create a plan to implement the National Guidelines for Workplace Suicide Prevention for their organization. When asked what impact the implementation of the National Guideline had on their workforce, the participant stated, "It has provided the motivation to help implement the discussion and tools for implementation."

NYS Laborers Health and Safety Fund utilized several Evergreen Certifications resources, including additional videos, contact with a staff member for support, an online portal, pre-recorded modules, readings, and quizzes. Contact with staff was cited as the most helpful resource, while the quizzes were reported as the least helpful resource.

CNY Group – PLATINUM Level[28]

The CNY Group is a mid-sized Construction Management Company with about 100 employees. They were founded in 2003 and provide construction management, design assistance, development management, risk management, and support construction at-risk services in New York state. During the H.O.P.E. Certification program, the CNY Group had up to seven employees attend the trainings. At graduation, the CNY Group implemented all the activities for Module 1(BRONZE), Module 2 (SILVER)[29] , and Module 3 (GOLD), as well as 42.9% of activities for Module 4 (PLATINUM). Table F shows the number and percentage of activities completed per module by the CNY Group and a list of those activities

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[28]Since the Graduation Survey was completed, CNY Group completed all activities associated with Module 4 and achieved PLATINUM status.
[29]CNY Group were not asked questions related to activities for Module 1 and Module 2 since these activities were completed before the survey was administered.

Table F. Module Activities Completed by the CNY Group

Modules	Number of Activities Completed (%)	Activities Completed
Module 1 – BRONZE	2 out of 2 (100%)	1. Created a 3-minuted edited Leadership video to increase buy-in from workers 2. Shared a brief of findings from the Needs and Strengths Assessment with Leadership and/or membership
Module 2 – SILVER	4 out of 4 (100%)	3. Implemented an Awareness Day Event 4. Implemented an Awareness Mental Health Promotions/Suicide Prevention content calendar 5. Held a Town Hall-Style meeting to identify "Psychosocial Hazards 6. Implemented a self-screening initiative
Module 3 – GOLD	7 out of 7 (100%)	7. Implemented a general awareness session or basic skills training 8. Evaluated the general awareness session or basic skills training 9. Submitted a 2-page summary of what was accomplished and lessons learned 10. Developed or enhanced a peer support program plan 11. Created a 2-page summary of the peer support program plan 12. Submitted a "What to Expect" document based on the Hensel Phelps model 13. Developed a 12-step mental health resources promotion plan
Module 4 – PLATINUM	3 out of 7 (42.9%)*	14. Reviewed the HR/ Employment Document 15. Had a conversation with HR/Legal about the information in the HR/Employment Document 16. Circulated the Community Post-Test with required questions

*At the time of the graduation survey CNY had only completed 3 out of the 7 activities, however, CNY was able to complete all activities for Module 4 by May 31, 2023 and earned PLATINUM Status at that time.

Table G includes additional module feedback questions for the CNY Group.

Table G. Open-Ended Responses Provided by the CNY Group

Modules	Additional Questions	Participant Response
Module 3 – GOLD	Which activity, if any, was most helpful for your organization?	"The activity that was most helpful was the What to Expect. We learned where our resource weaknesses are and were given ideas on how to fill gaps. It also helped us create meaningful communications on the resources we do have. I do want to note that the information and guidance around how to develop a peer support network will have the most lasting impact. While we haven't actually launched our peer network, we've identified a need for one and developed a plan. We would not have considered or developed a peer network if we had not gone through the HOPE certification."
Module 4 - PLATINUM	Which activity, if any, was most helpful for your organization?	"Note, this program may be done, but CNY is still working on things! We believe we will have all the activities completed by the first week of May. As of today, the most helpful activity was the HR legal review. It helped us consider

Modules	Number of Activities Completed (%)	Activities Completed
		some of the liabilities of having some of these programs. The discussions with HR/Legal helped get everyone on the same page about what our goals and next steps should be."
	How have you applied what you learned from Module 4 at your organization?	"Yes, we've begun conversations with our Safety department to ensure that our safety plans and procedures incorporate psychological safety and include the postvention toolkit we created. We hope to have everything implemented on our next active job."

At graduation, the participant from the CNY Group Strongly Agreed that they felt confident in their ability to implement the Nine Practices and learned how to create a plan to implement the National Guidelines at their organization. When asked what impact the implementation of the National Guideline had on their workforce, the participant stated, "55% of our population stated that they feel more comfortable talking about mental health as compared to a year ago. 38% of our population feels like they have the tools to help those struggling at work (an 8% increase from when we last surveyed). Finally, questions about the organization - if we had a caring culture, prioritized mental health etc. all saw an uptick. 32% more of the respondents believe that CNY is a leader in suicide prevention and mental health promotion." From comparisons made between respondents of the CNY Group's 2022 and 2023 community needs and strengths assessment, a higher percentage of respondents from 2023 felt that the CNY Group is a leader in the industry (62.7% versus 36.8%), that they had the tools and resources to help those struggling at work (41.1% versus 39.5%), and that the CNY Group prioritizes mental health (80.4% versus 50%)[30]. In addition, 58.8% of respondents indicated they felt comfortable speaking about mental health in the workplace. These findings highlight some additional impacts from completing the H.O.P.E. Certification program.

[30]Additional findings from the community needs and strengths assessment are available upon request.

The CNY Group also utilized several Evergreen Certifications resources, including contact with a staff member for support, the online portal, readings, and quizzes. The CNY Group reported that contact with staff and the portal were the most useful resources, "Rachel Hedrington was a delight to work with. So helpful in ensuring we were able to get things submitted and understood how the portal worked. The portal is great because we can go back and look at the resources provided during the certification process." The quizzes were reported as the least helpful resource, "The quiz questions were sometimes a little confusing. But generally I think they did recap the material covered well."

IUOE Local 825 – International Union of Operating Engineers – PLATINUM Level[31]

IUOE Local 825 represents 8,200 highly trained and experienced heavy equipment operators, mechanics, and surveyors who support contractors throughout New Jersey and five counties in New York's Hudson Valley. Founded in 1896, this union's mission is to equip its members with educational resources to develop their skills, recruit a diverse membership that is part of an inclusive environment, and ensure that their members remain competitive in the industry. At graduation, IUOE Local 825 reported implementing all the activities for Module 1(BRONZE), 50% of activities for Module 2 (SILVER), 100% of activities for Module 3 (GOLD), and 57.1% of activities for Module 4 (PLATINUM). Table H shows the number and percentage of activities completed per module by IUOE Local 825 and a list of those activities.

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[31]Since the Graduation Survey was completed, IUOE Local 825 completed all activities associated with Module 4 and achieved PLATINUM status.

Table H. Module Assignments Completed by IUOE Local 825

Modules	Number of Activities Completed (%)	Activities Completed
Module 1 - BRONZE	2 out of 2 (100%)	1. Created a 3-minuted edited Leadership video to increase buy-in from workers 2. Shared a brief of findings from the Needs and Strengths Assessment with Leadership and/or membership
Module 2 – SILVER	2 out 4 (50%)**	3. Hosted a Town Hall-Style meeting to identify "Psychosocial Hazards" 4. Implemented Self-screening initiative
Module 3 – GOLD	7 out of 7 (100%)	5. Implement a general awareness session or basic skills training 6. Evaluate the general awareness session or basic skills training 7. Submit a 2-page summary of what you did and lessons learned 8. Develop or enhance your peer support program plan? 9. Create a 2-page summary of the peer support program plan 10. Submit a "What to Expect" document based on the Hensel Phelps model 11. Develop a 12-step mental health resources promotion plan (i.e., one promotional activity per month)
Module 4 - PLATINUM	4 out 7 (57.1%)**	12. Create and share a 1-page summary regarding lethal means safety (i.e., suicide prevention) or harm reduction (i.e., substance misuse/overdose prevention) with workers 13. Develop a Mental Health Emergencies and Postvention Protocol 14. Create a Suicide/Overdose Grief Toolkit 15. Submit a 1-page summary of how you plan to "pay it forward" through philanthropy, volunteering, sharing information, and enrolling new organizations

**At the time of the graduation survey IUOE Local 825 had only completed 2 out of the 4 activities in Module 2 and 4 out of the 7 activities in Module 4, however, IUOE Local 825 was able to complete all activities by May 31, 2023 and earned PLATINUM Status at that time.

Table I includes additional module feedback for the IUOE Local 825

Table I. Open-Ended Responses Provided by IUOE Local 825 of Modules

Modules	Additional Questions	Participant Response
Module 1 - BRONZE	How did others respond [to the activities]?	"We found where we are doing well and found where we need to get more information & resources."
Module 3 – GOLD	Which activity, if any, was most helpful for your organization?	"What to expect from Hensel Phelps is a great resource."***
Module 4 - PLATINUM	Which activity, if any, was most helpful for your organization?	"Our plan on paying it forward - this is important to raise awareness and generate more buy-in."
	How have you applied what you learned from Module 4 at your organization?	"Working contractor by contractor as well as member by member. It's a heavy lift and will take time but persistence will keep us going."

***Hensel Phelps is a large Colorado-based General Contractor who provided the H.O.P.E. Certification team with a model of a "What to Expect from Mental Health Resources" document for others to emulate.

At graduation, the representative from the IUOE Local 825 Strongly Agreed that they felt confident in their ability to implement the Nine Practices at their organization and learned how to create a plan to implement the National Guidelines for their organization. When asked what impact the implementation of the National Guideline had on their workforce, the participant stated, "It's brought leaders to take a deeper look on issues that were being ignored."

> When asked what impact the implementation of the National Guideline had on their workforce, the participant stated, "It's brought leaders to take a deeper look on issues that were being ignored."

VitalCog Findings

Twelve individuals also participated in the VitalCog training, and seven participants (58.3%) completed both pre- and post-test surveys about their experiences. For both surveys, all participants (n = 7, 100%) had been in contact with someone they were concerned might have suicidal thoughts or feelings. These participants (n = 7, 100%) also reported that they discussed their concerns with those individuals. Further, participants rated statements about their understanding, comfort, and confidence around mental health and suicide prevention using a scale from 1 (i.e., Strongly Disagree) to 5 (i.e., Strongly Agree). On average, participants provided ratings between Neither Agree nor Disagree and Agree (M = 3.83) for the pre-test survey, and ratings between Agree and Strongly Agree for the post-test survey (M = 4.34)[32]. **While all ratings increased after the training[32], only the statement about confidence in identifying warning signs of suicide significantly improved (p < .05).** Table J presents each statement along with its corresponding pre- and post-test average rating and the overall average ratings.

Table J. VitalCog Statement Ratings (N = 7)[34]

Statement	Pre	Post
I am comfortable talking to someone about suicide.	4.29	4.57
I feel comfortable talking to someone about getting help.	4.29	4.57
I understand why suicide prevention is a health and safety priority in the construction industry.	4.29	4.57
I feel confident I can identify the warning signs of suicide.*	3.43	4.43
I feel knowledgeable about suicide prevention.	4.00	4.29
I know about suicide prevention resources.	3.57	4.29
I know how to get help for someone thinking about suicide.	3.57	4.29
I understand models of suicide risk (e.g., Joiner Model).	3.43	4.29
I know about suicide risk factors.	3.71	4.14
I know the statistics around suicide attempts and deaths	3.71	4.00
Average	3.83	4.34

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[32]Pre-survey SD was 0.66 and post-survey SD was 0.36.

[33]Increases in average ratings ranged from 0.29 to 1.00.

[34]Ratings for the statements "I know how to get help for someone thinking about suicide" and "I know about suicide prevention resources" along with the average ratings were all marginally significant (p < .10).

Discussion

Coordination and Facilitation

Dr. Sally Spencer-Thomas and Sarah Gaer were hired by SPCNY to pilot test H.O.P.E. Certification and VitalCog with construction company employees, unions, and contractors to learn about mental health and suicide prevention. REC and the Helen & Arthur E. Johnson Depression Center evaluated the implementation, strengths, and areas for improvement of these programs. Evergreen Certifications provided 3rd-party verification that all deliverables had been implemented according to set standards."

New York State Summit on Mental Wellness in Construction and H.O.P.E. Certification Pilot

Summit participants represented various companies within the construction sector and had diverse industry experience and occupational titles. Over half of the participants were from Mid-Sized and Small-to-Mid-Sized companies (58%), with the remaining representing Large companies, Small companies, Start Up companies, and Very Large companies (11% each). Participants were primarily from Unions (37%), Construction Management Companies (21%), and Subcontractors (16%). Almost two-thirds of participants (60%) had over 10 years of experience in the construction industry, followed by one to ten years (35%) and less than one year (5%). Finally, participants most often selected Other[35] (32%) or Company Officer/C-Suite (26%) as their occupational titles. **Such findings indicate that a diverse group of individuals holding a range of organization roles attended the New York State Summit on Mental Wellness in Construction and represented companies of varied sizes.**

Representatives from three organizations, the CNY Group, IUOE Local 825, and NYS Laborers Health and Safety Fund, were the most consistent H.O.P.E.

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[35]Other included: Consultant, Executive Assistant, Funds Manager, General Superintendent, HR, Training Coordinator.

Certification participants and these organizations completed the H.O.P.E. Certification program. Average satisfaction ratings were high (between Satisfied and Very Satisfied)and participants reported both strengths and areas for improvement for the summit and individual modules. Participants especially saw strengths in the program's group collaboration and content, while noting technology issues and timing (e.g., time allotted, time management) as areas for improvement. **In sum, H.O.P.E. Certification participants were satisfied with the program, appreciated its strengths, and suggested areas for improvement.**

After attending individual modules, participants frequently had increased content knowledge, confidence in skills, intention to share knowledge, and understanding of the modules' benefits. All post-test averages for the summit and modules were between Agree and Strongly Agree. Participants experienced significant increases ($p < .05$) in their content knowledge and confidence in skills after each module. For Modules 1, 3, and 4, the intention to share knowledge significantly ($p < .05$) increased. Module 4 was the only module where participants showed significantly ($p < .05$) increased understanding of the module's benefits, but post-module average ratings remained high.

> **Overall, the H.O.P.E. Certification program components appeared effective in growing participants' knowledge, confidence, and intentions to act around mental health and suicide prevention.**

New data regarding participants' knowledge and confidence to implement the Nine Practices was collected in Module 2 onward. Ratings across these two statements were inconsistent across time. For example, Module 2 (85%) participants reported the most confidence in implementing the Nine Practices compared to Module 3 (57%) and Module

4 (55%) participants. In addition, participants most often agreed that they learned how to create a plan to implement these guidelines after Module 2 (85%), followed by Module 3 (57%) and Module 4 (44%). At graduation, participants from all three organizations (100%) felt confident in their organization's ability to implement the Nine Practices and learned how to create a plan to implement the National Guidelines for Workplace Suicide Prevention. **Overall, participants' knowledge and confidence around the Nine Practices varied during the H.O.P.E. Certification, and were highest for participants who attended Module 2.**

Participants also used many resources from Evergreen Certifications to help them complete each module's deliverables. Findings from Module 3 indicate that participants most often utilized the Online portal (50%), Quizzes (50%), Readings (40%), and Staff members (40%). **At graduation, participants reported that several resources were helpful in the certification process, including contact with staff, the portal, and the pre-recorded modules.** Two of the three organizations rated the quizzes as the least helpful resource.

At graduation, all three participating organizations completed a Workplace Suicide Prevention Graduation Survey and reported varying progress toward completing the certifications. NYS Laborers Health and Safety Fund had two representatives that completed seven of 20 total activities (35%) and reported completing Module 1. The CNY Group was able to complete the most activities (16 of 20 activities completed, 80%) thanks to their seven

representatives and reported completing Modules 1, 2, and 3. IUOE Local 825 had three representatives complete 15 of 20 activities (75%) and reported completing Modules 1 and 3. At graduation, participating organizations reported positive impacts due to the implementation of the National Guidelines through the H.O.P.E. Certification. **Impacts reported included increased engagement from leadership in addressing mental health issues in the workplace, increased motivation to implement the discussion and tools, increased level of comfort with talking about mental health in the workplace, and an overall improvement in workplace culture.**

VitalCog

All seven VitalCog participants who completed the pre- and post-test surveys (100%) reported previous and direct interactions with individuals they were concerned might have suicidal thoughts or feelings. **On average, VitalCog participants had higher levels of understanding, comfort, and confidence around mental health and suicide prevention after they completed the training**. In particular, participants were significantly ($p < .05$) more confident in their ability to identify the warning signs of suicide.
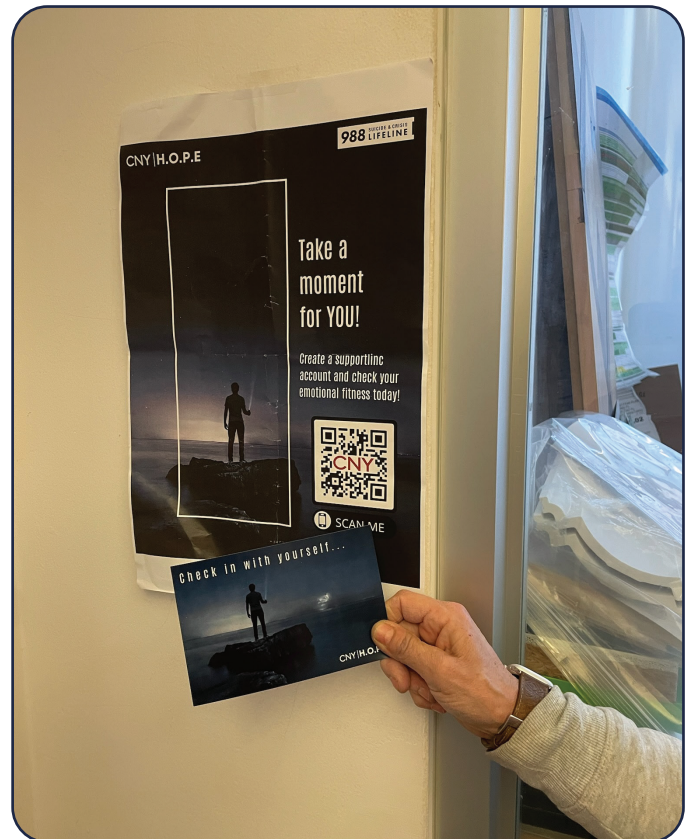
Limitations

Matched analyses capturing modules' impact on individuals' mental health knowledge, confidence, and intentions were often based on limited sample sizes due to the small number of participants who attended the modules and completed both pre- and post-test surveys. Therefore, all inferential statistics should be interpreted with caution, especially comparisons

that identified no statistically significant [36]association. The evaluation results may also have limited generalizability because only three organizations earned any level of H.O.P.E. Certification. Finally, different team members may have completed surveys at different time points. As a result, findings may have been more variable as participants had different degrees of experience with the H.O.P.E. Certification program.

Actionable Recommendations

Based on this pilot evaluation, REC offers eight actionable recommendations.

1) Improve Recruitment Efforts for the Summit.

Only 21 individuals attended the summit, which is far fewer than what would be needed to identify 10 teams for the H.O.P.E. Certification program. While marketing and outreach began in March 2022, the pilot would have benefited from more communication partners to share this opportunity. Given that participating in the H.O.P.E. Certification program requires a large commitment, the summit would have needed at least 100 attendees to increase the probability that at least 10 teams would commit. For future implementation, REC recommends using multiple modalities to recruit potential participants. This may include emails, videos,

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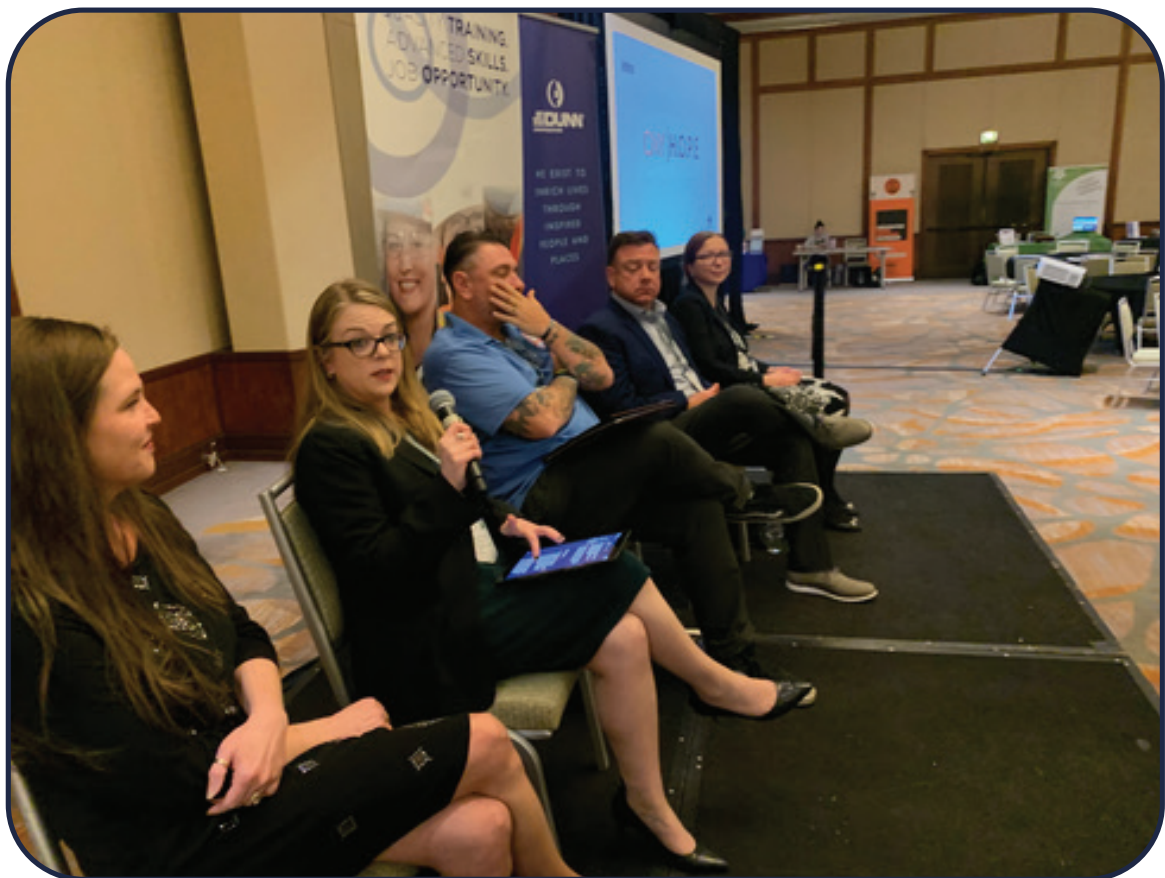
[36]Type 2 errors can be thought of as "false negatives" or errors of inference that can arise when a study fails to identify a true relationship between two variables. Risk of this type of error increases with smaller sample sizes.

potential participants. This may include emails, videos, association announcements, conference communication, social media platforms (e.g., LinkedIn, Facebook), networking events with the target audience, making phone calls to organizational leadership, paid advertisements, creating a flyer or brochure to mail, offering incentives for enrolling, text campaigns, and other ways to spread the word. Noting which approaches were most effective would support future implementation.

2) Encourage a Team-Approach to Complete the H.O.P.E. Certification.

Attending multiple 6-hour modules and completing certification deliverables requires a huge commitment from professionals who also need to fulfill their regular job duties. Some participants and organizations dropped out of the H.O.P.E. Certification after Module 1, noting the time commitment as an area for improvement. In addition, organizations that did complete the H.O.P.E. Certification had teams comprising of two to seven individuals. As such, this program should explicitly encourage organizations to form teams to successfully complete the certification levels. Ensuring that each team has a program manager that

can oversee the process and delegate tasks will also be important. Assigning other roles and responsibilities to other team members such as co-chairs and a communication liaison would also be beneficial. Using a team approach would ensure regular attendance of modules and completion of associated certification deliverables. Further, teams that include individuals from different organizational levels and roles may create opportunities for mental health and suicide prevention advocacy at multiple levels within the organization. Leveraging cohesive and productive teams would improve the implementation of H.O.P.E Certification outside of the training, create a broader culture of awareness, and facilitate certificate completion.

3) Promote the Completion of Each Certification Level.

Given the time commitment associated with the H.O.P.E. Certification and associated deliverables, some organizations may only be able to complete a portion of the program. However, attaining even an initial certification (e.g., BRONZE or SILVER level) is an important step towards improved employee understanding of mental health and suicide prevention and creating a supportive and inclusive workplace culture. Therefore, H.O.P.E. Certification marketing and outreach should clearly communicate that multiple levels of certification are available with varying levels of commitment and organizational effort. Providing the estimated time to complete each level (i.e., the number of hours per deliverable) may also help set expectations. Emphasizing the benefit, wins, and value-add in completing each level may further encourage enrollment and certification completion. Indeed, completing any level should be recognized and celebrated as a notable achievement.

4) Ensure the H.O.P.E. Certification Schedule Aligns with Cohort Needs.

During this pilot year, the H.O.P.E. Certification summit and the first two of four modules were offered in the summer months of June, July, and August 2022. These warm-weather months are traditionally busy periods for the construction industry, which may make it more difficult for such professionals to take time away from their regular work commitments to participate in voluntary certification activities. REC suggests that the program sponsors and instructors consider revising the H.O.P.E. Certification schedule so that most or all of the program components are offered in months when construction projects slow down a bit. There is no way to avoid all scheduling conflicts, especially for programs and trainings that attract participants from multiple regions of the country. However, it is worth exploring if changes to program scheduling can encourage engagement and retention until certification for more organizations. Moreover, as H.O.P.E. Certification expands to other industries, taking into account the unique opportunities and challenges with each cohort may improve outcomes. For example, once teams have enrolled in H.O.P.E. Certification discussing what may challenge and support the successful attainment of the certification levels may help identify effective solutions.

5) Develop Templates, Tools, and Resources to Support Deliverable Completion.

Teams would have benefited from additional templates, tools, and resources to support the completion of certification deliverables. Although participants had increased knowledge and confidence after each module, implementing the associated deliverables in their specific organization or with their union may have resulted in unexpected challenges. Providing more user-friendly materials that guide teams through each of the deliverables could help teams earn their certification levels in a more efficient manner. For example, for the Needs and Strength Assessment, teams were provided a list of questions that they could

utilize. One team leveraged this resource and added a few of their own questions. As a result, they had a starting point to complete this deliverable and collect data from their workforce. In addition, participants who completed the Graduation Survey noted how Evergreen Certifications resources such as contact with staff, the portal, and the pre-recorded modules were helpful whereas other resources were less helpful (i.e., quizzes). Similarly, other materials such as worksheets, step-by-step instructions and a handbook could be created to help guide teams. Furthermore, having designated hours each month or quarter with a coach may provide additional implementation support.

6) Clarify the Connection between the Nine Practices and Module Content.

The Nine Practices are the foundation of the H.O.P.E. Certification program, so it is important for participants to understand the connection between the module content and the Nine Practices. However, participants' knowledge about the Nine Practices and confidence in their abilities to implement them varied across modules. This pattern contrasted with participants' growth in content knowledge, confidence in their skills, intention to share their knowledge, and understanding of the module's benefits. Emphasizing the connection between the Nine Practices and what participants learned during each module is critical, especially when team members attend different modules and have varying levels of understanding. Modules could conclude with participant discussions of which covered practices are expected to be easiest and most difficult to implement. Teams could provide each other with peer support and identify strategies for successful implementation.

7) Address Participant Suggestions for Improvement.

Participants identified several areas for improvement for the H.O.P.E. Certification program. As these themes were consistent across the summit and modules, addressing
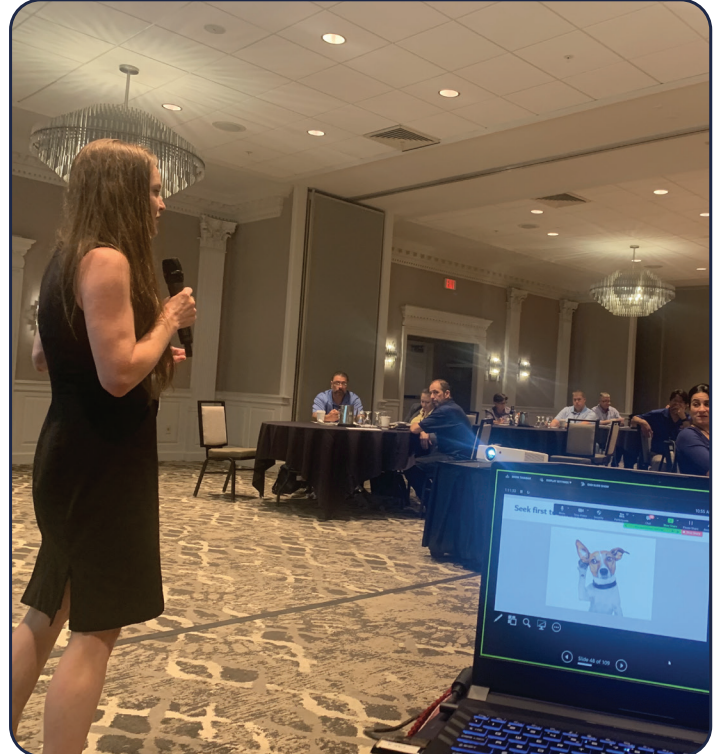
these suggestions could improve participants' experiences and engagement throughout the program. First, participants discussed how technology issues sometimes hindered their abilities to learn. Addressing technology issues would streamline the summit and modules, prevent certain time management challenges, and allow participants to focus on the content. Second, participants described wanting both more and less time during the summit, more breaks, and additional time for discussion. The need for regular breaks, frequent opportunities for discussion, and consistent check-ins on participants' understanding of the material should therefore be incorporated further into the H.O.P.E. Certification program. Third, participants appreciated collaboration and discussion with fellow participants. Since this was a key strength of the program, continuing to implement collaborative activities will likely help participants further their understanding of the content. REC suggests regularly allotting time for such opportunities. Implementing these strategies will help future participants stay engaged throughout H.O.P.E. Certification and improve learning and skill-building.

8) Continue to Make Evaluation a Priority.

As the H.O.P.E. Certification is in its pilot phase, it will be important to measure the program's effect over multiple iterations and with more individuals, industries, and types of organizations. While findings from the evaluation are promising, measuring the impact of the program over time will help ensure that H.O.P.E. Certification is relevant to, and helpful for, future participants. Continued evaluation will capture more participants' experiences and provide feedback about each program iteration's strengths and areas for improvement. REC recommends that future evaluation surveys be updated to account for any changes in module content and implementation while retaining other questions to allow for analyses of program impact over time. REC suggests shortening and streamlining

the summit and module surveys. At present, participants were asked to complete up to 11 different surveys if they attended the summit, all modules, VitalCog, and graduation. This high number of surveys may have caused survey fatigue, threatening the reliability and quality of the data[37]. Perhaps instead of a pre- and post-test survey for each module, a post-test survey only may suffice. Another possibility is to ask questions regarding module implementation in the graduation survey only rather than after each pre-test module. By implementing fewer or substantially shorter surveys, participants would continue to have the opportunity to report on their experiences while reducing the potential for survey fatigue and maintaining the quality of the evaluation data. Continuing to make evaluation a priority will help capture program effectiveness over time and allow participant feedback to continue informing program updates and improvements.

Conclusion

The H.O.P.E. Certification and VitalCog programs, offered by SPCNY in partnership with Dr. Sally Spencer-Thomas and Sarah Gaer, provided suicide prevention and mental health training to organizations in the construction sector in New York. Three teams completed the Certification program with the CNY Group and IUOE Local 825 reaching the PLATINUM level and NYS Laborers Health and Safety Fund completing the BRONZE level. Based on findings from this pilot evaluation, REC makes eight actionable recommendations: 1) Improve recruitment efforts for the summit, 2) Encourage a team-approach to complete the H.O.P.E. Certification, 3) Promote the completion of each certification level, 4) Ensure the H.O.P.E. Certification schedule aligns with cohort needs, 5) Develop templates, tools, and resources to support deliverable completion, 6) Clarify the connection between the Nine Practices and module content, 7) Address participant suggestions for improvement, and 8) Continue to make evaluation a priority. Implementing these actionable recommendations will ensure the continued success of the H.O.P.E. Certification in future implementation.

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[37]Field, A. (2020). Survey fatigue and the tragedy of the commons: Are we undermining our evaluation practice? Evaluation Matters — He Take Tō Te Aromatawai, 6, 1-11.

H.O.P.E. Certification Pilot will be in Colorado 2023-2024

ACKNOWLEDGEMENT

SUGGESTED CITATION

Shtivelband, A., Schmidt, R., Spahr, K., Sidman, E. & Rosa, J. (2023). H.O.P.E. Certification Program: 2023 Evaluation Report New York State Pilot. Denver, CO: United Suicide Survivors International.

The H.O.P.E. Certification is a program of United Suicide Survivors International with support from the American Foundation for Suicide Prevention.

Research Evaluation Consulting LLC (REC)

is a woman-owned, Colorado-based organizations, the private sector, universities, governments, and educational agencies. REC provides clients with a variety of professional and customized servicesthatfacilitate,strengthen,andpromoteeffecti veorganizationalpractices. We represent an integrated team of research and evaluation professionals who focus on helping organizations achieve optimum results through collaboration, that works with our clients to deliver results you can trust. REC works with our clients to thoroughly, objectively, and accurately measure and quantify impact. We bring our expertise in research and evaluation methods and encourage our clients to bring their subject matter expertise to the project. This collaborative approach allows us to support our clients' continuous learning and identify areas for growth. We are committed to cultivating strong client relationships based on integrity, commitment, and a shared project vision.

REC Expertise

REC has expertise in both quantitative and qualitative research methods. Quantitatively, REC provides expertise in descriptive (i.e., means, frequencies), inferential (i.e., t-tests, ANOVA, ANCOVA, MANOVA), and correlational statistics, as well as scale validation and development. REC frequently conducts pre-test/post-test analyses for our clients. Qualitatively, REC has expertise in Grounded Theory, identifying patterns and trends from data. REC has extensive experience in survey design, facilitating interviews and focus groups, analyzing existing data, conducting and are responsive to the needs of our clients. REC staff excel in our interpersonal, verbal, and written communication skills. We produce publications for both lay audiences (e.g., blogs, trainings) as well as peer-reviewed journals (e.g., academic publications, white papers, reports for national dissemination). REC works with clients to ask, answer, and address their pressing needs and concerns. Through regular and consistent communication, we keep our clients informed. Our clients become well- equipped to make data- informed decisions that support their

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- Conduct needs and strengths assessments
- Develop and validate evaluation instruments
- Execute pre-test and post-test evaluations
- Determine the effectiveness of programs and services
- Develop and improve programs and services
- Collect new data using the right metrics
- Identify organizational needs and priorities
- Make data-driven decisions •
- Create strategies that promote organizational sustainability
- Leverage existing data for funding and marketing purposes •
- Interpret results so that appropriate strategies can be implemented

For more information about the H.O.P.E. Certification framework, successes and opportunities visit **https://www.hopecertification.com/**

For a 5 minute video on the SPCNY H.O.P.E. Certification Pilot: **https://youtu.be/QmNXaDLX_20**

For more on the National Guidelines for Workplace Suicide Prevention visit: **https://workplacesuicideprevention.com/**

Contact Dr. Sally Spencer-Thomas to learn more about how to engage your community in the H.O.P.E. Certification initiative: **SallySpencerThomas@gmail.com** or **720-244-6535.**