

Alaska Department of Corrections

Project 2025: A Suicide Prevention Initiative



Introduction

Project 2025 is an American Foundation for Suicide Prevention (AFSP) initiative aimed at reducing the national suicide rate by 20% by the calendar year 2025. Correctional settings were identified as one of the four areas that could decrease suicide in the shortest amount of time. The AFSP partnered with the National Commission on Correctional Health Care (NCCHC) and developed the *Suicide Prevention Resource Guide - National Response Plan for Suicide Prevention in Corrections* to assist corrections agencies across the nation with suicide prevention. This guide provides insight for navigating the complexities of suicide prevention in correctional settings in key areas such as assessment, intervention, treatment, and training.

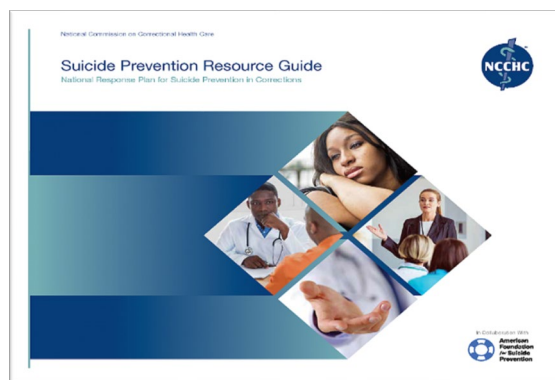


Figure 1: AFSP & NCCHC Suicide Prevention Resource Guide - National Response Plan to Suicide Prevention in Corrections

The Alaska Department of Corrections (DOC), through the Health and Rehabilitation Services (HARS) division, has leveraged AFSP's Project 2025 to launch the Alaska DOC Project 2025 initiative. Drawing from the AFSP and NCCHC Suicide Prevention Resource Guide, this initiative has led to the development of the Alaska DOC Project 2025 checklist. This checklist serves as a tool to help Alaska DOC align with nationally recommended standards and best practices for suicide prevention in correctional settings. Identifying at-risk individuals, safely managing those identified as high-risk, reducing risk before it becomes a crisis, and training standards are among the topics reviewed through Alaska DOC Project 2025.

Information gathered through Alaska DOC's Project 2025 is intended to guide strategic planning, both facility-specific and system-wide, in a proactive approach to suicide prevention. Ultimately, the purpose of this project is to save lives by decreasing suicide among Alaska's incarcerated population.

Project Methodology

The Alaska DOC Project 2025 initiative offered a unique proactive approach to suicide prevention in which staff involved in the day-to-day operations of DOC facilities were encouraged to engage with a multidisciplinary site-visit team about topics, processes, and observations related to suicide prevention.

The multidisciplinary teams included Superintendents, Division of Institution Operations Managers, the Division of Health and Rehabilitation Services Deputy Director, the Chief Mental Health Officer, the Behavioral Health Criminal Justice Planner, and leadership from the respective facilities. These teams used the Alaska DOC Project 2025 Checklist to review all 13 Alaska DOC facilities, assessing each one through the lens of national standards and best practices to identify strengths and growth opportunities.

The initiative also drew on data from various reporting mechanisms, such as the Electronic Health Record (EHR), training reports, and other DOC documentation, to assess the department's alignment with nationally recommended standards and best practices. These reporting mechanisms, along with feedback from facility staff, offered actionable insights to inform strategic planning and resource allocation, all aimed at reducing suicide.

After the site visits, the Project 2025 Checklist was used to generate a report for each facility, highlighting strengths, growth opportunities, and key discussion topics. Each report was then distributed to the respective facility's superintendent, followed by a scheduled review meeting. These meetings provided a platform for facility leadership to gain clarity on the checklist items and the observations made during the visits, as well as an opportunity to discuss the next steps relating to an action plan.

Facility leadership used insights from the site-specific reports and follow-up meetings to develop action plans that addressed both short-term and long-term growth opportunities at their facility. These action plans encouraged collaboration across disciplines, as staff discussed various aspects of suicide prevention, identified needs, and prioritized actionable steps. Recognizing that some growth opportunities required a system-wide approach, facility leadership had direct access to the project coordinator, ensuring ongoing support during the development of these plans. This information-sharing process helped identify overall system strengths and growth opportunities, contributing to the development of a system-wide action plan.

System Strengths Identified

The Alaska DOC Project 2025 initiative revealed several noteworthy strengths within the department's suicide prevention framework. One of the most significant strengths identified was the dedication of staff throughout the department. Many staff members showed a positive attitude toward suicide prevention, demonstrating an eagerness to enhance their skills and better understand suicide risks within the inmate population. This attribute is recognized in the NCCHC and AFSP Suicide Prevention Resource Guide as a key factor in reducing inmate suicides and serves as a solid foundation for strengthening prevention strategies.

The categories of Assessment/Screening, Intervention, and Inmate Support/Skill Development were identified as key strengths across the department. Facility staff throughout the state demonstrated consistent utilization of the Columbia Suicide Severity Rating Scale (C-SSRS) as the initial suicide risk assessment tool. This evidence-based instrument features a series of straightforward, plain-language questions that staff can easily administer. By utilizing the C-SSRS, staff can effectively identify individuals at risk of suicide, assess the severity and immediacy of that risk, and determine the appropriate level of support needed.

Interviews of facility staff indicated that they were aware of suicide risk factors, warning signs and the importance of an ongoing assessment of inmates during their time in DOC custody. The identification of a suicidal inmate and immediately implementing suicide precautions were also identified as a system strength. This process serves as a critical safety measure until mental health or medical staff can intervene.

The review indicated that suicidal inmates were evaluated by mental health staff in a timely manner, and all staff were aware that mental health staff directed the intervention strategies to include determining the appropriate course of action to ensure the inmate's safety. The integration of the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) protocol, established through department policy, further enhances the department's capacity to deliver structured, evidence-based assessments and interventions tailored to the needs of at-risk individuals.

Protective factors are a key part of suicide prevention and help individuals deal with stressful situations which ultimately reduces the risk of negative outcomes. The review indicated that Alaska DOC facilities offer a variety of programs designed to enhance life skills, coping mechanisms, and work skills, providing inmates with valuable tools for personal development and strengthening protective factors. These programs include basic adult education, such as General Educational Development (GED) courses and family literacy classes. Evidence-based mental health programs (e.g., Anger Management, Healthy Living, Commitment to Change, etc.) along with Mental Health First Aid courses, further contribute to the resources and support available to inmates. Having support and resources during times of struggle and stress have been identified as protective factors. Inmates are provided opportunities to develop work skills through paid employment positions at each facility, with some facilities also offering vocational training programs paving the way for increased skill development. Facility staff work to ensure that inmates, including those housed alone, can maintain regular contact with family and/or other sources of support regardless of their financial status.

System Growth Opportunities

Building on the strengths identified across the system, a proactive approach was taken to identify key areas for growth within the department. In alignment with the National Project 2025 model, the focus was directed toward identifying opportunities with the greatest potential to achieve meaningful and lasting impact.

Housing and environment represent a key growth area for the department, building on existing efforts to enhance safety and reduce suicide risks. Improving housing design to meet national standards for suicide resistance, including removing items that pose self-harm risks and improving visibility in high-risk areas, offers opportunities for further improvement. Reducing isolation and avoiding restrictive housing for individuals at elevated risk are areas where additional focus can enhance existing strategies. These steps align with ongoing efforts to create a safe environment for inmates at risk of suicide.

Communication and documentation are important areas for enhancing suicide prevention efforts, with a focus on ensuring the timely, consistent, and accessible sharing of information. Maintaining accurate and up-to-date suicide-specific documentation supports effective collaboration among staff and helps streamline processes. Continued attention to refining communication and documentation processes provides an opportunity to strengthen existing efforts and improve overall coordination.

Risk management and safety planning are important aspects of suicide prevention, focusing on individualized safety and treatment planning supported by standardized care procedures. Prioritizing safety planning as a clinical consideration ensures that risks are addressed effectively, while written policies and defined procedures provide consistency in applying suicide prevention standards. Building on these established practices, there are opportunities to further improve and standardize safety planning to enhance alignment with best practices.

Observation and supervision play a key role in managing high-risk inmates and those on suicide precautions. Effective oversight includes consistent monitoring aligned with observation status requirements and maintaining awareness of unusual behavior changes. Unpredictable, documented supervision at irregular intervals, not exceeding 15 minutes for nonacutely suicidal individuals, is a key practice for reducing risks. Continuing to strengthen and standardize these practices provides an opportunity to enhance consistency and overall effectiveness.

Training is a key component in identifying and managing suicide risks, particularly for high-risk populations and during high-risk periods. Equipping staff with relevant knowledge and skills, including culturally appropriate education, supports effective suicide prevention. Expanding and refining training programs offers opportunities to further enhance staff preparedness.

Next Steps

As DOC moves towards becoming a Zero Suicide organization the immediate focus is on fostering a culture of suicide prevention, strengthening communication and documentation, empowering staff to work collaboratively, and reviewing policies and procedures. Assisting facilities with finalizing individual action plans while focusing on system-wide needs will be the next phase of Project 2025. A multidisciplinary administrative team mirroring facility teams will support facilities while identifying system-wide objectives to enhance safety in alignment with Project 2025 goals. This will include identifying and prioritizing any high-cost projects, staffing and consultation needs along with any cross-agency collaboration that can assist DOC in becoming a Zero Suicide organization.

Conclusion

The Alaska DOC Project 2025 initiative provides a structured approach to reducing suicide risks in correctional facilities. While progress has been made, continued efforts are needed to fully achieve the initiative's goals. By aligning with national standards and emphasizing interdisciplinary collaboration, the department is taking steps toward long-term improvements. These efforts aim to enhance safety, address suicide risks, and support the health and rehabilitation of the incarcerated population.