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# **Suicide Prevention Laws Research Protocol**

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## Suicide Prevention Laws: Research Protocol

- I. **Date of Protocol:** May 2025
- II. **Scope:** Collect, analyze, and code current state and territorial statutes and regulations on required suicide prevention laws in the 50 U.S. states, Washington DC, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands as of January 1, 2025.
- III. **Primary Data Collection**
  - a. **Project Dates:** October 2024 - June 2025
  - b. **Dates Covered in the Dataset:** This is a cross-sectional dataset analyzing statutes and regulations related to suicide prevention as of January 1, 2025. The effective date listed for each jurisdiction is January 1, 2025.
  - c. **Data Collection Methods:** There were two research teams. Team A consisted of an attorney researcher, while Team B consisted of an attorney supervisor and two additional researchers- one licensed attorney and one JD/MPH student in their last year of study. Team A entered all research directly into MonQcle, a web-based software coding platform. The researchers in Team B completed their research and documented their results outside of the MonQcle for supervisor review. The supervisor reviewed the team members' research results, re-ran the legal database searches to compare, and reviewed all secondary sources noted before finalizing the results and uploading them into MonQcle. If the supervisor noted a discrepancy from the research team, this was communicated to ensure alignment with the scope of data collection going forward. Availability of some territorial statutes and regulations (e.g., Northern Mariana Islands) was limited in the legal databases used overall or by level of subscription.
  - d. **Databases Used:** Team A used Westlaw, while Team B used a combination of Westlaw (one researcher) and VLex/Fastcase (one researcher and supervisor) to identify statutes and regulations within the scope of the project. A total of 55 jurisdictions were researched, consistent with the availability of those jurisdictions in Westlaw. Researchers then retrieved the source law from jurisdiction's governmental websites when available for upload into MonQcle. Researchers also used internet search engines to identify governmental resources, as well as relevant secondary sources, including those described below.

**e. Search Terms and Methodology:** The following terms were used to capture the statutes and regulations for the dataset:

**i. Suicide Prevention Office or Coordinator**

1. Legal Database: suicide w/5 prevent! w/25 (office OR division OR coordinator OR agency OR department OR director)
2. General Internet Search: “suicide prevention ‘jurisdiction’”
3. State Fact Sheets - American Foundation for Suicide Prevention

**ii. Suicide Prevention Task Force or Council**

1. Legal Database: suicide w/25 (fatality\* OR death) w/25 (committee OR body OR review OR commission OR entity)
2. General Internet Search: “suicide prevention ‘jurisdiction’”

**iii. Suicide Fatality Review Committee**

1. Legal Database:
  - a. suicide w/25 (fatalit\* OR death) w/25 (committee OR body OR review OR commission OR entity)
  - b. suicide w/ 25 (fatalit\* OR death OR attemp\*) w/25 (data OR information OR report OR disclos\* OR share\*)
2. General Internet Search: “suicide fatality review ‘jurisdiction’”
3. SAMHSA VA Resource: <https://www.prainc.com/wp-content/uploads/2024/07/SMR-Legislation-508.pdf>

**f. Initial Returns and Additional Inclusion or Exclusion Criteria:** In Order to Refine the Scope of Relevant Laws, the Following Topics Were Included or Excluded:

1. Municipal, Federal, and Tribal statutes and regulations were excluded.
2. Results were limited to codified statues and administrative codes.
3. Laws no longer in effect (but not specifically repealed) were excluded. A caution flag was noted if particularly relevant.

#### IV. Coding Scheme

- a. **Development of Coding Scheme:** ASTHO developed the coding questions and shared them with CDC as well as internal subject matter experts for review. Once finalized, the questions were entered into MonQcle.
- b. **Research and Coding Methods:** The specifics rules used when coding the questions and responses to the Suicide Prevention data set are as follows:

**Question 1: Does jurisdictional law establish a suicide prevention office or coordinator? (Yes/No).**

- Jurisdictions were coded “yes” if statute or regulation explicitly established a suicide prevention office, coordinator, or other responsible individual or entity within a jurisdictional government agency.
- Jurisdictions were coded “no” if statute or regulation existed.
- Suicide prevention programs with a limited scope of duties (e.g., those where an overall agency is tasked with ‘suicide prevention’ or one specific task like training or public education without additional responsibilities) were coded “no”.
- If the law provided for or authorized a suicide prevention office or coordinator, but the establishment of such office was optional, jurisdictions were coded as “yes” with a caution flag noting that the office or coordinator was optional.
- Suicide prevention programs where the department or agency has a specific set of enumerated responsibilities (similar to the options noted in Question 1.2) are coded as ‘no’ with a caution flag explaining that the responsibilities lie with the larger department or agency. Questions 1.1, 1.2, and 1.2.1 were answered accordingly in these circumstances.
- Offices found via secondary sources that lacked an underlying authorizing statute or regulation were coded as “no” and a caution flag was included noting the office’s existence and any other authority (e.g., executive order or directive).
- Coordinators or Offices with a specific population focus within an agency (e.g., not a task force or council) were coded as yes and included with caution notes as appropriate to clarify the focus and responsibilities.

**Question 1.1: Where is the coordinator or office located? (Governor’s Office; Health Department; Behavioral Health Administration; Public Safety; Education; Other).**

- “Public Safety” included departments or agencies with a law enforcement focus, including corrections and attorney general offices.
- “Behavioral Health” was checked if that was a separate agency or department (e.g., not a division with a health department).
- A “Department of Health and Human Services” was considered equivalent to a Public Health department.
- “Other” was selected if the coordinator or office was located in an agency or department not mentioned above.

**Question 1.2: Are there required duties for the suicide prevention office or coordinator? (Yes/No)**

- Jurisdictions were coded “yes” if statute or regulation included specific required duties for a suicide prevention office or coordinator.
- If not, jurisdictions were coded “no”.

**Question 1.2.1: What are the required duties for the suicide prevention office or coordinator? (Produce a report; Gather, analyze, or disseminate data; Develop a suicide prevention plan; Develop or provide training; Convene interdisciplinary, stakeholders; Educate the community; Pursue funding; Award grants or other funding; Coordinate or partner with other agencies or local government).**

- Duties were checked when the task was required of the office or coordinator.
- Caution flags were used to note when duties were optional or encouraged but not required.

**Question 2: Does jurisdictional law establish a suicide prevention task force, council, or other advisory body? (Yes/No).**

- Jurisdictions were coded “yes” if statute or regulation established a suicide prevention task force, council, or other advisory body with a whole population focus.
- If no statute or regulation existed, or if the task force, council, or other advisory body was focused on one particular setting or population (e.g., students) jurisdictions were coded “no” for this question. A specific population focus would be noted in Question 3.

- If a task force, council, or other advisory body was created via executive order and found via research, jurisdictions were coded “no” and a caution flag was included explaining the authority.
- Laws establishing a commission focused on 988 implementation were considered out of scope.

**Question 2.1: Does statute or regulation designate certain representatives who are required to be on the taskforce, council, or other advisory body? (Education; Mental Health Professionals; Health Care Professionals; Law Enforcement; Individuals with Lived Experience; Legislative Representatives; Public Health; Rural Representatives; Veteran; Firearm Owners or Retailers; Faith-Based Community; Aging Services Representative; Other).**

- Legislative representatives included individual legislators or those appointed by the legislature.
- Individuals with lived experience included individuals who have survived a suicide attempt, as well as family members or other loved ones impacted by a suicide fatality.
- Veterans included individuals who have served in the military, or representatives of veteran-focused organizations.
- Rural representatives include individuals who live in rural areas, or representatives of rural health or related rural-focused organizations.
- Health care professionals and mental health professionals include individuals who are health care providers (e.g., physicians, counselors) or representatives of health care professional organizations (e.g., a state medical society or mental health professional association).
- Health agencies not included as options (e.g., behavioral health agency, veteran’s affairs agency) were not equivalent to a behavioral health professional or veteran.

**Question 3: Does jurisdictional law establish a council, task force, or other advisory body focused on suicide prevention among a specific high-risk population? (Yes/No).**

- Jurisdictions were coded “yes” if statute or regulation established a council, task force, or other advisory body focused on suicide prevention among a specific high-risk population. If not, jurisdictions were coded “no”.
- Population focused approaches housed entirely within state agencies or other programs (e.g. youth suicide coordinators) were outside the scope of this question.

- If a jurisdiction had a council or task force focused on a specific population, and suicide was not the focus of the body but was a stated responsibility or consideration, the jurisdiction was coded “No” and a caution flag was included, and the subsequent (child) question was answered accordingly.

**Question 3.1: Does jurisdictional law prohibit credential to individuals with certain criminal convictions? (Yes/No)**

- Youth included any age or population-based focus identified and defined by the jurisdiction (e.g., would include individuals up to age 25 if defined by the state as ‘youth’).
- If the council or task force’s focus spanned two populations (e.g., LGBTQ Youth), both boxes were selected, and a caution flag was included.

**Question 4: Does statute or regulation establish a committee or other body that reviews suicide fatalities? (Yes/No).**

- Jurisdictions were coded “yes” if statute or regulation established a committee or other body that reviews suicide fatalities. This would include committees that review other types of fatalities in a certain population, but the scope of the review includes suicide (e.g., child death review committees where there is a specific reference to review of suicides).
- Jurisdictions were coded “no” if there was no statute or regulation that explicitly included suicide in its scope of work or fatality review responsibilities (e.g., child fatality review committees that did not explicitly reference suicides in the law defining their scope or duties were coded ‘no’).
- Committees or bodies found via secondary sources that lacked an underlying authorizing statute or regulation were coded as “no” and a caution flag was included noting the committee or body’s existence through other authority (e.g., executive order).
- If the committee or body is optional by statute or regulation, the jurisdiction was coded as “yes”, but a caution flag was included to clarify that the law established the option for such a review but did not require it.
- Required reporting of deaths by suicide in regulated facilities (e.g., hospitals, child welfare facilities), including correctional facilities, was considered out of scope for this question.
- Local (e.g., county or local health department level) suicide fatality review bodies were considered in scope, and subject to the approach noted above.

**Question 4.1: Does statute or regulation establish a committee or other body that reviews suicide fatalities? (Yes/No).**

- Suicide was selected only if the committee's sole focus was suicide fatality review.
- Specific populations (e.g., Child Deaths, Overdoses) were selected if the focus of the committee or other body was both focused on a specific population or set of circumstances and explicitly referenced suicide.

**Question 4.2: Does statute or regulation establish a committee or other body that reviews suicide fatalities? (Yes/No).**

- Jurisdictions were coded "yes" if statute or regulation explicitly required the collection of attempts data. If not, jurisdictions were coded "no".
- 'Near death events' (e.g., in intimate partner violence review bodies) were not considered equivalent to suicide attempts for this question.

**Question 4.3: Does jurisdictional law require a suicide fatality review committee (of any scope) to share data or information with a jurisdiction's suicide prevention coordinator, office, task force, council, or other advisory body? (Yes/No).**

- Jurisdictions were coded "yes" if statute or regulation explicitly required the sharing of data or information with the jurisdiction's suicide prevention coordinator, office, task force, council, or other advisory body. If not, jurisdictions were coded "no".
- Jurisdictions were coded "no" if data or information (e.g., a report) was only shared with the public, legislature, governor, or other body not directly responsible for the jurisdiction's suicide prevention activities.
- Jurisdictions were coded "no", and a caution flag was included, if the jurisdiction lacked a coordinator, task force, or other advisory body, but the law specifically required that information be used for system reforms or policy efforts, or required more specific reporting to the health department for coordination, recommendations, or similar action.



## V. Quality Control

- a. **Research and Coding:** Dual research was conducted on each jurisdiction by the research teams. Both teams used the same research protocol and ultimately entered the results into MonQcle. Once complete, divergences were reviewed to compare results. Divergences and differences of opinion were resolved by an ASTHO attorney who was not a part of either research team. After all data collection was completed, duplicate entries were reduced to a single entry for each jurisdiction. A second ASTHO attorney who was not part of either research team performed a final review to verify the accuracy of the data prior to publication.
- b. **Data Limitations:** The statutes and regulations included in this data set are those identified through this above research protocol. There may be additional statutes, rules, case law, or guidance related to suicide prevention infrastructure that were outside the scope of this research. This data set is for informational purposes and does not constitute legal advice. To best understand the legal framework of suicide prevention infrastructure in your jurisdiction, please consult an attorney licensed in your jurisdiction.

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