

Date of Hearing: January 20, 2022

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Chris Holden, Chair

AB 58 (Salas) – As Amended January 13, 2022

Policy Committee: Education

Vote: 6-0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: Yes

**SUMMARY:**

This bill requires a local educational agency (LEA), on or before June 1, 2024, to review and update its policy on pupil suicide prevention, and revise its training materials, to incorporate best practices identified by the California Department of Education (CDE) in the department's model policy. The bill encourages a local educational agency, commencing with the 2024–25 school year, to provide suicide awareness and prevention training, at the beginning of each school year, to teachers of pupils in all of the grades served by the local educational agency.

The bill also requires CDE, on or before June 1, 2024, to complete the development of, and issue to local educational agencies, resources and guidance on how to conduct suicide awareness and prevention training remotely.

**FISCAL EFFECT:**

- 1) Proposition 98/GF state reimbursable costs for each school district, county office of education (COE), charter school and State Special School, to review and update a policy on suicide prevention. There are approximately 2,300 LEAs that would be required to update a policy. Actual costs will depend on how local education agencies choose to implement the requirements of the bill, but even three hours of administrative staff time per non-charter school LEA would lead to a cost of \$205,326.
- 2) Potential ongoing annual Proposition 98 General Fund costs, in the range of the tens of thousands to low millions of dollars, for LEAs to provide suicide awareness and prevention training for certificated staff.
- 3) One-time General Fund administrative costs to the CDE to identify best practices for suicide prevention, update its model policy on suicide prevention, and provide resources and guidance to LEAs on how to conduct suicide awareness and prevention training remotely. CDE did not provide cost estimates.

**COMMENTS:**

- 1) **Purpose.** A recent audit report, “Youth Suicide Prevention: Local Educational Agencies Lack the Resources and Policies Necessary to Effectively Address Rising Rates of Youth Suicide and Self-Harm” (California State Auditor, 2020) found that “schools can more effectively assist students if they have appropriate suicide prevention policies in place, if they

train their faculty and staff to recognize and respond to youth who are at risk of suicide or self-harm” and “the deficiencies we found in these areas during our review suggest LEAs could do more to address youth suicide and self-harm.” The audit notes that the LEAs that were reviewed had not adopted adequate youth suicide prevention policies and training, that school-based health centers could provide students with better access to mental health professionals, and that LEAs should seek local and federal funding to help increase the number of mental health professionals on school campuses.

This bill will implement some recommendations from the State Auditor’s report to help improve prevention of youth suicide and self-harm.

- 2) **Background.** According to the Lucile Packard Foundation for Children’s Health, “Youth suicide and self-inflicted injury are serious social and public health concerns. Approximately 157,000 youth ages 10-24 are treated for self-inflicted injuries in emergency rooms every year. Self-inflicted injuries are not necessarily the result of suicide attempts; in fact, self-harm without the intent to die is more prevalent than self-harm with such intent.”

The American Academy of Pediatrics noted in recent guidance that “emotional and behavioral health challenges were of growing concern before the COVID-19 pandemic, and the public health emergency has only exacerbated these challenges.” Prior to the pandemic, the incidence of youth mental health crises was increasing at an alarming rate. Suicide rates among youth ages 10 through 24 increased over 57% between 2007 and 2018, and as of 2018 suicide was the second leading cause of death for youth ages 15 through 19, according to the Centers for Disease Control and Prevention (CDC). Youth visits to pediatric emergency departments for suicide and suicidal ideation also doubled during this time period (Burstein, 2019).

Since the pandemic began, rates of psychological distress among young people, including symptoms of anxiety, depression, and other mental health disorders, have increased. During 2020, the proportion of mental health-related emergency visits among adolescents aged 12-17 years increased 31% compared with during 2019. In early 2021, emergency department visits in the U.S. for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same period in 2019 (Yard, 2021).

- 3) **Prior Legislation.** AB 1767 (Ramos), Chapter 694, Statutes of 2019, requires LEAs serving students in grades K-6 to adopt and periodically update a policy on student suicide prevention that is appropriate for that age group.

AB 2639 (Berman), Chapter 437, Statutes of 2018, requires the CDE to identify and make available an online training program in suicide prevention that an LEA can use to train school staff and pupils, consistent with the LEA’s policy on suicide prevention.

AB 2246 (O’Donnell), Chapter 642, Statutes of 2016, requires LEAs to adopt policies for the prevention of student suicides, and requires the CDE to develop and maintain a model suicide prevention policy.