

ASSEMBLY THIRD READING
AB 58 (Salas)
As Amended January 13, 2022
Majority vote

SUMMARY

Requires local educational agencies (LEAs) to update their suicide prevention training materials, encourages suicide awareness and prevention training to teachers annually beginning with the 2024-25 school year, and requires the California Department of Education (CDE) to develop and issue resources and guidance on conducting suicide prevention training remotely, by June 1, 2024.

Major Provisions

- 1) Encourages LEAs to provide suicide awareness and prevention training to teachers commencing with the 2024-25 school year.
- 2) Requires LEAs to revise their suicide prevention training materials by June 1, 2024 to incorporate best practices identified by the CDE in their model policy.
- 3) Requires the CDE to complete the development of, and issue to LEAs, resources and guidance on how to conduct suicide awareness and prevention training remotely by June 1, 2024.
- 4) Requires the governing board or body of an LEA serving pupils in grades K to 12 to review and update its policy on pupil suicide prevention to incorporate best practices identified by the CDE in the CDE's model policy by June 1, 2024.

COMMENTS

Youth suicide. 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.

Some groups are at a higher risk for suicide than others. Males are more likely than females to commit suicide, but females are more likely to report attempting suicide. Among racial/ethnic groups with data, American Indian/Alaska Native youth have the highest suicide rates. Research also shows that lesbian, gay, and bisexual youth are more likely to engage in suicidal behavior than their heterosexual peers. Several other factors put teens at risk for suicide, including a family history of suicide, past suicide attempts, mental illness, substance abuse, stressful life events, low levels of communication with parents, access to lethal means, exposure to suicidal behavior of others, and incarceration.

In 2014, there were 3,575 hospitalizations for non-fatal self-inflicted injuries among children and youth ages 5-20 in California. In 2015, 495 California children and youth ages 5-24 were known to have committed suicide: 23 of these were between the ages of 5-14.

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 10-24 increased over 57% between 2007 and 2018, and as of 2018 suicide was the second leading cause of death for youth ages 15-19, 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).

According to the Author

"Approximately one out of every 15 high school students report attempting suicide each year and suicide is the second leading cause of death among youth age 10-24. In recent years, there has been an increase in youth suicides and suicide attempts. In September 2020, the State Auditor released a report titled Youth Suicide Prevention: Local Educational Agencies Lack the Resources and Policies Necessary to Effectively Address Rising Rates of Youth Suicide and Self-Harm which found that "schools can more effectively assist students if they have appropriate suicide prevention policies in place, in 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." This bill will implement recommendations from the State Auditor's report to help improve prevention of youth suicide and self-harm."

Arguments in Support

The American Academy of Pediatrics, California states "American youth have high rates of suicides and suicide attempts. The American Academy of Pediatrics (AAP) Committee on Adolescence reports that suicide is the second leading cause of death for adolescents 15 to 19 years old, affecting young people from all races and socioeconomic groups. According to a survey conducted by the AAP in 2019, 80% of pediatricians had had a patient who attempted or died by suicide, 48% within the past year. Schools are well-positioned to offer help to students in terms of access, but currently lack the model prevention policies and training for faculty and staff to recognize and respond to youth who are at risk of suicide or self-harm to do so. Teachers and other school staff provide an additional layer of support for our youth and need access to up-to-date, best-practice-based training on suicide prevention and awareness. AAP-CA strongly supports AB 58."

Arguments in Opposition

Public Risk Innovation, Solutions, and Management notes "Public agencies, and schools in particular, are often targets of litigation. Our state's laws open the door for litigation through the enactment of seemingly straightforward laws such as the ones at issue in this letter.

Unfortunately, there is a very real danger that Plaintiffs' attorneys will argue that such enactments create a mandatory duty on the schools that are subject to these bills. While we do not believe that it is the intent of the legislature to create a mandatory duty for schools through these bills, without language in the bills specifically stating that no mandatory duty is intended, schools will likely be named as defendants in litigation if they mistakenly fail to do one of the new things that they will be required to do under the bills set forth above. Specifically, a plaintiff's attorney would cite to California Government Code Section 815.6 which provides that a public entity is liable for any injury of the kind proximately caused by the entity's failure to discharge the mandatory duty. The attorney would then argue that his/her client was injured because the school district failed to do something. For example looking at AB 58, if a school

failed to provide suicide prevention training at the school and one of the students at the school subsequently committed suicide, the attorney would argue that the district is liable because it failed to provide the training."

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

- 1) Proposition 98/General Fund 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 LEAs 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.

VOTES

ASM EDUCATION: 6-0-1

YES: O'Donnell, Bennett, Choi, Lee, McCarty, Quirk-Silva

ABS, ABST OR NV: Chen

ASM APPROPRIATIONS: 15-0-1

YES: Holden, Bigelow, Bryan, Calderon, Luz Rivas, Davies, Fong, Gabriel, McCarty, Levine, Quirk, Robert Rivas, Akilah Weber, Stone, Mullin

ABS, ABST OR NV: Megan Dahle

UPDATED

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CONSULTANT: Debbie Look / ED. / (916) 319-2087

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