

Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
AB 1956 (Valencia) – As Introduced February 13, 2026

**SUBJECT:** Suicide prevention.

**SUMMARY:** Authorizes the Office of Suicide Prevention (OSP) within the State Department of Public Health (DPH) to pay special attention to boys in its activities currently focused on youth, and to focus activities on young men. Requires the OSP, if established, to report to the Legislature, on or before July 1, 2028, on strategies to implement the activities focused on boys and young men.

**EXISTING LAW:**

- 1) Authorizes DPH to establish the OSP with the responsibilities to include all of the following:
  - a) Providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs;
  - b) Conducting state level assessment of regional and statewide suicide prevention policies and practices, including other states' suicide prevention policies, and including specific metrics and domains as appropriate;
  - c) Monitoring and disseminating data to inform prevention efforts at the state and local levels;
  - d) Convening experts and stakeholders, including, but not limited to, stakeholders representing populations with high rates of suicide, to encourage collaboration and coordination of resources for suicide prevention; and,
  - e) Reporting on progress to reduce rates of suicide. [Health and Safety Code (HSC) § 131300(a)]
- 2) Authorizes OSP, if established by DPH, to focus activities on groups with the highest risk, including youth, Native American youth, older adults, veterans, and LGBTQ people. [HSC § 131300 (b)]
- 3) Requires OSP, if established, to consult with the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) to implement suicide prevention efforts consistent with the Suicide Prevention Report “Striving for Zero.” [HSC § 131315]
- 4) Establishes the California Suicide Prevention Act of 2000 and permits the Department of Health Care Services (DHCS), contingent upon appropriation in the annual Budget Act, to establish and implement a suicide prevention, education, and gatekeeper training program to reduce the severity, duration, and incidence of suicidal behavior, as specified. [Welfare and Institutions Code (WIC) § 4098.2]
- 5) Establishes the Children and Youth Behavioral Health Initiative (CYBHI) to be administered by the California Health and Human Services Agency (CHHSA) and its departments. Subject

to appropriation by the legislature, authorizes the initiative to include, at a minimum, the following: a behavioral health services and supports virtual platform; school-linked partnership, capacity, and infrastructure grants; incentive payments to qualifying Medi-Cal managed care plans; development and maintenance of a statewide fee schedule for school-linked outpatient mental health and substance use disorder treatment; and investments for behavioral health workforce, education, and training. [WIC § 5961, *et seq.*]

- 6) Establishes the Miles Hall Lifeline and Suicide Prevention Act in the state for the purpose of implementing the 988 Suicide and Crisis Line. Requires the Office of Emergency Services to establish a technical advisory board to establish operational standards for 988 and interoperability with 911. Requires the California Health and Human Services Agency to develop a five-year implementation plan for 988 and coordinate with several other state entities for the operation of 988. Establishes the 988 State Suicide and Behavioral Health Crisis Services Fund for the operation of 988 with funds generated by the 988 surcharge. [Government Code § 53123.1, *et seq.*]

**FISCAL EFFECT:** Unknown. This bill has not been analyzed by a fiscal committee.

**COMMENTS:**

- 1) **PURPOSE OF THIS BILL.** According to the author, California is facing a mental health crisis, and young men and boys are at the center of it. Four out of five youth suicides are male, accounting for nearly 80% of suicides statewide. These statistics represent more than data points, they represent sons, brothers, and fathers whose lives were lost. The author argues that, despite this clear disparity, targeted outreach and intervention for young men remains limited, even though they face distinct barriers to seeking help, including stigma, isolation, and a lack of messaging that resonates with their experiences. The author states this bill recognizes this gap and directs greater focus toward prevention strategies that better reach and support this population. The author concludes that California has the opportunity to do better and strengthen its response to a crisis that continues to affect families and communities all across the state.

- 2) **BACKGROUND.**

- a) **Suicide and Self-Harm in California.** According to a January 2025 data brief from DPH, suicide is the leading cause of violent death, and self-harm is the third leading cause of injury-related emergency department (ED) visits. Men consistently have higher rates of suicide than women, and in 2022 men accounted for more than three-fourths of suicides. Use of firearms was the most common mechanism for suicide in 2021 and 2022. Youth under the age of 10 had a statistically significant increase in self-harm ED visit rates from 1.9 per 100,000 Californians in this age group in 2021 to 2.7 in 2022. Although there was a small number of Black people who visited the ED for self-harm injury, this group is at elevated risk for self-harm. Self-harm by poisoning was the most common mechanism of self-harm injury leading to ED visits, followed by cutting/piercing and, when combined, both accounted for approximately 85% of self-harm ED visits. Other mechanisms of self-harm combined, including fall, firearm, and hanging/suffocation, made up 2% of self-harm ED visits.

The brief also highlights opportunities for prevention, such as advancing protective factors as a part of prevention programming to build resilience and foster support at the

individual, relationship, and community level to help decrease suicide risk. While the brief notes that prevention efforts should focus on the most common and lethal means of suicide (firearms and intentional drug overdoses), it also highlights the 2024 National Strategy for Suicide Prevention, which contains several goals, such as integrating suicide prevention into the culture of the workplace and into other community settings, and implementing research-informed suicide prevention communication activities in diverse populations, using best practices from communication science.

- b) OSP.** OSP was permitted to be established through Assembly Bill 2112 (Ramos), Chapter 142, Statutes of 2020, to address the root causes of suicide and self-harm. OSP works to build partnerships, share critical data, and promote evidence-informed strategies that support safe and healthy communities across California. OSP has four strategic priority areas: Communications; Creating Safe and Protective Environments; Crisis Response and Postvention; and Continuing Education and Training. According to the OSP Annual Highlights Brief, Year 4, published by DPH, strategic priorities aligned with the National Strategy for Suicide Prevention, the Centers for Disease Control and Prevention Suicide Prevention Resource for Action, and best practices in population-based suicide prevention. The brief also notes that in Spring 2025, OSP conducted the second biennial Needs Assessment, including an online survey that received over 200 responses and 14 key-informant interviews. The assessment sought input from partners on specific technical assistance needs, focus areas within OSP’s strategic priorities, and how OSP can best support suicide prevention and response work at the State and local level. A summary of needs assessment results will be released in year five on the OSP website.
- c) Executive Order N-31-25.** On July 30, 2025, Governor Newsom announced the signing of Executive Order (EO) N-31-25. The EO “directs a coordinated statewide response to improve mental health outcomes, reduce stigma, and expand access to meaningful education, work, and mentorship opportunities.” Relevant to this bill, the EO makes a specific order regarding mental health, among other things:
- “The California Health and Human Services Agency, in consultation with DHCS, DPH, and other relevant departments, shall develop recommendations to address the suicide crisis among young men within existing initiatives, including the CYBHI and other components of the Master Plan for Kids’ Mental Health, and to support the mental health and help-seeking behavior of boys, men and the communities that support them, including those affected by violence, to access timely services and seek treatment if needed, including development of pathways for men and boys in need to participate in improved behavioral health services that are expanding through California’s Mental Health for All Plan and the Master Plan for Kid’s Mental Health.”
- d) CYBHI.** As part of CYBHI, DHCS launched two mobile applications to support youth. The BrightLife Kids application is designed for parents or caregivers and kids 0-12 years old. It provides free, expert coaching for sleep issues, worry, social skills, and more, as well as live, 1:1 video sessions, secure chat, and on-demand content. Soluna application provides confidential support for 13-to 25-year-olds via 1:1 chat with a professional coach, interactive tools to destress, quizzes, videos, forums, and more. Both resources are available regardless of insurance coverage or immigration status.

The Youth Suicide Reporting and Crisis Response Pilot Program, also part of CYBHI, was designed to develop and test models for rapidly reporting and comprehensively responding to youth suicides and suicide attempts at the county level by providing crisis services and follow-up supports within school and community settings. The 10 counties selected to participate were: Alameda, El Dorado, Humboldt, Kern, Los Angeles, Riverside, Sacramento, San Diego, San Joaquin, and Solano. The program intended to provide equitable, timely, and culturally responsive services for youth, bolstering local suicide prevention and postvention strategies. The pilot program was unique to each county; however, the overarching design and approach aimed to: complement and expand upon existing supports and strengthen systems; identify and shrink gaps in rapidly reporting suicide deaths and attempts; and, improve collaboration across departments and within schools, community-based organizations. The University of California, Los Angeles was selected as the independent evaluator of the pilot and according to a DPH brief from October 2025, an in-depth project summary report will be released in fiscal year 2027-28.

e) **Striving for Zero.** In 2019, pursuant to AB 114, Chapter 38, Statutes of 2017, the Mental Health Services Oversight and Accountability Commission (now the Commission for Behavioral Health, or CBH) adopted *Striving for Zero, California's Strategic Plan for Suicide Prevention, 2020-2025*. The 2020-21 Budget Act authorized the CBH to allocate \$2 million support suicide prevention efforts consistent with the plan. The Behavioral Health Services Act (SB 326 (Eggman), Chapter 790, Statutes of 2023), requires OSP, if established, to consult with the CBH to implement suicide prevention efforts consistent with the strategic plan.

3) **SUPPORT.** The California Charter Schools Association (CCSA) supports this bill stating that it would strengthen state suicide prevention efforts by expanding OSP's priority populations to explicitly include young men and boys. Men account for nearly 80% of suicide deaths, and young men face suicide rates significantly higher than their female counterparts. CCSA states that many young men experience social isolation, stigma around seeking mental health support, and barriers associated with masculinity norms. These challenges are often exacerbated for young men in communities of color, where access to mental health resources may already be limited or looked down upon. CCSA concludes that, despite these disparities, young men and boys are not explicitly recognized as a priority population within existing suicide prevention frameworks, and by explicitly recognizing this group as high-risk, the bill ensures outreach and prevention efforts are tailored to address the barriers these students face.

The American Institute for Boys and Men (Institute) supports this bill, noting that men across the country and in California experience elevated rates of suicide, making up 78% of suicides in California. Suicides among young men have risen by approximately 30% in the last 20 years, and rates for older men remain elevated. The Institute states that despite these disparities, young men and boys are not explicitly recognized as a priority population within existing suicide prevention frameworks. Without targeted outreach, many at-risk men may remain disconnected from the support systems that could prevent crises. The Institute argues that this bill addresses this gap by recognizing young men and boys as a priority population within the state's suicide prevention efforts, and creates the foundation for the state to develop a dedicated attention, approach and strategy for this population, informed by data and tailored to the distinct risk factors young men face.

**4) PREVIOUS LEGISLATION.**

- a) SB 326 (Eggman), Chapter 790, Statutes of 2023, among other things, requires OSP, if established, to consult with the CBH to implement suicide prevention efforts consistent with the Suicide Prevention Report “Striving for Zero.”
- b) AB 988 (Bauer-Kahan), Chapter 747, Statutes of 2022, establishes the Miles Hall Lifeline and Suicide Prevention Act in the state for the purpose of implementing the 988 Suicide and Crisis Line, including a technical advisory board to establish operational standards for 988 and interoperability with 911. Requires CHHSA to develop a five-year implementation plan for 988 and coordinate with several other state entities for the operation of 988 and establishes the 988 State Suicide and Behavioral Health Crisis Services Fund for the operation of 988 with funds generated by the 988 surcharge.
- c) AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, removes the limitation that requires OSP, if established, to be carried out with existing staff and resources.
- d) AB 2112 (Ramos), Chapter 142, Statutes of 2020, authorizes DPH to establish OSP to, among other functions, provide information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs and conduct and convene experts and stakeholders to encourage collaboration and coordination of resources for suicide prevention. Provides that if OSP is established, DPH may focus resources on groups with the highest risk, including the youth and Native Americans.
- e) AB 114 (Committee on Budget), Chapter 38, Statutes of 2017, appropriated \$100,000 from the Mental Health Services Fund for the CBH to develop a statewide suicide prevention plan.

**5) POLICY COMMENT.** Following EO N-31-25, several state agencies, including DPH, were directed to focus efforts on young men and boys. Without additional information from state partners it is difficult to fully assess the extent to which this bill would change the activities of OSP following the EO. The author may wish to consider further discussion with DPH and CHHSA to assess the impact should this bill move forward.

**REGISTERED SUPPORT / OPPOSITION:****Support**

American Institute for Boys and Men  
 Big Brothers Big Sisters of Orange County  
 California Alliance of Caregivers  
 California Charter Schools Association  
 MENTOR California  
 Orange County Asian and Pacific Islander Community Alliance, Inc. (OCAPICA)  
 Orange County Association for Mental Health  
 Rebecca Bender Initiative  
 The Center for Boys and Men

**Opposition**

None on file

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