

## ASSEMBLY THIRD READING

AB 1956 (Valencia)

As Amended May 11, 2026

Majority vote

**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.

**Major Provisions****COMMENTS**

*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.

*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.

*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 the Department of Health Care Services (DHCS), DPH, and other relevant departments, shall develop recommendations to address the suicide crisis among young men within existing initiatives, including the Children and Youth Behavioral Health Initiative (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."

*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.

*Striving for Zero.* In 2019, pursuant to AB 114 (Committee on Budget), 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.

### **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.

### **Arguments in 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.

### **Arguments in Opposition**

None on file.

## **FISCAL COMMENTS**

According to the Assembly Appropriations Committee, DPH anticipates minor and absorbable General Fund costs to implement the provisions of this bill. DPH states preparation of the required Legislative report can be accommodated within existing staff capacity and resources.

## VOTES

**ASM HEALTH: 16-0-0**

**YES:** Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

**ASM APPROPRIATIONS: 14-0-1**

**YES:** Wicks, Hoover, Arambula, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Solache, Ta, Tangipa

**ABS, ABST OR NV:** Muratsuchi

## UPDATED

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CONSULTANT: Logan Hess / HEALTH / (916) 319-2097

FN: 0002536