

## ASSEMBLY THIRD READING

AB 2003 (Berman)

As Amended May 18, 2026

2/3 vote. Urgency

**SUMMARY**

Requires the Behavioral Health Services Oversight and Accountability Commission (BHSOAC), in consultation with the California Department of Education (CDE) and the California Department of Public Health (CDPH), to develop an evidence-based online training program that is accessible, free of charge, and available statewide to train staff, students, and parents as part of a local educational agency (LEA) or charter school's policy on pupil suicide prevention; and requires an LEA that conducts suicide risk screenings to report specified information about those screenings to the CDE, as specified.

**Major Provisions**

- 1) Amends a requirement in existing law to require that the BHSOAC, in consultation with the CDE and the CDPH, instead of the CDE, develop an evidence-based online training program that is accessible, free of charge, statewide to train school staff serving students enrolled in kindergarten through 12th grade, students, and parents or caregivers, as part of an LEA's policy on suicide prevention.
- 2) Requires the BHSOAC to ensure that the training program:
  - a) Is evidence-based, trauma informed, and culturally and linguistically competent;
  - b) Is consistent with the model pupil suicide prevention policy developed by the CDE;
  - c) Addresses the needs of high-risk groups, as specified in existing law;
  - d) Can track aggregate, statewide usage; and
  - e) Can assess trainee knowledge before and after training is provided in order to measure training outcomes.
- 3) Requires that an LEA that conducts suicide risk screenings, including under a school-linked behavioral health program or the LEA's policy on pupil suicide prevention, to report, on or before June 30, 2027, and June 30 annually thereafter, the number of pupils screened, and which screening instruments were used, to the CDE. States that this shall not be construed to require an LEA to conduct suicide risk screenings.
- 4) Requires the CDE to compile the data through existing data reporting processes and post statewide aggregate data on its website to inform policy and program development.
- 5) Includes an urgency clause.

**COMMENTS**

*Building on prior statewide training.* AB 1808 (Committee on Budget), Chapter 52, Statutes of 2018, CDE to identify, and each county office of education (COE) to make available, an online

training program in suicide prevention that schools can use to train school staff and pupils, consistent with the local policies on suicide prevention. This language was also approved by this Committee in AB 2639 (Berman) Chapter 437, Statutes of 2018. The budget appropriated \$1.2 million for a statewide license for this training so that any LEA could use it as part of training related to their suicide prevention policy.

Key outcomes of that training include:

- 1) Over 20,000 middle and high school students accessed the training;
- 2) 98% of staff reported feeling confident helping someone at risk;
- 3) 95% of students reported feeling confident helping others;
- 4) 96% of students and 97% of staff reported knowing how to use resources if they were struggling; and
- 5) 25% of staff and 35% of students reported having someone in mind with whom to use their new skills.

*Funding available for the development of the training.* The BHSOAC reports that in January of this year its members voted to approve \$1.5 million in funding to develop the training required by this bill, and that it intends for the training to be made available on multiple platforms. They also note that while the prior training was not available to elementary school staff, this training will be made available to all school staff.

Few peer-reviewed articles provide scientific assessments of specific suicide prevention programs, but the existing research identifies certain practices that improve the effectiveness of suicide prevention. These practices include:

- 1) Training personnel to differentiate between suicide risk factors (which suggest that students may be at risk for suicidal thinking) and warning signs (which indicate that students are in imminent danger of attempting suicide). Depression is considered a risk factor, while substance abuse, communication of intent to commit suicide, severe anxiety, and extreme agitation are considered suicide warning signs;
- 2) Combining suicide screening with effective referral resources, so that school personnel know where to send at-risk students for help;
- 3) Incorporating considerations of diversity into the design and implementation of suicide prevention protocols; and
- 4) Incorporating communication training into suicide prevention protocols, so that school personnel know not only how to identify students at risk, but how to communicate with students about suicide and distress. Studies suggest that surveillance training, which teaches staff to identify suicide risks and warning signs, may not be fully effective unless it is paired with communication training that teaches staff to engage in transactional conversations with students, so that students feel safe explicitly sharing, rather than concealing, signs of their distress or suicide risk. This concept is supported by reports that even healthcare professionals and family members of suicidal persons find it difficult to directly converse

about suicide risk. In addition, a study conducted in a Georgia school district showed that one year after implementation of a widely-used suicide prevention training program, increased knowledge about suicide alone did not increase suicide risk identifications among staff. However, large increases in suicide risk identifications were noted among staff who already had strong communicative relationships with students.

### **According to the Author**

"Too many communities across California have been devastated by youth suicides, including my hometown of Palo Alto. We must do everything we possibly can to prevent these tragedies. AB 2003 responds to the ongoing youth mental health crisis by developing and providing a free, evidence based, online suicide prevention training program for all students 13 and older, K-12 school staff, and parents. Specifically, this bill would require the Behavioral Health Services Oversight and Accountability Commission, in consultation with the California Department of Education and the California Department of Public Health, to develop a permanent suicide prevention training program available statewide. Suicide is preventable, and this training is essential to give Californians the knowledge, tools, and resources to know what to look for and feel confident in supporting youth in their life who need help.

AB 2003 would also compile deidentified suicide risk screening data statewide. If schools conduct suicide risk screenings, those schools would share data with the California Department of Education. This data would include age, grade, gender, race and ethnicity, severity level of suicide risk identified, and whether students are in any high-risk groups. This would inform policy, prevention planning, early intervention strategies, and help understand where resources and support are needed most. In total, AB 2003 would provide free access to life-saving training and the essential data needed to combat the ongoing youth mental health crisis."

### **Arguments in Support**

The Behavioral Health Services Oversight and Accountability Commission writes, "California expanded access to school-based suicide prevention training under AB 1808 (Committee on Budget) Chapter 32, Statutes of 2018, enabling more than 20,000 students and school staff to complete an online evidence-based program, with overwhelmingly positive outcomes: 95% of students and 98% of staff reported feeling confident in helping a peer who may be considering suicide.

However, when funding expired in 2024, schools across the state lost access to this essential no-cost resource, leaving districts – especially those with fewer local funds – with inconsistent and inequitable prevention tools despite increasing mental health needs.

At the same time, many schools voluntarily conduct suicide-risk screenings but lack unified standards for collecting or reporting data. Without statewide aggregation of key demographic and risk-severity information, California cannot identify emerging trends, disparities among high-risk groups, or regions needing targeted support. This leads to fragmented practices and missed opportunities for early intervention.

AB 2003 provides the needed solution. The bill directs the Commission to develop a free, accessible, trauma-informed, and culturally and linguistically competent online training program for students ages 13 and older, school staff, and caregivers, ensuring that every layer of a student's support network is equipped to recognize warning signs and respond effectively.

AB 2003 also requires local educational agencies that conduct suicide-risk screenings to report standardized data to the CDE, allowing schools and the state to identify disparities, target supports, and intervene earlier with vulnerable subgroups, helping to improve youth stability, safety, and well-being."

**Arguments in Opposition**

None on file

**FISCAL COMMENTS**

According to the Assembly Appropriations Committee:

- 1) Minor and absorbable costs for Behavioral Health Services Oversight and Accountability Commission.
- 2) Minor and absorbable Proposition 98 General Fund costs to LEAs, collectively statewide, that currently conduct pupil suicide risk screenings to report findings to CDE.

**VOTES****ASM EDUCATION: 9-0-0**

**YES:** Patel, Hoover, Alvarez, Bonta, Alanis, Garcia, Lowenthal, Pellerin, Zbur

**ASM APPROPRIATIONS: 11-0-4**

**YES:** Wicks, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache

**ABS, ABST OR NV:** Hoover, Dixon, Ta, Tangipa

**UPDATED**

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