
SENATE COMMITTEE ON EDUCATION

Senator Sasha Renée Pérez, Chair

2025 - 2026 Regular

Bill No:	AB 2003	Hearing Date:	June 17, 2026
Author:	Berman		
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Urgency:	Yes	Fiscal:	Yes
Consultant:	Therresa Austin		

Subject: Pupil health: suicide prevention.

SUMMARY

This bill, an urgency measure, recasts and revises existing requirements for the California Department of Education (CDE) to identify suicide prevention trainings to instead require the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) to develop evidence-based online training to train specified school staff, pupils, parents and guardians, and caregivers. The bill also requires local educational agencies (LEAs) that elect to conduct suicide risk screenings to annually report specified information to the CDE.

BACKGROUND

Existing law:

- 1) Requires the governing board or body of an LEA that serves pupils in grades 7 to 12, inclusive, before the beginning of the 2017-18 school year, adopt, a policy on pupil suicide prevention in grades 7 to 12, inclusive. Requires that the policy be developed in consultation with school and community stakeholders, school-employed mental health professionals, and a suicide prevention expert, and at a minimum, address procedures related to suicide prevention, intervention, and postvention. (Education Code (EC) § 215)
- 2) Requires that the policies specifically address the needs of high-risk groups, including youth bereaved by suicide, youth with disabilities, mental illness, or substance use disorders, youth experiencing homelessness or in out-of-home settings, students in foster care, and lesbian, gay, bisexual, transgender, or questioning youth. (EC § 215)
- 3) Requires the CDE to identify one or more evidence-based online training programs that an LEA can use to train school staff and pupils as part of the LEA's policy on pupil suicide prevention. (EC § 216)
- 4) Requires the CDE to provide a grant to a county office of education (COE), upon application by the COE, for it to acquire a training program identified by the CDE and disseminate that training program to LEAs. (EC § 216)
- 5) Requires the COE to make the training program available to LEAs at no cost. (EC § 216)

ANALYSIS

This bill recasts and revises existing requirements for CDE to identify suicide prevention trainings to instead require the BHSOAC to develop evidence-based online training to train specified school staff, pupils, parents and guardians, and caregivers. Specifically, the bill:

- 1) Requires the BHSOAC, in consultation with the CDE, the State Department of Public Health (CDPH), to develop an evidence-based online training program that is accessible, free of charge, and available statewide to train school staff serving pupils in kindergarten or in any grades 1 to 12, inclusive, pupils who are 13 years of age or older, and parents, guardians, or caregivers of pupils in kindergarten or in any of grades 1 to 12, inclusive, as part of the LEA's policy on pupil suicide prevention, as specified.
- 2) Requires the BHSOAC, in developing an online training program, to ensure the following:
 - a) The program is evidence-based, trauma-informed, and culturally and linguistically competent.
 - b) The training program is consistent with the model pupil suicide prevention policy developed by the CDE, as specified.
 - c) The training program addresses the needs of high-risk groups, as specified.
 - d) The training program can track aggregate, statewide usage.
 - e) The training program can assess trainee knowledge before and after training is provided in order to measure training outcomes.
- 3) Requires an LEA that conducts suicide risk screenings, including as provided under school-linked behavioral health programs, or the LEA's policy on pupil suicide prevention, to report to the CDE, on or before June 30, 2027, and June 30 annually thereafter, the number of pupils screened, and which screening instruments were used, for the reporting year. Specifies that this provision shall not be construed to require an LEA to conduct suicide risk screenings.
- 4) Requires the LEA, in collecting and reporting data, to ensure that data is reported in a deidentified, aggregate data form on its internet website to inform policy and program development.
- 5) Makes this bill an urgency statute to ensure that the training referenced in #1 above is developed expeditiously for use by LEAs as part of their suicide prevention efforts.

STAFF COMMENTS

- 1) ***Need for the bill.*** 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 suicide risk screening data statewide. If schools conduct suicide risk screenings, those schools would share the total number of students they screen annually, and the type of screening they use with the California Department of Education. This could help inform policy, prevention planning and strategies, and support. 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.”

- 2) ***The youth mental health crisis.*** According to the Center for Disease Control and Prevention (CDC), in 2024, suicide was the second leading cause of death for youth and young adults ages 10–24 years, accounting for 6,402 deaths. In its 2023 Youth Risk Behavior Survey, the CDC also highlighted the following:
- 39.7% of high school students experienced persistent feelings of sadness and hopelessness, 28.5% experienced poor mental health, 20.4% seriously considered attempting suicide, 9.5% attempted suicide, and 2% made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
 - The prevalence among female students was higher than among male students for persistent feelings of sadness or hopelessness (52.6% versus 27.7%), poor mental health (38.8% versus 18.8%), seriously considered attempting suicide (27.1% versus 14.1%), and attempted suicide (12.6% versus 6.4%).
 - The prevalence among LGBTQ+ students was higher than among heterosexual students for persistent feelings of sadness or hopelessness (65.7% versus 31.4%), poor mental health (53.5% versus 21.5%), seriously considered attempting suicide (41.0% versus 13.0%), and attempted suicide (19.7% versus 6.0%).
 - The prevalence of attempted suicide was higher among students in 9th grade compared with students in 12th grade (10.4% versus 8.0%).

- 3) ***Behavioral Health Services Oversight and Accountability Commission.*** This bill requires the BHSOAC to consult with the CDE and the CDPH to develop evidence-based online suicide prevention training for school staff, pupils age 13 and older, parents and guardians, and caregivers. The BHSOAC was first established in 2004 through Proposition 63 to oversee the implementation of the Mental Health Services Act. With the 2024 passage of Proposition 1, the Behavioral Health Services Act, the BHSOAC now serves as a diverse 27-member body that works with community members, people with lived experience, family members, and representatives from all levels of government to collect, analyze, and share spending and efficacy data on local programs, distributes grants, spread best practices, conduct research, and engage experts to develop policy proposals that improve positive behavioral health outcomes.
- 4) ***Building upon prior training efforts.*** In 2018, the Legislature passed AB 1808 (Committee on Budget, Chapter 32, Statutes of 2018), requiring the CDE to identify an evidence-based online suicide prevention training program for students and school staff that was consistent with an LEA's suicide prevention policy. To execute this, the bill also required the CDE to select a lead COE that would then acquire a statewide license for this training and disseminate the training program. The CDE selected LivingWorks Start as the online training program and the San Diego County Office of Education (SDCOE) as the lead COE to make this online training available, at no cost, to LEAs so they may voluntarily use it as part of their youth suicide prevention policy.

LivingWorks Start notes that of 20,441 middle and high school staff and students who completed the LivingWorks Start online suicide prevention training:

- 98% of staff feel confident helping someone at risk;
- 95% of students feel confident helping others;
- 96% of students know how to use resources if they're struggling; and
- 25% of staff and 35% of students report having someone in mind with whom to use their new skills.

In 2024, the statewide license for the LivingWorks Start suicide prevention training expired, making the training no longer available. However, the SDCOE still maintains a resource page featuring its Policy to Practice: Suicide Intervention Toolkit and various links to supports for students, parents, districts, and schools.

This bill requires the BHSOAC to develop its own evidence-based online suicide prevention training for students aged 13 and older, school staff serving all grade levels, including teachers, counselors, and administrators, as well as parents, guardians, and caregivers. Notably, this will be the first time the training will also be inclusive of elementary school staff.

- 5) ***Suicide screenings data.*** This bill would require an LEA that conducts suicide risk screenings to annually report to the CDE on the number of students screened and the screening instrument used. According to the BHSOAC, many schools voluntarily conduct suicide risk screenings but lack unified standards for collecting or reporting data. They note that without statewide aggregation of the number of pupils screened and the screening tool used, California cannot understand the full picture of what is happening across the state, leading to fragmented practices and missed opportunities for early intervention.

The BHSOAC currently provides an online Suicide Risk Screening in Schools training for designated school staff to learn about best practices in school-based screening for suicide risk and how to respond effectively to keep students safe.

- 6) ***BHSOAC has already approved funding to develop the training.*** During its January 2026 meeting, the members of the BHSOAC voted to approve \$1.5 million of Behavioral Health Student Services Act administrative funds to develop the suicide prevention training. The BHSOAC intends to develop 3 to 6 trauma-informed, culturally relevant, and developmentally appropriate training modules designed for teachers/staff, parents, and students, then work with state and local agencies to support the dissemination of those training modules.

An urgency clause was added to this bill in the Assembly Education Committee to ensure that the training could be developed expeditiously.

- 7) ***Prior and related legislation.***

SB 1318 (Wahab, Chapter 645, Statutes of 2024) requires the CDE, by July 1, 2026, to update the model suicide prevention policy to address crisis intervention protocols, and requires LEAs to update their suicide prevention policies to include crisis intervention protocols on or after July 1, 2026.

AB 58 (Salas, Chapter 428, Statutes of 2022) requires an LEA, on or before January 1, 2025, to review and update its policy on pupil suicide prevention, and encourages LEAs to provide suicide awareness and prevention training to teachers, beginning with the 2024-25 school year. Requires the CDE to develop and issue resources and guidance to LEAs on how to conduct suicide awareness and prevention training remotely, by June 1, 2024.

AB 2639 (Berman, Chapter 437, Statutes of 2018) requires that LEAs update their suicide prevention policies every five years.

AB 1808 (Committee on Budget, Chapter 32, Statutes of 2018) requires the CDE to identify one or more evidence-based online training programs that a LEA can use to train school staff and pupils as part of the LEA's policy on pupil 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.

SUPPORT

Behavioral Health Services Oversight and Accountability Commission (co-sponsor)
California Youth Empowerment Network (co-sponsor)
Aids Healthcare Foundation / Impulse Group
Alameda County Office of Education
Cabrillo Unified School District
Cal Voices
California Alliance of Child and Family Services
California Association of Marriage and Family Therapists
California Association of Student Councils
California Behavioral Health Association
California Behavioral Health Planning Council
California Children's Hospital Association
California Hospital Association
California Medical Association
California School Boards Association
California School-Based Health Alliance
County of Santa Clara
Disability Rights California
Gente Organizada
Human Response Network
Jefferson Union High School District
Jewish Family and Children's Services of San Francisco, the Peninsula, Marin and Sonoma Counties
LGBTQ+ Inclusivity, Visibility, and Empowerment
Mental Health America of California
National Alliance on Mental Illness
On the Margins, Inc.
Racial and Ethnic Mental Health Disparities Coalition
Reach LA
Steinberg Institute
Vietnamese American Arts & Letters Association
Youth Community Service
Youth Leadership Institute

OPPOSITION

None received

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