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THIRD READING

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Bill No: AB 440  
Author: Ramos (D)  
Amended: 4/10/25 in Assembly  
Vote: 21

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SENATE HEALTH COMMITTEE: 11-0, 6/25/25

AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla,  
Richardson, Rubio, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/29/25

AYES: Caballero, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 79-0, 6/2/25 - See last page for vote

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**SUBJECT:** Suicide prevention

**SOURCE:** Didi Hirsch Mental Health Services

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**DIGEST:** This bill requires the Office of Suicide Prevention (OSP) to work in consultation with the Department of Transportation to reduce suicides and suicide attempts on the state's bridges and roadways. Requires OSP to prepare a report on these strategies and submit, on or before December 31, 2027, to the Legislature, the Assembly Committee on Health, the Assembly Committee on Transportation, the Senate Committee on Health, and the Senate Transportation Committee. Repeals these requirements on January 1, 2029.

**ANALYSIS:**

Existing law:

- 1) Establishes the California Department of Public Health (CDPH) to be vested with all the duties, powers, purposes, functions, responsibilities, and jurisdiction as they relate to public health, as specified. [ Health and Safety Code (HSC) §131050]

- 2) Authorizes CDPH to establish the OSP with responsibilities that include:
  - a) Providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs;
  - b) Conducting state-level assessments of regional and statewide suicide prevention policies and practices, as specified;
  - c) Monitoring and disseminating data to inform prevention efforts at the state and local levels;
  - d) Convening experts and stakeholders, as specified, to encourage collaboration and coordination of resources for suicide prevention; and,
  - e) Reporting on progress to reduce suicide rates. [HSC §131300]
- 3) Requires OSP to consult with the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) to implement suicide prevention efforts. Specifies that OSP is not authorized to perform specified duties required by the BHSOAC. [HSC §131315]
- 4) Requires each county, pursuant to the Behavioral Health Services Act, to establish and administer an early intervention program that is designed to prevent mental illnesses and substance use disorders from becoming severe and disabling; to reduce disparities in behavioral health; and, to emphasize the reduction of the likelihood of:
  - a) Suicide and self-harm;
  - b) Incarcerations;
  - c) School, including early childhood 0 to 5 years of age, inclusive, TK-12, and higher education, suspension, expulsion, referral to an alternative or community school, or failure to complete;
  - d) Unemployment;
  - e) Prolonged suffering;
  - f) Homelessness;
  - g) Removal of children from their homes;
  - h) Overdose; and,
  - i) Mental illness in children and youth from social, emotional, developmental, and behavioral needs in early childhood. [Welfare and Institutions Code (WIC) §5840(a) and (d)]
- 5) Establishes the California Suicide Prevention Act of 2000 and permits 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. [WIC §4098.2]

This bill:

- 1) Requires OSP to work in consultation with the California Department of Transportation (Caltrans) to:
  - a) Identify cost-effective strategies to reduce suicides and suicide attempts on the state's bridges and roadways, including, but not limited to, infrastructure and other prevention strategies; and,
  - b) Prepare a report on the strategies it identifies, and submit it, on or before December 31, 2027, to the Legislature, the Assembly Committee on Health, the Assembly Committee on Transportation, the Senate Committee on Health, and the Senate Transportation Committee.
- 2) Repeals these requirements on January 1, 2029.

## Comments

According to the author of this bill:

This bill continues California's commitment to achieving zero suicides by proactively addressing parts of our state's infrastructure—such as bridges and overpasses—which have historically been used by individuals in crisis to take their own lives. This bill directs the OSP and Caltrans to develop solutions that safeguard those at risk. The hope is that this bill will prevent future tragedies in our communities and offer protection and support to those in crisis.

## Background

*Suicide in general.* According to the BHSOAC website, suicide is a complex public health challenge involving many biological, psychological, social, and cultural determinants. The major risk factors for suicide are a prior suicide attempt; substance use disorder; mood disorders, such as depression; medical illness; and access to the methods to attempt suicide. The common factors that reduce risk for suicide are access to effective medical and mental health care; connectedness to others; problem-solving skills; and caring contacts, such as postcards or letters from service providers and caregivers. Prevention efforts are challenged by misconceptions about suicidal behavior, despite advancements in the study of suicide and its prevention. BHSOAC further states these pervasive myths may

prevent people at risk from seeking help and discourage people from asking loved ones about thoughts of suicide. The internal suffering that accompanies the desire to die may remain hidden unless a person is directly asked about their thoughts and needs. Risk factors may be missed in the absence of uniform suicide screening and assessment by mental health and substance use disorder providers, who often are delivering services in separate and uncoordinated systems. Interventions, such as physical barriers on bridges, locking doors on railways, and locking windows at lethal heights prevent accidental and intentional falling. Likewise, safely storing guns in the home prevents accidental and intentional injury and death among children and adults.

*Suicide among California youth.* According to CDPH's website, suicide is a public health crisis with multiple, complex, contributing factors. Rates among youth have risen over the past decades, and both national and statewide data show suicide to be the third-leading cause of death among young people aged 15 to 24. CDPH further states suicide is preventable, and addressing the problem requires comprehensive, cross-sector commitments focused on both risk and protective factors at the individual, family, community, and systems levels. From the youth suicide deaths dashboard, based on state-level data for 2010 through 2023, the California rate of youth suicide in 2023 was 8.9 per 100,000 for those aged 15 to 24. In comparison, the national rate for the same population was 13.5 per 100,000 in 2023. California has maintained its rate below the national level consistently throughout the data time period.

*California's recent efforts.* OSP is toward the end of administering two youth suicide prevention projects (they end around the Summer of 2025) as part of the California Health and Human Services Agency-sponsored Children and Youth Behavioral Health Initiative:

The Youth Suicide Prevention Media and Outreach Campaign: established through one-time funding in the Governor's 2022–2023 Budget to develop and implement a data-driven, targeted, community-based, youth suicide prevention media and outreach campaign for youth at increased risk of suicide. The goal of the campaign is to reduce suicide, suicide attempts, and rates of self-harm among three disproportionately impacted populations:

- American Indian/Alaska Native youth, who experienced the highest suicide rate from 2016-2021 (16.4 per 100,000 individuals);

- Black/African-American youth, who experienced the greatest increase in rate from 2016-2021 (33% increase); and,
- Hispanic/Latinx youth, who experienced the highest number of suicides from 2016-2021 (1,435 suicide deaths).

As part of an intersectional approach to health equity, the campaign is also inclusive of youth from the populations listed above who identify as having mental health and/or substance use disorder challenges, having been impacted by the foster care system, and/or identify as 2S/LGBTQ+. The organizations selected to receive grants for the project were chosen in part based on their experience working with the campaign's primary audience, helping to ensure media and programming efforts are culturally appropriate and youth-led.

The campaign, known as "Never a Bother," seeks to prevent suicide among youth and young adults up to age 25 in California. This campaign tells youth experiencing thoughts of suicide that they are never a bother when reaching out to friends, trusted adults, and other types of support (such as the 988 suicide hotline). At the same time, it asks peer and adult allies to make sure young people in their lives know they are there for them and can reach out for help anytime. The Never a Bother concept was co-created with and selected by youth, based on its welcoming feel, visual appeal, and messaging that authentically validates youth-at-risks' experiences and state of mind with clear encouragement to reach out for support before, during, and after a crisis.

The Youth Suicide Reporting and Crisis Response Pilot Program: established through one-time funding in the Governor's 2022–2023 Budget, develops and tests models for making youth suicide and attempted suicide reportable events. The pilot also supports models for rapidly and comprehensively responding to these events by providing crisis services and follow-up support in school and community settings. This program involves developing and testing approaches to report youth suicide and attempted suicide so that rapid and comprehensive crisis services and follow-up support can be offered where the deaths or attempts occurred. Ten counties were selected to participate in the program based on youth suicide rates, counts, rate increases over time, and racial/ethnic diversity. Counties with small, medium, and large populations, as well as a mix of counties that are urban, suburban, or rural were selected.

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 BHSOAC) adopted "Striving for Zero: California's

Strategic Plan for Suicide Prevention, 2020-2025 (the Plan).” The 2020-21 Budget Act authorized the BHSOAC to allocate \$2 million to support suicide prevention efforts consistent with the plan. As noted in the Plan, effective prevention efforts must recognize that risk factors can be dynamic, changing over a person’s lifetime. Researchers are exploring the variability in risk and protective factors among vulnerable groups, and much remains unknown. Deficiencies in data collection also limit understanding of the full extent of suicidal behavior. For example, determining suicidal intent after a drug overdose can be difficult, resulting in underreporting and limited information to support prevention efforts. The Plan also notes suicide prevention requires engagement of private and public partners across multidisciplinary fields, which requires a commitment to wide-scale collaborations that integrate planning and coordinate actions. Efforts are further complicated by inconsistent definitions of suicidal behavior, which affect data monitoring. Lastly, assessing for risk is not a uniform practice in California. This leads to inconsistency in suicide risk detection, which also is constrained by significant ethical, training, and legal considerations.

*Bridge suicide deterrent systems.* According to the Golden Gate Bridge (GGB) Highway and Transportation District (District), there were 14 confirmed suicides from people jumping off the bridge in 2023 when the GGB suicide deterrent net began construction. Two decades prior, the average number of GGB suicides per year was 30. As of January 1, 2024, the GGB now has a continuous physical suicide barrier installed the full length of the 1.7-mile span, contributing to lowering suicides at the GGB to eight—a reduction to the annual number of suicides by 73%. The suicide deterrent system, also known as “the net,” has been installed on the east and west sides to reduce the number of deaths associated with individuals jumping. The net is a proven design that deters people from jumping, serves as a symbol of care and hope to despondent individuals, and, if necessary, offers people a second chance. The net drew inspiration from similar barriers erected to deter suicides on tall buildings and bridges around the world. Attempts have also declined since the net was completed. In a typical year before the net, the District’s staff would successfully intervene with up to 200 individuals at the GGB. In 2024, our staff performed only 132 successful interventions.

Caltrans is currently working on a suicide deterrent system for the San Diego-Coronado Bay Bridge (SDCBB). Although official figures have not been maintained since its opening in 1969, it is widely believed that approximately 400 deaths by suicide have occurred from the SDCBB. Per the San Diego County Medical Examiner’s website, 18 fatalities occurred in 2017, 17 fatalities in 2018, and 15 fatalities in 2019. After the GGB, the SDCBB is recognized as the second

most frequently used bridge for suicide in the state. It does not have a permanent physical suicide deterrent system. The current Caltrans standard operating procedure for suicide attempts is closing the bridge, which causes disruption for many hours. Non-physical suicide deterrence measures have been implemented on the bridge, along with the addition of 4-inch spikes installed on top of the bridge rail in early 2019 as an interim measure, yet multiple suicides and suicide attempts have still occurred. Since fatalities caused by suicide do not qualify under the current federal Highway Safety Improvement Program (HSIP) criteria, suicide deterrent projects are not eligible for HSIP funding.

**FISCAL EFFECT:** Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee:

- The California Department of Public Health (CDPH) estimates annual General Fund costs of \$380,000 in 2026-27 and 2027-28, and \$190,000 in 2028-29 for staffing resources to conduct a comprehensive review of existing research and literature related to suicides and suicide attempts occurring on the state's bridges and roadways, consult with the Department of Transportation and suicide prevention subject matter experts, assess the current understanding of the cost-effectiveness of suicide prevention strategies, and complete the report to the Legislature.
- Caltrans estimates a one-time cost of approximately \$250,000 (State Highway Account) for staffing for data collection and sharing, and performing analysis to assist the Office of Suicide Prevention. Caltrans also notes potential significant cost pressures to the State Highway Account/Road Maintenance and Rehabilitation Account to the extent the recommendations would be implemented.

**SUPPORT:** (Verified 8/27/25)

Didi Hirsch Mental Health Services (Source)  
Bridge Rail Foundation  
California Academy of Child and Adolescent Psychiatry  
California Alliance of Child and Family Services  
California Association of Social Rehabilitation Agencies  
California Behavioral Health Services  
California Hospital Association  
California Indian Nations College  
California Police Chiefs Association  
California State Association of Psychiatrists

Children Now  
City of Rancho Cucamonga  
County Behavioral Health Directors Association  
County of San Bernardino  
Helpline Youth Counseling, Inc.  
Hillsides Pasadena  
Los Angeles County Supervisor, Lindsey P. Horvath  
National Alliance on Mental Illness – California  
Sycamores  
Wayfinder Family Services

**OPPOSITION:** (Verified 8/27/25)

None received

**ARGUMENTS IN SUPPORT:** Didi Hirsch Mental Health Services, as the sponsor, and other supporters cite that Caltrans does not have a statewide suicide prevention policy in place for their bridges and roadways, and strongly believe that the state should not have to wait for a tragedy to strike to begin the process of developing safety measures in areas that possess a clear and present danger to any at-risk individual that may be considering taking their own life. Supporters further state that this bill would require OSP to identify areas that are considered “hot spot” areas with a history of suicide-related deaths, as well as provide recommendations to Caltrans on potential solutions that would reduce the risk of future incidents. This legislation aims to protect at-risk individuals and help provide families with some relief knowing their state is being proactive about their loved one’s safety.

**ASSEMBLY FLOOR:** 79-0, 6/2/25

**AYES:** Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca



Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta,  
Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

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