

AMENDED IN SENATE AUGUST 12, 2020  
AMENDED IN SENATE JULY 15, 2020  
AMENDED IN ASSEMBLY JUNE 4, 2020  
AMENDED IN ASSEMBLY MAY 20, 2020  
AMENDED IN ASSEMBLY MARCH 16, 2020  
california legislature—2019–20 regular session

**ASSEMBLY BILL**

**No. 2112**

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**Introduced by Assembly Member Ramos**  
**(Principal coauthors: Assembly Members Arambula and Berman)**  
*(Principal coauthors: Senators Beall and Hurtado)*  
**(Coauthors: Assembly Members Aguiar-Curry, Bigelow, Burke,**  
**Carrillo, Flora, Eduardo Garcia, Quirk-Silva, Rodriguez,**  
**Waldron, Wicks, and Wood)**  
*(Coauthors: Senators ~~Beall and Chang~~ Chang and Rubio)*

February 6, 2020

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An act to add Chapter 3 (commencing with Section 131300) to Part 1 of Division 112 of the Health and Safety Code, relating to suicide prevention.

**legislative counsel's digest**

AB 2112, as amended, Ramos. Suicide prevention.

Existing law establishes the State Department of Public Health within the California Health and Human Services Agency.

This bill would authorize the State Department of Public Health to establish the Office of Suicide Prevention within the department, would require the office to perform specified duties, including providing

strategic guidance to statewide and regional partners regarding best practices on suicide prevention and reporting to the Legislature on progress to reduce rates of suicide, and authorize the office to apply for and use federal grants. The bill would require the office to consult with the Mental Health Services Oversight and Accountability Commission to implement suicide prevention efforts and would require the commission to transfer its suicide prevention ~~contracts~~ *efforts* to the office, as prescribed.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature hereby finds and declares all of  
2 the following:

3 (a) Suicide is a public health crisis that has warranted response  
4 from the state.

5 (b) Suicide risk is a lifespan issue, with a variety of groups at  
6 significant risk of death by suicide. The federal Centers for Disease  
7 Control and Prevention has identified groups with the greatest risk,  
8 including youth, older adults, veterans and LGBTQ people.

9 (c) Suicide risk is especially acute for young people. Suicide is  
10 the second leading cause of death for youth from 10 to 24 years  
11 of age, inclusive.

12 (d) The state has sought to address the causes of suicide,  
13 including research and development of a statewide strategic plan  
14 on suicide prevention. The state has further sought to address the  
15 causes of suicide through specific suicide prevention policies and  
16 programs.

17 (e) The state has an obligation to focus resources on combating  
18 the crisis of suicide.

19 SEC. 2. Chapter 3 (commencing with Section 131300) is added  
20 to Part 1 of Division 112 of the Health and Safety Code, to read:

21  
22 **Chapter 3. The Office of Suicide Prevention**

23  
24 131300. (a) The State Department of Public Health is hereby  
25 authorized to establish the Office of Suicide Prevention in the  
26 department pursuant to this chapter. The responsibilities of the  
27 office, if established, may include all of the following:

- 1 (1) Providing strategic guidance to statewide and regional  
2 partners regarding best practices on suicide prevention.
- 3 (2) Conducting state level assessment of regional and statewide  
4 suicide prevention policies and practices, including other states'  
5 suicide prevention policies, and including specific metrics and  
6 domains as appropriate.
- 7 (3) Using data to identify opportunities to reduce suicide,  
8 including utilizing data elements documenting interrupted or  
9 aborted suicide attempts and crisis service interventions.
- 10 (4) Marshaling the insights and energy of medical professionals  
11 with mental health experience or expertise, licensed health care  
12 professionals with mental health experience, scientists, and other  
13 academic experts, as well as public health experts, public servants,  
14 and people with lived experience, including peers and survivors,  
15 to address the crisis of suicide.
- 16 (5) Disseminating information to advance statewide progress,  
17 including coordinated, targeted, and culturally appropriate  
18 campaigns to reach populations with high rates of suicide.
- 19 (6) Reporting to the Legislature on progress to reduce rates of  
20 suicide.
- 21 (b) If established, the office may focus resources on groups with  
22 the highest risk, including youth, Native American youth, older  
23 adults, veterans, and LGBTQ people.
- 24 131305. If established, the Office of Suicide Prevention may  
25 share and receive data from all entities with data relevant to the  
26 responsibilities and objectives of the office, including, but not  
27 limited to, state, federal, local, and private and nongovernmental  
28 agencies or organizations.
- 29 131310. If established, the Office of Suicide Prevention may  
30 apply for and utilize federal grants.
- 31 131315. If the Office of Suicide Prevention is established  
32 pursuant to Section 131300, all of the following shall apply:
- 33 (a) The Office of Suicide Prevention shall consult with the  
34 Mental Health Services Oversight and Accountability Commission  
35 to implement suicide prevention efforts consistent with the Mental  
36 Health Services Oversight and Accountability Commission's  
37 Suicide Prevention Report "Striving for Zero" and described  
38 pursuant to Provision 1 of Item 4560-001-3085 of Section 2.00 of  
39 the Budget Act of 2020.

1 (b) The Mental Health Services Oversight and Accountability  
2 Commission shall transfer its suicide prevention ~~contracts~~ *efforts*  
3 to the Office of Suicide Prevention. *This transfer shall not include*  
4 *staff.*

5 (c) This section does not authorize the Office of Suicide  
6 Prevention to perform any of the duties required by the commission  
7 under Part 3.7 (commencing with Section 5845) of Division 5 of,  
8 or administer any program funded by Part 4.5 (commencing with  
9 Section 5890) of Division 5 of, the Welfare and Institutions Code.