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**WELFARE AND INSTITUTIONS CODE - WIC**

**DIVISION 4. MENTAL HEALTH [4000 - 4390]** ( *Heading of Division 4 amended by Stats. 1977, Ch. 1252.* )

**PART 1. GENERAL ADMINISTRATION, POWERS AND DUTIES OF THE DEPARTMENT [4000 - 4098.5]** ( *Heading of Part 1 amended by Stats. 1977, Ch. 1252.* )

**CHAPTER 6. Suicide Prevention Programs [4098 - 4098.5]** ( *Chapter 6 added by Stats. 2000, Ch. 93, Sec. 44.5.* )

**4098.** The Legislature finds and declares all of the following:

- (a) The Surgeon General of the United States has described suicide prevention as a serious public health priority, and has called upon each state to develop a strategy for suicide prevention using a public health approach.
- (b) In 1996, 3,401 Californians lost their lives to suicide, an average of nine residents per day. It is estimated that there are between 75,000 and 100,000 suicide attempts in California every year. 11 percent of all suicides in the nation take place in California.
- (c) Adolescents are far more likely to attempt suicide than their older California counterparts. Data indicate that there are 100 attempts for every adolescent suicide completed. In 1996, 207 California youth died by suicide. Using this estimate, there were likely more than 20,000 suicide attempts made by California adolescents, and approximately 20 percent of all the estimated suicide attempts occurred in California.
- (d) Of all of the violent deaths associated with schools nationwide since 1992, 14 percent were suicides.
- (e) Homicide and suicide rank as the third and fifth leading causes of death for youth, respectively. Both are preventable. While the death rates for unintentional injuries decreased by more than 40 percent between 1979 and 1996, the death rates for homicide and suicide increased for youth. Evidence is growing in terms of the links between suicide and other forms of violence. This provides compelling reasons for broadening the state's scope in identifying risk factors for self-harmful behavior. The number of estimated youth suicide attempts; and the growing concerns of youth violence can best be addressed through the implementation of successful gatekeeper training programs to identify and refer youth at risk for self-harmful behavior.
- (f) The American Association of Suicidology (AAS) conservatively estimates that the lives of at least six persons related to or connected to individuals who attempt or complete suicide are impacted. Using these estimates, in 1996, more than 600,000 Californians, or 1,644 individuals per day, struggled to cope with the impact of suicide.
- (g) Restriction of access to lethal means significantly reduces the number of successful suicides.
- (h) Actual incidents of suicide attempts are expected to be higher than reported because attempts not requiring medical attention are less likely to be reported. The underreporting of suicide completion is also likely since suicide classification involves conclusions regarding the intent of the deceased. The stigma associated with suicide is also likely to contribute to underreporting.
- (i) Without interagency collaboration and support for proven, community-based, culturally competent suicide prevention and intervention programs, occurrences of suicide are likely to rise.

(*Added by Stats. 2000, Ch. 93, Sec. 44.5. Effective July 7, 2000.*)

**4098.1.** This chapter shall be known and may be cited as the California Suicide Prevention Act of 2000.

(*Amended by Stats. 2001, Ch. 159, Sec. 190. Effective January 1, 2002.*)

**4098.2.** (a) The State Department of Health Care Services, contingent upon appropriation in the annual Budget Act, may establish and implement a suicide prevention, education, and gatekeeper training program to reduce the severity, duration, and incidence of suicidal behaviors.

(b) In developing and implementing the components of this program, the department shall build upon the existing network of nonprofit suicide prevention programs in the state, and shall utilize the expertise of existing suicide prevention programs that meet any of the following criteria:

(1) Have been identified by a county as providing suicide prevention services for that county.

(2) Are certified by the American Association of Suicidology.

(3) Meet criteria for suicide prevention programs that may be established by the department.

(c) The program established by this section shall be consistent with the public health model proposed by the Surgeon General of the United States, and the system of care approach pursuant to the Bronzan-McCorquodale Act (Part 2 (commencing with Section 5600) of Division 5).

*(Amended by Stats. 2012, Ch. 34, Sec. 71. (SB 1009) Effective June 27, 2012.)*

**4098.3.** The department may contract with an outside agency to establish and implement a targeted public awareness and education campaign on suicide prevention and treatment. Target populations shall include junior high and high school students, as well as other selected populations known to be at high risk of suicide.

*(Added by Stats. 2000, Ch. 93, Sec. 44.5. Effective July 7, 2000.)*

**4098.4.** (a) The department may contract with local mental health organizations and professionals with expertise in the assessment and treatment of suicidal behaviors to develop an evidence-based assessment and prevention program for suicide that may be integrated with local mental health departments or replicated by public or private suicide treatment programs, or both.

(b) This component may include the creation of guidebooks and training protocols to improve the intervention capabilities of caregivers who work with individuals at risk of suicide. Applicants may reflect several gatekeeper training models that can be replicated in other communities.

*(Added by Stats. 2000, Ch. 93, Sec. 44.5. Effective July 7, 2000.)*

**4098.5.** The department may establish and implement, or contract with an outside agency for the development of a multicounty, 24-hour, centralized suicide crisis line integrated network. Existing crisis lines that meet specifications of the department and the American Association of Suicidology may be included in this integrated network. The crisis line established under this section shall link persons at risk of committing suicide with local suicide prevention and treatment resources.

*(Added by Stats. 2000, Ch. 93, Sec. 44.5. Effective July 7, 2000.)*