Date of Hearing: April 15, 2026

ASSEMBLY COMMITTEE ON EDUCATION
Darshana R. Patel, Chair
AB 2429 (Blanca Rubio) – As Amended March 26, 2026

**[This bill was double referred to the Committee on Human Services and was heard by that Committee on issues in its jurisdiction.]**

**SUBJECT**: Childcare: mental health consultation services

**SUMMARY**: Requires the early childhood mental health consultation service used in a childcare setting to employ an early care and education classroom observation tool once per year to inform the specific activities and support the consultant will provide. Specifically, **this bill**:

1) Requires the early childhood mental health consultation (ECMHC) service used in a childcare setting, including but not limited to the California State Preschool Program (CSPP), to use an early care and education classroom observation tool once per year, rather than twice per year, in consultation with the classroom team to inform the specific activities and support the consultant will provide.

2) Removes references to the specific instrument, "Climate of Healthy Interactions for Learning and Development (CHILD) to be used for classroom observations.

**EXISTING LAW**:

1) Establishes the Early Education Act to provide high quality, inclusive, and culturally responsive preschool to eligible children. (Education Code (EC) 8200)

2) Defines the following terms:

   a) "California state preschool program" means those programs that offer part-day or full-day, or both, educational programs for eligible two-, three-, and four-year-old children. These programs may be offered by a public, private, or proprietary agency, and operated in childcare centers or family childcare homes operating through a family childcare home education network; (EC 8205) and

   b) "Early childhood mental health consultation services (ECMCH)" means a service benefiting a child who is served in a CSPP. (EC 8243)

3) Specifies that "early childhood mental health consultation services" include, but are not limited to:

   a) Support for providers, parents, legal guardians, and caregivers to create trauma-informed, proactive inclusive environments and to respond effectively to all children;

   b) Assistance through individual site consultations, provision of resources, formulation of training plans, referrals, and other methods that address the unique needs of programs and providers;

c) Aid to providers, parents, legal guardians, and caregivers, and encouragement and facilitation of collaboration and communication, in developing the skills and tools needed to be successful as they support the development and early learning of all children, including observing environments, facilitating the development of action plans, and supporting site implementation of those plans;

d) The development of strategies for addressing prevalent child mental health concerns, including internalizing problems, such as appearing withdrawn, and externalizing problems, such as exhibiting persistent and serious behaviors;

e) If a child exhibits persistent and serious behaviors, support with the pursuit and documentation of reasonable steps to maintain the child's safe participation in the program;

f) Face-to-face interactions or video-based platforms and other modes of communication that are compliant with the federal Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191), such as the telephone; and

g) Group or individual consultations of any of the actions described in this paragraph. (EC 8243)

4) Provides that the ECMHC service is supervised and provided by a licensed marriage and family therapist, a licensed clinical social worker, a licensed professional clinical counselor, a licensed psychologist, a licensed child and adolescent psychiatrist, or others, as specified. (EC 8243)

5) Specifies that ECMHC services use a relationship-based model emphasizing strengthening relationships among early childhood education providers, parents, children, and representatives of community systems and resources, and integrate reflective practice into the onsite consultation model. (EC 8243)

6) Requires the relationship-based model used for ECMHC services described above, to include, but not be limited to, all of the following:

a) At least twice per program year, conducting early care and education setting-based mental health assessments, such as the Climate of Healthy Interactions for Learning & Development or other appropriate instrument;

b) Recordkeeping that adequately documents all consultation activities; and

c) With consent from parents or legal guardians, at least one screening of each enrolled child for adverse childhood experiences (ACEs) and screening for buffering factors, including, but not limited to, resilience. (EC 8243)

7) Prohibits the expulsion of a child with an individualized education program (IEP) or individualized family service plan (IFSP) if the challenging behavior has a direct and substantial relationship to the child's disability or is the result of a failure to implement the IEP or IFSP. Requires that a child's IEP/IFSP team be reconvened to consider special education supports and services if a child is suspended for more than 10 days. (Section 300.530 (e) Title 34 Code of Federal Regulations).

8) Establishes the adjustment factor for specified programs where ECMH services are provided at 1.1 of the applicable reimbursement rate. (EC 8244)

**FISCAL EFFECT**: Unknown

**COMMENTS**:

***Need for the bill.*** According to the author, "AB 2429 modernizes California's Early Childhood Mental Health Consultation (ECMHC) model by updating program requirements to allow more flexible, relationship-based consultation that better supports children's social-emotional development. While ECMHC is a proven strategy for helping early educators address behavioral challenges and reduce suspensions and expulsions in early learning settings, feedback from providers and consultants indicates that some existing requirements create unnecessary administrative burdens that limit flexibility and discourage participation.

AB 2429 streamlines how ECMHC is implemented in California State Preschool Programs, General Child Care programs, and Family Child Care Home Education Networks by removing requirements that do not directly support consultation services. Specifically, the bill reduces required classroom observations from twice per year to once per year in consultation with the classroom team. These updates will allow consultants and educators to focus on building relationships and developing consultation plans tailored to the needs of each classroom. As a former classroom teacher, I know how important it is to provide educators with the tools and support they need to create positive learning environments where every child can thrive. AB 2429 ensures that more children, families, and educators across California can benefit from this proven model."

***This bill*** reduces the requirement that ECMHC services employ a classroom observation tool from twice per year to once per year and removes reference to a specific tool, "Climate of Healthy Interactions for Learning and Development". The bill requires the ECMHC consultant, in consultation with the classroom team, to identify and employ an early care and education classroom observation tool to inform the specific activities and support the ECMHC consultant will provide.

According to the author, feedback from the field suggests that certain barriers may be limiting the use of ECMHC services. Current law requires ECMHC consultants to conduct two observations of a classroom receiving ECMHC per year. Consultants have reported that observations are not always conducive to building a positive relationship with teachers, who may feel judged or over-observed. This can be particularly challenging when teachers are already experiencing other assessments via state requirements, such as the Classroom Assessment Scoring System (CLASS) or other tools their program may be utilizing. Where possible, it is important to give consultants more flexibility to tailor their approach, including the number of observations, to the specific classroom, program, and children they are serving.

Research supports the importance of collaborative relationships in high quality ECMHC. Consultants do not provide fixes to challenges, rather they co-develop the goals and strategies for consultation with the early childhood care and education providers. Through showing respect and non-judgement, consultants create an emotionally safe space for providers to do the work of reflecting on the challenges. Experts think that this type of relationship is what makes ECMHC work and what differentiates it from other ways of supporting providers. (Schoch, 2025)

***Early Childhood Mental Health Consultation (ECMHC).*** Early childhood is a critical period for social-emotional development, shaping children's ability to regulate emotions, build relationships, and engage in learning. Children experiencing trauma, chronic stress, or unmet developmental needs may struggle in early care and education settings, sometimes leading to behavioral challenges and increased use of exclusionary discipline, including suspension and expulsions. ECMHC is a relationship-based approach designed to support both children and adults who care for them in these settings.

ECMHC is a preventive, capacity-building intervention in which mental health professionals partner with early childhood educators to strengthen classroom environments and relationships, rather than providing direct clinical services to children. Consultants work collaboratively with teachers, staff, and families to improve practices within the classroom. Through observation of classroom dynamics and child behavior, consultants help identify underlying causes of challenging behaviors and provide tailored coaching, strategies, and resources. This includes supporting developmentally appropriate practices, strengthening provider-child interactions, and creating more supportive and inclusive environments.

By focusing on prevention and capacity-building, ECMHC helps address concerns early before they escalate into more serious issues. It also supports providers in responding to children's needs in a consistent and informed manner, improving classroom climate and child outcomes. Research indicates that ECMHC is associated with reductions in children's externalizing behaviors, improvements in prosocial skills, increased provider confidence and competence, and stronger provider-child interactions. More recent studies find that consultation can lead to measurable improvements in children's social-emotional functioning, including increased initiative and self-regulation, as well as reductions in behavioral concerns, provider stress, and exclusionary practices.

In California, ECMHC supports children from birth to six years of age and their families within publicly funded early learning settings. AB 2698 (Rubio), Chapter 946, Statutes of 2018, established these services, making them available to CSPP, general childcare, and Family Child Care Home Education Networks. Services may be provided by licensed mental health professionals, including marriage and family therapists, clinical social workers, professional clinical counselors, psychologists, and child and adolescent psychiatrists, as well as supervised or qualified individuals as determined by the California Department of Education or the California Department of Social Services.

AB 2806 (Rubio), Chapter 915, Statutes of 2022, further defined the model by establishing requirements related to observation, screening, and implementation of a relationship-based, reflective consultation approach. This bill modifies those requirements by reducing the required frequency of classroom observations to at least once per year and allowing the use of a broader early care and education observation tool to inform consultation.

***Significant mental health problems in young children.*** Children can exhibit characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, depression, post-traumatic stress disorder, and neurodevelopmental disabilities at an early age. Research suggests that approximately 9 to 14% of children from birth to 5-years-old experience emotional or behavioral disorders.

Factors such as persistent poverty, recurrent abuse or chronic neglect, exposure to domestic violence, parental mental health issues or substance abuse, as well as poor childcare conditions, increase the risk of serious mental health problems among young children.

Left untreated, early mental health disorders can impact every aspect of a child's development, including physical, cognitive, communication, sensory, emotional, social, and motor skills. These negative impacts can affect a child's ability to succeed in school and in life and increase the risk of poor educational outcomes, ill health, and juvenile delinquency later in life. (Harvard University, 2013).

***Early intervention is critical in addressing early mental health concerns.*** Research finds that early prevention and treatment of mental health disorders is considered more beneficial and cost-effective than attempting to treat emotional difficulties and their effects on learning and health after they become more serious. During the infant and toddler years, there are opportunities to treat mental health problems before they manifest into more severe problems later in life. It is critical to treat young children's mental health issues within the context of their families, homes, and communities. The emotional well-being of young children is directly connected to the functioning of their families and caregivers.

In October of 2021, The Children's Partnership and the First 5 Center for Children's Policy issued a report, *Addressing infant and early childhood mental health needs: opportunities for community solutions*. The report noted:

> In community-based programs, care and support are delivered in spaces children and their families frequent and allow families to play an active role in their delivery. Community-based services are distinct from clinical mental health services, such as the new dyadic care Medi-Cal benefit, which, in addition to community-based services, are an essential part of the mental health system for young children. Services at the community level might look like facilitated playgroups, parenting support classes or mental health consultation for early care and education providers, among others. These programs are uniquely positioned to help families overcome barriers to mental health care access, and they can connect families and educators with more intensive health, mental health, or early intervention services as needed. Community-based programs are also most likely to reach families from historically marginalized communities, including immigrant and low-income families of color.

Among the recommendations of this report was the need to expand early childhood education providers' access to Infant and Early Childhood Mental Health consultation, an evidence-based model, through state contracts with early childhood education providers and additional technical assistance.

***Arguments in support.*** Kidango writes, "ECMHC continues to grow as a model that can build the capacity of teachers to respond effectively to all children and create trauma-informed and inclusive environments. Since the passage of AB 2806 in 2022, also authored by Assemblymember Rubio, more ECE providers have been able to implement ECMHC with a roadmap on best practices and program requirements to follow. Now, we have the opportunity to make key adjustments to the model, which will make it easier for providers to implement and allow consultants to further customize their approach based on needs of the children, families, and teachers.

Based on feedback from providers and ECMHC consultants, it is necessary to revisit and update ECMHC programmatic requirements to strengthen the focus of the model on strong relationships between consultants and teachers and where appropriate, reduce assessment burdens on providers so they are more incentivized to implement ECMHC. In doing so, we can make this model more readily available to more programs across the state.

This allows ECMHC delivery to be more effective, particularly by building strong relationships between the ECMHC consultants and the key adults in a child's life."

***Related legislation.*** AB 2806 (Blanca Rubio) Chapter 915, Statutes of 2022, revises and recasts provisions related to expulsion and suspension of a child from the CSPP and broadens the provisions to include general childcare and development programs and family childcare home education network programs.

AB 1361 (Blanca Rubio) of the 2021-22 Session would have required early learning and care programs to use suspension or expulsion only as a last resort in responding to a child's behavior, required specific actions to be taken prior to dis-enrolling or suspending a child due to a behavior issue and provided additional funding and requirements for early childhood mental health consultations. This bill was held in the Assembly Appropriations Committee.

AB 2698 (Rubio) Chapter 946, Statutes of 2018, defines early childhood mental health consultation service, declares Legislative intent encouraging the provision of such services in CSPPs, general child care and development programs, and family child care home education networks funded by a general child care and development program, and requires, under certain circumstances, the application of a reimbursement rate adjustment factor for children served in programs where these services are provided.

**REGISTERED SUPPORT / OPPOSITION**:

**Support**

Bananas
Child Care Alliance of Los Angeles
Everychild California
Girls Club of Los Angeles
Kidango
Lindsay Unified School District Preschool/TK Program
Maryvale
National Association of Social Workers-California Chapter
Porterville Unified School District
The Children's Partnership
3 individuals

**Opposition**

None on file

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