
SENATE COMMITTEE ON EDUCATION

Senator Sasha Renée Pérez, Chair

2025 - 2026 Regular

Bill No:	AB 2429	Hearing Date:	June 24, 2026
Author:	Blanca Rubio		
Version:	June 16, 2026		
Urgency:	No	Fiscal:	Yes
Consultant:	Michelle Nguyen		

Subject: Childcare: mental health consultation services.

SUMMARY

This bill revises the requirements for early childhood mental health consultation (ECMHC) services reimbursement by requiring consultants to use an early care and education classroom observation tool at least once per year in each classroom, rather than twice per year. This bill also makes optional the requirement to administer at least one Adverse Childhood Experiences (ACEs) screening.

BACKGROUND

Existing law:

- 1) Establishes the Early Education Act to provide an inclusive and cost-effective preschool program that provides high quality learning experiences, coordinated services, and referrals for families to access health and social-emotional support services through full- and part-day programs. (Education Code (EC) § 8200 et seq.)
- 2) Defines the following terms:
 - a) “California State Preschool Program (CSPP)” as educational programs that offer part-day, full-day, or both, for eligible two-, three-, and four-year-old children, and commencing July 1, 2027, these programs will be for eligible three- and four-year-old children only and will no longer be available to two-year-old children. Provides that 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. Requires the Superintendent of Public Instruction to administer all CSPP programs. (EC § 8205 and EC § 8207)
 - b) “Early childhood mental health consultation service” means a service benefiting a child who is served in a CSPP, which includes, but is not limited to the following:
 - i) Support for providers, parents, legal guardians, and caregivers to create trauma-informed, proactive, inclusive environments and to respond effectively to all children.

- ii) 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.
 - iii) 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.
 - iv) 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.
 - v) 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, as described.
 - vi) 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.
 - vii) Group or individual consultations of any of the actions, as described. (EC § 8243)
- 3) Requires that the cost to an agency of providing an ECMHC service be reimbursable if all of the following apply:
- a) The ECMHC service is provided on a schedule of sufficient and consistent frequency continuously throughout the program year, to significantly contribute to all of the following: i) improving interpersonal relationships and child outcomes; ii) increasing the confidence, competence, and well-being of those consulted; and iii) eliminating suspensions and expulsions.
 - b) The ECMHC service is provided by specified persons.
 - c) The ECMHC service uses a relationship-based model emphasizing strengthening relationships among early childhood education providers, parents, children, and representatives of community systems and resources, and integrates reflective practice into the onsite consultation model.
 - d) A provider agency ensures, within the first 30 days upon hire or start of consultation service, that a consultant is trained, as specified.
 - e) Consultants and supervisors are required to participate in continuing professional development and education for at least 18 hours per program

year, and topics may include, but are not limited to, infant-family and early childhood mental health, implicit bias and equity, trauma-informed practice, early childhood development, and consultation. (EC § 8243)

- 4) Provides that the ECMHC service is provided by one of the following persons who has had a successful criminal background check:
 - a) A licensed mental health professional, as described, who: has at least three years of experience providing mental health services to children zero to five years of age; has training in infant, family, and early childhood mental health; is adequately insured; has held their respective license for a minimum of two years; and is in full compliance with all continuing education requirements applicable to their profession. This person may be an employee of a contracting agency, including on a temporary or part-time basis, or engaged as an external contractor, provided that supervision takes place on a regular basis that is sufficient to offer professional guidance and support.
 - b) A license-eligible mental health professional, as described, who is supervised by a licensed mental health professional.
 - c) A person holding, at a minimum, a master's degree in a field related to mental health or human services, as described, and who has at least two years of experience working with children zero to five years of age and who is supervised by a licensed mental health professional. (EC § 8243)
- 5) Requires the relationship-based model used for ECMHC services 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.
 - b) Recordkeeping that adequately documents all consultation activities.
 - c) With consent from parents or legal guardians, at least one screening of each enrolled child for ACEs and screening for buffering factors, including, but not limited to, resilience. (EC § 8243)
- 6) 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. (Code of Federal Regulations, Title 34 § 300.530(e))
- 7) Establishes the adjustment factor of 1.1 for specified programs where ECMH services are provided, which is multiplied by the contractor's reported child days of enrollment. (EC § 8244)

ANALYSIS

This bill:

- 1) Requires that the ECMHC service used in CSPP programs and General Child Care programs include the following:
 - a) Informed by an early care and education classroom observation tool that includes measures on the classroom environment, social-emotional learning climate, and teacher and child interactions to guide the specific activities and support the consultant would provide.
 - b) Administered the classroom observation tool at least once per school year in each classroom receiving ECMHC service.
- 2) Allows that selecting a classroom observation tool, choosing an observer, and the timing and cadence of observations may be planned with the classroom team.
- 3) Authorizes that classroom assessment tools required by the California Department of Education or the California Department of Social Services be used to fulfill the specified requirement.
- 4) Removes a screening from the ECMHC model for buffering factors, which includes, but is not limited to, resilience.

STAFF COMMENTS

- 1) ***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.”

The author continues, “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. ... 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.”

- 2) ***What is an ECMHC?*** ECMHC is designed to build the capacity of program staff and care providers to foster the developmental, social, and emotional health and well-being of young children in their care. ECMHC specialists and consultants use

reflective practice approaches to support program administrators, teachers, and providers while exploring problem-solving strategies within the context of infant and early childhood mental health. According to the author, “ECMHC is the most proven model of social-emotional support that can reduce expulsion in preschool and childcare.”

- 3) ***This bill seeks to provide more flexibility to ECMHC consultants and early childhood education providers.*** One component of the ECMHC service model is an early care and education classroom observation tool. This bill revises the requirements for ECMHC services reimbursement by requiring consultants to use an early care and education classroom observation tool at least once per year in each classroom, rather than twice per year. In a survey from the sponsor, consultants reported that observations are not always conducive to building a positive relationship with providers, who may feel judged or over-observed, and it can be particularly challenging when providers are already experiencing other assessments via state requirements or other tools their program may be using.

In addition, this bill provides flexibility for the consultant to select a classroom observation tool, an observer, and the timing and cadence of the observations, and encourages for these design features to be planned with the classroom team. These changes are intended to give ECMHC specialists and consultants more flexibility to tailor their approach, including the number of classroom observations, to the specific classroom, program, and children they are serving.

Finally, this bill makes optional the requirement to administer at least one ACEs screening. In practice, feedback from providers and ECMHC consultants have shown that ACEs screenings have been challenging to implement. This is due to a significant amount of parent interview time, as well as possible parent discomfort as the screener covers sensitive information parents may not feel comfortable disclosing. Additionally, as this screener has become more widely used in the state, it is more frequently conducted in well-child visits with pediatricians. This may be a setting where parents feel more comfortable sharing sensitive information.

- 4) ***Committee amendments.*** *Committee staff recommends, and the author accepts, an amendment to address unclear phrasing in the current bill version, to read as follows for both CSPP programs and General Child Care programs:*

(3)(A) ... This model shall include, but not be limited to, both of the following: The early childhood mental health consultation service model shall incorporate the following:

(i) ~~The early childhood mental health consultation service be informed by an~~ An early care and education classroom observation tool that includes measures on the classroom environment, social-emotional learning climate, and teacher and child interactions to guide the specific activities and support the consultant shall provide. Selecting a classroom observation tool, choosing an observer, and the timing and cadence of observations may be planned with the classroom team. The classroom observation tool shall be administered at least once per school year in each classroom receiving early childhood mental health consultation service. Classroom

assessment tools required by the department may be used to fulfill this requirement.

5) ***Related and Prior Legislation.***

AB 2806 (Blanca Rubio, Chapter 915, Statutes of 2022) revises and recasts provisions related to expulsion and suspension of a child from a CSPP programs and broadens the provisions to include General Child Care and Development programs and Family Child Care Home Education Network programs.

AB 2698 (Rubio, Chapter 946, Statutes of 2018) defines ECMHC service, declares legislative intent encouraging the provision of such services in CSPP programs, 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.

SUPPORT

Kidango (sponsor)
Child Care Alliance of Los Angeles
Clovis Unified Preschool
Early Edge California
First 5 Association of California
Lindsay Unified School District Preschool/TK Program
Options for Learning
YMCA of San Diego County

OPPOSITION

None received

-- END --