
THIRD READING

Bill No: AB 2429
Author: Blanca Rubio (D)
Amended: 8/19/26 in Senate
Vote: 21

SENATE HUMAN SERVICES COMMITTEE: 5-0, 6/15/26

AYES: Becker, Ochoa Bogh, Laird, Pérez, Weber Pierson

SENATE EDUCATION COMMITTEE: 7-0, 6/24/26

AYES: Pérez, Ochoa Bogh, Cabaldon, Choi, Cortese, Gonzalez, Reyes

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 68-0, 5/21/26 (Consent) - See last page for vote

SUBJECT: Childcare: mental health consultation services

SOURCE: Kidango

DIGEST: This bill (1) revises reimbursement requirements for early childhood mental health consultation services by requiring consultants to use an early care and education observation tool at least once per year in each classroom or setting, rather than twice per year; and (2) makes optional the requirement to administer at least one Adverse Childhood Experiences (ACEs) screening.

Senate floor amendments of 8/19/26 adopt California Department of Social Services (CDSS) technical assistance.

ANALYSIS:

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 [EDC] §8200 et seq.)

- 2) Defines “early childhood mental health consultation service” as a service benefitting a child who is served in a California State Preschool Program (State Preschool). (EDC §8243)
- 3) Establishes the Child Care and Development Services Act to provide a comprehensive, coordinated, and cost-effective system of child care and development services for children from infancy to 13 years of age and their parents, including a full range of supervision, health, and support services through full- and part-time programs. (Welfare and Institutions Code [WIC] §10207 et seq.)
- 4) Defines “early childhood mental health consultation service” as a service benefitting an infant or toddler who is 0 to 36 months of age, inclusive, and is served in a General Child Care and Development program, or a child who is 0 to 5 years of age, inclusive, and is served in a Family Child Care Home Education Network setting funded by a General Child Care and Development Program. (WIC §10281)
- 5) Provides that early childhood mental health consultation service includes, but is not limited to, all of the following:
 - a) Support for providers, parents, legal guardians, and caregivers to create proactive trauma-informed, 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, as specified.
 - d) The development of strategies for addressing prevalent child mental health concerns, as specified.
 - e) Support with the pursuit and documentation of reasonable steps to maintain a child’s safe participation in the program if a child exhibits persistent and serious behaviors.

- f) Face-to-face interactions or video-based platforms and other modes of communication, as specified.
 - g) Group or individual consultations. (EDC §8243; WIC §10281)
- 6) Provides that the cost to an agency of providing an early childhood mental health consultation service shall be reimbursable if all of the following apply:
- a) The early childhood mental health consultation service is provided on a schedule of sufficient and consistent frequency, continuously throughout the program year, as specified.
 - b) The early childhood mental health consultation service is provided by a licensed or credentialed professional, as specified; a license-eligible professional who is supervised by a fully licensed or credentialed professional, as specified; a person holding a master's degree in a field related to mental health or human services, as specified.
 - i. Allows a fully licensed or credentialed professional to be an employee of a contracting agency or engaged as an external contractor, as specified.
 - ii. Requires any person providing mental health consultation services to have a successful criminal background check.
 - c) The early childhood mental health consultation 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. Requires the model to include, but not be limited to, all of the following:
 - i. At least twice per program year, conducting early care and education setting-based mental health assessments, such as the "Climate of Health Interactions for Learning & Development".
 - ii. Recordkeeping that adequately documents all consultation activities.
 - iii. 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.
 - d) Within the first 30 days upon hire or start of a consultation service, requires a provider agency to ensure that a consultant is trained in professional ethics

and statutory, regulatory, and decisional laws, as specified; child abuse and neglect mandated reporting laws; best practices and foundations of early childhood mental health consultation; and all relevant laws and regulations regarding state and federal child care programs.

- e) Requires consultants and supervisors to participate in continuing professional development and education for at least 18 hours per program year. (EDC §8243; WIC §10281)
- 7) Requires the California Department of Education and CDSS, in consultation, to issue guidance through management bulletins, all-county letters, or similar instructions until regulations are adopted. (EDC §8243; WIC §10281)

This bill:

- 1) Strikes the requirement for an early childhood mental health consultation service model include the conducting of an early care and education setting-based mental health assessment at least twice per program year.
- 2) Requires an early childhood mental health consultation service model to incorporate an early care and education observation tool.
 - a) Specifies the observation tool must include measures on the environment, social-emotional learning climate, and teacher and child interactions to guide the specific activities and support the consultant shall provide.
 - b) Provides that selecting an observation tool, choosing an observer, and the timing and cadence of observations may be planned with the classroom team or provider.
 - c) Requires the observation tool to be administered at least once per school year in each classroom or setting receiving early childhood mental health consultation service.
 - d) Authorizes assessment tools required by the California Department of Education or CDSS to be used to fulfill this requirement.
- 3) Changes the requirement to conduct at least one screening of each enrolled child for ACEs to be optional.

Background

Purpose of 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 eliminates the requirement to administer the ACEs Screener for every child in a classroom receiving consultation services and instead makes it optional and 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.”

Subsidized Child Care. California’s subsidized child care system is designed to provide assistance for income eligible parents and guardians who are working, in training, seeking employment, incapacitated, or in need of respite. The state’s largest subsidized child care programs are General Child Care, Alternative Payment Programs, CalWORKs Child Care, and the California State Preschool Program (State Preschool). This bill applies to General Child Care and State Preschool.

General Child Care provides care through contracted child care centers and Family Child Care Home Education Networks. Families are income eligible for General Child Care if their household income is below 85% of the State Median Income, depending on family size. In 2025–26, a family of four is income eligible if their annual family income is at or below \$108,237. State Preschool provides care for three- and four-year-olds at local educational agencies and some community-based centers. Current law additionally allows State Preschool programs to serve two-

year-olds through June 30, 2027. Families are eligible for the California State Preschool Program if their income based on family size falls below 100% of the State Median Income. In 2025–26, a family of four is income eligible if their annual family income is at or below \$127,338. State Preschool programs are under the purview of the Senate Education Committee.

Early Childhood Mental Health Consultation. Early childhood mental health consultation is an evidence-informed service model that promotes social-emotional development to effectively address challenging behaviors in young children and reduce the need for preschool expulsions. These services are a multilevel intervention in which mental health professionals work alongside child care and preschool providers who care for children from birth to age six to, “promote healthy social-wellness and provide support to the families and child care providers of the child.” This support may include developing strategies for classroom management, providing referrals, and cultivating a deeper understanding of the factors that shape young children’s social-emotional development.

According to Georgetown University’s Center for Child and Human Development, the outcomes of the early childhood mental health consultation services include reduced rates of suspensions and expulsions, reduced challenging behaviors, improved parent-child relationships, fewer missed days of work for parents, and an improved classroom climate. Early childhood mental health consultation is being implemented in a range of settings, including child care and preschool, home visiting, primary care, and child welfare in states, localities, and Tribal communities across the country.

This bill revises the reimbursement requirements for early childhood mental health consultation services to require the use of an early care and education observation tool at least once per school or program year, rather than requiring early care and education mental health assessments to be conducted twice per program year. According to the bill sponsor, frequent observations are not always conducive to building a positive relationship between the early childhood mental health consultant and child care teacher, as they may contribute to teachers feeling judged or over-observed.

Adverse Childhood Experiences Screenings. Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood. Some examples include experiencing violence, abuse, or neglect; witnessing violence in the home or community; having a family member attempt or die by suicide; growing up in a household with substance use problems or mental health problems; instability due

to parental separation or a household member being in jail or prison; not having enough food to eat; experiencing homelessness; or unstable housing. ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential.

An ACEs screening evaluates children and adults for trauma that occurred during the first 18 years of life. Children ages 0 through 11 are assessed using the Pediatric ACEs and Related Life-events Screener child tool, which is completed by a parent or caregiver. As of January 2020, the Department of Health Care Services reimburses Medi-Cal providers on a per-screening basis for children and adults with Medi-Cal coverage. Pursuant to SB 428 (Hurtado, Chapter 641, Statutes of 2021), commercial health plans and health insurers that provide coverage for pediatric services and preventative care are also required to include coverage for ACEs screenings.

This bill makes the ACEs screening optional rather than required for reimbursement for early childhood mental health consultation services. According to this bill's sponsor, conducting the ACEs screener requires a significant amount of parent interview time and poses the potential for parent discomfort, as the screener covers sensitive information that parents may not feel comfortable disclosing. Additionally, the screener is frequently conducted at well-child visits with pediatricians.

Related/Prior Legislation

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

SB 428 (Hurtado, Chapter 641, Statutes of 2021) required a health plan contract and health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides coverage for pediatric services and preventative care to include coverage ACEs screenings.

AB 74 (Ting, Chapter 23, Statutes of 2019) appropriated Proposition 56 funding for ACEs screenings in Medi-Cal.

AB 752 (Rubio, Chapter 708, Statutes of 2017) prohibited a State Preschool program contracting agency from expelling or un-enrolling a child due to behavior unless certain steps are taken, as specified.

Comments

Since 2015, child care and preschool programs nationwide have implemented policies to reduce and eliminate preschool expulsion due to substantial evidence that these practices lead to lifelong negative consequences for children—particularly for Black/African American children. This bill seeks to lower barriers to entry to encourage more child care and preschool programs to offer early childhood mental health consultation services in their classrooms. By reducing assessment requirements, this bill seeks to allow early childhood mental health consultants to use their time visiting classrooms however they see fit to support teachers and children. According to the bill sponsor, the changes proposed in this bill reflect feedback from early childhood mental health consultants and early childhood teachers.

[Note: See the Senate Education Committee analysis for additional background on this bill.]

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

SUPPORT: (Verified 8/19/26)

Kidango (Sponsor)
Child Care Alliance of Los Angeles
Clovis Unified Preschool
Early Edge California
First 5 Association of California
Fresno County Office of Education
Lindsay Unified School District Preschool/TK Program
Options for Learning
Silicon Valley Community Foundation
The Children's Partnership
YMCA of San Diego County

OPPOSITION: (Verified 8/19/26)

None received

ASSEMBLY FLOOR: 68-0, 5/21/26

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gallagher, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Irwin, Jackson, Johnson, Kalra, Krell, Lee, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Zbur, Rivas

NO VOTE RECORDED: Arambula, Chen, Gabriel, Garcia, Hoover, Lackey, Lowenthal, Ramos, Celeste Rodriguez, Schultz, Wicks, Wilson

Prepared by: Diana Dominguez / HUMAN S. / (916) 651-1524
8/20/26 10:56:18

**** END ****