CONCURRENCE IN SENATE AMENDMENTS
AB 2429 (Blanca Rubio)
As Amended June 29, 2026
Majority vote

SUMMARY

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, and the requirement to administer at least one Adverse Childhood Experiences (ACEs) screening optional.

Senate Amendments

1) Add that the ECMHC service used in California State Preschool Programs (CSPP) and General Child Care programs shall include:

   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) Remove the requirement that the ECMHC model may screen for buffering factors including resilience.

COMMENTS

Background: *Subsidized Childcare.* California's subsidized childcare system provides assistance to parents and guardians who are working, in training, seeking employment, incapacitated, or in need of respite. The system serves children from birth through 13 years of age and is funded through a combination of federal and state dollars. Services are delivered through a mixed delivery system that includes licensed childcare centers, licensed family childcare homes, and license-exempt providers such as family, friends, or neighbors.

Several programs make up the state's subsidized childcare system. Families participating in California Work Opportunity and Responsibility to Kids (CalWORKs) program may receive childcare through a three-stage system during and after participation. The General Child Care and Development Program (CCTR) provides subsidized care through contracted centers and family childcare home education networks. Alternative Payment Programs provide vouchers that allow families to choose care across settings. California also offers the CSPP for eligible three- and four-year old children, providing part-day or full-day services that include curriculum, meals, parent education, and referrals to social and health services.

Families must meet both eligibility and need requirements to access non-CalWORKs subsidized childcare. Eligibility includes income below 85% of the state median income, participation in certain public assistance programs, homelessness, or involvement with child protective services. Families must also demonstrate a qualifying need, such as employment, job search, education or training, incapacity, or seeking housing stability. As of January 2025, the income threshold is

$7,472 per month ($89,664 annually) for a family of three. Once deemed eligible, families are authorized for services for at least 24 months without recertification, unless income exceeds the threshold.

Early Childhood Mental Health Consultation. 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.[1] 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.[2]

In California, ECMHC support 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, CCTR, 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 clinal 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.

---

[1] https://pmc.ncbi.nlm.nih.gov/articles/PMC10107797/pdf/IMHJ-44-5.pdf
[2] https://www.mdpi.com/2076-328X/15/11/1497

Adverse Childhood Experiences (ACE) and Trauma-Informed Care. ACE, such as exposure to abuse, neglect, or household dysfunction, are associated with a range of negative outcomes in social-emotional development, behavior, and long-term health. In response, state and national efforts have focused on identifying and addressing trauma early by integrating screening and supportive practices into settings that serve young children and families.

In early care and education settings, this has included incorporating ACE screening into ECMHC to help identify children who may have experienced trauma and connect families to services. Screening may also inform consultation by providing context for children's behavior and developments. However, trauma-informed care extends beyond screening and emphasizes creating safe, stable, and supportive environments for children and families. ECMHC supports this approach by equipping providers with strategies to address children's needs in an early learning and care setting.

In practice, ACE screening has presented implementation challenges. Screening often requires trained professionals, involves sensitive information, and may be difficult to administer consistently across diverse settings. Research indicates that ECMHC is most effective when delivered flexibly and tailored to program needs, rather than relying on standardized screening requirements. As a result, ACE screening may be resource-intensive and may not align with the relationship-based nature of consultation.

Under current law, ECMHC must include a relationship-based model with specified requirements, including conducting at least two classroom observations per year and with parental consent, administering at least one ACE screening for each child. *This bill* instead requires the use of a classroom observation tool at least once per year and authorizes the ACE screening to be optional.

According to the Author
"[This bill] 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.

"[This bill] 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 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. [This bill] ensures that more children, families, and educators across California can benefit from this proven model."

Arguments in Support
The Sponsors, Kidango, write, "[This bill] creates more flexibility for consultants and classrooms to co-develop a plan tailor-made for the needs of an individual classroom".

Arguments in Opposition
None on file.

FISCAL COMMENTS

According to the Senate Appropriations Committee on August 3, 2026, pursuant to Senate Rule 28.8, this bill has negligible state costs.

VOTES:

ASM HUMAN SERVICES: 7-0-0
YES: Lee, Castillo, Gipson, Elhawary, Jackson, Solache, Tangipa

ASM EDUCATION: 9-0-0
YES: Patel, Hoover, Alvarez, Bonta, Castillo, Garcia, Lowenthal, Pellerin, Zbur

ASM APPROPRIATIONS: 15-0-0
YES: Wicks, Hoover, Bauer-Kahan, Calderon, Caloza, Ellis, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

ASSEMBLY FLOOR: 68-0-12
YES: 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
ABS, ABST OR NV: Arambula, Chen, Gabriel, Garcia, Hoover, Lackey, Lowenthal, Ramos, Celeste Rodriguez, Schultz, Wicks, Wilson

UPDATED

VERSION: June 16, 2026

CONSULTANT: Bri-Ann Hernandez-Mengual / HUM. S. / (916) 319-2089 FN: 0003327