

Date of Hearing: March 24, 2026

ASSEMBLY COMMITTEE ON HUMAN SERVICES
Alex Lee, Chair
AB 2429 (Blanca Rubio) – As Introduced February 20, 2026

SUBJECT: Childcare: mental health consultation services

SUMMARY: Revises the relationship-based model for early childhood mental health consultation services by requiring consultants to use an early care and education classroom observation tool at least once each year in each classroom, in consultation with the classroom team, to inform the provided activities and supports. Removes the requirement to administer at least one adverse childhood experiences (ACE) screening with parental consent.

EXISTING LAW:

- 1) Establishes the Child Care and Development Services Act to provide childcare and development services as part of a coordinated, comprehensive, and cost-effective system serving children from birth 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.*)
- 2) Establishes the Early Education Act to provide high quality, inclusive, and culturally responsive preschool to eligible children. (Education Code [EDC] § 8200 *et seq.*)
- 3) Defines the following terms:
 - a) “Childcare and development services” to mean services designed to meet a wide variety of children’s and families’ needs while parents and guardians are working, in training, seeking employment, incapacitated, or in need of respite. (WIC § 10213.5(j))
 - b) “Early childhood mental health consultation services” as a service benefiting an infant or toddler who is 0 to 36 months of age, inclusive, and is served in a general childcare and development program, or a child who is 0 to 5 years of age, inclusive, and is served in a family childcare home education network setting funded by a general childcare and development program; and as a service benefiting a child who is served in a California state preschool program. (WIC § 10281(a); EDC § 8243(a))
- 4) Specifies that “early childhood mental health consultation services includes, but is 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;

- d) The development of strategies for addressing prevalent child mental health concerns;
 - 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 (Public Law 104-191), such as the telephone; and,
 - g) Group or individual consultations of any of the actions described in this paragraph. (WIC § 10281(a); EDC § 8243(a))
- 5) Provides that the early childhood mental health consultation 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. (WIC § 10281(b)(2); EDC § 8243(b)(2))
- 6) Specifies that early childhood mental health consultation services use 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. (WIC § 10281(b)(3); EDC § 8243(b)(3))
- 7) Requires the relationship-based model used for early childhood mental health consultation services described in 2) 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 ACE and screening for buffering factors, including, but not limited to resilience. (WIC § 10281(b)(3); EDC § 8243(b)(3))

FISCAL EFFECT: Unknown, this bill has not been analyzed by a fiscal committee.

COMMENTS: This analysis only discusses policy issues germane to the jurisdiction of the Assembly Committee on Human Services.

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 California State Preschool Program (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 (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.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,

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10107797/pdf/IMHJ-44-5.pdf>

² <https://www.mdpi.com/2076-328X/15/11/1497>

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 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.

Adverse Childhood Experiences 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 removes the ACE screening requirement, with the goal of increasing flexibility.

Author's Statement: 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.”

Equity Implications: Programs serving low-income families, particularly those in under-resourced communities, often face workforce shortages and limited access to licensed clinicians needed to administer ACE screenings. By removing the ACE screening requirement and allowing greater flexibility in how consultation is delivered, *this bill* may enable more providers, especially those in high-need areas, to participate in ECMHC.

Relationship-based consultation models emphasize understanding children within the context of their environment, relationships and experiences, which may reduce the risk of misinterpretation of over-identification of behavioral concerns among children of color. Research shows that Black children are disproportionately subject to suspension and expulsion in early learning settings, often at rates several times higher than their peers. Latino/Hispanic children are also overrepresented in exclusionary discipline relative to enrollment face higher suspension rates than white children. When children are excluded from early learning settings, they miss out on the opportunity to develop key social, emotional, and academic skills. Expanding access to consultation that supports providers in managing behavior and building supportive environments may help reduce these disparities.

Policy Considerations: While removing the ACE screening requirement may reduce implementation barriers and increase participation in ECMHC, it may also limit opportunities to identify children and families experiencing trauma and connect them to services. Making ACE screening optional, rather than eliminating it entirely, could preserve access to this tool for programs with the capacity to administer it while maintaining flexibility for those that do not.

Should this bill move forward, the Author may wish to consider making ACE screening optional rather than eliminating it entirely.

This bill uses terms such as “classroom team,” “classroom” and “school year” in the Welfare and Institutions Code, which does not align with terminology used in the subsidized childcare system. Updating these terms to “childcare provider” “and “program year” would better reflect the mixed-delivery system and ensure consistent application across provider types.

Should this bill move forward, the Author may wish to consider revising these references in the Welfare and Institutions Code to align with childcare-specified terminology rather than Education Code language.

Proposed Committee Amendments: In order to address the above policy considerations, the Committee proposes the author take the following amendments:

On page 4, in line 17, after “(3)” insert: (A)

On page 4, in line 27, strike out “(A)” and insert: (i)

On page 4, in line 31, strike out “(B)” and insert: (ii)

On page 4, between lines 32 and 33, insert: (B) The model described in subparagraph (A) may include, with consent from parents or legal guardians, at least one screening of each enrolled child for adverse childhood experiences and screening for buffering factors, including, but not limited to, resilience.

On page 8, in line 4, after “(3)” insert: (A)

On page 8, in line 14, strike out “(A)” and insert: (i)

On page 8, in line 14, strike out “school year in each classroom,” and insert: program year,

On page 8, in line 15, strike out “classroom team,” and insert: childcare provider.

On page 8, in line 18, strike out “(B)” and insert: (ii)

On page 8, between lines 19 and 20, insert: (B) The model described in subparagraph (A) may include, with consent from parents or legal guardians, at least one screening of each enrolled child for adverse childhood experience and screening for buffering factors, including, but not limited to, resilience.

On page 9, in line 13, strike out “letter” and insert: letters

Double referral: Should this bill pass out of this committee, it will be referred to the Assembly Committee on Education.

Arguments in Support: According to BANANAS, Inc., “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. AB 2429 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.

RELATED AND PRIOR LEGISLATION:

AB 2806 (B. Rubio), Chapter 915, Statutes of 2022, revised and recast provisions related to expulsion and suspension of a child from the state preschool program and broadened provisions to include general childcare and development programs and family childcare home education network programs.

AB 2698 (B. Rubio), Chapter 946, Statutes of 2018, defined early childhood mental health consultation service, declared 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 childcare and development program, and required, 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

Kidango (Sponsor)

Bananas

EveryChild California

Girls Club of Los Angeles

Maryvale

Thermalito UESD~TLC Preschool

One private citizen

Opposition

None on file.

Analysis Prepared by: Bri-Ann Hernández-Mengual / HUM. S. / (916) 319-2089