



ASSEMBLYWOMAN

**Blanca E. Rubio**

DISTRICT 48

## **AB 2429 (Rubio): Childcare: mental health consultation services.**

### **SUMMARY**

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AB 2429 modernizes the Early Childhood Mental Health Consultation (ECMHC) model by updating program requirements to allow more flexible, tailored approaches that better target resources and support children's social-emotional development. AB 2429 streamlines how ECMHC programs are implemented in California State Preschool Programs (CSPP), General Child Care (CCTR), and Family Child Care Home Education Networks (FCCHENs), helping programs provide supportive, inclusive learning environments for children and families across the state.

### **BACKGROUND**

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Early Childhood Mental Health Consultation (ECMHC) is a preventive, relationship-based approach that supports early educators in fostering children's healthy social-emotional development and effectively responding to behavioral challenges. ECMHC is the most proven model of social-emotional support that can reduce expulsion in preschool and childcare.

AB 2698 (Rubio, 2018) created a funding adjustment factor of 1.05 (increased to 1.1 in 2022) for children in CSPP, CCTR, or FCCHENs that programs can claim when they implement ECMHC according to specific requirements. AB 2806 (Rubio, 2022) further codified and strengthened these requirements to ensure ECMHC

services were guided by best practice to produce desired outcomes for children.

Since its enactment, ECMHC has continued to grow as an effective approach for building the capacity of early childhood educators. This creates a trauma-informed, proactive, and inclusive classroom environment. Research released in 2025 shows the strongest ECMHC outcomes occur when consultants and educators build positive relationships, and consultation occurs on a predictable, ongoing schedule.<sup>1</sup> Strengthening relationship-based ECMHC practices can help ensure more children and educators across California benefit from these proactive models.

### **PROBLEM**

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Feedback from providers and Early Childhood Mental Health Consultation (ECMHC) consultants indicates that some program requirements create administrative burdens that do not foster relationships between consultants, teachers, and families, limit service flexibility, and discourage early learning programs from implementing ECMHC, which reduces access to these supports for educators and children.

### **SOLUTION**

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AB 2429 provides flexibility for consultants and classrooms to co-develop tailored plans that meet the needs of each classroom. Specifically, this bill will:

- Remove the requirement to conduct the ACEs Screener for each child in a classroom receiving ECMHC. While valuable, the ACEs Screener is not essential to ECMHC, and providers may already use similar tools. It is also commonly administered during pediatric well-child visits, and parents may be hesitant to complete it multiple times.
- Reduce required classroom observations from twice per year to once per year in consultation with the classroom team.

These changes will allow consultants and educators to develop customized consultation plans based on classroom needs and strengthen relationships between consultants, teachers, and families.

## **SUPPORT**

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Kidango (**Sponsor**)

## **STAFF CONTACT**

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Mari Mendoza Leon

916-319-2048

[Mari.Mendozaleon@asm.ca.gov](mailto:Mari.Mendozaleon@asm.ca.gov)

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<sup>i</sup> Office of Planning, Research, and Evaluation. 2025. *Supporting the Workforce*. OPRE Report No. 2025-065. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services.

<sup>ii</sup> Hunter, Amy, et al. *The Georgetown Model of Early Childhood Mental Health Consultation*, Georgetown University: Center for Child and Human Development, Sept. 2016, [www.ecmhc.org](http://www.ecmhc.org)