



ASSEMBLYWOMAN

Blanca E. Rubio

DISTRICT 48

AB 2429 (Rubio): Strengthening Access to Early Childhood Mental Health Consultation Services in Child Care Programs

SUMMARY

AB 2429 will strengthen the Early Childhood Mental Health Consultation (ECMHC) model in the state and increase the number of children with access to inclusive and supportive environments. The bill proposes updates to the existing law (SEC. 3. Section 8243 of the Education Code) on ECMHC, passed in Assembly Bill 2806, (authored by Assemblymember Rubio and co-sponsored by Kidango), to improve the requirements associated with implementing an ECMHC program in Title 5 direct service contractors to make this preventative model more accessible and more effective for teachers and children.

BACKGROUND

Previous law, AB 2806, codified and strengthened early childhood mental health consultation (ECMHC) as a means of providing adequate supports to teachers, children, and families to promote positive mental health, buffer the effects of toxic stress and trauma, and bring out the most optimal development and learning of each child. AB 2806 set forth the requirements (personnel qualifications, specific aspects of the model, frequency of assessments and observations, etc.) for providers to claim the ECMHC adjustment factor.

ECMHC continues to grow as a model that can build capacity among ECE teachers to support trauma-informed, proactive inclusive environments and to respond effectively to all children. A brief released in 2025 found the following three things to lead to the strongest outcomes when implementing ECMHC: 1) A positive and respectful relationship

between the consultant and the provider; 2) Ongoing contact with the consultant on a predictable schedule, and 3) Attention to multiple, interrelated factors that may be affecting the child and/or provider. It is important to create more preventative and relationship-based ECMHC programs that enable these elements so that more children across the state can benefit from ECMHC.

PROBLEM

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 to reduce any unnecessary 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.

SOLUTION

The proposed solutions in AB 2429 create more flexibility for consultants and classrooms to co-develop a plan tailor-made for the needs of an individual classroom. Specifically this bill will:

- Make the ACEs Screener optional rather than required. The ACEs Screener is an important tool, but is not an essential component of an ECMHC program and providers may already be utilizing a tool that serves a similar purpose. Furthermore, the ACEs Screener is more commonly conducted in well-child visits with

pediatricians and parents may be hesitant to do this screener multiple times and

- Reduce required classroom observations from twice per year to once per year in consultation with the classroom team.

Both of these components will allow consultants to further customize their approach based on needs of the children and in collaboration with teachers and families. This allows ECMHC delivery to be more effective, particularly by building strong relationships between the ECMHC consultants and the key adults in a child's life.

SUPPORT

Kidango (Sponsor)

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