I did not plan to start a statewide initiative for aligning California’s resources around families and children,” Elizabeth Estes recalls. But that is what she’s doing, because one morning in 1990 she ran out of a bar in Berkeley desperate to save her life. A man had come in eight hours earlier and had decided to kill people. He succeeded with one young student, shot many others, and kept Estes and 37 fellow hostages captive until a SWAT team managed to break in and end the crisis.

“I remember the relief of realizing I had survived!” Estes says. “But what I didn’t know was that I would have to relive the experience and trauma over and over during the next 25 years. There were all the mass shootings that I had to digest over time. But in addition, as I obtained my own treatment and navigated my own recovery, I started to see, hear, and feel the consequences of the disconnect among our agencies that serve children and families. I started to recognize the tragedy of our systemic failure to offer necessary services to those in need when they social, emotional, behavioral, and academic needs—only to hear repeatedly, ‘That’s not what our agency does.’ ‘We don’t have that.’ ‘Try over there.’ And I finally just couldn’t stay silent anymore when we are not collectively serving needs in the way we know we must.

“In 2014 I was compelled to write an article for The San Francisco Chronicle—an impassioned plea for agencies to align and comprehensively serve families and children. The article hit a responsive chord, and Breaking Barriers was born.”

Estes and more than 33 experts across the state of California have united through this initiative.

Giving presentations across the state on the subject of alignment and collective impact, Breaking Barriers most recently held an April 2016 Statewide Symposium with
The benefits of effective early intervention at the first appearance of stress are significant. When this happens, it is affecting 17 percent of the population. The benefits of effective early intervention at the first appearance of stress are significant. When this happens, it is affecting 17 percent of the population.5

The need to align services is clear. Estimates of the prevalence of severe, disruptive behaviors among children have doubled in the last decade. Such behaviors as hyperactivity, impulsivity, and defiance are on the increase and are particularly disruptive to the learning of all students. Internal behaviors, such as anxiety disorders and depression, frequently go unnoticed and, while generally not disturbing to others, are devastating to the education and long-term trajectory of the child.

The growing question is “why are these behaviors becoming so common?” Recent research has focused on the strong connection between stressful experiences and a child’s ability to learn and behave appropriately. Physical, sexual, or emotional abuse; physical or emotional neglect; the mental illness of a parent; divorce; parental incarceration; intimate partner violence; and parental substance abuse all constitute stressful events in the child’s life—and these things are common in the lives of many of our children. When adverse childhood experiences (ACE) prior to the age of 18 begin to accumulate, these stressful events change brain development in ways that disrupt learning, behavior, and lifetime health.1 So powerful is the influence of stressful events on the brain of the developing child that, according to one national study, 85 percent of all behavior problems in school occur among those students who have at least one ACE.2

And studies show that 6 out of every 10 California children have experienced at least one ACE.2

Unhealthy stress from whatever source, however, when experienced repeatedly, can alter normal response systems in children by saturating their brain with a chemical bath of stress hormones.3 When this happens, it is physiologically impossible for the child to learn and to control his or her behavior in the classroom, home, and community. And problems do not go away. Life expectancy among those with six or more ACEs is shortened by 20 years.4 More than three ACEs is predictive of seven of the ten leading causes of death in adults, adult mental health disorders such as depression and anxiety, and engagement in such risky behaviors as substance abuse and multiple sex partners. The magnitude of the relationship between adverse childhood experiences and physical and mental health risk is so huge that the Center for Disease Control (CDC) has called childhood maltreatment the greatest health risk of our time, affecting 17 percent of the population.5

The benefits of effective early intervention at the first appearance of
any developmental delay in a child are widely recognized. And yet, when it comes to issues of emotional health, fewer than one in five children will ever receive the treatment they need, resulting in financial implications that are as significant as the personal and social. The CDC has estimated that the lifetime cost associated with children who experience any of the ACE categories in a single year is $585 billion. Another study calculated the cost of preventing a child from following the life course associated with high-risk youth (crime, school drop-out, and drug abuse); taking into account the duplication and overlap that often occurs between school drop-out, drug use, and criminal behavior, the study estimates the lifetime value of saving one high-risk youth to be between $2.47 million and $3.35 million (in 2015 dollars). So, in a world where money is the most often-cited barrier to offering a comprehensive, effective, and sustainable community of care for our children and families, Breaking Barriers believes that the way we do things now costs us so much more than it would if we had a system capable of addressing problems at their source.

What the Model Looks Like: No Wrong Door

Given the magnitude of the challenge of coordinating systems, the Breaking Barriers model holds that regardless of the cause of significant social, emotional, behavioral, and educational needs, it is unrealistic to expect any one system to shoulder the responsibility alone. The initiative is promoting a focus on the collective alignment of local and regional efforts and resources among agencies involved in serving children and their families, with the conviction that this alignment will positively transform the lives of children, families, and communities now and into the future and that from this effort a shared model of accountability will emerge. “Otherwise, we are only tackling one part of the problem—or worse, we are not tackling it at all as the proverbial can is kicked from place to place,” says Ron Powell, Breaking Barriers Advisory Committee member and former director of Desert/Mountain SELPA.

So what does a model of collective responsibility among agencies look like, and what responsibilities must agencies be willing to share in order to address the magnitude of this problem? “Fortunately,” says Powell, “we are not left on our own to devise models of service system integration that work for all children. Systems integration occurs at the local community level and can be characterized by four types of relationships among agencies: Communication, Coordination, Collaboration and Consolidation (or Integration). The stages of relationship within each of these models are progressive and characterized by increasing levels of integration of authority, resources, services, and clientele at each stage. Service system integration models combine multiple


Resource

service agencies to create seamless access to services, including, but not limited to, education, social services, child welfare, behavioral health, juvenile justice, public health, primary health care, California Children’s Services, the Regional Centers, and community partners. No matter what door you enter, you are connected to the services you need.”

**The Challenges**

“The challenges facing the development of integrated systems depend largely on the context of the local community and the collective will and interest of key stakeholders and policymakers,” says Powell. Participants in the Breaking Barriers Symposium identified other barriers to providing comprehensive services to children. Many had experienced a pervasive disconnect across both public and private systems of care throughout the state, which results in disjointed care and impaired outcomes for children and families. As children and families are referred from agency to agency or provider to provider for different services, care is decreased, delayed, or decimated. “It results in incomplete care,” says Estes. “Families cannot navigate the convoluted web we have woven for them. Systems repeatedly fail to collectively prioritize prevention and early intervention, resulting in what many describe as a ‘wait to fail’ model.” Another identified challenge revolves around duplicated services, which at times solely follow funding streams. Symposium participants also pointed to the challenges in service provision for incarcerated youth and the few supports available for cultural competence among service providers, within and across agencies.

The symposium solidified the suspicion that the same challenges exist in every county across the state—even those with the most integrated systems to date. Breaking Barriers is working to change this, promoting targeted efforts and technical assistance to implement coordination teams, consolidate services, and address “the systemic challenges that can only be resolved through integrated governance, shared outcomes, shared funding, and shared care,” says Powell. “Those coordination efforts that do exist typically do not have mechanisms in place to resolve interagency confusion or disputes over responsibilities for agencies tackling the same needs simultaneously but separately. What they require to be successful are a shared governance, shared funding structure, and shared accountability, which participants [at the symposium] felt may ultimately resolve many of the ongoing challenges of providing more streamlined care for children and families.”

**Progress and Promise**

Both Powell and Estes see the current educational climate, characterized by the commitment to develop one system for all children and families, as a perfect environment for advancing the work of Breaking Barriers. “Unified systems hold the promise of greater efficiency and effectiveness in addressing these challenges when interventions are less duplicative, more comprehensive, targeted, and readily available when needs arise—and when they are not driven by categorical funding streams or narrow programmatic confines but by a commitment to serving needs in real time for real people,” says Estes. Through Breaking Barriers, “community leaders are learning from the best ideas of others and receiving support in the design of collaborative structures for consolidating services.”

“Even though progress is being made,” says Powell, “much work remains to be done. But all counties seem to recognize that, while they are a long way from realizing a fully integrated system, they can get there. Such coordination requires shared governance, shared goals, shared outcomes, and shared means of measurement. But it also requires the creation of new structures and patterns of service that allow for blended funding and mutual accountability. It requires the setting aside of egos and the politics of personal power for the ultimate outcomes we collectively seek: healthy children, families, and communities. No one entity can do it alone. We are interdependent and these are our children, our families, and our communities. And so we must unite.”

Learn more about Breaking Barriers at [www.BreakingBarriersCA.org](http://www.BreakingBarriersCA.org)