

# Beyond Compliance: Building the System Capacity Schools Need for Sustainable Behavioral Threat Assessment & Management (BTAM) programs

## A Trauma-Informed, Mobility-Responsive Framework for K–12 Leaders

By Jillian Haring

Subject Matter Expert in Behavioral Threat & Suicide Risk Assessment

### Executive Brief: Beyond Compliance

This executive brief summarizes key findings and recommendations from Beyond Compliance: Building the System Capacity Schools Need for Sustainable Behavioral Threat Assessment and Management (BTAM) in K–12 Schools. It is intended for superintendents, cabinet-level leaders, school boards, state agencies, and policymakers responsible for designing, governing, and sustaining student safety systems.

Districts across the United States are being asked to conduct timely, consistent behavioral threat assessments with fidelity amid escalating student needs, staffing shortages, and increasing system complexity. While training and model fidelity remain important, evidence drawn from de-identified; district-reported practice data demonstrates that training alone is insufficient when the broader school system lacks the capacity to support consistent implementation. Across districts, BTAM breakdowns most often stem from system design gaps rather than staff error, lack of commitment, or insufficient professional knowledge.

#### **Analysis of district responses reveals four recurring structural barriers that consistently limit BTAM fidelity:**

1. **Insufficient operational capacity**, including lack of protected time, staffing, and coordination roles.
2. **Unclear or underdeveloped** policy and legal infrastructure.
3. **Fragmented documentation systems** that undermine continuity of care, particularly during student mobility; and
4. **Misalignment between BTAM and special education processes**, resulting in delay, uncertainty, and risk avoidant decision making.

In response, this paper introduces the **BTAM Capacity Framework (BCF)**, a systems-level blueprint for sustainable implementation. Organized around five interdependent domains, **Operational Capacity, Technical and Documentation Capacity, Relational Capacity, Policy and Legal Capacity, and Instructional Capacity**, the framework provides district and state leaders with a practical roadmap for strengthening BTAM beyond compliance and toward durable, trauma-informed practice.

#### **Key Takeaways for Leaders**

- BTAM failures are most often system failures, not failures of staff commitment or training.
- Training alone is insufficient without operational, policy, documentation, and relational capacity to support consistent practice.

- Student mobility and disability intersections create predictable risk when continuity and coordination safeguards are absent.
- Sustainable BTAM requires treating the work as core operational infrastructure, not an add-on responsibility.
- The BTAM Capacity Framework offers a practical tool for diagnosing gaps and guiding system redesign.

Priority actions for leaders include **embedding protected time and coordination roles; aligning BTAM with Multi-Tiered System of Supports (MTSS), special education, and trauma-informed frameworks;** strengthening documentation and information-sharing practices to support student mobility; clarifying legal guardrails through policy; and investing in ongoing professional learning and system improvement. **BTAM is not a standalone meeting or form; it is a coordinated system that reflects a district's commitment to safety, equity, and student well-being.** Designing that system intentionally is essential to sustainable prevention.

## **Methodology: A Practice Informed Partnership Approach**

### ***Grounded in Real District Experience***

This white paper is grounded in de-identified input from K–12 school districts actively implementing BTAM processes. The findings and framework presented here are not theoretical or model derived alone; they are informed by real-world district responses describing how BTAM functions in practice.

Participating districts shared candid reflections on their structures, workflows, staffing constraints, documentation practices, and points of friction across BTAM, special education, and student support systems. To protect confidentiality and encourage honest participation, all districts and individuals are deidentified. No district names, identifiable case details, or identifiable attributable statements are included. Instead, responses are synthesized across districts to surface consistent patterns, systemic barriers, and shared capacity needs.

This approach reflects a informed partnership model designed to elevate practitioner voice while translating lived experience into system level insight and actionable recommendations.

### ***Data Sources***

Data informing this analysis included:

- District self reported questionnaires describing BTAM structures, staffing, documentation practices, and perceived challenges.
- Qualitative responses from BTAM coordinators, administrators, school psychologists, and special education leaders
- Reviews of anonymized workflow descriptions and documentation processes
- Crosswalk discussions related to BTAM, MTSS, and special education procedures.

Rather than functioning as a formal research study, this work reflects a field informed synthesis of recurring themes across districts actively implementing BTAM.

### ***Guiding Questions***

The analysis was shaped by **these guiding questions:**

- What structural barriers most frequently interfere with timely and high-quality BTAM practice?
- How do trauma, disability, and neurodiversity intersect with BTAM decision-making?
- Where do documentation and student mobility break continuity of care?
- What capacity building structures appear to be the most predictive of sustainable implementation?

### ***Findings: Four Failures Limiting BTAM Fidelity***

District responses reveal that BTAM breakdowns are not isolated incidents or failures of professional commitment. Rather, they are predictable outcomes of system design choices. Across districts of varying size, governance, and maturity of implementation, the same structural barriers emerged with striking consistency. Respondents did not describe a lack of training or motivation. **Instead, they described systems that constrained even highly skilled and dedicated teams.**

#### ***Failure 1: Insufficient Operational Capacity***

Across districts, **BTAM work was most often described as occurring without protected time, dedicated coordination roles, or sufficient staffing.** Teams reported that meetings were routinely compressed into short windows, often thirty minutes or less, regardless of case complexity. These included situations involving multiple risk factors, disability considerations, or extensive prior history.

Districts also described persistent challenges assembling the necessary disciplines concurrently. **Mental health professionals, special education representatives, administrators, and law enforcement partners were frequently unavailable at the same time. As a result, teams were forced to make decisions with partial information or to delay action altogether.** In many systems, responsibility for follow-up monitoring depends on individual initiative rather than a clearly defined role or process.

Districts without a designated BTAM coordinator or case manager reported the greatest strain. Scheduling, documentation, family communication, and monitoring responsibilities were fragmented across roles. **This fragmentation increased the likelihood of missed steps and inconsistent implementation.** Respondents also emphasized that the cognitive and emotional demands of BTAM decision-making are rarely reflected in workload expectations, contributing to staff fatigue and erosion of confidence over time.

**When operational capacity is weak, assessments become rushed rather than thorough.** Follow through becomes inconsistent; escalation pathways are unclear, and staff burnout increases. Even well-trained teams cannot operate with fidelity when structural conditions do not allow for depth, continuity, and accountability.

#### ***Failure 2: Lack of Policy and Legal Infrastructure***

Most participating districts **described some degree of ambiguity in BTAM policy or legal guidance.** In the absence of clear state mandates or district level standard operating procedures, teams relied on informal norms, individual judgment, or legacy practices. Referral thresholds were inconsistently defined, leading to uneven access to assessment across schools.

Respondents **reported uncertainty regarding documentation expectations, record retention, and information sharing boundaries.** This ambiguity heightened legal anxiety and, in some cases, resulted in delayed intervention as teams defaulted to cautious or risk avoidant decision-making. **Several districts noted misalignment between administrative leadership and legal counsel regarding BTAM obligations, which further reduced team confidence.**

**Districts that had written protocols and clear guidance reported greater consistency and decisiveness.** This contrast underscored that policy infrastructure does more than ensure compliance. It enables timely, confident, and defensible action.

#### ***Failure 3: Fragmented Systems and Data Silos***

**A dominant theme across district responses was fragmentation of documentation systems.** BTAM records were frequently housed outside core student information systems and were poorly aligned with MTSS, special education, discipline, attendance, or mental health data. **As a result, teams struggled to access a comprehensive and longitudinal picture of student need.**

**Student mobility emerged as a particularly acute vulnerability. Districts described repeated**

**instances in which students transferred within or between districts without BTAM history following them in a timely or usable form.** Receiving schools were often unaware of existing safety plans, prior determinations, or ongoing monitoring needs. Teams were therefore forced to restart assessments without critical context.

**The absence of standardized and legally sound mechanisms for transferring safety relevant information undermined continuity of care.** It also placed a disproportionate burden on individual staff members to bridge systems manually, increasing variability and risk.

#### ***Failure 4: The BTAM and Disability Bottleneck***

Districts **consistently identified tension at the intersection of BTAM and special education processes**, particularly when students had Individualized Education Programs (IEPs) or 504 plans. Fear of violating federal protections under Individuals with Disabilities Education Act (IDEA), Americans with Disabilities Act (ADA), or Section 504 led some teams to delay BTAM actions until after disciplinary or special education procedures were completed.

**Rather than operating concurrently, BTAM and disability related processes were often conducted sequentially.** This extended timelines and delayed intervention. Respondents described this as both a legal and operational dilemma. Teams wanted to act quickly to address safety concerns but lacked clear guidance on how to integrate disability informed considerations into BTAM decision-making.

**Several districts noted that safety plans frequently failed to account for disability related needs.** Interventions that did not align with a student's communication, sensory, or executive functioning needs were difficult to implement and often ineffective. These conditions increased risk for students and staff while leaving districts feeling legally exposed and uncertain.

#### ***Synthesis Across Failures***

Taken together, these failures illustrate a common pattern. **BTAM fidelity erodes when systems rely on individual effort rather than intentional design.** When time is unprotected, policies are unclear, documentation is fragmented, mobility disrupts continuity, and disability processes collide with safety timelines, even experienced teams struggle to operate with confidence and consistency.

These findings point to the **need for a unifying, system level solution that addresses capacity across operational, technical, relational, policy, and instructional domains rather than treating BTAM as a discrete event or isolated process.**

## Introducing the BTAM Capacity Framework (BCF)



The findings described in the previous section point to a clear conclusion: **BTAM fidelity does not fail because teams lack commitment or training. It falters when the surrounding system does not provide the capacity required to sustain high-quality practice.** In response, this white paper introduces the **BTAM Capacity Framework (BCF)**, a systems-level model designed to help districts move beyond compliance toward sustainable, trauma-informed implementation to support a safe learning environment.

The BCF conceptualizes BTAM as a coordinated system supported by **five interdependent domains of capacity**. Each domain addresses a distinct but interconnected set of conditions that enable multidisciplinary teams to function effectively. When one domain is underdeveloped, pressure shifts to individuals; when multiple domains are weak, fidelity collapses. When all five are aligned, districts are better positioned to act preventatively and consistently.

The **five domains** of the BTAM Capacity Framework are:

1. Operational Capacity
2. Technical and Documentation Capacity
3. Relational Capacity

#### 4. Policy and Legal Capacity

#### 5. Instructional Capacity

Together, these domains provide a practical blueprint for system design, implementation, and continuous improvement.

### Operational Capacity

#### Do teams have the time, roles, and authority to act?

Operational capacity refers to the structural conditions that allow BTAM teams to function effectively. This includes protected time for meetings and follow-up, clearly defined coordination and case management roles, and established escalation and supervision pathways.

Districts consistently reported that **BTAM work occurs without adequate structural support. Meetings are frequently compressed into small windows regardless of case complexity.**

Attendance is inconsistent across required disciplines. Follow-up monitoring often depends on individual initiative rather than defined responsibility. In districts without designated coordinators or case managers, scheduling, documentation, communication, and oversight are fragmented across roles.

**When operational capacity is weak, teams are forced to rush assessments,** rely on partial information, and manage complex cases without continuity or accountability. Over time, **this increases staff fatigue and erodes confidence in the process.** Strong operational capacity ensures that BTAM is treated as core operational work rather than an add-on responsibility.

### Technical and Documentation Capacity

#### Can information follow the student and support continuity?

Technical and documentation capacity refers to the systems and standards that support accurate, accessible, and transferable BTAM records over time and across settings. This includes integrated documentation, audit ready records, and mechanisms that support continuity during student mobility.

Districts reported that **BTAM documentation is frequently siloed from other student information systems, limiting access to longitudinal context.** These gaps are magnified when students transfer schools or districts. In many cases, safety plans, prior determinations, and monitoring needs do not follow the student in a timely or usable form.

Without **strong technical and documentation capacity, continuity of care breaks down, and teams are forced to restart assessments without critical context.** High-quality documentation supports defensible decision making, reduces organizational risk, and ensures that safety planning is informed by history rather than isolated incidents.

### Relational Capacity

#### Is trust and collaboration present across stakeholders?

Relational capacity reflects the quality of collaboration, trust, and shared understanding among BTAM team members, school staff, families, and external partners. It includes multidisciplinary collaboration, effective family engagement, and attention to team stability and wellness.

Districts described wide variation in relational strength. Teams with **stable membership and clear role clarity reported more thoughtful decision-making and follow through.** In contrast, **high turnover, strained relationships, and unclear expectations limited information sharing and implementation.** Respondents also emphasized the emotional labor inherent in BTAM work and the lack of structures to support reflection and debriefing.

Because BTAM is inherently relational, **weak relational capacity leads teams to operate defensively rather than preventatively.** Strong relational capacity supports shared

responsibility, trauma-informed engagement, and sustained implementation.

## Policy and Legal Capacity

### Are teams protected by clear guidance and guardrails?

Policy and legal capacity encompass the written policies, procedures, and legal clarity that standardize BTAM practice and protect practitioners. This includes clear referral thresholds, written standard operating procedures, and guidance at the intersection of BTAM, special education, and discipline.

Many **districts reported operating without clear or current BTAM policies. Legal uncertainty, particularly around information sharing and disability protections,** led to hesitation and inconsistent application of practice. In the absence of clear guardrails, teams relied on individual judgment and risk avoidant decision making.

### Strong policy and legal capacity reduce variability, protect staff, and enable timely action.

Clear guidance allows teams to act decisively while remaining compliant with legal and ethical obligations.

## Instructional Capacity

### Do staff understand what to look for and how to respond?

Instructional capacity refers to the shared knowledge, skills, and language that enable staff to identify concerning behavior, make appropriate referrals, and participate meaningfully in BTAM processes. This includes role specific training, ongoing practice, and consistent expectations.

Districts reported that **while initial training was common, opportunities for ongoing learning, scenario based practice, and onboarding of new staff were limited.** Training was often disconnected from documented workflows and system expectations.

Without strong instructional capacity, BTAM **remains isolated to a small group of experts and referral quality varies widely.** When staff share language, understanding, and expectations, BTAM becomes embedded across the school community and fidelity improves.

### Bringing the Domains Together

The BTAM Capacity Framework emphasizes that sustainable implementation does not depend on individual heroics. It depends on intentional system design. When operational, technical, relational, policy, and instructional capacity are aligned, BTAM functions as a coordinated system that supports early intervention, defensible decision-making, and student well-being.

## A Trauma-Informed BTAM Ecosystem

A systems-based approach to BTAM must account for the role of trauma, chronic stress, and unmet needs in shaping student behavior.

### BTAM does not operate in a vacuum. The behaviors that trigger concern are frequently rooted in trauma, chronic stress, unmet basic needs, or neurodevelopmental differences.

District responses consistently reinforced that teams struggle when BTAM is treated solely as a risk-identification mechanism rather than as part of a broader, trauma-informed system of care.

### Trauma as Context, Not Exception

Practitioners noted that most students referred for BTAM are expressing distress, not intent to harm. The impact of post-pandemic and reoccurring trauma, family instability, community violence, housing insecurity, and mental health needs were repeatedly cited as contextual factors shaping student behavior.

When **systems lack trauma-informed grounding, teams are more likely to interpret behavior narrowly, escalating responses without addressing underlying drivers.** Conversely, **districts that embedded trauma-informed principles into BTAM decision-making reported greater clarity in distinguishing transient dysregulation from credible threat** and greater confidence

in selecting supportive interventions.

### ***Distinguishing Threat from Dysregulation***

A recurring challenge identified by districts was differentiating between threatening behavior and trauma-driven dysregulation. Without shared language and training, teams described uncertainty about when behavior warranted formal threat assessment versus immediate therapeutic response.

A trauma-informed BTAM ecosystem supports teams in asking not only whether a behavior is concerning, but why it occurred and what the student needs next. This distinction reduces unnecessary escalation while ensuring that credible threats are addressed promptly and appropriately.

### ***Student Voice and Contextual Understanding***

Districts noted that **student interviews are among the most critical yet least supported components of BTAM**. Time constraints, lack of training, and fear of saying the wrong thing often limit meaningful engagement with students.

Trauma-informed systems prioritize student voice as a protective factor. **When students feel heard, understood, and supported, teams gain more accurate information and are better positioned to design effective safety plans**. Districts that emphasized relationship-based interviews reported improved engagement and more sustainable outcomes.

### ***Trauma-Informed Family Engagement***

Family engagement emerged as both a challenge and an opportunity across district responses. **Practitioners described anxiety about family reactions, particularly when BTAM processes were perceived as punitive or disciplinary**.

A trauma-informed BTAM ecosystem approaches family engagement as a collaborative process rather than an adversarial one. **Clear communication, transparency about purpose, and attention to cultural and contextual factors help families become partners in safety planning** rather than barriers to implementation.

### ***From Surveillance to Skill-Building***

Districts cautioned against **BTAM systems that rely heavily on monitoring without corresponding support**. Excessive surveillance without intervention was described as eroding trust and failing to address root causes.

Trauma-informed BTAM emphasizes skill-building, connection to services, and protective factors. Safety plans that incorporate coping strategies, mental health supports, and relationship repair were viewed as more effective than those focused solely on restriction or observation.

### ***Aligning Trauma-Informed Practice with the BTAM Capacity Framework***

**Trauma-informed practice is not an add-on to BTAM**; it is embedded across all five domains of the BTAM Capacity Framework:

- Operational Capacity **ensures teams have time to engage thoughtfully** rather than reactively.
- Technical and Documentation Capacity **captures context, not just incidents**
- Relational Capacity **supports trust with students, families, and partners**.
- Policy and Legal Capacity **clarify how supportive responses align with legal obligations**.
- Instructional Capacity **builds shared understanding of trauma, behavior, and risk**.

Integrating trauma-informed principles throughout the system enables BTAM to transition from **a purely reactive approach focused on safety to a proactive framework that prioritizes care, prevention, and the well-being of students**.

## A Mobility-Responsive BTAM System

Student mobility introduces predictable risk into BTAM systems when continuity safeguards are absent.

Student mobility is a **defining characteristic of today's K-12 landscape and one of the most significant, yet least addressed**, risk factors affecting BTAM fidelity. District responses consistently identified mobility as a point where otherwise sound BTAM processes break down. When students move between schools or districts, critical safety context is frequently lost, delayed, or inaccessible, forcing teams to assess risk without the benefit of prior history.

### *Mobility as a Systemic Risk Factor*

Districts **reported that highly mobile students were overrepresented in complex BTAM cases**. Transfers related to housing instability, foster care placement, family disruption, disciplinary removals, or mental health crises often coincided with gaps in documentation and support. In numerous instances, receiving schools were not informed of a student's existing safety plan, history of concerning behavior, or ongoing intervention requirements.

**Mobility transforms BTAM from a longitudinal process into a fragmented series of isolated events**. Without intentional system design, each transfer effectively resets the assessment clock, increasing risk and duplicating effort.

### *The Continuity-of-Care Gap*

Respondents **noted a consistent lack of an effective, timely method for sharing BTAM-related information**. Records were often **housed in local systems that did not transfer with students** or were withheld due to uncertainty about privacy requirements. As a result, teams relied on informal communication or incomplete summaries, if anything at all.

This continuity gap places disproportionate burden on individual staff members to reconstruct history and undermines institutional memory. It also creates inequitable conditions in which student safety depends on chance rather than system design.

### *The Student Safety Packet Concept*

To address this gap, **districts and practitioners increasingly pointed toward the need for a standardized, mobility-responsive approach**. This paper proposes the **concept of a Student Safety Packet**, a defined set of safety-relevant information that can accompany a student during transfers under clearly articulated legal guardrails.

#### **A Student Safety Packet may include:**

- Summary of prior BTAM determinations
- Current safety plan components and monitoring needs
- Identified risk and protective factors.
- Relevant supports and services in place
- Key points of contact for continuity

Importantly, the **packet is not a full case file. It is a curated, purpose-driven summary** designed to support continuity of care while respecting privacy and due process.

### *Legal and Ethical Considerations*

Districts **expressed significant uncertainty about what information could be shared during student transfers**. A mobility-responsive BTAM system requires clear policy guidance that distinguishes between safety-relevant information and disciplinary records and clarifies permissible information-sharing under FERPA and applicable state laws.

**Establishing standardized criteria and templates reduces variability and protects both students and districts**. Ethical practice requires balancing transparency with restraint, ensuring that information supports safety without stigmatizing students.

### ***Aligning Mobility Responsiveness with the BTAM Capacity Framework***

Mobility responsiveness **intersects with all five domains of the BTAM Capacity Framework:**

- Operational Capacity **supports timely handoffs and defined responsibility** for transfer communication.
- Technical and Documentation Capacity **enables standardized summaries** and secure access.
- Relational Capacity **strengthens collaboration across schools and districts.**
- Policy and Legal Capacity **define what information accompanies a student** and specify the applicable conditions.
- Instructional Capacity **prepares staff to interpret and act on transferred information** appropriately.

When **mobility is treated as a core design consideration rather than an exception, BTAM systems are better positioned to maintain continuity**, equity, and safety across transitions.

#### **Integrating BTAM and Special Education: A Concurrent Model**

Clear alignment between safety and disability systems is essential to lawful, timely intervention.

Across district responses, **the intersection of BTAM and special education emerged as one of the most complex and consequential pressure points** in school safety systems. Teams consistently describe uncertainty, delay, and risk when BTAM processes intersected with disability-related protections, particularly during disciplinary incidents involving students with IEPs or 504 plans.

### ***The Cost of Sequential Processes***

Many districts **indicated that BTAM and special education processes took place one after the other, not at the same time.** When concerning behavior occurred, teams often paused or slowed BTAM action out of concern for Manifestation Determination Review (MDR) timelines or fear of violating federal protections (i.e., IDEA, ADA, or 504). In practice, this meant that safety decisions were delayed until disciplinary or eligibility determinations were completed.

Districts described this approach as both conservative and operationally problematic.

**Sequential processing extended timelines reduced the effectiveness of early intervention, and placed teams in a position of reacting to escalation rather than preventing it.** Some respondents pointed out that the delay led to uncertainty among both staff and families regarding which process was the priority and the reasons behind it.

### ***Clarifying the Purpose of Each Process***

A recurring theme across responses was the **need for clearer differentiation between the purposes of BTAM and special education processes.** BTAM exists to assess risk and determine appropriate safety and support actions. Special education processes exist to determine eligibility, services, and the relationship between disability and behavior for disciplinary decision-making.

When these purposes are conflated, teams become hesitant to act. A concurrent model recognizes that BTAM and special education address different questions and can proceed in parallel without compromising student rights.

### ***The Concurrent BTAM–Special Education Model***

A concurrent model **allows BTAM and special education processes to move forward simultaneously, with intentional coordination rather than artificial sequencing.** Under this approach:

- BTAM teams assess risk and determine immediate safety and support needs.
- Special education teams address disability-related questions, including MDR, within required timelines.

- Information flows bidirectionally, with appropriate safeguards.
- Safety planning incorporates disability-informed support from the outset.

Districts that moved toward concurrent processing reported greater clarity, reduced delay, and improved alignment between safety plans and IEP or 504 accommodations.

### ***Disability-Informed Safety Planning***

Respondents **consistently noted that safety plans were less effective when they failed to account for disability-related needs**. Plans that relied on behavioral expectations without accommodation, skill-building supports, or environmental adjustments were difficult to implement and more likely to fail. Respondents also noted a lack of understanding between the disability and the reason for the assessment often leading to unsuccessful interventions.

A concurrent model embeds disability-informed considerations directly into safety planning. This includes recognizing communication differences, sensory needs, executive functioning challenges, and the impact of trauma on students with disabilities. **When safety plans align with existing supports, implementation improves and risk decreases.**

### ***Legal Guardrails and Team Confidence***

Districts **emphasized that fear—not law—was often the primary barrier to action**. In the absence of clear guidance, teams defaulted to delay. A concurrent model requires explicit policy language and legal consultation that clarifies permissible actions and reinforces that addressing safety concerns promptly is not in conflict with IDEA when done appropriately.

**Clear guardrails increase team confidence, reduce variability, and protect both students and districts.**

### ***Aligning the Concurrent Model with the BTAM Capacity Framework***

Integration of BTAM and special education depends on strength across all five BCF domains:

- Operational Capacity **ensures coordination and timely meetings** across teams.
- Technical and Documentation Capacity **supports shared records and aligned plans**.
- Relational Capacity **fosters trust between BTAM and special education staff**.
- Policy and Legal Capacity **clarify roles, timelines, and authority**.
- Instructional Capacity **builds shared understanding of disability, trauma, and risk**.

When BTAM and special education operate concurrently within a clear system design, districts are better equipped to protect safety while honoring student rights and supporting long-term success.

## **Anonymized Composite Case Vignettes**

The following composite vignettes are drawn from recurring themes across district responses. They do not represent any single student, school, or district. Instead, they synthesize common system conditions described by practitioners to illustrate how structural design influences BTAM outcomes.

### ***Vignette 1: The Rushed Meeting***

#### **System Conditions**

A middle school receives a report that a student made a threatening statement during class. The BTAM team convenes during a short planning block with partial attendance. The meeting lasts approximately twenty minutes. Key information about the student's trauma history and prior interventions is unavailable. A temporary supervision plan is put in place, but responsibility for follow-up is unclear.

#### **Observed Impact**

The plan is inconsistently implemented. Monitoring lapses occur. Staff express anxiety about whether enough was done, and the students' underlying needs remain unaddressed.

### **How the BTAM Capacity Framework Changes the Outcome**

With protected time, a designated coordinator, and structured follow-up processes, the team conducts a more thorough review, integrates trauma informed supports, and assigns clear monitoring roles. The plan is revisited and adjusted based on ongoing observation rather than remaining static.

#### ***Vignette 2: The Student Who Transferred***

##### **System Conditions**

A high school student transfers midyear following a family housing disruption. The receiving school is unaware that the student had an active BTAM safety plan in the prior district. No formal mechanism exists to transfer safety relevant information, and staff rely on informal communication to piece together limited history.

##### **Observed Impact**

Early warning signs are missed. The student escalates, prompting a new BTAM referral that duplicates prior work and delays intervention.

### **How the BTAM Capacity Framework Changes the Outcome**

A mobility responsive system with a Student Safety Packet ensures that essential safety context follows the student. The receiving team initiates support immediately, maintaining continuity of care and reducing risk.

#### ***Vignette 3: The BTAM and Special Education Bottleneck***

##### **System Conditions**

A student with an IEP engages in concerning behavior involving peers. Staff hesitate to initiate BTAM action, believing they must wait for a Manifestation Determination Review. BTAM and special education processes are treated as sequential rather than concurrent, extending timelines and delaying safety planning.

##### **Observed Impact**

Safety planning is delayed. When a plan is eventually developed, it does not align with the student's disability related needs, resulting in poor implementation and ongoing concern.

### **How the BTAM Capacity Framework Changes the Outcome**

Under a concurrent model, BTAM and special education processes proceed in parallel. Safety planning incorporates disability informed supports from the outset, and timelines are shortened without compromising student rights.

#### ***Vignette 4: Surveillance Without Support***

##### **System Conditions**

A district responds to repeated concerns by increasing monitoring of a student without connecting the student to meaningful mental health or skill building supports. Documentation focuses on observation rather than progress. Referrals to external providers are inconsistently completed due to barriers such as transportation, cost, long waitlists, and limited coordination between schools and providers.

##### **Observed Impact**

Trust erodes. The student disengages, and staff express concern that the plan is ineffective but lack viable alternatives.

### **How the BTAM Capacity Framework Changes the Outcome**

A trauma informed approach shifts the focus from surveillance to support. Safety planning integrates counseling, coping strategies, and relationship repair, resulting in improved engagement and reduced concern.

## Recommendations for District Leaders, Schools, and Policymakers

The findings and framework presented in this white paper point to a clear conclusion: sustainable **BTAM implementation requires intentional system design**. The following recommendations translate the BTAM Capacity Framework into actionable steps for district leaders, school teams, and policymakers.

### Recommendations for District Leaders

District leadership plays a decisive role in setting expectations, allocating resources, and establishing the conditions under which BTAM work occurs. The BTAM programming needs to include full leadership training from superintendent down. Without a congruent demonstration of support for the work, it will not be successful.

Districts seeking to strengthen BTAM implementation **should prioritize the following** actions:

- Treat BTAM as **core operational work**, not an add-on responsibility.
- Establish **protected time and staffing structures** for BTAM teams.
- **Designate BTAM coordinators** and case managers **with clear authority**.
- **Align BTAM workflows** with **MTSS, special education, and student support systems**.
- **Adopt the BTAM Capacity Framework** as a **diagnostic and planning tool**.
- **Invest in documentation systems** that support continuity, auditability, and mobility.
- **Embed trauma-informed principles** into safety planning and family engagement.

Leadership commitment signals to staff that prevention and documentation are valued, supported, and expected.

### Recommendations for School-Based Teams

School-level teams are the **operational backbone of BTAM systems**. To improve fidelity and consistency, **schools should**:

- **Clarify referral thresholds** and **pathways** for staff.
- **Ensure multidisciplinary representation** in BTAM meetings.
- Use **structured agendas and documentation** templates.
- **Prioritize student voice** and contextual understanding during assessments.
- **Integrate disability-informed support** into safety plans.
- **Monitor** and **revisit safety plans** as **living documents**.
- **Engage families as collaborative partners** whenever possible.

These practices support timely, thoughtful decision-making while reducing variability across cases.

### Recommendations for Policymakers and State Agencies

State-level **guidance and policy infrastructure significantly influence district capacity**. Policymakers and agencies **can strengthen BTAM statewide by**:

- Establishing clear statutory definitions and expectations for BTAM.
- Providing model policies and standard operating procedures.
- Clarifying legal guardrails for documentation and information-sharing.
- Supporting concurrent BTAM and special education processes.
- Developing guidance for mobility-responsive safety information transfer.
- Funding training, coordination roles, and system development.

Clear policy direction reduces uncertainty, promotes equity, and protects both students and practitioners.

## Recommendations for Cross-Sector Partners

Effective BTAM systems **extend beyond school walls**. Districts benefit from **intentional collaboration** with:

- Community mental health providers
- Child welfare and foster care agencies
- Juvenile justice partners
- Law enforcement and emergency responders

Formalized partnerships support continuity of care, coordinated response, and access to services that schools cannot provide alone.

Collectively, **these recommendations emphasize that BTAM success is not dependent on individual heroics**. It depends on leadership decisions, policy alignment, and system design that enable multidisciplinary teams to do their work with fidelity, compassion, and confidence.

## Conclusion: Redesigning School Safety from the Inside Out

Behavioral Threat Assessment and Management is **one of the most consequential responsibilities schools now carry**. It sits at the intersection of safety, mental health, disability rights, trauma-informed practice, and educational equity. Yet, as this white paper demonstrates, **the greatest threats to BTAM fidelity are rarely individual missteps or lack of training. They are structural**.

Districts are asking multidisciplinary teams **to make high-stakes decisions inside systems that were never designed to sustain the volume, urgency, and complexity of today's work**. When time is unprotected, policies are unclear, documentation is fragmented, mobility disrupts continuity, and disability processes collide with safety timelines, even the most committed teams struggle to operate with confidence.

Moving beyond compliance requires a fundamental shift in how BTAM is understood and supported. It **requires leaders to recognize BTAM not as a meeting, a form, or a mandate, but as a coordinated system** that must be intentionally designed, resourced, and governed. The BTAM Capacity Framework offers a practical roadmap for that work, grounded in real district experience, and aligned with trauma-informed practices through a whole child lens.

The **path forward is not about asking schools to do more with less. It is about redesigning the conditions under which BTAM work occurs** so that prevention is possible, decisions are defensible, and students are supported with dignity and care. **When systems are built to hold the work, teams can do what they set out to do:** intervene early, respond thoughtfully, and create safer, more supportive learning environments for all students.

**This is the work of leadership. And it is the work that will define the next generation of school safety.**

## Acknowledgments

This white paper was strengthened through the insight and practical expertise of district leaders and practitioners who reviewed early drafts and provided candid feedback based on real world implementation experience. Their perspectives helped ensure that the findings and recommendations reflect the operational realities schools face when implementing Behavioral Threat Assessment and Management systems.

Participation in the review process does not imply endorsement of the conclusions or recommendations presented. All final analysis and interpretation remain the responsibility of the author.

**Marcie Bouchard, MS Ed., CAS**, has been a district-wide Behavior Specialist for the City School District of Albany since 2018. She provides professional development, consultation and training on social-emotional and behavioral initiatives such as suicide risk assessment, behavioral threat assessment, youth mental health and various other topics. She is a certified school psychologist and special education teacher with over 20 years' experience working in public education.

**Kristie Russell Coleman, Ed.D.**, serves as Supervisor of Student Services for Bristol Tennessee City Schools, overseeing six district departments focused on Whole Child supports while directly leading district wide safety and threat assessment initiatives. She holds a doctorate in Educational Leadership and Policy Analysis from East Tennessee State University and has over 29 years of experience in education, having served as a teacher, assistant principal, and principal, and spending the last five years in district level leadership with extensive experience in school safety and student support services.

**Dr. Holly English Corwin** is an experienced school leader with a background in clinical therapy and school counseling. She currently serves as an administrator for Topper Academy and Market Street School. Topper Academy functions as the alternative school for Science Hill High School, and Market Street School operates as a grade 1-12 virtual school within Johnson City Schools. Dr. Corwin has done multiple training and presentations surrounding mental health awareness over the years, including Youth Mental Health First Aid, trauma informed de-escalation training, and alignment of alternative and nontraditional pathways for education. Dr. Corwin has held multiple roles across the district and has served on the Johnson City Schools District Threat Assessment Team, including trainings for the district and consultation for cases. She is married to Charles Corwin, also an education administrator, and they have two children, Sally Carol and Charlie, whom she adores.

**Dana Kozak** is the Supervisor of Instruction for Special Education for the Hamilton Schools NJ where she leads districtwide special education programming serving approximately 3,000 students across three community schools. She holds a Master's degree in School Psychology and a Supervisor Certificate from Rowan University and began her career in 2005 as a School Psychologist, providing counseling, evaluations, intervention planning, and special education case management while supporting families with community-based resources. Since transitioning into district leadership in 2011, she has collaborated closely with administrators, educators, related service providers, and community partners to ensure high-quality services for students with diverse academic, social, emotional, and developmental needs. She leads professional development in Nonviolent Crisis Intervention and the Nurtured Heart Approach and plays a key leadership role in developing and implementing a comprehensive risk and threat assessment process to strengthen student safety and support students in crisis.

**Steven Magno, M.Ed.**, CAGS Director of Student Services Peabody Public Schools, Peabody, MA. Steven Magno has served in the field of public education for 28 years. He has extensive experience working with non-traditional student populations. As Director of Student Services, Steven has focused on school safety and security, threat assessment management, restorative practices, bullying prevention and intervention, student support services, and staff professional development. He also serves as the district's McKinney-Vento Liaison engaging district and community partners to provide resources and support to highly mobile students

and families who lack fixed, regular, and adequate housing. Prior to working in Peabody Public Schools, Steven spent 22 years in the Revere Public Schools, Revere, MA having served as a special education teacher, team chairperson, assistant principal, principal, and lacrosse coach.

**Julie A. Schwab** is a School Psychologist and District Behavioral Threat Assessment Coordinator in Edmonds Schools WA with 29 years of experience in school-based mental health and behavioral threat assessment. She leads multidisciplinary teams in developing and implementing comprehensive threat assessment systems focused on early identification, timely intervention, and violence prevention.

Julie works closely with community partners, including law enforcement and social service agencies, to ensure coordinated responses that center student safety and overall well-being. She has a strong track record of translating complex policies and compliance requirements into clear, practical frameworks that schools can use. Her work strengthens safety systems while supporting pro-social development and inclusive learning environments where students feel connected and supported.

**Dr. Cheri Woodall** is the Supervisor of Health and Wellness for the Colonial School District, where she leads initiatives that support the physical and emotional well-being of students and staff. She collaborates with schools and community partners to implement comprehensive health and wellness programs, including oversight of School-Based Health Centers in partnership with Nemours Children's Health and the D.A.S.H. Project to address health-related barriers to attendance and achievement. Dr. Woodall is certified as a trainer in both the PREPaRE Model and Dr. Dewey Cornell's CSTAG Model, strengthening her leadership in crisis prevention and behavioral threat assessment. She holds a Doctor of Education in School Leadership from Wilmington University.

## About PCG

Public Consulting Group LLC (PCG) is a leading public sector solutions implementation and operations improvement firm that partners with health, education, and human services agencies to improve lives. Founded in 1986, PCG employs approximately 2,000 professionals throughout the U.S.—all committed to delivering solutions that change lives for the better. The firm is a member of a family of companies with experience in all 50 states, in Canada, and in Europe. PCG offers clients a multidisciplinary approach to meet challenges, pursue opportunities, and serve constituents across the public sector. To learn more, visit [www.publicconsultinggroup.com](http://www.publicconsultinggroup.com).

## About the Author

**Jillian L. Haring, M.S.**, is a nationally recognized consultant and subject-matter expert in violence prevention, behavioral threat assessment, and school- and community-based safety systems. She brings over twenty years of public-sector experience, including service as a district administrator, behavior specialist, special education teacher, and intervention specialist within one of the nation's largest public-school systems.

Jillian has extensive hands-on experience as a member and leader of Behavioral Threat Assessment and Management (BTAM) teams, overseeing complex cases involving risk to self and others and supporting multidisciplinary decision-making across education, mental health, and law enforcement partners. Her work has included post-incident system review and implementation support following the Marjory Stoneman Douglas incident which directly informed reforms focused on prevention, documentation, and cross-agency coordination.

In her current Sr. Advisor role, Jillian advises districts, state agencies, and organizations nationwide on the design, evaluation, and implementation of violence-prevention frameworks. Her work emphasizes practical application of research, fidelity to evidence-based models, and the use of case-management systems to improve information sharing, accountability, and early intervention. Jillian has developed and delivered comprehensive training protocols and materials, specializing in threat assessment strategies and security protocols to over 5,000 people in over ten states.

Jillian is a frequent national presenter and published author, with recent articles in Education Week and District Administration addressing proactive prevention, threat assessment best practices, and the importance of aligned systems across schools and communities. She is known for her ability to bridge research, policy, and frontline practice, helping organizations move from compliance-driven approaches to sustainable prevention models.

Jillian serves as an advisory member of the National Center for the Prevention of Community Violence™ (NCPCV™), a nationally recognized authority supporting schools and communities through evidence based training, publications, and technical assistance. NCPCV™ leverages expertise from national leaders and academic partners to advance effective violence prevention strategies and foster safer communities across the United States and internationally.

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