



BTAM: BARRIERS TO CONTINUITY OF CARE

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In 2014, the US government selected three major cities in which to pilot a local approach to preventing terrorism and targeted violence, predicated on the idea that local community involvement can improve the design of such approaches [2]. Since then, these efforts have become more common as local actors—states, cities, and counties—have passed legislation related to behavioral threat assessment, adopted prevention strategies aimed at terrorism and targeted violence, and implemented programming to address such violence.²

We present this series of papers—informed by a year-long evaluation of the violence prevention efforts underway in Wood County, Ohio³—to shed light on a local effort and assist other actors in building their own networks.

Behavioral threat assessment and management (BTAM) is a community-based process that requires partners to work together to identify, assess, and manage threats. In a 2015 report, the FBI identified 11 key contributors to the BTAM process: law enforcement, prosecutors, schools, social services, health care systems and providers, lawmakers, courts, probation and parole officers, employers, parents and immediate family, and bystanders [3]. A multidisciplinary approach enables BTAM teams to leverage the perspectives, capabilities, and insights of various disciplines to effectively assess and manage threats of violence [3].

However, the sheer number of partners involved can make ensuring continuity of care difficult. That is, when so many partners are involved, maintaining open communication to facilitate information sharing, follow-up, and accountability can be a challenge. Our evaluation identified five primary points of friction where continuity of care is most likely to break down.

1. Transferring schools. Schools are not obligated to provide threat assessment documentation or to conduct any sort of outreach to the inbound school when a student transfers. Even if a school chooses to share information, different schools and districts use different assessment models, follow-up procedures, and forms, complicating a school's ability to leverage the information. Schools and other local stakeholders noted that communication is especially difficult when students move across school districts. counties, and states. When schools are geographically closer together, it is more likely that personal and professional relationships exist between their staff to facilitate this communication [4]. It is exceedingly unlikely that school staff will have established contacts at schools in other states. This lack of communication increases the risk that a student will not receive the support or attention from a new school that they need to succeed.

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¹ The US Secret Service defines *targeted violence* as "a premeditated act of violence directed at a specific individual, group, or location, regardless of motivation and generally unrelated to other criminal activity" [1, p. 12].

² For example, a range of activities is underway in states including Colorado, Florida, Hawaii, Ohio, New York, and Texas.

³ Our evaluation focused exclusively on Wood County's efforts serving juveniles.

2. Graduating from school. Once a student graduates (or if they are graduated early or expelled), their former school has neither the legal responsibility nor the power to follow up with the student. If there is no community-level threat assessment team in place, the responsibility falls solely to the student's parent(s). And once a youth turns 18, there is no longer an entity with the power to monitor the individual of concern's continued engagement in services or to evaluate whether they remain a threat.

"We were able to watch from a distance, then he turned 18."

- 3. Transition from high school to college. A student's high school is not required to provide threat assessment documentation or information to the student's college. Colleges are typically notified if an incoming student has been convicted of a crime, but because many cases fall short of the threshold for criminal behavior, accountability and information gaps can exist for students who graduate from high school and head to college [4]. As is the case for graduated or expelled students who do not transition to college, continued follow-up for the student or their care is unlikely without a community-level threat assessment team for adults. Even if the college has a BTAM team, the team cannot provide accountability if they receive insufficient information or are completely unaware of the individual's history. Information is even less likely to be passed from school to college if a student is attending college out of state.
- **4. Noncompliance with treatment.** Mental health treatment providers do not share a standard process for reporting noncompliance with treatment to entities involved in the management of the case (e.g.,

"Unless we're reaching out, I don't typically get calls or notices from high schools, whether it be here in Ohio or across the country."

community or school BTAM teams). Some providers may use standard discharge processes when an individual misses a session or multiple sessions, which can result in a gap of more than a month before the referring organization—which might be a school that required treatment as a condition of being on campus—is notified that a student is noncompliant [5]. Although schools could theoretically ask the treatment provider to report back more frequently, this step requires the school to be aware of the provider's processes and know when to ask for an update. Regardless, if parents do not sign (or sign and then rescind) a release of information, the treatment provider is unable to inform the school of noncompliance unless they believe the student is an imminent threat to themselves or others.

5. Aging out of pediatric services. In Ohio and elsewhere, there is not much coordination or planned transition between pediatric and adult mental health services, and pediatric and adult locations and providers are often separate [6]. Once a student turns 18, they are immediately directed to providers who see adults. Electronic medical records help with information sharing, but there may still be limited communication between pediatric and adult providers that could result in the new provider having little to no knowledge of the individual's history, which can limit effective support to an individual and effective management of the individual's case.

IMPLICATIONS FOR LOCAL POLICY-MAKERS

1. COMMUNITY BTAM IS ESSENTIAL FOR CONTINUITY OF CARE

School-based BTAM is an important first step, but ultimately, community-based BTAM is necessary to enable effective threat assessment and ongoing management for both youth and adults. However, community-based BTAM should not have the lead on all cases; on the contrary, school-based BTAM teams are probably best suited to handle cases within their districts. However, involvement of a community-based BTAM team in all cases is a critical step to ensuring that necessary information is transferred among schools, providers, and other relevant stakeholders.

2. SCHOOLS SHOULD SHARE THREAT ASSESSMENT RECORDS

When students transfer schools or go to college, either locally or across county or state boundaries, schools should share threat assessment summaries along with the student's academic records. These summaries should include, at minimum, the following: date of the assessment, behavior or statement of concern, assessment outcome, and any relevant safety plan or treatment details. As with academic accommodations, this information is very sensitive, but sharing it is essential to ensuring that the inbound school or college has enough information to make an informed choice about a path forward that both supports the at-risk student and protects the broader community.

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- [4] Interview with Wood County stakeholder, Oct. 2024.
- [5] Interview with Wood County stakeholder, Aug. 2024.
- [6] Interview with Wood County stakeholder, Sept. 2024.

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