

The Proactive Gap

Why Reactive BTAM Is Not Enough — and How Universal Screening Changes Everything

The Problem: An Invisible Population

Behavioral Threat Assessment and Management (BTAM) has become the standard approach to school safety in America. As of 2024, 85% of K-12 public schools maintain a BTAM team, and 18 states now mandate them by law. This represents enormous progress since the early 2000s.

But there is a critical gap in how these teams operate.

Traditional BTAM is **referral-based**. The process begins when someone reports a concern: a teacher notices alarming behavior, a peer reports a threat, or a student "leaks" violent intent on social media. The team investigates, assesses, and manages the situation. This model is effective for the students who get referred.

The problem is that most at-risk students never get referred at all.

Research shows that referral-based systems identify 0% of at-risk students before a crisis event. The students who suffer in silence — those with depression, hopelessness, suicidal ideation, or quiet rage — remain invisible until something breaks.

This is the **Identification Gap**: the space between a student developing serious risk factors and anyone in a position of authority knowing about it. For internalizing behaviors — depression, anxiety, withdrawal, self-harm ideation — this gap can last months or years. For students who do not exhibit outward disciplinary problems, the gap may never close at all.

Why Referral-Based Systems Fall Short

Referral-based identification depends on three assumptions, each of which is flawed:

Assumption	Reality
At-risk students will exhibit observable warning signs.	Students with internalizing disorders (depression, anxiety, suicidal ideation) frequently show no outward behavioral disruption.
Adults will recognize and report those signs.	Teachers are not trained clinicians. Implicit bias affects who gets referred: boys are over-referred for externalizing behavior; girls and students of color are under-referred for internalizing concerns.

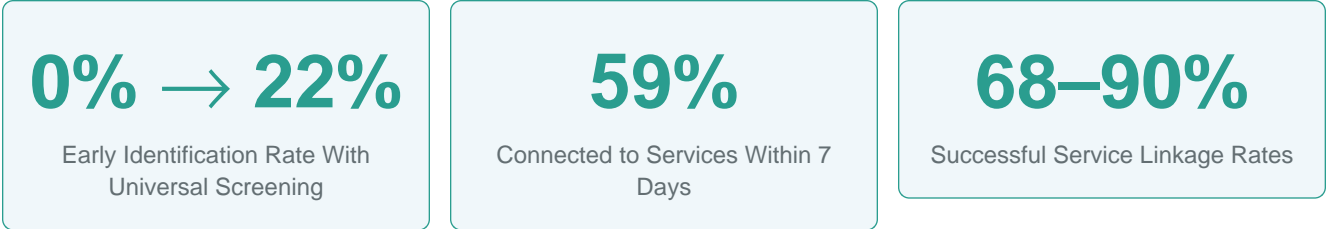
Students will disclose concerns to a trusted adult.	Research consistently shows that students are more likely to disclose self-harm thoughts on confidential self-report measures than in face-to-face conversations.
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The result is a system that effectively identifies students who act out — but systematically misses students who shut down. In a field focused on preventing tragedy, this blind spot is unacceptable.

The Solution: Screening-Led BTAM (SBTAM)

Screening-Led Behavioral Threat Assessment and Management (SBTAM) addresses the Identification Gap by adding a proactive data layer to existing BTAM infrastructure. Rather than waiting for a referral, SBTAM uses **universal behavioral health screening** to check every student, every screening cycle.

The evidence is compelling:



Universal screening does not replace BTAM teams. It **feeds** them. Instead of waiting for a phone call, your BTAM team receives objective, student-reported data that identifies who needs help — including the students nobody would have referred.

How SBTAM Works: The Four Pillars

Pillar	Description	Why It Matters
Universal Screening	Every student completes a brief behavioral health screener 2–3 times per year.	Eliminates the referral bottleneck. No student is invisible.
Adaptive Logic	Students who flag on critical items automatically receive targeted follow-up assessments.	10 minutes for most students; deep-dive only for those who need it.
Support-Centric	The framework prioritizes connecting students to services, not punishing behavior.	Shifts the culture from discipline to clinical support.
MTSS Aligned	Screening data feeds directly into Tier 1 (universal), Tier 2 (targeted), and Tier 3 (intensive) supports.	Integrates with existing school frameworks rather than creating parallel systems.

Traditional BTAM vs. SBTAM

	Traditional BTAM	SBTAM (Screening-Led)
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Trigger	Someone must report a concern.	Universal screening identifies risk automatically.
Population	Only reported students.	100% of students, every screening cycle.
Bias Risk	Subject to referral bias based on race, gender, and behavior type.	Objective self-report data directly from the student.
Internalizing Risk	High probability of missing quiet, withdrawn students.	Directly screens for depression, hopelessness, and self-harm ideation.
Timeline	Reactive: responds after a threat or event.	Proactive: identifies risk before it manifests as a threat.
Data Quality	Anecdotal and observational.	Standardized, scored, and trackable over time.

The Legislative Moment

The shift from reactive to proactive is not just a best practice — it is becoming a legal expectation. A growing number of states now mandate not only BTAM teams but also behavioral health components and structured prevention programs:

- **Georgia (HB 268)** requires BTAM teams, behavioral health integration, and suicide/violence prevention training for grades 6–12, effective July 2026.
- **Texas (SB 11)** mandates BTAM teams at every campus with mandatory reporting through the state Sentinel system, effective August 2025.
- **Florida (SB 7026)** requires CSTAG-based threat assessment and led to 23,000+ assessments in a single school year.
- **Virginia, Pennsylvania, North Carolina, Washington,** and others have enacted or expanded threat assessment mandates in recent years.

In August 2025, the U.S. Secret Service National Threat Assessment Center (NTAC) and the Center on PBIS published joint guidance on aligning BTAM with Multi-Tiered Systems of Support (MTSS). This federal endorsement of integrated, proactive approaches validates the core premise of SBTAM: that screening data and tiered support should be the foundation of threat management, not an afterthought.

Implementing SBTAM: The Role of FOCUS

The FOCUS (Factors of Concern, Understanding, and Safety) screener is the data engine designed to power the SBTAM framework. FOCUS is a 25-item universal adaptive screener for grades 6–12 that combines efficient universal coverage with targeted depth where it matters most:

- **25-item core screener** covering emotional/behavioral concerns, aggression, withdrawal, bullying, and school climate — completed in 10–15 minutes.
- **Adaptive branching** that automatically triggers targeted assessments for self-harm risk (SRA) and behavior threat (BTA) based on critical-item responses.

- **Self-report format** that empowers students to share their own experiences, reducing the referral bias inherent in adult-only observation models.
- **MTSS-aligned scoring** that routes students to Tier 1, 2, or 3 supports based on standardized risk levels.

FOCUS is available through Standard Education. To learn more or request a demonstration, visit standardeducation.com/solutions/focus.

Close the Gap

Every school safety plan should answer one question: **How do we find the students who need help before they reach crisis?** Traditional BTAM answers the question after the crisis. SBTAM answers it before.

The Identification Gap is not a failure of effort. Educators and safety teams work tirelessly. It is a failure of **methodology** — one that can be corrected by adding proactive, universal screening data to the tools these teams already use.

Learn more at sbtam.com

Request a FOCUS demonstration at standardeducation.com/solutions/focus

References

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