Developed in 1995, the *Mental Health in Schools Program* focuses on enhancing the role schools play in mental health for children and adolescents. Specifically, the emphasis is on increasing the capacity of policy makers, administrators, school personnel, primary care health providers, mental health specialists, agency staff, consumers, and other stakeholders so that they can enhance how schools and their communities address psychosocial and mental health concerns.* Particular attention is given to prevention and responding early after the onset of problems as critical facets of reducing the prevalence of problems.

The initiative is sponsored by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB). When the program was renewed in 2000, HRSA and SAMHSA’s Center for Mental Health Services braided resources to co-support the work. At that juncture, five-year awards were offered for two national-focused training and technical assistance centers. The two centers initially funded in 1995 successfully reapplied during the 2000 open competition. A third open competition for a 5 year funding cycle was offered in 2005. An important emphasis for this cycle of the federal program is on policy and program analyses to inform policy, practice, research, and training. Again, the initially funded Centers applied and were successful in the process. The two Centers are the *Center for Mental Health in Schools* at UCLA and the renamed Center for School Mental Health Analysis and Action (CSMHA²) at the University of Maryland, Baltimore.

The ultimate aim of the two Centers is to improve outcomes for young people by enhancing the field of mental health in schools. The guiding principles and frameworks for the work emphasize ensuring (1) mental health is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools, communities, and homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. From this perspective and through collaboration, the Centers strive not only to improve practitioners' competence, but to foster changes in the systems with which they work. In doing so, we will continue to address the varying needs of locales and the problems of accommodating diversity among interveners and among populations served.

To these ends, there is a focus on enhancing (a) commitment for improving the MH and general well-being of school-aged children, adolescents, and their families through advancing policy and programs for School MH, (b) policy formulation and program models for addressing a wide range of mental health and psychosocial concerns in schools, (c) the capacity of schools and communities for *evolving comprehensive, multifaceted, and integrated approaches to mental health in schools*, (d) capacity of schools and communities for *strengthening school-wide approaches to foster a climate to promote MH & well-being and prevent and ameliorate problems*, and (e) capacity of schools to *address a wide range of behavioral, emotional, motivational, and learning problems and to promote healthy social-emotional development* emphasizing empirically supported approaches.
Strategic work is done around six arenas of activity. (1) keeping abreast of key matters related to advancing MH in schools – with special attention to those that enhance understanding of successful and innovative school MH policies/programs, (2) identifying, gathering, and organizing relevant information and resources about existing and emerging cutting edge activity, trends, issues, and conflicting agenda related to school mental health programs and policies and associated research and training, (3) conducting analyses of gathered information, resources, and trends, (4) producing reports, resources, and other documents relevant to advancing MH in schools, (5) enhancing and use effective systems for dissemination & diffusion of info, resources, and strategies for advancing MH in schools – with specific attention to strengthening the abilities of and linkages among key school and community administrators and staff to enhance policy, systems, school climate, programs, and practices for addressing student problems, promoting healthy social-emotional development, and enhancing student and family access, and (6) implementing quality improvement procedures related to the center’s activities and conduct impact evaluation studies.

*Examples of those using the Centers include administrators of national and state departments of education and state and county departments of health and mental health; directors of state school health and mental health programs and initiatives; executives of child and family commissions; administrators of national and regional resource centers and associations; members of boards of education; administrators, support staff, and teachers from school districts and regional education service areas; primary health care providers; members of community-based organizations; family members of mental health consumers; university center administrators and faculty; administrators of national education reform organization; staff of health law programs; public and private mental health practitioners; and agents representing school-based health centers, special education and treatment programs, and health system organizations; and much more.*