Youth suicide risk among American Indian/Alaska Native (AI/AN) populations has increased since 2003 and remains highly concentrated among AI/AN youth. The proposed program, the Mississippi Choctaw Youth Resilience Initiative (CYRI-MS), will augment and extend previous suicide prevention efforts implemented by the Mississippi Band of Choctaw Indians (MBCI). The MBCI is a self-governing vibrant Native American tribe of 11,000, but has historically faced the compounded disadvantages of cultural marginalization in one of the nation's most impoverished, racially segregated states. Many tribal members live in rural areas of Mississippi beset by significant health disparities and other challenges that accompany residing in rural underserved areas. Current data indicate that young MBCI are especially at risk of suicide. CYRI-MS will (1) increase the number of youth-serving organizations able to identify and work with youth at risk of suicide; (2) increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (3) improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those discharged from emergency department and inpatient psychiatric units. The key population of focus will be MBCI citizens 10-24 years old, with the goal of 2500 youth served (500 per year of project implementation). Fidelity and impact will be determined through a rigorous evaluation predicated on continuous quality improvement. Strict adherence to cultural competence standards will ensure that all services are delivered in an appropriate manner, and efforts will focus on generating a series of improvements that will provide sustainable gains in the face of this significant problem. The following nine activities are required as part of the project and will be delivered after the brief four-month preparation period: (1) Provide early intervention and assessment services for MBCI youth; (2) provide timely mental health care referrals and follow-up for MBCI youth at risk; (3) collect and analyze data on tribal youth suicide, intervention, and prevention strategies; (4) provide post-suicide intervention services, care, and information; (5) ensure that educators, childcare workers, etc. are trained in suicide risk identification; (6) ensure that child-serving professionals are trained in early intervention and prevention; (7) use SAMHSA resources including ATTCs to deliver prevention-related training and technology; (8) ensure that informed consent is obtained from parents/guardians prior to intervention; and (9) secure input from individuals with lived experience, including survivors, in all efforts. A combination of evidence based programs and practices (EBPs) will be used, with cultural adaptations undertaken as directed by tribal leaders: (1) QPR, (2) ASIST and AIM-SP, (3) Hazelden Lifelines, (4) EIRF, and (5) other infrastructure enhancements (e.g., policy, data, evaluation), including the design and administration of a Choctaw Youth Risk & Resilience Surveillance Survey (CYRuS). This project will improve the MBCI tribal prevention infrastructure while expanding AI/AN EBPs.