Riverside San Bernardino County Indian Health, Inc. is the largest tribal health care organization in California. Our project will screen 3,687 medical patients aged 10 to 24 for depression, suicidal ideation, and other risk factors. We will deliver real-time evaluation, education, treatment, and follow-up services to them when needed. We will also train 2,880 youth-serving organization staff members to identify suicide risk and deliver culturally competent intervention. We have established three (3) project goals: 1) increase our capacity to assess, manage, and treat youth at risk of suicide; 2) improve the continuity of care and follow-up of youth at risk for suicide, including those discharged from emergency department and inpatient psychiatric units; and 3) increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide. To accomplish these goals, we will hire four (4) new clinical staff members who will deliver real-time evaluation, education, referral, and follow-up to youth during their medical visit at our health centers. Using other funding sources, our Behavioral Health Services (BHS) department will: 1) deliver outpatient psychiatric and mental health care to youth and their family members; 2) refer youth to emergency services and other treatment providers; 3) deliver suicide-attempt follow-up; and 4) deliver postvention services to those who have survived a suicide. Finally, we will use two (2) existing staff members, who are professional SafeTALK trainers, American Indian/Alaska Native (AI/AN) cultural competency trainers, and ASIST providers. They will train staff members in these approaches at tribal and public schools, universities and colleges, social services and juvenile justice agencies, health care organizations, and other youth-serving organizations. Our project will screen 3,687 (737 each year) unduplicated youth medical patients for depression, suicidal ideation, and other risk factors. We will deliver real-time evaluation, education, treatment, and follow-up services to approximately 988 youth (198 each year) who will screen positive for depressive symptoms in our medical departments. We estimate that 462 (92 youth each year) will receive education and/or brief supportive counseling due to mild symptoms and 527 (105 each year) will receive education and treatment due to moderate to severe depression. To increase community-based youth support and assistance, we will train 2,880 (600 each year) youth-serving organization staff members so they are prepared to identify suicide risk and deliver culturally competent intervention. Finally, we will work with at 120 (24 each year) organizations to integrate our suicide risk screening and intervention services with their programs.