

# THE CITY OF NEW YORK

## MANHATTAN COMMUNITY BOARD 7

250 West 87<sup>th</sup> Street, New York, NY 10024 • Phone (212) 362-4008

Website: <https://nyc.gov/mcb7> • E-mail: [mn07@cb.nyc.gov](mailto:mn07@cb.nyc.gov)

*Steven Brown, Board Chair*

## RESOLUTION

**Date: April 5, 2022**

**Committee of Origin: Preservation**

**Re: 42 West 70<sup>th</sup> Street** (Central Park West – Columbus Avenue.) **Application to the Landmarks Preservation Commission for a Certificate of Appropriateness regarding (a) restoration of the front façade by eliminating through-the-wall air conditioner grilles; (b) addition of a rooftop stair bulkhead and elevator overrun; and (c) replacement of a curved bay window on the rear façade with a unified fenestration system.**

**Full Board Vote: 34 In Favor 2 Against 3 Abstentions 0 Present**

**Committee: 8-0-0-0.**

This resolution is based on the following facts:

- The subject building is a 4-story plus basement townhouse constructed ca. 1891-92 from designs by architects Thom & Wilson Neo-Grec and Renaissance Revival style. The primary façade is composed stone at the ground and parlor floors and brick with stone details at the upper floors on the front façade. The front façade includes a restored L-shaped stoop with areaway below.

### Front Façade

- Subsequent to scheduling the appearance before the Community Board, the restoration work on the front façade, consisting of infilling through-the-wall air conditioner grilles/openings and other minor work, has been changed from consideration at public hearing to an anticipated approval at LPC Staff level.

### Rear Façade

- The principal change at the rear façade concerns the removal of an existing semi-circular bay window at the parlor floor, consisting of four tall thin windows with transoms.
- The bay window is supported below by a pillar/column at its apex.
- The bay window is attached to the main rear façade.
- The bay window unit is currently enclosed within aluminum siding and is in terrible condition.
- Access to the rear yard is through a door and metal grille underneath the bay window.
- An existing L-extension from the ground, parlor and second floors to the west runs very deep into the rear yard, leaving only about 10 feet to the rear lot line.
- The existing condition of the rear façade, composed of common brick, includes small, punched windows with stone lintels on the L extension and on the main façade. One of the punched windows on the third floor has been enlarged to create a doorway to a terrace above the L extension.
- The proposal is to remove the bay window and widen the windows on the south face of the L extension and the main façade at the ground, parlor and second floors. The new windows would be composed of black steel with true divided light.
- The units on the L extension would be three tall thin panels of four divided light panes each with lintels above to emulate the main façade.
- The new window units on the main façade would consist of four taller thin panels of six divided light panes each, also with a stone lintel above.
- LPC Staff has advised that but for the removal of the bay window, the new fenestration would be eligible for approval at Staff Level.
- The proposed new window units would include masonry courses between the floors, with the exception of a metal spandrel between the ground and parlor floors on the main façade.

- The proposal for the third floor includes widening the small window next to the door to the L terrace to create a three-panel window unit with the west-most being the door to the terrace.
- The proposal for the upper floors otherwise retains the punched openings with lintels above, but replaces 1:1 double-hung windows with operable casement windows.

#### Rooftop Changes

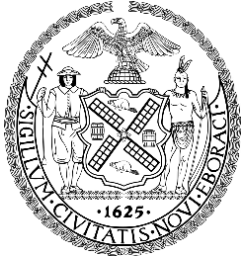
- Partial-width stair bulkhead and elevator over-run.

The creation of a stair bulkhead and elevator overrun on the roof, and the concept of removing the rear yard bay window, are appropriate to the character of the Historic District.

The proposed new fenestration for the rear yard, creating three separate vocabularies and configurations for the fenestration with inconsistent details, is not appropriate to the character of the Historic District.

THEREFORE, BE IT RESOLVED THAT Community Board 7/Manhattan:

- a) **Takes no position** on the front façade proposals removed from public review;
- b) **Approves** the creation of a stair bulkhead and elevator overrun on the roof, and **approves** in principle the removal of the bay window on the rear facade, as reasonably appropriate to the character of the Historic District; and
- c) **Disapproves** the proposed new rear façade fenestration with inconsistent configurations and details and widened openings, as inappropriate to the character of the Historic District.



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*Steven Brown, Board Chair*

## RESOLUTION

**Date: April 5, 2022**

**Committee of Origin: Preservation**

**Re: 51 West 70<sup>th</sup> Street** (Columbus Avenue – Central Park West). **Application to the Landmarks Preservation Commission for a Certificate of Appropriateness regarding: (a) modifying the basement and parlor floor front façade and fenestration; (b) modifying the fenestration on the existing rear yard extension and façade; and (c) expanding the penthouse.**

**Full Board Vote: 35 In Favor 2 Against 1 Abstention 0 Present**

**Committee: 7-0-1-0.**

This resolution is based on the following facts:

- The subject building is a four story plus basement brownstone townhouse in the Renaissance Revival and Romanesque Revival styles designed by Gilbert A. Schellinger and completed ca. 1890-91. It is one of a group of five townhouses in an ABABA pattern. It is included in the Upper West Side – Central Park West Historic District.

### Front Façade

- The existing condition on the ground and parlor floors of the front façade includes the remnants of the pre-1940s removal of the front stoop. The portion of the ground floor façade surrounding the new main entrance is denuded of all detail and consists of flat panels of stucco-like material.
- The window created when the former front door was converted to a window retains the decorated pilasters and detailed framing of the opening. The former doorway window is larger in width than the two parlor floor windows to the west and retains the transom above the former doorway.
- The proposal is to:
  - Replace the transom and window in the former doorway into a 1:1 double-hung wood window to match the existing parlor floor windows to the west;
  - Infill the former doorway with brownstone material to narrow the opening so that the matching window has the same dimensions as the adjacent windows;
  - Extend the detail surrounding the former main entrance to the ground floor façade surrounding the new main entrance, including pilasters and a stone panel above the new entrance to emulate a transom;
  - Convert the existing west-most entry door into a window to match the central ground floor window within the existing arched framing, with replacement window to match;
  - Convert the existing secondary access door on the east side of the ground floor façade into a new main entrance within the extended detail and pilasters and surround to continue the pattern from above, with a pair of wood entry doors, each tall and thin with a single central glass panel, with one a wide door and the flank narrow, both of which are operable.

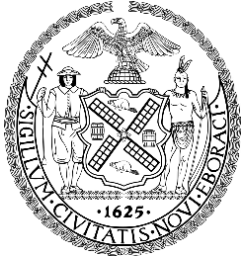
### Rooftop Addition

- The proposal includes removing the existing penthouse and replace with a wider structure.
- Per the applicant, the proposed changes to the rooftop addition are to be subject to Staff level review and potential approval and are removed from the public hearing and Community Board examination.

#### Rear Yard Fenestration Changes

- The existing condition of the rear façade includes a previously modified main façade and an “L” extension on the east side of the main façade. The L extends from the ground, parlor and second floors, with its roof forming a terrace at the third floor. The existing windows on the L and on the main rear façade are punched openings with 1:1 double-hung windows with one opening on the third floor converted to a doorway to the terrace. The existing openings include stone lintels above the windows.
- The proposal retains the current footprint of the L extension.
- The proposed new fenestration on the ground floor consists of a tall, thin pair of metal picture windows on the north face of the L with muntins emulating a hopper window, a single access door to the rear yard on the east face of the L, and a pair of tall, thin metal windows on the main façade, also with muntins emulating hopper windows, separated by an operable glass door with the same muntins.
- The proposed new fenestration on the north face of the L and on the main façade of the parlor floor consist of tall, thin metal framing similar to the ground floor, but with muntins to emulate transom windows rather than hopper windows. The east face of the L continues the metal framing system on the main façade as it turns the corner to the L, with the same muntin configuration, and with a total of four panels, the center two of which are operable doors.
- The proposal also calls for the construction of a terrace at the parlor level infilling the L, accessible through the doors on the L extension.
- The proposed changes to the front and rear facades are reasonably appropriate to the character of the Historic District, since the rear windows are within the scope frequently deemed appropriate by CB7, and the original character of the rear façade is being retained with an L extension rather than proposing a full-width extension.
- Notwithstanding the foregoing, CB7 recommends that the rear yard be covered using a permeable or at least a semi-permeable surface or pavers.
- CB7 expresses no opinion about the rooftop addition removed from public review.

THEREFORE, BE IT RESOLVED THAT Community Board 7/Manhattan resolves to (a) **approve** the proposed front and rear façade changes as reasonably appropriate to the character of the Historic District, with a recommendation that the rear yard be covered in a permeable surface or semi-permeable pavers; and (b) **express no opinion** on the proposed rooftop addition which has been removed from CB7 consideration and public review.



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*Steven Brown, Board Chair*

## RESOLUTION

**Date: April 5, 2022**

**Committee of Origin: Preservation**

**Re: 323 West 87th Street** (West End Avenue - Riverside Drive). **Application to the Landmarks Preservation Commission for a Certificate of Appropriateness regarding (a) stonework restoration and replacement of the existing transom and French doors within an arched window on the front façade at the top floor; (b) a rooftop addition with a stair bulkhead and skylight; and (c) replacement of fenestration on the rear façade and L extension at the ground and parlor floors.**

**Full Board Vote: 36 In Favor 0 Against 2 Abstentions 0 Present**

**Committee: 8-0-0-0.**

This resolution is based on the following facts:

- The subject building is a 3-story plus basement townhouse constructed in the Roman Revival style by architect Francis A. Minuth ca. 1897. It is included in the Riverside – West End Historic District. The front façade is composed of limestone on the lower floors and brick above.

### Front Façade

- The proposal for the front façade consists of replacing the curved transom window in kind, which will be operable for ventilation, and installing a pair of window guards outside the French doors to comply with Code as the room will be accessible to young children.
- The LPC staff has advised that the proposed front façade work is eligible for Staff-Level approval and will not be heard at a public hearing.

### Rear Façade

- The rear yard includes a full-width extension at the ground floor with an L extension on the west side at the parlor floor.
- The existing condition at the ground and parlor floors consists of metal casement doors with divided light and lintels above.
- The ground floor casement doors are a pair of window units, each with paired French doors with two columns of 5 panes of divided light, with masonry separating the two units.
- The parlor floor unit is on the main rear façade, and is narrower than below, consisting of pairs of French doors leading to a terrace above the one-story infill addition. It includes pairs of French doors with two columns of four panes of divided light each, with a transom and lintel above. The window on the north face of the L extension at the parlor floor is a simple punched opening with a lintel above.
- The proposal is to replace the casement French doors on the ground and parlor floors with wider casement doors, eliminating the masonry between the units on the ground floor, and without divided light
- The proposal also includes changing the parlor floor terrace into a landing with a stair directly to the rear yard, modifying the existing simple railing to accommodate the new configuration.

### Rooftop Addition

- There is no current rooftop addition. The existing front façade includes a mansard roof and cornice.
- The proposal is to infill directly behind the mansard and cornice and extending to the rear leaving an approximately 42" setback terrace to the rear façade.
- The proposal includes raising parapets and chimneys to conform to Code.

*Date: April 5, 2022*

*Committees of Origin: Preservation*

*Re: 323 West 87<sup>th</sup> Street (West End Avenue -Riverside Drive)*

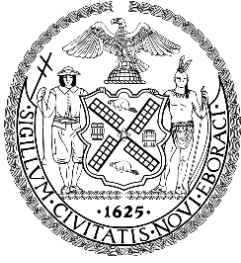
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- The rear cladding of the addition will be a standing-seam kynar painted metallic grey. There will be no front façade of the rooftop addition since it is hard behind the mansard.
- The roof plan will include a skylight and mechanicals on the roof of the proposed addition.

The proposed rooftop addition and rear yard fenestration changes are reasonably appropriate to the character of the Historic District.

THEREFORE, BE IT RESOLVED THAT Community Board 7/Manhattan **approves** the rooftop addition and rear yard fenestration as reasonably appropriate to the character of the Historic District and **expresses no opinion** on the front façade work removed from public hearing and public review.



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*Steven Brown, Board Chair*

## RESOLUTION

**Date: April 5, 2022**

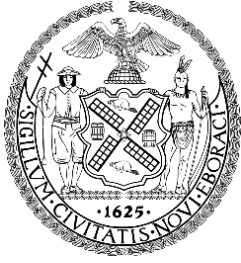
**Task Force of Origin: In-Person and Remote**

**Re: Supporting Brad Hoylman's bill S7261**

**Full Board Vote: 25 In Favor 2 Against 10 Abstentions 0 Present**

*Task Force: 9-1-1-0. Non-Task Force: 0-0-1-0.*

BE IT RESOLVED THAT Community Board 7 Manhattan **supports** the adoption of S7261 and A8155, identical bills before the New York State Senate and Assembly, respectively, which would amend the Open Meetings Law to permit but not require public bodies, including Community Boards and their Committees, to meet using virtual platforms such as they have been using during the pandemic, as well as hybrid meetings taking place both via electronic means and in a physical location.



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*Steven Brown, Board Chair*

## RESOLUTION

**Date: April 5, 2022**

**Committee of Origin: Health & Human Services**

**Re: Self-harm and suicide prevention**

**Full Board Vote: 37 In Favor 0 Against 2 Abstentions 0 Present**

This resolution is based on the following facts and information:

- Suicide is “a death caused by self-directed injurious behavior with any intent to die as a result of the behavior.”<sup>i</sup> Some warning signs include talk (e.g., of feeling like a burden, alone, trapped, or in unbearable pain), behavior (e.g., isolation, aggression), and mood (e.g., depression, anxiety, humiliation/shame).<sup>ii</sup>
- Self-injury or self-harm is “when a person hurts his or her own body on purpose.”<sup>iii</sup> Some warning signs include unexplained wounds or cuts, unexpected body coverage (e.g., wrist bands, warm clothes in summer), and hiding of dangerous objects, such as razor blades.<sup>iv</sup>
- Suicide and self-injury are preventable.

### **Risk factors and disparities**

Every 16 hours (on average), someone dies from suicide in New York City;<sup>v</sup> and an estimated ~6% of the U.S. population will self-injure in their lifetime.<sup>vi</sup> Those at risk of suicide and self-injury include

- Health care workers: A recent study found that ~15% of health care workers presenting for care reported thoughts of “being better off dead” or suicide. Health care workers may also experience stigma around seeking care.<sup>vii</sup> Other essential workers and unpaid caregivers also report elevated levels of suicidal thoughts.<sup>viii</sup>
- Youth: In the U.S., suicide is one of the leading causes of death among those 14–18 years old;<sup>ix</sup> and suicide rates among youth have almost doubled in the last decade.<sup>x</sup> The CDC’s 2021 Adolescent Behaviors and Experiences Survey (ABES) found that ~20% of youth reported considering suicide, ~15% reported making a plan, and ~9% reported attempts.<sup>xi</sup> Youth most at risk of suicide attempts include those who identify as American Indian/Alaska Native,<sup>xii</sup> those living in high poverty communities,<sup>xiii</sup> and girls.<sup>xiv</sup> Between 2019 and 2021, the rate of ER visits for suicide attempts increased by ~51% for girls and ~4% for boys.<sup>xv</sup> Rates of suicide attempts have increased significantly among Black youth (by ~80% since 1991) and especially Black girls.<sup>xvi</sup> Also at high risk are youth who identify as LGBTQ and those who report having sex with persons of the same sex or with both sexes.<sup>xvii</sup> The Trevor Project’s 2021 national survey of LGBTQ youth found that ~42% considered suicide in the past year, with highest estimates among youth who identify as Native/Indigenous (~31%), Black, Latinx, Asian/Pacific Islander, or multiracial.<sup>xviii</sup> Of self-injury, an estimated ~12% to ~24% of youth have self-injured; and ~6% to ~8% report current, chronic self-injury.<sup>xix</sup> Compared to boys and young men, girls and young women aged 10-24 have double the emergency department (ED) visit rate for self-injury; and the rate of ED visits doubled for girls and young women between 2001 and 2019.<sup>xx</sup> The CDC’s 2021 ABES found that only ~9% of American youth received mental health care in the last year.<sup>xxi</sup> The Trevor Project’s survey found that 48% of LGBTQ youth reported they wanted counseling but were unable to receive it in the past year.<sup>xxii</sup>
- Those who have experienced violence and trauma, especially as children: The CDC’s 2021 ABES found that ~10% of youth reported sexual violence, ~14% reported bullying, ~55% reported verbal abuse by a parent, and ~11% reported physical abuse by a parent in the last year.<sup>xxiii</sup> Risk factors for suicide and self-injury include violence such as bullying, sexual and physical violence, and other



adverse childhood experiences.<sup>xxiv</sup> As many as ~79% of those who self-injure report physical and/or sexual abuse during their childhood.<sup>xxv</sup> PTSD is a risk factor for suicide, especially for women,<sup>xxvi</sup> veterans,<sup>xxvii</sup> and those who have experienced sexual violence.<sup>xxviii</sup> PTSD is also a risk factor for self-injury/self-harm: rates among those with PTSD have been estimated to exceed 50%.<sup>xxix</sup> For those who have experienced violence, destructive behaviors may be attempts to solve problems related to powerlessness, fear, and danger.<sup>xxx</sup>

- Additional risk factors for suicide and self-injury include prior suicide attempt, mental health challenges, low self-esteem, eating disorders, substance misuse, serious medical issues, social isolation, prolonged stress (e.g., financial strain), stressful life events (e.g., loss), structural barriers to receiving mental health care or stigma around seeking help, impulsivity and access to lethal means, as well as certain occupations (e.g., mining and construction), and poverty.<sup>xxxi</sup>

### A public health approach to prevention

Since the start of the Covid-19 pandemic, demand for services provided by NYC Well<sup>xxxii</sup> and Safe Horizon have increased, along with an increase in stressors (e.g., related to Covid-19, health care, basic needs, and discrimination<sup>xxxiii</sup>). Expanded services are needed, especially for those at high risk.

- **Screening:** Standardized screening in multiple settings (e.g., health care and education) is likely to increase detection and referral to appropriate treatment. Health care providers should be consistently trained in risk assessment and intervention for diverse populations.<sup>xxxiv</sup>
- **Intervention and timely access to evidence-based care:** Effective intervention and care for suicide and self-injury includes cognitive behavioral therapy, dialectic behavior therapy, counseling focused on building coping and problem-solving skills, as well as social support and opportunities for connection.<sup>xxxv</sup> NYC Well is an essential behavioral health linkage and crisis response resource, providing access to counselors by text, phone, or online chat,<sup>xxxvi</sup> as well as online templates for safety and coping plans.<sup>xxxvii</sup>
- **Crisis response and follow up:** NYC can invest in publicly funded alternatives to 911 for crisis response such as respite care centers, mental health urgent care centers, drop-in centers, and other forms of safe havens for those in immediate danger.<sup>xxxviii</sup> Health care and hospital systems can provide Just-In-Time Access, which enables 24/7/365 crisis response with access to patient records; as well as use of technology to facilitate consistent and long term follow up. People have reported that follow ups remind them that someone cares, wants them to be alive, and believes they matter.<sup>xxxix</sup>
- **Health education and communication:** There are many myths around suicide and self-injury that need to be addressed, such as the myth that asking about suicidal thinking makes someone more likely to attempt suicide. This is not true and is an addressable barrier to proper assessment and open and honest dialogue.<sup>xl</sup> In addition, it's important to educate the community about strategies for supporting oneself and others, as well as how to respond if someone reports they are having suicidal thoughts. NYC can engage in a robust campaign of public service announcements to provide destigmatizing messages and information (e.g., the availability of safety planning apps); and solicit the support of schools, city agencies, and workplaces in this effort.
- **A "public health" approach to suicide prevention:** A public health approach uses multidisciplinary methods designed for specific populations (as well as geographic areas with high need); and considers prevention at family, community, and societal levels.<sup>xli</sup> Any prevention or intervention strategy should be religiously and culturally appropriate<sup>xlii</sup> and responsive to the strengths and needs of diverse populations. For instance, a recent U.S. HHS report found that Black children aged 10-17 are more likely to have experienced a crisis prior to dying by suicide, which should be taken into account.<sup>xliii</sup> A majority of LGBTQ youth and youth of color report experiencing discrimination; and LGBTQ youth with access to affirming spaces reported lower rates of suicide attempts. Transgender and nonbinary youth who were able to change their name and/or gender marker on legal documents reported lower rates of suicide attempts.<sup>xliv</sup> Different kinds of trauma should be taken into account when designing interventions. For example, trauma-informed counseling emphasizes the importance of personal agency and the connections between self-harming or destructive behaviors and PTSD.<sup>xlv</sup> Health care workers may benefit from trauma-informed therapy to manage responses to violence at work. As a final example, some religious beliefs may encourage connecting and finding a sense of purpose.<sup>xlvi</sup>

THEREFORE, BE IT RESOLVED THAT Community Board 7/Manhattan calls on NYC health care and hospital systems, the Department of Education (DoE), the Department of Youth and Community Development (DYCD), and the City University of New York (CUNY) to provide expanded screening programs for suicide, self-injury, and associated risk factors.

BE IT FURTHER RESOLVED THAT Community Board 7/Manhattan calls on NYC health care and hospital systems to provide training for health care workers that meets the needs of specific populations; and invest in infrastructure to help bridge patients to timely and appropriate care. This includes access to mental health services and Just-In-Time Access for crisis response, as well as supportive resources for health care workers (e.g., psychotherapy, peer support, crisis services) and unpaid caregivers.

BE IT FURTHER RESOLVED THAT Community Board 7/Manhattan calls on NYC to invest in trauma-informed alternatives to 911 for crisis response, including hotlines that serve as crisis intervention for abusive behaviors and greater investment in Child Advocacy Centers for children and youth.

BE IT FURTHER RESOLVED THAT Community Board 7/Manhattan calls on the DoE, DYCD, and CUNY to invest in long term supports, including more social workers and psychologists as well as safe spaces and resources for specific populations, such as LGBTQ youth. To empower students and staff, the DoE, DYCD, and CUNY should provide more information on risks, signs, protective factors (e.g., social connections, open communication, lack of stigma, self-efficacy), available public resources (such as safety planning apps), and appropriate reporting and intervention strategies.

BE IT FURTHER RESOLVED THAT Community Board 7/Manhattan calls on NYC to research possibilities for public- and population-health approaches to prevention, intervention, and response, including meaningful and evidence-based anti-violence and anti-discrimination pedagogies and practices for youth and professional development at all levels of NYC government.

BE IT FURTHER RESOLVED THAT Community Board 7/Manhattan calls on the Mayor and our elected city and state officials to advocate for and find ways to fund these initiatives.

*\*Jonathan DePierro, PhD and Anitha Iyer, PhD of Mt. Sinai and Kristina Coleman, LMSW, MPA, and Victoria Dexter, PhD, LCSW of Safe Horizon delivered presentations at the Health and Human Services Committee meeting on 3/29/2022. These presentations informed the content of this resolution.*

#### RESOURCES:

- Abusive behaviors, help/intervention:  
<https://www.thehotline.org/support-others/help-for-abusive-behaviors/>  
<https://respectphonenumber.org.uk/about-us/>
- ASSIST (Applied Suicide Intervention Skills Training):  
<https://www.samhsa.gov/resource/dbhis/applied-suicide-intervention-skills-training-asist>
- COVID Coach App:  
<https://mobile.va.gov/app/covid-coach>
- Crisis Text Line:  
Text TALK to 741741
- MY3 Safety Planning App
- NYC Well:  
Call 1-888-NYC-WELL  
Chat via their website: <https://nycwell.cityofnewyork.us/en/>  
Text "WELL" to 65173 (message & data rates may apply when using the SMS service)
- National Domestic Violence Hotline:  
1-800-799-SAFE(7233) or <https://www.thehotline.org/help/>
- National Suicide Prevention Lifeline:  
1-800-273-8255 (TALK)  
Starting in 2022, dial 988 (<https://suicidepreventionlifeline.org/current-events/the-lifeline-and-988/>)
- Safe Horizon:  
Crime victims: 1-866-689-HELP  
Domestic violence: 1-800-621-HOPE  
Rape and sexual assault: 1-212-227-3000
- SAMSHA Hotline (referrals):  
1-800-662-HELP (4357)
- The Trevor Project:  
[https://www.thetrevorproject.org/?gclid=CjwKCAjwopWSBhB6EiwAjxmqDUtlc0r6l-pa81cy99d-OPwPTBkpJ9MP5ABoH9Tfgg3pDuGuE3zPChoCn2YQAvD\\_BwE](https://www.thetrevorproject.org/?gclid=CjwKCAjwopWSBhB6EiwAjxmqDUtlc0r6l-pa81cy99d-OPwPTBkpJ9MP5ABoH9Tfgg3pDuGuE3zPChoCn2YQAvD_BwE)

- <sup>i</sup> <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>
- <sup>ii</sup> <https://afsp.org/risk-factors-protective-factors-and-warning-signs>
- <sup>iii</sup> <https://medlineplus.gov/selfharm.html>
- <sup>iv</sup> <http://www.selfinjury.bctr.cornell.edu/perch/resources/what-is-self-injury-10.pdf>; <https://www.healthdirect.gov.au/self-harm#warning>
- <sup>v</sup> <https://www1.nyc.gov/site/doh/about/press/pr2021/dohmh-releases-data-on-suicide-death-rate-nyc.page>
- <sup>vi</sup> <https://pubmed.ncbi.nlm.nih.gov/21208494/>
- <sup>vii</sup> <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>
- <sup>viii</sup> <https://www.cdc.gov/suicide/facts/index.html>
- <sup>ix</sup> <https://www.cdc.gov/suicide/facts/index.html>
- <sup>x</sup> <https://answers.childrenshospital.org/poverty-and-suicide-in-children/>
- <sup>xi</sup> <https://www.cdc.gov/healthyyouth/data/abes/tables/summary.htm>
- <sup>xii</sup> <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
- <sup>xiii</sup> <https://answers.childrenshospital.org/poverty-and-suicide-in-children/>;  
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2759427>
- <sup>xiv</sup> <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
- <sup>xv</sup> <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- <sup>xvi</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780949>;  
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- <sup>xviii</sup> <https://www.thetrevorproject.org/survey-2021/>
- <sup>xix</sup> <http://www.selfinjury.bctr.cornell.edu/perch/resources/what-is-self-injury-10.pdf>
- <sup>xx</sup> <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
- <sup>xxi</sup> <https://www.cdc.gov/healthyyouth/data/abes/tables/summary.htm>
- <sup>xxii</sup> <https://www.thetrevorproject.org/survey-2021/>
- <sup>xxiii</sup> <https://www.cdc.gov/healthyyouth/data/abes/tables/summary.htm>
- <sup>xxiv</sup> <https://www.cdc.gov/suicide/facts/index.html>; <https://medlineplus.gov/selfharm.html>;  
[https://www.ptsd.va.gov/understand/related/self\\_harm.asp](https://www.ptsd.va.gov/understand/related/self_harm.asp)
- <sup>xxv</sup> <http://www.selfinjury.bctr.cornell.edu/perch/resources/the-relationship-between-child-maltreatment-and-non-suicidal-self-injuryfinal.pdf>; <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>
- <sup>xxvi</sup> <https://www.sciencedirect.com/science/article/pii/S0165032720328536>;  
[https://www.ptsd.va.gov/understand/related/self\\_harm.asp](https://www.ptsd.va.gov/understand/related/self_harm.asp)
- <sup>xxvii</sup> <https://www.cdc.gov/suicide/facts/index.html>
- <sup>xxviii</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4155484/>
- <sup>xxix</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4155484/>
- <sup>xxx</sup> Safe Horizon
- <sup>xxxi</sup> <https://www.cdc.gov/suicide/facts/index.html>; <https://medlineplus.gov/selfharm.html>;  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5454768/>
- <sup>xxxii</sup> <https://www.cdc.gov/suicide/facts/index.html>
- <sup>xxxiii</sup> <https://www.apa.org/news/press/releases/stress/2020/stress-in-america-covid.pdf>;  
<https://www.apa.org/news/press/releases/stress/2020/stress-in-america-covid-june.pdf>
- <sup>xxxiv</sup> Common measures evaluating depression and suicide risk include the Patient Health Questionnaire-9 (PHQ-9) and the Columbia Suicide Severity Rating Scale (C-SSRS). Free training for health care providers in the C-SSRS is available at [The Lighthouse Project](https://www.columbia.edu/~c1123/columbia_lighthouse_project/)
- <sup>xxxv</sup> <https://www.cdc.gov/suicide/factors/index.html>; <https://afsp.org/risk-factors-protective-factors-and-warning-signs>
- <sup>xxxvi</sup> <https://www.cdc.gov/suicide/factors/index.html>; <https://afsp.org/risk-factors-protective-factors-and-warning-signs>
- <sup>xxxvii</sup> <https://www.cdc.gov/suicide/factors/index.html>; <https://afsp.org/risk-factors-protective-factors-and-warning-signs>
- <sup>xxxviii</sup> <https://www.cdc.gov/suicide/factors/index.html>; <https://afsp.org/risk-factors-protective-factors-and-warning-signs>
- <sup>xxxix</sup> Anitha Iyer, Ph.D.
- <sup>xl</sup> [https://www.cdc.gov/violenceprevention/pdf/asap\\_suicide\\_issue2-a.pdf](https://www.cdc.gov/violenceprevention/pdf/asap_suicide_issue2-a.pdf)
- <sup>xli</sup> [https://www.cdc.gov/violenceprevention/pdf/asap\\_suicide\\_issue2-a.pdf](https://www.cdc.gov/violenceprevention/pdf/asap_suicide_issue2-a.pdf)
- <sup>xlii</sup> <https://www.cdc.gov/suicide/factors/index.html>; <https://afsp.org/risk-factors-protective-factors-and-warning-signs>
- <sup>xliiii</sup> [https://www.nimh.nih.gov/sites/default/files/documents/health/topics/suicide-prevention/african\\_american\\_youth\\_suicide-report\\_to\\_congress.pdf](https://www.nimh.nih.gov/sites/default/files/documents/health/topics/suicide-prevention/african_american_youth_suicide-report_to_congress.pdf)
- <sup>xliiii</sup> <https://www.thetrevorproject.org/survey-2021/>
- <sup>xliv</sup> <http://www.selfinjury.bctr.cornell.edu/perch/resources/the-relationship-between-child-maltreatment-and-non-suicidal-self-injuryfinal.pdf>
- <sup>xlvi</sup> <https://www.cdc.gov/suicide/factors/index.html>; <https://afsp.org/risk-factors-protective-factors-and-warning-signs>