



Moving toward Zero in Lamoille County

EDC & LAMOILLE COUNTY MENTAL HEALTH SERVICES

Data has shown that rates of suicide are higher in rural communities than in urban ones. Lamoille County, which is home to 26,000 residents spread out across scenic mountainsides and valleys in the northern part of Vermont, was no exception. But for a long time, health practitioners in Lamoille did not know how to address the issue.

Then, in 2015, a well-known resident died by suicide. He had been in and out of behavioral health services for years, and his death shocked and saddened the community. It was the spark that Lamoille County Mental Health Services (LCMHS) needed to address a growing concern.

Lamoille County Response

Since 2015, LCMHS has gone all-in on a community approach to prevention by adopting Zero Suicide.

And their results have been impressive. In 2016, seven people died by suicide in Lamoille County. But in 2024, the county recorded only a single death by suicide.

Strategic funding, coordinated training, and committed leadership have been central to making Zero Suicide a success in Lamoille County.

“We realized we could do something about suicide,” says Michael Hartman, a therapist and grant manager at LCMHS. “We could do more than only go to the funeral.”



Zero Suicide is an aspirational answer to a complex challenge.

People experiencing suicidal thoughts and urges often fall through the cracks in a sometimes fragmented and distracted health care system.

Zero Suicide is a system-wide, organizational commitment to safer suicide care. By outlining a system-wide approach to improving outcomes, Zero Suicide can close gaps in care and save lives.

[!\[\]\(56549452e01ca28bdf2500ced9653143_img.jpg\) **Zero Suicide Toolkit**](#)



DATA SNAPSHOT

- In 2024, Vermont's statewide rate of suicide was 16.1 deaths per 100,000 residents.
- In 2024, the rate of suicide in Lamoille County was 3.8 deaths per 100,000 residents.
- In 2023, 93% of LCMHS' clinical staff reported participated in at least one suicide prevention training.
- In 2023, 73% of LCMHS' clinical staff reported being very comfortable asking direct and open questions about suicide.

Statistical data from [Vermont Department of Health. \(2025, June\). Annual Suicide Data Report.](#)

LCMHS-specific data self-reported.

Implementing Zero Suicide

Following their community member's tragic suicide, leaders from LCMHS wanted to take action. Hartman and other members of LCMHS first learned about Zero Suicide through a Zero Suicide training in Burlington, Vermont, in late 2015. The training was led by Vermont's Zero Suicide Advisory Group, which was beginning to organize implementations of the Zero Suicide approach in Vermont.

"As a crisis worker for over 20 years I saw the Zero Suicide approach as having all of the components needed to formulate an organizational approach to addressing suicide," says Hartman. "If all staff had exposure to a suicide identification and prevention approach, and if suicide was seen as something that all staff could take action on, we could save lives."

In 2016, LCMHS joined two other Vermont organizations, the Howard Center and Northwest Counseling & Support Services, in a pilot implementation of the Zero Suicide framework. By fall of that year LCMHS had organized a formal Zero Suicide Committee. Staff from LCMHS and other local health and social service agencies joined the committee. It also had representation from people with lived experience of suicide.

The committee began their work by completing the [Zero Suicide Organizational Self-Study \(OSS\)](#) on EDC's Zero Suicide Toolkit website. This helped committee members identify what suicide prevention efforts they already had in place, what gaps in care they needed to address, and what capacity they had to implement the Zero Suicide framework. As they charted these initial steps, the committee also benefited from technical assistance from a Zero Suicide implementing organization in Tennessee.

Hartman recalls that one of the most important outcomes of this early work was allowing people the space to just become comfortable talking about suicide. "It was important to get people to talk about it while recognizing everybody's anxiety about even mentioning suicide, especially therapists," he says.



SEVEN ELEMENTS OF THE ZERO SUICIDE FRAMEWORK

- 1 Lead system-wide culture change committed to reducing suicides**
- 2 Train a competent, confident, and caring workforce**
- 3 Identify individuals with suicide risk via comprehensive screening & assessment**
- 4 Engage all individuals at-risk of suicide using a suicide care management plan**
- 5 Treat suicidal thoughts and behaviors using evidence-based treatments**
- 6 Transition individuals through care with warm hand-offs & supportive contacts**
- 7 Improve policies and procedures through continuous quality improvement**

Demonstrating Leadership

In January 2017, the CEO of LCMHS, Savi Van Sluytman, sent a letter to all staff about LCMHS's embrace of Zero Suicide.

She wrote, "We hope to make a suicide a 'never event.' To some this may sound audacious, but simply put, one life lost to suicide is one too many."

The letter helped put a stake in the ground: Zero Suicide would become an organizational priority.

The letter also asked staff to complete the Zero Suicide Workforce Survey on EDC's Zero Suicide Toolkit, which measures knowledge, competence, and confidence working with people at risk of suicide.

Over the next five years, Hartman and Monique Reil, the manager of LCMHS' Mobile Crisis Team, championed the implementation of Zero Suicide within LCMHS. The pair was instrumental in creating and adopting a formal Zero Suicide Care Pathway, which set forth procedures for screening, assessment, and treatment of people at risk for suicide. They also launched a suicide loss survivors' group. And time and again, they kept the issue of suicide prevention front and center.

"Michael and Monique didn't let it fall off the radar when there was a grant due or when other priorities came up," says Tom Delaney, an Associate Professor of Pediatrics at the University of Vermont who evaluated Vermont's Zero Suicide initiative until 2023. "They knew the work they needed to do."

Investing in Training

As LCMHS was adopting Zero Suicide, it was also training staff and community members to support their prevention efforts. In the fall of 2017, LCMHS conducted a staff training on the Columbia Suicide Severity Risk Scale (C-SSRS) screener and Collaborative Assessment and Management of Suicidality (CAMS) treatment.

Then, in early 2018, LCMHS held another staff training on Counseling on Access to Lethal Means (CALM), a course that helps clinicians and therapists reduce access to the methods that people use when they die by suicide. LCMHS also began requiring all health professionals who supported people on the Zero Suicide Care Pathway receive annual training on suicide prevention related practices, further helping to bolster their skills and knowledge.

Yet Hartman and Reil realized that to really make a difference at scale, they would need to train staff beyond LCMHS who might interact with people at risk of suicide. So they began to offer free spots in LCMHS' CAMS and CALM trainings to key community partners, such as social workers, people in emergency departments, home health workers, and therapists in private practice. Funding for these trainings came from a variety of sources, including state grants and the Vermont Program for Quality in Health Care.

Vermont's Center for Health and Learning facilitated trainings on Zero Suicide, CALM, and CAMS, and coordinated CAMS consultation calls—support that likely made the project more successful than if each organization had managed trainings on its own.

By 2025, these training efforts had reached over 100 people within the county, greatly expanding Zero Suicide's footprint. Delivering these trainings helped ensure that people in crisis would have a better chance of receiving life-saving care even if they did not formally enter LCMHS' Zero Suicide Care Pathway.

Aligning Improvement Efforts

After beginning their Zero Suicide journey by conducting the OSS in 2016, LCMHS has continued to use the self-study tool annually to evaluate progress and make needed changes to their program.

The OSS “is how we manage to keep ourselves honest” about improvement efforts, says Hartman. Revisiting the OSS each year allows LCMHS to re-evaluate progress toward their stated improvement goals and then to adjust efforts when necessary.

LCMHS uses evaluation data to inform all their decision-making around safer care.



JOIN THE MOVEMENT

Join the **Zero Suicide Registry** to highlight your organization's commitment to safer suicide care and to connect with other implementers. Members of the Registry will be notified about upcoming webinars, new tools and resources, and community news.

[!\[\]\(758ebdf4629c903da74c2e079717ae32_img.jpg\) **Zero Suicide Registry**](#)

The **Zero Suicide Listserv** is an open, moderated list that provides a forum for those involved in Zero Suicide to discuss implementation efforts, engage in peer-to-peer support, and share resources and announcements.

[!\[\]\(626ce8ac21792b9405bfddfea8e0c96a_img.jpg\) **Zero Suicide Listserv**](#)

For example, when assessing whether they are meeting their goal of conducting a suicide screening on everyone who comes in for behavioral health care, LCMHS looks at community-level data on how many screenings have taken place and then talks through strategies for improving that number.

Delaney says this data-driven approach is “a model for other communities.” Continuously using the OSS helped LCMHS develop goals that were highly relevant to what they wanted to achieve. Then, they “held themselves accountable to doing that work and looked at the data in order to understand the impacts of the changes they were making,” he says.

Evaluation was essential to continued funding. An investment from the state supported the completion of an evaluation of Zero Suicide implementation in Vermont. The results were used to demonstrate outcomes and secure additional legislative support—more than doubling the allocation for Zero Suicide efforts across the state.

“Data helps tell us when we are on the right track, and when we need to adjust,” said Hartman. LCMHS increased screening patients for suicidality by 30% from 2021 to 2022. They have since seen that decrease, due to impacts from COVID and staff transitions, so Hartman reports they are working to support staff by focusing on training to improve this measure again.

“Data also tells us that we need to continue with our efforts.” LCMHS had zero suicide deaths of all patients for nine consecutive months from November 2023 through July 2024.



“We hope to make suicide a ‘never event.’ To some this may sound audacious, but simply put, one life lost to suicide is too many.”

— Savi Van Sluytman, LCMHS CEO

Moving toward Zero

Nearly 10 years after identifying a need to change their approach to suicide prevention and care, LCMHS has adopted policies and practices that are taking them closer to their goal of Zero Suicide.

LCMHS’ Zero Suicide Care Pathway integrates screening and assessment in a variety of contexts, including in emergency departments, therapists’ offices, schools, and regular primary care appointments.

People who are referred to the Zero Suicide Care Pathway often receive their first CAMS session with a therapist within 24 hours and remain in the CAMS program until they and their therapist agree that safe discharge can occur. Following discharge, LCMHS supports clients as they chart a path toward wellness.

LCMHS has also implemented some organizational structures to support the continued implementation of Zero Suicide. An internal Zero Suicide committee oversees trainings, policies, and operations. LCMHS has also partnered with three other local health agencies to roll out a new Electronic Health Record system.

The new EHR facilitates communication among providers, makes it easier for all staff to use the C-SSRS, and uses visual cues to help clinicians more quickly identify people at risk of suicide.

Hartman contrasts the current Zero Suicide Care Pathway from what was happening before Zero Suicide.

Then, it was likely that somebody in crisis would have been admitted to inpatient care but would not have received suicide-specific treatment.

Now, instead of going to inpatient care, “they’re staying home, they’re working, and then receiving CAMS with a licensed professional,” he says. “They’re keeping their lives together.”



KEY RESOURCES FROM EDC’S ZERO SUICIDE TOOLKIT

> **Zero Suicide Organizational Self-Study**

Assess the level of suicide care in your system by taking the Zero Suicide Organizational Self-Study.

> **Zero Suicide Workforce Survey**

Survey your staff on how prepared and supported they feel providing care for patients at risk.

> **Zero Suicide Work Plan Template**

Set and schedule Zero Suicide implementation priorities using the Work Plan Template.

> **Zero Suicide Data Dashboard**

Track your system's Zero Suicide implementation through SMART goals and measurable data.

> **Zero Suicide Readiness Materials**

Get recommendations for helping your healthcare organization prepare for Zero Suicide.



This case study was produced with support from [Four Pines Fund](#).



PARTNER WITH US

Zero Suicide at EDC guides health and behavioral healthcare, federal, state, and other systems through continuous quality improvement efforts for safer suicide care.

Contact us at solutions@edc.org to chat with us about partnerships and services.