NIMH Announces Funding for Three New Zero Suicide Initiatives

NIMH has announced that it is funding three new grants supporting the Zero Suicide commitment to preventing suicide attempts and deaths among individuals receiving treatment within health care systems.

The Zero Suicide model seeks to improve health care systems’ ability to identify who is at risk, and to identify and implement effective treatments for at-risk individuals. The campaign is also targeting ways to improve health care systems through provider training and systemic changes.

To support Zero Suicide efforts, NIMH issued a request for applications (RFA) in November 2015. This RFA was designed to help NIMH fund research on the following:

- practices that lead to safer health care outcomes for at-risk individuals.
- suicide prevention strategies that would work across a variety of settings. These settings include clinics, emergency departments, hospitals, and primary care programs.
- the most effective approaches for health care systems, including ways to detect suicide risk, document risk and follow-up care, and deliver services, as well as effective policies and practices.

As a result, NIMH is funding three studies submitted during the first round of applications:

1. Improving Behavioral Health Care

The first study will be the largest NIH has ever supported on improving the quality of behavioral health care to reduce suicide risk. Dr. Barbara Stanley of Columbia University and her colleagues will partner with the New York State Office of Mental Health in comparing quality improvements in suicide prevention practice across 145 outpatient state licensed clinics, which represent 85 New York state agencies, and 1,490 clinical providers that reach over 80,000 adult clients.

New York has already begun improving suicide prevention efforts in behavioral health care, and this study capitalizes on the state’s roll out plan. The study team will randomly assign some clinics to additional training, tracking, and other infrastructure support, to learn the best ways to improve suicide screening and safety planning.

The New York state effort will build on previous VA implementation and training programs. Dr. Stanley has been developing and studying safety planning with NIMH grantee Greg Brown within the Veterans Health Care (VA) system.

2. System of Safety (SOS) in Multiple Types of Care Settings

The second study—System of Safety (SOS)—will builds off what was learned from the recently completed NIMH ED-SAFE study. ED-SAFE focused on adults who were at risk for suicide and went to an emergency department (ED) for care. The study examined the benefits of improved brief suicide-risk screening, providing outpatient suicide prevention discharge resources, and follow-up telephone counseling for the patient and a significant other. The ED-SAFE, and its follow-up study the ED-SAFE 2, relied on a continuous quality improvement (CQI) approach to implement, monitor, and enhance the interventions during routine clinical care.

Through SOS, Drs. Edwin Boudreaux and Catarina Kiefe of the University of Massachusetts Medical School will lead a multi-disciplinary team to extend the ED-SAFE CQI approach to additional care settings in the UMass Memorial Health Care system. SOS will include 6 ED units, 25 inpatient units, and 8 primary care clinics. The researchers estimate that they will reach 310,000 patients aged 12 and older.

(continued on page 8)
Six TTI Grants of $221,000 to be Awarded for FY 2017; Applications Due End of October

NASMHPD has received the good news that SAMHSA/CMHS plans to fund another year of the Transformation Transfer Initiative (TTI). Administered by NASMHPD, the TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen cutting-edge programs.

For FY 2017, CMHS will award TTI grants of $221,000 to six (6) states or territories for projects related to developing, strengthening, or sustaining innovative projects or programs focusing on co-occurring intellectual disabilities and mental health.

Dr. Hepburn will email the TTI application and details to all Commissioners by the end of September and application proposals will be due by the end of October. We wanted to alert you as soon as possible where you can start preparing. In the meantime, if you have questions, feel free to contact David Miller at david.miller@nasmhpd.org.

SAMHSA to Hold October 1 Public Meeting on CARA’s PA and NP Rx Training Requirements

On July 22, the Comprehensive Addiction and Recovery Act (CARA) was signed into law by President Obama. The new law authorizes prescribing privileges of covered medications in office-based settings by nurse practitioners (NPs) and physician assistants (PAs) for five years (until October 1, 2021).

The Substance Abuse and Mental Health Services Administration (SAMHSA) will hold a public meeting on October 1 from 9 to 11 a.m. to review and then discuss the training requirements for NPs and PAs that have been stipulated in CARA. At this meeting, SAMHSA will be seeking input on how to best implement the requirements that all NPs and PAs must have 24 hours of training before obtaining a waiver to prescribe covered medications. Organizations listed in statute and the general public may attend. SAMHSA is seeking input on existing training programs that may meet the statutory requirements for training and, within the 24 hours of training, the number of hours that NPs and PAs should have to complete on each topic listed in the CARA Act.

The session will be held in Newark, NJ. at the Newark Liberty International Airport Marriott, 1 Hotel Rd. Newark, NJ 07114.

Participation by Phone: Phone Number: 888-942-9687; Passcode: 5093420.

SAMHSA will post additional logistical information on how to participate in person, by phone, or on the web at: http://caralisteningsession.eventbrite.com in advance of the listening session.

For further information concerning the meeting, please contact: Dr. Mitra Ahadpour, Director, Division of Pharmacological Therapies, Center for Substance Abuse Treatment, SAMHSA, (240) 276-2134 or mitra.ahadpour@samhsa.hhs.gov.

Bloomberg BNA Analysis of Low-Scoring Medicare Hospitals Finds Correlation between Star Ratings and Site Demographics

An analysis of U.S. Census numbers and hospital star ratings published by Bloomberg BNA on September 15 found that hospitals in low-income counties tend to score lower on Medicare program star ratings.

The Bloomberg analysis found that in nine states, hospitals with lower star ratings are significantly more likely to be located in counties with lower household median income.

Hospitals, Medicare plans, and other Medicare provider stakeholders have long held that Medicare program star ratings fail to accommodate the sociodemographic characteristics of lower-income patient populations, characteristics which the contend can contribute to lower patient compliance and thus lower provider and plan star ratings.

A hospital association spokesman pointed out to Bloomberg BNA that patients discharged from hospitals treating a greater number of low-income patients are more likely to have trouble accessing health-care services, leading to a greater number of hospital readmissions and thus lower hospital star ratings.

The National Quality Forum is currently studying the impact of sociodemographic factors on quality rating scores.
Each year, more Americans die from drug overdoses than in traffic accidents, and more than three out of five of these deaths involved an opioid. Since 1999, the number of overdose deaths involving opioids, including prescription opioid pain relievers, heroin, and fentanyl, has nearly quadrupled. Many people who die from an overdose struggle with an opioid use disorder or other substance use disorder, and unfortunately misconceptions surrounding these disorders have contributed to harmful stigmas that prevent individuals from seeking evidence-based treatment. During Prescription Opioid and Heroin Epidemic Awareness Week, we pause to remember all those we have lost to opioid use disorder, we stand with the courageous individuals in recovery, and we recognize the importance of raising awareness of this epidemic.

Opioid use disorder, or addiction to prescription opioids or heroin, is a disease that touches too many of our communities -- big and small, urban and rural -- and devastates families, all while straining the capacity of law enforcement and the health care system. States and localities across our country, in collaboration with Federal and national partners, are working together to address this issue through innovative partnerships between public safety and public health professionals. The Federal Government is bolstering efforts to expand treatment and opioid abuse prevention activities, and we are working alongside law enforcement to help get more people into treatment instead of jail.

My Administration is steadfast in its commitment to reduce overdose deaths and get more Americans the help they need. That is why I continue to call on the Congress to provide $1.1 billion to expand access to treatment services for opioid use disorder. These new investments would build on the steps we have already taken to expand overdose prevention strategies, and increase access to naloxone -- the overdose reversal drug that first responders and community members are using to save lives. We are also working to improve opioid prescribing practices and support targeted enforcement activities. Although Federal agencies will continue using all available tools to address opioid use disorder and overdose, the Congress must act quickly to help more individuals get the treatment they need -- because the longer we go without congressional action on this funding, the more opportunities we miss to save lives.

Too often, we expect people struggling with substance use disorders to self-diagnose and seek treatment. And although we have made great strides in helping more Americans access care, far too many still lack appropriate, evidence-based treatment. This week, we reaffirm our commitment to raising awareness about this disease and supporting prevention and treatment programs. Let us ensure everyone with an opioid use disorder can embark on the road to recovery, and together, let us begin to turn the tide of this epidemic.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 18 through September 24, 2016, as Prescription Opioid and Heroin Epidemic Awareness Week. I call upon all Americans to observe this week with appropriate programs, ceremonies, and activities that raise awareness about the prescription opioid and heroin epidemic.

IN WITNESS WHEREOF, I have hereunto set my hand this sixteenth day of September, in the year of our Lord two thousand sixteen, and of the Independence of the United States of America the two hundred and forty-first.
NIMH Research Funding Opportunities

Research on Autism Spectrum Disorders (R21) (PA-16-386)

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD). An R21 grant supports early-stage exploratory studies of novel scientific ideas or new model systems, tools, or technologies that have the potential for significant scientific impact. Applications for R21 awards should describe projects distinct from those supported through the traditional R01 activity code. For example, long-term projects, or projects designed to increase knowledge in a well-established area, are not appropriate for R21 awards. Preliminary data are not required for R21 applications; however, they may be included if available.

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 16, 2016, by 5:00 PM local time of applicant organization.

Open Date (Earliest Submission Date): September 16, 2016

Expiration Date: September 8, 2019

The combined budget for direct costs for the two year project period may not exceed $275,000. No more than $200,000 may be requested in any single year. The total project period may not exceed two years.

Research on Autism Spectrum Disorders (R03) (PA-16-387)

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD). An R03 grant application may not contain extensive detail or discussion. R03 applications may include development of new research methodologies or technology, secondary analysis of existing data, and pilot or feasibility studies. Preliminary data are not required, particularly in applications proposing pilot or feasibility studies.

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 16, 2016, by 5:00 PM local time of applicant organization.

Expiration Date: September 8, 2019

Open Date (Earliest Submission Date): September 16, 2016

The combined budget for direct costs for the two year project period may not exceed $100,000. No more than $50,000 in direct costs may be requested in any single year. The total project period may not exceed two years.

Research on Autism Spectrum Disorders (R01) (PA-16-388)

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research grant applications to support research designed to elucidate the etiology, epidemiology, diagnosis, treatment, and optimal means of service delivery in relation to Autism Spectrum Disorders (ASD).

Eligible Applicants: Public/State-Controlled Institutions of Higher Education and Private Institutions of Higher Education, nonprofits with 501(c)(3) IRS Status (Other than Institutions of Higher Education), nonprofits without 501(c)(3) IRS Status (Other than Institutions of Higher Education), small businesses, for-profit organizations, state governments, county governments, local governments, Indian/Native American tribal governments recognized and unrecognized, U.S. Territories, independent school districts, tribal organizations, public housing authorities, faith-based and community-based organizations, and Federal Agencies.

First Standard Application Receipt/Submission Date(s): October 5, 2016, by 5:00 PM local time of applicant organization.

Open Date (Earliest Submission Date): September 5, 2016

Expiration Date: September 8, 2019

The number of awards is contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. Application budgets are not limited but must reflect the actual needs of the proposed project. The total project period may not exceed 5 years.
National Summit on Military and Veteran Peer Programs

Save the Date!
National Summit on Military and Veteran Peer Programs:
Advancing Best Practices

November 2-3, 2016
University of Michigan - Ann Arbor

This two-day interdisciplinary forum will:
- Stimulate discussion and understanding of the latest research and best practices in peer programs
- Share tools for outreach and evaluation
- Feature innovative strategies for dissemination and sustainability
- Highlight the findings of a RAND Research Brief on peer programs

The National Summit will take place at the Michigan League on the University of Michigan campus in Ann Arbor. A complimentary cocktail reception will be held at the Jack Roth Stadium Club, a very special opportunity to see the famous University of Michigan “Big House.”

Mark your calendars for this seminal event! Registration will be limited. Please email PeerSummit@umich.edu to be added to the priority listserv to receive event-related announcements. For additional information, please visit www.m-span.org.

This is an open event.
Please share this information
with others who may be interested in attending.

Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, Click Here:

We look forward to the opportunity to work together.
State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

NASMHPD coordinates a variety of SAMHSA-sponsored technical assistance and training activities under the State TA Project.

To Request On-site TA: States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: http://tatracker.treatment.org/login.aspx. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tatracker@treatment.org.

Note that technical assistance under this project cannot be specifically focused on institutional/hospital-based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or NASMHPD’s Pat Shea by email or at 703-682-5191.
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Like the ED-SAFE studies, SOS will examine standard treatment in these settings and, using an innovative phased roll-out study design, will test the effectiveness of its suicide prevention approach while implementing the approach across an entire health care system. Effectiveness will be measured in terms of suicide-risk detection, safety planning, and follow-up care, as well as patient outcomes such as suicide-related events. The researchers will also analyze the cost effectiveness of SOS.

3. ‘Stepped’ Care for Youth Suicide Prevention

The third funded Zero Suicide study will focus on youth at risk for suicidal behavior within the Kaiser Permanente Northwest (KPNW) health system. While the number of effective suicide prevention interventions for adults has grown, there are fewer proven approaches for at-risk youth. Although there are fewer youth than adults who die by suicide, suicidal thoughts and behaviors often begin in early adolescence, when effective intervention could reduce suicide deaths and vastly improve their lives.

This study, led by Dr. Joan Asarnow of UCLA and Dr. Greg Clarke of Kaiser Permanente Center for Health Research, will examine outcomes for approximately 300 at-risk youth, ages 12 to 24. The participants will be in one of two groups: either part of the KPNW system’s Zero Suicide practices, or part of a stepped care treatment approach, which includes Zero Suicide practices, but then also matches intensity of treatment to severity of risk. The researchers will explore which group benefits more in terms of reduced suicide attempts and other patient outcomes.

This study builds on prior NIMH-funded research on dialectical behavior therapy for suicidal youth, cognitive-behavioral family-centered treatment for youths after a suicide attempt, and internet cognitive behavior therapy for individuals with depression. The KPNW effort will also include a cost effectiveness component.

Future Research

A second round of requests for applications for Zero Suicide is set for November, 2016. NIMH hopes to fund additional studies in order to learn more about health care practices that reduce suicide risk.

HHS Publishes Final Rule on Medicare, Medicaid Provider Emergency Preparedness

The Department of Health and Human Services on September 16 published the final rule on national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers. The rule establishes standards for planning adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations.

Senate Votes to Proceed with FY 2017 Continuing Resolution

The U.S. Senate is scheduled to vote September 27 on a Fiscal Year 2017 Continuing Resolution (CR), which would fund the Federal government past September 30. The measure would expire December 9.

The funding measure, which has been amended into the Congressional legislative funding bill, H.R. 5325, includes $17 million for the Department of Health and Human Services (HHS) and $20 million for the Justice Department to start their programs under the Comprehensive Addiction and Recovery Act (CARA) of 2016, signed into law July 22. The funding is far below the $1.1 billion level sought by President Obama for opioid addiction programs over two years. The bill will not include language defunding Planned Parenthood sought by Republicans and opposed by Democrats.

House of Representatives will take up the measure after the Senate before leaving on a recess scheduled to end after the election. A full omnibus funding bill will be voted in the lame duck session.

Center for Trauma-Informed Care

NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
The Friend of the Field Award: Michael Botticelli, MEd, Director, White House Office of National Drug Control Policy (ONDCP)
This award was established by AATOD's Board of Directors and recognizes extraordinary contributions to the field of opioid use disorder treatment by an individual whose work, although not always directly related to treatment of opioid use disorders, has had a significant impact on our field.

Nyswander/Dole "Marie" Award
AATOD will be honoring 10 individuals who have been nominated and selected by their peers for extraordinary service in the opioid treatment community. These successful award recipients have devoted themselves to improving the lives of patients in our treatment system. Dr. Vincent Dole and Dr. Marie Nyswander were the first recipients of this award in 1983.

Ray Caesar, LPC, Oklahoma
Spence Clark, MSW, North Carolina
Alice Gleghorn, PhD, California
Robert Kent Esq., New York
Robert Lambert, MA, Connecticut

Richard Moldenhauer, MS, Minnesota
Kenneth Stoller, MD, Maryland
Trusandra Taylor, MD, Pennsylvania
Hoang Van Ke, MD, Vietnam
Einat Peles, PhD, Israel

The Richard Lane/Robert Holden Patient Advocacy Award: Brenda Davis, MSW
This award honors the work of Richard Lane and Robert Holden. Both are recovering heroin-addicted individuals who changed their lives and the lives of many by establishing and managing Opioid Treatment Programs. Their work and commitment has shown that medication-assisted treatment does work. This award was established in 1995 and recognizes extraordinary achievements in patient advocacy.

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center
In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit NASMHPD’s EIP website.
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NASMHPD Links of Interest

(Inclusion on this list should not be read to imply NASMHPD support for positions taken within the items linked.)

**Youth Engagement Guidance**, Substance Abuse and Mental Health Services Administration (SAMHSA). September 2016

**Improving Integrated Care for Individuals Dually Eligible for Medicare and Medicaid**, Bipartisan Policy Center. September 2016

**Public-use Data Analysis System (PDAS)**, Substance Abuse and Mental Health Data Archive (SAMHDA). Redesigned September 2016.

**U.S. Senate Resolution 561 (33 Sponsors)**, Calling for CMS to Use §1332 Innovation Waivers to Permit States to Implement Public Healthcare Option

**Portal for Submitting Nominations** by October 31 to the National Quality Forum for the 2017 Eisenberg Awards for Individual Achievements and Initiatives to Improve Patient Safety and Health Care Quality.