REQUEST FOR PROPOSAL (RFP)

FY2018-2019 Youth Treatment Implementation (YT-I) Cooperative Agreement/Grant

Request for Proposal Initially Issued August 11, 2017;
Revised and Reissued Sept 14, 2017

DMHF18SYTI

Proposals must be submitted by 5:00 p.m. on September 29, 2017

Documents may be found at: http://mha.ohio.gov/Default.aspx?tabid=725

I. Funding Opportunity & Population of Focus

The Ohio Department of Mental Health and Addiction Services is seeking proposals from local alcohol drug addiction and mental health boards (ADAMHS boards) to establish/enhance treatment models of care that focus on a continuum of options and supports for youth and young adults with substance use disorders (SUDs) and/or co-occurring substance-use and mental health disorders ages 12-25 and their families/primary caregivers (hereafter known as "the population of focus"). Proposals will be accepted from ADAMHS boards working with provider organizations that serve the population of focus in multiple counties, one of which is a rural and/or Appalachian county (see listing for county designations on page 11 section IV).

This funding opportunity aims to create continuum of care options through local, community-driven systems of care. All proposals must meet the guidelines and requirements of this RFP for funding in state fiscal year 2018 and/or 2019. Please read the RFP instructions carefully.

II. Purpose

Ohio is in receipt of a Cooperative Agreement/Grant for Adolescent and Transitional Aged Youth Treatment Implementation [Youth Treatment – Implementation (Short Title: YT-I)] from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). The purpose of this program is to improve treatment for the population of focus, by assuring youth and young adults have state-wide access to evidence-based assessments, treatment models, and recovery services, supported by strengthening the existing infrastructure system.

YT-I is a combination of infrastructure improvement and direct treatment service delivery. These grants are designed to bring together stakeholders across the systems serving the population of focus to strengthen an existing coordinated network that will enhance/expand

treatment services, develop policies, expand workforce capacity, disseminate evidence-based practices (EBPs), and implement financial mechanisms and other reforms to improve the integration and efficiency of the SUD treatment and recovery support system. This system will serve as a model to be replicated throughout the state.

The expected client-level outcomes of the program include increased rates of abstinence; enrollment in education, vocational training, and/or employment; social connectedness; and, decreased criminal and juvenile justice involvement for the population of focus. ADAMHS boards will be expected to identify and reduce gaps in access, service use, and outcomes of services among the adolescent and transitional aged youth populations in rural and/or Appalachian counties of Ohio.

A. Eligible Applicants

ADAMHS board applicants must work with provider organizations that are providing services to the population of focus in multiple counties, one of which must be Appalachian and/or rural, and must demonstrate collaborative relationships with public multi-system partners (e.g. schools, juvenile justice, child welfare, developmental disability, health) through Family and Children First Council membership. ADAMHS boards must demonstrate the capacity to implement the project and ensure service provision will begin by February 2018.

ADAMHS boards will work with provider organizations which may include faith-based adolescent and/or transitional aged youth substance use treatment provider agencies, federally qualified health centers (e.g., school-based health centers), entities in criminal and juvenile justice, primary health care, or other agencies serving the population of focus.

ADAMHS boards must work with provider organizations for direct client substance abuse treatment services appropriate to the project and must work with the Family and Children First Council in coordinating and strengthening the local continuum of care options and supports. More than one provider organization may be involved.

- Each mental health/substance abuse treatment provider organization involved must have at least two years' experience (as of December 2016) providing relevant services (official documents must establish that the organization has provided relevant services for the last two years); and

- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of December 2016.

B. Funding Period: Awarded proposals will be for state fiscal year 2018 (July 1, 2017 through June 30, 2018) with a potential second year of funding in state fiscal year 2019 (July 1, 2018 through June 30, 2019), depending on availability of funding and progress toward objectives.

C. Permissible Use of Funds: Funds may be used to pay for training/coaching treatment teams, establishing Alternative Peer Groups, consultation, service support, and other promotion of the continuum of care as more fully set forth in the Scope of Work and the Scope of Work Summary Chart (bottom of page 8).

D. Amount of Funding Available: Boards are eligible to apply for up to $85,000 (four {4} grants expected to be awarded) for a one-year period project which MUST serve at least two counties, one of which is rural and/or Appalachian. Boards may submit either a one-year or two-year proposal.

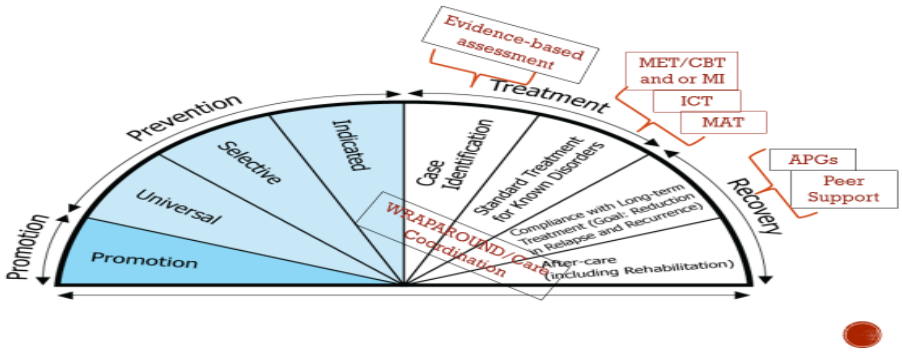
1. Boards must sign and date a written cooperative agreement with OhioMHAS:
    - Demonstrating the arrangements for the required direct treatment services activities. Service delivery must begin by February 2018 at the latest.
    - Assuring the provider(s) involved meet the requirement for a minimum of two-years of experience, as well as applicable licensing, accreditation, and certification requirements.
2. ADAMHS Boards may use up to five percent (5%) of funding for administrative purposes.
3. Grantees may expend up to $35,000 to fully implement Integrated Co-occurring Treatment and clinical assessment(s) in the first year while training and certification are in process. In the second year, grantees may expend grant funds up to $17,500 for any on-going or expansion providers for training and certification/licensure in the selected intervention. These funds may be used for the training, coaching, certification, licensure, materials, site visits from the developer, and any other costs cited by the developer for certified/licensed use of the intervention.

E. ADAMHS boards and their selected providers will be required to participate in a state level collaborative of those involved in the implementation of YT-I to:

1. Develop and implement a common continuous quality improvement/quality assurance plan across the project and in the collaborative to improve the services provided;
2. Identify and address common barriers faced by the population of focus in accessing services; and
3. Promote coordination and collaboration with family support organizations to assist in the development of peer support services and strengthen services for the population of focus.

F. Youth and parents shall have an active leadership role in all aspects of the project including: planning, meetings, team building, marketing, training, evaluation, and must be voting members of any formal committees.

G. ADAMHS board applicants must be prepared to implement/develop and/or coordinate with the following continuum of care services as represented graphically and specified on the following page:



Adapted from the Institute of Medicine's (IOM) "Protractor"

Continuum of Care

Continuum of Care is a concept involving a system that guides and tracks youth and families over time through a comprehensive array of services spanning all levels and intensity of care. The Protractor above depicts a graded series of need and service from the prevention of health or behavioral health problems, through the treatment, maintenance and management of a chronic condition. Within the IOM framework treatment begins only when case identification (diagnosis) is achieved. With respect to substance abuse, prevention can be concretely defined as all services provided prior to a specific diagnosis of abuse or dependence (blue areas of the IOM Protractor) and treatment comes after. For purposes of this project, the focus of services will be on expansion of the white areas or right side of the IOM Protractor as pictured above (treatment and recovery).

Family and Children First Councils (FCFCs), Ohio's statutorily defined multi-system county collaboratives, are involved in the development of the full continuum of care for young people and their families (prevention through chronic disease management across conditions and systems) who have needs across multiple systems. FCFCs are mandated to provide service coordination for children and youth who have multi-system needs [O.R.C. 121.37], and have been encouraged to utilize Wraparound with fidelity to coordinate care for those with very complex needs. Wraparound training has been and will continue to be supported through the OhioMHAS ENGAGE project (CMHI grant with SAMHSA).

Selected boards will be expected to assure, develop and/or expand connections/warm handoffs to/from providers utilizing the formal county FCFC Service Coordination Mechanism (care coordination) and it's identified processes. Coordination of services will be necessary in order to assist families with adolescents/young adults with SUDs whose service needs move among and between the continuum of services, treatment modalities and systems. Youth/young adults with SUDs by nature have needs across multiple systems. Maintenance and management of the chronic condition of addiction and along the continuum of care requires good service/care coordination. A strong connection with FCFCs will be critical to success.

III. Scope of Work

A. Integrated Co-Occurring Treatment

ADAMHS boards will be expected to train a team of professionals from at least one provider in Integrated Co-occurring Treatment (ICT). Funding from this award is expected to be used for this training. ICT is a research informed practice that provides an integrated treatment approach and is structured by an Intensive Home-Based Treatment (IHBT) method of service delivery. ICT provides a set of core services to youth with co-occurring disorders of substance use and serious emotional disability, and to their families. It addresses the reciprocal interaction of how each disorder affects the other, in the context of the youth's: family and culture; peers; school; and, greater community (including juvenile justice).

The ICT core assumptions, supported by experience and research, include:

1. Youth with co-occurring disorders (COD) present with multiple and complex mental health and substance use symptom patterns and behaviors, which interact with each other and adversely affect their functioning in developmentally important life domains.
2. COD presentation in youth is affected by brain development; and conversely, brain development is impacted by substance use.
3. Contextual factors (peers, family, school, neighborhood, and the risk and protective factors associated with them) may play a mediating role in youth behaviors, use patterns, and recovery trajectory.
4. Traumatic stress experiences contribute to impaired emotional and behavioral functioning and to the adoption of risk behaviors, which in turn may lead to further exposure to victimization, violence, and trauma experiences.
5. Safety concerns and risk behaviors are elevated in youth presenting with COD and need to be actively managed.
6. The stressors associated with co-occurring disorders negatively strain family emotional, interpersonal, and material resources.
7. Treatment engagement, motivation, and progress are more difficult to attain and sustain.

The target outcomes for ICT are to increase functioning in major life contexts so the youth is/has:

- Living at home or in a permanent home setting
- Attending and achieving at school/work
- Reduced involvement in the juvenile justice system
- Reduced use/no use of substances
- Participating in positive family, peer, and community life
- Improved family recovery environment
- Accessing resources and natural supports as needed to maintain gains and prevent recidivism

The structure of the program includes:

- Length of Service: 3 to 6 months
- Caseload: 4 to 6 youth/families (may go slightly higher)
- On-call 24/7 as a team
- 24 hour availability of supervisors for each therapist
- Field supervision as needed
- Dually certified agency; dually licensed and experienced supervisor
- 2 to 4 FTE clinical staff either dually licensed or dually trained, with mix of SU and MH expertise on the team
- Weekly consultation, training, and technical support

http://begun.case.edu/cip/evidence-based-practices/integrated-co-occurring-treatment/

Note: Intensive Home-Based Treatments (IHBT) is slated to be a prior-authorized reimbursable packaged service under Ohio's Medicaid redesign efforts, and the Integrated Co-occurring Treatment modality falls within that service definition.

B. Motivational Enhancement Therapy and Cognitive Behavioral Therapy (MET/CBT) and/or Motivational Interviewing (MI)

ADAMHS boards must work with the FCFC(s) to assure that provider staff within the continuum of care in the counties of service are trained to provide either MET/CBT or MI, as determined by need of the area. Opportunities to obtain training in both modalities will exist within Ohio. Funding from this award may be used to assist providers with start-up costs, such as costs associated with attending training. ADAMHS boards must obtain cooperative agreements with providers who may choose to provide either or both of these services. These treatment modalities are for those who can benefit from earlier intervention than what ICT provides. The purpose of this is to begin to develop soft linkages between levels of care and child to adult services.

MET/CBT is a cognitive behavioral treatment approach designed especially for adolescent cannabis users. MET/CBT is designed for the treatment of adolescents between ages 12 and 18 who are exhibiting problems as indicated by one of the following:

- Meeting criteria for cannabis abuse or dependence
- Experiencing problems (including emotional, physical, legal, social, or academic problems) associated with marijuana use
- Evidencing frequent (weekly or more often) marijuana use, over a 3-month period.

Motivational Interviewing (MI) is another evidence-based practice, applicable to the full age continuum (12-25) of the population of focus.

Motivational Interviewing is a collaborative, person-centered method of guiding to elicit and strengthen motivation for change. It is a way of working with persons to

assist them in accessing their intrinsic motivation to change behaviors that contradict their essential values and interfere with the achievement of their life goals. Motivational Interviewing is both a philosophy and a set of strategic techniques. It is an evidence-based treatment with a broad range of applications. Training in MI will incorporate exercises and examples specific to the unique practice settings of participants, with an emphasis on individuals with substance use disorders and/or co-occurring mental health and substance use disorders.

C. Medication Assisted Treatment (MAT)

Multiple pathways to recovery may include the use of MAT, which is the use of FDA-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations) for the maintenance treatment of opioid use disorder, and opioid antagonist medication (e.g., naltrexone products including extended-release and oral formulations) to prevent relapse to opioid use. MAT is an evidence-based substance abuse treatment protocol and OhioMHAS and SAMHSA support the right of individuals to have access to appropriate MAT under the care and prescription of a physician.

Quality MAT services for adolescents and young adults are lacking in Ohio. ADAMHS boards will be expected to support the establishment of such services for the population of focus. Consultation can be obtained in Ohio to build a program that fits the AMHSA-HRSA Center for Integrated Health Solutions (CIHS) definition of integrated care. Funding from this award may be used to obtain the needed training/consultation.

ADAMHS boards must identify the MAT provider(s) or organization(s) that will establish MAT services for the population of focus within 60 days of the award, and submit signed and dated written agreements to their Project Lead for review and approval.

Collaborating with county FCFCs to bring MAT for this population into service continuum will improve chances of success in recovery for youth and young adults.

D. Recovery Services

Recovery services support individuals' abilities to live productive lives of wellness in the community and can often help with abstinence from substances.

> Working definition of recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

ADAMHS boards will be expected to utilize a portion of the funding to establish and support Alternative Peer Groups (APGs). The APG model was created to address the emotional, psychological, spiritual, and social needs of teens struggling with substance abuse issues. This unique model integrates the important peer connection with sound clinical practice through intervention, support, education, accountability,

and family involvement. APG recovery programs are an important support for adolescents in maintaining sobriety. Adolescents are more likely than adults to relapse after treatment, making prosocial, peer support important to relapse prevention.

APG recovery components might include 12 step meetings; sober after school hangouts; weekend social activities; education and employment planning; peer support; and peer coaches/mentors.

E. Data Collection and Assessment

ADAMHS boards will be required to assure that client level data related to the array of services provided is collected and entered into the state selected Fidelity Electronic Health Record (EHR). Fidelity EHR is the electronic health record selected and being promoted through the OhioMHAS ENGAGE project, as well as the portal for Ohio Family and Children First service coordination/Wraparound data collection.

ADAMHS boards will be required to assure collection of the required Government Performance and Results (GPRA) Modernization Act of 2010 data, to assure utilization of the evidence-based assessment tool(s) selected for the YT-I project (to be determined) and to assure data entry of client information into Fidelity EHR.

Note: For providers with an agency established Electronic Health Record (EHR), OhioMHAS is exploring interoperability of EHRs including the ability to import data from existing EHRs into the Fidelity EHR system.

Summary Chart –Scope of Work

	Service	YT-I Grant Funded	Other Funding Sources
Care Coordination	FCFC Service Coordination/Wraparound as applicable		Wraparound training provided at no cost through ENGAGE
Treatment	ICT	Grant funds shall be used for provider staff training/coaching	Medicaid/Insurance reimbursable as appropriate
Treatment	MET/CBT and/or MI	May use funding for start-up costs, e.g. cost of training, time to attend training	Training opportunities provided in Ohio; Medicaid/insurance reimbursable as appropriate
Treatment	MAT	May use funding for consultation services	Medicaid/insurance reimbursable as appropriate
Recovery Services	Alternative Peer Group	Grant funds shall be used for establishment and support of APGs development	Boards will be encouraged to search for and supplement programming with other available community resources (e.g. recreation opportunities, training, supports)

IV. Proposal Contents

A. *Narrative*

Application narratives must be submitted in Times New Roman 12pt. font and be no more than eight (8) single-spaced pages in length with 1 inch margins. This page limit does not include the cover sheet, the budget table and budget narrative, letters of commitment, or any memoranda of understanding with collaborating partners.

Proposals must include the following:

a. Cover Sheet, including:
    i. Name of ADAMHS board applicant, designated contact and contact's address, email, and phone number; fiscal agent's name, affiliation, email and phone number and, federal tax ID
2. Amount of funding requested, and
3. Brief abstract of proposal (200 words or less)

The project description must include implementation activities proposed for year one, as well as activities proposed for potential renewal year two, if applicable.

- ✓ Problem Statement
- ✓ Narratives must address all aspects of the scope of the project described in section III (whether or not grant funds will be used to support each aspect)
- ✓ Implementation plan and timeline
- ✓ Demonstrated Capacity
    - Documented experience of providers selected in subject matter area programming
    - Documented experience of providers selected in serving the population of focus
    - Documented experience of providers selected in proposed skills, models and tools
- ✓ Expected Outputs and Outcomes
- ✓ Data Collection
    - Evidence-based assessment (To be determined)
    - Fidelity EHR
- ✓ Anticipated barriers and how they might be overcome
- ✓ Collaboration approach with FCFC(s) and other local public systems
- ✓ Expected sustainability plan

B. *Letters of Commitment or Memoranda of Understanding (MOUs)*

ADAMHS board applicants must include a letter of commitment or MOU from each collaborating system partner and provider. The letters of commitment/MOU must demonstrate specific deliverables of how each system partner/provider will meet the identified goals for the project. Partners are encouraged to describe the specific deliverables as they relate to the goals for the project. System partners that are strongly encouraged to be included in the project include: schools, education service centers, first responder agencies, courts, public children's

service agencies, behavioral health provider agencies, developmental disability agencies, physical healthcare organizations including hospitals, youth peer support organizations with lived experience (e.g. Young People in Addiction Recovery, YouthMOVE) and parent peer support groups with lived experience.

Note- Letters/MOU from or with local Family and Children First Council's will demonstrate having commitment from multiple systems (those mandated), however delineating roles and deliverables from various partners in the letter will enhance the value and strength of the commitment letter.

C. *Budget and Budget Narrative*
Proposals must include a budget that identifies all costs to complete the tasks described in the proposal. The budget must encompass all aspects of the proposed work, including any travel necessary for completing the work. All travel must be at State of Ohio rates. The budget narrative must outline each resource assigned to a task, including the resource's hourly rate, and the estimated number of hours that the resource is expected to expend on the task.

V. **Where to Submit:**
All proposals must be submitted to BCYFgrants@mha.ohio.gov No faxed, mailed, courier delivered, or hand carried proposals will be accepted.

RFP Revised and Re-Issued	September 14, 2017
Question period ends	September 22,, 2017. Q & A document available at http://mha.ohio.gov/Default.aspx?tabid=725
Proposals due	September 29, 2017
GFMS entry by selected applicants	October 1 – October 31, 2017
Projects begin	On or after October 1, 2017

VI. **Questions, Technical Assistance, and Updates**

A. All questions must be submitted electronically **no later than 4:00pm September 22, 2017 to BCYFgrants@mha.ohio.gov**. **No questions will be answered after the deadline.** Responses will be posted under SFY 18-19 Youth Treatment-Implementation RFP at http://mha.ohio.gov/Default.aspx?tabid=725
You may NOT contact any OhioMHAS staff member directly with questions regarding this RFP. Contacting staff directly with questions could result in disqualification of a proposal.

B. The RFP, accompanying documents and all questions and answers will be posted on the OhioMHAS website. Interested parties are required to monitor this website (http://mha.ohio.gov/Default.aspx?tabid=725) for any updates to the RFP.

C. Anticipated Date of Award Announcement: Applicants will be notified **after Sept 29, 2017**

VII. **County Designations**

Appalachian counties include the 32 contiguous counties in the southeastern part of Ohio designated by the Appalachian Regional Commission:	
Adams	Jefferson
Ashtabula	Lawrence
Athens	Mahoning
Belmont	Meigs
Brown	Monroe
Carroll	Morgan
Clermont	Muskingum
Columbiana	Noble
Coshocton	Perry
Gallia	Pike
Guernsey	Ross
Harrison	Scioto
Highland	Trumbull
Hocking	Tuscarawas
Holmes	Vinton
Jackson	Washington

The following 29 counties designated as rural in Ohio.	
Ashland	Mercer
Champaign	Morrow
Clinton	Ottawa
Crawford	Paulding
Darke	Preble
Defiance	Putnam
Erie	Sandusky
Fayette	Seneca
Hancock	Shelby
Hardin	Van Wert
Henry	Warren
Huron	Wayne
Knox	Williams
Logan	Wyandot
Marion	

VIII. Proposal Evaluation and Scoring

Proposals that demonstrate understanding and implementation of the SAMHSA defined System of Care framework will receive 3 bonus points.
Information on System of Care can be found here:
https://gucchd.georgetown.edu/products/PRIMER2ndEd_FullVersion.pdf

Proposals that demonstrate an understanding and implementation of trauma-informed practice and the relationship to treating people with SUDs will receive 3 bonus points.

Proposals that include Youth and Parent Peer Support as available within the service continuum to families will receive 3 bonus points.
Proposals will be scored based on how well the proposal demonstrates an understanding of the scope of work and a reasonable strategy for meeting the requirements, using the point values provided below.

Review Criterion	Points Possible
1) Cover sheet complete	3
2) Abstract	3
3) Project description components:	
a) Problem Statement	3
b) Implementation plan and timeline	3
c) Provider Demonstrated Capacity	
1) Documented experience in subject matter area programming	3
2) Documented experience in serving proposed populations of focus	3
3) Documented experience in proposed skills, models and tools	3
d) Expected Outputs and Outcomes	3
e) Data Collection	
1) GPRA Federal Outcomes	3
2) Evidence-based assessment	3
3) Fidelity EHR	3
f) Sustainability Plan	5
4) Collaboration with FCFC(s) and across counties, systems and providers	10
5) *Bonus: SAMHSA System of Care Framework implementation	3
6) *Bonus: Trauma-Informed SUD agencies/organizations	3
7) *Bonus: Youth and Parent Peer Support	3
8) Budget & Budget Justification	3
Total Possible Score	**60**

Rating	Explanation
0	**Is Not Addressed**. Proposal does not comply with the requirement and/or does not address expectations for the criterion.
1	**Weak**. Proposal does not substantially meet the requirement and/or does not substantially meet expectations for the criterion.
2	**Meets**. Proposal meets the requirement, and meets expectations for the criterion.
3-10	**Exceeds.** Proposal exceeds the requirement and exceeds expectations for the criterion (will be scored across a range for item #4).

*Note: Item #5, #6, and #7 are bonus items. The maximum points available is 3 for each.

IX. Conditions of Award

1. As authorized in Ohio Revised Code Section 5119.61, OhioMHAS will collect information and data from awardees. Awardees will provide required information and data electronically, through the Grants Financial Management System (GFMS) online reporting system. All information and data will be reviewed by project staff. Failure to comply with reporting requirements shall result in further action by OhioMHAS, which may include withholding of funds.
2. The Department reserves the right to make no award, make an award for a lesser amount, make an alternative award for the specified project or make an award for a shorter duration. The Department reserves the right to ask clarifying questions, issue conditional awards, and negotiate a best and final proposal with one or more applicants(s). The Department reserves the right to waive errors and omissions that do not materially affect the proposal. Errors and omissions may result in lower evaluation scores or rejection of the proposal.
3. Awardees will be solely responsible for reporting, withholding, and paying all employment-related taxes, payments, and withholdings for themselves and any personnel, including but not limited to: federal, state, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.
4. Awardees must execute OhioMHAS Agreement and Assurances upon notice of award. No requests for edits, additions or deletions will be considered. This is non-negotiable. Please read the OhioMHAS Agreement and Assurances prior to submission of your application and do not apply if you are unable to comply with any component. (A copy of the Agreement and Assurances can be found on our website at http://mha.ohio.gov/Default.aspx?tabid=725 on the right hand side).
5. Funding note: Once proposals have been finalized in the GFMS system, draw-down requests can be made. Awardees have some flexibility in timing and amounts of draw-down requests. Requests cannot be made more than one time per month; requests can be monthly, quarterly, or on another schedule that meets awardees needs. Requests for advance funds can be made for expected expenditures within 30-days (e.g., payroll, purchase orders, etc.). Draw-down request amounts are not required to be equal across requests and can be variable based on expected expenditures.
6. The following conditions apply to deliverables provided by the awardee:

   All items, products, deliverables and intellectual property developed, produced, dependent upon, derived from and/or begun as a result of this award shall:

   - Identify OhioMHAS and, if applicable, the federal grant, as the funding source;
   - Reserve to OhioMHAS, and to the federal government if applicable, a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for public purposes, and to authorize others to do so;
   - Be provided to OhioMHAS as specified in the award; and
   - Be approved by OhioMHAS before dissemination.

   This paragraph does not apply to copyrighted materials purchased or licensed for use pursuant to this award except to the extent that the rights of copyright ownership were purchased with grant support.

Proposals must be submitted by 5:00 p.m. on September 29, 2017