Meeting Agenda

Thursday, November 14, 2019
2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome and Introductions
- Approval of Agenda
- Approval of Minutes (*October 10, 2019)*
- Report of Co-Chairs
- Report of Staff
- Public Comment
- Presentations
    - Census 2020 Overview – *Victoria Johnson*
    - EHE Update – *Javontae Williams*
- Action Item:
    - Reallocation Request
- Discussion Items
- Committee Reports
    - Executive Committee – *No Report*
    - Finance Committee – *Alan Edelstein & David Gana*
    - Nominations Committee – *Michael Cappuccilli & Sam Romero*
    - Positive Committee – *Jeanette Murdock & Kenya Moussa*
    - Comprehensive Planning Committee – *Gus Grannan & Gail Thomas*
    - Prevention Committee – *Lorett Matus & Clint Steib*
- Old Business
- New Business
- Announcements
- Adjournment

HIV Integrated Planning Council

Please contact the office at least 5 days in advance if you require special assistance.

The next HIV Integrated Planning Council meeting is scheduled for
Thursday, December 12, 2019 from 2:00 – 4:30 p.m. at the
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107

HIV Integrated Planning Council
Meeting Minutes of
Thursday, October 10, 2019
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Daniel Angelis, Susan Arrighy, Juan Baez, Timothy Benston, Sade Benton, Janielle Bryan, Allison Byrd, Michael Cappuccilli, Keith Carter, Sharona Clarke, Mark Coleman, Lupe Diaz (Co-Chair), Alan Edelstein, Roberta Gallaway, David Gana, Pamela Gorman, Gus Grannan, Sharee Heaven (Co-Chair), Janice Horan, Kailah King-Collins, Dena Lewis-Salley, Tyrell Mann-Barnes, Marilyn Martinez, Lorett Matus, Kenya Moussa, Nhakia Outland, Samuel Romero, Clint Steib, Coleman Terrell (Co-Chair), Gail Thomas, Jacquelyn Whitfield, Steven Zick

Guests: Chris Chu (AACO), Ameenah McCann-Woods (AACO), Danica Kuncio (AACO), Alex Shirreffs (AACO), Robert Woodhouse, Renee Cirillo

Absent: La'Seana Jones, Gerry Keys, Richard LaBoy, Brian Langley, Jeanette Murdock, Joseph Roderick, Eran Sargent, Zsofia Szep, Gloria Taylor

Excused: Katelyn Baron, Peter Houle, Sarah Nash, Erica Rand

Staff: Briana Morgan, Mari Ross-Russell, Nicole Johns, Sofia Moletteri

Call to Order:
L. Diaz called the meeting to order at 2:10 PM.

Moment of Silence/Introduction:
M. Ross-Russell handed out HIPC journals to members. She mentioned that the journals had a HIPC logo on the front and would be a great way to write down notes and keep information together. She added that the journals were a way of thanking members for their contribution and dedication.

L. Diaz asked everyone to introduce themselves with their names and pronouns. She also noted that there were new Planning Council members. The group introduced themselves and welcomed the new members.

Approval of Agenda:
L. Diaz presented the October 2019 Planning Council meeting agenda for approval. **Motion:** J. Whitfield moved, G. Grannan seconded to approve the agenda. **Motion passed:** all in favor.

Approval of Minutes (*September 12, 2019*):
L. Diaz presented the September 2019 meeting minutes for approval. **Motion:** K. Carter moved, D. Lewis-Salley seconded to approve the September 2019 meeting minutes. **Motion passed:** all in favor.

Report of Co-Chairs:
C. Terrell reported that the Test, Love, Repeat campaign was now in effect and was a follow-up to the Philly Keep on Loving campaign. He also reported that more campaigns involving U=U would soon be in effect as well. He informed the group that the Keep on Loving website offered free and discreet at-home HIV testing kits for those who cannot make it to a testing site for whatever reasons. The free testing kits would be offered while supplies lasted. He mentioned that there are campaign postcards and posters available to pick up and distribute at AACO.

—Ending the HIV Epidemic (EHE) —
Regarding the EHE (Ending the HIV Epidemic plan), C. Terrell said that the September 30th grant for a one year planning period had already started. He also said that on October 11th, the HRSA grant for EHE will be submitted for enhancements to the care system. The focal point would be improving access to care by creating accessible low threshold treatment sites. He mentioned how a fair amount of the grant would also support housing, specifically rapid rehousing, which OSH (Office of Homeless Services) is practicing. He reported that OHS has an 80% success rate. He reminded the group that though long-term housing is the real issue in Philadelphia, RWHAP only covers short-term housing.

C. Terrell explained that the grant could be anywhere from $750,000 to 9 million and was just for the city of Philadelphia. He mentioned that on October 15th, the CDC would release the implementation grant for HIV prevention services. The implementation grants were to be written as the planning grant started.

Report of Staff:
M. Ross-Russell reported that the office would be tabling at Philadelphia's Outfest on Sunday, October 13th.

Presentation:
—Project to Cure Hep C in PLWH—
A. Shirreffs introduced herself, saying that she had been at the Philadelphia Health Department for 8 ½ years. The Project to Cure Hep C in PLWH was started because now that there is a cure for Hep C, elimination is possible. She explained that AACO received a grant from HRSA for a SPNS (Special Projects of National Significance) grant. The grant was for improving the HIV system and moving towards elimination of Hep C coinfection. The information that HRSA learned from the Philadelphia project would be used as a guide for broader application of coinfection elimination among other areas.

D. Kuncio introduced herself and said that she had been researching Hepatitis for the past 7 years. She explained that the grant focused on improving the health of a very specific population with Hep C. She explained that honing in on a specific subpopulation was called micro elimination.

A. Shirreffs said that the project was for a three year period, starting in 2016 and wrapping up in 2019. She explained that PLWH was a great group of individuals to work with, because PLWH typically have better systems of care surrounding them.

HRSA had six goals for the project, and A. Shirreffs explained that AACO essentially narrowed the six goals down to 4 main arms. First, they were going to look at and track HIV/HCV surveillance data, work on training and capacity building, focus on care reengagement, and service integration to improve overall sustainability.

At the start of the project, A. Shirreffs recognized that there were over 19,000 PLWH, more than 55,000 people with HCV, and about 3,000 individuals who were co-infected. The data was mostly for Philadelphia because of surveillance data limitations. However, the project focused on service improvements and care sites all around the EMA, including the PA and NJ counties.

A. Shirreffs explained that the surveillance data was robust for Hepatitis C. This was fortunate, since many other EMAs do not have Hep C surveillance systems. This way, progress could be tracked through the already existing HCV (Hepatitis C Virus) Care Continuum. AACO also looked at qualitative data to figure out gaps and best practices.

AACO especially wanted to pinpoint best practices as a way to identify solutions to barriers. A. Shirreffs displayed the HCV Care Continuum on the projector for the group to see. She reported that research showed that individuals who are co-infected rather than mono-infected had a much better elimination rate. She acknowledged how many people who were coinfected had already been cured by the start of the project, but 60% of PLWH still were not.

First, AACO asked coinfected individuals if they had ever tested for HCV and other generic questions. Later, a quality improvement measure was added to see if people who tested positive for HCV did an RNA test afterwards. AACO required that providers reported on this outcome.

AACO mandated that the RNA performance rate had to be at 90%, meaning that 90% of those who tested positive for HCV followed up with an RNA test. If providers did not meet this, AACO would follow up with the provider to see how they could improve the performance rate. They found that sites that used reflex testing, a type of HCV test that automatically tests RNA after an antibodies test, had much better RNA performance rates. Thus, AACO was asking providers to only or mostly use reflex testing.

D. Lewis-Salley asked about the other tests in use aside from reflex testing. A. Shirreffs said that a follow up test was the common alternative. The issue with this, she reported, is that patients don't come back or sometimes the tests sometimes fall through the cracks.

By the end of the project, A. Shirreffs reported that 19 of the RWHAP sites completely switched to reflex testing, ensuring that it was the only type of testing labs could order. That meant that by the end of the project 19 of 21 providers performed over 90% for RNA performance rate. Overall, 92% of patients getting care at these RWHAP sites received the RNA testing compared to 83% among all PLWH.

G. Thomas asked for more clarity regarding the two different tests (the RNA test and the antibody test) and if the cure completely clears the virus. D. Kuncio explained that the initial antibody test identifies if someone was ever exposed to the virus. The body reacted to the virus at some point and created antibodies. The RNA shows if the virus is still in the body. Therefore, clarifying with the RNA test is important, because the antibody test can be confusing and can also provide misinformation.

R. Woodhouse mentioned how it can be useful to stick to one medical provider, because that provider then has background information and an understanding of your medical history. This in and of itself can prevent misinformation.

A. Shirreffs continued, noting that only 14 of the RWHAP care sites were doing HCV treatment in house at the beginning of the project. The remaining providers were referring their patients to specialists for treatment. AACO recognized this as a barrier to care since patients may not make it to specialist referrals.

A. Shirreffs reported that by the end of the project, all 21 sites had at least one provider onsite to treat Hep C. They also had educational services and information/services for PWID and harm reduction. A. Shirreffs noted that HCV also acted as an opportunity to get patients retained in care again for HIV. HCV treatment is only 8-12 weeks, so people felt motivated to stick with it. After being cured, patients were used to being in care again and more likely to continue with HIV treatment.

D. Kuncio reviewed the HIV Care continuum which showed clear improvements. She said that the goal was to have 100% individuals testing positive for HCV to receive an RNA test. Clearly, the continuum numbers decreased, and that is why AACO searched for barriers along each step. D. Kuncio mentioned that HCV care ultimately helped with overall healthcare and other comorbidities.

G. Grannan asked if there was a difference in the timeframe for HCV and HIV—would the antibodies for HCV develop more slowly for someone who is HIV positive? Because of this, would antibody tests show up negative early on, because the antibodies in PLWH were developing more slowly? D. Kuncio answered that the clearance is lower for PLWH with higher chances of developing chronic HCV. She was unsure about the timeframe for development of antibodies.

K. Carter asked about the patients that went from 75% for receiving RNA tests to around 20% for actually getting care. D. Kuncio explained that this was usually due to patients getting referred to other care facilities, which is why AACO pushed for in-house care for HCV. However, referrals was only one of the issues for care.

D. Kuncio reviewed the HIV Care Continuum bar graph from 2019. She explained that this had the same people (and 5% more) from the 2016 data. These co-infected individuals went from 38% cured HCV to 59%. 56% of co-infected individuals who were newly diagnosed in that timeframe were cured.

G. Thomas asked why providers were not already providing RNA tests and doing in-house care for HCV. D. Kuncio explained that these providers specialized in HIV care. Therefore, they prioritized HIV care and might not have known many details about HCV. A. Edelstein added that new treatments came available, and a lot of providers have been in medical care for a long time and might not have the most updated information.

N. Outland noted that treatment didn't work for some people of color. D. Kuncio said this was true, and that she would review that momentarily.

D. Kuncio reviewed the statistics before and after the project. Before the project, there was a 5% improvement in confirmatory testing for RWHAP sites, 7% for non-RWHAP sites, and 7% for those who were out of care. Regarding those cured, it went from 47% to 72% for RWHAP sites, 41% to 56% for non-RWHAP sites, and 16% to 24% for those out of care. A. Shirreffs acknowledge that the RWHAP care sites were clearly providing resources and helping people move through the care continuum.

D. Kuncio then moved onto the slide which outlined people of color's experiences in the care continuum. Non-Hispanic black and Hispanic individuals had a lower cure rate. Thus, there was difference in care for different ethnic groups which still needed to be improved upon. However, all numbers improved on the care continuum with statistical significance.

M. Martinez asked about what happened from 2015-2019 to improve services so drastically. A. Shirreffs responded that in the midst of the project, policy changed around insurance access as well as who could provide HCV treatment. Therefore, after this policy change, more providers were willing to learn how to treat and to start treating. Before the policy change, people could not get treated if they were not "sick enough." A. Shirreffs also noted that it initially cost $100,000 per person for treatment. Though the exact cost is unsure, the cost has since lowered and is negotiable. K. Carter added that it is possible to get re-infected, and before the policy change, people could not receive treatment in the case of reinfection.

G. Grannan said that in the past, physicians were telling their patients not to get treatment until the virus worsened. D. Kuncio agreed and said that the guidelines changed rapidly and profoundly, so many providers may still be unaware of the policy change.

D. Kuncio explained that there are still over 1,000 co-infected individuals in Philadelphia, and over half of them are in HIV care. From these statistics, 32% of people have fallen out of care, and 58% are not virally suppressed for HIV. D. Kuncio noted that there was still a lot of work to do. However, AACO laid some groundwork with the project, and with more collaboration there would be greater success.

A. Shirreffs highlighted the key message from the project: HCV treatment is a pathway for overall health and wellness for PLWH. The model that AACO developed for HCV would also assist for HIV practices. She once again emphasized the need to share best practices so such practices could be used as a model.

D. Kuncio said she and A. Shirreffs would be sure to send out the slides and contact information.

Public Comment:
None.

Action Item:
—Research Approval Process—
B. Morgan explained that this process came directly from the Executive Committee. S. Heaven read the Research Approval Process handout.

M. Ross-Russell said that due to the high volume of applications (because of EHE) some organizations were asking HIPC to participate in projects and studies. However, a lot of these invitations do not apply to the HIPC legislative responsibilities. The council needed language in place related to HIPC involvement in research. She added that it was rare that HIPC would involve itself with research, but the language would be implemented as a precaution.

G. Grannan suggesting adding a clause that allows for HIPC to be a part of research projects, so long as HIPC receives the research data afterwards. He added that the delivery of research data could be in the form of a presentation to the council.

L. Diaz asked about the process behind adding G. Grannan's suggested amendment. M. Ross-Russell replied that the members of the Executive Committees would first have to accept the amendment. All of the Executive Committee members accepted the addition of the amendment by voice vote.

B. Morgan read the amendment: "researchers must commit to presenting and sharing the research back at the Planning Council."

S. Heaven called for a vote to add the HIPC Research Approval Process with the amendment to report back to the Planning Council:

29 in favor—0 against—3 abstaining

The HIPC Research Approval Process with the amendment was approved by the council.

Discussion Item:

—Co-Chair Elections—

S. Heaven explained that she took a one year term and L. Diaz took two year term when elected in 2018. They agreed upon this so that terms would not end at the same time. S. Heaven noted that nominations were still open, but there were no nominations other than herself as of the meeting.

No members nominated themselves or others, so L. Diaz announced that S. Heaven was the only person up for nomination. S. Heaven left the room for the vote.

L. Diaz called for a vote to re-elect S. Heaven:

25 in favor—0 opposed—4 abstaining

HIPC voted to re-elect S. Heaven as HIPC co-chair.

G. Grannan asked if S. Heaven's term would be 2 years. L. Diaz confirmed this, explaining that this was so when her own term was up next year, S. Heaven would still hold her position.

Committee Reports:

—Executive Committee—
None.

—Finance Committee—
D. Gana reported that next meeting would be November 7th at 2 PM. A. Edelstein encouraged everyone to attend.

—Nominations Committee—
M. Cappuccilli reported that there was no meeting today because of new member orientation. He reported that there were 12 new members. There would be no Nominations Committee meeting in November.

—Positive Committee—
K. Carter reported that Positive Committee had 2 new members, new co-chairs, and a new Code of Conduct. The next meeting would be on November 4th from 12-2 PM. He reminded everyone to call the office for lunch and transportation reimbursements.

—Comprehensive Planning Committee—
N. Johns reported that the Comprehensive Planning would meet next Thursday, October 17th, at 2 PM. The meeting would include a discussion on housing models and how they can be incorporated into RWHAP.

—Prevention Committee—
C. Steib reported that Prevention Committee reviewed the OHP Youth Focus Group from 2015. The committee also discussed Public Charge. The next meeting would be on October 23rd from 2:30-4:30 PM. He reminded the group that the Prevention Committee meets the 4th Wednesday of every month.

Old Business:
None.

New Business:
None.

Announcements:
A. Edelstein announced that California would be making HIV prevention drugs available without prescription.

D. Gana announced that Connecting the Dots (a symposium regarding the intersection between mental health and HIV) was on November 22nd from 8 AM – 4 PM. He said registration was online, and L. Diaz warned that the spots were filling up quickly. D. Gana said it was hosted by The Penn CFAR Community Advisory Board (CAB).

D. Gana also announced that CFAR was also hosting the Red Ribbon Awards. It would take place from 5 PM – 7:30 PM on December 6th, 2019. Tiffany Dominique, a previous Planning Council member, would be receiving a community award. He also announced that if anybody wanted to buy a program ad, it was $50 for a quarter page, $75 for a half page, and $150 for a full page. It was taking place at the school district on Broad Street. Students were catering the event. Sister Bernadette and Action Wellness would also be receiving awards. He said that he would print out flyers for November's Planning Council meeting.

L. Matus announced that Latinx National Awareness HIV Day was on October 15th.

N. Outland mentioned two hot topics: Descovy for PrEP (and its approval for *only* HIV-negative men and transgender women who have sex with men.) and debate around Horizons intervention. She said that they would be interesting to follow on social media since there is a lot of buzz.

A. McCann-Woods announced that the AIDS Walk was on Sunday, October 20th, at 8 AM.

Adjournment:
L. Diaz called for an adjournment. **Motion:** J. Whitfield moved, D. Lewis-Salley seconded. **Motion passed:** all in favor. Meeting adjourned at 3:43 PM.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- October 10, 2019 HIPC Meeting Agenda
- September 12, 2019 HIPC Meeting Minutes
- Philadelphia EMA HIPC Research Approval Process
- October/November 2019 HIPC Meeting Calendar

Office of HIV Planning: HIV Integrated Planning Council Ryan White Part A

Recipient FY2019-2020 Second Quarter Underspending Report

November 14, 2019

City of Philadelphia

2Q Underspending Summary

Reconciliation of total invoices forwarded to AACO for processing through August 31, 2019 indicated less than **sixteen-percent (16%/$1,882,320) underspending of our total overall award** (includes MAI funds).

These figures are based on expenditures for all awards after processing through the sixth month for the time period of March – August 2019. With six (6) months of invoices still pending, the majority of underspending is premature.

Hospital, University, and our two fiduciaries (PHMC & UAC) experience delays in submitting invoices to the Recipient. Their fiscal processes are inherently cumbersome and prevent timely processing of budgets and getting contracts conformed.

Under/Over Spending Themes: FY 2019-2020 Quarter 2 (~10% threshold)

PHILADELPHIA

UNDERSPENDING

Service Category	Balance	Vacancies	Late Invoicing	Delayed spending on operating expenses	Leveraging other funding sources for same service category	Still Under Review	Other
Outpatient/ Ambulatory	$523,933		X	X			
Oral Health Care	$40,896		X	X	X		
Substance Abuse Treatment - Outpatient	$140,928	X			X		
EFA - Pharma	$62,162						Based on demand.
Food Bank	$30,462				X		
Referrals to Healthcare	$17,247			X			

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Under/Over Spending Themes: FY 2019-2020 Quarter 2 (~10% threshold)

PHILADELPHIA

OVERSPENDING

Service Category	Amount Overspent	Higher Utilization	Hx overspends early/levels out	Still under review	Other		
EFA	$21,510	X					
EFA- Housing	$58,197	X					
Transportation	$3,084	X					

Fair market values have increased; thus making the cost of living in Philadelphia higher.

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Under/Over Spending Themes: FY 2019-2020 Quarter 2 (~10% threshold)

PA Counties

UNDERSPENDING							
Service Category	**Balance**	**Vacancies**	**Late Invoicing**	**Delayed spending on operating expenses**	**Leveraging other funding sources for same service category**	**Still Under Review**	**Other**
Substance Abuse Treatment - Outpatient	$47,161	X			X		
EFA – Pharma	$32,886						Based on demand.
Transportation	$46,777			X	X		

Under/Over Spending Themes: FY 2019-2020 Quarter 2 (~10% threshold)

PA Counties

OVERSPENDING							
Service Category	**Amount Overspent**	**Higher Utilization**	**Hx overspends early/levels out**	**Still under review**	**Other**		
EFA	$9,034	X					
Food Bank	$11,030	X					

Under/Over Spending Themes: FY 2019-2020 Quarter 2 (~10% threshold)

New Jersey

UNDERSPENDING

Service Category	Balance	Vacancies	Late Invoicing	Delayed spending on operating expenses	Leveraging other funding sources for same service category	Still Under Review	Other
Medical Case Management	$23,571	X		X			
Mental Health Therapy/ Counseling	$9,545	X					
Food Bank	$17,568			X		X	Lower utilization.

Underspending is likely to decrease since some positions have been filled.

Under/Over Spending Themes: FY 2019-2020 Quarter 2 (~10% threshold)

NEW JERSEY

OVERSPENDING

Service Category	Amount Overspent	Higher Utilization	Hx overspends early/levels out	Still under review	Other		
Transportation	$14,301	X					

Under/Over Spending Themes: FY 2019-2020 Quarter 2 (~10% threshold)

Minority AIDS Initiative (MAI)

UNDERSPENDING							
Service Category	Balance	Vacancies	Late Invoicing	Delayed spending on operating expenses	Leveraging other funding sources for same service category	Still Under Review	Other
Medical Case Management	$71,201	X		X	X		

This will be fully expended since positions have been filled.

Under/Over Spending Themes: FY 2019-2020 Quarter 2 (~10% threshold)

Systemwide Allocations

UNDERSPENDING						
Allocations	Balance	Vacancies	Late Invoicing	Delayed spending on operating expenses	Still Under Review	Other
I&R	$269,663		X			
QM Activities	$86,001		X			
Capacity Support	$36,826	X	X			
PC Support	$37,735		X			
Grantee Admin.	$344,380	X	X			

The above underspending has improved greatly after reviewing spending thru October 2019.

Under/Over Spending Themes: FY 2019-2020 Quarter 2 (~10% threshold)

MAI Systemwide Allocations

UNDERSPENDING							
Allocations	Balance	Vacancies	Late Invoicing	Delayed spending on operating expenses	Leveraging other funding sources for same service category	Still Under Review	Other
QM Activities	$11,325		X				
Grantee Admin.	$98,396	X	X				

The above underspending has improved greatly after reviewing spending thru October 2019.

Department of
Public Health
CITY OF PHILADELPHIA

Office of HIV Planning

HIV Integrated Planning Council

Ryan White Part A FY 2019-2020

EMA: Reallocation Request

November 14, 2019

The current 2019-2020 contract year ends February 29, 2020. The administrative mechanism employed by the HIV Integrated Planning Council has proven very effective in mitigating underspending at the conclusion of the contract year.

Proactively, the Recipient is requesting permission to reallocate any remaining underspending to the following direct service categories:

- **Emergency Financial Assistance**
- **Food Bank/Home Delivered Meals**
- **Medications**
- **Oral Health Care**
- **Medical Transportation Services**

OFFICE OF HIV PLANNING PHILADELPHIA
WWW.HIVPHILLY.ORG

November 2019

The HIV Integrated Planning Council (HIPC) and related committees meet at the **Office of HIV Planning,**

340 N. 12th Street, Suite 320 Philadelphia; unless otherwise noted. **Dates/times are subject to change Contact 215-574-6760 or www.hivphilly.org for details.**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	*2*
3	*4* **Positive Committee 12-2pm**	*5*	*6*	*7* *Finance Committee 2-4pm*	*8*	*9*
10	*11 OFFICE CLOSED* 	*12*	*13*	***14*** **HIV Integrated Planning Council 2-4:30 pm**	*15*	*16*
17	*18*	*19*	*20*	*21* *Comp Planning 2 - 4pm*	*22*	*23*
24	*25*	*26*	*27*	*28 OFFICE CLOSED* 	*29*	*30*

OFFICE OF HIV PLANNING PHILADELPHIA
WWW.HIVPHILLY.ORG

December 2019

The HIV Integrated Planning Council (HIPC) and related committees meet at the **Office of HIV Planning,**

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	*2*	3	*4* *Prevention Committee* *2:30-4:30pm*	*5* *Finance Committee* *2- 4pm*	*6*	*7*
8	*9*	*10* **Positive Committee** **6-8pm**	11	*12* **HIV Integrated Planning Council** **2- 4:30 pm**	13	*14*
15	16	*17*	*18*	*19*	*20*	*21*
22	*23*	*24*	*25* ***OFFICE CLOSED*** Happy Holidays	*26*	*27*	*28*
29	*30*	*31*				