



So.N HPPG
Southern Nevada HIV Prevention Planning Group

Southern Nevada HIV Prevention Planning Group Agenda

SOUTHERN NEVADA HEALTH DISTRICT
DIVISION OF COMMUNITY HEALTH
Office of Disease Surveillance

February 19 2016 – 2:00-4:00 P.M.

***SOUTHERN NEVADA HEALTH DISTRICT
280 S. Decatur Blvd., Las Vegas, NV 89107
Red Rock Trail Conference Room A***

NOTICE

Nevada Revised Statutes (NRS) 241.020 requires that written notice of all meetings of the Southern Nevada HIV Prevention Planning Group (SoN HPPG) be given at least three working days before the meetings. The notice shall include the time, place, location, and agenda of the meeting. Individuals may request notice, but a request for notice lapses six months after it is made. The Southern Nevada HIV Prevention Planning Group informs each requester of this fact by this notation on this copy of the notice emailed to you.

NOTE:

- **Agenda items may be taken out of order at the discretion of the Chair.**
 - **SoN HPPG may combine two or more agenda items for consideration.**
 - **SoN HPPG may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.**
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Call to Order

- I. PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. No person may yield his or her time to another person. In those situations where large groups of people desire to address SoN HPPG on the same matter, the Public Health/Community Co-Chair(s) may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of SoN HPPG wishes to extend the length of a presentation, this may be done by the Co-Chairs or SoN HPPG by majority vote.
- II. CONSENT AGENDA:** Items to be considered by the Southern Nevada HIV Prevention Planning Group which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Facilities SoN HPPG Meeting: October 16, 2015 and December 11, 2015

III. REPORT / DISCUSSION / POSSIBLE ACTION: SoN HPPG may take any necessary action for any item under this section. Members of the public are allowed to speak on action items after the SoN HPPG's discussion and prior to their vote. Once the action item is closed, no additional public comment will be accepted.

- A. Vote on New Members and Community Co-Chair (for possible action)
- B. Condom Survey and Lube Distribution Presentation
- C. Annual SoN HPPG Orientation
- D. Development of the HIV 101 Education Training and Resource Group
- E. Ryan White Part A and HIV Integrated Planning Meeting 3/11/2016
- F. Introduction of Out of Care Survey for DIIS
- G. HIV Community Planning Survey
- H. Update from the HIV Consortium Activities
- I. Agency and Community Member Reports

IV. INFORMATIONAL ITEMS / DISCUSSION ONLY

- A. None specified

V. PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. Please state whether you have any direct or indirect interest in or relationship with, any individual or organization that proposes to enter into any transaction with SoN HPPG. If any member of SoN HPPG wishes to extend the length of a presentation, this may be done by the Chairman or the Board majority by vote.

VI. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Cheryl Radeloff at the Southern Nevada Health District by calling (702) 759-0734.

THIS AGENDA HAS BEEN POSTED IN THE MAIN LOBBY OF THE FOLLOWING LOCATIONS: 1) CLARK COUNTY GOVERNMENT CENTER, 500 S. Grand Central Parkway, Las Vegas, NV; 2) LAS VEGAS CITY HALL, 495 S. Main Street, Las Vegas, NV; 3) NORTH LAS VEGAS CITY HALL, 2250 Las Vegas Blvd North, North Las Vegas, NV; 4) HENDERSON CITY HALL, 200 Water Street, Henderson, NV; 5) BOULDER CITY, CITY HALL, 401 California Avenue, Boulder City, NV; and 6) MESQUITE CITY HALL, 10 E. Mesquite Boulevard, Mesquite, NV; 7) AFAN; CLARK COUNTY SOCIAL SERVICES; UMC WELLNESS CENTER; THE GAY AND LESBIAN CENTER OF SOUTHERN NEVADA; COMMUNITY COUNSELING CENTER; NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH; AND SOUTHERN NEVADA HEALTH DISTRICT, 330 S. Valley View Boulevard, Las Vegas, NV 89107, and on the Nevada Public Notice website at <https://notice.nv.gov>. This Agenda is available on the Southern Nevada Health District Internet Website at <http://www.southernnevadahealthdistrict.org>. For copies of agenda backup material, please contact Cheryl Radeloff at (702) 759-0734. In addition, handouts are available at the date and time of the meeting at:

280 S. Decatur Blvd., Las Vegas, NV 89107

-- This meeting is available via teleconference.

If unable to attend in person, please notify Cheryl Radeloff prior to the meeting. You may join the conference by dialing the Conference Call-In Number: 1-888-363-4735 Participant Code: 5147703

CERTIFICATE OF POSTING

OPEN MEETING NOTICE

NRS 241.020 (3)(b)

I certify that I posted the agenda for the meeting identified below *more than three working days prior to the meeting* in accordance with NRS 241.020 (3)(b). Please post this agenda no later than 9am on February 16, 2016 :

SOUTHERN NEVADA HIV PREVENTION PLANNING GROUP

February 19, 2016

2:00-4:00 p.m.

Taking place at:

**Southern Nevada Health District
280 S. Decatur Blvd., Las Vegas, NV 89107
Red Rock Trail Conference Room A**

Name of Location: _____

Address of Location: _____

Date & Time of Posting: _____
DATE POSTED **TIME POSTED**

Printed Name: _____

Signature: _____

Title: _____

Please return this certificate via FAX to:
The Office of Disease Surveillance, Southern Nevada Health District
(702) 759-1454 or email Radeloff@snhdmail.org

Thank you