



**Agenda**  
**Southern Nevada HIV Prevention Planning Group**

**SOUTHERN NEVADA HEALTH DISTRICT  
DIVISION OF COMMUNITY HEALTH**

**Office of Epidemiology Disease Surveillance**

*July 13, 2018 – 1:30 P.M-3:30 P.M.*

***SOUTHERN NEVADA HEALTH DISTRICT  
280 S. Decatur Blvd., Las Vegas, NV 89107  
Grand Circle Conference Room***

**NOTICE**

Nevada Revised Statutes (NRS) 241.020 requires that written notice of all meetings of the Southern Nevada HIV Prevention Planning Group 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.

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**NOTE:**

- Agenda items may be taken out of order at the discretion of the Chair.
- The Southern Nevada HIV Prevention Planning Group may combine two or more agenda items for consideration.
- the Southern Nevada HIV Prevention Planning Group 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. 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 the Southern Nevada HIV Prevention Planning Group wishes to extend the length of a presentation, this may be done by the Co-Chairs or the Southern Nevada HIV Prevention Planning Group 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.

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

- A. Approve Draft Minutes/Southern Nevada HIV Prevention Planning Meeting: April 13, 2018
- B. Vote for New Member(s)...TBA

**IV. INFORMATIONAL ITEMS / DISCUSSION ONLY**

- A. Discussion of New Directions for Southern Nevada HIV Prevention Planning Group
- B. HIV Epidemiology Profile 2017
- C. Discussion about recruitment & retention for member that meet grid
- D. Follow up about upcoming Legislative Session & HIV Prevention Policies (opt out/provider testing)
- E. Update on PrEP for adolescents
- F. Update from Nevada Integrated HIV Prevention & Care Plan Meeting
- G. Update with Harm Reduction Coalition
- H. Next & upcoming trainings
- I. Discussion about Nevada Native American Resource Inventory Assessment and Key Informant Survey

**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 Southern Nevada HIV Prevention Planning Group. If any member of Southern Nevada HIV Prevention Planning Group 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; SOUTHERN NEVADA HEALTH DISTRICT, 280 S. Decatur 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 COB on July 9, 2018 :

**SOUTHERN NEVADA HIV PREVENTION PLANNING GROUP  
(SoN HPPG)**

July 13, 2018

1:30-3:30 p.m.

Taking place at:

**Southern Nevada Health District  
280 S. Decatur Blvd., Las Vegas, NV 89107  
Grand Circle Conference Room**

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@snhd.org

*Thank you*