



# Agenda

## Southern Nevada HIV Prevention Planning Group

March 12, 2025

2:00 PM-4:00 PM

Southern Nevada Health District  
Lone Mountain Conference Room  
280 S. Decatur Blvd  
Las Vegas, NV 89107 2:00 PM – 4:00 PM

### *Join Microsoft Teams Meeting*

Meeting ID: 226 542 741 439

Passcode: Dh9fh2dx

### **Dial in by phone**

[+1 702-907-7151,114032247#](tel:+17029077151114032247) United States, Las Vegas

Phone conference ID: 114 032 247#

## **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.

If a member is attending remotely, the public must be able to hear AND observe them (e.g., no muted camera; no voice only calling in) as to count for attendance and quorum

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### **NOTE:**

- **Agenda items may be taken out of order at the discretion of the Co-Chair(s).**
- **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. **Virtual meeting (MS Teams) etiquette: Mute when not speaking, (both on computer and phone), state name when entering the meeting, type name in “chat “along with any organizational affiliation, the meeting will be recorded.**
- II. **This meeting is being recorded. Any public health information (PHI) disclosure will be part of the recording and part of the public record.**
- III. **ESTABLISHMENT OF QUORUM:**
- IV. **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. If any member of

Southern Nevada Health District HIV Prevention Planning Group Meeting Agenda

March 12, 2025

Page 1 of 4

the general public wishes to make a public comment, either in person or via, request time from a SoN HPPG co-chair, 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.

V. **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 by Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

VI. **POSSIBLE ACTION:**

A. Action Item: Nominations and Vote on two (2) community co-chairs

VII. **INFORMATIONAL ITEMS**

A. CredibleMinds: Heidi Laird, SNHD

B. Nevada Integrated Prevention, Care, and Syndemic Plan: Heather Kerwin, Nevada Department of Health and Human Services

VIII. **PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the planning group'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 per speaker. If any member of the general public wishes to make a public comment, either in person or via MS Teams, request time from a SoN HPPG co-chair, 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 any transaction with Southern Nevada HIV Prevention Planning Group. If any member of the Southern Nevada HIV Prevention Planning Group wishes to extend the length of a public comment, this may be done by the Co-Chairs or the Southern Nevada HIV Prevention Planning Group by majority vote.

IX. **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, Office of Disease Surveillance and Control, 280 S. Decatur Blvd, Las Vegas, NV 89107 or 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:

**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 March 5, 2025:

**SOUTHERN NEVADA HIV PREVENTION PLANNING GROUP**

**(SoN HPPG)**

March 12, 2025

2:00 PM - 4:00 PM General Meeting

**Southern Nevada Health District  
Lone Mountain Conference Room  
280 S. Decatur Blvd**

**Las Vegas, NV 89107 2:00 PM – 4:00 PM**

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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, c/o Sandi Saito or email [saito@snhd.org](mailto:saito@snhd.org)