



MINUTES

Southern Nevada HIV Prevention Planning Group

April 22, 2026, 2:00 PM - 4:00 PM

SNHD, 280 S Decatur Blvd, Lone Mountain Conference Room and virtual via TEAMS

MEMBERS/VISITORS/PUBLIC ATTENDANCE

Please see attached sign-in sheet for further information on attendance. This meeting was solely an informational meeting, and no voting took place.

I. CALL TO ORDER - NOTICE OF POSTING AGENDA

SoN HPPG Co-chairs Albert Sedano and Chris Reynolds confirmed this was an informational meeting only. Stated the meeting will be recorded.

II. WELCOME AND INTRODUCTIONS OF MEMBERS AND GUESTS

This meeting was recorded. No public health information was shared during the meeting.

III. ESTABLISHMENT OF QUORUM – This meeting is solely informational. Attendance did not meet quorum guidelines; no voting took place.

IV. PUBLIC COMMENT

Public comment is a period devoted to comments by the public on items appearing on the agenda. All comments are limited to five (5) minutes. Public Health Co-Chair Albert Sedano asked if anyone wished to address the group pertaining to items appearing on the agenda.

- Bylaws – Section 6 Voting – is the word “viral” supposed to be “virtual?”
Yes. The Bylaws will be reviewed during the meeting.

V. CONSENT AGENDA

No consent will be given for this meeting as it is solely for informational purposes.

VI. POSSIBLE ACTION

Items for action to be considered by the Southern Nevada HIV Prevention Planning Group will be given via email for vote.

- A. Action Item: vote on SoN HPPG membership Application: Lyell Collins – will be sent via email
- B. Action Item: vote on updates to the SoN HPPG Bylaws – proposed and agreed to discuss after syndemic plan update

VII. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Nevada Syndemic Plan and Planning Process Update – Shayla Gransbery – Office of State Epidemiology, Nevada Division of Public and Behavioral Health

- Review 2026 HIV Planning records – Diagnose, screen, test, and treat
- Informative interviews end this week, April 24, 2026

- Pillars will be sent out later once goals have been reviewed and objectives created based on group suggestions
- Plan will be sent to the CDC/HRSA by June 30, 2026 for CDC and HRSA
- Last meeting is in May to wrap up and prepare submission

Q: Will we have time to send to the group for review?

A: Yes, letters of concurrence are a requirement.

Q: Are you still collecting surveys?

A: Yes, they close on April 24, 2026.

Q: Have there been any surprises with the new syndemic plan?

A: It's exciting to have all under one. We are being careful on what to remove in order to add new objectives.

For additional questions or information, please contact Shayla at sgransberry@health.nv.gov

B. Group name – Cheryl Radloff – SoN HPPG Public Health Co-Chair

- Name choices – SoN HPPG, SNV HPPG, SoNV HPPG – Chris, Heather and Dominique agreed for SoNV HPPG

C. Review of SoN HPPG ByLaws

- Section 3.04 Line 27 – NHAS – check the validity of this organization; from HIV.gov it is archived, this will be removed
- Section 3.05 Section E – added the word “affidavit” - SoN HPPG is expected to inform or review the Nevada integrated plan or successor and submit a letter or an affidavit of concurrence with reservations or non-concurrence. This document should be signed by the SoN HPPG co-chairs on behalf of its membership and submitted alongside the Nevada Integrated Plan to the CDC.
 - Line 29 – update on preventative plan, 4th bullet point added the word “affidavit”, signatures of co-chairs
- Article 4 – Membership
 - Section 4.01 Section A – removed conflict of interest language, added HIV status question on membership application solely for reporting the involvement of people with HIV to the CDC for parity or representation purposes; disclosure is optional
 - Section 4.02 Section B – number of voting members – 20
 - Section 4.03 Section C – Recruitment and nominations
 - The word “inclusive” to be removed
 - Added language that members must reside in geographic area of service or be part of an organization/entity in Nevada that serves Southern Nevada
 - Changed STD to STI
 - Page 7, Line 12 – the word “mental” changed to psychological
 - Page 7, Line 37 – the word "target" changed to specific
 - Line 22 – language for HIV acquisition or transmission – listed example of sex worker and immigrant
 - Page 7, Line 39 – language on recruiting from specific target populations – discussion on the word “target,” and leave as “specific”
 - Section 4.04 Section D – Appointment and Reappointment
 - Set membership term at 2 years; individual may request continuation other membership for another two-year term; with majority vote of SoN HPPG – discussion of a wait period between renewal; however, since SoN HPPG doesn't have a wait list, no wait period will be required

Q: Does the number of members affect the number of quorum votes needed?

A: Yes. It will be written as a percentage of the total members; a simple majority.

- Section 4.05 Line 28 - establishment of a proxy for voting, 24-hour advance notice
- Section 4.06 – Resignation and Removal
 - Member may resign in can no longer participate
 - Submit resignation via email to the public health co-chair
 - Resignation notification will be conducted in the agenda of the next meeting, after which the member will be removed from the roster slash grid of voting members
 - Removed/resigned member can reapply for membership but must receive a majority vote of SoN HPPG
 - Membership/employment status change added: The Southern Nevada Health District's Office of Disease Surveillance or ODS management reserves the right to rescind voting membership status or to move status from voting member to non-voting member based upon employment status with SNHD. Any changes to membership and membership status will be noted in the SoN HPPG membership roster or grid.

Q: Please explain the membership employment change.

A: Member representatives in the community become employed with SNHD, or with the Office of Disease Surveillance under which HPPG is housed, and the concern is that we don't want HPPG to be all SNHD ODS.

Q: How many members have we removed?

A: Three.

- Article B – Co-chairs and prevention planning coordinator
 - Section 5.01A – Number and term of office
 - SoN HPPG didn't add a media co-chair; the structure remains one public health co-chair, community co-chair elect, and community co-chair Community co-chair(s) will represent the community
 - Public health co-chair will be designated by SNHD and maintain involvement with the Ryan White Part A Planning Council, as well as any evaluation or planning for the Nevada integrated plan
 - Line 6 – SNHD Office of Disease Surveillance will assume responsibility for maintaining the records of all the proceedings and minutes for each meeting
 - Line 13 – SoN HPPG membership will also include a representative from the Division of Public and Behavioral Health HIV Prevention and Surveillance Program – changed to the office and not a specific role or person
 - Community co-chair elect – will be nominated and voted in by the membership; serving a one-year term under guidance of community co-chair; also, a one-year term
 - Section 5.02 – Removal of Co-Chairs
 - Community co-chair and our community co-chair elect may be removed for good cause by vote of the voting membership
 - Inefficiency, neglect of duty, malfeasance of office, or failure to uphold SoN HPPG's outlined duties
 - Voting on motion to recommend/identify a replacement – this can be held no less than 60 days after motion was moved and seconded by the voting body

- Public health co-chair – if simple majority feel the Public health co-chair should be replaced, committee of no less than 3 shall draft a letter of grievances to the Office of Disease Surveillance Manager detailing grievances
 - Office of Disease Surveillance Manager retains the right to maintain the public health co-chair in their position until their successor is identified
- Article 6 – Voting
 - Section 6.01 – Physical or virtual; if voting virtually, microphone must be on per Open Meeting Law; voting may also take place via email, fax or electronic media
 - Quorum - must consist of 51% of active voting members
 - Section 6.03 – Conflict of Interest – members shall have no conflicts particularly ones that result in recommendations concerning the allocations of funds; members with conflicts of interest shall recuse themselves by voting to abstain
 - May sections were removed involving forms
 - Section 7 – Meetings
 - Line 33 – SoN HPPG meetings shall be recorded; recordings are used to create meeting minutes which are available online
 - Section 7.02, Section B – Accessibility of Meetings
 - Changed persons to people, SoN HPPG members
 - Line 4 – Removed “and control”
 - Line 5 – advanced to make reasonable accommodations
 - Section 7.05, Section E – Order of Business
 - Added virtual meeting etiquette
 - Added that any AI assistant tools are not permitted; if AI assistants are not disabled by the participant, SoN HPPG co-chairs will remove the AI Assistant and/or the participant from the meeting. If AI Assistant cannot be disabled, the meeting cannot continue.
 - Establishment of quorum - in the event quorum is not met, agenda items that require a vote will be tabled until the next meeting or consensus will be met through email or fax
 - Nominations, voting, approval of Nevada integrated plan or successor, old/administrative business, new business, scheduled speakers, open discussion/announcements, public comment, next meeting, adjournment
 - Section 7.07, Section H – orientation and training process - removed line 12
- Article 8 - Committees
 - Section 8.01, Section B – ad hoc meetings/workgroups may be formed as needed and have all duties and powers determined in these bylaws
 - Section 8.02, Section C – removed line of ad hoc as it is now reflected in Section B
- Article 9 – Fiscal Management
 - Section 9.01, Section A
 - Fiscal agent – SNHD was removed as agent was identified earlier in bylaws
 - Section 9.02, Section B – Communication
 - Request timelines – letters of support, research, community projects/initiatives will be reviewed by all SoN HPPG co-chairs – if request is supported, a letter will be drafted for vote and thus signatures
 - Section 9.03, Section C – Access to records
 - Fiscal Agent changed to Principal Office

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 on this Agenda until the matter itself has been specifically included on the 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.

Organizational Activities

- SNHD
 - Empower Change training – new Spanish, culturally appropriate version, Saber es Poder, will launch June 24 and 25, 2026; flyer will come out soon with additional details. Contact campos-garcia@snhd.org or email empowerchange@snhd.org
 - SNSMOPS – Southern Nevada Substance Misuse and Overdose Prevention Summit – August 13, 2026 <https://whova.com/portal/registration/Sm@EMGthQQbqvwwN0-3e/>
If you have suggestions on presentations for HPPG 2026 contact: radeloff@snhd.org
- Heather Smith – Thanks to all the nurses and social workers for Nurse Appreciation Day
- Las Vegas AIDS Walk - Sunday, April 26, 2026, Craig Ranch Park, 9 am. There will be vendors, entertainment, and the walk. You can still register and raise money, or you can register as a team. You can go as an individual.
- Southern Nevada Health Consortium
 - International Overdose Awareness Day Resource Fair – Saturday, August 29, 2026
 - IOAD – August 31, 2026 – candlelight vigil and Soles for Souls exhibit at City Hall; shoe donations can be dropped off at Trac-B at 6114 W Charleston Blvd
 - Consortium Community Calendar – if your organization has an event, you can submit it to the calendar page and it will be posted; SNVhealthconsortium.org
- The Center
 - Secret Garden Kiki Ball – June 13, 2026 from 6pm – 10pm at The Center
 - Mobile Medical Clinic - <https://thecenterlv.org/mobile-medical-clinic>
- Pacific AIDS Education and Training Center, Nevada – based out of University of Nevada Reno School of Medicine and technically part of the Ryan White Part F – offer numerous trainings at no cost
 - HIV and STI Update: A Syndemic Approach to HIV Prevention, May 6, 2026 from 8am to 3pm https://paetc.caspio.com/dp/050e700090280c9da9194a3daf9c?ER_ID=20019151
 - Syphilis and HIV in Primary Care ECHO Series, starting May 5, 2026 through June 9, 2026 held on Tuesdays from 12pm to 1pm https://paetc.caspio.com/dp/050e700090280c9da9194a3daf9c?ER_ID=20019192
 - Autumn Update – November 7 and 8, 2026 https://paetc.caspio.com/dp/050e700090280c9da9194a3daf9c?ER_ID=20019204
 - 2026 Spring STI Update Symposium – May 6, 2026, 9am – 4pm; Water District; all day in-person training; registration link not yet available
- Dignity Health

- 2026 Community Health Worker Summit - May 1, 2026 from 8:30am-4:00pm at the College of Nevada Charleston Campus, 6375 W Charleston Blvd, additional information email angel.garciasaavedra@commonspirit.org
- UNLV – NVax - new vaccine coalition; <https://nvax.org/contact/>

IX. ADJOURNMENT

Meeting adjourned at 3:54pm.

Edits/updates to Bylaws

Southern Nevada HIV Prevention Planning Group

3/9/26

Article 1. Alliance

Page 1

1. Line 11. Updated name of the principal office (ODS)
2. Line 12. Added “and” after the State of Nevada
3. Line 13-14. Removed “and the US Health and Human Services Health Resources Services Administration.
4. Line 17. Inserted “areas” to replace singular adjective “area” to reflect multiple counties served by SoN HPPG.
5. Line 27. Inserted “SNHD” as the subgrantee of” DPBH.
 - a. Per a review of the Prevention Grant, SNHD is named as a subgrantee for the HIV Prevention Grant and HPG is a grant deliverable.
6. Line 28 removed “and” and inserted “is”.

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7. Line 2. Inserted “HIV”
8. Line 3. Removed “HIV Prevention and Care” and added “and/or”.
 - a. Changed NV Integrated HIV Prevention and Care Plan to reflect CDC/HRSA’s guidance and used “Nevada Integrated Plan”
[.https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-prevention-care-plan-guidance-2027-2031.pdf](https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-prevention-care-plan-guidance-2027-2031.pdf)
9. Line 4. added” any other planning documents that include Integrated HIV Prevention and Care planning”.
10. Line 10. Added “networks”.
11. Line 11. Added “relationships with the community” and removed “networks”.
12. Line 17. Removed “and”
13. Line 18. Removed “Control” and capitalized “S”.
14. Line 19. Removed “to assist So. N HPPG in establishing program priorities based on the extent”
15. Line 20. “Removed “distribution, and impact of the HIV/AIDS epidemic”. Added “the epidemiological profile aids So. N HPPG to”.
16. Line 21. Added “to identify populations for prioritization and targeted interventions”.
17. Line 30. Removed “HIV Prevention and Care” and added “or its”

18. Line 31. Added “successor” and deleted “After the Southern” Successor evergreens subsequent planning initiatives. Removed this section (lines 31-34) and moved it to 3.05
19. Line 32. Removed “Nevada HIV Prevention Planning process is completed, DPBH will obtain a letter of concurrence”
20. Line 33. Removed “concurrence with reservations, or non-concurrence from the community planning group and allocate”
21. Line 34. Removed “resources based on the plan’s priorities””
22. Line 36. Removed “Section 2.07 HIV Prevention Services & Activities”. This section (lines 36-37) was removed as LC indicated that this process/section has nothing to do with HPG.
23. Line 37. Deleted “DPBH has designated SNHD as the principal office to ensure for the competitive solicitation (request for)
24. Line 38. Removed “Proposals) process of prevention funds awarded to Southern Nevada, when funding is available. DPBH.

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25. Line 1 Removed “has also designated SNHD as responsible for monitoring HIV prevention contractor activities and”
26. Line 2 Removed “documenting effectiveness through specific program monitoring and evaluation activities. This may
27. Line 3 Removed “Include conducting or contracting for process and outcome evaluation studies, providing technical”
28. Line 4 Removed “assistance in evaluation, or ensuring the provision of evaluation technical assistance to funding”
29. Line 5 removed “recipients”
30. Line 10 added “acquisition”, and removed “to”
31. Line 12. Removed “HIV Prevention and Care” and removed “and/or any other planning documents that include Integrated HIV”
32. Line 13. Removed “HIV Prevention and Care”, added “and/or any other planning documents that include Integrated HIV Prevention and Care planning such as the Nevada Syndemic Plan that” and added “its successor”
33. Line 18 remove “HIV”
34. Line 19 remove “Prevention and Care” and insert “or its successor that”
35. Line 21 Remove “collaborate to”
36. Line 23 Remove “diverse”

37. Line 26-27 Remove “Inclusion” and “often referred” preemptively as these words have the potential to be “flagged” are words to limit or avoid vis a vis federal recommendation.
38. Line 28 Remove “PIR”
39. Line 32 “Remove “int eh” as it is a typo and inserted “in the”
40. Line 34

Page 4

41. Line 1 Add :and/” and “or” and remove “HIV prevention and Care”
42. Line 2 Add “its successor; “
43. Lines 9-11 Remove “placing special emphasis on identifying representatives of at risk, affected, People with HIV and socioeconomically marginalized populations” preemptively as these words have the potential to be “flagged” are words to limit or avoid vis a vis federal recommendation
44. Line 12-14 Add “an” and “which may include a review of HIV Prevention activities funded during the previous grant year and a report of proposed/new activities to review outcome and inform collaboration” and Remove “accordingly”
45. Line 15 Remove “HIV prevention and Care” and add or its successor and “
46. Line 19-21 Remove “Ensure that HIV Prevention efforts are guided by High Impact Prevention activities” and add “Ensure HIV Prevention efforts are guided by data, and evidence-based or emerging best practices to strive for improved community outcomes”. Per LC, CDC no longer supports HIP
47. Line 24. Remove “HIV Prevention and Care”
48. Line 25 Add “Nevada” and remove “HIV”
49. Line 26 Remove Preventio and Care” “for SNHD” and add “or its successor”
50. Line 27-28 Remove “National HIV/AIDS Strategy (NHAS) and “ As the dates were from 2022-2025, unsure about the current status of this guidance.
51. Line 31 Remove “HIV Prevention and Care” and add “or its successor should
52. Line 33 Remove “and populations at great risk” preemptively as these words have the potential to be “flagged” are words to limit or avoid vis a vis federal recommendation
53. Line 37 Remove “HIV Prevention and Care” and add “or its successor should”

Page 5

54. Line 7-8 add “maximize” and remove “achieve high impact.....results and responsible agency/group to carry out the activities” and add “efforts”. Preemptively removed a portion of this section as some words have the potential to be “flagged” are words to limit or avoid vis a vis federal recommendation and indicates certain organizations to carry out the activities.

55. Line 11-14 Remove “If a plan.....elements listed above” and add “Updates and any changes to the plan will be disseminated to So. N HPPG by those responsible for evaluating the plan. SNHD is not responsible for the drafting or evaluation of the plan and this puts the onus of responsibility on the entity has been tasked with it.
56. Line 16 Add “or Affidavit”
57. Line 17-27. Add “So. N HPPG is expected..... the CDC” as it succinctly describes the expectation for SoN HPPG and the letter of concurrence. Remove “So. N HPPG is expected to inform.....Care Plan”.
58. Line 29 Add “or affidavit”
59. Line 30-31 Remove “HIV Prevention and Care Plan” and add “Plan or its successor”
60. Lines 32-33 Remove “HIV Prevention and Care Plan” and add “Plan or its successor”
61. Line 34-35 Remove “HIV Prevention and Care Plan” and add “Plan or its successor”
62. Line 36 add “or affidavit
63. Line 38 add “or affidavit”
64. Line 39 add “public health co-chair”

Page 6

65. Line 1 add “and at least one community”
66. Line 6 remove “a fair” and “int eh” and added “fair” in the “
67. Line 14 remove “In addition to “iod” and add “Prospective members....prior” . This section was added so that prospective members should attend at least one meeting before applying for membership.
68. Line 15 add “to applying for membership. Membership requires the completion of” and remove “eing”
69. Line 16 add “and” remove “all prospective members shall completeand a Conflict of Interest”
70. Line 18-20 “This information is confidential and will only be used to report...reference]
71. Line 22-25. Removed “If they.....reference” and added “also”. This section was removed as it was included in lines 18-20.
72. Lines 33-37 Removed “an inclusive” and “races and ethnicities, genders, sexual orientation, ages, and other characteristics such as varying” and added “the” and positionalities” and “which may or may not be unique to Southern Nevada”.
Preemptively removed a portion of this section as some words have the potential to be “flagged” are words to limit or avoid vis a vis federal recommendation.
73. Lines 37-38. Add So. N HPPG voting members also must reside in the geographic area of service or be part of an organization or entity in Nevada that resides in a geographic area that is served by SoN HPPG (e.g. AZ) and or serves Southern Nevada and/or is representative of a specialized” organization or group e.g. AETC.

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74. Line 1 Add “background, profession or organization located in Nevada and serves Southern Nevada” See rationale for section above.
75. Line 4-7. Add “HIV” and remove “in terms of age.....and risk for acquiring HIV”
Preemptively removed a portion of this section as some words have the potential to be “flagged” are words to limit or avoid vis a vis federal recommendation.
76. Line 8 Remove “D” and added “I”
77. Line 12-16 Add “treatment, psychological” and “the greatest burden of disease for HIV acquisition or transmission” and removed “mental” and “or at risk for acquiring HIV”.
Preemptively removed a portion of this section as some words have the potential to be “flagged” are words to limit or avoid vis a vis federal recommendation
78. Line 22-24 Add “with the greatest burden of disease for HIV acquisition or transmission” and “persons born outside the United States” and removed “who are at risk for acquiring HIV.....(PWH)” and “immigrant”. Preemptively removed a portion of this section as some words have the potential to be “flagged” are words to limit or avoid vis a vis federal recommendation
79. Line 26 Add “Per the HIV Planning Guidance (CDC 2012)
80. Lines 30-31 remove “especially forand retain”
81. Lines 37-39 Add “The nomination process.... populations”

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82. Line 1-2 Remove “Any changes.....”grid” This information is included section 4.06
83. Line 4-7 Removed “The process: the nomination process.....populations” as it is reflected/moved earlier in Section 4.03 Section C.
84. Lines 9-12 Removed “A review....members”. This section is now included in section 4.06 Section F
85. Line16 add “any” and remove “the”
86. Line 18-19 remove “by So.N HPPG members” and “A So. N. HPPG member requesting”
.....receive” add “with’ . This section eliminates
87. Line 25 add “proxy”
88. Line 28 add “enlist” and “for a voting member, the “voting member” will contact and remove “become” “approved”
89. Line 29 add “the public health co-chair....that”
90. Line 30 add “they aremeeting” and remove “a form” {Alternate}”
91. Line 31 Remove “Assignment.....and”
92. Line 32 remove “submitted....attendee” and add “who is named”
93. Line 33 add” the email” and “representsgrid”

94. Line 34 add “affiliation” and “voting” and remove “another community member....organization”
95. Line 35 add “members can...year” This section of 4.05 Lines 28-35 update and simplify the alternate/proxy process administratively.

Page 9

96. Line 1 Add “Resignation and “
97. Line 3-7 Add “resign ifmembers” Previously, resignation was not included in the bylaws.
98. Line 9 Add “a member can”
99. Line 19 Add “resigns or”
100. Line 24 “SNHD ODS Management reserves the right to rescind voting membership status or to move status from “voting member” to “not -voting member” based upon employment status with SNHD. This was added as So.N HPPG has had voting members move from their CBO employment into a paid position with SNHD. This planning body’s membership should reflect the community and this gives ODS management voice in assuring community representation. Also per a question raised by Jessica, this could be applied to anyone who is either elected prior to employment at SNHD and/or appointed by SNHD.
101. Line 26 Add “Any changes....”grid”.
102. Line 32 add “in”
103. Line 33 add “the
104. Line 34 add “community, and”
105. Line 35 add “community. The”

Page 10

106. Line 2 remove “HIV Prevention and Care” and “any other” , add “or”
107. Lines 3-4 remove “planning document.....Plan” and add “other councils or planning bodies as appropriate to inform So. N HPPG.
108. Lines 6-8 add “SNHD Office of Disease Surveillance will assume” and “recordsand” and by providingSo. N HPPG”. This section places the support services for So N HPPG under ODS and removes the Chair Elect from assuming this responsibility if warranted.
109. Line 9-11 Remove “be the responsibility....staff”.
110. Line 13 add “a representative from the “
111. Line 14 remove “manager”
112. Line 15 add “representative” and remove “manager”
113. Line 16 remove “HIV Prevention and Care” and add “or its successor”

- 114. Line 22 add “nominated and “
- 115. Line 24 add “the election”
- 116. Line 35-36 remove “the community co-chair...present”

Page 11

- 117. Line 1 add “the community co-chair and or the Community co-chair elect” and remove “public health co-chair”
- 118. Line 2 add “a majority (51%) and “voting” and remove “two thirds (2/3)
- 119. Line 3-4 add “”good cause” may include inefficiency, neglect of duty, malfeasance of office, or failure to uphold So N HPPG’s duties outlined herein. Previously good cause had not been defined.
- 120. Line 7 add “a” and “by the voting body of So. N HPPG membership” and removed “the” and “and”
- 121. Line 5 add “to recommend SNHD Office of Disease Surveillance identify a replacement for the “
- 122. Line 6 add “public health co-chair’ and “replace” and remove “ the Public Health Co-Chair”
- 123. Line 7 ‘ add “a” and “by the voting body of So. N HPPG membership” and remove “the” and “and”
- 124. Line 8 “must be voted on by a secret ballot”
- 125. Line 10 “remove Southern Nevada Health District” and add “SNHD”
- 126. Line11 add “detailing such grievance....identified” and remove “Control” This section outlines the process for removal of the public health co-chair and as they are not elected, but appointed by SNHD ODS, this section provides further clarification.
- 127. Line 24-25 remove “HIV Prevention Planning Group”
- 128. Line 28 add “number” and “active voting” and “to” remove “in order to”
- 129. Line 30 add “active voting”
- 130. Line 32 add “active” and “voting members” and ‘will”
- 131. Line 33 remove “as long as” and add “if”
- 132. Line 36-37 “add it shall be assumed that So. N HPPG....result in”

Page 12

- 133. Lines 1-3 Add “recommendations.....”abstain” This section was added to address changing requirements regarding “conflict of interest forms” mentioned earlier.
- 134. Lines 4-12 removed “The So. Ncompleted” which was the language about the forms as it was previously included in the bylaws.
- 135. Lines 18-22 removed “it shall be....item”

- 136. Line 33 added “per SNHD’s policies and “
- 137. Line 36 removed “persons” and added “people” and capitalized “g”.

Page 13

- 138. Line 4 removed “and control”
- 139. Line 5 add “make reasonable accommodation” and removed “special arrangements”
- 140. Line 19 add “statement regarding virtual meeting etiquette”
- 141. Line 22-25 add “Statement that anycontinue”
- 142. Lief 26-27 add “In the event....email/fax vote”
- 143. Line 29 add “Consent agenda”
- 144. Line 30 add “Possible action”
- 145. Line 32 add “Nomination and voting”
- 146. Line 33 “Approval of Nevada Integrated Plan or its successor”
- 147. Line 34 Remove Introduction of Guests and So. N. HPPG members
- 148. Line 35 add “Administrative Business” and remove business
- 149. Line 37 remove “public comment”
- 150. Line 39 add “next meeting”

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- 155. Line 2 Remove “Action Items”
- 156. Line 7 add “and”/”
- 157. Line 12-13 Remove “So. N. HPPG will alsoknowledge”
- 158. Line 18 add “may be” and “time” and remove “are” and ‘are”
- 159. Line 19 separate the word “workgroups” into two words
- 160 Line 20 add “bylaws” and remove “policies”
- 161. Line 28-29. Remove “Additional....members”

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- 162. Remove “SNHD”
- 163. Remove “priorities” and add “the priorities”
- 164. Add “Depending on request timeliness....vote” This section was added to address requests for a letter of support from SoN HPPG for projects or initiatives that advance the goals of HIV prevention

165. Line 31 remove “any and all” and just add “all”

166. Line 32 “add “principle office” and “ODS” and remove fiscal agent

167. Line 33 add “principle office” and “ODS” and remove fiscal agent

1 Bylaws
2 Southern Nevada HIV Prevention Planning Group
3 (So.N HPPG)



So.N HPPG
Southern Nevada HIV Prevention Planning Group

4 Article I. Alliance

5 Section 1.01 Section A. Name

6 The name of the Community Planning Group shall be the Southern Nevada HIV
7 Prevention Planning Group, hereafter referred to as “So.N HPPG”

8
9 Section 1.02 Section B. Principal Office

10 The Principal Office of So.N HPPG shall be the Southern Nevada Health District, Office of Disease
11 Surveillance (ODS), 280 S. Decatur Blvd. Las Vegas, NV 89107 hereafter referred to as “SNHD;” in
12 compliance and collaboration with the State of Nevada and the Centers for Disease Control and
13 Prevention (CDC).

14
15 Section 1.03 Section C. Service Area

16 The geographic areas served by So.N HPPG are Clark, Esmeralda, Nye, and Lincoln Counties in the State
17 of Nevada.

18
19 Section 1.04 Section D. Acknowledgement

20 The foundation for these bylaws was developed in accordance with the Centers for Disease Control and
21 Prevention (2012) *HIV Planning Guidance*.

22 Article II. Mandate: Nevada Division of Public and Behavioral Health
23 (DPBH)

24
25 Section 2.01 Section A. Establishment of HIV Prevention Planning Group

26 SNHD, as the subgrantee of The Nevada Division of Public and Behavioral Health (DPBH) HIV Prevention
27 & Surveillance Program, is responsible for establishing and maintaining the Southern Nevada HIV
28 Prevention Planning Group (So.N HPPG) and ensuring that it meets the *HIV Planning Guidance*, as well as
29 providing the activities listed below.

1 [Section 2.02 Section B. Committee Support](#)

2 SNHD will ensure that the distribution of the comprehensive Nevada Integrated HIV Prevention and Care
3 Plan 2022-2026 hereafter referred to as the “Nevada Integrated Plan” and/or any other planning
4 documents that include Integrated HIV Prevention and Care planning SNHD is responsible for ensuring
5 that So.N HPPG and its committees and subcommittees have staffing support to facilitate their work, as
6 resources allow.

7

8 [Section 2.03 Section C. Ensuring Collaboration & Coordination](#)

9 SNHD must determine how to best achieve and integrate statewide, regional, and local community
10 planning efforts within Southern Nevada. SNHD will also utilize existing networks and develop new
11 relationships with the community to promote linkages and coordination among local HIV prevention
12 service providers, public health agencies, STI treatment clinics, community planning groups, and
13 behavioral and social scientists who are either in the local area or who are familiar with local prevention
14 needs, issues, and at-risk populations.

15

16 [Section 2.04 Section D. Epidemiological Profile](#)

17 The DPBH HIV Prevention & Surveillance program and/or SNHD Office of Disease Surveillance is
18 responsible for the development of an epidemiological profile of the State of Nevada and Southern
19 Nevada. . The epidemiological profile aids So. N HPPG to identify populations for prioritization and
20 targeted interventions. The DPBH HIV Prevention & Surveillance Program shall inform So. N HPPG when
21 there are changes in certain data sources and describe the potential impact on planning efforts.

22 [Section 2.05 Section E. Technical Assistance](#)

23 As resources allow, DPBH will ensure that technical assistance is provided to assist So.N HPPG, other
24 DPBH program offices, and community-based providers.

25

26 [Section 2.06 Section F. HIV Prevention Grant Application](#)

27 DPBH will ensure the development and timely submission of the CDC/HRSA application for HIV
28 prevention and care funds, based on the Nevada Integrated Plan or its successor developed through the
29 HIV Prevention community planning process .

30

31

32 [Article III. Mission](#)

33

34 [Section 3.01 Section A. Mission Statement](#)

35 To reduce and prevent the exposure, acquisition, and/or transmission of HIV in Southern Nevada
36 through community involvement in a prevention planning process. Thus, leading to a Nevada Integrated

1 Plan or its successor and ensuring effective evidence-based intervention prevention programs and care
2 activities that are responsive to community-identified needs within prioritized populations.

3

4 Section 3.02 Section B. Goals and Objectives

5 The primary goal of So.N HPPG is to inform the development or update the Nevada Integrated Plan or its
6 successor that will contribute to the reduction of new HIV acquisitions within the jurisdiction. Thus, the
7 task of So. N HPPG is to partner with SNHD to address how the jurisdiction can accomplish the activities
8 set forth in the DPBH HIV Prevention & Surveillance Program grant requirements. To best achieve this
9 goal, So.N HPPG needs to engage and involve a group of people with a wide range of viewpoints and an
10 understanding that differences in backgrounds, perspectives, and experiences are essential and valued.

11

12 The fundamental tenets of community planning are parity, and representation Although these tenets are
13 not accomplished or achieved in a linear fashion, there is a strong relationship between each--with one
14 building on another. For a more detailed description please refer to the *HIV Planning Guidance* (CDC
15 2012)

16

17 Section 3.03 Section C. So.N HPPG Roles and Responsibilities

18 The following describes the roles and responsibilities of So.N HPPG as described in the *CDC HIV Planning*
19 *Guidance*:

- 20 • Elect the community co-chair(s)
- 21 • Ensure membership structure achieves community and key stakeholder representation
- 22 • Ensure information is presented in a clear and comprehensive manner
- 23 • Inform the development and/or update the Nevada Integrated Plan or its successor; and
- 24 • Submit a letter of concurrence, concurrence with reservations, or non-concurrence for any other
25 planning documents that include Integrated HIV Prevention and Care or its successor.

26 Shared with SNHD, So.N HPPG will:

- 27 • Develop procedures and policies that address membership roles and decision making,
28 specifically around matters of the group's composition, roles and responsibilities, conflict of
29 interest, and conflict resolution
- 30 • Develop and apply criteria for selecting members,
- 31 • Provide a biannual orientation for returning and new So. N HPPG members which may include a
32 review of HIV prevention activities funded during the previous grant year and a report of
33 proposed/new activities to review outcomes and inform collaboration.
- 34 • Determine the most effective strategies for input into the Nevada Integrated Plan or its
35 successor and engagement process
- 36 • Monitor or assess the HIV Planning Group process to ensure that it meets the objectives
37 outlined in the *CDC HIV Planning Guidance*

1 Ensure HIV Prevention efforts are guided by data, and evidence-based or emerging best practices to
2 strive for improved community outcomes, Review and update So. N HPPG’s yearly progress.

3 [Section 3.04 Section D. Nevada Integrated Plan](#)

4 The primary task of So.N HPPG is to inform the development of a Nevada Integrated Plan or its
5 successor, , ensure collaboration and coordination of HIV prevention, care, and treatment services. The
6 plan should align with the goals of the) Ending the HIV Epidemic (EHE) and include the appropriate HIV
7 prevention services and resources directed and disseminated to the areas with the greatest HIV burden.

8
9 The development of the Nevada Integrated Plan or its successor should be based on the epidemiological
10 profile of the jurisdiction and other available data sources to identify populations and communities with
11 the greatest burden of disease for HIV acquisition or transmission. This includes prioritized target
12 populations and a set of prevention strategies and interventions for each target population.

13

14 The Nevada Integrated Plan or its successor should include the following:

- 15 • A description of existing resources for HIV prevention services, care, and treatment, including
16 key features of the prevention services, interventions, and/or strategies being used or delivered
17 in the jurisdiction
- 18 • Needs assessment (e.g., resources, infrastructure, and service delivery);
- 19 • Gaps to be addressed and rationale for selection
- 20 • Prevention activities and strategies to be implemented within the jurisdiction
- 21 • Scalability of activities to maximize HIV prevention efforts
- 22 • Relevant timelines

23

24 Updates and any changes to the plan will be disseminated to So.N HPPG by those responsible for
25 evaluating the plan.

26

27 [Section 3.05 Section E. Submission of the Letter or Affidavit](#)

28 So. N HPPG is expected to inform and review the Nevada Integrated Plan or its successor and submit a
29 letter or an affidavit of concurrence, concurrence with reservations, or non-concurrence. This document
30 should be signed by the So.N HPPG co-chairs on behalf of its membership and submitted alongside the
31 Nevada Integrated Plan to the CDC.

32

33

34 The following must be included in the respective letter or affidavit:

- 35 • Documentation that So.N HPPG informed or did not inform the development of the Nevada
36 Integrated Plan or its successor

- 1 • Description of the process used to review the Nevada Integrated Plan or its successor
- 2 • Whether So. N HPPG concurs with the Nevada Integrated Plan or its successor
- 3 • If So. N HPPG concurs with reservations, the letter or affidavit must provide in detail the
- 4 reason(s) why the group is submitting a concurrence with reservations
- 5 • If So. N HPPG does not concur, the letter or affidavit must provide in detail the reason(s) why the
- 6 group is submitting a letter of non-concurrence and signatures of the So. N HPPG public co-chair
- 7 and at least one community co-chair. Other signatures may be added at the discretion of So. N
- 8 HPPG.

9

10 Article IV. Membership

11 So. N HPPG members are accountable to each other in completing their assigned tasks and in
12 participating as fair and open-minded members in the decision making process. In addition, So. N HPPG
13 members may also be accountable to the southernmost counties of Clark, Nye, Lincoln, Esmeralda, and
14 the Nevada Division of Behavioral and Public Health to carry out planning in a rational and effective
15 manner. So. N HPPG will adhere to strict confidentiality guidelines. The So. N HPPG is a public body and
16 all records (minutes, agendas, grant proposals, etc.) related to So. N HPPG business are public records.

17

18 Section 4.01 Section A. Qualifications of Membership (Voting and Non-Voting)

19 Prospective members must attend at least one meeting in a time period 6 months prior to applying for
20 membership. Membership requires the completion of e a Membership Application and a Confidentiality
21 Agreement. . HIV status is a question that is asked in the demographic section of the membership
22 application. This information is confidential and will only be used to report the involvement of People
23 with HIV (PWH) to the CDC for parity or representation purposes [Copies of all documents described
24 herein have been attached for reference]. Per the application, if the perspective member chooses to
25 disclose their HIV status, they have the option of disclosure to So. N HPPG voting and non-voting
26 membership. Applicants for So. N HPPG will also be given the option of “Voting/Non-Voting” status.
27 Membership status may change to meet So. N HPPG key stakeholders’ profile.

28

29

30 Section 4.02 Section B. Membership Size

31 The So. N HPPG shall not exceed 20 voting members.

32

33 Section 4.03 Section C. Recruitment/Nominations

34 Recruitment and Nominations for So. N HPPG are based on criteria from CDC’s 2012 *HIV Planning*
35 *Guidance*; the community planning process includes representatives of varying positionalities,
36 educational backgrounds, professions, and expertise which may or may not be unique to Southern
37 Nevada. So.N HPPG voting members also must reside in the geographic area of service or be part of an
38 organization or entity in Nevada that serves Southern Nevada and/or is representative of a specialized

1 background, profession or organization located in Nevada and serves Southern Nevada. So. N HPPG
2 should have access to:

3

- 4 • Persons who reflect the characteristics of the current and projected HIV epidemic in that
5 jurisdiction (as documented by the epidemiologic profile)
- 6 • State and local health department HIV prevention and sexually transmitted infection (STI) staff;
7 staff of state and local education agencies; and staff of other relevant governmental agencies
8 (e.g., substance use, mental health, corrections).
- 9 • Experts in epidemiology, behavioral and social sciences, program evaluation, and health planning
- 10 • Representatives of key non-governmental and governmental organizations, providing HIV
11 prevention and related services (e.g., STI, TB, substance use prevention and treatment,
12 psychological health services, homeless services, prisons/correctional facilities, HIV care, and
13 social services, education services) to persons with the greatest burden of disease for HIV
14 acquisition or transmission.
- 15 • Representatives of key non-governmental organizations relevant to, but who may not necessarily
16 provide, HIV prevention services (e.g., representatives of business, labor, transportation, and
17 faith communities)
- 18 • Representatives of key non-governmental and governmental health care and service providers
19 (e.g., nurses, physicians, case managers, social workers, eligibility workers, and pharmacists)
- 20 • Representatives of populations with the greatest burden of disease for HIV acquisition or
21 transmission and other marginalized populations (e.g., sex worker, persons born outside the
22 United States, etc.).

23

24 Per the *HIV Planning Guidance* (CDC 2012), the HIV Prevention Planning process must actively encourage
25 and seek out community participation. The HIV Prevention planning process should attempt to
26 accommodate a reasonable number of representatives without becoming so large that it cannot
27 effectively function. Additional avenues for obtaining input on community HIV prevention needs and
28 priorities; may include:

29

- 30 • Holding public meetings,
- 31 • Conducting focus groups and other community-based research methods
- 32 • Convening ad hoc panel groups as necessary

33 Nominations for membership should be solicited through an open and on-going process and candidates'
34 selection should be based on criteria established by So. N HPPG. The nomination process is handled
35 through open discussion in So. N HPPG meetings whereby gaps in community representation are
36 identified and new applicants are openly recruited from specific target populations.

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Section 4.04 Section D. Appointment/Reappointment

A So. N HPPG membership term will be for a minimum of two (2) years. At the end of any two year term, the individual may request continuation of their membership (of another two-year term) through a motion to be voted on with approval by a majority vote of So. N HPPG members.

Section 4.05 Section E. Attendance

So. N HPPG members are expected to attend all scheduled meetings, however when a member must miss a meeting, an “alternate” may act as their proxy. The “alternate” is welcome to attend meetings as a non-voting member.

To enlist an “alternate” for a voting member, the “voting member” will contact either the public health co-chair or the SNHD administrative staff through email, and provide notification that they are unable to attend the meeting at least 24 hours in advance of a meeting. The “alternate” who is named in the email may be another So. N HPPG voting member or represents the voting member’s interest or grid affiliation(s). Voting members can only use an “alternative” twice during a calendar year.

Section 4.06 Section F. Resignation and Removal

A member of So N HPPG may resign if they can no longer participate (e.g. due to relocation, change of work duties, etc.) or do not want to continue as a voting member with So. N HPPG. A member may resign by sending an email to the Public Health Co-chair. After the resignation email has been received, notification will be conducted in the agenda of the next meeting after which the member will be removed from the roster/ “grid” of voting members

A member can be removed after having three (3) absences within one (1) calendar year. After 3 absences within one (1) calendar year have occurred, the voting member will be contacted by the Public Health Co-chair by email correspondence and asked if they want to continue as a voting member. If the voting member does not respond or chooses to discontinue their position as a voting member of So. N HPPG, this information will be recorded and updated and voting members will be notified of changes at the next meeting. Notification will be conducted through the meeting minutes as well as removal from the roster/ “grid” of voting members. If the voting member chooses to continue their voting member status and misses the next meeting without communicating any extenuating circumstances to the So. N HPPG public health co-chair via email, the voting member’s status will be changed to “in-active”.

1

2 Any members who resigns or are “in-active” can re-apply for membership but must receive a majority
3 vote of So. N HPPG membership.

4

5 So.N HPPG members may also be removed for good cause by a majority vote of the So. N HPPG
6 membership present at a meeting where this issue is addressed.

7 SNHD ODS Management reserves the right to rescind voting membership status or to move status from
8 “voting member” to “non-voting member” based upon employment status with SNHD.

9 Any changes to membership and membership status will be noted in So. N. HPPG minutes and So.N
10 HPPG membership roster/“grid”

11

12 Article B. Co-Chairs and Prevention Planning Coordinator

13

14 Section 5.01 Section A. Number and Term of Office

15 The So.N HPPG shall have one (1) Community Co-Chair, one (1) Public Health Co-Chair, as stated in the
16 CDC *HIV Planning Guidance*, and one (1) Community Co-Chair Elect. The Community Co-Chair and the
17 Community Co-Chair Elect will both be representatives from the community. The Public Health Co-Chair
18 will be designated by the Southern Nevada Health District.

19 The Public Health Co-Chair should maintain involvement with the Ryan White Part A Planning Council as
20 well as any evaluation or planning for the Nevada Integrated Plan or other councils or planning bodies as
21 appropriate to inform So.N HPPG.

22

23 SNHD’s Office of Disease Surveillance will assume responsibility for maintaining the records of all the
24 proceedings and minutes for each meeting by providing professional, contractual, and/or support
25 personnel services to support the work of the So. N HPPG.

26

27 In addition to the Co-Chairs(s), So. N HPPG’s membership will include a representative from the DPBH
28 HIV Prevention & Surveillance Program. The role of the HIV Prevention & Surveillance program
29 representative is to assist SNHD and So. N HPPG in implementing the planning process and ensuring that
30 the Nevada Integrated Plan or its successor contributes to the reduction of acquiring and transmission of
31 HIV.

32

33 The Community Co-Chair shall serve for one (1) year while the Community Co-Chair Elect serves for one
34 (1) year in a mentorship capacity. At the end of the Community Co-Chair’s term, the new Community Co-
35 Chair Elect will assume the Community Co-Chair role; at which time a new Community Co-Chair Elect will

1 be nominated and voted in by the So. N HPPG membership. The new Community Co-Chair Elect will then
2 serve in a mentorship capacity for a one (1) year term under guidance of the new Community Co-Chair.
3 The election of the Community Co-Chair and Co-Chair Elect will take place each year. If at any time
4 during the one (1) year term, a vacancy occurs in the community Co-Chair position, and the Community
5 Co-Chair Elect position is filled, the Community Co-Chair Elect will automatically assume the role of
6 Community Co-Chair and continue in that capacity for the duration of the vacated Co-Chair term. If for
7 some reason the Community Co-Chair Elect cannot or chooses not to fulfill the responsibilities of the
8 position, a new Community Co-Chair will be elected to serve the remainder of the vacated Community
9 Co-Chair’s term.

10

11 Section 5.02 Section B. Removal

12

13 The Community Co-Chair and or the Community Co-Chair Elect may be removed for good cause by a
14 majority (51%) vote of the voting So.N HPPG membership.

15 “Good cause” may include inefficiency, neglect of duty, malfeasance of office, or failure to uphold So.N
16 HPPG’s duties outlined herein.

17 Voting on a motion to recommend SNHD Office of Disease Surveillance identify a replacement for the
18 public health co-chairreplace can be held no less than sixty (60) days after a motion was moved and
19 seconded by the voting body of So.N HPPG membership... If a simple majority believes the Public Health
20 Co-Chair should be replaced, a committee of no less than three (3), one (1) of which being the
21 Community Co-Chair, shall draft a letter of grievance to the SNHD, Office of Disease Surveillance
22 Manager detailing such grievance. Causes for replacement may include neglect of duty, misconduct, or
23 failure to uphold So.N HPPG duties outlined herein. The SNHD Office of Disease Surveillance Manager
24 retains the right to maintain the Public Health Co-Chair in their position until their successor is identified.

25

26 Article VI. Voting

27

28 Section 6.01 Section A. Requirements

29 A So.N HPPG member must be present (physically or via the viral meeting platform) or send their
30 assigned “proxy/alternate” to the meeting to cast a vote. If the voting member is attending virtually,
31 during the voting process, the microphone/sound must be activated to adhere to Nevada Open Meeting
32 Law requirements. For open issues that are presented during a So.N HPPG meeting but may require
33 further information or research prior to a vote, concurrence for voting may be obtained through
34 electronic media (email or fax) to So. N HPPG members to finalize business.

35

1 Section 6.02 Section B. Quorum

2 The minimum number of So.N HPPG active voting members required to be present to constitute a
3 quorum, making the decision-making process valid, must consist of fifty-one percent (51%) of the So N.
4 HPPG active voting members.

5

6 Of the So. N HPPG active voting members present, fifty-one percent (51%) will constitute a majority vote
7 if a quorum has been established.

8

9 Section 6.03 Section C. Conflict of Interest

10 It shall be assumed that So. N HPPG members have no conflict of interest as they undertake the activities
11 of HIV prevention planning processes. In all activities, particularly ones that result in recommendations
12 concerning the allocation of funds or assessment and evaluations of programs and needs, should a
13 member have a conflict of interest, that member shall recuse themselves by voting to “abstain.

14 . be

15

16 Definition of “Conflict of Interest” would be a So. N HPPG member who serves as a director, trustee, or
17 salaried employee, or otherwise materially benefits from association with any agency that may seek CDC
18 funding for HIV/AIDS, the Ryan White Title HIV/AIDS Program, and/or HIV prevention and education.

19

20

21 Article VII. Meetings

22

23 Section 7.01 Section A. Annual, Regular, and Special Meetings

24 The So. N HPPG shall hold a minimum of four (4) regular meetings, including an annual meeting held for
25 the election of Co-Chairs. Special meetings shall be held as determined by the Co-Chairs and/or by So. N
26 HPPG majority vote.

27

28 All So. N HPPG meetings shall be open to the public and shall comply with the requirements of the
29 Nevada Open Meeting Law. Minutes from each So. N HPPG meeting shall be recorded, kept, and made
30 per SNHD’s policies and available upon request.

31

32 Section 7.02 Section B. Accessibility of Meetings

33 All So. N HPPG meetings shall be accessible to people with disabilities and shall be held at times and
34 locations which encourage the greatest possible participation by So. N HPPG members and the public.
35 The facilities for the regular meetings shall be in accordance with the Americans with Disabilities Act

1 (ADA) requirements. For So. N HPPG members or interested public attendees who have special needs
2 and/or require assistance, So. N HPPG Co-Chairs or a representative of the Southern Nevada Health
3 District's Office of Disease Surveillance shall be contacted at least 24-48 hours in advance to make
4 reasonable accommodations. .

5

6 [Section 7.03 Section C. Notice of Meetings](#)

7 Notice of regular meetings shall be open to the public and comply with the requirements of Nevada
8 Open Meeting Law.

9

10 [Section 7.04 Section D. Rules of Conduct](#)

11 Rules of Conduct will be guided in reference to Robert's Rules of Order. Time limits may be set by the Co-
12 Chairs and may be amended accordingly.

13

14 [Section 7.05 Section E. Order of Business](#)

15 The So. N HPPG's Order of Business at meetings may include the following and will reflect mandates
16 outlined by Nevada Open Meeting Law as described by Nevada Revised Statutes Chapter 241:

- 17 • Call to Order by a Co-Chair
- 18 • Statement regarding virtual meeting etiquette.
- 19 • Statement that the meeting is being recorded and that any public health information (PHI)
20 disclosure will be part of the recording and will be part of public record.
- 21 • Statement that any Artificial Intelligence (AI) assistants are not permitted and must be disabled.
22 If the AI Assistant is not disabled by the meeting participant, So. N HPPG co-chairs will remove
23 the AI Assistant and/or the participant from the meeting. If unable to disable the AI Assistant,
24 the meeting cannot continue.
- 25 • Establishment of a Quorum. In the event Quorum is not met, agenda items that require a vote
26 will be tabled until the next meeting, or consensus will be met through email/fax vote.
- 27 • Public Comment
- 28 • Consent Agenda
 - 29 ○ Possible Action: Review/Approval of Minutes from previous So. N HPPG meeting
 - 30 ○ Nominations and Voting
 - 31 ○ Approval of Nevada Integrated Plan or its successor
- 32 • Old/Administrative Business
- 33 • New Business /Scheduled Speakers-Presentations
- 34 • Open Discussion/ /Announcements
- 35 • Public Comment
- 36 • Next Meeting
- 37 • Adjournment

1 Section 7.06 Section F. Public Comment

2 Public comment will be held at the beginning and end of the So. N HPPG meeting. Time limits may be set
3 by the Co-Chairs and can be amended accordingly.

4

5 Section 7.07 Section H. Orientation and Training Process

6 So. N HPPG shall annually conduct an Orientation for all new HPPG members and prospective new
7 members providing a brief overview of the HIV Prevention Planning Group, educational updates on HIV
8 epidemiology, testing procedures, and services available in the community.

9

10

11

12 Article VIII. Committees

13

14 Section 8.01 Section B. Ad hoc Workgroups

15 Ad hoc workgroups may be formed for special purposes and convened for the time period necessary to
16 complete their stated purposes. Ad hoc work groups shall have the duties and powers as determined in
17 these bylaws and/or by the So. N HPPG at the time the subcommittee is formed.

18

19 Section 8.02 Section C. Collaborative Groups

20 The So. N HPPG recognizes the existence, capacity, value, and efforts of collaborative groups throughout
21 Nevada. The So. N HPPG shall make all the necessary efforts to assist these groups to be an integral part
22 of the So. N HPPG, collaborating in the effort to achieve the HIV prevention goals.

23

24

25 Article IX. Fiscal Management

26

27 Section 9.01 Section A. Administration/Role

28 The Fiscal Agent for So. N HPPG is the Principal Office (SNHD)

29

30 The role of the Fiscal Agent as contracted by the Nevada DPBH is to develop and submit necessary grant
31 application materials on behalf of the So. N HPPG to the Nevada DPBH, as well as develop and maintain
32 contractual agreements regarding distribution of funds.

33

1 SNHD will make funding allocations in accordance with the priorities set by So. N HPPG. SNHD will
2 disseminate notice of contract awards and execute contracts in a manner consistent with the Nevada
3 DPBH and Centers for Disease Control and Prevention requirements for allocation of funds while
4 maintaining compliance with conditions of the award. SNHD will provide professional, contractual,
5 and/or support personnel services to support the work of the So. N HPPG and will maintain records of all
6 proceedings of So. N HPPG.

7

8 In the event of a conflict or dispute regarding responsibilities, duties, and powers, So. N HPPG and SNHD
9 will meet, discuss, and remediate such differences. Should such efforts be unsuccessful, the Nevada
10 DPBH and/or the Centers for Disease Control and Prevention shall be asked to arbitrate. Decisions by the
11 arbitrator shall be binding on both So. N HPPG and SNHD.

12

13 [Section 9.02 Section B. Communications](#)

14 It is the intent of So. N HPPG and SNHD that communications and interactions by and between them,
15 both formal and informal, be founded on a basis of cooperation and trust consistent with contractual
16 and legal requirements. All communications and interactions, which have or potentially have the force of
17 law must be in writing, must be approved by respective governing bodies, and must be executed in
18 accordance with the policies of the parties involved.

19 Depending on request timeliness, requests for letters of support for research or other community
20 projects or initiatives that enhance/advance the goals of HIV prevention in Southern Nevada will be
21 reviewed by the public health and community co-chairs and shared with SNHD administrative staff. If the
22 request is supported, the co-chairs will prepare a draft letter that would be voted on for signature by
23 HPPG voting members either during a regular meeting or through an email vote.

24

25 [Section 9.03 Section C. Access to Records](#)

26 Access is granted, per SNHD policies and procedures, to all records of the So. N HPPG and to those
27 records of the Principal Office (SNHD ODS) that pertain to any business on behalf of So. N HPPG. The
28 Principal Office (SNHD ODS) may charge a fee for copies of any records.

29

30 [Article X. Amendment to Bylaws](#)

31 So. N HPPG Bylaws may be amended at any regular or special So. N HPPG meeting. Written notice of the
32 proposed bylaws changes(s) shall be delivered via e-mail or fax to each member no less than seven (7)
33 days prior to the meeting date. Exceptions to this time frame shall be granted upon consensus from a
34 quorum of So. N HPPG members.

35

36 Changes in Bylaws require a 51% majority vote, if a quorum has been established.



the LGBTQ+
center
OF LAS VEGAS

SECRET GARDEN KIKI BALL

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- 🍷 BEST NAILS
- 💨 HAIR AFFAIR
- 🌸 KIKI LABELS
- 🍒 BEST DRESSED
- 🌟 VIRGIN RUNWAY
- 😊 FACE
- 📺 RUNWAY
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