

## Section II: North Dakota CPG Bylaws

### *Article I: Name*

The name of this group will be the ND HIV Prevention Community Planning Group.

### *Article II: Mission*

The CPG is funded by Centers for Disease Control and Prevention (CDC). The overall mission of the CPG is to develop a comprehensive HIV prevention plan targeting North Dakota's defined high-risk populations with scientifically based prevention interventions that are responsive to the identified needs within these populations.

North Dakota CPG continually pursues collaborative efforts in education, cultural awareness and the elimination of the stigma of HIV/AIDS.

This mission will be accomplished in collaboration with the North Dakota Department of Health (NDDoH) by achieving the three major goals and eight objectives of HIV Prevention Community Planning found in the HIV Prevention Community Planning Guide (*Guidance*).

**GOAL ONE:** Community planning supports broad-based community participation in HIV Prevention Planning.

- Objective A: Implement an open recruitment process (outreach, nominations and selection) for CPG membership.
- Objective B: Ensure that the CPG(s) membership is representative of the diversity of populations most at risk for HIV infection and community characteristics in the jurisdiction, and includes key professional expertise and representation from key governmental and nongovernmental agencies.
- Objective C: Foster a community planning process that encourages inclusion and parity among community planning members.

**GOAL TWO:** Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified target population) in each jurisdiction.

- Objective D: Carry out a logical, evidence-based process to determine the highest priority, population-specific prevention needs in the jurisdiction.
- Objective E: Ensure that prioritized target populations are based on an epidemiologic profile and a community service assessment.
- Objective F: Ensure that prevention activities/interventions for identified priority target populations are based on behavioral and social science, outcome effectiveness, and/or have been adequately tested with intended target populations for cultural appropriateness, relevance, and acceptability.

**GOAL THREE:** Community planning ensures that HIV prevention resources target priority populations and interventions set forth in the comprehensive HIV prevention plan.

- Objective G: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and the health department application for federal HIV prevention funding.
- Objective H: Demonstrate a direct relationship between the Comprehensive HIV Prevention Plan and funded interventions.

The NDDoH will complete the annual application for federal HIV prevention funds based on the CPG's comprehensive HIV prevention plan. The CPG will be asked to assess the responsiveness and effectiveness of this application for funding in accomplishing priority prevention needs as identified in the CPG's plan. Furthermore, the comprehensive HIV prevention plan also may be used to secure additional funding.

### ***Article III: Membership***

#### **Section 1. Number of Members**

The CPG shall consist of no less than 15 members and no more than 25. The number of members that can be supported by the budget may vary and it is advisable that the co-chairs be aware of the budget in terms of membership. A vacancy shall not prevent the CPG from conducting business.

#### **Section 2. Recruitment Efforts**

The CPG membership will reflect, as closely as possible, the demographics of current HIV/AIDS cases in North Dakota such as current/former substance abusers, members of gay, lesbian, bisexual, and transgender populations; people of color; youth/young adults; and those who are infected or affected by HIV/AIDS.

All CPG members are encouraged to recruit new members throughout the planning year based on needs identified by the membership committee with consideration given to parity, inclusion and representation. Prospective members/recruits will remain advisory members until they are accepted as voting members prior to the new planning.

#### **Section 3. Application Process**

Applications will be reviewed annually and also when there is a vacancy as provided for in Section 1 of Article III. Potential members must fill out an application form and send it to the state appointed co-chair. New member applications will be reviewed by the membership committee for selection of members.

#### **Section 4. Orientation**

New members will receive an orientation packet and will go through new member orientation at the first meeting of each year. The co-chairs are responsible for helping new members learn about CPG and how the process works.

#### **Section 5. Term of Membership**

CPG members may serve on the CPG indefinitely.

## **Section 6. Voting Members**

Voting members include anyone supported by the budget for membership purposes, co-chairs and anyone who has lodged an accepted formal application for membership and has signed the Conflict Management Policy Agreement.

## **Section 7. Advisory Members**

Advisory members attend CPG meetings for professional input only. Advisory members may be contractors who attend CPG meetings on a regular basis. These members don't have to apply for CPG membership. Their interest to be a part of the group can be indicated informally through the co-chairs or the group can elect to solicit their participation. Advisory members may join the group at any time. This group provides professional capacity to the CPG and does not vote.

## **Section 8. Voting**

The CPG is made up of voting members and advisory members. Advisory members may attend meetings, serve on subcommittees and take part in all CPG activities except voting/participating in consensus. Voting members may attend meetings, serve on subcommittees and take part in all CPG activities and may vote/participate in consensus. Both voting and advisory members are permitted and encouraged to express their opinions at any and all CPG gatherings and participate fully in reaching the goals of the CPG.

## ***Article IV: Roles and Responsibilities***

### **Section 1. Community Planning Group**

The HIV Prevention Community Planning Guide requires that members of the CPG have the capacity to ensure participatory planning. Three criteria have been identified to ensure this capacity: parity, inclusiveness and representation (PIR). For more details about PIR please refer to the *HIV Prevention Community Planning Guide*.

The CPG is responsible for developing a comprehensive HIV prevention plan on a five-year planning cycle that corresponds with the federal grant cycle. The CPG will be asked to assess the responsiveness and effectiveness of the application for federal funding written by the NDDoH as it relates to accomplishing the priority prevention needs identified in the CPG's plan. The CPG also will review the NDDoH proposed budget for concurrence with the plan but does not allocate resources.

The following roles and responsibilities for the CPG have been identified either in the HIV Prevention Community Planning Guide and/or by the CPG:

- Support the mission of the CPG and follow the ground rules for respectful actions, interactions and reactions during all CPG gatherings.
- Elect the community co-chair and co-chair Elect, who will work with the state appointed co-chair.
- Attend regularly scheduled CPG meetings and participate as an active member.
- Adopt a statewide perspective as a CPG member.
- Serve on a standing or ad hoc committee.
- Recruit new candidates for CPG membership as needed.

- Establish priority interventions for identified populations at risk on a statewide basis using key data (i.e., epidemiologic profile, community services assessment, etc.).
- Develop a statewide comprehensive plan for HIV primary and secondary prevention on a five-year planning cycle that corresponds with the federal grant cycle.
- Collaborate with the NDDoH in reviewing and finalizing key community planning activities.
- Review the NDDoH application to CDC for federal HIV prevention funds, including the proposed budget, and develop a written response (letter of concurrence) describing whether the NDDoH application does or does not, and to what degree, agree with the priorities set forth in the comprehensive HIV prevention plan.
- Assess the efficiency and effectiveness of the planning process.
- Support the roles and responsibilities of the CPG, as defined in Article III of the bylaws.

## **Section 2. Community Co-Chair**

The community co-chair will serve for a period of one year and may serve no more than three consecutive years. Appointments will be from January 1 to December 31 of each year.

The specific responsibilities of the community co-chair are as follows:

- Support the mission of the CPG.
- Ensure that the planning process used by the CPG meets the specific requirements and intent expressed in CDC's HIV Prevention Community Planning Guide.
- Work together with the state appointed co-chair to ensure that meetings are conducted in accordance with the North Dakota Century Code and the CPG bylaws.
- Ensure that the planning process and priorities defined in the comprehensive HIV prevention plan represent the need for adequate prevention services statewide.
- Share responsibility with the state appointed co-chair for guiding the CPG in its work and for assuming the responsibilities addressed in Article III.
- Chair the membership committee.
- Represent the CPG group only when directed to do so by the CPG

## **Section 3. Community Co-Chair Elect**

The CPG annually will select a community co-chair elect, whose primary responsibility will be to serve in the absence of the community co-chair. To be eligible to serve as co-chair elect, a minimum of one year of experience with the group is required. The community co-chair elect will serve a term of one year and may serve a maximum of three consecutive years.

## **Section 4. North Dakota Department of Health**

The NDDoH will complete the annual application for federal HIV prevention funds based on the CPG's comprehensive HIV prevention plan and is responsible for supporting the HIV prevention community planning process (via funding, staff and/or contractor resources, and leadership). The specific responsibilities of the NDDoH are divided into three areas: leadership responsibilities, technical responsibilities and logistical responsibilities. In addition, the NDDoH will select an employee or designate a representative as the state appointed co-chair and will define the length of term.

**Leadership** responsibilities may include:

- Involving different units of the health department in supporting the planning process.
- Promoting community participation from diverse groups.
- Ensuring that the CPG fully understands its roles and responsibilities.
- Providing guidance and support to the CPG co-chairs and members.
- Provide regular updates to the CPG on successes and barriers encountered in implementing the HIV prevention services described in the comprehensive HIV prevention plan.
- Report progress and accomplishments to CDC.

**Technical** responsibilities may include:

- Furnishing epidemiologic data and information about defined populations or interventions.
- Compiling a profile of existing community resources.
- Assisting in conducting needs assessments and analyzing data.
- Providing information concerning effective strategies for HIV prevention.
- Allocating funds based on priorities set forth in the prevention plan.

**Logistical** responsibilities may include:

- Developing a comprehensive work plan with targeted completion dates.
- Managing the logistics of committee meetings.
- Disseminating materials to CPG.

### **Section 5. State Appointed Co-Chair**

The specific responsibilities of the state appointed co-chair are as follows:

- Coordinate and facilitate the CPG process, including arranging meetings and preparing documents and reports as needed.
- Develop work plans for and provide guidance to the CPG.
- Arrange for technical assistance for the CPG as needed.
- Prepare and submit to the NDDoH HIV/AIDS Program manager the CPG's Comprehensive HIV Prevention Plan for submission to CDC with the grant application.
- Work with the HIV Prevention Program to provide expertise and technical assistance to the CPG, including on going training on HIV prevention planning and the interpretation of epidemiologic and evaluation data, to ensure that the planning process is comprehensive and scientifically valid.
- Work with the HIV Prevention Program to ensure program effectiveness through specific evaluation activities, including planning, conducting or contracting for outcome evaluation studies; providing technical assistance in evaluation; or ensuring the provision of evaluation technical assistance to funding recipients.
- Maintain regular communication with the CPG, the HIV Prevention Program and CDC.

### **Section 6. Shared Responsibilities**

The specific responsibilities outlined in the HIV Prevention Community Planning Guide to be shared between the CPG and the NDDoH are divided into six areas: process management,

membership selection, input mechanisms, planning funds, new member orientation, and evaluation of the community planning process.

**Process Management:** Develop procedures/policies that address membership, roles, and decision-making, specifically:

- Composition of the CPG; selection, appointment, and duration of terms to ensure that the CPG membership reflects, as much as possible, the epidemic in the jurisdiction (i.e., age, race/ethnicity, gender, sexual orientation, geographic distribution and risk for HIV infection).
- Roles and responsibilities of the CPG, its members, and its various components (i.e., committees, work groups, regional groups, etc.).
- Process to prospectively identify potential conflicts(s) of interest and methods for resolution of conflicts(s) of interest for CPG members.
- Methods for reaching decisions; attendance at meetings; and resolution of disputes identified in planning deliberations.

**Membership Selection:** Develop and apply criteria for selecting CPG members.

- Special emphasis should be placed on procedures for identifying representatives of at-risk, affected, and socio-economically marginalized groups that are underserved by existing HIV prevention programs.

**Input Mechanisms:** Determine the most effective input mechanisms for the community planning process.

- The process must be structured to best incorporate and address needs and priorities identified at the community level.
- The process should include strategies for obtaining input from key populations (e.g., IDUs, MSM, youth, undocumented immigrants, etc.) that may not be CPG members.

**Planning Funds:** Provide input on the usage of planning funds.

- Support CPG meetings, public meetings and other means for obtaining community input.
- Facilitate involvement of all participants in the planning process, particularly those individuals with and at risk for HIV infection.
- Support capacity development for inclusion, representation and parity of community representatives and for other CPG members to participate effectively in the process.
- Provide technical assistance to health departments and CPG by outside expertise.
- Ensure representation of the CPG (governmental and nongovernmental) at necessary regional or national planning meetings.
- Support planning infrastructure for the HIV prevention community planning process
- Collect, analyze and disseminate relevant data.
- Monitor and evaluate the community planning process.

**Provide a thorough orientation for all new members as soon as possible after appointment.**

New members should understand the:

- Goals and core objectives, roles, responsibilities, and principles outlined in the HIV Prevention Community Planning Guide.
- Procedures and ground rules used in all deliberations and decision-making.
- Specific policies and procedures for resolving disputes and avoiding conflicts of interest that is consistent with the principles of the HIV Prevention Community Planning Guide.

**Evaluate the community planning process to ensure that it is meeting the core objectives of community planning.**

*Article V: Governance*

**Section 1. Meetings**

**Attendance**

All CPG members are expected to attend each regularly scheduled meeting. Approximately five meetings will be held each planning year. More than one unexcused absence, without prior approval from the co-chairs, is grounds for immediate dismissal. Other than the first meeting of the year, dates for subsequent meetings will be decided on at the close of the current meeting. Additional CPG meetings or committee/task force meetings may be scheduled as necessary.

**Agenda**

A preliminary agenda will be determined by the group at the end of each meeting, and the final agenda will be sent to CPG members at least one week before the next meeting.

**Ground Rules for Respectful Actions, Interactions and Reactions**

The CPG ground rules will be read at the start of each CPG gathering and will be followed by all CPG members. The group can make additions or changes to the ground rules at any time. Changes to the ground rules have to accrue group consensus (Attachment A).

**Executive sessions**

CPG can elect to go into executive sessions where the public will not be allowed into the meeting. Notice of executive sessions will be posted on the door at the meeting venue.

**Open Meetings**

CPG meetings shall be open to the public unless indicated otherwise. Information relative to an individual's HIV status, sexual orientation or other confidential information will not be associated with a name. **At the discretion of the co-chairs, members of the general public may participate in open discussion, with the following exceptions:**

- **Making motions and/or voting**
- **Nominating and/or approving candidates for elections**
- **Personnel matters concerning CPG or NDDoH staff, or other personnel matters where individuals, individual behavior or other sensitive information is discussed**

- **The co-chairs may limit the total time of discussion and/or length of time a person from the general public is allowed to speak.**

Public Conduct: Members of the general public attending a CPG meeting shall conduct themselves in a respectful manner.

- **Respectful engagement and decorum must be maintained at all times.**
- **Personal attacks and/or inappropriate comments directed at members will not be tolerated.**

## **Section 2. Quorum**

A quorum of the CPG must be present at any regular or specially scheduled meeting in order for the CPG to engage in formal decision-making. A quorum is defined as one-third of the voting CPG members. Meetings can be held without a quorum present but any decisions made during those meetings will be advisory only.

## **Section 3. Decision-Making Process**

All CPG processes will be guided by the CPG's ground rules. Decisions will be made by consensus if at all possible. If there is no consensus, decisions will be made by a two-thirds majority vote.

A two-thirds majority vote should be substituted for consensus only as follows:

Once a motion and a second are on the floor, there will be 10 minutes of discussion, which include a question-and-answer period, followed by a vote. If consensus is not reached, the group will break into small groups for 15 minutes of discussion, followed by five minutes of full group process discussion, followed by a vote. If consensus is still not reached, the small group process will be repeated, followed by a vote. If consensus is not reached, a two-thirds majority vote will be taken. Motions may be amended at any time as long as the person who originally made the motion agrees to the changes.

## **Section 4. Officers**

The officers will serve for a year and will be eligible for reelection for up to three terms. Elections will be done through a simple majority vote. Officers will enjoy a \$100 honorarium per meeting as an incentive for the work that they will be doing.

### *Secretary*

- Shall be responsible for taking minutes of all CPG proceedings and routing them to members. The minutes will serve as a reference for research purposes and in the development of the CPG's comprehensive HIV prevention plan; as such they will contain summaries of discussions, decisions and concepts.
- Shall pass out and retain attendance records, to indicate who was present and for use in determining who is eligible to vote.
- Shall maintain record of existing committees and their membership.

### *Timekeeper*

- Shall be responsible for keeping time with regards to the agenda.

- Shall assist with facilitating meetings by helping regulate time.
- Shall consult with co-chairs before and after meetings.

#### *Historian*

- Shall be responsible for maintaining records, significant event details and a scrapbook in order to uphold institution memory.
- Shall periodically share/review their records with the members.

### **Section 5. Elections and Term**

#### *Co-Chairs*

The NDDoH will select an employee or a designated representative as the state appointed co-chair and will define the length of the term. The CPG will select the community co-chair who will serve a term of one year and may serve a maximum of three consecutive years. The co-chairs share responsibility for guiding the CPG in accomplishing its mission and goals.

The CPG will annually select a community co-chair elect, whose primary responsibility will be to serve in the absence of the community co-chair. To be eligible to serve as co-chair elect, a minimum of one year of experience with the group is required. The community co-chair elect will serve a term of one year and may serve a maximum of three consecutive years.

### **Section 6. Conferences and Workshops**

Members who have at least one year invested with the group are eligible to attend conferences or workshops on behalf of the CPG, provided they actively participate on the CPG for one year after attending the said conference or workshop and agree to give a full report to the group detailing the experience and what was learned. In addition, each CPG member attending conferences or workshops must also sign a code of conduct prior to leaving for the conference or workshop.

### **Section 7. Proxies**

A CPG member may designate a proxy to attend a meeting in her/his absence. The CPG member is responsible for briefing the proxy on current issues under review, as well as the roles, responsibilities and other norms the CPG may have adopted. The member must fax or send a brief letter or electronic mail message to the CPG co-chairs prior to the start of the meeting. This letter must specify the CPG member's name, the proxy's name, and meeting date(s) for which the member will be absent. If this letter is not received or does not have the required information, CPG member will be listed as absent without proxy representation. This also will apply to those members assigning a proxy for a partial full-group meeting absence.

CPG members will be allowed to designate a proxy only two times during the year. Any additional situations in which a proxy is designated will result in a loss of voting privileges, with the following exceptions:

- If additional proxies are needed as a result of a chronic illness of the member or member's family member/significant other, the member will be asked to submit a letter clarifying the situation to the CPG co-chairs. These materials will be kept confidential.
- If additional proxies are needed as a result of an emergency, the member may pursue the grievance process (Article VIII).

### **Section 8. Member Removal**

An individual member of the CPG is eligible to be a member for an unlimited number of years. The CPG shall have the right to remove CPG members for good cause. A two-thirds majority is required for removal.

A vote to remove any member must be preceded by the full grievance procedure as outlined in Article VIII, and all CPG members must be notified at least one week prior that a removal vote will be taken. Members can submit complaints for member removal to the governance committee chairperson. The chairperson will bring the complaint to the governance committee for discussion and investigation. If complaint merits a vote, the committee chairperson will notify members for voting.

### **Section 9. Co-Chair Removal**

Upon election the co-chair will be placed on a three-month probationary period where his/her performance will be evaluated by the governance committee. The governance committee shall make appropriate recommendations for continuation or removal. After the community co-chair is beyond the probationary period, the CPG shall have the right to remove a community co-chair for good cause. A two-thirds majority vote is required for removal.

The CPG cannot automatically remove a state appointed co-chair, but it may recommend removal to the NDDoH. A two-thirds majority vote is required for such a recommendation.

A vote to remove either co-chair must be preceded by the full grievance procedure as outlined in Article VIII and all CPG members must be notified at least one week prior that a removal vote will be taken.

### **Section 10. Conflict Between Co-Chairs**

If a conflict should occur between the co-chairs, the remainder of the CPG members will decide the issue by a two-thirds majority vote.

### **Section 11. Annual Recognition**

CPG members who have had an exemplary record and have made significant contribution to CPG can be recommended for recognition by members through the governance committee. A nomination form will be made available at the last meeting of the year. Recognition ceremony will take place at the first meeting of each year.

## ***Article VI: Committees***

Committee members will be appointed by a two-thirds majority vote. Each committee will address a specific mandate, task or project (see Sections 1-7 below); report progress back to the entire group; and bring issues as needed to the group for action. All committees shall have a chair person and a secretary. The committees have a responsibility to deliberate on their mandate and report back as appropriate. The secretaries of the committees and the chairperson will develop a timeline on how to accomplish their mandate and maintain appropriate records on business. Committee members can serve up to three years, and vacancies will be filled as needed.

Upon completion of a three-year term new members will be reelected. Old members can reapply for reelection but preference will be given to new members.

### **Section 1. Executive Committee**

- Shall consist of the CPG co-chairs, the CPG secretary and the HIV Program manager.
- Shall review recommendations from the governance committee.
- Shall handle administrative issues as needed.
- HIV Program manager will have the tie-breaker vote during voting.

### **Section 2. Governance Committee**

- Shall have no fewer than three members.
- Shall review CPG's governance policy and make appropriate recommendations as needed.
- Shall evaluate co-chair performance periodically and give appropriate feedback to the members.
- Shall coordinate the selection of members for the annual recognition ceremony for members.
- Shall coordinate member-removal process.

### **Section 3. Grievance Committee**

- Shall consist of no fewer than three members.
- Shall make recommendations and deliberations on member grievances.
- Shall review and uphold the grievance policy.
- Shall not include co-chairs as members.
- Shall coordinate member removal process.

### **Section 4. Membership Committee**

- Shall consist of no fewer than three members.
- Shall review new member applications and select qualified individuals with regard to parity, inclusion and representation (PIR).

### **Section 5. Materials Review Committee**

- Shall have membership as recommended by CDC guidance.
- Shall review all materials as indicated in the CDC guidance.
- Shall meet as needed and in accordance to approved protocol to approve materials from NDDoH and other contractors.

### **Section 6. MSM Website Committee**

- Shall consist of no fewer than three members.
- Shall coordinate the implementation, maintenance and updating of the MSM website.
- Shall give updates to members about the website.

### **Section 7. Special Committees**

- CPG will elect special committees to coordinate specific tasks or projects.
- These committees shall dissolve when the mandate is achieved.

### ***Article VII: Conflict of Interest***

Conflict of interest occurs when (1) an appointed voting member of the CPG has a direct or fiduciary interest (which include ownership, employment, contractual, creditor, or consultative relationship to, or board or staff membership) in an organization (including any interest that existed at any time during the 12 months preceding his/her appointment) with which the CPG had a direct, financial and /or recognized relationship and (2) when a member of the CPG knowingly takes action or makes a statement intended to influence the conduct of the CPG in such a way as to confer any financial benefit on the member, family member(s) or any organization in which he/she is an employee or has a significant interest.

All CPG members are encouraged to identify conflicts of interest or request a review of a potential conflict of interest of another member.

In the event of a conflict of interest and/or during the period of review of conflict of interest, the members involved may participate in the discussion of the matter in conflict/question but shall abstain from voting on the matter. All members will sign the Conflict Management Policy agreement form (Attachment C).

### ***Article VIII: Grievance Policy***

The CPG seeks to accomplish its mission in the most effective manner possible. To this end, the policy of the CPG is to resolve conflicts as they arise using an appropriate conflict management mechanism. All prospective members must sign the Conflict Management Policy (Attachment C) before they become CPG voting members.

#### **Grievance Procedure**

In December of each year, eligible voting members of the CPG will elect four members to serve a one-year term on the Grievance Committee.

The Grievance Committee shall meet as soon as is convenient after they have been elected to elect a Chair-person for the Grievance committee.

In the event that any CPG member has a grievance, he/she must file a written letter of grievance that must be delivered to the Grievance Committee chair-person, with copies to each of the CPG co-chairs, within 30 days of the date of the incident of grievance.

The Grievance Committee must meet and reach a decision within two weeks of the date that the letter of grievance was received by the chairperson. The Grievance Committee will review the fact of the situation and will decide by a simple majority vote whether the grievance has merit. If the Grievance Committee decides the grievance has merit, it will decide by a simple majority vote, if necessary, on the action that is to be taken to rectify the grievance.

In the event of a tie vote, the committee chairperson will cast the tie-breaking vote.

The decision of the Grievance Committee is final unless a tie-breaking vote by the committee chairperson is required. In the event of an impasse or tie in the voting process, the committee chairperson reserves the right to reopen the discussion. If the second discussion fails to break the stalemate, the committee chairperson reserves the right to submit the tie-breaking vote. If such a vote is required, and the CPG member who filed the grievance is unsatisfied with the results, he/she may file a written letter of grievance within 10 days of the Grievance Committee's decision with the HIV Program manager.

The HIV Program manager will respond in writing to the CPG Grievance Committee and the CPG member who filed the grievance within 10 working days. In such a case, the decision of the HIV Program manager is final.

Upon request, a copy of the Conflict Management Policy Agreement and Grievance Procedure is available from the state-appointed co-chair.

***Article IX: Amendments and Ratification***

This charter goes into effect upon a simple majority vote of those present at the CPG meeting. Amendments have to be approved by a two-thirds majority decision. A special committee will then be formed to effect the proposed changes.

***Article X: Dissolution***

This CPG has been formed to assist the NDDoH in HIV prevention. The CPG will continue to function as long as a need for its mission exists. A two-thirds majority decision of the CPG membership will dissolve its charter.