**State Leadership and Management Team Yearly Commitment**

As a State Leadership and Management Team member (SLMT) for the PA Care Partnership, I pledge and agree to continue to serve youth, families and communities of the Commonwealth of Pennsylvania by actively participating in furthering the goals of the Partnership as defined.

I pledge and agree to the following:

* attend monthly meetings in the Harrisburg area, as well as complete additional work between meetings when necessary.
* understand and be able to articulate the grants purposes, principles and standards
* utilized the required data to support decision making regarding the foundational elements of the partnership
* share my voice, expertise, and experience as an equal member of the team to bring awareness to agenda items for decision making
* Treat all members of the SLMT with respect as we work hard to develop recommendations and plans that are strengths-based, culturally competent, and in the best interest of youth and families.
* understand that open discussion by the governing body is crucial to the decision-making process.
* understand that any information acquired from open discussions concerning counties that are contracted with the PA Care Partnership or those counties that are applying for or requesting technical assistance from is to be kept confidential unless the SLMT agrees that the information should be shared.
* understand that any personal information that I learn about other SLMT Partners will not be shared outside of the group.
* understand that I may need to recuse myself from certain discussions/decisions if I or another member finds that I may have a conflict of interest related to the issue at hand.
* participate on at least one standing or ad-hoc committee or work group. I am willing to assume leadership when appropriate.
* contribute my expertise, resources and /or time to the projects and events sponsored by SLMT and its collaborating partners.
* disclose any real or potential conflicts of interest that arise during the course of SLMT business, and to abstain from voting where appropriate. I agree to abide by the Conflict of Interest and Confidentiality Policy which I have received and read. I agree to abide by the Release of Information Policy which I have received and read.
* engage in ethical, professional behavior that reflects positively on my association with SLMT.
* I agree to miss no more than (25%) or three (3) consecutive regularly scheduled meetings annually (voting members only).

I understand that failure to follow the agreed-upon terms of this agreement may limit or eliminate my participation on the SLMT.

Name Date

( ) I am participating as voting member as an organizational representative.

Name of organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I am participating as an organizational alternate (as designated) for purposes of voting.

Name of the Person Representing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I am participating as a voting member as an individual.

( ) I wish to participate as a non-voting member, therefore attendance requirements do not apply. I understand

that as a non-voting member I am to abstain from any votes taken.

Effective: January 1, 2020 – December 31, 2020