



March 4th, 2022

Dr. Brian Huff
Associate Superintendent of Curriculum & Instruction
Raytown School District
10750 E. 350 Hwy.
Raytown, MO 64138

RE: **Trauma Smart**[®] Services Letter Agreement

Dear Dr. Huff:

Saint Luke's Hospital of Kansas City d/b/a Crittenton Children's Center ("Crittenton") is pleased to be working with Raytown School District ("Agency") to provide consultation on the **Trauma Smart**[®] innovative practice model designed to address the high incidence of complex trauma that negatively impacts children's lives. This letter agreement ("Agreement"), effective as of July 1st, 2022 (the "Effective Date"), will outline the services to be provided by Crittenton.

- 1. Services.** Crittenton will provide to Agency consultation services of a Crittenton employee ("Trauma Smart Specialist") qualified to assist in the development and implementation of the **Trauma Start**[®] Program ("Program") within the Agency. The services to be provided by the Trauma Smart Specialist are detailed on Exhibit A.
- 2. Protected Health Information.** The Trauma Smart Specialist will maintain compliance with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"). In the event that Crittenton and Agency contemplate that either the Programs or participants will disclose Protected Health Information ("PHI") in the course of this Agreement, Crittenton and Agency shall enter into a Business Associate Agreement governing the handling of PHI and breach notification procedures.
- 3. Term and Termination.** This Agreement shall begin on the Effective Date and remain in effect for one year. Either party may terminate this agreement with or without cause by providing ninety (90) days written notice to the other party. However that Agency shall pay Crittenton all amounts due and owing for Services provided prior to the effective date of such termination.
- 4. Training Materials.** Crittenton will provide program materials ("Program Materials") to Agency for the administration of the Program. Crittenton grants to Agency a non-exclusive, non-transferable, royalty-free and limited license to use the Program Materials solely for the administration of the Program. Except for the rights expressly granted to Agency under this

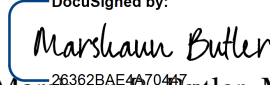


Agreement, Crittenton will retain all right, title and interest in and to the Program Materials, including all worldwide intellectual property and proprietary rights. A violation of this section shall be considered a material breach of this Agreement.

5. **Schedule and Compensation.** Agency shall compensate Crittenton for the Program and the Program Materials according to the rates provided for in Exhibit B. Crittenton shall invoice Employer on a monthly basis. Agency shall remit payment for services within thirty (30) days of the date of the invoice. Agency may pay ahead for services if desired. The services described in Exhibit A shall be provided by Crittenton at a time and place mutually agreed to by the parties.
6. **General Terms.** The Trauma Smart Specialist shall be considered an independent contractor and not an agent or employee of Agency. Neither party may assign any interests in this Agreement without the express written consent of the other party. This Agreement may only be amended by mutual written and signed consent of the parties. This Agreement, and any attached appendices, addendums, exhibits, or any other writing incorporated herein, constitutes the entire and integrated agreement between the parties.

Please indicate your approval of the terms provided in this letter by signing below and returning to me. If you have questions, please feel free to contact me. Thank you for the opportunity to work with you to ensure that every child has the opportunity to learn and grow in a safe and nurturing environment.

Sincerely,

DocuSigned by:

26362BAE4A70467
Marshaun R. Butler, MHSA
Vice President and Administrator
Crittenton Children's Center

Agreed to by:
RAYTOWN SCHOOL DISTRICT

Dr. Brian Huff, Associate Superintendent of Curriculum & Instruction



Exhibit A

Trauma Smart® Services Prepared Exclusively for Raytown School District 10750 E. 350 Hwy. Raytown, MO 64138

Leadership Meeting

The Leadership Meeting is held at a location determined by Raytown School District . Three hours are devoted to introducing agency leaders, parent leaders, funders and community members to the Trauma Smart® initiative (Maximum 100 attendees). Three hours are devoted to an opportunity for Agency leaders to begin developing a trauma informed care team, intensive assessment, planning and goal setting for the Trauma Smart® partnership.

Staff Training and Consultation visits for Agency staff

During 10 on-site training and consultation weeks, Crittenton Trauma Smart® Consultant(s) will provide 20 hours of training for up to 720 Agency staff (60 staff per cohort) and work with all year one and sustaining sites to coordinate with each trauma informed care team to develop and execute the system-wide implementation and sustainability plan. All guidebooks and materials are included. The consultant will also work with staff members to ensure the Smart Connections curriculum and workshops for parents are implemented throughout the school year and meet with Agency coaches and training facilitators to provide assistance in their efforts to fulfill their roles. The Agency staff members who will serve in these roles will work in an apprentice like manner with the consultant when the consultant is on site.

Each on-site training and consultation week includes a one-hour telephone consultation session before or after the site visit.

Trauma Smart® Coaching and Smart Connections Academy

Proposed total includes enrollment for Agency 29 staff members.

The Coaching and Smart Connections Academy provides additional information for selected staff about the model, trauma informed care and how to coach their peers and provide the Smart Connections caregiver curriculum to families. Additional staff may attend a Coaching and Smart Connections Academy in the future. Participants receive 32 hours of training at Crittenton Children's Center in Kansas City, MO. They will receive guides and other tools to aid in their role. The Agency may choose to host an academy on-site in . The minimum enrollment for an on-site academy is 15 staff.



Trauma Smart® Training Facilitator's Academy

Proposed total includes enrollment for 29 Agency staff members.

The Training Facilitator's Academy will prepare Agency staff members who will become responsible for the ongoing training of newly hired staff members employed within centers, grade levels and schools previously trained by Trauma Smart®. Participants receive 32 hours of training at Crittenton Children's Center in Kansas City, MO. They will receive guides and other tools to aid in their role. The Agency may choose to host an academy on-site. The minimum enrollment for an on-site academy is 15 staff. Each participant will receive a training facilitator's guide.

Note 1 of 1: Additional staff members may attend an Academy in the future at an additional cost. Please contact Crittenton Trauma Smart for details.



Exhibit B

Trauma Smart® Price Agreement
Prepared Exclusively for Raytown School District
10750 E. 350 Hwy. Raytown, MO 64138

		Cost
	Services	\$181,440
TOTAL		\$181,440

Certificate Of Completion

Envelope Id: 7D475506B1E644F4ADB43466EA6196A8	Status: Sent
Subject: Please DocuSign: Trauma Smart Agreement - Raytown Schools & Crittenton	
Source Envelope:	
Document Pages: 5	Signatures: 1
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Cheri Kramer
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	901 E 104th St
	Kansas City, MO 64131
	cakramer@saintlukeskc.org
	IP Address: 208.188.113.180

Record Tracking

Status: Original	Holder: Cheri Kramer	Location: DocuSign
3/4/2022 11:59:44 AM	cakramer@saintlukeskc.org	

Signer Events

Signature	Timestamp
Brian Huff brian.huff@raytownschools.org Security Level: Email, Account Authentication (None)	Sent: 3/4/2022 12:11:35 PM Viewed: 3/7/2022 12:36:40 PM
Electronic Record and Signature Disclosure: Accepted: 3/7/2022 12:36:40 PM ID: 9fd214d0-c1ac-45da-987b-00aa94ae004d	

Marshaun Butler
mbutler@saint-lukes.org
Security Level: Email, Account Authentication (None)

DocuSigned by:
Marshaun Butler
26362BAE4A70447...

Sent: 3/4/2022 12:11:34 PM
Viewed: 3/4/2022 12:28:05 PM
Signed: 3/4/2022 12:28:36 PM

Signature Adoption: Pre-selected Style
Using IP Address: 208.188.113.180

Electronic Record and Signature Disclosure:
Accepted: 3/4/2022 12:28:05 PM
ID: 427bc311-b67e-4bb3-ba6e-bde646876400

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Robert Cordell
robert.cordell@raytownschools.org
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Susan Pinne
spinne@saint-lukes.org
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Carbon Copy Events	Status	Timestamp
---------------------------	---------------	------------------

Not Offered via DocuSign

Legal Department

legal@saintlukeskc.org

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Witness Events	Signature	Timestamp
-----------------------	------------------	------------------

Notary Events	Signature	Timestamp
----------------------	------------------	------------------

Envelope Summary Events	Status	Timestamps
--------------------------------	---------------	-------------------

Envelope Sent	Hashed/Encrypted	3/4/2022 12:11:35 PM
Certified Delivered	Security Checked	3/4/2022 12:28:05 PM
Signing Complete	Security Checked	3/4/2022 12:28:36 PM

Payment Events	Status	Timestamps
-----------------------	---------------	-------------------

Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

From time to time, Saint Luke's Health System, Inc. (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Saint Luke's Health System, Inc.:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: rkline@saint-lukes.org

To advise Saint Luke's Health System, Inc. of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at rkline@saint-lukes.org and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Saint Luke's Health System, Inc.

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to rkline@saint-lukes.org and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Saint Luke's Health System, Inc.

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to rkline@saint-lukes.org and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies
----------------------------	---------------------------

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Saint Luke's Health System, Inc. as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Saint Luke's Health System, Inc. during the course of my relationship with you.