



MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the “Agreement”) is entered into as of July 1st, 2020 (the “Effective Date”) between Saint Luke’s Hospital of Kansas City d/b/a Crittenton Children’s Center (“Crittenton”) and Raytown School District (“Agency”) for the implementation of **Trauma Smart**[®], an innovative practice model designed to address the high incidence of complex trauma that negatively impacts children’s lives.

WHEREAS, the parties agree as follows:

- 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.
- 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.
- 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, the parties acknowledge that funding for the Program has been provided by a third party, and that, in the event that said funding is exhausted, terminated, or is not dispersed to Crittenton in a timely fashion, Crittenton shall have the right to terminate this Agreement immediately.
- 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.
- Schedule.** 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.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date and as represented by the authorized signatures below.

SAINT LUKE'S HOSPITAL
OF KANSAS CITY
d/b/a CRITTENTON CHILDREN'S CENTER

RAYTOWN SCHOOL DISTRICT

DocuSigned by:

Jerrie Jacobs-Kenner

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By: Jerrie Jacobs-Kenner
President
Crittenton Children's Center

Date: 7/6/2020

DocuSigned by:

Brian Huff

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By: Brian Huff
Associate Superintendent of Curriculum
& Instruction

Date: 7/6/2020



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 120 Elementary School Staff and work with the trauma informed care teams to develop and execute the system wide implementation and sustainability plan in two elementary schools. All guidebooks and materials are included. An additional 2 elementary schools will participate as control groups by completing a pre and post ARTIC assessment. 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.

Trauma Smart® Coaching and Smart Connections Academy

Proposal includes enrollment for 5 Agency 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.

Trauma Smart® Training Facilitator's Academy

Proposal includes enrollment for 5 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.

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.

Certificate Of Completion

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Subject: Please DocuSign: Raytown SD Trauma Smart Agreement	
Source Envelope:	
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Time Zone: (UTC-08:00) Pacific Time (US & Canada)	cakramer@saintlukeskc.org
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Signer Events

Brian Huff
 brian.huff@raytownschools.org
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Signature

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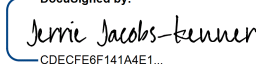
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Jerrie Jacobs-Kenner
 jjacobs-kenner@saint-lukes.org
 Saint Luke's Hospital, Crittenton Children's Center
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anthony.moore@raytownschools.org		
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Certified Delivered	Security Checked	7/6/2020 1:37:50 PM
Signing Complete	Security Checked	7/6/2020 1:37:50 PM
Completed	Security Checked	7/6/2020 1:37:50 PM
Payment Events	Status	Timestamps
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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.

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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..

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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
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** 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.

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- 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.