

INFORMAL STAFF REPORT

MEMORANDUM

To: Ron Olsen, City Manager

Thru: Susan Thorpe, Assistant City Manager

From: Annette Rodriguez, Director of Public Health

Date: December 4, 2013

Subject: Childhood Obesity Prevention Project (1115 Waiver) Council Requested Information

Childhood Obesity Prevention "Strategic Implementation Plan" Project:

The Health District's Childhood Obesity "Strategic Implementation Plan" and tentative timeline through 2016 is attached. Health District plans to initiate required programmatic training, in collaboration and partnership with MEND and key community stakeholders, beginning 1st Quarter of 2014.

Childhood Obesity Prevention Project Proposal Narrative - Milestones/Metrics:

The following is the evidence-based childhood obesity prevention project proposal that was submitted to Texas Health and Human Services Commission (TX HHSC) and The Centers for Medicare and Medicaid Services (CMS) under Section 1115 of the Social Security Act (aka "1115 Waiver").

- The "1115 Waiver" projects are designed to provide incentive payments to qualified providers
 for investments in delivery system reforms that increase access to health care, improve the
 quality of care, and enhance the health of patients and families they serve based on
 innovative/evidence based projects for Medicaid enrolled or uninsured, underinsured eligible
 individuals within the region.
- MEND (Mind, Exercise, Nutrition....Do It!) is the evidence based program proposed:
 - 1. It is one of the most thoroughly researched and proven obesity prevention programs in the world.
 - 2. It is a nationally recognized and scientifically sound for supporting and coaching underserved and minority families to achieve better nutrition and physical activity habits.
 - 3. In the area of community-based child weight management, MEND is the only organization with a completed successful RCT showing efficacy on a wide range of health and psychosocial outcomes.

- Performing Providers will receive payments related to achievement of their milestone(s)/metric(s) upon submission and approval of the required reports for payment and Intergovernmental Transfer (IGT).
- The following Milestones/Metrics for the CCNCPHD pediatric obesity initiatives are as follows based on the Demonstration Year (DY) that runs from October 1st September 30th of the calendar year:
 - DY2 Milestone/Metric: Project planning complete a planning process/submit a plan, in order to do appropriate planning for the implementation of major infrastructure development or program/process redesign.
 (DY2 milestones/required reporting for this project were met and approved for funding in October, 2013)
 - DY3 Milestone/Metric: Implement, document and test an evidence-based innovative project for targeted population, identify 500 eligible patients in defined population, consistent with evidence-based model
 - o DY4 Milestone/Metric: Identify 1500 eligible patients in defined population receiving innovative intervention consistent with evidence-based model
 - o DY5 Milestone/Metric: Identify 1755 of eligible patients in defined population receiving innovative intervention consistent with evidence-based model

CITY OF CORPUS CHRISTI

REQUEST FOR QUALIFICATIONS BI-0015-14

MEND CHILDHOOD OBESITY PROGRAM

One-Year Contract

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CITY OF CORPUS CHRISTI

REQUEST FOR QUALIFICATIONS BI-0015-14

MEND CHILDHOOD OBESITY PROGRAM

Section 1 Notice of Request for Qualifications

1.1 Request for Qualifications

- A. The City of Corpus Christi (the "City") hereby issues this request for qualifications ("RFQ"). The City of Corpus Christi intends to qualify multiple Contractors to deliver MEND programs for the Corpus Christi Nueces County Public Health District (CC-NCPHD), as part of a significant multi-year project to combat child obesity. MEND is an acronym standing for Mind, Exercise, Nutrition ... Do It! MEND programs are high quality and tried and tested, developed by leading child health and weight management specialists using the best available evidence, clinical and government guidelines. All the supporting training, resources, systems, reporting, evaluation and project management that organizations need to help their communities manage child obesity is provided.
- B. A pre-qualification conference will be held at the date and time and in the location specified in Section 1.3 of this RFQ.
 - 1. The purpose of the pre-qualification conference is to provide an opportunity for prospective contractors to discuss, pose questions and obtain clarification from the City regarding this RFQ.
 - 2. All inquiries or requests regarding this RFQ must be submitted to the Procurement Officer indicated below, or his designee as specified herein, in writing and online, via PublicPurchase.com using the electronic question submission feature specific to this RFQ. Such inquiries or requests must be submitted before the due date and time provided in Section 1.3 of this RFQ. Other employees do not have the authority to respond for the City in writing and any attempt to question other employees regarding this RFQ may result in the City disqualifying that Contractor. Only written responses from the Procurement Officer or his duly authorized designee will be binding with regard to inquiries requesting clarification or additional information. The Procurement Officer's, or his duly authorized designee's, written responses will be released simultaneously to all prospective Contractors.
 - 3. The City shall provide written responses to all prospective Contractors in the form of answers to questions and written addenda, and published on PublicPurchase.com, if such information is necessary to Contractors in submitting their qualifications or if the

lack of such information would be prejudicial to uninformed Contractors. Oral explanations or instructions provided by the City before the award of the contract shall not be binding upon the City.

C. The date and time the Contractor electronically submits its qualification statement via PublicPurchase.com shall be electronically recorded by PublicPurchase.com and shall be the official "time stamp" for the purpose of this RFQ. The time maintained by PublicPurchase.com shall be the official time for the purpose of the DUE DATE FOR QUALIFICATIONS STATEMENTS provided in Section 1.3 of this RFQ.

1,2 Submission of Qualifications Statement

- A. The Contractor must submit its qualifications statement to the City of Corpus Christi as specified in Section 3.2, Minimum Requirements. All qualifications statements must be complete and accurate and in City-approved format as referenced in Section 4.3.
- B. Qualifications statements will be evaluated to ascertain which Contractors meet the needs of the City. The evaluation and selection process will be based on:
 - 1) Minimum Requirements
 - 2) References

C. CONTRACTORS SHALL SUBMIT QUALIFICATIONS STATEMENTS ELECTRONICALLY, AS INSTRUCTED HEREIN, VIA PUBLICPURCHASE.COM.

All qualifications statements must be complete and accurate and in City-approved format specified herein. Qualifications statements will be received before the time and date indicated in Section 1.3. Without exception, qualifications statements received on or after this deadline are late, shall be deemed non-responsive and will not be considered.

- D. The City's Charter and the City's Electronic Procurement Policy require that all qualifications statements submitted be sealed, secret, unopened and time-locked through the DUE DATE FOR QUALIFICATIONS STATEMENTS specified in this RFQ. Therefore, qualifications statements submitted directly to the City by facsimile machine, e-mail or hard copy will be considered non-responsive and will be eliminated from consideration.
- E. Delivery to, or receipt in, any other area of the City will not satisfy the requirement for delivery to the Purchasing Division.

1.3 Schedule

The following is a schedule of activities:

Date	Project Activity
September 18, 2013	Request for Qualifications issued
September 25, 2013	Pre-Qualification Conference
	10:00 a.m. Central Time (CT) City Hall, Sixth Floor Conference Room,
	6 th Floor, 1201 Leopard Street, Corpus Christi, TX 78401
	OR
	Proposers may also join via conference call by dialing: 619-326-2730 and entering access code: 559299.
September 27, 2013	5:00 p.m. CT deadline for submission of written questions
October 9, 2013	Qualifications Statements due by 5:00 PM CT.

Section 2 Rules and Conditions

2.1 General Information

The City hereby designates the following individual as the Procurement Officer with overall responsibility for this RFQ:

Elisa Covington, Senior Buyer
Purchasing Division
City of Corpus Christi
P.O. Box 9277
Corpus Christi, Texas 78469-9277
Phone: (361) 826-3161

Phone: (361) 826-3161 Fax: (361) 826-3174 elisac@cctexas.com

2.2 RFQ Notice Requirements

In accordance with City procedures, notice of the RFQ shall be published in the Corpus Christi Caller Times once a week for two consecutive weeks. The date of the first publication will be at least <u>fourteen (14) days</u> prior to the qualifications statement due date.

2.3 Receipt of Qualifications Statements

The qualifications statements shall be received before the date and time specified in Section 1.3 of this RFQ. Qualifications statements must be submitted in accordance with the instructions set out in Section 1.2 C & D of this RFQ.

The time maintained by PublicPurchase.com shall be the official time for the purpose of the DUE DATE FOR QUALIFICATIONS STATEMENTS provided in Section 1.3 of this RFQ. A formal opening of the qualifications statements shall not take place.

2.4 Pre-Qualification Conference

A pre-qualification conference will be held in the 6th Floor Conference Room in City Hall located at 1201 Leopard, Corpus Christi, Texas at the date and time specified in Section 1.3 of this RFQ. The purpose of the pre-qualification conference is to provide an opportunity for prospective Contractors to examine and pose questions and obtain clarification about this RFQ.

2.5 Late Qualifications Statements

Without exception, qualifications statements must be received before the deadline specified in Section 1.3. Any qualifications statements received on or after the time and date specified in Section 1.3 are late and shall not be considered.

2.6 Signing of Qualifications Statements

By submitting and signing a qualifications statement, the Contractor indicates its intention to adhere to the provisions described in the RFQ.

2.7 Cost of Qualifications Statement

This RFQ does not commit the City to pay any costs incurred by a Contractor for preparation and/or submission of a qualifications statement or for contracting for the items to be furnished under this RFQ. All costs directly or indirectly related to preparing and responding to this RFQ, including costs incurred for supplementary documentation, shall be borne solely by the Contractor.

2.8 Qualifying Contractor's Ethical Behavior

Contractor's officers, employees, or agents will not attempt to lobby or influence a vote or recommendation related to the Contractor's qualification statement submitted in response to this RFQ, directly or indirectly, through any contact with City Council Members or other City officials between the deadline for submission of its qualifications statement and the date Contractor receives notification from the City that it is or is not qualified. Such behavior will be cause for rejection of the Qualifying Contractor's qualifications statement at the discretion of the City Manager or designee.

2.9 Term

The service agreement resulting from this RFQ ("Agreement") is for one (1) year from the date of written notification to the Contractor that Contractor is qualified. The term includes two automatic one year extension periods.

2.10 Termination

The City Manager may terminate this Agreement for Contractor's failure to perform the services specified in Request for Qualifications No. BI-0015-14. Failure to keep all insurance policies in force for the entire term of this Agreement is grounds for termination. The Contract Administrator must give Contractor written notice of the breach and set out a reasonable opportunity to cure. If the Contractor has not cured within the cure period, the City Manager may terminate this Agreement immediately thereafter.

Alternatively, City may terminate this Agreement, with or without cause, upon twenty (20) days' written notice to Contractor. However, the City may immediately terminate this Agreement for failure to pay or provide proof of payment of taxes as set out in Section 13.

If the City terminates the Agreement under the foregoing paragraph, the City shall pay the Contractor for goods provided and services actually performed prior to such termination, less such payments as have been previously made. Contractor shall not be entitled to any further compensation for goods provided or work performed by the Contractor or anyone under its control or direction from the date of receipt of notice of cancellation.

2.11 Qualifications Offer Firm

The City reserves the right to withhold final action on qualifications statements for a reasonable time not to exceed one hundred eighty (180) days subsequent to the deadline for receipt of qualification statements.

2.12 Insurance Requirements

- A. Contractor shall not commence work under this agreement until all insurance required herein has been obtained and approved by the City's Risk Manager or designee. Contractor must not allow any subcontractor/Provider to commence work until all similar insurance required of the subcontractor/Provider has been so obtained.
- B. Contractor shall furnish to the Risk Manager or designee two (2) copies of Certificates of Insurance, with applicable policy endorsements showing the following minimum coverage by an insurance company(s) acceptable to the Risk Manager or designee. The City must be named as an additional insured for the General Liability policy, and a waiver of subrogation is required on all applicable policies.

THIS SECTION INTENTIONALLY LEFT BLANK

TYPE OF INSURANCE	MINIMUM INSURANCE COVERAGE
30-Day Notice of Cancellation required on all certificates or by policy endorsement(s)	Bodily injury and Property Damage Per Occurrence / aggregate
Commercial General Liability including: 1. Broad Form 2. Premises – Operations 3. Products/Completed Operations Hazard 4. Contractual Liability 5. Broad Form Property Damage 6. Independent Contractors 7. Underground Hazard (if applicable)	\$1,000,000 Per Occurrence \$2,000,000 Aggregate
SEXUAL ABUSE & MOLESTATION LIABILITY	\$300,000 Per Claim
WORKERS' COMPENSATION All States Endorsement is required if Contractor Is not domiciled in Texas	Which Complies With The Texas Workers' Compensation Act And Paragraph II Of This Exhibit.
EMPLOYER'S LIABILITY	\$500,000 / \$500,000 / \$500,000

C. In the event of accidents of any kind related to this project, Contractor shall furnish the Risk Manager with copies of all reports of such accidents within ten (10) days of the accident.

II. ADDITIONAL REQUIREMENTS

- A. Contractor must obtain workers' compensation coverage through a licensed insurance company in accordance with Texas law. The contract for coverage must be written on a policy and endorsements approved by the Texas Department of Insurance. The coverage provided must be in amounts sufficient to assure that all workers' compensation obligations incurred will be promptly met. If workers' compensation coverage is not written in accordance with Texas law, "All Other States" endorsement must be indicated on the certificate of insurance.
- B. Contractor's financial integrity is of interest to the City; therefore, subject to Contractors right to maintain reasonable deductibles in such amounts as are approved by the City, Contractor shall obtain and maintain in full force and effect for the duration of this Contract, and any extension hereof, at Contractor's sole expense, insurance coverage written on an occurrence basis, by companies authorized and admitted to do business in the State of Texas and with an A.M. Best's rating of no less than A-VII.

C. The City shall be entitled, upon request and without expense, to receive copies of the policies, declarations page and all endorsements thereto as they apply to the limits required by the City. Contractor shall be required to comply with any such requests and shall submit a copy of the replacement certificate of insurance to City at the address provided below within 10 days of the requested change. Contractor shall pay any costs incurred resulting from said changes. All notices under this Article shall be given to City at the following address:

City of Corpus Christi Attn: Risk Management P.O. Box 9277 Corpus Christi, TX 78469-9277 (361) 826-4555- Fax #

- D. Contractor agrees that with respect to the above required insurance, all insurance policies are to contain or be endorsed to contain the following required provisions:
 - Name the City and its officers, officials, employees, volunteers, and elected representatives as additional insured by endorsement, as respects operations and activities of, or on behalf of, the named insured performed under contract with the City, with the exception of the workers' compensation policy
 - Provide for an endorsement that the "other insurance" clause shall not apply to the City of Corpus Christi where the City is an additional insured shown on the policy;
 - Workers' compensation and employers' liability policies will provide a waiver of subrogation in favor of the City; and
 - Provide thirty (30) calendar days advance written notice directly to City of any suspension, cancellation, non-renewal or material change in coverage, and not less than ten (10) calendar days advance written notice for nonpayment of premium.
- E. Within five (5) calendar days of a suspension, cancellation, or non-renewal of coverage, Contractor shall provide a replacement Certificate of Insurance and applicable endorsements to City. City shall have the option to suspend Contractor's performance should there be a lapse in coverage at any time during this contract. Failure to provide and to maintain the required insurance shall constitute a material breach of this contract.
- F. In addition to any other remedies the City may have upon Contractor's failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the City shall have the right to order Contractor to stop work hereunder, and/or withhold any payment(s) which become due to Contractor hereunder until Contractor demonstrates compliance with the requirements hereof.
- G. Nothing herein contained shall be construed as limiting in any way the extent to which Contractor may be held responsible for payments of damages to persons or property

resulting from Contractor's or its subcontractor's performance of the work covered under this agreement.

- H. It is agreed that Contractor's insurance shall be deemed primary and non-contributory with respect to any insurance or self-insurance carried by the City of Corpus Christi for liability arising out of operations under this agreement.
- I. It is understood and agreed that the insurance required is in addition to and separate from any other obligation contained in this agreement.

2.13 Disclosure of Interest

The City of Corpus Christi Code of Ordinances, Section 2-349, as amended, requires all persons or Contractors seeking to do business with the City to provide the Disclosure of Interest Information on the City-supplied form attached to this RFQ. Every question must be answered. If the question is not applicable, answer with N/A. Contractors are obligated to provide updated information concerning the disclosure of interest, as warranted, for the duration of time the qualification statements are under consideration.

2.14 Laws to be Observed

Contractor shall make himself familiar with and at all times shall observe and comply with all federal, state, and local laws, ordinances and regulations which in any manner affect the conduct of the work and shall indemnify and save harmless the City and its representatives against any claim arising from the violation of any such law, ordinance or regulations, whether by himself or by his employees.

2.15 Permits, Licenses & Taxes

Contractor shall procure all permits and licenses, pay all charges, fees and taxes and give all notices necessary and incident to the due and lawful prosecution of the services requested in this RFQ. These provisions for securing permits and taxes will not be paid for either directly or indirectly by the City.

2.16 Indemnification

CONTRACTOR SHALL INDEMNIFY, HOLD HARMLESS AND DEFEND THE CITY AND ITS OFFICERS, EMPLOYEES AND AGENTS ("INDEMNITEES") FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, CLAIMS, DEMANDS, SUITS AND CAUSES OF ACTION OF ANY NATURE ON ACCOUNT OF DEATH, PERSONAL INJURIES, PROPERTY LOSS OR DAMAGE OR ANY OTHER KIND OF DAMAGE, INCLUDING ALL EXPENSES OF LITIGATION, COURT COSTS, ATTORNEYS' FEES AND EXPERT WITNESS FEES WHICH ARISE OR ARE CLAIMED TO ARISE OUT OF OR IN CONNECTION WITH THE AGREEMENT OR THE PERFORMANCE OF THE AGREEMENT, REGARDLESS OF WHETHER THE INJURIES, DEATH OR DAMAGES ARE CAUSED OR ARE CLAIMED TO BE CAUSED BY THE CONCURRENT OR CONTRIBUTING NEGLIGENCE OF INDEMNITEES, BUT NOT BY THE SOLE NEGLIGENCE OF INDEMNITEES UNMIXED WITH THE FAULT OF ANY OTHER PERSON OR GROUP. CONTRACTOR MUST, AT ITS OWN EXPENSE, INVESTIGATE ALL CLAIMS AND DEMANDS, ATTEND TO THEIR SETTLEMENT OR OTHER DISPOSITION, DEFEND ALL ACTIONS BASED THEREON WITH COUNSEL SATISFACTORY TO INDEMNITEES AND PAY ALL CHARGES OF ATTORNEY AND ALL OTHER COSTS AND EXPENSES OF ANY KIND ARISING

FROM ANY OF SAID LIABILITY, DAMAGE, LOSS, CLAIMS, DEMANDS OR ACTIONS. THE INDEMNIFICATION OBLIGATIONS OF PROPOSER UNDER THIS SECTION SHALL SURVIVE THE EXPIRATION OR SOONER TERMINATION OF THE CONTRACT.

2.17 Independent Contractor Status

Contractor is an independent contractor, and not a City employee. Contractor will provide workers' compensation insurance and will pay all F.I.C.A. taxes on the employees it hires. Neither Contractor nor Contractor's employees are entitled to any City employee benefits. All employee benefits are the sole responsibility of Contractor. Contractor shall pay all sales tax generated by its operation prior to the due date. Contractor shall withhold and pay to the appropriate governmental agencies all withhold taxes, F.I.C.A. withholding, Medicare withholding, FUTA, and all similar taxes prior to the due date.

Section 3 Scope of Work

3.1 General Information

- A. The target area for this grant encompasses Regional Health Partnership (RHP) 4. (RHP) 4 is comprised of 18 counties in South Texas including: Aransas, Bee, Brooks, DeWitt, Duval, Goliad, Gonzales, Jackson, Jim Wells, Karnes, Kenedy, Kleberg, Lavaca, Live Oak, Nueces, Refugio, San Patricio, and Victoria.
- B. The Corpus Christi Nueces County Public Health District (herein referred to as CC-NCPHD) aims to improve the care and health of overweight and obese Medicaid/CHIP enrolled and/or eligible, 2-13 year old children by effectively and efficiently linking primary care to community resources to treat obesity at scale. The CC-NCPHD wants to build a broad coalition of dynamic and committed partners from the health care, community and education sectors to do this.
- C. This RFQ is designed to identify potential partners in the community. Contractors need to have the space and people required to deliver one or more MEND programs per quarter over the next 3 years and be willing to do so in return for the funds specified in this RFQ.
- D. The CC-NCPHD will provide better care by increasing access to effective child weight management programs and training a workforce of health educators and community health workers to deliver MEND programs over 3 years. The CC-NCPHD aims to demonstrate better health among enrolled children, such as lower BMI and increased physical activity and self-esteem, which will be the result of empowering families to adopt and sustain healthier lifestyles. Ultimately, the CC-NCPHD aims to lower healthcare costs by reducing the demand on costly clinical services by overweight and obese children and by implementing an evidence-based community model to treat obesity safely, effectively and efficiently.

- E. MEND programs are the most evaluated child weight management programs in the world. The CC-NCPHD will be implementing two program types one focused on 2-5 year olds called MEND 2-5 and another targeting 6-13 year olds called MEND 7-13.
- F. The programs are designed for delivery by trained health educators, ideally from the local communities that they serve and therefore familiar with the dynamics, pressures and sensitivities that influence local eating and physical activity practices. Programs are delivered in familiar and trusted community settings.
- G. Independent clinical studies show that MEND 7-13 is cost-effective and reduces BMI and waist circumference, thereby enabling overweight and obese children to reach and maintain a healthier weight. Additional health and psychosocial benefits include increased physical activity levels and cardiovascular fitness, reduced sedentary behaviors, improved dietary intake and raised self-esteem and body image. Over 36 peer-reviewed publications have documented positive outcomes following the MEND programs.
- H. MEND programs are delivered in communities to groups of typically 10-20 children and their parent(s)/caregiver(s). A minimum of one parent and/or caregiver is required. The programs include nutrition advice and physical activity, underpinned by behavior change techniques. The core class is 10 weeks, with maintenance and support for up to 2 years. The programs empower children to reach and maintain a healthy weight, with the support of their families. This is done by helping families change unhealthy attitudes to food and activity (Mind), keep physically active on a regular basis (Exercise), learn how to choose foods that are healthy, tasty and nutritious (Nutrition), and take action to maintain a healthy lifestyle-for life (Do It!). As an incentive for MEND participants to complete their weekly goals, the group reward is a family activity that occurs after the completion of MEND 7-13. The group reward is chosen by the group during the program.
- I. The MEND 7–13 supermarket tour is a fun and informative session about making healthy food choices when shopping. Families visit a local store as one of their regular program sessions, to look at food products and practice their food label reading skills. The aim of this tour is to help the families identify food and drink that are healthier alternatives.
- J. It is the CC-NCPHD's intent to serve a minimum of 500 children from October 1, 2013 through September 30, 2014. For the period of October 1, 2014 through September 30, 2015, the anticipated number of children is a minimum of 1,500. For the final period of October 1, 2015 through September 30, 2016, the anticipated number of children is a minimum of 1,800.
- K. The City seeks submittals from qualified Respondents interested in providing the services as described in this RFQ. The type of "Work" to be performed under this contract includes delivering physical education, nutrition and other health education training to parents and children ages 2-5 and/or 6-13, as specified herein.

3.2 Qualification Statement

The following are the minimum requirements for this service. Contractors who answer "N", Do Not Comply, for any requirement will be deemed to be not qualified and will be eliminated from consideration.

QUALIFICATIONS STATEMENT	Comply	Do Not Comply
For EVERY item below, Contractor shall indicate "Comply" or "Do Not Comply" by placing an "X" in the applicable box for each item below.		(Indicate with an "X")
3.2 A: SCOPE OF WORK:		
MEND 7-13 program sessions are 10 weeks x 2 days per week x 2 hours each session. The first hour focuses on Nutrition or Behavior Change which children and their parent(s)/caregiver(s) attend. The second hour is a MEND-CATCH physical activity session for children and simultaneously the parent(s)/caregivers engage in a facilitated parent discussion led by the MIND and Nutrition Leader. The first hour is supported by the Program Assistant who then supports either of the second hour sessions as required. MEND 7-13 sessions can be scheduled after school on weekdays, typically between 4–8 pm, or one session on weekdays and the second weekly session on Saturday or Sunday. Parent(s)/caregiver(s) must attend all sessions with the child. Practical sessions in the program include the grocery store tour with participating families. See chart below. MEND 2-5 program sessions are 10 weeks x 1 day per week x 1.5 hours each session. The first 30 minutes are comprised of active play for children and parent(s)/caregiver(s), where the Active Play Leaders aim to get children and parent(s)/caregiver(s) engaging in, and becoming accustomed to getting active and playing age-appropriate games together. This is followed by snack-time which encourages children and parent(s)/caregiver(s) to try new fruits and vegetables in a supportive environment, and can be delivered by any member of the delivery team who has a food safety certification. In the final 45 minutes of each session children are introduced to a creative play environment, led by the Creative Play Leader; during this time parent(s)/caregiver(s) attend an interactive workshop session about Nutrition and Behavior Change, led by the Parent Workshop Leader. Sessions can be scheduled during the day or on weekends. Parent(s)/caregiver(s) must attend all sessions with the child. See chart below.		

MEND 7-13: 10 weeks, twice weekly, 2 hours / session

	First hour	Second hour
Children	Mind and	Exercise
Parents / caregivers	Nutrition Nutrition	Parenting discussions

MEND 2-5: 10 weeks, once weekly, 1.5 hours / session

	30 minutes	15 minutes	45 minutes
Children			Creative play
	Active play	Snack-time	Gleative play
Parents /			Workshops
caregivers			Morkshops

Q	UALIFICATIONS STATEMENT	Comply	Do Not Comply
Coi	For EVERY item below, Contractor shall indicate "Comply" or "Do Not Comply" by placing an "X" in the applicable box for each item below.		(Indicate with an "X")
3.2	A: SCOPE OF WORK (Continued)		
3	The Contractor's established facilities for MEND 7-13 program shall accommodate as many as 20 children per class as well as their parent(s)/caregiver(s) and possibly some siblings. For the first hour Mind and Nutrition session, a "classroom" with up to 40 chairs is required (one each for children and parent/caregiver). Desks or tables are not recommended for facilitation. For the second hour parent(s)/caregiver(s) remain in the "classroom" setting, and children go to an adjacent physical activity space, minimum to the size of a half basketball court. Up to eight water-based physical activity sessions are available if there is access to a shallow pool and qualified instructor.		
а	The Contractor's established facilities for MEND 2-5 shall accommodate up to 12 children per class, as well as their parents and possibly some siblings.		
b	An indoor active play space where the children and their parent(s)/caregiver(s) can be active safely is required for 30 minutes per week. An adjacent studio/classroom space/meeting room in which to deliver the parent/caregiver workshops sessions is required for 45 minutes per week. A creative play area with toys for the children to use is ideal, and is required for 45 minutes per week. Additionally, a snack time area needs to be available for 15 minutes per week. This can be the same		

	space used for the active play session, workshops or the creative play sessions. Ideally a basic kitchen facility or snack preparation area should be available, along with drinking water and hand-washing facilities.	
С	In response to this RFQ the Contractor shall provide photographs of the proposed venues.	
4	The Contractor will provide individuals to fulfill the following roles. See section 3(H) below for detailed role descriptions:	
	Program Manager NOTE: This role can be one individual, if running both program types (MEND 2-5 and MEND 7-13) and alternatively one individual for one program type at each contractor organization. The Program Manager can work in a dual capacity as the Program Manager and Mind and Nutrition Leader, Exercise Leader, or Program Assistant.	
а	• The Program Manager's primary responsibility is to oversee the operations, logistics and administration of the program. They serve as the program's representative and connector to MEND support staff, and are the key interface when reaching out to potential partners and recruitment	
b	 venues. Minimum of 2-3 years program management or similar experience. 	
ME	ND 7-13 requires a minimum of two (2) individuals to lead the program	
5	MEND 7-13 Mind and Nutrition Leader	
	The Mind and Nutrition Leader's primary responsibility is to successfully deliver the 20 Mind and Nutrition sessions and all associated activities and associated graduate activities	
6	MEND 7-13 Exercise Leader (Physical Activity Leader)	
	The MEND Exercise Leader's primary responsibility is to successfully deliver the 17 physical activity sessions and all associated activities and associated graduate activities	
7	MEND 7-13 Program Assistant (Optional)	
	The MEND Program Assistant's primary responsibility is to assist the MEND Mind, Nutrition and Exercise Leaders in successfully delivering the program and all associated activities and associated graduate activities	
	ND 2-5 requires a minimum of two (2) individuals based staff-to-child ratio. uirements are 1:8 to lead the program.	
8	MEND 2-5 Parent/caregivers workshop Leader	
а	The Parent/Caregiver Workshop Leader's primary responsibility is to facilitate the 10 workshop sessions and all associated activities	
b	Responsible for accurate collection and recording of children's data at Healthy Growth Checks 1&2	

С	Assists with the Active Play session and can lead or assist in Snack time.		
9	MEND 2-5 Active Play Leader (role can be combined with the Creative Play Leader, if staff to child ratios permits)		
а	The Active Play Leader's primary responsibility is to lead the 10 Active Play sessions and all associated activities		
b	Assists in the accurate collection and recording of children's data at Healthy Growth Checks 1&2		
С	Assists with the Creative Play sessions and can lead or assist in Snack time		
10	MEND 2-5 Creative Play Leader (role can be combined with the Active Play Leader, if staff to child ratios permits)		
а	The Creative Play Leader's primary responsibility is to lead the 10 Creative Play sessions and all associated activities.		
b	Assists in the accurate collection and recording of children's data at Healthy Growth Checks 1&2		
С	Assists with the Active Play sessions and can lead or assist in Snack time		
11	 MEND 2-5 Assistant (Optional) The MEND Program Assistant's primary responsibility is to assist the MEND 2-5 Leaders with administration and successfully delivering the program and all associated activities 		
The	Contractor's MEND team(s) shall participate in MEND training as follows:		
12	MEND 7-13 Mind and Nutrition Leader – 2 days training required		
а	2 day MEND 7-13 MIND and Nutrition training required		
b	1 day MEND/-CATCH physical activity training recommended		
13	MEND 7-13 Exercise Leader – 3 days training required		
а	2 day MEND 7-13 Mind and Nutrition training		
b	1 day MEND-CATCH Activity Training		
14	MEND 7-13 Program Assistant		
а	MEND training is at the local partner's discretion, but recommended to attend 2 day MEND Mind and Nutrition training		
15	MEND 2-5 Parent/Caregiver Workshop Leader – 2 days training required		
а	2 days MEND 2-5 training which covers the practical delivery and content of each component of MEND 2-5	:	
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16	MEND 2-5 Active Play Leader – 2 days training required		
а	2 days MEND 2-5 training which covers the practical delivery and content of each component of MEND 2-5		-
17	MEND 2-5 Creative Play Leader – 2 days training required		
а	2 days MEND 2-5 training which covers the practical delivery and content of each component of MEND 2-5		
18	MEND 2-5 Program Assistant		
а	MEND training is at the local partner's discretion, but recommended to attend 2 day MEND Mind and Nutrition training		
19	Contractor shall remain in full compliance with all requirements. Cancellation or expiration of insurance (unless renewed or secured through another licensed insurance provider) during the contract period will result in automatic disqualification of Contractor and removal from the rotation list.		
20	Must have a minimum of two employees on the job site at all times.		
21	Contractor shall maintain current Texas Department of Family and Protective Services certifications as required by law, throughout the term of the contract.		
3.2,	B: MINIMUM REQUIREMENTS	<u> </u>	
1	Contractor will work on a flexible schedule, primarily in the evening and on weekends unless otherwise authorized, in writing, by the City to work other hours/days.		
Con will resu	very Team Leader role descriptions. (In response to this RFQ the tractor shall provide brief resumes of the proposed staff or details of who be used to deliver these roles.) The City reserves the right to review times and accept or reject any individual proposed by the contractor to vide services under this RFQ.		
<u></u>	Program Manager The Program Manager's primary responsibility is to oversee the operations, logistics and administration of the program. They serve as the program's representative and connector to MEND support staff, and are the key interface when reaching out to potential partners and recruitment venues.		
а	Leads the family recruitment and registration processes	-	
b	Establishes community partnerships and family referral pathways		
С	Establishes and maintains communication pathways for families and external community partners		
d	Maintains required data input into MEND Operations Management and Monitoring System (OMMS) data system		

е	Can coordinate the hiring of MEND delivery team		
f	·		
T	 Coordinates MEND training with MEND Regional Manager (RM) 		
g	With the relevant MEND 2-5 and/or MEND 7-13 leaders		
	manages and organizes the two Healthy Growth Check		
	(measurement) sessions		
h	Coordinates and participates in the Grocery Store Tour,		
	Graduation and Group Reward sessions		
j	Coordinates the program site venue utilization and logistics		
j	If necessary, is MEND trained and has required skill set to substitute for the delivery team roles to deliver sessions to families		
3	The Contractor shall identify and deploy individuals for the MEND		
-	Program Manager position who have the following knowledge, skills		
	and abilities:		
а	2-3 years successful team-based project and program management experience required		
h			
b	Exceptional verbal and written communication of the required		
С	Background in health, wellness, health promotion preferred		
d	Experience working with family-based programming strongly		
	preferred		
е	Strong follow-up skills and ability to work unsupervised		
f	Experience with database management and data entry required		
g	Exceptional organizational skills with attention to detail		
h	Completion of the MEND 1-day Program Manager and associated ongoing operation and development training is required;		
İ	Completion of the 2-day MEND Theory training and 1-day Exercise training is preferred		
j	Current CPR/First Aid certification, preferred		
k	Criminal background check clearance in accordance with		
	Texas Administrative Code 745.615. Files associated with background		
	check must be submitted to CC-NCPHD prior to commencing work.		
4	MEND 7-13 role descriptions		
MEN	ND 7-13 Delivery Leaders are responsible for a wide range of duties		
	uding, but not limited to the following:	6.45	
	ND 7-13 MIND and Nutrition Leaders		
а	The Mind and Nutrition Leader's primary responsibility is to		
	successfully deliver the 20 Mind and Nutrition sessions and all		
- le	associated activities and associated graduate activities.		
b	 Leads the Nutrition and Mind (behavior change) sessions, two 1-hour sessions per week 		
С	Facilitate the 11 parent(s)/caregiver(s) sessions		

d	 With the Program Manager organizes the two Healthy Growth Check (measurement) sessions, and collects and records accurate data 		
е	Organizes, arranges and delivers the grocery store tour.		
f	Participates and helps to organize the Group Reward session		
	planned by the families		
g	Responsible for accurate collection of family measurement		
	collection		
5	The Contractor shall identify and deploy individuals for the MEND Mind		
	Nutrition Leader position that have the following knowledge, skills and	946966	
	ities:		
a	Background in nutrition, health promotion, exercise science, psychology public health or related field in professed, but not required.	İ	
b	psychology, public health or related field is preferred, but not required		
D	Group facilitation skills and experience, especially with youth and families		
С	Ability to motivate and inspire individuals and groups		
d			
l u	 Completion of the MEND 2-day theory training is required; completion of MEND 1-day CATCH-Exercise training is highly 		
	recommended, but not essential.		
е	Upon completion of MEND training, successfully passing the		
	MEND Theory assessment		
f	Current CPR/First Aid certification preferred but not required		
g	Criminal background check clearance in accordance with		
9	Texas Administrative Code 745.615. Files associated with background		
	check must be submitted to CC-NCPHD prior to commence of work.		
h	Where applicable Spanish language proficiency and ability to		
	translate materials for Spanish speakers		
6	MEND 7-13 Exercise Leaders (physical activity leaders)		
	Exercise Leaders are responsible for a wide range of duties including		
	but not limited to the following:		
а	 The MEND Exercise Leader's primary responsibility is to 		
	successfully deliver the 17 physical activity sessions and all associated		
1-	activities and associated graduate activities.		
b	Leads the MEND-CATCH Exercise sessions for the youth norticipants to 4 hours are in a name of the control		
	participants, two 1-hour sessions per week		
С	 Participates in the two Healthy Growth Check sessions, collects 		
	and records accurate data		
đ	 Assist with the Healthy Growth Check (measurement) sessions, 	•	
	Grocery Store Tour and Group Reward.		
е	Depending on local area agreements: responsible for leading		
	Sustainable Outcome (Post-Program Physical Activity Sessions), up to	-	
	two 1-hour sessions per week		
7	The Contractor shall identify and deploy individuals for the MEND		
	Exercise Leader position who have the following knowledge, skills and		
	abilities:		
а	Current and relevant physical activity qualification		,
b	Has the ability to coach, engage and connect with the MEND		
	children, while maintaining a positive yet disciplined environment		

d • Background in health promotion, exercise science, fitness, or related field a plus e • Experience with CATCH or SPARK programs is desirable f • Group facilitation skills and experience especially with youth and families are strongly preferred g • Experience working with overweight/obese populations is desirable h • Ability to motivate and inspire children and groups i • Completion of the MEND 2-day Theory training; completion of the 1-day Exercise training j • Upon completion of the training successfully passing the MEND Mind and Nutrition and Exercise training assessment. k • Current CPR/First Aid certification i • Criminal background check clearance in accordance with Texas Administrative Code 745.615. Files associated with background check must be submitted to CC-NCPHD prior to commence of work. 8 MEND 7-13 Program Assistant The MEND Program Assistant's primary responsibility is to assist the MEND Mind, Nutrition and Exercise Leaders in successfully delivering the program and all associated activities and associated graduate activities b • Participates in the two Healthy Growth Check sessions, collects and records accurate data c • Participates in the Group Reward session planned by the families d • If necessary and if trained and has passed the MEND assessment to substitute for the Mind and Nutrition Leader. 9 The Contractor shall identify and deploy individuals for the MEND Program Assistant position who have the following knowledge, skills and abilities: a • Ability to motivate and inspire individuals and groups is desired b • Strong organizational skills preferred e • Criminal background check clearance in accordance with Texas Administrative Code 745.615. Files associated with background check must be submitted to CC-NCPHD prior to commence of work.				
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		Texas Administrative Code 745.615. Files associated with background check must be submitted to CC-NCPHD prior to commence of work.		
10 All MEND 7-13 leaders shall possess the following core competences:	10	All MEND 7-13 leaders shall possess the following core competences:		
Demonstrates commitment to providing a quality experience for MEND families				

b	Demonstrates flexibility while maintaining a positive nonjudgmental attitude	
С	Demonstrates a commitment to inclusive learning	
d	Demonstrates a commitment to continuous learning and feedback	
е	Demonstrates effective role modeling for children embarking on a healthy lifestyle program	
11	MEND 2-5 role descriptions	
	MEND 2-5 Delivery Leaders are responsible for a wide range of duties including but not limited to the following:	
а	 MEND 2-5 Parent /Caregiver Workshop Leader The Parent/Caregiver Workshop Leader's primary responsibility is to facilitate the 10 workshop sessions and all associated activities 	
b	Assists with the Active Play session and can lead or assist Snack time	
С	With the program manager responsible for accurate collection and recording of children's data at Healthy Growth Checks 1&2	
d	 Assists with the Active Play session and can lead or assist in Snack time 	
12	The Contractor shall identify and deploy individuals for the MEND Parent/Caregiver Workshop Leader position that have the following knowledge, skills and abilities:	
а	 Background in nutrition, health promotion, psychology, public health or related field is strongly preferred, but not required 	
b	 Group facilitation skills and experience, especially with adults strongly preferred 	
С	 Experience of working with and the ability to motivate and inspire individuals and groups of children aged 2-5 years 	
d	Completion of the MEND 2-day training is required.	
е	 Upon completion of MEND training, successfully passing the MEND 2-5 assessment 	
f	Current CPR/First Aid certification preferred but not required	
g	Leading Snack Time, must hold a food safety certification	
h	 Criminal background check clearance in accordance with Texas Administrative Code 745.615. Files associated with background check must be submitted to CC-NCPHD prior to commence of work. 	
İ	 Where applicable Spanish language proficiency and ability to translate materials for Spanish speakers 	
13	MEND 2-5 Active Play Leader (role can be combined with the Creative Play Leader if staff to child ratios allow)	
	The MEND Active Play Leader is responsible for a wide range of duties, including, but not limited to, the following:	

		 ·······
а	The Active Play Leader's primary responsibility is to lead the 10 Active Play sessions and all associated activities	
b	Assists with the Creative Play session and can lead or assist with Snack time	
С	Participates in the two Healthy Growth Check sessions, collects and records accurate data	
d	Assists in the accurate collection and recording of children's data at Healthy Growth Checks 1&2	
е	Assists with the Creative Play sessions and can lead or assist in Snack time	
14	The Contractor shall identify and deploy individuals for the MEND Active Play Leader position who have the following knowledge, skills and abilities:	
а	• Experience of working with groups of children aged 2–5 years and have the ability to engage and motivate children and parent(s)/caregiver(s) to participate in game-based activities in a safe environment	
b	Group facilitation skills and experience especially with young children and families are strongly preferred	
С	• Ideally possess a child development certificate (recommended qualifications for this role will vary from state to state). Submit certificate, if applicable.	
d	Ability to motivate and inspire children and groups	
е	Completion of the MEND 2-day training	
f	 Upon completion of the training successfully passing the MEND 2-5 assessment. 	
g	Current CPR/First Aid certification	
h	If leading Snack Time must hold a food safety certification	
	 Criminal background check clearance in accordance with Texas Administrative Code 745.615. Files associated with background check must be submitted to CC-NCPHD prior to commence of work. 	
15	MEND 2-5 Creative Play Leader (role can be combined with the Active Play Leader if staff to child ratios allow)	
	The MEND Creative Play Leader is responsible for a wide range of duties including but not limited to the following:	
а	 The Creative Play Leader's primary responsibility is to lead the 10 Creative Play sessions and all associated activities 	
b	 Assists in the accurate collection and recording of children's data at Healthy Growth Checks 1&2 	
С	 Assists with the Active Play sessions and can lead or assist in Snack time 	
16	The Contractor shall identify and deploy individuals for the MEND Creative Play Leader position who have the following knowledge, skills and abilities:	

and have the ability to engage them in learning through stories, arts & crafts and other play activities b Group facilitation skills and experience especially with young children and families are strongly preferred c Ideally possess a child development certificate (recommended qualifications for this role will vary from state to state). d Ability to motivate and inspire children and groups e Completion of the MEND 2-day training f Upon completion of the training successfully passing the MEND 2-5 assessment. g Current CPR/First Aid certification i If leading Snack Time must hold a food safety certification i Criminal background check clearance in accordance with Texas Administrative Code 745.615. Files associated with background check must be submitted to CC-NCPHD prior to commence of work. MEND 2-5 Program Assistant a The MEND Program Assistant will be responsible for a wide range of duties including but not limited to the following: • The MEND Program Assistant will be responsible for a wide range of duties including but not limited to the following: • The MEND Program Assistant will be responsible for a wide range of duties including but not limited to the following: • The MEND Program and all associated activities. b Assists the Leaders in the delivery of the 10 x MEND 2-5 sessions c • Assists the Leaders in the delivery of the 10 x MEND 2-5 sessions d • Can lead or assist with Snack time e Participates in the two Healthy Growth Check sessions, collects and records accurate data f • Where applicable assists in data entry and recruiting of families with Program Manager The Contractor shall identify and deploy individuals for the MEND Program Assistant position who have the following knowledge, skills and abilities: a Ability to motivate and inspire individuals and groups is desired b Experience of working with groups of children aged 2-5 years c • Strong organizational skills preferred d • Ability to be punctual and flexible required e If leading Snack Time, must hold a food safety cer			
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17	All MEND 2-5 leaders shall possess the following core competences:	
а	Demonstrates commitment to providing a quality experience for MEND families	
b	Demonstrates flexibility while maintaining a positive nonjudgmental attitude	
С	Demonstrates a commitment to inclusive learning	
d	Demonstrates a commitment to continuous learning and feedback	
е	Demonstrates effective role modeling for children embarking on a healthy lifestyle program	
f	Spanish language speaking/proficiency	
18	Hours of Operation: Contractor shall perform the work Monday thru Sunday, primarily in the evenings and on weekends, excluding Cityrecognized holidays. (MEND 7-13 typically weekday evenings and/or weekends. MEND 2-5 can also be delivered in mid-morning or mid-afternoon slots)	
19	Contractor shall have an established office in order to start services beginning January 2014.	
20	Contractor shall notify the CCNCPHD in writing, within 48 hours upon completion of each program.	
21	The City has NOT terminated an agreement with Contractor in the last five years, for or not for cause, breach or default.	
22	Contractor is not currently involved in litigation with the City nor, in the last five years, has Contractor been involved in litigation with the City.	
23	If awarded this contract, the Contractor agrees to the services as described in this RFQ.	
24	Contractor shall ensure safety at the job site.	
25	Contractor must provide list of three (3) references where Contractor may have performed a similar service (see section 3.4 of this RFQ).	
26	Contractors shall comply with all Federal and State Regulations.	
27	Contractor and its employees and subcontractors or temporary staffers, if applicable, that will provide services under this RFQ, have not been indicted or convicted of a felony or misdemeanor greater than a Class C in the last five (5) years.	

3.3 Fixed Unit Price Schedule

By means of this RFQ, the City will secure qualified Contractors agreeing to the following standard service price schedules, established by the City of Corpus Christi:

NOTE: Pricing in the fixed unit price schedule below is inclusive of all materials and any and all other costs, whether direct or indirect.

- A. MEND 7-13 sites will receive \$7,000 per 10 week program for meeting their specified goals. In order to meet the specified goals and receive payment, eight-five percent (85%) of participants must complete a minimum of eighty percent (80%) of the 10 week program. If eighty-five percent (85%) of participants do not complete a minimum of the eighty percent (80%) of the 10 week program, then a deduction of \$400 per participant not completing a minimum of 80% of the program will be made.
- B. MEND 2-5 sites will receive \$3,000 per 10 week program for meeting their specified goals. In order to meet the specified goals and receive payment, eight-five percent (85%) of participants must complete a minimum of eighty percent (80%) of the 10 week program. If eighty-five percent (85%) of participants do not complete a minimum of the eighty percent (80%) of the 10 week program, then a deduction of \$230 per participant not completing a minimum of the 80% of the program will be made.
- C. Documentation of participants shall be entered into the OMMS data system per CC-NCPHD required deadline, to be determined.
- D. Payment will be issued upon successful completion of each individual MEND program and after data has been entered by the contractor and verified by the CC-NCPHD.

3.4 Reference Sheet

a. CURRENT CLIENT Reference 1

Organization name:

Using the format below, the Proposer should provide three client references. References should be relative to the Proposer's office that will provide MEND CHILDHOOD OBESITY PROGRAM to the City. This information will be used to determine the extent to which the Proposer is able to provide MEND CHILDHOOD OBESITY PROGRAM to an entity the size of the City of Corpus Christi as well as the reference's satisfaction level with the Proposer's services. Please identify references that are similar to the scope of work described herein.

Contact and title:

Address:	Phone number:
Effective date of contract:	
Description of services provide	ed.
b. CURRENT CLIENT Refere	ence 2
Organization name:	Contact and title:
Address:	Phone number:
Effective date of contract:	
Description of services provide	d.
c. CURRENT CLIENT Refere	nce 3
Organization name:	Contact and title:
Address:	Phone number:
Effective date of contract:	
Description of services provided	d.

Section 4 Qualifications Statement Response Format Requirements

4.1 General Instructions

This section outlines the minimum requirements for preparation and presentation of a qualifications statement.

The Contractor shall define the capabilities of its organization to provide the services as requested in this RFQ. The qualifications statement should be specific and complete in every detail, prepared in a simple and straightforward manner.

Contractors are expected to examine the entire RFQ including all specifications, standard provisions and instructions. Failure to do so will be at the Contractor's risk.

4.2 Qualifications Statement Format

The format should conform to the form prescribed below:

- 4.2.1 Qualifications cover letter with Company Name, Mailing Address, Telephone Number, Fax Number, Email Address and Signature of Person Authorized to Sign
- 4.2.2 3.2 Minimum Requirements Section
- 4.2.3 Photographs of the proposed venues.
- 4.2.4 Resumes of the proposed staff
- 4.2.5 CPR/First Aid Certification(s)
- 4.2.6 Copy of Food Handler's Certification(s)
- 4.2.7 Child Development Certificate
- 4.2.8 3.5 Reference Section
- 4.2.9 Signed Service Contract (Agreement)
- 4.2.10 Business Designation Form
- 4.2.11 Disclosure of Interest

4.3 Qualifications Statement

By submitting and signing the qualifications statement, the Contractor indicates its intention to adhere to the provisions described in the RFQ.

SECTION 5 Qualifications Statement Evaluation

5.1 Review Committee

The City will conduct a comprehensive, fair and impartial review of all qualifications statements received in response to this RFQ. Each qualifications statement will be analyzed to determine overall responsiveness and completeness as defined in Section 4.2 Qualifications Statement Format and Section 5.2 Evaluation Criteria. Failure to comply with the instructions or to submit a complete Qualifications Statement that satisfies the requirements in Sections 4.2 and 5.2 will result in your Qualifications Statement being deemed non-responsive and may, at the discretion of the review committee, be eliminated from further consideration.

5.2 Evaluation Criteria

- A. The review of qualifications and selection process will be based on the following criteria:
 - 1) Minimum Requirements
 - 2) References

The City may also take into consideration the quality of the product, the adaptability to the particular use require, and the ability, capacity, experience, efficiency and integrity of the Contractor as well as their financial responsibility.

Each Contractor should provide any information that could assist the City in determining the Contractor's qualifications.

B. The Contractor's failure to provide information relative to the above criteria may result in the City deeming such qualifications statement non-responsive and may, at the discretion of the review committee as defined in the paragraphs above, result in elimination of said qualifications statement from further consideration. The review committee reserves the right to conduct other reviews and measurements of the qualifications statements as may be necessary to make an informed decision.

SERVICE CONTRACT

MEND CHILDHOOD OBESITY PROGRAM

Service Agreement No
THIS MEND CHILDHOOD OBESITY PROGRAM CONTRACT (this "Agreement") is entered into by and between (the "Contractor") and the City of Corpus Christi, a Texas home-rule municipal corporation (the "City"), by and through its duly authorized City Manager or his designee (the "City Manager"), effective for all purposes upon execution by the City Manager.
WHEREAS Contractor has proposed to provide MEND CHILDHOOD OBESITY PROGRAM in response to Request for Qualifications No. BI-0015-14, which is incorporated by reference and attached hereto as Exhibit A;
WHEREAS the City has determined Contractor to be a qualified vendor;
NOW, THEREFORE, Contractor and City enter into this Agreement and agree as follows:
1. Services. Contractor will provide MEND CHILDHOOD OBESITY PROGRAM in accordance with Request for Qualifications No. BI-0015-14, which is incorporated by reference and attached hereto as Exhibit A.
2. Term. This Agreement is for one (1) year commencing on and continuing through The term includes two automatic one-year extension periods.
3. Contract Administrator. The Contract Administrator designated by the City is responsible for approval of all phases of performance and operations under this Agreement including deductions for nonperformance and authorizations for payment. All of Contractor's notices or communications regarding this Agreement must be directed to the Contract Administrator, who is the Administrative Research Director.

- 4. **Independent Contractor.** Contractor will perform the services hereunder as an independent contractor and will furnish such services in its own manner and method, and under no circumstances or conditions may any agent, servant, or employee of Contractor be considered as an employee of the City.
- 5. Insurance. Before activities can begin under this Agreement, Contractor's insurance company(ies) must deliver a Certificate of Insurance, as proof of the required insurance coverages to the Contract Administrator. Additionally, the certificate must state that the Contract Administrator will be given at least 30 days notice of cancellation, material change in the coverages, or intent not to renew any of the policies by certified mail. The City must be

named as an Additional Insured. The City Attorney must be given copies of all insurance policies within 15 days of the City Manager's written request. Insurance requirements are incorporated herein in Request for Qualifications No. BI-0015-14, which is incorporated herein as Exhibit A and may be revised annually by the City Manager upon 30 days written notice to Contractor.

- 6. **Assignment.** No assignment of this Agreement or any right or interest therein by Contractor is effective unless the City first gives its written consent to such assignment. The performance of this Agreement by Contractor is of the essence of this Agreement and the City's right to withhold consent to such assignment is within the sole discretion of the City on any ground whatsoever.
- 7. Fiscal Year. All parties recognize that the continuation of any contract after the close of any fiscal year of the City, which fiscal year ends on July 31 annually, is subject to appropriations and budget approval providing for such contract item as an expenditure in that budget. The City does not represent that the budget item will be actually adopted, as that determination is within the sole discretion of the City Council at the time of adoption of each budget.
- 8. Waiver. No waiver of any breach of any term or condition of this Agreement or Contractor's offer to Request for Qualifications No. BI-0015-14 waives any subsequent breach of the same.
- 9. Compliance with Laws. This Agreement is subject to all federal laws and laws of the State of Texas. All duties of the parties will be performed in the City of Corpus Christi, Texas. The applicable law for any legal disputes arising out of this Agreement is the law of Texas and the venue for such disputes is the appropriate district, county, or justice court in and for Nueces County, Texas.
- 10. Subcontractors. Contractor may use subcontractors in connection with the work performed under this Agreement. When using subcontractors, however, Contractor must obtain prior written approval from the <u>Contract Administrator</u>. In using subcontractors, Contractor is responsible for all their acts and omissions to the same extent as if the subcontractor and its employees were employees of Contractor. All requirements set forth as part of this Agreement are applicable to all subcontractors and their employees to the same extent as if the Contractor and its employees had performed the services.
- 11. Amendments. This Agreement may be amended only by written agreement signed by duly authorized representatives of the parties hereto.
- 12. **Termination.** The City Manager may terminate this Agreement for Contractor's failure to perform the services specified in **Request for Qualifications No. BI-0015-14**. Failure to keep all insurance policies in force for the entire term of this Agreement is grounds for termination. The Contract Administrator must give Contractor written notice of the breach and set out a reasonable opportunity to cure. If the Contractor has not cured within the cure period, the City Manager may terminate this Agreement immediately thereafter.

Alternatively, City may terminate this Agreement, with or without cause, upon twenty (20) days' written notice to Contractor. However, the City may immediately terminate this Agreement for failure to pay or provide proof of payment of taxes as set out in Section 13.

- 13. **Taxes.** Contractor covenants to pay payroll taxes, Medicare taxes, FICA taxes, unemployment taxes, and all other related taxes according to Circular E Employer's Tax Guide, publication 15, as it may be amended. Contractor must provide proof of payment of these taxes within 30 days after City Manager's written request therefor.
- * 14. **Drug Policy.** Contractor must adopt a Drug Free Workplace and drug testing policy.
- * 15. Violence Policy. Contractor must adopt a Violence in the Workplace policy.
- 16. **Notice.** Notice may be given by fax, hand-delivery or certified mail, postage prepaid, and is deemed received on the day faxed or hand-delivered or on the third day after deposit, if sent certified mail. Notice shall be sent as follows:

IF TO CITY:

City of Corpus Christi

Attention: Administrative Research Director, Health Department

P.O. Box 9277

Corpus Christi, Texas 78469-9277

Fax No.: (361)826-4526

IF TO CONTRACTOR:

Contractor Name:							
Contact Person:							
Address:							
City, State, Zip:						 	
Fax No.:	=	-		1	•		

- 17. Month-to-Month Extension. If the City has not completed the qualification process and awarded a new MEND CHILDHOOD OBESITY PROGRAM contract upon the expiration of this Agreement, then Contractor must continue to provide services under this Agreement, on a month-to-month basis until a new contract is awarded by Council. This Agreement automatically expires on the effective date of a new contract; the Contract Administrator will provide written notice of the effective date of the new contract to Contractor.
- 18. Indemnification. CONTRACTOR SHALL INDEMNIFY, HOLD HARMLESS AND DEFEND THE CITY OF CORPUS CHRISTI AND ITS OFFICERS, EMPLOYEES AND AGENTS ("INDEMNITEES") FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, CLAIMS,

DEMANDS, SUITS AND CAUSES OF ACTION OF ANY NATURE ON ACCOUNT OF DEATH, PERSONAL INJURIES, PROPERTY LOSS OR DAMAGE OR ANY OTHER KIND OF DAMAGE, INCLUDING ALL EXPENSES OF LITIGATION, COURT COSTS, ATTORNEYS' FEES AND EXPERT WITNESS FEES WHICH ARISE OR ARE CLAIMED TO ARISE OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE PERFORMANCE OF THIS AGREEMENT, REGARDLESS OF WHETHER THE INJURIES, DEATH OR DAMAGES ARE CAUSED OR ARE CLAIMED TO BE CAUSED BY THE CONCURRENT OR CONTRIBUTING NEGLIGENCE OF INDEMNITEES, BUT NOT BY THE SOLE NEGLIGENCE OF INDEMNITEES UNMIXED WITH THE FAULT OF ANY OTHER PERSON OR GROUP. CONTRACTOR MUST, AT ITS OWN EXPENSE, INVESTIGATE ALL CLAIMS AND DEMANDS, ATTEND TO THEIR SETTLEMENT OR OTHER DISPOSITION, DEFEND ALL ACTIONS BASED THEREON WITH COUNSEL SATISFACTORY TO INDEMNITEES AND PAY ALL CHARGES OF ATTORNEYS AND ALL OTHER COSTS AND EXPENSES OF ANY KIND ARISING FROM ANY OF SAID LIABILITY, DAMAGE, LOSS, CLAIMS, DEMANDS OR ACTIONS. THE INDEMNIFICATION OBLIGATIONS OF CONTRACTOR UNDER THIS SECTION SHALL SURVIVE THE EXPIRATION OR SOONER TERMINATION OF THIS AGREEMENT.

19. **Severability.** Each provision of this Agreement shall be considered to be severable and, if, for any reason, any such provision or any part thereof, is determined to be invalid and contrary to any existing or future applicable law, such invalidity shall not impair the operation of or affect those portions of this Agreement that are valid, but this Agreement shall be construed and enforced in all respects as if the invalid or unenforceable provision or part thereof had been omitted.

SIGNED this day of	f, 2013.	
	Contractor:	
	Signature Name: Title:	<u></u>
CITY OF CORPUS CHRISTI		
Michael Barrera Assistant Director of Financial Services	Date	

Incorporated by Reference:

Exhibit A: Request for Qualifications No. BI-0015-14 Exhibit B: Contractor's Qualifications Statement

CITY OF CORPUS CHRISTI PURCHASING DIVISION BUSINESS DESIGNATION FORM

ENSURE THIS FORM IS SUBMITTED WITH YOUR BID RESPONSE

PLEASE INDICATE WHETHER YOUR COMPANY IS ANY ONE OF THE FOLLOWING:

 YES ☐ NO - CERTIFIED HISTORICALLY UNDERUTILIZED BUSINESS (HUB) Select all that are appropriate: ASIAN PACIFIC BLACK HISPANIC NATIVE AMERICAN WOMAN Please visit the following website for information on becoming a Texas Certified HUB: http://www.window.state.tx.us/procurement/prog/hub/ 										
YES NO A for-profit entity e	O - LOCAL SMALL BUSINESS (LSB) employing less than 49 employees located within the City limits	s of Corpus Christi, Tex	as							
☐ YES ☐ NO	OTHER (PLEASE SPECIFY):									
☐ THIS CO	THIS COMPANY IS NOT A CERTIFIED HUB or LSB									
REPORTING	THE INFORMATION REQUESTED IN THIS FORM IS FOR STATISTICAL REPORTING PURPOSES ONLY AND WILL NOT INFLUENCE AWARD DECISIONS OR THE AMOUNT OF MONIES EXPENDED WITH ANY GIVEN COMPANY.									
BID INVITAT	TION NO: BI									
Firm Name:		Telephone:		Ext.						
Address:		Fax:								
City:	State: Zip: -	_ E-mail: _								
Signature of Pers	son Authorized to Sign Form	Date:								
Signer's Name:		Title:	·							

(Please print or type)

CITY OF CORPUS CHRISTI DISCLOSURE OF INTEREST

City of Corpus Christi Ordinance 17112, as amended, requires all persons or firms seeking to do business with the City to provide the following information. Every question must be answered. If the question is not applicable, answer with "NA". See reverse side for Filing Requirements, Certifications and definitions.

COMPANY NAME:									
P. O. BOX:					i				
CITY:			ST	ATE:					ZIP:
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If additional space is not a space i	ecessary, pleach "emplo ip in the abo	DISC ase use the reve yee" of the Cit ove named "firm	CLOSUI erse side y of Con n."	RE QUE of this p pus Chr		ach sepa g an "o	arate sheet. wnership in		
State the names of ear of the ownership in the Name	ach "official he above na		Corpus	Christi l			ship interes		
3. State the names of e or more of the owner Name	ach "board r rship in the a	nember" of the bove named "f	City of irm."	Corpus	Board, C	ommiss	"ownership	mittee	·
4. State the names of earelated to the subject above named "firm." Name	nch employe of this cont	e or officer of a	consul a "consul a "owner	ltant" fo		of Corp stituting	ous Christi v g 3% or mo		
Name			 		Consultar	nt			

FILING REQUIREMENTS

If a person who requests official action on a matter knows that the requested action will confer an economic benefit on any City official or employee that is distinguishable from the effect that the action will have on members of the public in general or a substantial segment thereof, you shall disclose that fact in a signed writing to the City official, employee or body that has been requested to act in the matter, unless the interest of the City official or employee in the matter is apparent. The disclosure shall also be made in a signed writing filed with the City Secretary. [Ethics Ordinance Section 2-349 (d)]

I certify that all information provide withheld disclosure of any information of Corpus Christi, Texas as changes occ	CERTIFICATION ed is true and correct as of the date of this statement, that I have not leequested; and that supplemental statements will be promptly submitted tur.	knowing to the Ci
Certifying Person:	Title:	
(Type or Print)	***************************************	
Signature of Certifying Person:	Date:	
		_

DEFINITIONS

- "Board member." A member of any board, commission, or committee appointed by the City Council of the City of Corpus Christi, Texas.
- "Economic benefit". An action that is likely to affect an economic interest if it is likely to have an effect on that interest that is distinguishable from its effect on members of the public in general or a substantial segment thereof.
- Any person employed by the City of Corpus Christi, Texas either on a full or part-time basis, but not "Employee." as an independent contractor.
- "Firm." Any entity operated for economic gain, whether professional, industrial or commercial, and whether established to produce or deal with a product or service, including but not limited to, entities operated in the form of sole proprietorship, as self-employed person, partnership, corporation, joint stock company, joint venture, receivership or trust, and entities which for purposes of taxation are treated as non-profit organizations.
- The Mayor, members of the City Council, City Manager, Deputy City Manager, Assistant City Managers, Department and Division Heads, and Municipal Court Judges of the City of Corpus Christi, Texas.
- "Ownership Interest." Legal or equitable interest, whether actually or constructively held, in a firm, including when such interest is held through an agent, trust, estate, or holding entity. "Constructively held" refers to holdings or control established through voting trusts, proxies, or special terms of venture or partnership agreements."
- "Consultant," Any person or firm, such as engineers and architects, hired by the City of Corpus Christi for the purpose of professional consultation and recommendation.

REQUEST FOR QUALIFICATIONS ADDENDUM CITY OF CORPUS CHRISTI PURCHASING DIVISION

Request for Proposal No.: BI-0015-14

Addendum No.: 1

October 9, 2013

Vendors are hereby notified of the following modifications to Request for Proposal No. BI-0015-14. All terms, conditions and specifications of the original Request for Proposal not in conflict with this addendum remain unchanged and continue in full force and effect.

I.

The following clarifications to the Request for Qualifications are to be noted:

- A. The initial qualifications opening date is October 9, 2013. This solicitation has been changed to an open-ended solicitation to add additional contractors as needed.
- B. If a contractor can only deliver the MEND program to either the 2-5 or the 7-13 age group and not both, please state so in the cover letter. In Section 3.2, Qualification Statement, please mark N/A in the section that you wish not to participate in. However, if the contractor can only deliver the MEND program to one age group and not the other at this time, but would like to in the future, please state so in the cover letter.
- C. The food handler's certification is not required at the time of submittal of qualification statement, but is required before start of the MEND program. Contact your local Health Department regarding food handler's certification.
- D. In order to maximize the impact of the class, for the 7-13 MEND program, it is recommended to recruit 25 children. For the 2-5 MEND program, it is recommended to recruit 15 children. This ensures that the retention levels remain high.
- E. To qualify for the 7-13 MEND program, children must have a BMI greater than 85th percentile in accordance with the Centers for Disease Control (CDC) clinical growth chart. Children in the 2-5 MEND program do not need to meet a specific BMI.
- F. Section 3.3 Fixed Unit Price Schedule, D, states the following:

Payment will be issued upon successful completion of each individual MEND program and after data has been entered by the contractor and verified by the CC-NCPHD.

Some contractors may not have the means to fund the 10-week program without payment. Those cases can be reviewed on an individual basis. If the above applies, please state so in the cover letter. For those contractors that do not have the means to fund the 10-week program, 30% of the

funding can be provided upfront and the remainder upon completion of the service. Contractors who negotiate the latter and no not complete the program will be required to reimburse the CC-NCPHD for those monies provided upfront. A separate contract will be established for these instances.

"ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED"

Elisa Covington Senior Buyer <u>Project Title:</u> 2.7.5 Implement innovative evidence-based strategies to reduce and prevent obesity in children and adolescents.

Unique RHP Project Identification Number: 130958505.2.2

Performing Provider/TPI: Corpus Christi - Nueces County Public Health District/130958505

Program Summary Information:

- <u>Provider</u>: The Corpus Christi-Nueces County Public Health District has oversight of public health initiatives, prevention and intervention for the City of Corpus Christi and surrounding communities within the borders of Nueces County (Population 343,281).
- Intervention(s): This project will address the obesity epidemic among children in our county by applying an internationally recognized and scientifically sound method for supporting and coaching underserved and minority families to achieve better nutrition and physical activity habits.
- Need for the project: Texas Department of State Health Services estimates that approximately 70 percent of adults in Public Health Region 11 are overweight and 35 percent are obese. In addition to being tied to diabetes, obesity also increases the risk for certain types of cancer, heart disease, stroke, arthritis and other diseases. Nueces County has a 13.6% diabetes rate in a population of 343,281. While there are many causes for diabetes, it has been established that 90 percent of obesity can be prevented. Rather than developing a program that addresses adult obesity, we have chosen to aggressively prevent and reduce childhood obesity.
- <u>Target population</u>: The target population is Medicaid enrolled/low income uninsured children/adolescents ages 2-5, ages 7-13 and their caregivers. As of 2010, notably, in Nueces County, 37.4% of children were enrolled in Medicaid and 36.2% of Nueces County children received benefits through the Supplemental Nutrition Assistance Program (SNAP). Both of these rates are higher than that of the State of Texas.¹
- Category 1 or 2 expected patient benefits:
 - Improve the effectiveness of obesity prevention and care among Nueces County residents who are medically underserved,
 - Increase program participants' knowledge of healthy eating and lifestyle habits,
 and
 - o Improve patient and community health.

By DY4, 3,064 children in the Medicaid eligible population will complete the 10 week Mend program. In DY5 that number will increase by 676 to a total of 3,755 of the eligible population, who will complete the program.

• <u>Category 3 outcomes:</u> Have 40% of the program participants in DY 5 achieve a reduction in the zBMI score at the completion of the program by DY 5.

¹ The Annie E. Casey Foundation. Data Center. Kids Count. http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=TX&loc=6692. Accessed 12-5-2012.

<u>Project Title:</u> 2.7.5 Implement innovative evidence-based strategies to reduce and prevent obesity in children and adolescents.

Unique RHP Project Identification Number: 130958505.2.2

Performing Provider/TPI: Corpus Christi - Nueces County Public Health District/130958505

Project Description:

The MEND Community Based Obesity Prevention Program will address the obesity epidemic by applying a nationally recognized and scientifically sound method for supporting and coaching underserved and minority families to achieve better nutrition and physical activity habits.

For the intervention in Nueces County, we will use one of the most thoroughly researched² and proven obesity prevention programs in the world: MEND (*Mind, Exercise, Nutrition ... Do It!*). MEND was developed in the United Kingdom in 2001 and has since then been delivered and evaluated in Europe, Australia, Canada and the United States. In Texas, MEND is currently being delivered in Austin, Dallas and Houston, where it is the focus of a large randomized control trial (RCT) study funded by a US Childhood Obesity Research Demonstration Project (CORD) grant from the U.S. Centers for Disease Control and Prevention (CDC). The Texas research team includes senior faculty from the University of Texas Health Science Center at Austin, and the U.S. Department of Agriculture/Agricultural Research Service and the Children's Nutrition Research Center at Baylor College of Medicine in the Texas Medical Center.

MEND's evidence base, clinical rigor and academic links are significant differentiators in a healthcare marketplace that demands measureable outcomes and clinical effectiveness. In the area of community-based child weight management, MEND is the only organization with a completed successful RCT showing efficacy on a wide range of health and psychosocial outcomes. Evaluation of over 10,000 children in the UK and 1,660 in the US has demonstrated similar effectiveness when the program was delivered at scale by leaders from diverse backgrounds and varied settings³. This replicability is highly unusual.

The RCT results⁴ demonstrated that children who attended the MEND 7-13 program, compared to controls, had a statistically significantly reduced waist circumference, zBMI score and increased their cardiovascular fitness, physical activity levels and self-esteem at 3 and 6 months. Half the children were then followed up at 12 months where the majority of outcomes were either improved or sustained.

The evaluation of the US children concluded that:

- Physical activity increased by 5 hours per week
- Screen time and sedentary activity decreased by 3.5 hours per week
- Cardiovascular fitness was improved (recovery heart rate after a step test: -5.1 beats per minute)
- Body image and self-esteem improved (measured using validated questionnaires)
- Dietary behaviors and nutritional intake improved
- All results are highly statistically significant

² MEND International Research Group. Research Summary. August 7, 2012

³ Ibid.

⁴ Ibid.

Evaluated against the U.S. Preventive Services Task Force's recommendations for healthy lifestyles for children, MEND proved to be highly successful:

Criteria Before MEND / After MEND

Participation in the recommended 60 minutes of physical activity per day: 53% / 83%

Sedentary for more than 2 hours per day: 24% / 10%

Children were having sugar sweetened beverages a few times per day: 13% / 2%

Children rarely consumed sugar sweetened beverages: 26% / 47% Children were eating 4-5 fruits and vegetables per day: 9% / 24%

Children were eating less than two fruits and vegetables per day: 33% / 12%

Implementation in Nueces County

The Corpus Christi - Nueces County Public Health District (CCNCPHD) will implement the MEND program in close collaboration with key community stakeholders.

The program will focus on two age groups: ages 2-5 and ages 7-13 and their parents.

MEND 2-5 is a healthy lifestyle program for children aged 2 to 5 and their parents.

It involves a 90-minute session once a week for ten weeks. MEND 2-5 is adapted for use in the US and is being launched in select communities in the US in 2012. MEND 2-4 is currently running in Alberta, Canada.

MEND 7-13 is a healthy lifestyle program for 7 to 13 year olds who are above a healthy weight and their parents. Meetings are held twice a week for ten weeks and involve nutrition education for the family, parenting support strategies and fun, group exercise for kids to support and promote an active, healthy, lifestyle. It is available currently in seven US states and in Alberta, Canada.

Goals and Relationship to Regional Goals:

The project goals include increased patient self-esteem and motivation, increased physical activity and healthy eating and decrease in weight and overall body mass index all in support of a healthier lifestyle avoiding medical complications and/or the onset of chronic conditions. This project also supports the overall regional goals of providing preventative care and education as well as increased awareness and access to appropriate levels of care in the right settings.

Challenges and how addressed:

Some of the challenges will include community education and consistent participation with both children and their parents required to be involved with the program.

The programs will focus on the communities in Nueces County with the highest need: with consideration of the neighborhoods around Roy Miller High School in Corpus Christi. In the planning, the program team will visit with all the potential partners for the delivery of the program, including, but not limited to Driscoll Children's Hospital, daycare centers, elementary schools, middle schools, places of worship, YMCA and the community based organizations who are already participating in the diabetes self-management programs.

The participants will be referred to the program by their health care providers, school professionals or self-referred via community promotions. Medical matters that arise in the

course of the program will be referred to the appropriate primary care team. If patients and providers mutually consent blood pressure, cholesterol and blood sugar control measures will be tracked.

After Year 1 being spent on planning, the project will launch in Q3 of 2013 with training of the health educators followed the roll out in Q4 with 110 children and 110 parents. These numbers will gradually increase to 405 children and 405 parents in the last quarter of the funding period.

The total impact:

Total MEND 7-13 programs: 180 Total MEND 2-5 programs: 180

Families served by MEND programs: 3,755

Direct beneficiaries (1 caregiver per child): 7,510

Total family beneficiaries: 15,020

5 year expected outcomes:

By implementing this internationally recognized and evidence based program in Nueces County, we expect to:

- Improve the effectiveness of obesity prevention and care among Nueces County residents who are medically underserved
- Increase program participants' knowledge of healthy eating and lifestyle habits
- Improve patient and community health

Starting Point / Baseline:

Participants will be evaluated at baseline, at 10 weeks program completion, 3 months, 6 months and 12 months against three domains:

- Patient-centered: Self-Esteem Score
- Behaviors: physical activity, healthy eating
- Biometrics: abdominal circumference, Zone Body Mass Index (zBMI)⁵, Recovery Heart Rate

Rationale:

Texas Department of State Health Services estimates⁶ that approximately 70 percent of adults in Public Health Region 11 are overweight and 35 percent are obese. In addition to being tied to diabetes, obesity also increases the risk for certain types of cancer, heart disease, stroke, arthritis and other diseases.

Nueces County has a 13.6% diabetes rate in a population of 343,281⁷. While there are many causes for diabetes, it has been established that 90 percent of obesity can be prevented.

⁵ zBMI = Age- and sex-standardized BMI

⁶ Texas Department of State Health Services. Behavioral Risk Factor Surveillance Survey. 2011

⁷ http://www.countyhealthrankings.org/#app/texas/2012/nueces/county/1/overall. Accessed 10/16/2012.

Rather than developing a program that addresses adult obesity, we have chosen to aggressively prevent and reduce childhood obesity.

Addressing obesity among participants in the Medicaid program is particularly relevant. A 2006 study by Thompson Medstat reviewed Medicaid claims data from 2004 and found that⁸:

- Children covered by Medicaid are nearly six times more likely to be treated for a diagnosis of obesity than children covered by private insurance.
- Children treated for obesity are roughly three times more expensive for the health system than the average insured child.
- Annual healthcare costs are about \$6,700 for children treated for obesity covered by Medicaid and about \$3,700 for obese children with private insurance.
- The national cost of childhood obesity is estimated at approximately \$11 billion for children with private insurance and \$3 billion for those with Medicaid.
- Children diagnosed with obesity are two to three times more likely to be hospitalized.
- Children who receive Medicaid are less likely to visit the doctor and more likely to enter the hospital than comparable children with private insurance.
- Children treated for obesity are far more likely to be diagnosed with mental health disorders or bone and joint disorders than non-obese children.

Project Components:

Milestones & Metrics:

The following milestones and metrics have been chosen for the MEND Community Based Obesity Prevention Program based on the core components and the needs of the target population:

Process Milestones and Metrics: P-X (P-X.1); P-2 (P-2.1) Improvement Milestones and Metrics: I-5 (I-5.1)

In addition, as a required Continuous Quality Improvement (CQI) core component for this project, beginning in DY3 the CCNCPHD will participate in semi-annual face-to-face meetings or seminars organized by the RHP as well as face-to-face learning (i.e. meetings or seminars) at least twice per year with other providers and the RHP to promote collaborative learning around shared or similar projects. Beginning in DY4, the CCNCPHD will also form a performance/quality improvement focus group or "task force" to review project data and respond to it biweekly/monthly with tests of new ideas, practices, tools, or solutions using methods such as rapid cycle improvement. (Metrics: P-7.1; P-8.1)

Unique community need identification number the project addresses:

 CN.3 - Inadequate provision and coordination of health care services for persons with chronic conditions.

⁸ Thompson Medstat. "Childhood Obesity: Costs, Treatment Patterns, Disparities in Care, and Prevalent Medical Conditions". 2006. http://www.medstat.com/pdfs/childhood_obesity.pdf 2

• CN. 12 - Lack of patient navigation, patient and family education, health promotion, and information programs to prevent illness and increase utilization of health services

How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:

This project represents a new initiative for this region as currently in Texas, MEND is only being delivered in Austin, Dallas and Houston.

Related Category 3 Outcome Measure(s) and Rationale for selecting:

The related Category 3 outcome measure is IT-1.20 Other Outcome Improvement Target: Zone Body Mass Index (zBMI), the most appropriate metric for investigating impact of obesity intervention programs targeting children according to The Cochrane Collaboration⁹.

Relationship to other Projects:

This project is supported by the other projects, in particular the diabetes related projects: 130958505.1.1 - Expand Primary Care Capacity which will provide care coordination for patient education and support as an effective means to chronic disease self-management emphasizing diabetes self-management education (DSME) and diabetes self-management support (DSMS) in a Diabetes Care Team model. 130958505.2.1 - Implement an innovative and evidence-based health promotion program; Engage community health workers in an evidenced-based program to increase health literacy of a targeted population which will create an infrastructure for diabetes prevention and care that will allow for better access to services and a safety net for vulnerable people who have or are at risk for diabetes.

Relationship to Other Performing Providers' Projects and Plan for Learning Collaborative:

We plan to participate in a region-wide learning collaborative(s) as offered by the Anchor entity for Region 4, Nueces County Hospital District. Our participation in this collaborative with other Performing Providers within the region that have similar projects will facilitate sharing of challenges and testing of new ideas and solutions to promote continuous improvement in our Region's healthcare system. Other Performing Providers with similar projects include Christus Spohn and Driscoll Children's Hospital.

Project Valuation:

Nueces County has a population of 37,060 individuals under the age of 19 enrolled in Medicaid¹⁰. If we conservatively estimate that approximately 45 percent of these children and adolescents are overweight and 25 percent are obese, then we end up with large target population of 16,677 and 9,265 respectively.

Waters E, de Silva-Sanigorski A, Hall BJ, Brown T, Campbell KJ, Gao Y, Armstrong R, Prosser
 L, Summerbell CD. Interventions for preventing obesity in children (Review). The Cochrane Collaboration. 2011.
 Texas Health and Human Services Commission. Point in Time Count - Medicaid Enrollment by County. October, 2012. http://www.hhsc.state.tx.us/research/MedicaidEnrollment/PIT/201210.html

The program will enroll 4,694 children and it is expected that 80 percent or 3,755 of them will complete the 10 week program of two classes per week.

If 50 percent of this group keep their zBMI below 30 or reduce it below 30, then the potential annual savings in costs in medical care and drugs would amount to \$4,284¹¹ per child or \$8,043,638 potential annual savings.

Excluded from this valuation are the lifetime savings from a MEND program participant avoiding or postponing the onset of obesity in adulthood. Furthermore, there would also be potential benefits from the 6,834 parents or caregivers who will join their children or adolescents at the training classes. While many of them will change their lifestyles towards improved eating habits and increased exercise, we do not have data to estimate the "spill-over effect" to parents and other family members (another parent, siblings) who do not participate in the program.

Estimated local funding for this project is \$7,401,720

¹¹ Thompson Medstat. "Childhood Obesity: Costs, Treatment Patterns, Disparities in Care, and Prevalent Medical Conditions". 2006. http://www.medstat.com/pdfs/childhood_obesity.pdf 2

130958505.2.2	2.7.5	2.7.5.	Implement innovative evidence-based strategies to reduce and prevent obesity in children and adolescents.	strategies to reduce and prevent
	Nueces Con	Nueces County Public Health District	Walter Trans.	130958505
Related Category 3 1309 Outcome Measure(s):	130958505.3.4	17-1.20	Other Outcome Improvement Target: Zone Body Mass Index (zBMI)	Zone Body Mass Index (zBMI)
Year 2 (10/1/2012 – 9/30/2013)	(10/1/	Year 3 (10/1/2013 – 9/30/2014)	Year 4 (10/1/2014 – 9/30/2015)	Year 5 (10/1/2015 – 9/30/2016)
Milestone 1: P-X Project	Milestone 2:	: P-2 Implement.	Milestone 5: 1-5: Identify 1500	Milestone 8: 1-5 Identify, 1755 of
planning - complete a planning	document at	document and test an evidence-	eligible patients in defined	eligible nationts in defined
process/submit a plan, in order to do	based innova	based innovative project for targeted	population receiving innovative	nonulation receiving innovative
appropriate planning for the	population		intervention consistent with	intervention consistent with
implementation of major	Metric 1 P-2.	.1 Document	evidence-based model.	evidence-based model.
infrastructure development or	implementai	implementation strategy and testing		
program/process redesign.	outcomes		Metric 1 I-5.1 TBD by Performing	Metric 1 I-5.1 TBD by Performing
	Baseline/(Baseline/Goal: 5 sites will run	Provider based on metric described	Provider based on metric described
Metric 1 P-X.1 Engage stakeholders,	MEND programs	grams	above	above
identify resources and potential		Data Source: Performing Provider	Baseline/Goal: 500 children in the	Baseline/Goal: 1500/1755 children
partnership and develop intervention		contract or other documentation	program/1500 children in the	in the Medicaid eligible population
plan - Document innovative strategy	of implen	of implementation TBD by	Medicaid eligible population	complete the 10 week MEND
and plan	Performir	Performing Provider	complete the 10 week MEND	program.
Baseline/Goal: Engage			program.	Data Source: Participant records
stakeholders, identify resources	Milestone 2	Milestone 2 Estimated Incentive	Data Source: Participant records	
and potential partnership and	Payment: \$666,667	66,667		Milestone 8 Estimated Incentive
develop intervention plan –			Milestone 5 Estimated Incentive	Payment: \$300,574
Document innovative strategy and		: I-5: Identify 500	Payment: \$666,667	
plan	eligible patie	eligible patients in defined		Milestone 9: P-8. Quality
Data Source: Performing	population r	population receiving innovative	Milestone 6: P-8. Quality	Improvement Milestone: Participate
Provider evidence of innovative	intervention	intervention consistent with	Improvement Milestone: Participate	in face-to-face learning (i.e. meetings
plan	evidence-based model.	sed model.	in face-to-face learning (i.e. meetings	or seminars) at least twice per year
			or seminars) at least twice per year	with other providers and the RHP to
Milestone 1 Estimated Incentive	Metric 1 I-5.	Metric 1 I-5.1 TBD by Performing	with other providers and the RHP to	promote collaborative learning
Payment (maximum amount):	Provider bas	Provider based on metric described	promote collaborative learning	around shared or similar projects.
52,500,000	above		around shared or similar projects.	
	Baseline/G	Baseline/Goal: 0 children in the		P-8.1. Metric 1: Participate in semi-
	program/5	program/500 children in the	P-8.1. Metric 1: Participate in semi-	annual face-to-face meetings or
	Medicaid eli	ligible population	annual face-to-face meetings or	seminars organized by the RHP.
	complete ti	complete the 10 week MEND	seminars organized by the RHP.	

130958505.2.2	2.7.5	2.7.5.	Implement innovative evidence-based strategies to reduce and prevent obesity in children and adolescents.	strategies to reduce and prevent
	Nueces Cour	Nueces County Public Health District		130958505
Related Category 3 Outcome Measure(s):	130958505.3.4	IT-1.20	Other Outcome Improvement Target: Zone Body Mass Index (2BMI)	čone Body Mass Index (zBMI)
Year 2 (10/1/2012 – 9/30/2013)	(10/1/	Year 3 /2013 – 9/30/2014)	Year 4 (10/1/2014 – 9/30/2015)	Year 5 (10/1/2015 – 9/30/2016)
	program.		<u>Baseline:</u> O RHP Learning	Baseline: 0 RHP Learning
	Data Sourc	Data Source: Participant records	Collaborative Meetings/Seminars	Collaborative Meetings/Seminars
			attended.	attended.
	Milestone 3	Estimated Incentive	Goal: Minimum of 2 RHP Learning	Goal: Minimum of 2 RHP Learning
	Payment: \$666,667	166,667	Collaborative Meetings/Seminars	Collaborative Meetings/Seminars
	Milectone A.	.P.8 Ouslity	attended in DY3.	attended in DY3.
	Improvemen	Improvement Miletone, Callington		
	rational dini	it ivillestone: Participate	c. <u>Data Source</u> : Documentation	e. <u>Data Source</u> : Documentation
	In face-to-fa	in face-to-face learning (i.e. meetings	of semiannual meetings	of semiannual meetings
	or seminars)	or seminars) at least twice per year	including meeting agendas,	including meeting agendas,
	with other p	with other providers and the RHP to	slides from presentations,	slides from presentations,
	promote coll	promote collaborative learning	and/or meeting notes.	and/or meeting notes.
	around share	around shared or similar projects.	d. Rationale/Evidence:	f. Rationale/Evidence:
			Investment in learning and	Investment in learning and
	P-8.1. Metric	P-8.1. Metric 1: Participate in semi-	sharing of ideas is central to	sharing of ideas is central to
	annual face-	annual face-to-face meetings or	improvement. The highest	improvement. The highest
	seminars org	seminars organized by the RHP.	quality health care systems	quality health care systems
			promote continuous	promote continuous
	Baseline: 0 R	<u>Baseline:</u> 0 RHP Learning	learning and exchange	learning and exchange
	Collaborative	Collaborative Meetings/Seminars	between providers and	between providers and
	attended.		decide collectively how to	decide collectively how to
	Goal: Minim	Goal: Minimum of 2 RHP Learning	"raise the floor" for	"raise the floor" for
	Collaborative	Collaborative Meetings/Seminars	performance across all	performance across all
	attended in [DY3.	providers.	providers.
	a. Dat	Data Source: Documentation	Milestone 6 Estimated Incentive	Milestone 9 Estimated Incentive
	of s	of semiannual meetings	Payment: \$666,667	Payment: \$300,573
	incl	including meeting agendas,		
	Slid(slides from presentations,	Milestone 7: P-7: Quality	Milestone 10: P-7: Quality
	and	and/or meeting notes.	Improvement Milestone: Focus group	Improyement Milestone: Focus group

Nueces County Public Health District Related Category 3 Outcome Measure(s): Year 2 Year 3 (10/1/2012 – 9/30/2013) B. Rationale/Evidence: Investment in learning and sharing of ideas is central to improvement. The highest quality health care systems promote continuous learning and exchange between providers and decide collectively how to "raise the floor" for performance across all providers. Milestone 4 Estimated Incentive Payment: \$666,666	Other Outcome Improvement Target: Zone Body Mass Index (zBMI) Year 4 (10/1/2014 – 9/30/2015) to review project data and respond to it bi-weekly or monthly with tests of new ideas, practices, tools, or solutions.	130958505
130958505.3.4 (10) (2013) (10) (b. h. h. h. h. h. h. h. h. h. h. h. h. h.		
b. B. Mileston Payment		one Body Mass Index (ZBMI)
b. Mileston Payment		
b. Rationale/Evidence: Investment in learning and sharing of ideas is central to improvement. The highest quality health care systems promote continuous learning and exchange between providers and decide collectively how to "raise the floor" for performance across all providers. Milestone 4 Estimated Incentive Payment: \$666,666		Year 5 (10/1/2015 – 9/30/2016)
Investment in learning and sharing of ideas is central to improvement. The highest quality health care systems promote continuous learning and exchange between providers and decide collectively how to "raise the floor" for performance across all providers. Milestone 4 Estimated Incentive Payment: \$666,666		to review project data and respond
sharing of ideas is central to improvement. The highest quality health care systems promote continuous learning and exchange between providers and decide collectively how to "raise the floor" for performance across all providers. Milestone 4 Estimated Incentive Payment: \$666,666		to it bi-weekly or monthly with tests
improvement. The highest quality health care systems promote continuous learning and exchange between providers and decide collectively how to "raise the floor" for performance across all providers. Milestone 4 Estimated Incentive Payment: \$666,666		of new ideas practices tools or
promote continuous learning and exchange between providers and decide collectively how to "raise the floor" for performance across all providers. Milestone 4 Estimated Incentive Payment: \$666,666		solutions.
learning and exchange between providers and decide collectively how to "raise the floor" for performance across all providers. Milestone 4 Estimated Incentive Payment: \$666,666	P-7.1. Metric 1: Number of new	P-7.1. Metric 1: Number of new
between providers and decide collectively how to "raise the floor" for performance across all providers. Milestone 4 Estimated Incentive Payment: \$666,666	ideas, practices, tools, or solutions	ideas, practices, tools, or solutions
"raise the floor" for performance across all providers. Milestone 4 Estimated Incentive Payment: \$666,666	tested by each provider.	tested by each provider.
performance across all providers. Milestone 4 Estimated Incentive Payment: \$666,666	Baseline: Focus group will test	Baseline: 12 tests of new ideas.
providers. Milestone 4 Estimated Incentive Payment: \$666,666	minimum of 1 new idea, practice,	practices, tools, or solutions in DY4.
Milestone 4 Estimated Incentive Payment: \$666,666	tool or solution monthly.	Goal: Minimum 18 tests of new ideas,
Payment: \$666,666	Goal: Minimum of 12 tests of	practices, tools, or solutions in DY5.
	practices, tools, or solutions in DY4.	0
	a Data College, Bring	
	•	description of the idea,
	description or the idea,	practice, tool, or solution
	practice, too, or solution	tested by each provider each
	tested by each provider each	week. Could be summarized
	week. Could be summarized	at quarterly intervals.
		b. Rationale/Evidence: The rate
	b. Rationale/Evidence: The rate	of testing of new solutions
	of testing of new solutions	and ideas is one of the
	and ideas is one of the	greatest predictors of the
	greatest predictors of the	success of a health care
	success of a health care	system's improvement
	system's improvement	efforts.
	610.15.	
		Milestone 10 Estimated Incentive Payment: \$300,573

Nueces County Public Health District Related Category 3 130958505.3.4 IT-1.20 Outcome Measure(s): Year 2 (10/1/2012 – 9/30/2013) (10/1/2013 – 9/30/2014)	Other Outcome Improvement Target: Zone Body Mass Index (zBMI) Year 4 (10/1/2014 – 9/30/2015) (10/1/2015 – 9/30/2	
130958505.3.4	Other Outcome Improvement Target Year 4 (10/1/2014 – 9/30/2015)	130958505
1/01)	Year 4 (10/1/2014 – 9/30/2015)	: Zone Body Mass Index (zBMI)
		Year 5 (10/1/2015 – 9/30/2016)
	Milestone 7 Estimated Incentive Payment: \$666,666	
The state of the s		-
Year 2 Estimated Milestone Bundle Year 3 Estimated Milestone Bundle Amount: (add incentive payments	Year 4 Estimated Milestone Bundle	Year 5 Estimated Milestone Bundle
	Amount:	Amount:
milestone): \$2,500,000 \$2,000,000 \$2,000,000	\$2,000,000	\$901.720