

**HEALTH AND HUMAN SERVICES COMMISSION
CONTRACT NO. HHS000231500004
AMENDMENT NO. 1**

The Health and Human Services Commission (“HHSC”) and Lubbock Regional MHMR Center d/b/a Starcare Specialty Health System (“Grantee”), collectively the “Parties” to that certain Projects for Assistance in Transition from Homelessness (“PATH”) grant contract effective September 1, 2019, and denominated HHSC Contract No. HHS000231500004 (the “Contract”), now desire to amend the Contract.

Whereas, HHSC has made available an additional \$1,198.00 to expand training and technical assistance activities covered under the grant; and

Whereas, HHSC wants to make programmatic adjustments to the Statement of Work.

The Parties therefore agree as follows:

1. **ARTICLE IV** of the Contract Signature Document, **BUDGET**, is hereby amended and restated in its entirety with the following:

The total amount of this Contract will not exceed \$833,088.00. This includes the System Agency share of \$641,113.00 and Grantee’s required match amount of \$191,975.00. All expenditures under the Contract will be in accordance with **ATTACHMENT B, BUDGET AND TARGETS, VERSION 2**.

2. **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended and restated in its entirety with **ATTACHMENT A, STATEMENT OF WORK, VERSION 2**. Substantive changes include, but are not limited to the following:
 - a. Removal of Clinical Management for Behavioral Health Services (“CMBHS”) use and data entry requirements, which are replaced with use and data entry requirements for a U.S. Department of Housing and Urban Development-compliant Homeless Management Information System (“HMIS”), and the Substance Abuse and Mental Health Services Administration’s PATH Data Exchange (“PDX”); and
 - b. Addition of a new PATH Supervision and Training Report deliverable submission requirement.
3. The Contract is hereby supplemented to add **ATTACHMENT A-1 - PATH SUPERVISION AND TRAINING REPORT**.
4. **ATTACHMENT B, BUDGET AND TARGETS**, is hereby amended and restated in its entirety with **ATTACHMENT B, BUDGET AND TARGETS, VERSION 2**.
5. This Amendment shall be effective as of the date last signed below.
6. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in full force and effect.
7. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 1
HHSC CONTRACT NO. HHS000231500004**

HEALTH AND HUMAN SERVICES COMMISSION

**LUBBOCK REGIONAL MHMR CENTER
D/B/A STARCARE SPECIALTY HEALTH
SYSTEM**

DocuSigned by:
By: Trina Ita
2A511CE2A99E415...

Trina Ita

Associate Commissioner

Date of Signature: March 24, 2021

DocuSigned by:
By: Beth Lawson
53E7EE18C5A5475...

Beth Lawson

Chief Executive Officer

Date of Signature: March 24, 2021

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT AND THEIR TERMS ARE HEREBY
INCORPORATED INTO THE CONTRACT:**

- ATTACHMENT A - STATEMENT OF WORK, VERSION 2**
- ATTACHMENT A-1 - PATH SUPERVISION AND TRAINING REPORT**
- ATTACHMENT B - BUDGET AND TARGETS, VERSION 2**

ATTACHMENT A STATEMENT OF WORK (Version 2)

I. GRANTEE RESPONSIBILITIES

Grantee shall:

- A. Administer the Projects for Assistance in Transition from Homelessness (PATH) program to provide allowable services to eligible persons who are homeless, or at imminent risk of becoming homeless, and who have serious mental illnesses or may also have co-occurring substance use disorders. Grantee shall serve as the front door to homeless services funded through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program and as a bridge to mainstream mental health services, primary health care, and substance abuse service systems. This would include collaborating with the HUD Continuum of Care program and with other local community organizations to provide housing, mental health treatment, substance use disorder treatment, employment services, and shelter services. Information on HUD's CoC program is available at <https://www.hudexchange.info/programs/coc/>.
- B. Provide Outreach services to contact and engage people not currently connected to mainstream mental health services, primary health care, and substance abuse service systems. Grantee shall utilize strategies aimed at engaging persons into the needed array of services, including identification of persons in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Grantee shall provide a bridge to behavioral health services such as Assertive Community Treatment, housing, alcohol or drug treatment services, and primary health care as clinically appropriate.
- C. Meet the Substance Abuse and Mental Health Services Administration (SAMHSA) goal for PATH programs, which is to reduce or eliminate homelessness for individuals with serious mental illnesses or co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless.
- D. Target adults who are homeless, or at imminent risk of homelessness. Grantee shall focus on the following priorities:
 1. Outreach services that include face-to-face interactions with homeless people on the streets, shelters, under bridges, and in other non-traditional settings;
 2. Case management; and
 3. Other services, which may not be supported by mainstream mental health programs (e.g., housing services included in 42 U.S. Code § 290cc-22(b) (10)).
- E. Provide PATH services according to Grantee's approved PATH Intended Use Plan (Form B).
- F. Provide PATH services independently of other ongoing mental health treatment services, and not use PATH services as a substitute or replacement for ongoing mental health treatment services.

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- G. Provide, or partner to provide, any subset of PATH services outlined and defined as follows:
1. Outreach services - The process of meeting basic needs, building trust, and establishing rapport with PATH-eligible Consumers who do not access traditional services, and help connect these Consumers with housing, community mental health, and other services. Outreach results in increased access to and utilization of community services by PATH-eligible Consumers who are homeless and have mental illnesses/co-occurring disorders.
 - a. Active Outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active Outreach, workers seek out homeless individuals.
 - b. Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods. This type of Outreach is allowable but must be offered in conjunction with active Outreach activities.
 - c. Outreach may also include passive Outreach, also called “in-reach”, defined as when Outreach staff is placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In passive Outreach, homeless individuals seek out Outreach workers. Passive Outreach is allowable but may not occur unless the PATH provider is also conducting active Outreach activities.
 2. Screening and diagnostic treatment services - A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment.
 3. Habilitation and Rehabilitation Services - Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses and/or co-occurring disorders.
 4. Community Mental Health Services - Community-based supports designed to stabilize and provide ongoing supports and services for PATH-eligible Consumers with mental illnesses and/or co-occurring disorders or dual diagnoses. This general category does not include case management, Alcohol or Drug Treatment and/or Habilitation and Rehabilitation, since they are defined separately in this document. This category can include Mental Health Crisis Services which is defined separately in this document.
 5. Alcohol or Drug Treatment Services - Preventive, diagnostic, and other outpatient treatment services as well as support for PATH-eligible Consumers who have a psychological or physical dependence on one or more addictive substances, and a co-occurring mental illness.
 6. Staff training - Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, and substance abuse programs and other sites regarding the needs of the target population, job related responsibilities and service delivery strategies to promote effective services and best practices. Staff training also includes annual training referenced in this Attachment.
 7. Case Management Services - Services that develop case plans for delivering community services to PATH eligible Consumers. The case plans should be

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developed in partnership with Consumers who receive PATH services to coordinate the assessment, treatment, housing and/or care of Consumers, tailored to Consumer needs and preferences. Case Managers assist the Consumer in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc. Case Management Services include:

- a. Preparing a plan for the provision of Community Mental Health Services to the eligible homeless Consumer involved, and reviewing such plan not less than once every three months;
 - b. Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless Consumers, including services relating to daily living activities, personal financial planning, transportation services, and Habilitation and Rehabilitation Services, pre-vocation and vocational services, and housing;
 - c. Providing assistance to the eligible homeless Consumers in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - d. Referring the eligible homeless Consumer for such other services as may be appropriate; and
 - e. Providing representative payee services in accordance with Section 1631(a) (2) of the Social Security Act if the eligible homeless Consumer is receiving aid under Title XVI of such act and if the Respondent is designated by the Secretary of the US Department of Health and Human Services, to provide such services.
8. Supportive and supervisory services in residential settings - Services provided in residential settings that are designed to support individuals during their transition into mainstream services.
 9. Referrals for primary health services, job training, educational services, and relevant housing services - Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.
 10. Housing Services (payments for these services shall not exceed 20 percent of total payments disbursed) as specified in [42 U.S. Code § 290cc-22\(g\)\(1\)](#) - Specialized services designed to increase access to and maintenance of stable housing for PATH-enrolled individuals who have significant or unusual barriers to housing. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities. Housing services as specified in Section 522 (b) (10) of the Public Health Service Act include:
 - a. Minor Renovation: Services or resources provided to make essential repairs to a housing unit providing access to the unit and/or eliminate health or safety hazards.
 - b. Planning of Housing: Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.

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- c. Technical Assistance in Applying for Housing Services: Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled individuals who encounter complex access issues related to housing.
 - d. Improving the Coordination of Housing Services: The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.
 - e. Security Deposits. Provision of funds for PATH-enrolled Consumers who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move in.
 - f. Costs Associated with Matching Eligible Homeless Consumers with Appropriate Housing Situations. Expenditures made on behalf of PATH-enrolled Consumers to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding Consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.
 - g. One-Time Rental Payments to Prevent Eviction. One-time rental payments are made for PATH-enrolled Consumers who cannot afford to make the payments themselves, who are at risk of eviction without assistance, and who qualify for these services on the basis of income or need.
- H. Provide PATH services as follows:
- 1. Grantee shall provide PATH services in cooperation with the public health and emergency behavioral health response systems;
 - 2. Grantee's PATH teams shall, when necessary, perform functions related to crisis services and jail diversion; and
 - 3. Grantee shall make PATH homeless services available to individuals who are homeless or at imminent risk of homelessness and have serious mental illness or co-occurring substance use disorder.
- I. Develop and/or maintain policies or procedures that specifically relate to Grantee's provision of PATH services, including:
- 1. A PATH Program-specific policy and procedure manual, or PATH program-specific policies and procedures included in Grantee's agency-wide manual;
 - 2. An internal policy or procedure for reporting the occurrence of any PATH-related events that endanger the health or safety of either the individual served or staff who provided the services; and
 - 3. A quality assurance process for the PATH program.
- J. Ensure PATH service teams consist of professional and paraprofessional staff or persons with experience working with persons who are homeless and have serious mental illnesses or co-occurring substance use disorder (i.e., at minimum, meets the definition to provide

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qualified mental health professional-community services as defined in 26 Tex. Administrative Code §301.331).

1. Professional staff must have demonstrated competency in the identification and treatment of persons with serious mental illness or persons with co-occurring substance use disorders, and in the provision of mental health crisis services; and
 2. Paraprofessional staff must have demonstrated experience in working with persons who are homeless and have a serious mental illness or co-occurring substance use disorder.
- K. Train all PATH staff responsible for clinical practices annually including:
1. Stages of change;
 2. Motivational interviewing;
 3. Cultural competence;
 4. Co-occurring substance use disorders;
 5. The nature of mental illness, the importance and process of recovery;
 6. The most current Utilization Management and Assessment tools used by Local Mental Health Authorities (LMHAs), and Local Behavioral Health Authorities (LBHAs) which can be accessed at:
<https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual>; and
 7. PATH program goals, purpose, and activities.
- L. Document that all non-licensed staff providing PATH services are supervised by Licensed Practitioners of the Healing Arts (LPHA) as defined in 26 Tex. Admin. Code §301.301(35) (i.e., a physician; a licensed professional counselor; licensed clinical social worker; a psychologist; an advanced practice nurse recognized by the Board of Nurse Examiners for the State of Texas as a clinical nurse specialist in psych/mental health or nurse practitioner in psych/mental health; or a licensed marriage and family therapist).
- M. Use a HUD-compliant Homeless Management Information System (HMIS) to document all services, including screenings, assessments, engagement activity, case management, and linkage to other community services, behavioral health services, and primary health care services.
- N. Report key performance measures described in Section II, on a state fiscal year quarterly basis via [PATH Data Exchange](#) (PDX).
- O. Conduct an assessment, for each individual deemed ready for transition to ongoing mental health treatment, utilizing the approved uniform assessment tool that will be provided by the System Agency.
- P. Create written documentation of Case Management Services provided in a HUD-compliant HMIS.

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- Q. Create written documentation that justifies providing ongoing PATH services beyond 180 calendar days from first contact with the person receiving services. Justification may include, but is not limited to:
1. A Consumer's placement on a waiting list for services; or
 2. A Consumer's unwillingness to make the transition from PATH services to mainstream mental health services.
- R. Submit an annual report to SAMHSA via the PATH Data Exchange on the timeline and in the format established by SAMHSA. Timelines and formats are set by SAMHSA and may vary annually.
- S. Plan and develop activities that will allow the PATH Grantee to collect and report homeless services data in the HUD-compliant HMIS.
- T. Participate in planning, training, and staff development activities intended to expand access to continuing services, such as Social Security Insurance/Social Security Disability Insurance (SSI/SSDI) Outreach, Access and Recovery (SOAR).
- U. Provide PATH services in a manner that supports current performance requirements under the [Government Performance and Results Act](#) (GPRA) for PATH. Information on this Act can be found at: <https://obamawhitehouse.archives.gov/omb/mgmt-gpra/gplaw2m>. The performance requirements under the GPRA include the following reporting metrics:
1. Number of homeless individuals contacted;
 2. Number of PATH providers trained on SOAR to ensure eligible homeless clients are receiving benefits;
 3. Percentage of enrolled homeless persons in the PATH program who receive community mental health services; and
 4. Percentage of contacted homeless persons with serious mental illness who become enrolled in services.
- V. Ensure the PATH program provides eligible services to persons who are homeless, or at imminent risk of becoming homeless, and who have serious mental illnesses or may also have co-occurring substance use disorders. PATH allowable funded services are to serve as the front door to homeless services funded through the HUD Continuum of Care and as a bridge to mainstream mental health services, primary health care, and substance abuse service systems.
- W. Ensure PATH funds are used to provide Outreach services, which are then reported and tracked via HMIS. Outreach services are designed to contact and engage people not currently connected to mainstream mental health services, primary health care, and substance abuse service systems. PATH Grantee shall utilize strategies aimed at engaging persons into services, including identification of persons in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. PATH Grantee shall provide a bridge to behavioral

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health services such as Assertive Community Treatment, housing, substance abuse service systems, and primary health care as clinically appropriate.

- X. Ensure PATH programs reflect the SAMHSA goal for PATH programs:
 - 1. Reduce or eliminate homelessness for individuals with serious mental illnesses; or
 - 2. Co-occurring substance use disorders who experience homelessness or are at imminent risk of becoming homeless.

- Y. Ensure PATH-funded services target adults who are homeless, or at imminent risk of homelessness. PATH-funded services must include a priority focus on:
 - 1. Outreach services that include face-to-face interactions with homeless people on the streets, shelters, under bridges, and in other non-traditional settings;
 - 2. Case management; and
 - 3. Other services, which may not be supported by mainstream mental health programs (e.g., housing services included in the [Public Health Service Act](#)).

II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in Attachment A and compliance with the Contract's terms and conditions.

- A. Grantee shall meet the annual performance targets approved by System Agency in accordance with the terms outlined in **Attachment B, Budget and Targets (Version 2)**.

- B. At least every 90 calendar days, Grantee shall document in a HUD-compliant HMIS that PATH services were provided to Consumers.

- C. No later than October 16 of each contract year, Grantee shall submit by email to System Agency the PATH Training and Supervision Report, Attachment A-1. Reporting elements include:
 - 1. Policy and Procedure Report
 - a. PATH policy and procedure or the agency-specific policy and procedure report is required to verify Grantee has developed and maintains a procedure for the following:
 - i. Reporting the occurrence of any PATH-related events that endanger the health or safety of either the individual served or staff providing services;
 - ii. A quality assurance process for the PATH program and Staff Training.
 - b. Grantee shall submit policy and procedure information as requested by System Agency.
 - 2. Training Report
 - a. The training report includes documentation of training that covers the areas specified in Section I.

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- b. Documentation shall include:
 - i. Names of PATH staff responsible for clinical practice and other PATH services training activities;
 - ii. Staff participating in training within the past twelve months; and
 - iii. Name, title, and credentials of the trainer.
- c. Grantee shall submit documentation of training as requested by System Agency.
- 3. Supervision Report
 - a. The supervision report includes documentation that non-licensed PATH staff responsible for clinical practices are supervised by a Licensed Professional of the Health Arts (LPHA) as defined in [25 Texas Administrative Code §412.327](#)
 - b. Documentation shall include:
 - i. Name of LPHA and license; and
 - ii. Name of non-licensed PATH staff supervised.
 - c. Grantee shall submit documentation of supervision as requested by System Agency.
- D. SAMHSA Annual Report - According to the submission timeline established by SAMHSA, Grantee shall submit to SAMHSA an annual report which contains the data elements found on PDX for all PATH services delivered for the corresponding fiscal year.
- E. State Fiscal Quarter Data Elements Report - No later than the 20th day following the end of each state fiscal quarter, Grantee shall report key performance measures described in this Section via PDX.
- F. HMIS Status Update
 - 1. No later than the 20th day following the end of state fiscal Quarter 2 and Quarter 4, if not currently using HMIS, Grantee shall send by email to System Agency a HUD HMIS status update to include the following information:
 - a. Planning and development activities conducted;
 - b. Outcome of budgeting, planning and development activities conducted; and
 - c. Local resources, staff, continuum of care, or organizations involved in planning and development activities.
 - 2. Grantee shall submit additional HMIS status update as requested by System Agency.
- G. All reports, documentation, and other information required of Grantee shall be submitted electronically to the mhcontracts@hhsc.state.tx.us email address, as well as to the assigned System Agency Contract Manager and the State PATH Contact. If System Agency determines Grantee needs to submit deliverables by mail or fax, Grantee shall send the required information to one of the following addresses:

U.S. Postal Mail

Department of State Health Services
Mental Health Contracts Management Unit (Mail Code 2058)
P. O. Box 149347
Austin, TX 78714-9347

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Overnight Mail

Department of State Health Services
Mental Health Contracts Management Unit (Mail Code 2058)
909 West 45th Street, Bldg. 552
Austin, TX 78751
Fax: (512) 206-5307

III. SERVICE AREA

Grantee shall deliver services or activities to Consumers in the counties or service areas identified in their approved Intended Use Plan.

IV. ELIGIBLE POPULATION

- A. PATH funds are for the purpose of providing services to adult individuals who:
 - 1. Have serious mental illnesses and may have co-occurring substance use disorders; and
 - 2. Are homeless or at imminent risk of becoming homeless.

- B. Individuals may be served in the outreach setting, and when appropriate, enrolled for the sole purpose of engaging the human service agencies, mental health services, or education system to provide services to the individual.

V. INVOICE AND PAYMENT

- A. Grantee will request payments using the State of Texas Purchase Voucher Form 4116, which is incorporated by reference and can be downloaded at: <https://hhs.texas.gov/laws-regulations/forms/4000-4999/form-4116-state-texas-purchase-voucher>. At a minimum, invoices shall include:
 - 1. Name, address, and telephone number of Contractor;
 - 2. System Agency Contract or Purchase Order Number;
 - 3. Identification of service(s) provided;
 - 4. Dates services were delivered;
 - 5. Total invoice amount;
 - 6. A copy of the General Ledger for the period which supports the budget items requesting reimbursement; and
 - 7. Any additional supporting documentation which is required by this Statement of Work or as requested by System Agency.

- B. Electronically submit all invoices with supporting documentation to the Claims Processing Unit at [HHSC AP@hhsc.state.tx.us](mailto:HHSC_AP@hhsc.state.tx.us), with a copy to mhcontracts@hhsc.state.tx.us and the assigned System Agency Contract Manager.

- C. Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in Attachment B (Version 2) of this Contract.

Attachment A-1 PATH Training and Supervision Report

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- 3
- 4

ATTACHMENT B – BUDGET AND TARGETS, VERSION 2

Grantee: Lubbock Regional MHMR Center d/b/a Starcare Specialty Health System

- A. Funding Source: United States Health and Humans Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA).
- B. Funding Amounts by State Fiscal Year (i.e., September 1st through August 31st)
 - 1. 2020: HHSC Award - \$127,983.00, Contractor Match - \$38,395.00;
 - 2. 2021: HHSC Award -\$129,181.00, Contractor Match - \$38,395.00;
 - 3. 2022: HHSC Award - \$127,983.00, Contractor Match - \$38,395.00;
 - 4. 2023: HHSC Award - \$127,983.00, Contractor Match - \$38,395.00; and
 - 5. 2024: HHSC Award - \$127,983.00, Contractor Match - \$38,395.00.
- C. Total Reimbursements for the grant term will not exceed \$641,113.00.
- D. Grantee’s match requirement for the grant term will not exceed \$191,975.00.
- E. Cost Reimbursement Budget:
 - 1. System Agency will provide written notification through technical guidance correspondence documenting approval of Grantee’s cost reimbursement budget.
 - 2. Grantee’s approved cost reimbursement budget documents all approved and allowable expenditures.
 - 3. Grantee shall only utilize the funding for approved and allowable costs. If Grantee requests to utilize funds for an expense not documented on the approved cost reimbursement budget, Grantee shall notify System Agency, in writing, and request approval prior to utilizing the funds. System Agency shall provide written notification regarding if the requested expense is approved.
 - 4. If needed, Grantee may revise the System Agency-approved cost reimbursement budget. Revision requirements are as follows:
 - a. System Agency approves Grantee’s transfer of up to ten (10) percent of funds from budgeted direct cost categories only, excluding the ‘Equipment’ category. Budget revisions exceeding ten (10) percent requirement require System Agency’s written approval.
 - b. Grantee may request revisions to the approved cost reimbursement budget direct cost categories that exceed the ten (10) percent requirement by submitting a written request to the System Agency assigned contract manager. This change is considered a minor administrative change and does not require a contract amendment. System Agency shall provide written notification through technical guidance correspondence documenting approval of Grantee’s budget revision.
 - c. Grantee may revise the cost reimbursement budget ‘Equipment’ and/or ‘Indirect’ cost categories, however a formal contract amendment is required. Grantee shall submit to the System Agency assigned contract manager a written request to revise the budget, which includes a justification for the revisions. System Agency will amend the contract if Grantee’s revision request is approved. Grantee’s budget revision is not authorized, and funds cannot be utilized until the contract amendment is executed.

- F. System Agency will provide written notification through technical guidance correspondence documenting approval of Grantee's performance targets, which include the measures outlined below. Grantee may request revisions to the approved performance targets by submitting a written request to the System Agency assigned contract manager. This change is considered a minor administrative change and does not require a contract amendment. System Agency shall provide written notification through technical guidance correspondence documenting approval of Grantee's performance targets.
1. Number of persons who are homeless and have serious mental illness or serious mental illness and substance use disorders served by all funding sources (Federal, State and local match, and other funding sources)
 2. Number of persons served by Federal PATH funds - Outreach
 3. Number of outreach contacts who enrolled during the year as PATH clients
 4. Percentage of enrolled PATH clients who receive community mental health services (percentage shall be 37 percent or greater)
 5. Percentage of eligible persons enrolled (percentage shall be 44 percent or greater)
 6. Cost-Per-Enrolled (CPE). Cost of service to enroll homeless persons with serious mental illness or serious mental illness and substance use disorders in services. Not to exceed \$1200 CPE. (Federal dollars received x 97 percent divided by number of outreach contacts enrolled = CPE).