

# Using Performance-Based Contracting to Strengthen Performance

Performance-based contracts offer an innovative alternative to standard contracting processes by incentivizing service providers to demonstrate improved performance, contributing to improved services for children and families. Funders may find this approach attractive in comparison to more traditional contracting processes, as it places a greater emphasis on performance and accountability, encourages use of data for continuous improvement, and rewards service providers for results.

In more than two decades since the Office of Federal Procurement Policy released its guidance on performance-based contracting, the social services and public health sectors have increasingly adopted and employed performance-based contracts.<sup>1</sup> Many Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardees have begun to examine and implement performance-based contracting in their work with local implementing agencies (LIAs) to increase accountability and performance and improve outcomes for children and families.\*

This resource presents general information for awardees interested in learning more about engaging in performance-based contracting. Included are an overview of performance-based contracting, a review of elements associated with performance-based contracts, highlighted examples from MIECHV awardees in Arkansas, Delaware, Rhode Island, and Washington, and a discussion of the benefits and challenges associated with this approach to contracting. MIECHV awardees can use this resource to explore whether performance-based contracting may be appropriate for their state/territory and gain insight into the process of developing performance-based contracts.

## Performance-based contracting overview

Although there are several definitions for performance-based contracting,<sup>2</sup> most refer to contracts which include:

- Clearly identified objectives and measures to examine performance
- Consistent processes for data collection, reporting, and assessing results
- Incentives (and potentially consequences) based on performance<sup>3,4</sup>

This approach represents a shift in contract structure from a primary focus on inputs and service delivery toward a focus on outputs, quality, and outcomes for families. The theory behind performance-based contracting is that this shift will allow service providers to focus more on innovation to improve the quality of services and increase performance. This should, in turn, reduce the amount of oversight and management that the funder needs to provide to the service providers.<sup>5</sup>

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\* In addition to the increased interest in a performance-based contracting approach, the Bipartisan Budget Act of 2018 (Bipartisan Budget Act of 2018, Pub. L. No. 115-123, 132 Stat. 64 (2018) provided new authority for MIECHV awardees “to fund evidence-based home visiting on a pay for outcomes basis.” While a pay for outcomes approach is different from performance-based contracting, it is a similar innovative performance-based funding structure.

Performance-based contracting is widely implemented across a range of programs, including those that focus on employment, child welfare, HIV/AIDS prevention, and substance abuse and mental health.<sup>6,7,8</sup> It is also gaining traction in home visiting. Implementation of performance-based contracts may not always yield positive results. However, it has generally been a successful approach with social service agencies achieving a variety of positive outcomes.<sup>9,10</sup>

There are several different approaches an awardee can take to engage in performance-based contracting. These approaches include active contract management, the use of rate cards, and pay for success (Exhibit A). The awardee examples highlighted throughout this resource illustrate the use of active contract management. Exhibit B provides an overview of each awardee’s approach.

## Exhibit A. Examples of Approaches to Performance-Based Contracting

Component	Active Contract Management	Outcomes Rate Cards	Pay for Success (PFS)
<b>Definition</b>	A contract that includes defined performance objectives, data collection, and reporting processes. It incorporates frequent interactions between the funder and home visiting providers to examine and use data in real time to identify challenges and design solutions for implementation and improvement.	A contracting tool that specifies a menu of outputs and processes or outcomes for a specific issue and population, along with the amount willing to be paid for each result. Contracts specify that providers who reach targets receive bonus payments.	A contract for services that have demonstrated achievement of outcomes through rigorous research. Payments are made to providers that demonstrate improvement among those outcomes.
<b>Model Implementation</b>	Active contract management can be used with multiple home visiting models.	Contracts are established with LIAs to implement models that will achieve the measures identified on the rate card.	PFS contracts typically focus on one model and are established after the model has been implemented.
<b>Example Measures</b>	Outputs, quality, and process measures. May include outcome measures. <ul style="list-style-type: none"> <li>• Completion of training requirements</li> <li>• Achieving a specified caseload</li> <li>• Screening for maternal depressive symptoms</li> </ul>	Outputs and/or outcomes. <ul style="list-style-type: none"> <li>• Screening for child development</li> <li>• Referrals to early intervention</li> <li>• Linkage to early intervention</li> </ul>	Outputs, process, and outcome measures. <ul style="list-style-type: none"> <li>• Healthy birthweight</li> <li>• Reduction in injury-related visits to the emergency department</li> </ul>
<b>Home Visiting Examples</b>	<a href="#">Rhode Island Department of Health Family Home Visiting Performance Improvement</a>	<a href="#">Connecticut Office of Early Childhood MIECHV Outcomes Rate Card Pilot</a>	<a href="#">South Carolina Nurse Family Partnership</a>

## Exhibit B. Overview of MIECHV Awardees Use of Active Contract Management as an Approach to Performance-Based Contracting

Component	Arkansas	Delaware	Rhode Island	Washington
<b>Status</b>	Active	Active	Planning	Active
<b>LIA Participation</b>	All MIECHV LIAs	One MIECHV LIA  Planning to spread the approach to more LIAs.	Non-MIECHV LIAs  Planning to implement with MIECHV PAT LIAs.	All MIECHV LIAs (select deliverables)  NFP LIAs (outcome deliverables)
<b>Deliverables</b>	Deliverables incorporated into new contracts. During the contracting process, LIAs are notified which deliverables will be included in the contract.	Deliverables written into the annual contract with the LIA at the time of the request for proposal process.	Deliverables incorporated into annual contracts.	Deliverables and thresholds incorporated into annual contracts.
<b>Monitoring</b>	Existing data elements are used to determine if contract deliverables are met. Awardee shares quarterly updates on deliverables with LIAs.	Contract deliverables are reviewed and incentives awarded annually, quarterly, or monthly, depending on the measure.	Existing data system and data elements will be used to measure contract deliverables.	Measures are calculated, and reports on deliverables are shared quarterly, but LIAs invoice for their award twice per year.
<b>Incentives/Consequences</b>	Arkansas implements corrective action plans, as needed, and can decrease or withhold funding if contract deliverables are not met.	Delaware awards incentive payments if LIAs meet agreed upon measures.	Rhode Island provides bonus payments to non-MIECHV LIAs that reach agreed upon measures. It plans to do the same for MIECHV LIAs.	Washington awards bonus payments to LIAs if they meet agreed upon LIA- and family-level measures. Some measures have considerations in which LIAs receive extra payments if families have specific characteristics. Considerations were built into contracts to protect against LIAs seeking clients who are easier to serve.

## Elements of performance-based contracting

This section aims to help awardees understand the steps and elements that go into developing performance-based contracts, including:

1. Selecting appropriate measures
2. Aligning measures with stakeholder interests
3. Identifying incentives to encourage improved performance
4. Contracting and monitoring

Upon reviewing this section, awardees may be able to determine whether they would like to explore implementation of performance-based contracting for their state or territory.

### 1. Selecting appropriate measures

Awardees should consider outputs, quality, process, and outcome measures of importance to their statewide home visiting program when selecting measures. Research shows that a mix of measures can be successfully included in performance-based contracts.<sup>11</sup> Consider what will be most meaningful for your state/territory home visiting program. This could include several types of measures, or you may choose to focus primarily on outputs and outcome measures.

Consider limiting the number of measures to include in performance-based contracts to focus on improving and monitoring performance. The World Bank suggests limiting the number of measures in performance-based contracts to fewer than 10 measures.<sup>12</sup> Most of the MIECHV awardees interviewed for this resource included five or fewer measures in their performance-based contracts.



**DELAWARE** chose contract deliverables to align with and exceed MIECHV capacity requirements by paying the piloting LIA an incentive payment for each quarter they met 95 percent capacity. The awardee also reviewed performance measurement data to determine areas where there may be opportunity for LIA improvement and tied performance incentives to those areas. For instance, state staff noticed high levels of missing data regarding tobacco cessation and wanted to increase the percentage of completed postpartum visits. The LIA is now awarding \$200 per family when they collect and report the date of a tobacco cessation referral, where the referral was sent, and the date the service began. Similarly, \$200 per family is awarded when the LIA collects and reports both the date of the postpartum appointment and the provider that was sent the referral.

Measures should be clearly defined with an operationalized definition, numerator, and denominator for each measure selected.<sup>13</sup> Specific, operationalized measures provide clarity for all involved. Those responsible for monitoring performance are provided with a clear and consistent understanding of how to calculate measures, while LIAs can have more confidence in how measures are calculated. Refer to the [MIECHV Form 2 Performance Indicators and Systems Outcomes Toolkit](#) for clear descriptions and details on the MIECHV benchmark areas and their associated performance measures. The 19 measures include a mix of performance indicators and systems outcomes that are relevant to the models being implemented and the broader early childhood system.

Consider measures that fit well with the evidence base of the models that are being implemented. Alignment is key to ensure that LIAs have a chance to improve performance. To determine which measures align best with the models being implemented, reference the [Home Visiting Evidence of Effectiveness \(HomVEE\)](#) website, the Demonstration of Improvement resource on [Performance Measures that Models Intend to Demonstrate Improvements](#), and consult with model developers. The HomVEE website provides information on the primary and secondary outcomes that models have achieved through high- and moderate-rated studies. Model developers will be able to share their perspectives on which measures align best with the models and may be of interest.

Another consideration when selecting measures could be to identify ones with the greatest potential to benefit marginalized groups. Awardees choosing to focus on health equity should consider measures that facilitate innovation aimed at closing the gap for underserved populations. For example, if disparities across relevant subpopulations in certain measures are well-known, such as premature birth<sup>14</sup> or breastfeeding initiation or duration,<sup>15</sup> those measures might be of interest.



**WASHINGTON** included measures around two milestones related to healthy birth weight in the contracts of their Nurse-Family Partnership (NFP) programs. Since NFP enrolls prenatally and has evidence to suggest the program may impact birth weight, NFP LIAs are eligible to receive a bonus payment for the first milestone if two conditions are met:

1. Across LIAs, 91 percent of all children born to NFP moms during the year are a healthy birth weight.
2. For each individual LIA, 85 percent of the children served by the LIA have a healthy birth weight.

Washington determined the 91 percent threshold by reviewing their current healthy birth weight data for NFP programs and creating a stretch goal.

For the second milestone, NFP LIAs receive payments (\$60) per participant for each baby born at a healthy birth weight during the year. Washington worked with stakeholders, including Stanford Center for Poverty, to analyze their benchmark data to determine that the following characteristics were correlated to birthweights below 2,500 grams (5 pounds, 8 ounces) or above 4,500 grams (9 pounds, 14 ounces):

- Black/African American
- American Indian/Alaskan Native
- 35 years or older at enrollment
- Used alcohol at or following enrollment
- Used drugs at or following enrollment
- Smoked at enrollment
- Homeless (living on the street or living in a group home or shelter)

LIAs receive an additional \$40 for each participant who meets the healthy birth weight criteria if that participant also meets at least one of the characteristics listed above.

## 2. Aligning measures with stakeholder interests

Measures and targets need to be meaningful both for the awardees' state/territory home visiting programs and for LIAs and other stakeholders. Consider engaging external and internal stakeholders in the process of selecting and operationalizing measures and identifying targets or milestones to achieve for each measure. In particular, awardees may find it valuable to engage families to identify the measures they find important to improving services.<sup>16</sup>

Stakeholder involvement in the process will ensure understanding of awardees' intentions of moving toward performance-based contracting and increase buy-in. Internal stakeholders may include programmatic and administrative leadership, as well as staff with expertise in data collection, evaluation, monitoring, and contracting.<sup>17</sup> External stakeholders may include representatives from LIAs, other government entities (e.g., education, child welfare, Medicaid), and model developers. Awardees may also want to ensure that other state programs (e.g., Title V, infant mortality review board) are engaged in the process to provide a broader picture of how home visiting fits within their states' early childhood landscape.

This can provide an opportunity to align measures across programs using statewide data and expert partners to set appropriate targets. These stakeholders can also provide valuable insights regarding potential barriers and structural issues that home visiting programs might encounter when working to meet the targets.

Engaging stakeholders during the process of selecting and operationalizing measures is also beneficial to gain buy-in and support of results once contracts are executed. Awardees should use an iterative process to select and develop measures. Communicate directly and transparently that the process will be used to review several drafts, provide multiple opportunities to obtain feedback from stakeholders, and gather and address concerns as they arise.



**DELAWARE** worked with other state agencies to align measures. Part of their decision-making around which measures to include was informed by shared priorities: tobacco cessation aligned with Title V priorities, and postpartum care aligned with maternal mortality task force priorities.

Once measures and targets are selected and operationalized, consider inviting an LIA or model to pilot the performance-based contracting process. Pilots are valuable for several reasons—

- Modifications can be made to the performance-based contract as needed by incorporating lessons learned into a refined contract
- Insight can be gained into any unintended consequences that could result from implementation
- There is a lower cost of failure for implementing a pilot compared to moving to implementation immediately
- The LIA or model piloting the contract can champion future expansion of the performance-based contracting initiative



**RHODE ISLAND** has engaged multiple stakeholders to align their performance-based contracting measures. The awardee is working with Harvard University's Kennedy School of Government to guide their work and to help build capacity at the state for performance-based contracting. They also have continued conversations with model developers and their LIAs to ensure the measures work for everyone. Rhode Island holds monthly meetings with all of the LIAs implementing one program model to share agency-level data, discuss where improvements could be made, and decide on measures and the operational definitions for the contract.

### 3. Identifying incentives

Positive and negative incentives may be used to encourage increased performance. Positive incentives include bonus payments, higher rates of reimbursement, contract extension or renewal, and public recognition. Bonus payments may be made to LIAs for achieving targets or milestones as a program or based on a fixed fee per person. For example, at the program level, an LIA may receive a bonus payment each quarter if they achieve a greater than 85 percent screening rate for child development. Bonus payments that are structured using a fixed fee per person may identify several targets or milestones for each family to attain. LIAs would receive a bonus payment each time a family reaches one of these targets.



**DELAWARE** uses two approaches for bonus payments to their LIAs. The awardee provides both a set bonus payment if the LIA meets specific targets, as well as payments per family for other targets. The structure of those bonus payments are outlined below.

**Exhibit C: Delaware Contract Deliverables and Payment Structure**

Contract Deliverables	Payment Amount	Payment Frequency
95 percent capacity	\$4,000	Quarterly
0 percent staff turnover	\$5,000	Annually
100 percent participation in individualized training plan development	\$5,000	Annually
Collect tobacco cessation referral data (date referred, where referral is sent, date service begins)	\$200 per family	Monthly
Collect postpartum care data (date of postpartum appointment, provider where referral is sent)	\$200 per family	Monthly

Awardees may also choose to apply sanctions and/or consequences in addition to or in place of positive incentives. For LIAs that do not reach established targets, consequences may include corrective action plans, eventual termination of the contract, or potentially barring LIAs from applying for future contracts.<sup>18,19</sup> Such consequences can be helpful for both parties, as it creates a shared understanding of the contract expectations. If an awardee chooses to place an LIA on a corrective action plan, it is beneficial to provide the LIA with additional support to improve performance. Further, awardees should consider how to transition to this new structure if sanctions may have significant impacts on LIAs’ financial security. For example, one awardee noted that it only selected LIAs that were financially stable enough to withstand reduced payments prior to entering into a contract with the LIA.



**ARKANSAS** uses a corrective action plan followed by sanctions or consequences as their approach to performance-based contracting. They use this approach to help coach and support LIAs. The contract includes measures related to staff retention, capacity, training for new home visitors, and participation in CQI. If the LIA is not meeting the specific deliverables, the awardee notifies the LIA they do not have acceptable performance and requests a meeting to discuss and develop an informal plan for change. If the informal plan is not met after a specified period of time, the LIA must submit a formal plan for improvement, and they are put on a corrective action plan. The state may withhold funding or terminate the contract at any time.

When developing incentives, be mindful to avoid the creation of perverse incentives. These are incentives that may unintentionally motivate LIAs to try to manipulate the system to increase gains. For example, awardees should use caution if selecting a measure that focuses on achieving capacity. A measure that stipulates LIAs will receive a bonus payment each quarter that they reach a high capacity percentage, for instance, may result in LIAs attempting to enroll families with less demonstrated need, regardless of whether the home visiting model is a good fit for the family. While there may be the potential to increase service provision, quality may suffer. To avoid this, some awardees may instead choose to focus on retention instead of capacity. For example, Washington provides incentives to LIAs for retention of families whose characteristics are linked with early exit from home visiting services.

## 4. Contracting and monitoring

Strong contracting and contract management are required to implement performance-based contracts successfully. This includes oversight of the contract, monitoring of measures, performance analysis, and fiscal management.<sup>20</sup> As you begin to consider developing performance-based contracts, keep in mind that this does not have to be an all-or-nothing approach. Instead, awardees may choose to dedicate a portion of the contract to focus on performance incentives while retaining the prior contract structure (e.g., fixed price, cost reimbursement) for the rest of the contract. When approaching your state or territory contracting office about performance-based contracting, consider providing them with an initial presentation that includes clear and concise introductory information on performance-based contracting. Then, consider connecting your state contracting personnel with peers in a state or territory that is successfully using performance-based contracting. This can provide an opportunity to gain insight on appropriate protocols and lessons learned.

***“LIAs became better consumers of their data, and if they had concerns about the data presented in dashboards or through performance analyses it led to deep conversations and greater mutual understanding of the data and improvements in data quality.” – Washington State MIECHV Team Member***

It is also critical for awardees to engage LIAs in the decision-making process.<sup>21</sup> LIA input is invaluable in ensuring buy-in and increased accountability for performance. Additionally, when determining the length of the contract, some experts recommend establishing longer-term contracts of 4 or 5 years.<sup>22</sup> Executing performance-based contracts and demonstrating improvements in performance takes time; thus, a longer-term contract may prove to be more beneficial than a standard annual contract.

In addition to contracting, awardees should place an equal emphasis on monitoring performance through data collection and reporting. Defined processes for data collection (e.g., access to measurement tools, data systems), data analysis, and reporting are needed to appropriately monitor contracts. Where feasible, consider separate entities for: a) monitoring and performance analysis; and b) contracting, to maintain independence between the two.<sup>23</sup> This level of independence will help avoid conflicts of interest and add credibility to findings. The entity responsible for monitoring should also be independent from LIAs. This may require working with another government agency at the state level, a separate department within the awardee’s agency, or a third-party contractor. If this is not feasible, awardees should attempt to ensure independence between contracting and monitoring to the greatest extent possible. For example, awardees may use an independent verification process where measures are reliably reproduced by more than one party or process (e.g., analysis of raw data, creation of automated reports, comparison with LIA calculations). Exhibit D provides an overview of how select MIECHV awardees are managing and monitoring data for their performance-based contracts.



**WASHINGTON** designates separate entities for monitoring, coaching, and performance analysis. The Washington State Department of Children, Youth and Families provides ongoing monitoring and support to LIAs, while it contracts with the Ounce Washington for LIA support and coaching, and the Department of Health for data reporting and performance analysis. Each quarter, the Department of Health creates a dashboard to send to each LIA. The dashboard includes the contract deliverables to help LIAs track their progress.

### Exhibit D. Awardee Data Management for Performance-Based Contracting

Awardee	Data Management for Performance-Based Contracting
<b>Arkansas</b>	Programmatic data for the contract are captured in the awardee’s current data system. Other data elements, such as fiscal or professional development data, are captured directly from the LIA. The awardee and awardee’s contractor send reports to LIAs quarterly.

<b>Delaware</b>	Delaware uses its existing data system, data elements, and reports to collect and review data. Contract deliverables are reviewed annually, quarterly, or monthly, depending on the measure. The awardee sends monthly reports to the LIA with some measures to track progress toward contract deliverables. Delaware is working with a training and technical assistance vendor to determine the best way to share progress on other measures, such as staff training. Delaware conducts quarterly audits/site visits to the LIA to monitor progress, provide support, and/or identify potential changes or process improvements.
<b>Washington</b>	All data for performance-based contracting is collected by MIECHV LIAs. The awardee provides dashboards to LIAs quarterly with status on their contract deliverables. Washington works with a data team to analyze LIA data to determine appropriate measures and thresholds prior to incorporating them into the contract.

## Challenges and benefits associated with performance-based contracting

The literature and experiences shared by MIECHV awardees highlight several benefits and potential challenges to implementing performance-based contracts.

Benefits of performance-based contracting may include:

- **Performance and organizational learning**—Research demonstrates that implementation of performance-based contracts can drive behavior change among contractors resulting in a greater focus on and support of performance and organizational learning.<sup>24,25</sup>
- **Increased accountability**—LIAs must work toward meeting the milestones for the families they are contracted to serve.
- **Using data for improvement**—Data are used regularly when examining performance for performance-based contracts. By examining performance on a regular basis, there are increased opportunities to consider and discuss improvement opportunities. Additionally, this may contribute to the submission of cleaner, higher quality data.

Challenges of performance-based contracting may include:

- **Cherry-picking**—There is a concern that once targets or milestones are set, LIAs may seek out clients who are easier to serve and more likely to help the LIA reach its targets. However, as Martin (2005) notes, some studies contradict this assumption.<sup>26</sup>
- **Unequal focus on measures**—When measures are given different weights, it is possible that LIAs may choose to focus on achieving standards for measures that result in a greater incentive.<sup>27</sup> This may result in other measures or outcomes receiving less attention and suffering as a result.
- **Uncertainty toward achievement of long-term outcomes**—As many outcomes targeted by home visiting are longer-term outcomes, there is a reliance on surrogate measures when developing performance-based contracts. For example, a goal of a home visiting program may be to increase school readiness; however, a performance-based contract may need a shorter-term proxy measure, such as child developmental screening rates or linkages to early intervention. With performance-based contracting, meeting shorter-term measures may lead to achievement toward longer-term goals.<sup>28</sup>
- **Delays in receipt of incentives**—Awardees may encounter challenges related to the lag time that may occur between data collection, analysis, and payment. This may be particularly challenging at the end of a fiscal year if incentives are provided for the previous quarter. Access to real-time data may be one way to address this concern.

## Summary

Making a shift to performance-based contracting requires awardees both to identify measures that are meaningful to the state/territory home visiting program, stakeholders, and LIAs and also to operationalize these measures. It also necessitates a strong contracting and monitoring process in which LIAs are incentivized to make progress toward targets or milestones associated with the measures. The information provided in this resource serves as a starting point to consider if developing a performance-based contracting initiative might be desirable or feasible in your state or territory context. In addition, the box below provides some questions and considerations that awardees may consider prior to engaging in this type of initiative. For more information on performance-based contracting, see the resources listed below.

***“We think about our obligation to HRSA and to our families. [Performance-based contracting] is a good way for us to make sure that we are doing all the things we said we would do and that we think are important to do for this work.” – Delaware MIECHV Team Member***

### Questions and Considerations for Awardees Considering Performance-Based Contracting

- Which performance-based contracting approach is most attractive to your home visiting program and feasible for it to implement?
  - Is there buy-in for the approach?
  - How will you approach LIAs about modifying their contracts?
- Which models are implemented in your state?
  - What common performance/fidelity requirements do those models have that may be of interest as measures for performance-based contracting?
  - What outcomes for those models are supported by evidence?
- Which stakeholders are important to involve at the state and local level?
- What is the state of current LIA data (i.e., are the data complete and accurate)?
  - Do new data elements need to be created to measure the deliverables?
- Are data readily accessible to the awardee and LIAs?
- Is there agreement on the measures, and how they are defined?
- Is there an entity that can independently review data?

## Additional Resources

- [Performance-Based Contracting for Health Services in Developing Countries: A Toolkit](#),<sup>29</sup> This toolkit from The World Bank reviews performance-based contracting, provides steps to consider for contracting, and includes considerations for deciding whether to implement.
- [Harvard Kennedy School Government Performance Lab: Active Contract Management](#). The Government Performance Lab (GPL) developed the active contract management approach. Its website includes several examples of active contract management projects undertaken by the GPL and a list of publications and government documents related to active contract management.
- [Social Finance: Pay for Success](#). Social Finance’s website includes an overview and examples of Pay for Success and outcome rate cards.
- [Funding Home Visiting with a Pay for Outcomes Approach](#). This report provides insights and key takeaways from home visiting and pay for outcomes stakeholders.

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