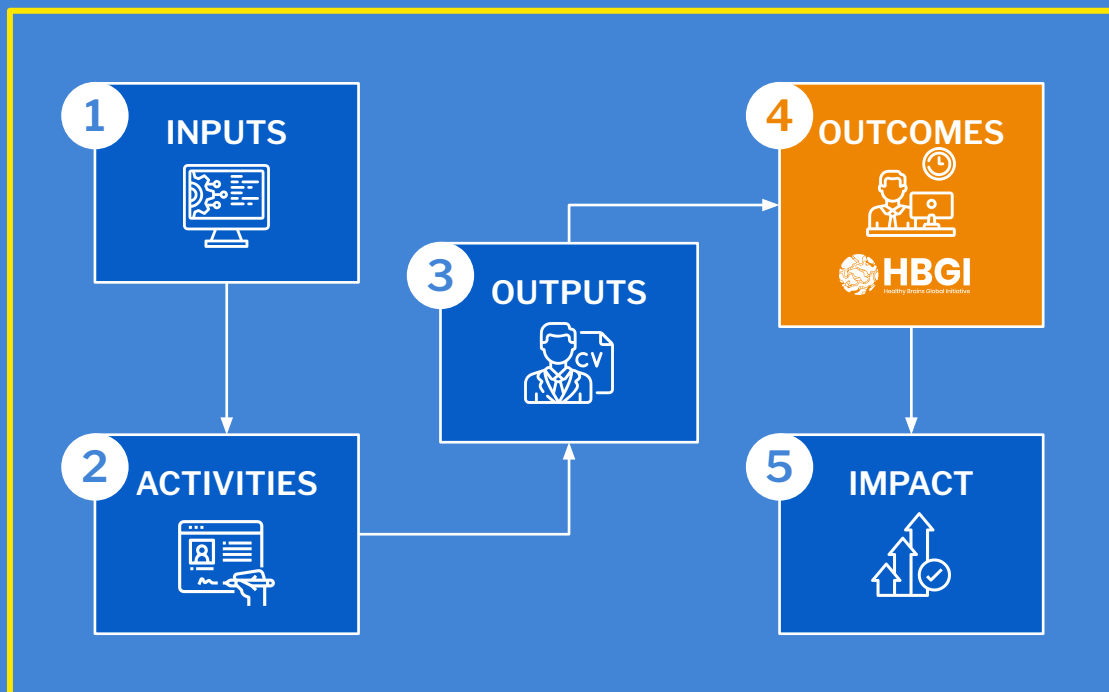


# Paying for Outcomes on Mental Health Programs

*The **EXECUTIVE SUMMARY** of the Responses  
to HBGI's Call for Expressions of Interest*



## Purpose of this Executive Summary

This is an EXECUTIVE SUMMARY of the Healthy Brains Global Initiative's (HBGI) more detailed report: *Paying for Outcomes on Mental Health Programs – A Summary of the Responses to HBGI's Call for Expressions of Interest*, published in March 2023.

The full report provides a comprehensive description of all the responses received to HBGI's Call for Expressions of Interest (Eols), launched in summer 2022. In addition to providing an introduction to HBGI, the report describes our approach to outcomes contracting and how this could make a real difference in our push to address the causes and consequences of poor mental health globally. The report also individually showcases each of the 51 submitted programs, whilst highlighting in more detail 11 of the more compelling examples. In these program summaries, co-produced with the submitting organizations, we show how each program could be contracted by linking payments to clear, measurable and verifiable deliverables.

We encourage you to review the [full report](#). We refer you in particular to the featured programs, which demonstrate the depth and breadth of what is possible and the impact on individual lives that could be delivered if contracting focused on outcomes and results rather than inputs and processes.

## Who is HBGI

HBGI was established with the support of the WHO, UNICEF, and the World Bank. We are a not-for-profit organization, registered in the United States but operating with a global team. We are using innovative contracting to create a sea change in the scale and impact of mental health services and programs - either contracting and funding directly ourselves or as technical partners with governments. In all cases, we focus on results and impact at the individual service-user level.

With the oversight of a Board of Directors and an experienced management team, and with guidance from a Lived Experience Council, we operate in three ways:



pooling the funds of donors into Regional or Thematic Outcomes Funds (e.g., our Outcomes Funds for Sport & Mental Health, for 'New Brains', for Veterans, and for Africa), which we manage and use to contract new programs, with HBGI as the 'outcomes funder'.



working with individual donors who have an interest in particular populations or challenges, contracting and overseeing specific programs for these donors.



supporting fund holders, such as governments, to design and contract programs, building and operating performance management systems to drive the outcomes and impact of these programs.

More information on how we work can be found [here](#).

# Introductions to Outcomes Funding

## Funding of Mental Health Programs: From Grants to Outcomes-Based Contracting

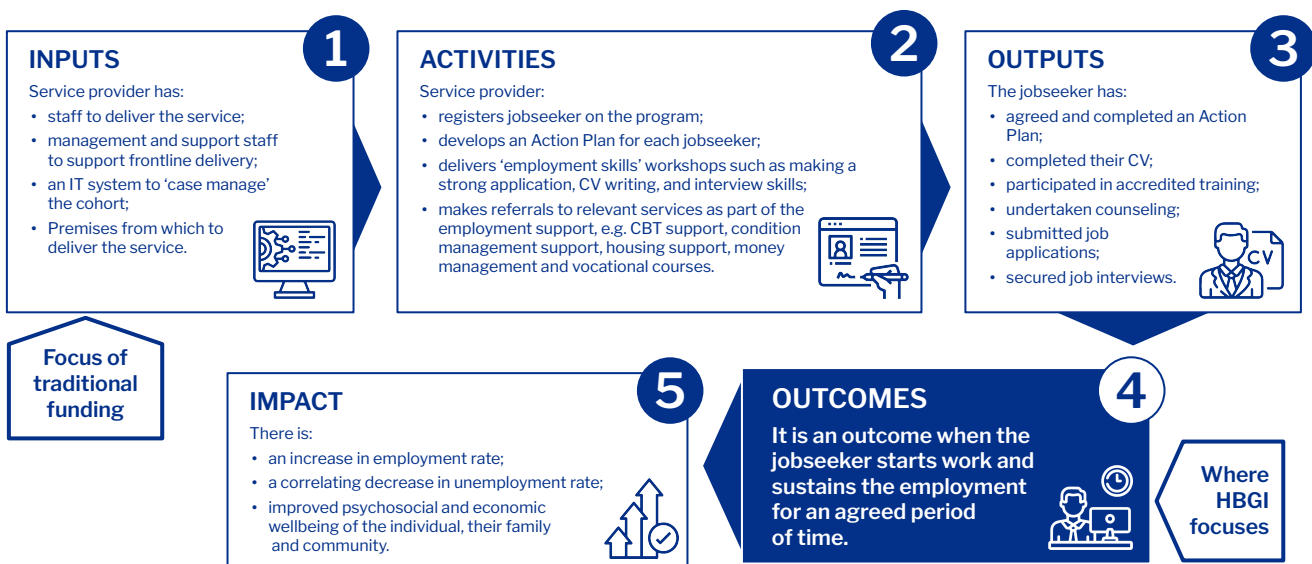
Programs which address the causes and consequences of poor mental health continue to be overwhelmingly funded using traditional contracting models, namely grants or fee-for-service arrangements. Funders and donors closely track their grants and expenditure, with expenditure usually tied to ‘inputs’ (the beginning of the ‘results chain’\*). Success is mostly defined in terms of whether the allocated funds are utilized and accounted for, regardless of whether the program delivers the desired results.

There is, however, a slow tide of change in public service outsourcing, with growing interest in how to link payments to program ‘outcomes’ or ‘impact’ (the end of the ‘results chain’). HBGI wishes to accelerate this approach in the contracting of mental health services by introducing a new wave of programs using an ‘outcomes-based’ contracting model, paying for the outcomes (results) rather than the inputs, to drive increased impact.

It is worth noting that, in practice, outcomes-based contracting may not always pay solely for the outcomes achieved. Depending on the program, some contracts may have a mixture of payments, including payments for inputs and outputs, or ‘intermediary’ outcomes. This might be needed to ensure adequate cash-flow for the service provider until the outcomes, which are a little further down the line, are achieved. Or it might be relevant on a program where the outputs are so clearly tied to the impact that they are a good-enough performance measure. For example, on an employment program, a small percentage of the funding may be paid when an individual enrolls on the program, with the majority of the funding then attached to the individual entering and sustaining employment for a defined minimum period of time. On a childhood polio eradication program, payments may be linked to each child who is immunized as a proxy for polio eradication, with this impact achieved further in the future.

The diagram below provides an illustration of a results chain, using employment support service as an example.

### Where outcomes sit in service delivery



\* A results chain is a visual representation of a program’s desired outputs, outcomes and expected impact as a consequence of its actions and activities.

## Why Outcomes Matter

Outcomes-based contracting focuses on the desired result (the outcome) and ties payments to this. This delivers greater impact for each dollar spent, and more importantly, delivers greater impact on the life of the individual service user. A good outcomes contract, which is well-designed, priced appropriately and proactively performance-managed, has a number of advantages over the traditional input-based/fee-for-service contracting, including:

- Enabling a **ground-up, localized approach** that is culturally relevant, because it **focuses on each individual**.
- Increasing the **quantity** of performance as payment is directly linked to results. Whilst also increasing the **quality of intervention**, because only quality interventions will actually deliver the desired quantity. This can also be reinforced with the requirement for the service provider to deliver a minimum level of service to all service users.
- Delivering greater **value for money** as spend is focused on and tied to results and impact, rather than lengthy and sometimes unnecessary process and input.
- Addressing donor fatigue with funding directly linked to **evidenced results**, shifting away from funding yet another service which fails to deliver the desired impact.
- Increasing **accountability** to service users, as well as to funders, as it increases **transparency** over where the money goes (i.e., excludes 'leakage' like corruption or bureaucratic waste).
- Enabling **flexibility** and incentivizing **innovation** (in response to service users' need, but also in response to changing context, for example pandemic or conflict).
- Tracking, recording, and reporting on activity at every stage of the program, providing **rich real-time data** in support of 'implementation research' - capturing what is working for wider dissemination and learning.

## Outcomes on Mental Health Programs: A Focus on Functional Outcomes

It is now well established that poor mental health is closely associated with a number of adverse real world outcomes. These include things like impaired occupational achievement, educational underperformance, comorbid physical illness, and even the trajectory of infant development based on maternal mental illness. To address this, HBGI wants programs to focus on, and be paid for, achieving outcomes that make a real difference to the individual - outcomes which truly change a person's life and life chances. We call these outcomes 'functional outcomes'.

### Examples of functional outcomes



## Can Programs Which Address Poor Mental Health be Contracted on Outcomes?

In short, yes. This is what this report demonstrates.



## Ten Questions that a Good Outcomes Contract Addresses

- 1. What does success look like?**

The overall objective has been clearly and simply defined and agreed with all key stakeholders.
- 2. Who is being targeted?**

There is a clear, well-defined target population/cohort group.
- 3. What is purchased?**

The funding is tied to a few highly relevant and easy-to-understand deliverables along the results chain - ideally as close to the outcomes as possible.
- 4. What are the 'minimum standards'?**

There is a clear definition of the minimum quality criteria that the deliverables must meet.
- 5. At what price?**

The price that is agreed upon enables and/or incentivizes high performance and takes into account actual operating costs. Cheapest is not best if it doesn't deliver results.
- 6. How is delivery confirmed/what triggers payment?**

The payment decisions are based on trusted and independent verification of delivery and results.
- 7. How much is paid when?**

The payments to the service providers are structured to ensure cashflow in the system (or working capital is brought in, e.g., from social/impact investors lending upfront capital).
- 8. What kind of performance management ensures success?**

The incentive to deliver high performance increases when payment is attached to outcomes. In addition, there is tracking, reporting, and monthly review/challenge to drive the quantity and quality of this. There is transparency and regular publication of results.
- 9. What assurance model oversees this?**

There are layers of assurance, undertaken by the service provider, by the funder, and possibly by a third-party independent monitor.
- 10. What are the consequences of under-delivery?**

The contract clearly defines any payment adjustments, penalties, or 'step-in-rights', as well as other contractual obligations regarding safeguarding, equity, and environment.

# The Call for Expressions of Interest

## The Call and its Purpose

In 2022, HBGI launched a Call for Expressions of Interest (Eols) in order to curate a list of possible fundable programs to support our engagement with funders and donors as we develop our Outcomes Funds.

We were interested in collating compelling examples of the types of programs that *could* be contracted and paid for on the basis of outcomes. We wanted to show that such programs exist, how outcomes can be defined and delivered on these programs, and that there is an appetite in the ‘service provider market’ to use this funding model to unlock a new scale of impact in programs which address poor mental health. The Call also facilitated HBGI’s collaborative engagement with the market, helping us to understand its experience and knowledge of outcomes-based contracting – which we can build on and develop as we launch our Outcomes Funds.

## The Response to the Call



The response to the Call supports and confirms the premise under which the Call was issued, namely that:

1. *There is an active and engaged service provider market, interested in outcomes-based contracting.*
2. *Outcomes-based contracting could be applied effectively to programs targeting poor mental health.*

**The potential for this market to grow is significant.** HBGI’s Call for Eols, with some limited timescales and distribution channels, only scratched the surface, and we continue to receive interest.

## The Proposals - An Overview

Proposals were received from a **wide range of providers**, including: local and international NGOs (including for-profit and not-for-profit); research and academic institutions; and existing health service providers such as hospitals.

The potential program **beneficiary groups** are diverse and include (not necessarily mutually exclusive): young people; frontline practitioners (including health and non-health professionals); workers and employers; expectant and new mothers; people with comorbid physical and mental health conditions; people with substance dependency; and geographically-based communities, such as those in isolated rural areas.

The **types of programs** proposed include: integrating mental health identification and treatment within mainstream healthcare, such as maternity care; school-based support, including counselling; livelihood programs; programs integrating sport and physical activity with mental health support; and tech-based solutions. A number of the programs address trauma. Programs are a mixture of existing programs, which could be replicated and scaled, and new ideas to pilot.

All could be paid on outcomes, with a focus on **functional outcomes**. The possible functional outcomes that could be delivered across the proposed programs broadly fall into the following themes: livelihood outcomes (e.g. securing employment); in-work outcomes (e.g. improved employee retention); learning outcomes (e.g. staying in and completing formal learning); improved maternal and child health outcomes (e.g. child weight gain); improved comorbidity and physical health outcomes (e.g. adherence to treatment plan); system strengthening outcomes (e.g. improving frontline staff capacity); and violence reduction (e.g. reduction in reported crimes).

At the time of launching the Call, HBGI had identified four **geographical regions** as areas of focus. For this reason, the submissions mainly focus on: Africa; South Asia; Eastern Europe (in particular Ukraine); and the United States (with a focus on California).

The map on the next page shows the primary proposed country/location of delivery by submitting organization. A number of organizations are open to geography and/or can deliver across multiple locations.

## Proposed primary country/location of delivery



### Africa

#### Ghana

Pantang Hospital

#### Kenya

Nzumari Africa

UKOO

Triggerise

batyr

CAPMHK

CorStone

#### Lesotho

Partners in Health

#### Liberia

LiCORMH

The Carter Centre

Partners in Health

#### Malawi

Save The Children

Partners in Health

#### Mozambique

PATH

#### Namibia

Zvandiri

#### Rwanda

YLabs

Partners in Health

#### Sierra Leone

Partners in Health

#### South Africa

Waves for Change

Centre for Community Impact

Stellenbosch University

Zvandiri

#### Uganda

Finemind

Village Enterprise

African Centre for Suicide Prevention and Research (ACSPR)

SEEK-GSP

Makerere University School of Public Health

#### Zimbabwe

THRU ZIM (The Health Research Unit Zimbabwe)

SPANS

### South Asia

#### Bangladesh

British Asian Trust

#### India

Sangath (and Harvard Medical School)

Harvard-led consortium

Banyan Academy of Leadership in Mental Health (BALM)

British Asian Trust

Innovators in Health

CorStone

Arogya World

Iswar Sankalpa

#### Nepal

Save The Children

#### Pakistan

British Asian Trust

Aga Khan Foundation

#### Philippines

MLAC Institute

### Eastern Europe

#### Ukraine

Teenergizer

Trauma Resource Institute

### Americas

#### Brazil

Brazilian Coalition on MH Innovations and Impact

#### USA (California)

Harvard Medical School

TrustCircle

#### Mexico

Glasswing

### Open

Red Dot 365

SELF Circles Inc

Social Finance

ICRC

Stronger Brains

OPA Mind









## The Proposed Programs

The following two pages highlight 11 of the most compelling proposals received. These are programs that are strongly structured, with an identified need being met for a well-defined target population, and clear, measurable and verifiable outcomes already defined or easy to define. These are programs which are not just amenable to being paid on outcomes, but which are or could become quite quickly 'contract-ready'. We think they represent well the breadth and the potential of the provider market.

We encourage you to review the [full report](#), which not only contains more detail on these 11 programs, including proposed costs and evidence of success, but also features the remaining 40 programs, many of which are robust and inspiring programs. These 40 programs, along with their proposed impacts, are listed on the pages following the highlighted 11.

## The Eleven Highlighted Programs Summarized

	<b>Organization and proposed geography of delivery</b>	<b>Proposed program overview</b>	<b>Possible outcomes</b> (Please note: we list here only the main functional outcomes to which payments could be linked. The full report details the other outcomes - and outputs - for each program)
	<b>British Asian Trust</b>  <i>Bangladesh, India, and Pakistan</i>	Mental health and livelihood support for women in peri-urban and urban areas	Outcome payments could be linked to: <ul style="list-style-type: none"> <li>· each woman who secures employment;</li> <li>· each woman who retains employment for at least six months;</li> <li>· increase in a woman's monthly earnings by target amount/percentage increase (this could focus on those women who are already in work, as well as those who secure employment for the first time);</li> <li>· improvement in socio-emotional wellbeing measured using a standardized assessment.</li> </ul>
	<b>CorStone</b>  <i>Kenya</i>	Strengthening young people's emotional and social wellbeing in government schools	Payments could be linked to: <ul style="list-style-type: none"> <li>· each self-reported improvement in mental health and wellbeing (e.g., anxiety and depression) of young people, using approved pre- and post-training questionnaire;</li> <li>· functional outcomes, including improved attendance at school, exam scores, and grade improvements (specifics to be determined, e.g., against baseline).</li> </ul>
	<b>Finemind</b>  <i>Uganda</i>	Training of CHWs to provide mental health support to young mothers in rural community	Payments could be linked to: <ul style="list-style-type: none"> <li>· improved wellbeing – each young mother who recovers from depression (PHQ score of <math>\leq 5</math> for two consecutive sessions);</li> <li>· each functional outcome achieved, related to the young mother (for example, increase in job satisfaction and productivity, increase in household income, or reduction in intimate partner violence).</li> </ul>
	<b>Harvard University-led consortium</b>  <i>India</i>	Using a digital platform to train and supervise CHWs in the delivery of a rehabilitation program for people with schizophrenia	The objective is to support psychosocial rehabilitation and promote recovery for patients with schizophrenia, therefore the primary outcome of interest is disability and functioning. Payments, at the individual level, could be linked to: <ul style="list-style-type: none"> <li>· each patient who records improvement in their IDEAS score at the end of the 12-month program;</li> <li>· each person who identifies and then secures their 'functional' outcome, for example, return to employment, return to education, or commencing voluntary work;</li> <li>· each person who identifies and then achieves improvement in physical health, for example: improved BMI score, improved cardiorespiratory fitness, sustained management of blood pressure, and improved serum glucose and serum lipids.</li> </ul>
	<b>Innovators In Health</b>  <i>India</i>	Integrating mental health screening and support with a TB identification and treatment program	Payments could be linked to the following: <ul style="list-style-type: none"> <li>· each individual who records an improvement in their mental health via approved pre- and post-treatment questionnaire;</li> <li>· an increase in treatment commencement for people diagnosed with TB (against a baseline);</li> <li>· an increase in TB treatment adherence and completion (against a baseline).</li> </ul>
	<b>Social Finance</b>  <i>Open – possibly Ukraine</i>	Mental health and integrated employment support	Payments could be linked to the following: <ul style="list-style-type: none"> <li>· each individual engaged (enrolled) on the program;</li> <li>· each individual securing paid employment;</li> <li>· each individual sustaining work (e.g., for at least 13 weeks, or other period that demonstrates sustainment).</li> </ul>

**Stronger Brains***Open*

Screening the brain health of students for early intervention and prevention

Payments could be linked to a combination of outcomes, related to brain health and functional outcomes, including:

- key indicators of healthy brain function, such as improved brain processing speed, focus and attention, working memory, social cognition, and executive control, measured by a simple online computerized assessment and monitored over time against normative data. This can be recorded at an individual child level;
- each child who records a functional outcome, including improved school attendance, school completion, and school success (for example improved academic achievement);
- job success (if program focused on older children and as a possible long-term outcome).

**The Health Research Unit Zimbabwe***Zimbabwe*

Occupational and mental health screening and support for health workers and educators

Payments could be linked to the following:

- each health worker/educator screening positive or diagnosed with a disease, including a mental health condition;
- of those screening positive, each health worker/educator referred for further investigation and treatment;
- each health worker/educator whose condition is appropriately managed (measured at agreed interval e.g., six and 12 months later);
- improved workplace satisfaction (against a baseline);
- reduction in workplace absenteeism rates (workplace records) – with percentage decrease;
- decrease in staff attrition rates (against baseline).

**Triggerise***Kenya*

Using a digital platform to provide mental health and HIV support to young people

The outcomes of i) young people having improved and sustained sexual and mental health leading to improved sexual health and decreased HIV risk behaviors, and ii) young people having improved agency and quality of care in their options of mental health and HIV service providers could be tied to a number of possible HIV and mental health metrics, to which payments could be attached, including:

- each individual accessing HIV testing services;
- each HIV positive youth who takes up treatment services and returns every quarter;
- each PrEP client adhering to treatment;
- each PrEP client returning for HIV tests every three months during reporting period;
- each new community-based trained mental health service provider added to Tiko;
- each individual taking up additional mental health services.

**Village Enterprise***Uganda*

Poverty alleviation and mental health support in rural community

The primary outcomes to which payments could be linked include:

- each new microbusiness launched six months into the program cycle;
- each new microbusiness sustained/still in business one year later.

Payments could also be linked to household level economic outcomes such as increased income, assets, and savings amongst participant households, at least one year after program launch, compared to a control group.

**Waves for Change***South Africa*

Physical therapy and teamwork for young people exposed to a high-level of trauma

Payments could be linked to the following:

- each child who completes (10-month) Surf Therapy program;
- each peer mentor sustained as mentor six and 12 months post training;
- each child in Surf Therapy program who records improved self regulation and social connectedness after 10 months in the service (method for recording this to be explored ahead of contract but could include Inclusion of Other scale);
- each improved heart rate variability post program recorded (against baseline at the start of program).

## The Remaining Programs

Organization	Proposed Program	Geography
<b>African Centre for Suicide Prevention and Research</b>	Community-based group psychotherapy to address depression and improve livelihood outcomes	Uganda
<b>Aga Khan Development Network</b>	Improved access to mental health support for adolescents	Pakistan
<b>Arogya World</b>	Achieving healthier workplaces by integrating mental health and NCD advice and support	India
	Creating a healthy city, including improved mental health, in Bangalore	India
<b>Banyan Academy of Leadership in Mental Health</b>	Trained lay community members to improve community mental health in Tamil Nadu	India
<b>batyr</b>	Improved mental health (including awareness and support accessed) amongst young people as a result of peer-to-peer support	Kenya
<b>Brazilian Coalition on Mental Health Innovation and Impact</b>	Improved mental health promotion and literacy in high schools in order to deliver improved learning outcomes for students	Brazil
<b>British Asian Trust</b>	Improved mental health and learning outcomes for public school teachers and students	Bangladesh, India, and Pakistan
	Improved mental health and educational outcomes for out-of-school children	Pakistan and India
	Improved mental health and treatment adherence for patients	Pakistan
<b>The Carter Center</b>	More health workers trained and community health facilities equipped to address perinatal depression in expectant mothers	Liberia
<b>Centre for Community Impact</b>	Improved mental health and reduction in intimate partner violence	South Africa
<b>Coalition Action for Preventative Mental Health Kenya</b>	A reduction in the number of people with poor mental health being incarcerated as a result of mental health training for criminal justice professionals	Kenya
<b>CorStone</b>	Resilience training for improved wellbeing and educational outcomes for girls in KGBV schools in Bihar	India
<b>Glasswing</b>	Improved mental health and reduction in violence for those affected by violence	Mexico
<b>Harvard Medical School</b>	Improved access and quality of counseling received by young people	California

<b>Organization</b>	<b>Proposed Program</b>	<b>Geography</b>
<b>International Committee of the Red Cross</b>	Improved mental health and functional outcomes for people in places of conflict	Open
<b>Iswar Sankalpa</b>	Improved mental health and functional outcomes for homeless people in Kolkata	India
<b>Liberia Centre for Outcomes Research in Mental Health</b>	Supporting improved wellbeing and substance-dependency recovery	Liberia
<b>Makerere University</b>	Improved mental health identification and treatment for refugees	Uganda
<b>MLAC Institute for Psychosocial Services</b>	Trauma recovery and functional outcomes for families experiencing violence	Philippines
<b>Nzumari Africa</b>	Psychotherapy and employment outcomes for young parents	Kenya
<b>Opa Mind</b>	Voice technology application to support employees' wellbeing globally	Open
<b>Pantang Hospital</b>	Improved mental health and rehabilitation of homeless people with poor mental health	Ghana
<b>Partners In Health</b>	Strengthened care for people with severe mental health conditions	Open – Africa
<b>PATH</b>	Perinatal depression screening and counseling in maternal child health services to improve wellbeing in mothers	Mozambique
<b>Red Dot 365</b>	Improved mental health awareness and management amongst school children, applicable globally	Open
<b>Sangath</b>	Addressing depression and improving treatment and functional outcomes for people with diabetes in Gujarat	India
<b>Save the Children</b>	Improved caregiving, food security, child diet, and maternal mental health	Malawi
	Improved wellbeing and safety for school children	Nepal
<b>SEEK GSP</b>	Addressing depression and improving income and treatment outcomes for rural communities	Uganda
<b>SELF Circles</b>	Developing skills to strengthen resilience in young people, globally applicable	Open
<b>Society for Pre and Post Natal Services</b>	Improved perinatal mental health for parents	Zimbabwe
<b>Stellenbosch University</b>	Reduction in depression/anxiety and improved academic achievement via digital interventions for university students	South Africa
<b>Teenergizer</b>	Trained peer-to-peer counselors and improved mental health of young people via online counseling	Ukraine

<b>Organization</b>	<b>Proposed Program</b>	<b>Geography</b>
<b>Trauma Resource Institute</b>	Reduction in post-traumatic stress and improved school performance for educators and students	Ukraine
<b>TrustCircle</b>	Improved wellbeing for student using AI-based social-emotional learning platform	California
<b>UKOO</b>	Improved wellbeing and educational performance for young queer people	Kenya
<b>YLabs</b>	Increased mental health literacy and access to psychosocial support for young people	Rwanda
<b>Zvandiri</b>	Improved wellbeing and treatment outcomes for young people living with HIV	Namibia and South Africa

## The Way Forward

This report will be disseminated widely to raise awareness of the global growing mental health challenge and to promote the benefits of outcomes-based contracting in addressing this challenge effectively. Our dissemination activities aim to reach a wide audience including: the service provider market; donors; researchers; global institutions; governments; policy makers; and influencers.

To continue supporting the service provider market we will be running **a series of free, virtual capacity building events**, open to all. The sessions will cover topics such as: understanding outcomes and outcomes contracting; building effective performance management systems; operational design considerations for an outcomes-contracted program; and understanding working capital, including Impact Bonds.

HBGI has started to develop our first regional project with our Outcomes Fund for Africa. We are also working with donors and other stakeholders to establish a series of thematic Outcomes Funds including Sport & Mental Health, New Brains (and new mothers), Technology, and Veterans. Partnering with governments, we are also working on how to deliver empowering, sustainable outcomes for homeless people and a commercial model for shifting from hospitalization to community care.

Finally, we will continue to work with our [Lived Experience Council](#) to ensure that the voice of service users informs service design and delivery.

If you want to discuss any other element of this work further, please get in touch with:

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Shomsia Ali, Special Advisor ([shomsia.ali@hbgi.org](mailto:shomsia.ali@hbgi.org)).



Thank you for reading.

If you would like to discuss this report or find out more about the programs featured, please contact: Shomsia Ali, Special Advisor ([shomsia.ali@hbgi.org](mailto:shomsia.ali@hbgi.org)) or Richard Johnson, CEO ([richard.johnson@hbgi.org](mailto:richard.johnson@hbgi.org))