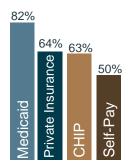


# School-Based Health Care Financing

The financial model for school-based health centers (SBHCs) varies from community to community. Included among the basic building blocks for sustainable programs are patient revenue (third-party and self-pay), in combination with public and private-sector grants and inkind partner support to cover non-billable expenses. The SBHC funding portfolio is diverse, including an average of seven different sources of revenue.

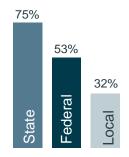


Patient Revenue Sources Most Frequently Cited by SBHCs

#### **Patient Revenue**

Most SBHCs (85%) bill for health care visits, either via third-party insurers or directly from patient fees. On average, SBHCs bill four different patient revenue sources.

Various analyses of SBHC financing have found patient revenue to be largely influenced by policy and practice environments, including states' Medicaid and CHIP reimbursement policies, the type of fiscal agent running the SBHC, the distribution of SBHC users by payer, and the administrative capacity of sites to effectively bill and collect from third-party insurers. For more information on Medicaid policy and SBHCs, visit the Alliance website.



Government Grant Sources Most Frequently Cited by SBHCs

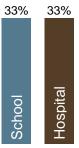
### **Government Grants**

Public sector grants are often a necessary funding source for SBHCs to offset losses associated with non-reimbursable services and uninsured patients.

Sources of <u>federal</u> funding for SBHCs include competitive grants for community health centers (also known as Section 330 Public Health Service Act), family planning, nurse-managed health clinics, and teen pregnancy prevention. Less common for SBHCs, but accessible to schools for learning supports include Title One ESEA, Full-Service Community Schools, and 21<sup>st</sup> Century Learning Centers.

Three in four SBHCs rely on <u>state</u> government grants for operational support. Eighteen states dedicate funds and staff to administer an SBHC grant program. Learn more here:

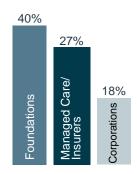
One-third of SBHCs access public funds through <u>county and city</u> government. Local property levies in Seattle-King County (WA) and Miami-Dade County (FL), for example, finance school health services.



In-Kind SBHC Partners most frequently cited by SBHCs

#### **Partner Contributions**

SBHC partners bring dollars and in-kind support to underwrite operations. Schools often supply physical space, utilities, and custodial services, the in-kind value of which can exceed tens of thousands of dollars. Hospitals, community health centers, academic medical centers may donate staff, equipment, supplies and business support services.



Private Sector most frequently cited by SBHCs

#### **Private Sector**

Private sector support is less common than public grants. Typical sources include United Way, business and corporate giving, insurer contributions, and area foundations.

## SBHCs have a Diverse Funding Portfolio

Sustainable SBHCs employ sound business models based on financial planning strategies that rely on a diversity of stable and predictable funding sources, maximize patient revenue, and right-size the role of grants to support operations for the long-term. The chart below illustrates the variability across revenue sources for four SBHCs with distinct sponsor types.

■ Patient revenue ■ State Govt ■ Local Govt ■ Federal Govt ■ In-kind ■ Private ■ Local sponsor

