



COMPLIANCE DIRECTOR JOB ANNOUNCEMENT

Santa Cruz Community Health (SCCH) is a multi-site, Federally Qualified Health Center (FQHC) serving Santa Cruz County residents. SCCH began as a women's health collective in 1974 with the mission to improve the health of our patients and the community and advocate the feminist goals of social, political, and economic equality. Now, more than 50 years later, we proudly serve that same mission at our three clinic sites: the Santa Cruz Women's Health Center in downtown Santa Cruz serves women and children; the Live Oak Health Center offers the community an integrated, state-of-the-art health and housing campus in Live Oak, and the Santa Cruz Mountain Health Center provides accessible and expanded access to care for our patients in the San Lorenzo Valley.

Driven by our commitment to health care as a human right, SCCH is a leading non-profit provider offering comprehensive health services to our patients, regardless of their ability to pay. We have been recognized in the community as a leader in delivering high-quality, innovative care, and we are active in local, state, and national advocacy work that empowers our patients and community to be healthy, happy, and successful.

SCCH has a diverse patient population and an engaging and friendly work environment. Our caring and committed staff work as a team to fulfill our mission so that all our patients have access to quality, whole-person health care.

POSITION SUMMARY/SCOPE:

The Compliance Director (CD) is responsible for maintaining the compliance program at SCCH, across its clinic sites and administrative office. The CD plans, implements, and coordinates compliance and quality assurance assessments, ensuring activities and programs meet local, state, and national requirements and regulations. The CD receives, investigates, and trends incident reports conducting root cause analysis and serves as the organization's Risk Manager. The CD reports to the Chief Executive Officer (CEO) and works in partnership with Department Chiefs and Directors.

Classification: Full-Time, Salary, Exempt

Reports to: Chief Executive Officer

Normal work hours: 40 hours per week

Work Location: Administrative Office, In-Clinic, Remote

Compensation Range: \$95,255 - \$135,304 per year, DOE

Language Requirements: English

ESSENTIAL DUTIES AND RESPONSIBILITIES:

ESSENTIAL FUNCTIONS INCLUDE BUT ARE NOT LIMITED TO:

- Oversee the Compliance department and team.
- Serve as the agency's Risk Manager.
- Develop and oversee agency-wide annual Risk Management Plan, meeting Federal Tort Claims Act (FTCA) requirements, in collaboration with Leadership Team. Track key metrics for each department.
- Oversee Credentialing & Privileging processes of Licensed Independent Practitioner's (LIPs), Other Licensed and Certified Practitioner's (OLCPs), and Other Clinical Staff (OCS), in collaboration with Human Resources, Chief Medical Officer (CMO), Chief Behavioral Health Officer (CBHO) and the Chief Operations Officer (COO).
- Coordinate initial, annual, and episodic Peer Review of LIPs and OLCPs in collaboration with CMO and CBHO.
- Oversee Incident Reporting & Tracking. Foster a "Just Culture" that supports the timely reporting of incidents throughout the organization.
- Review, track, and identify incident report trends; conduct root cause analyses; identify areas for improvement in collaboration with CMO, CBHO, COO and Quality Director.
- Produce Annual Staff Training Plan, ensuring FTCA and other regulatory requirements are met, in collaboration with CMO, CBHO, COO and Quality Director. Ensure documentation of training meets regulatory requirements.
- Coordinate annual renewal of Medical Malpractice & General Liability Insurance, including annual deeming applications for FTCA.
- Ensure timely processing and renewal of Policies & Procedures. Write and publish new policies that address and mitigate areas of risk. Assist in the development, implementation, and maintenance of policies, procedures, and workflows pertaining to organizational compliance.
- Lead Triennial Health Resources and Services Administration's (HRSA) Audits. Support other regulatory clinic audits in collaboration with Site Operation Directors and Clinic Managers.
- Coordinate timely renewal and processing of clinic licenses, including Clinical Laboratory Improvement Amendments (CLIA), Pharmacy, notifying California Department of Public Health (CDPH) Centralized Application Branch of change of hours, new Board members, etc.
- Monitor health center activities to ensure adherence with HRSA Compliance Handbook.
- Conduct and report on quarterly risk assessments, providing an annual report to the Board of Directors.
- Participate in the Quality Improvement and Quality Assurance Committee's in collaboration with CMO, CBHO, and COO. Work with managers and other key stakeholders in discussing and reviewing areas of operational and clinical risk. Reference:
<https://bphc.hrsa.gov/compliance/compliance-manual/chapter10>
- Ensure that all new hires are trained in risk management and quality assurance. Assess need for and facilitate education, training, and technical assistance for staff to ensure adherence to compliance and quality assurance efforts.
- In collaboration with the Chief Human Resources Officer, coordinate bi-annual flu and TB clinics for employees.
- Participate in other Employee Health related activities, as needed.

- Work with Clinic Operations and Facilities Manager to conduct facility audits to ensure compliance with Occupational Safety and Health Administration (OSHA) and Health Insurance Portability and Accountability Act (HIPAA).
- Perform all duties in accordance with SCCH policies, guidelines, and protocols.
- Assume other duties, including special projects, as assigned or needed.

QUALIFICATIONS:

Minimum Qualifications

- Clinical, health care, or public health professional with at least three years of professional experience working in a health center or clinical setting. Familiarity with relevant rules and regulations for Federally Qualified Health Centers (FQHC).
- Minimum of three years' experience directing and managing projects.
- Experience in program design, implementation, and evaluation.
- Ability to multi-task, prioritize, and work under deadlines.
- Ability to strategize and plan as well as apply and track practical solutions.
- Knowledge and experience with corporate compliance programs.
- Proficient technology skills: MS Office applications (Excel, Visio, Word, PowerPoint), Outlook, Microsoft Teams, EHR systems.
- Demonstrated ability to work across, collaborate with, and lead various groups and teams.
- Excellent communication (verbal and written) and presentation skills.
- Excellent client/customer service orientation.

Preferred Qualifications

- Bachelor's or master's level, or equivalent experience, in nursing, health services administration, public health, or related field from an accredited college or university.
- Certified Professional in Healthcare Quality (CPHQ) or Certified in Healthcare Compliance (CHC).
- Experience working with under-resourced populations.

Skills & Knowledge:

- Knowledge of standard clinical healthcare practice policies and procedures.
- Experience working on computers and knowledge of Microsoft Office software products.
- Ability to work with practice management and electronic health record (HER) systems.
- Knowledge of health insurance plans.
- Knowledge of healthcare terminology, procedures, and practice.
- Knowledge of HIPAA regulations.
- Excellent verbal and written communication skills.
- Knowledge of personnel management and labor law as it relates to this position.
- Ability to work independently and to use good judgment.
- Ability to work effectively and harmoniously with co-workers.
- Possess empathy towards the needs of others with excellent leadership and coaching skills.
- Actively works to maintain a good working relationship and team approach with peers and co-workers.

BENEFITS:

We offer a robust package of health benefits, designed to support your well-being and work-life balance. Enjoy competitive compensation and a comprehensive benefits suite for those working 20+ hours per week, including employer-subsidized health, dental, vision, and life insurance plans, plus optional pet insurance and supplemental coverage; coverage kicks in the first of the month after 30 days of employment. From day one, you'll accrue paid time off, have paid holidays, and a 2% automatic 401K enrollment with a 2% company match. You'll also benefit from access to a wellness reimbursement program and a telecommuting stipend when applicable. Plus, we cover license and certification fees and continuing education (fees and days off) for eligible staff. Celebrate with us at monthly staff events and bi-annual company-wide celebrations and take advantage of ongoing training opportunities.

SANTA CRUZ COMMUNITY HEALTH IS AN EQUAL OPPORTUNITY EMPLOYER (M/F/V/D)