CALL CENTER SUPERVISOR
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, 50 years later, we serve that same mission at our three clinic sites: the Santa Cruz Women's Health Center in downtown Santa Cruz serving women and children; the Live Oak Health Center serving everyone; and the Santa Cruz Mountain Health Center providing appropriate 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:

The Call Center Supervisor provides leadership and operational oversight of patient access services within Santa Cruz Community Health. This role ensures efficient daily operations while promoting timely, equitable, and patient-centered access to care in alignment with FQHC, HRSA, and Patient-Centered Medical Home (PCMH) standards.

The Supervisor leads staff performance, workflow coordination, and service quality while also serving as a subject matter expert and escalation point. This role supports a high-functioning team environment, reduces barriers to care, and ensures culturally and linguistically appropriate services for diverse patient populations.

Working collaboratively with leadership and cross-functional teams, the Call Center Supervisor monitors performance, identifies opportunities for improvement, and helps implement strategies to enhance patient access, care coordination, and overall service delivery.

Classification: Full-time, Hourly, Non-exempt
Location: Administrative Office
Reports to: Site Operations Director
Hours: Monday-Friday; 40hrs/week
Pay Range: $28.09-$33.95 per hour, DOE. Plus $0.50/hour bilingual differential Spanish/English.

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Qualifications:

Minimum Qualifications:

- Previous call center experience, preferably in a healthcare setting.
- Previous supervisory, mentorship and team leadership experience, including staff support, coaching, and performance management.
- Desire to serve the community clinic population with excellent health care**.**
- High School Diploma or GED**.**
- Previous healthcare experience, including knowledge of HIPAA regulations.
- Knowledge of healthcare terminology, procedures, and practice.
- Fluent bilingual Spanish/English.
- Ability to work with practice management and EHR systems.
- Ability to work some evenings and some Saturdays.
- Excellent patient/customer service, communication and follow-through skills.

Preferred Qualification:

- Bachelor's degree in health or related field.
- Knowledge of health insurance plans.

CORE JOB RESPONSIBILITES :

ESSENTIAL FUNCTIONS INCLUDE BUT ARE NOT LIMITED TO :

Leadership & Department Operations:

- Provide leadership to the Call Center team, fostering a collaborative, accountable, and patient-centered environment.
- Oversee daily operations, ensuring efficient call handling, scheduling workflows, and patient access support.
- Develop and manage staff schedules, including PTO coordination and intra-day adjustments to maintain coverage.
- Ensure staff have the tools, resources, and training needed to perform effectively.
- Review, implement, and reinforce departmental policies and procedures.
- Participate in hiring, onboarding, and training of new staff.
- Collaborate closely with Site Operations Directors (SOD), Clinic Managers (CMs), and care teams to support patient flow and access.

Performance Management & Staff Development

- Support performance management processes, including annual evaluations, competency assessments, and coaching.
- Provide ongoing feedback and coaching to staff to support performance improvement and professional growth.
- Partner with Call Center leadership to address performance concerns and contribute to improvement plans as needed.
- Promote a team culture that values communication, accountability, and continuous learning.
- Ensure coverage of responsibilities during staff absences.

Patient Access & Workflow Coordination

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- Oversee scheduling processes, including new patient intake, follow-ups, and same-day access.
- Monitor call queues, voicemails, patient portal messages, and after-hours communications to ensure timely response.
- Identify and address barriers to care, including appointment access, language services, and care navigation.
- Monitor provider schedules for accuracy and efficiency, identifying opportunities for improvement.
- Act as a liaison between patients and care teams to support coordination and continuity of care.
- Support standardization and optimization of workflows across sites.

Quality Assurance & Performance Monitoring
- Monitor, analyze, and report on call center metrics and service levels.
- Conduct regular call quality audits and documentation reviews to ensure adherence to protocols and standards.
- Support quality improvement (QI/QA) initiatives related to patient access, satisfaction, and operational performance.
- Identify trends impacting access, no-show rates, and patient experience, and implement corrective actions.

Compliance & Patient Experience
- Ensure compliance with HIPAA, patient confidentiality, and organizational policies.
- Promote culturally and linguistically appropriate services and equitable access to care.
- Respond to and support resolution of patient concerns and complaints.
- Support data collection and reporting requirements, including UDS-related measures.

Operational Support & Subject Matter Expertise
- Perform high-level call center functions as needed, including scheduling, insurance verification, and message management.
- Utilize EHR and insurance portals efficiently to support patient access and operational accuracy.
- Serve as a resource for staff on workflows, systems, and patient service standards.
- Gather and communicate information effectively across departments.

Process Improvement & Organizational Support
- Identify workflow inefficiencies and recommend process improvements.
- Participate in the design and implementation of new workflows and systems.
- Assist with meeting preparation, including contributing topics and feedback from the Call Center team.
- Attend meetings, training, and committees assigned.
- Encourage team engagement, open communication, and a positive work environment.

Core Competencies
- Strong communication and interpersonal skills.
- Ability to manage competing priorities in a fast-paced environment.
- Commitment to patient-centered care and service excellence.
- Openness to feedback and continuous improvement.

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- Ability to collaborate effectively across teams and departments.

GENERAL JOB PERFORMANCE STANDARDS:
KNOWLEDGE OF WORK - Posses and utilizes knowledge of the job which is essential to perform the specific functions and related work.

QUANTITY OF WORK - Accomplishes an appropriate volume of satisfactory work under normal conditions. Ability to produce results.

QUALITY OF WORK - Consistently demonstrates accuracy, thoroughness, neatness and dependability to produce work within acceptable standards.

TIMELINESS - Completes assignments on or ahead of schedule.

ABILITY TO LEARN NEW DUTIES - Interprets, learns and responds to instructions for new situations, procedures or methods.

JUDGEMENT AND COMMON SENSE - Decisions/actions are sound, including safety awareness.

COOPERATION - Willing to work with others toward common goals.

COMMUNICATIONS - Demonstrates relevance and clarity of written and oral expression. Effectiveness in exchanging ideas and information.

INITIATIVE - Ability to originate, develop or create new ideas or take steps to get things done.

PROBLEM SOLVING - Identifies and evaluates alternate solutions and selection of the most appropriate course of action.

ATTENDANCE AND PUNCTUALITY - Shows daily ability to be at work at scheduled time, including being prepared to work on time after breaks, meal periods, and other authorized absences from work.

BENEFITS THAT SUPPORT YOU:
We offer a competitive and comprehensive benefits package to support employee well-being and work-life balance. Benefits are available to employees working 20 or more hours per week, and include:

- Employer-subsidized medical, dental, vision, and life insurance.
- Optional coverage: pet insurance and other supplemental plans.
- Coverage begins the first of the month after 30 days of employment.
- Paid time off and holidays starting on day one.
- 401(k) plan with 2% automatic enrollment and 2% employer match.
- Wellness reimbursement and telecommuting stipend (as applicable).
- License and certification fee reimbursement (as applicable).

Internal Staff: Internal staff who transition into this position will retain their current benefits, tenure, PTO accruals, and retirement matching as applicable, with no lapse in coverage.

Santa Cruz Community Health is an Equal Opportunity Employer (W/M/V/D).

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