Job Description
Long Term Temporary Case Manager

The Santa Cruz Community Health Centers (SCCHC) 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, 40 years later, we serve that same mission as a nonprofit Federally Qualified Health Center operating two separate sites: the Santa Cruz Women's Health Center in downtown Santa Cruz serving women and children; and our new East Cliff Family Health Center in Live Oak, serving everyone.

The SCCHC has a diverse patient population and an engaging and friendly work environment. Our caring and committed staff works as a team to fulfill our mission so that all of our patients have access to comprehensive, quality health care.

Job Summary:
The Case Manager (CM) is a vital member of SCCHC's integrated delivery model that takes a whole-person, team-based approach to serving patients. Case Managers undertake a collaborative process of assessment, treatment-planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs. BBS Supervision is available. The position is a long-term temp position, estimated to be active for 7-10 months. Reports to the Behavioral Health Director.

Major Duties and Responsibilities

- Manages an assigned panel of patients who meet criteria for Case Management Services, usually involving chronic behavioral, mental health, access to resources, and medical conditions
- Designs and implements care plans that improve the patient experience, improve health outcomes, and reduce clinically avoidable hospital utilization.
- Provides clinical intervention when appropriate using Evidence Based Practices such as CBT and MI under supervision of LCSW
- Consults and Collaborates with members of the patient's Care Team at SCCHC
- Consults and cooperates with community systems to facilitate linkage, managed-referral, crisis management, advocacy, and follow-up with the focus on attaining treatment goals
- Provides crisis case management for patients; makes linkages for interventions as appropriate
- Maintains patient and program documentation according to HIPPA and SCCHC standards and regulations

- Participates in continuing education activities, remaining knowledgeable in area(s) of expertise
- Attends meetings and presents case studies to improve systems as informed by patient needs and barriers; collaboration may include interdisciplinary team meetings, data-sharing and technology partners.
- Collaborates with internal leadership team to strengthen internal SCCHC systems for case management as well as primary care providers responsible for medical care.
- Improves medication reconciliation and adherence for a patient through collaborative efforts with medical staff
- Writes reports, contributes evaluation efforts, and performs other duties as assigned

Care Management Approach and Philosophy

- Manages a panel of patients using culturally humble, patient centered, data driven approaches
- Assesses patient needs using the social determinants model
- Develops a trusting therapeutic relationship with each patient by using patient-centered EBPs
- Develops and maintains positive, collaborative community partnerships
- Addresses the total individual, inclusive of medical, psychosocial, and behavioral needs

Standards of Practice:

- Behavior and practice should be conducted in a way that reflects the NASW Code of Ethics and the SCCHC's mission and values
- Consistently exercises discretion and judgment to analyze, interpret, make deductions and then decide what actions are necessary based on the varying facts and circumstances of each individual case
- Commitment to collaborating on efforts that focus upon moving the individual to self-care whenever possible
- Increases involvement of the individual and caregiver in the decision-making process
- Improves outcomes by utilizing adherence guidelines, standardized tools, and proven processes to measure a patient's understanding and acceptance of the proposed plans, willingness to change, and ability to maintain health behavior change
- Expands the interdisciplinary team to include patients and/or their identified support system, plus the range of health care providers and community-based professionals with whom the client interacts (e.g. nurses, substance use counselors, behavioral health providers, pharmacy, etc.).
- Maintains a high level of ethical conduct regarding confidentiality, dual-relationships, and professional stature

Minimum Qualifications/Requirements

- Masters of Social Work Degree

- Knowledge and skills in community based behavioral health care and case management preferred
- Strong interpersonal communication skills
- Strong foundation of clinical case management interventions such as de-escalation approaches and motivational interviewing techniques
- Strong Computer Literacy in Microsoft Office

STRONGLY PREFERRED
- Bi-lingual Spanish
- Experience with Electronic Health Records

COMPETENCIES
- Accountability
- Communicating Effectively
- Patient/Customer Focus
- Decision Making/Judgment
- Results Orientation

SALARY AND BENEFITS
This is a temporary salaried, full-time, exempt position likely to last 7-10 months.

APPLICATION PROCESS
To apply, complete employment application. Download employment application at www.schealthcenters.org/Careers. Submit application and current resume with letter of interest not to exceed two pages to Human Resources. No phone inquiries, please.

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