



ENHANCED CASE MANAGEMENT (ECM) COMMUNITY HEALTH WORKER (CHW) 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 works as a team to fulfill our mission so that all our patients have access to quality, whole-person health care.

POSITION SUMMARY:

The Enhanced Case Management (ECM) Community Health Worker (CHW) supports the Case Management Team under the guidance of the Case Management Supervisor or Director, providing patient care and advocacy. This role involves assisting with benefits, resources, appointment coordination, and acting as a patient navigator. Bilingual in Spanish and English, the CHW will collaborate with healthcare teams, manage patient care plans, and participate in team meetings and grant activities. Qualified candidates should have experience in healthcare or social services, with preferred qualifications including a related degree, community health certification, and skills in Motivational Interviewing and Electronic Health Records.

Classification: Full-time, Hourly, Non-Exempt

Reports to: Case Management Supervisor, Case Management Director

Language Requirements: Bilingual in English and Spanish

Location: Varies; Clinic/Remote

Hours: 8:00AM-5:00PM; Flexible

Pay Range: \$26.78 - \$31.83/hr, DOE

BENEFITS:

We offer a remarkable benefits package 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, a telecommuting stipend when applicable, Plus, we cover license and certification fees. Celebrate with us at monthly staff events and bi-annual company-wide celebrations and take advantage of ongoing training opportunities.

QUALIFICATIONS:

MINIMUM QUALIFICATIONS

- At least one year of experience working in a healthcare setting or other social service settings
- Desire to serve the community clinic population with Case Management services
- Experience and/or interest in social work, public health, community advocacy, case management
- Bilingual in Spanish/English

PREFERRED QUALIFICATIONS

- Bachelor's degree in health and human services, Community Studies, Health Sciences, or related field
- Community health worker certificate or equivalent educational background
- Experienced in Motivational Interviewing
- Skilled in Microsoft Office (Outlook, Word, PowerPoint, Excel)
- Experienced with Electronic Health Record systems

CORE JOB RESPONSIBILITIES:

ESSENTIAL FUNCTIONS INCLUDE BUT ARE NOT LIMITED TO:

Patient Care

- Assists other Lead Case Managers (LCMs) with a variety of patient needs
- Assists patients with task follow through
- Assists patients with benefits applications and renewals
- Connects patients to resources such as food and clothing, phones, transportation, etc.
- Assists patients with appointment coordination and reminds patients about appointments
- Acts as a patient and program advocate and navigator
- Serves as a navigator and advocate for patients to access case management services
- Meets with patients in person in the community
- May conduct outreach to potential CM patients as directed



- Other duties as assigned

Team-Based Care

- Serves as a strong and flexible member of a health care team
- Comfortable in rapidly changing, fast paced environment; able to ask for support as needed while also taking initiative on tasks and projects that need to be completed
- Participates in BH Team Huddles and Case Management Meetings
- Demonstrates exceptional critical thinking, clinical, patient and provider relations, organizational, and time management skills.
- Uses data effectively to assist Case Management leadership in meeting productivity targets
- Coordinates with external healthcare systems to ensure continuity of care
- Supports referrals to other agencies as needed using a variety of methods and platforms
- Partners with case management team members for high-risk patient care plans and scheduling, including management of patients with multiple co-morbidities or high risk for readmission to a hospital
- Demonstrates clear verbal and written communication amongst care team members
- Evaluates utilization of resources and works with CM leadership to optimize
- Participates in grant related activities as directed by supervisor including meetings, data collection, and data entry
- Other projects as assigned

Expertise

- Demonstrates knowledge of Social Determinants of Health and Motivational Interviewing
- Demonstrates knowledge and use of clinic policies and procedures as well as applicable federal and state rules and regulations
- Demonstrates ability to effectively use Electronic Health Records system (EHR), including regular monitoring of telephone encounters and actions with a prompt response time
- Demonstrates knowledge of local resources and supports linkages
- Completes other projects as assigned

SANTA CRUZ COMMUNITY HEALTH IS AN EQUAL OPPORTUNITY EMPLOYER (W/M/V/S).