



SOCIAL WORK CASE MANAGER 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 bilingual Social Work Case Manager (SWCM) is a vital member of Santa Cruz Community Health'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.

Reports to: Case Management Supervisor

Classification: Full-Time (40 hours per week), Salary/Exempt

Hours: Varies; Days and One Evening Shift Per Week

Location: Hybrid; Clinic/Community/Remote

Compensation Range: \$64,272 – \$86,060 per year, DOE

Language: Bilingual in English and Spanish required

QUALIFICATIONS

In order to provide a safe and supportive environment for our patients, particularly those discussing sensitive or traumatic experiences, we are seeking an empathetic and trauma-informed healthcare case manager for this role. We recognize that some patients may feel more comfortable discussing trauma with a case manager who aligns with their preferences, and we are committed to matching patients with a case manager who can create a comfortable and supportive environment. We value diversity and encourage qualified candidates from all backgrounds to apply.



MINIMUM QUALIFICATIONS

- MSW or BA in related field with 2 years' experience in case management
- Excellent communication, interpersonal, and problem-solving skills
- Ability to work independently and collaboratively in a primary care setting
- Ability to complete all documentation in accordance with organizational requirements
- Strong Computer Literacy in Microsoft Office and Excel
- Reliable transportation and ability to travel within a 50-mile radius for meetings, trainings, and patient appointments (mileage reimbursement is provided – your own vehicle)

PREFERRED QUALIFICATIONS

- Bilingual in English and Spanish strongly preferred
- Case management/patient navigation experience within a community-based health center
- Knowledge of evidence-based practices including Motivational Interviewing, Harm Reduction, and Trauma-Informed Care
- Ability to work in a fast-paced environment with quickly shifting priorities
- Experience with Electronic Health Records

CORE JOB RESPONSIBILITIES:

- Manages an assigned panel of patients who meet criteria for ECM (Enhanced Case Management) services. Patients may qualify for one of several internal programs that offer case management. (Please see below for a description of patient populations served. These are subject to change as rules and regulations change.)
- Operate within ECM program guidelines including offering Medi-Cal program benefits under the California Advancing and Innovating Medi-Cal, also called CalAIM. The SWCM helps Alliance members with complex needs get assistance by coordinating and helping to manage their care for a period of time.
- Utilizes screening tools and evidence-based practices to support patient-centered care and mutual goal development.
- Designs and implements care plans that improve the patient experience, improve health outcomes, and reduce barriers to care.
- Provides risk assessment and crisis intervention services as needed.
- Consults and collaborates with members of the patient's care team, including developing shared treatment plans, goals, and interventions.
- Consults and coordinates with community systems to facilitate linkage, manage referrals and advocate for patient needs, with a focus on supporting identified treatment goals.
- Maintains patient and program documentation according to HIPAA and SCCH standards and regulations.
- Utilizes Health Information Technology such as SCHIO, Activate Care and/or Unite Us to better serve patients and improve communication with outside agencies.
- Uses critical thinking and common sense to analyze situations, make timely and valid decisions, and take appropriate actions. Must be prepared to adapt to rapidly shifting priorities with grace.



- Expands the interdisciplinary team to include patients, their identified support system, health care providers and community-based professionals with whom the client interacts (e.g. nurses, substance use counselors, behavioral health providers, pharmacy, etc.)
- Works within scope of practice and maintains a high level of ethical standards regarding confidentiality, dual-relationships and professional stature.
- Practices cultural humility in working with diverse patient populations.
- Attends community meetings as assigned and represents the organization professionally and capably.

The Social Work Case Manager may serve one or more of our identified case management populations (subject to change):

- Adults over 18 and some youth, patients with multiple chronic health conditions, behavioral health diagnosis, barriers to care, limited access to resources, unstable housing, and other complex factors.
- Office Based Addiction Treatment: Substance use disorder either active or in recovery, motivation toward treatment, engaged in care with OBAT RN, barriers to care, may require linkage to higher level of treatment.
- Perinatal: Perinatal period or pregnancy with increased risk due to lack of resources or support, mental health or substance use challenges, intimate partner violence, or other barriers to care.

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 and CME (fees and days off). 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 (W/M/V/D).