

CLINICAL CARE COORDINATION SERVICES

Would you like to have a person help you get the services you or your family member needs?

Would you like to have someone help you keep up with your or your family member's medical and other treatments?

*For more information on
Clinical Care Coordinators
in your area, please refer to the
SC Department of Mental Health
at its website: www.scdmh.org*



CLINICAL CARE COORDINATION

MEANINGFUL SERVICES



DMH South Carolina
Department of
Mental Health

What is Care Coordination?

It is a service that helps you or your family member get the help they need to improve their health and/or other associated conditions through proper referrals and connections to needed services. For example:

- Medical and/or behavioral care, including preventive services
- Assistance communicating with other service providers
- Social and other supports to gain and maintain an independent life style
- Food, clothing, housing
- Educational and/or vocational services

Who can get this Service?

- Children under 21 years of age who
 - * have experienced abuse, neglect or violence
 - * have a diagnosis of a mental or behavioral disorder
 - * have incurred in offending and victimization
- Individuals 21 and older with a diagnosis of a major mental illness or another mental disorder and one hospitalization within the past 12 months
- Pregnant women at risk for medical compromise because of not being able to get or follow the treatment needed
- Individuals 18 and older who have a functional dependency and a cognitive impairment and are at risk of institutionalization
- Individuals meeting any of the above criteria who are hard of hearing

How do I find a Care Coordinator?

- You can tell your therapist that you want to get these services, or
- A family member can request these services for you, or
- Your Counselor can make a referral

What would a Care Coordinator do?

Upon meeting the client, the Care Coordinator will do a comprehensive assessment of his/her needs;

Then, the Care Coordinator and the client will plan the services needed and where to get them;

Once the plan is done, the Care Coordinator will make the referrals and will follow up with the client and the providers to make sure the services are effective.