



SHIAWASSEE HEALTH AND WELLNESS POLICY MANUAL

Title:	Communications by Mail, Telephone, and Visits
Section:	Recipient Rights
Policy Number:	09
Issued By:	Recipient Rights Director
Approved by: Board of Directors	Effective Date: 2/24/97
Approved on: 09/23/19	Last Revision: 8/13/19
	Last Review: 2/28/2021
	Annual Policy Statement Review: 12/28/20

POLICY STATEMENT:

It shall be the policy of Shiawassee Health and Wellness (SHW) that any recipient residing in a Board-sponsored living arrangement or receiving inpatient services from a facility under contract with the Board is entitled to unimpeded, private, and uncensored communication with others by mail and telephone and to visit with persons of his or her choice, except when appropriately limited in policy, rules, or the Person Centered Plan of Service.

PURPOSE:

To ensure the protection of rights of recipients of SHW and to ensure compliance with the Michigan Mental Health Code and Michigan Department of Health and Human Services Administrative Rules.

APPLICATION:

This policy applies to all SHW employees, contracted providers and employees, independent contractors, Residents and Interns, and volunteers

DEFINITIONS:

Facility- A residential facility for the care or treatment of individuals with serious mental illness, serious emotional disturbance, or intellectual/developmental disability that is either a state facility or a licensed facility, or a contracted inpatient unit.

Legal Inquiry- Any matter involving the courts concerning civil, criminal, or administrative law

Reasonable Time- Hours of the day or times that do not seriously tax the effective functioning of the residence or facility in which the recipient is receiving services.

Resident- An individual who receives services in a facility

STANDARDS:

- A. A facility, where applicable, may adopt general program/residential rules. If rules are established, they must be written and a copy must be posted in an area accessible to the residents. A copy of the rules must also be provided to the resident, parent, or guardian upon admission and upon request. A copy shall also be sent to the SHW Office of Recipient Rights annually for review.
- B. A facility shall assure that telephones are easily and readily accessible for incoming and outgoing calls.
 - i. Accommodations will be made for privacy when making or receiving telephone calls.
 - ii. Funds for telephone use are to be made available in reasonable amounts for those individuals in need of assistance
- C. A facility shall provide for reasonable times and space for visits. A resident is able to visit with persons of his or her choice and space shall be made available for visits.
 - i. If established, visiting times may be adopted to ensure the least disruption to normal treatment activity and are to be provided in writing to the recipient and recipients guardian if necessary.
 - ii. If services of a mental health professional have been secured, visits shall be allowed at any reasonable time.
- D. Any facility under the authority of this policy shall ensure that correspondence can be conveniently and confidentially received and mailed and shall ensure:
 - i. Writing materials such as non-letterhead stationary, envelopes, and pens or pencils are available upon request
 - ii. Postage is provided in reasonable amounts for those with limited financial resources who are unable to purchase otherwise
 - iii. Access to a postal box or daily pick up or deposit of mail
 - iv. Incoming mail shall not be opened unless the resident, or as applicable, the resident's parent or guardian, has consented that an article of mail may be opened by a designated person, or there is reasonable belief to suspect that an article of mail may violate a limitation
 - v. Outgoing mail shall not be opened or destroyed without written consent of the resident or the resident's parent or guardian.
 - vi. Instances of staff opening or destroying mail shall be documented in the resident record.
- E. A resident's communication, in any form, with a private physician or mental health professional, a court, a resident's attorney, or other person, when communication involves matters which are or may be the subject of legal inquiry shall not be limited.

PROCEDURES:

- A. Any limitation on a resident's right to communicate by mail or telephone or to have visitors shall be documented in the resident's plan of service
- B. Any limitation shall be the minimal essential step to meeting the proposed purpose and it must be supported by documentation that establishes:
 - i. The reasons justifying the limitation.
 - ii. The evidence supporting the expected harm (mental or physical) to the resident, the violation of law or harassment the limitation proposes to prevent
 - iii. The reasons and evidence that justify the extent of the limitation as the minimum essential to achieve the proposed purpose, as well as an assessment of prior preceding limitations
- C. Consent must be obtained by the resident, guardian, or parent of a minor prior to implementation.
- D. The limitation must also be time limited, not to exceed one year.
- E. The assigned Case Coordinator shall review the limitation and provide an explanation of the limitation to the resident, guardian, or parent with legal custody of the minor.
- F. Any limitation on a resident's right to communicate by mail, telephone, or visit must be reviewed by the Shiawassee Health and Wellness Behavior Treatment Plan Review Committee prior to implementation.
- G. A limitation under this policy is subject to administrative appeal. A resident, guardian, or parent of a minor may contest the justification, extent, or duration of a limitation by appealing to the Program Director responsible for the living arrangement or the administrator of the inpatient unit where the recipient is receiving care. If the issue is not or cannot be resolved at this level, an appeal based on the same criteria may be made, in writing or verbally, to the SHW CEO or designated representative.

Change Log:

Date of Change	Description of Change	Responsible Party
08/06/98		Becke Browne
10/31/01		Becke Browne
05/12/16		Becke Browne
07/03/18	Agency Name Change, Format Change	Jamie Burke, Executive Assistant
8/13/19	Change to policy statement, removal of review by CEO and replaced with BTPRC, re-organized standards/procedures	Andrea Andrykovich, RRD