I. PURPOSE: To establish policy and procedures for residents to communicate by mail, telephone and/or visits.

II. APPLICATION: All residential mental health facilities operated by or under contract with the West Michigan Community Mental Health Governing Body.


IV. DEFINITIONS:

1. Controlled Condition: At least two staff members are present when opening mail.

2. House Guidelines: Reasonable guidelines applying to all residents of a home, which are established in conjunction with the residents to assist with the safety and comfort of recipients and the orderly functioning of the home.

3. Incoming Mail:
   3.1 Resident’s mail (including parcels and packages); and
   3.2 Agency/facility mail (includes mail in the form of government check addressed to agency/facility as representative payee for the resident).

4. Legal Inquiry: Any matter including civil, criminal, or administrative law.

5. Limitation: A limit placed on a resident's right to communicate by mail or telephone or receive visitors except as permitted by MCL 330.1726 or as authorized in the resident’s Individual Plan of Service.

6. Private: Secret, not intended to be made known publicly, confidential.

7. Reasonable Time: Meeting the criteria of not seriously taxing the effective functioning of the facility.

8. Restriction: An authorized exclusion of a particular item as established by the facility in writing and posted in a conspicuous place in each living unit of a residential program or an authorized exclusion in the resident’s IPOS.
9. **Uncensored**: Without rebuke, reproach or disapproval; free from criticism; not judged or condemned.

10. **Unimpeded**: Without hindrance, barricade or other obstacles.

V. **POLICY**: It is the policy of the West Michigan Community Mental Health that a resident is entitled to unimpeded, private and uncensored communication with others by mail and telephone and to visit with persons of his or her choice as set forth in MCL 330.1726 and 330.1715.

VI. **PROCEDURES**:

1. Incoming and outgoing mail for a resident shall not be opened except as authorized in the resident’s Individual Plan of Service and approved at Behavior Treatment Committee (BTC). Each instance of opening or destruction of mail shall be done with two staff members present and documented in the resident's record.

2. Writing materials, telephone usage funds, and postage shall be provided in reasonable amounts to residents who are unable to procure such items. The resident’s Facility Manager/Operation and/or Care Manager shall make this determination.

3. Each facility shall have a postal box or daily pickup and deposit for residents’ mail that is conveniently located.

4. Facility shall ensure that resident’s correspondence can be conveniently and confidentially received and mailed on a daily basis.

5. Each facility shall make telephones reasonably accessible.

6. Each facility shall assure that space will be made available for visits.

7. Reasonable times and place(s) for the use of telephones and for visits may be established by the facility and if established, shall be in writing and posted in a conspicuous place in each living unit of a residential program.

8. The right of a resident to communicate by mail or telephone or receive visitors shall not be further limited except as authorized in the resident’s Individual Plan of Service and approved by Behavior Treatment Committee.
9. Limitations on communications do not apply to a resident and an attorney or court or any other individual if the communication involves matters that are or may be the subject of legal inquiry.

10. The Care Manager shall ensure that a person-centered planning process is used to develop a written Individual Plan of Service in partnership with the recipient, his or her guardian, if any, or the parent who has legal custody of a minor recipient.

11. Documentation shall be included in the recipient's Individual Plan of Service that includes any restrictions or limitations of the recipient's communication with others by mail or telephone or to visit with persons of his or her choice. Documentation shall be included that provides justification and that describes attempts that have been made to avoid such restrictions as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.

12. The Care Manager/Support Team shall only impose the minimum amount of limitation necessary to achieve the proposed purpose.

13. Determine an expected expiration date for the imposed limitation. The Care Manager shall review the imposed limitation no later than every 90 days even if the expiration date is beyond 90 days.

14. The procedures set forth in Chapter 2, Board Services and Program Administration, Section 2, Assessment Care Planning and Documentation, Subject 1, Care Planning, Documentation and Care Coordination, Procedure VI.14 Care Planning Impasse shall be implemented if the Support Team cannot agree on the limitation/justification and/or the time frame for the imposed restriction.

15. Residents whose communication through mail, telephone and/or visits are limited per his/her Individual Plan of Service shall have each instance of limitation and justification for its application documented in the residential progress notes by the staff member who imposed the limitation. This information shall be reviewed every 90 days, or more frequently if necessary, by the Support Team to discuss the resident's progress or lack of progress and determine if the limitation still needs to be imposed or can be removed. This information shall be documented utilizing the Periodic Summary Report Form. In addition, the CMH Team Lead or his/her designee shall approve communication limitations by reviewing and signing the service recipient's Individual Plan of Service and Periodic Summary Reports.
16. The Care Manager shall immediately inform the resident when a limitation regarding mail, telephone calls and/or visits has been imposed along with the intended purpose of the limitation.

17. Sealed mail, telephone calls to or from residents, and visitations from the resident's private physician, mental health professional, court representative, attorney and/or others when it involves matters which are or may be the subject of legal inquiry, shall not be limited except non-emergency visits from the resident’s private physician or mental health counselor if it infringes on the effective functioning of the facility.

VII. **SUPPORTING DOCUMENTS:** Not applicable.