

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

Date of Issue: 11/1/84

Section Number 174

Date Revised: 5/20/91; 11/9/94; 3/17/05; 5/26/16; 6/3/20

Policy 174 – Rights Of Residents To Communicate And Visit

I. POLICY

To set forth guidelines regarding the rights of persons treated as residents by Southern Highlands Community Mental Health Center.

II. DISCUSSION

It is the policy of Southern Highlands Community Mental Health Center that every effort shall be made to assist every consumer in residential care to maintain contact with family and friends to the fullest extent possible. It is important that each such individual should have opportunities to a) receive visits at all reasonable times and places, and b) to communicate freely and openly to persons outside the residential setting consistent with the orderly management of the residential services.

III. PROCEDURES

A. Southern Highlands CMHC will adhere to the following procedures governing visit to consumers.

1. Upon entry to a residential site all visitors shall be greeted with courtesy by all staff. All visitors will be asked to sign in by the supervisor or staff.
2. All visitors must be pre-approved to visit by the consumer's treatment team and guardian.
3. Staff shall maintain confidentiality while the visitor is present, especially in regard to other residents. Treatment books, data sheets, or other forms of personal documentation, must not be accessible to visitors.
4. If questions arise regarding treatment provided, staff are to refer the visitor to the Program Director. If the Program Director is not available, staff will explain that the treatment plan was developed in an IDT process and may be changed in a meeting called by the case manager.
4. If the visitor becomes loud, argumentative, violent or impedes operation of the home, the supervisor or staff will ask the person to step to a quiet area (office, back porch, etc.) and discuss the issues of contention. If the

visitor is not able to discuss the issues calmly, then the supervisor or staff may ask the person to leave. This must be done in a calm, professional manner.

5. Allow residents to visit with persons of his/her choice, except in the circumstances and under the conditions set forth in this section.
6. Provide for visitation at reasonable hours, so scheduled as to accommodate working schedules of potential visitors.
7. Provide for visits outside regular visiting hours, where such special visits are appropriate.
8. Make space for visits available and specify areas in which visits may take place.
9. Allow visitors to take residents off grounds where this is clinically appropriate.
10. Provide for appropriate documentation within the treatment plan of any limitation of visiting privileges, the date it shall expire, and the justification for its adoption. Such restrictions are to be based solely on clinical requirements to be approved by the Chief Executive Officer or his/her designee and reviewed and modified as appropriate, not less frequently than every three days.

Each limitation must be situation specific and essential to prevent the resident from violating a law or to prevent substantial and serious physical or mental harm to or exploitation of the resident. Each restriction shall not last longer than is necessary to achieve the goals of the limitation.

11. Provide for unrestricted private visitation by the consumer's legal counsel, religious advisor or between a resident and other people when the communication involves matters which may be the subject of legal inquiry. Where clinically appropriate, reasons limiting visiting privileges may be discussed with these persons, but visitation may not be denied.
12. Provide for circumstances under which visitors may be denied the right to visit. Examples may include, but are not limited to, obviously intoxicated persons, persons behaving in a disorderly manner, or persons who have a documented history of behaving in a manner which has been disruptive to the resident and/or residential unit.

- B. The Center has developed the policies which provide for the following rights to communicate with persons outside the residential unit. Such policies shall provide for appropriate documentation when any of these rights is restricted, the reasons for such restrictions and mechanisms for review, not less frequently than every three days, of the need to continue such restriction.
1. A resident is entitled to unimpeded, private, and uncensored communication with others by mail and telephone.
 2. Written correspondence shall be received and mailed conveniently.
 3. Written correspondence shall not be opened or read by staff except at the request of the resident or his/her guardian.
 4. Letter writing materials, including stamps, shall be available to residents not having resources to purchase them.
 5. Mail returned to the resident, marked refused, shall be returned to the resident unopened.
 6. A telephone shall be available in each residential facility to allow incoming and outgoing calls. Consumers will have access to the telephone at all times unless otherwise specified or outlined in the consumer's treatment plan or positive behavior support plan.
 7. Residents may use a HIPAA approved telecommunication method to communicate with friends, family, guardians, etc., as needed. Arrangements can be made for the resident to have access for the communication.
 8. A resident may be prevented by a Center staff from telephoning an individual who has complained to the Center of harassment by the resident and has requested the resident be prevented from calling him/her in the future.
 9. Any restriction to mail or phone access, the date it shall expire, and the justification of its adoption shall be documented in the consumer's treatment plan. Such restrictions are to be based solely on clinical requirements to be approved by the Chief Executive Officer or his/her designee and shall not exceed three days. Each limitation must be situation-specific and essential to prevent substantial and serious physical or mental harm to or exploitation to the consumer. Each restriction shall not last longer than is necessary to achieve the goals of the limitation.

10. Access to legal counsel, religious advisor, advocate, or other persons with whom the communication involves matters which may be the subject of legal inquiry may be restricted. In situations where such access is clinically contraindicated, these persons shall be advised by the resident's physician of the reason for such contraindications, and allowed to observe the resident, if they so desire. However, counsel, or religious advisor must be allowed to communicate with the resident, if they insist.

C. Leave Policy

The following will serve as the Leave Policy for residents housed in residential facilities of Southern Highlands Community Mental Health Center.

1. Since Southern Highlands has assumed responsibility for the residents in our group facilities, before visits outside the residential setting can be authorized, the request for leave or pass must:
 - a. Have treatment plan involvement
 - b. Be approved by the case manager
 - c. Specify the duration of the off site visit
2. Unless there are special circumstances, no overnight visits outside the home will be authorized during the two week trial period. This will be evaluated by the consumer's treatment team on a case by case basis.
3. Visits off grounds will be authorized where this activity is clinically appropriate. Clinical appropriateness will be determined at the treatment plan meeting with case manager and residential staff.
4. If the consumer is still in the custody or has been committed to Mildred Mitchell-Bateman Hospital or other like institution, that institution must issue an order authorizing the visit.
5. The number of times the consumer will be authorized to visit his family or significant other is dependent upon the ability to coordinate the visit, the willingness of the family or significant others to accept the consumer, the willingness of the family or significant others to accept responsibility while the consumer is in their custody and if the visit is clinically appropriate.
6. When the resident is taken out of the home, whether for a visit of several hours, overnight or for an extended period, a release form must be signed by the individual assuming the responsibility.

7. In cases where a consumer has eloped or attempted to elope within the past 90 days, a visit may be authorized but only under the supervision of residential staff or case manager.
8. Family members or significant others wanting a visit must contact the case manager or residential Director to make the request. Residents wanting the visit must make their wishes known to the treatment team who, in concert with the residential Director, will contact the family or significant other to get their approval and make arrangements for the visit.
9. Proper documentation of date and time consumer departed and date and time of return to the facility is to be made in the progress notes.
10. When a consumer is out of the home for more than twenty four hours, staff will follow the check in procedures when the consumer returns.

This policy is not all inclusive and may be modified or updated as the situation dictates.