

**ST. JOSEPH COUNTY
MICHIGAN
VULNERABLE ADULT
PROTOCOL**

**FOR JOINT INVESTIGATIONS OF
VULNERABLE ADULT ABUSE, NEGLECT,
AND EXPLOITATION**

Revised March 2016 MC

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INTRODUCTION, PURPOSE, AND GOALS

Abuse of vulnerable adults is one of the fastest growing crimes in Michigan. Regrettably, only a small percentage of these crimes are brought to the attention of protective services, law enforcement, or victim services professionals. Many reasons contribute to underreporting, including fear, shame, lack of awareness, an inability to report, and not wanting the abuser to be jailed. Vulnerable adult abuse often results in devastating losses: declines in physical and emotional health, loss of income or life savings, and diminished quality of life.

The investigation of vulnerable adult abuse, neglect, and exploitation is complex, involving civil, social welfare, criminal, and administrative systems, as well as medical and service provider networks and programs.

The purpose of this protocol is to reduce harm and victimization of vulnerable adults in St. Joseph County through a coordinated team approach. This protocol is intended to simplify and standardize the identification, investigation, and prosecution of vulnerable adult abuse in St. Joseph County through improved coordination between adult protective services, law enforcement, prosecutors, and other professionals engaged in vulnerable adult abuse cases and investigations.

Key points:

- ✦ Michigan statute clearly defines a vulnerable adult as an individual age 18 and older who is unable to protect him or herself from abuse, neglect, or exploitation because of a mental or physical impairment or because of advanced age.
- ✦ Research demonstrates that vulnerable adult abuse is frequently part of the larger dynamic of family violence where the perpetrator is most often someone close to, related to, or in a close relationship with the victim.
- ✦ Vulnerable adults, even those with cognitive limitations, retain the right to make their own choices and decisions unless and until they have been determined mentally incapacitated by a court of law.

The overriding goal is to consider first and foremost, what is best for vulnerable adults while respecting their capacity for self-determination, which can be done by:

- ensuring all cases are effectively investigated and prosecuted,
- reducing the trauma and provide protection and continued support of the victims,
- improving cooperation among professionals and agencies,
- encouraging open communication between all parties to resolve difficulties that may arise,
- and increasing awareness and reporting of vulnerable adult abuse cases.

DEFINITIONS

The Social Welfare Act (MCL 400.11) provides the following definitions:

Abuse: harm or threatened harm to an adult's health or welfare caused by another person. Abuse includes, but is not limited to, non-accidental physical or mental injury, sexual abuse, or maltreatment.

Adult in need of protective services: a vulnerable adult not less than 18 years of age who is suspected of being or believed to be abused, neglected, or exploited.

Exploitation: an action that involves the misuse of an adult's funds, property, or personal dignity by another person.

Neglect: harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care. A person shall not be considered to be abused, neglected, or in need of emergency or protective services for the sole reason that the person is receiving or relying upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination, and this act shall not require any medical care or treatment in contravention of the stated or implied objection of that person.

Protective Services: includes, but is not limited to, remedial, social, legal, health, mental health, and referral services provided in response to a report of alleged harm or threatened harm because of abuse, neglect, or exploitation.

Vulnerable: a condition in which the adult is unable to protect him or herself from abuse, neglect, or exploitation because of a mental or physical impairment or because of advanced age.

Mandatory Reporters: although any individual may report to APS, the Social Welfare Act requires certain professionals to make an oral report of vulnerable adult abuse, neglect, or exploitation to the Department of Health and Human Services when they suspect or have reasonable cause to believe that an adult has been abused, neglect, or exploited. Mandatory reporters must contact Centralized Intake at 1-855-444-3911.

The following is a list of specific professionals who are mandatory reporters:

- Health care services, including physicians, nurses, aides, hospital staff, etc.
- Educational services, including teachers, administrators, counselors, etc.
- Social welfare providers, including social workers, supervisors, administrators, case workers, etc.
- Mental health providers, including psychologists, counselors, agency administrators, supervisors, case workers
- Other human services including those providing information and referral services to the aging, adult day care, etc.
- Law enforcement officers
- County medical examiner and his/her employees

Release or Disclosure of Protected Health Information/Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Review of health care records is often a necessary component of an investigation of suspected abuse, neglect, or exploitation of a vulnerable adult. Health care providers frequently cite privacy and confidentiality restrictions imposed by federal law (HIPAA) as a barrier preventing ready access to private health information by investigators.

In general, health records are most easily obtained with express consent of the subject of the investigation. Absent consent to release of health care records from the patient, investigators often rely upon search warrants and other lawful methods to obtain health care records. HIPAA statutes and regulations provide limited exceptions to the general rule prohibiting disclosure of health records without consent, which include:

1. Uses and disclosures required by law, i.e. a covered entity may disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law (mandatory reporters). Michigan law allows a mandatory reporting health care provider to broadly disclose not only demographic information but other information available to investigators of suspected vulnerable adult abuse and Michigan's statute voids the overarching physician-patient privilege as to such disclosures.
2. Disclosures for judicial and administrative proceedings, i.e. under HIPAA, a provider may disclose protected health information in the course of any judicial or administrative proceedings first in response to an order of a court or administrative tribunal, provided that the covered entity discloses only the protected health information expressly authorized by the order (such as a search warrant or court-issued subpoena); and second,

in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court of administrative tribunal, provided written notice and opportunity to object to release has been given to the subject of the information or a qualified protective order covering the information has been obtained. Notice and the protective order may be given or obtained either by the person requesting the information or by the provider releasing the information.

3. Disclosures for law enforcement purposes, i.e. a covered entity may disclose protected health information under the following conditions: (a) pursuant to process and as required by law including release based on court-issued order, warrant, summons, or subpoena or administrative request or demand authorized by law; (b) for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; (c) in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime; (d) about an individual who has died for the purpose of alerting law enforcement of the death of the individual if the covered entity has a suspicion that such death may have resulted from criminal conduct; (e) information that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the covered entity; and (f) a health care provider providing emergency health care in response to a medical emergency, other than on the premises of the provider, may disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to the commission and nature of a crime, the location of such crime, or of the victim(s) of such crime, and the identity description, and location of the perpetrator of such crime.

Each of the preceding disclosures to law enforcement personnel are the subject of procedural and substantive restrictions further detailed in HIPAA regulations.

CONFIDENTIALITY

At each meeting, sensitive information about particular vulnerable adults will be discussed, which includes complete information sharing. Due to the nature of the conversations, this information should not be disseminated to the public. By signing the Statement of Commitment embedded within this *St. Joseph County Vulnerable Adult Protocol*, the agencies and their designees attending agree to share information, keep any and all information discussed confidential, and uphold the intent of a coordinated team approach.

COORDINATED INVESTIGATIVE TEAM APPROACH

PURPOSE

The primary purpose of an investigative team is to ensure the coordination of procedures and practices of the partner agencies.

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the St. Joseph County team include:

- ❖ Regular meetings to increase team member communication.
- ❖ Facilitation and support of each team member's role.
- ❖ Coordination of information sharing.
- ❖ Ensuring team members respect and comply with their respective agency and/or statutory rules regarding confidentiality.
- ❖ Oversight to increase awareness of, and compliance with, the law and best practices outlines in the Michigan Model Vulnerable Adult Protocol.

TEAM INVESTIGATION OBJECTIVES

- Interview the vulnerable adult, conducting joint interviews whenever possible
- Interview all witnesses, conducting joint interviews whenever possible
- Offer assistance in obtaining any necessary emergency services
- Collect and preserve evidence
- Interview the alleged perpetrator
- Obtain current and historical medical information
- Coordinate efforts with APS, law enforcement, the prosecutor, courts, and service providers in offering available services to benefit the vulnerable adult
- Whenever the vulnerable adult refuses necessary services or chooses to remain in an unsafe or unstable situation, assess the vulnerable adult's capacity to make informed decisions

CORE MEMBERS

The St. Joseph County Prosecutor or designee and the director of the St. Joseph County Department of Health and Human Services (DHHS) or designee will lead the coordinated team investigation. The Core Members are to include designee's from the following:

- APS
- Law enforcement
- Prosecuting Attorney

The core team members will continue to conduct periodic reviews of the St. Joseph County protocol, making changes as needed. The core team will also be responsible for providing training on the local protocol as necessary.

ADDITIONAL INVESTIGATIVE TEAM MEMBERS

Investigative teams should include, but are not limited to, the following professionals and their designees as it pertains to the needs of the vulnerable adults discussed at each meeting:

- Medical professionals
- Aging services providers
- Community Mental Health providers
- Emergency services providers
- Educational providers
- Long Term Care (LTC) providers, including Long-Term care Ombudsman
- Probate Court
- Financial Institutions
- Department of Licensing and Regulatory Affairs (LARA)
- Domestic violence shelter representatives
- Health Department
- Probation and Parole Officers

Not every case will require the participation of all team members. The roles of the team members will be determined by the local core team.

General legal principles for the team to consider

- # No interview should be conducted in the presence of the perpetrator, whenever possible.
- # Confidentiality is imposed by law upon DHHS and is requested of all investigative partners.
- # The identity of an APS referral source is confidential unless DHHS/APS has given written consent of that person or by judicial process (MCL 400.11c(1)).
- # If admission to an adult's dwelling is denied, DHHS may seek the assistance of law enforcement to secure a search warrant (MCL 780.651-658).
- # DHHS must report to law enforcement any criminal activity it believes to be occurring upon receipt of an oral report (MCL 400.11a(5)).
- # Upon request by DHHS, local law enforcement shall cooperate with the county department in an investigation of suspected abuse, neglect, or exploitation (MCL 400.11b(2)).

TEAM MEMBER RESPONSIBILITIES

Adult Protective Services Process

1. How to Make a Referral:

Please note: If the victim is in imminent danger and/or has a physical injury by suspected or reported acts of violence, call 911 immediately. For all other cases (with the exception of suspected abuse, neglect, and/or exploitation occurring while the victim is residing in a nursing home):

- a) Call the State of Michigan **Centralized Intake** at **(855) 444-3911** (this number is toll free).
- b) Report to the person who takes the call the details supporting your suspicion of *abuse, neglect, and/or exploitation*. If known, be prepared to provide any information helpful for investigative purposes including the victim's name, birth date, address and phone number and the perpetrator's name, address and phone number. It is not required that you identify yourself and, although a written report is also not required, any written documentation (such as medical reports or bank statements) that can assist in an investigation will be accepted. The names/identities of all reporters are held in strict confidence.

Note: If the *abuse, neglect, and/or exploitation* occurred while the victim was residing in a nursing home, the nursing home and /or other interested parties, such as family members or friends, contact the Michigan Department of Community Health Bureau of Health Systems, Complaint Investigation Unit at 1-800-882-6006. Nursing homes may follow additional steps as identified in their policies and procedures. Families/individuals may contact the Long Term Care Ombudsman who provides guidance and advocacy to assist persons with complaints at 1-866-485-9393. Regarding residents of adult foster care homes, homes for the aged and hospitalized patients, local APS is still contacted via Centralized Intake.

2) The following process takes place once a report has been made to APS:

- a) Managers at Centralized Intake review the referral information and determine if there is sufficient justification to warrant assignment for an APS investigation. Both of the following criteria must be met:
 - i. The subject of the reported referral is an adult at risk of harm from abuse, neglect, or exploitation.
 - ii. There is reasonable belief the person is vulnerable and in need of protective services.
- b) If the managers at Centralized Intake determine that an APS intervention is warranted, the case will be opened and transferred to the local office for assignment.
- c) If the managers at Centralized Intake determine that the referral does not meet APS criteria, a letter is sent to the reporting person (if identifying information was provided) explaining why it was denied. When appropriate, Centralized Intake will also forward the information to law enforcement, Recipient Rights, and/or LARA.

- d) Once the local DHHS office receives the referral, the manager will assign the referral to an APS investigator and send an acknowledgement letter to the referral source indicating the referral was received and assigned.
- e) The local DHHS/APS investigator assigned to the referral:
- i. Initiates the investigation within the required priority response time as follows:
 - o Immediate face-to-face interview with vulnerable adults if at risk of **imminent** danger.
 - o Contact by phone or in person with either the vulnerable adult or a collateral person (who is not the referral source) within 24 hours.
 - o Face-to-face interview with the vulnerable adult within 72 hours (no risk of imminent danger).
 - ii. When appropriate the DHHS investigator will make referrals to
 - o Law enforcement when criminal activity is suspected.
 - o Community Mental Health recipient rights
 - o Licensing and Regulatory Affairs (LARA)
 - o Michigan Department of Community Health Bureau of Health Systems, Complaint Investigation Unit when the abuse occurred by staff in a hospital or nursing home.
 - iii. Initiates emergency court action, if necessary.

MCL 400.11b(6): "...The county department may petition for a finding of incapacity and appointment of a guardian or temporary guardian as provided in section 5303 or 5312 of the estates and protected individuals code, 1988 PA 386, MCL 700.5303 and 700.5312, and may petition for the appointment of a conservator as provided in section 5401 of the estates and protected individuals code, 1988 PA 386, MCL 700-5401, for a vulnerable adult."
 - iv. Begins initial assessment of the vulnerable adult's capabilities and needs upon initial face-to-face contact. APS also determines other information and individuals needed to support their case findings (relatives, neighbors, support system, physicians, service providers, and others).
 - v. Begins development, in conjunction with the vulnerable adult or responsible part, of a service plan to address identified short-term and/or long-term needs.
 - vi. APS will offer or refer for available services based on identified needs.

****Note: Persons who are capable of making informed decisions may refuse any or all offered services.

- vii. Determine whether or not the referral allegations are substantiated or unsubstantiated based upon the information available.
- viii. DHHS may provide a copy of the written report to law enforcement and the Prosecuting Attorney (referral source information must be redacted).
- ix. APS understands that all police reports are for the caseworkers use only and will not be given to others outside of the agency. Any request for a copy of police information shall be made to the prosecutor or the law enforcement agency creating the report.

Law Enforcement

Law enforcement may receive referral information on vulnerable adults in many different ways including emergency 911 calls, central dispatch, non-emergency calls, local agencies or institutions working with the vulnerable adult, or APS.

Law enforcement's primary concern is safety and once that is established for the vulnerable adult, they will conduct an investigation. Whenever law enforcement encounters suspected abuse, neglect, or exploitation of a vulnerable adult they are to immediately contact CI by calling the toll-free number or faxing the 3200 form (Fax:616-977-1154); and coordinate their investigations.

Law enforcement will provide APS and the prosecuting attorney with relevant information and police reports necessary for APS to complete the State of Michigan reporting requirements.

Law enforcement will also comply with the Mozelle Senior or Vulnerable Adult Medical Alert Act (MCL 28.711) or the Silver Alert. When law enforcement receives a report that a vulnerable adult is missing, law enforcement is required to prepare a report as soon as possible, which includes any and all identifying information that would help locate the individual, enter the "missing vulnerable adult" information in the Law Enforcement Information Network (LEIN), forward a "Be on the Lookout" (BOL) to all area law enforcement agencies, and forward the "missing vulnerable adult" information to one or more media broadcaster(s) in the area.

Prosecuting Attorney

Prosecuting attorneys are responsible for prosecuting crimes that occur within their jurisdiction as well as acting as advocates for victims of crimes. Because of their positions, prosecuting attorneys have a critical role in preventing and prosecuting crimes against vulnerable adults.

The Prosecuting Attorney will be responsible for developing and implementing the St. Joseph County vulnerable adult protocol in coordination with other investigative agencies and partners.

The Prosecutor will review investigations for best practices, as well as identify roadblocks that hinder investigations and prosecutions of vulnerable adult abuse/neglect and exploitation and present appropriate recommendations when identified. The Prosecutor will also determine if special accommodation is required based on the victim's needs throughout the criminal process, provide the victim or his/her responsible party with a copy of the crime victim's rights, and efforts to reduce the number of court appearances for the vulnerable adult as allowed by law.

Emergency Medical Services and/or Fire Services

Emergency medical services (EMS) providers respond to falls, lift assists, medical episodes or injuries, alarms, transfers and calls by other relating to self-neglect, abuse, and welfare. EMS providers may be municipal, county, or privately incorporated and are frequently the initial contact with the vulnerable adult.

EMS providers should contact law enforcement if the scene indicates criminal activity. If the residence appears uninhabitable or there are safety/environmental concerns contact law enforcement and/or the public health department or the fire department if there is a fire concern.

When there are numerous calls for service to one location for the same vulnerable adult that appear unwarranted or the adult's health or home conditions are deteriorating, contact the following:

- APS if single family dwelling or unlicensed assisted living
- Law enforcement or attorney general if nursing home

Before leaving a scene or encounter, document measures needed to ensure the safety and protection of an abused, neglected, or threatened vulnerable adult and follow-up with appropriate referrals. Contact APS when safety concerns outweigh the vulnerable adult's insistence upon living without needed supervision or refusal of needed services. Contact law enforcement if the vulnerable adult appears abused or neglect or intimidated by a roommate(s), relative(s), caregiver(s), friend(s), or guardian(s). Document the condition and capacity of the vulnerable adult and his/her surroundings, including whether the alleged perpetrator or caregiver refuses to allow the vulnerable adult to disclose information without that person present, whether the vulnerable adult is confined or restricted to a bed or restraints, whether the vulnerable adult's senses are impaired (sight, feeling, taste, hearing), and whether the vulnerable adult's basic needs and medical care appear to be met (with or without threats or promises of compliance).

With every medical call, obtain a medical history and a Medical Records Release from the vulnerable adult, guardian, or designated medical power of attorney. The medical history is critical and should include, how and who provides the medical information, indicators of authenticity (do the records appear to be altered or missing), and corroborating documents.

In the setting of a nursing home, Home for the Aged, or Adult Foster Care home obtain a resident "face sheet", which includes admission date, emergency contact, and medical history information, the Resident Care Plan, resident and/or guardian file with the transfer sheet, physician order, and nurse's notes.

***Do not rely on someone else to report**, relaying information to an employer or a medical receiving entity does not guarantee protection efforts to a vulnerable adult.

Aging Services

St. Joseph County has a network of services for vulnerable and older adults, which includes agencies on aging, commissions on aging, home and chore or meal services, transportation and housing guidance, health promotion services, legal assistance, etc. The support of providers in the aging network is valuable for investigators who are encouraged to contact aging services when working vulnerable adult abuse cases. Aging and victim service providers offer support and guidance to investigators by providing available services to the vulnerable adult, guiding the victim through health and benefit systems, supporting community coordination activities, and are a resource for elder abuse information and prevention services.

Long Term Care Providers and Ombudsman

LTC providers are integral members of a coordinated community response to vulnerable adult abuse, neglect, and exploitation. LTC settings may be licensed or unlicensed. Most fall under the category of mandatory reporters under the Social Welfare Act.

The LTC Ombudsman addresses quality of care and quality of life issues for residents of nursing homes, Adult Foster Care facilities, and Home for the Aged facilities. Ombudsmen work with residents of licensed long-term care facilities to resolve problems and complaints, including allegations of abuse, neglect, and exploitation. Ombudsmen also work to promote high quality care for residents. Ombudsmen may also provide assistance in unlicensed assisted living facilities. Any concerns in these setting may be reported to the LTC ombudsman at 1-866-485-9393.

LTC Ombudsmen have the authority to enter any facility, communicate privately, and without restriction, with any resident who consents. The Ombudsmen also has access to medical, social, and administrative records of the residents.

Note: Ombudsmen must be given permission from the resident or legal representative to access resident records, however if they are denied permission the ombudsman may receive authority from the state LTC ombudsman to access resident records.

Suspicion of criminal activity in any setting must be reported to law enforcement.

DHHS Department of Licensing and Regulatory Affairs (LARA)

The DHHS Department of Licensing and Regulatory Affairs (LARA) is responsible for the licensing and regulation of all adult foster care homes and homes for the aged. This includes specialized programs for developmentally disabled and/or mentally ill persons

residing in adult foster care homes. LARA also investigates complaints alleging violations of administrative rule and statutes for these types of homes. Complaints can be made by calling 1-866-856-0126 (information regarding the referral source is confidential and will not be released unless court-ordered).

Medical Providers

Medical providers are key partners in the identification and protection of vulnerable adults who may be victims of abuse, neglect, and exploitation. They have access to valuable information regarding the individual's health and abilities, and often the individual's trusted relationships/caregivers. It is essential for an investigation team to invite and include members of the medical community to the team to access their insight and expertise.

Community Mental Health Services Programs (CMHSP)

CMHSP's provide individuals with a mental health diagnosis and/or developmental disability with an array of services including case management, assessment, advocacy, and crisis intervention. CMHSP's are frequently integral partners when investigating allegations of abuse, neglect, and exploitation of vulnerable adults with a mental illness or developmental disability. CMHSP's often have medical and mental health information regarding individuals who come to the attention of team members or may have the ability to provide needed intervention and/or services.

Probate Court

The St. Joseph County Probate Court handles mental health, guardianship, conservatorship, and protection order petitions along with other duties. The Probate Judge determines the competencies and abilities of a vulnerable adult to make important life decisions (e.g. medical care, mental health services, living arrangements, financial matters, etc.). The Probate Judge, or his/her designee, is a valuable member of any investigative team as he/she provides expertise on the abilities of the court to intervene when an individual's competency to make informed decisions presents as compromised.

Financial Institutions

Financial institutions provide assistance to virtually all members of our society through checking accounts, loans, certificates of deposit, etc. Financial institution staff may be the first to note activity in a vulnerable adult's accounts or financial transaction habits. While they are not mandatory reporters, they are valuable partners in preserving the assets of vulnerable adults in the prosecution of financial exploitation.

Domestic Abuse/Sexual Assault Services

Domestic and Sexual Abuse Services (DASAS) offers support for survivors of intimate partner (domestic) violence and sexual assault/abuse (no relationship required). Services include safe shelter, non-residential supportive services such as supportive counseling, support group and accompaniment to court proceedings, 24-hour emergency response to a domestic or sexual assault incident, and a 24-hour crisis line (1-800-828-2023). All services are free and confidential

Local Health Department

The local health department provides public health services to residents that reside within the county. The local health department may engage with older adults at the request of another department or upon the request of a citizen or the older adult himself. Generally, the LHD is asked to evaluate safety and sanitation issues and provide recommendations to the homeowner, renter, or land owner. (MCL 333.2433 Local Health Department; Powers and Duties)

RESOURCE LIST

-Adult Protective Services Central Intake *Fax numbers are for faxing 3200s ONLY	855-444-3911 Fax:(616)977-1154 Fax:(616)977-1158
-Area Agency on Aging for Branch and St. Joseph Counties -St. Joseph Co Commission on Aging -LTC Ombudsman	517-278-2538 or 888-615-8009 269-279-8083 866-485-9393
-Healthcare Fraud Div. of the Attorney General	800-242-2873
-Legal Hotline for Seniors -Legal Aid of South West Michigan	800-347-5297 800-819-0773
-Sturgis ER -Three Rivers ER -Health Department	269-659-4266 269-279-9669 269-273-2161
-Community Mental Health -Disability Network SW Michigan	269-467-1000 or 800-622-3967 800-674-5209
-Domestic and Sexual Assault Services -Keystone Homeless Shelter	269-467-5568 or 800-828-2023 269-467-7078
-MI Dept of Community Health-Bureau of Health Systems – Nursing Homes -MDHHS Office of Children and Adult Licensing – Adult Foster Care/Home for the Aged	800-882-6006 866-856-0126

POLICE AGENCIES

Central Dispatch	269-467-4195
St. Joseph County Sheriff's Department	269-467-9045
Michigan State Police-Coldwater Post	517-278-2373
Three Rivers PD	269-278-1235
Sturgis Police PD	269-659-7260
Mendon PD	269-496-8096
Constantine PD	269-435-4355
White Pigeon PD	269-483-7109
Burr Oak PD	269-489-2414
Colon PD	269-432-3182
Centreville PD	269-467-6871
<u>St. Joseph County Courts</u>	
Probate Court	269-467-5538
Prosecutor's Office	269-467-5547
Circuit Court	269-467-5542
District Court	269-467-5513

STATEMENT OF COMMITMENT

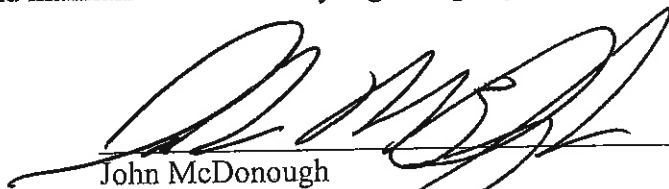
ST. JOSEPH COUNTY VULNERABLE ADULT PROTOCOL

March 18, 2016

Our intent with this protocol is to raise awareness, coordinate team efforts, and eliminate and prevent future abuse, neglect, and exploitation of vulnerable adults throughout St. Joseph County. To demonstrate our dedication and commitment to the vulnerable adult citizens of this county, we sign below in support of utilizing the "St. Joseph County Vulnerable Adult Protocol" within our agencies/organizations. We promise to utilize this document through continued examination throughout the years to come and maintain confidentiality regarding any vulnerable adult discussed among team members.



Honorable David C. Tomlinson
45th Circuit Probate Court Judge



John McDonough
St. Joseph County Prosecuting Attorney



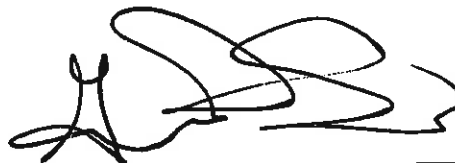
Kathy A. Miller
Director of Business Service Center #3
Department of Health and Human Services



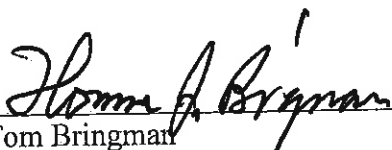
Bradley D. Balk
St. Joseph County Sheriff



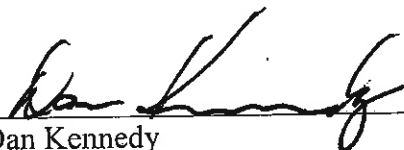
F/Lt James R. Coleman
Post Commander, Regional Post #54
Michigan State Police, Marshall



Geoffrey D. Smith
Director of Public Safety
City of Sturgis



Tom Bringman
Chief of Police
Three Rivers Police Department



Dan Kennedy
Chief of Police
Mendon Police Department



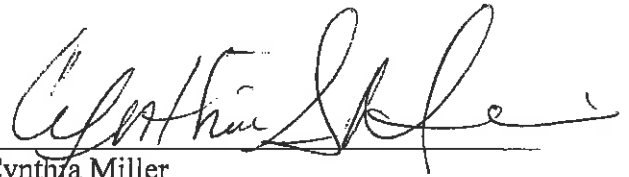
Mark Honeysett
Chief of Police
Constantine Police Department



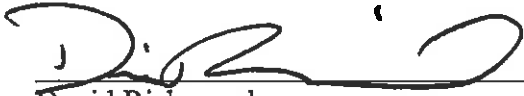
William Burgoyne
Chief of Police
White Pigeon Police Department



Mark Brinkert
Chief of Police
Colon Police Department



Cynthia Miller
Chief of Police
Burr Oak Police Department



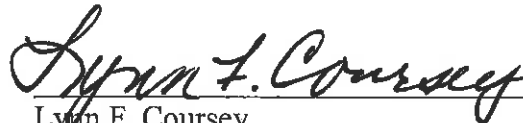
David Richmond
Chief of Police
Centreville Police Department



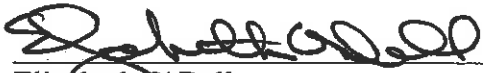
Kim Kramer
Executive Director
Domestic and Sexual Abuse Services



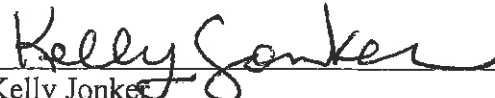
Laura Sutter
Coordinator
Area Agency on Aging Region 3C



Lynn F. Coursey
Executive Director
St. Joseph County Commission on Aging



Elizabeth D' Dell
Chief Executive Officer
Community Mental Health and Substance
Abuse Services of St Joseph County



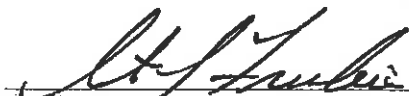
Kelly Jonker
Long Term Care Ombudsman



Rebecca A. Burns
Health Officer
Community Health Agency



Carl W. Holcomb
Fire Chief
Three Rivers Fire Department



Steve Frisbie
Director of Operations
LifeCare Ambulance



