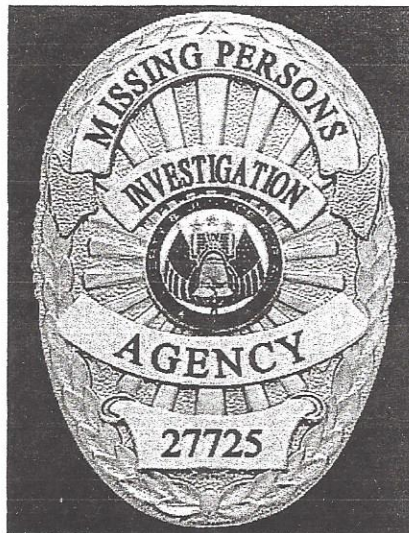


# **WHEN A MENTALLY ILL LOVED ONE GOES MISSING**

**Preparation & Response Protocols For NAMI Families & Caregivers**



*Presented by:*

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## JAMES ELLIOTT - BIO/BACKGROUND

James Elliott is a Licensed Private Investigator (CA PI License No. 27725). He is the Owner/Qualified Manager of Missing Persons Investigation Agency in Pasadena, CA.

James has extensive experience with investigating missing persons cases involving the mentally ill. Such cases are often complex and challenging and they require a carefully coordinated investigation involving the affected family/caregivers, the Public Sector (Local/State/Federal Law Enforcement & Social Services) and the Private Sector (Private Investigators). James is uniquely qualified to bring these vital resources together effectively, affordably and compassionately, resulting in the most timely and efficient investigation possible.

In addition to his Private Sector work, James also works closely with the Public Sector. From 2004-present, James has worked with the Los Angeles Police Department's Detective Training Unit as a Civilian Contractor. He specializes in practical exercises focused on witness/victim interview and suspect interrogation. In 2008, James completed the Pasadena Police Department's Citizen Police Academy. As a Civilian/Volunteer Investigator, James created, developed and led the Pasadena Police Department's Missing Persons Unit from 2008-2011. In 2010, James completed the renowned LAPD Homicide Investigation School, the first and only Civilian Investigator to do so at the time. From 2012-present, James has worked with the Los Angeles Sheriff's Department's Homicide School, specializing in practical exercises focused on advanced suspect interrogation techniques.

James is an active member of the California Association of Licensed Investigators, one of the largest PI Associations in the world. He is also a member of the newly formed Los Angeles County CSEC Task Force which has been directed to provide the LA County Board of Supervisors with recommendations to help bring an end to local Commercial Sexual Exploitation of Children.

James can be reached around the clock for free consultations.

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### Private Sector Services:

- Missing Persons/People Locates
- Witness/Victim Interviews & Sworn Statements
- Proof of Life (Alive & Wellness Checks)
- General Investigations (Civil/Criminal/Corporate/Legal/Undercover)
- Local Emergency Contact (Secure Money Delivery, Hospital Response, Jail Visits)
- Personal Travel Escort (Mentally Ill, Special Needs, Minors, High-Risk)
- GPS Vehicle Tracking
- Attorney Support (Public Defender, Private Counsel)
- Registered Process Server
- Notary Public

# **WHEN A MENTALLY ILL LOVED ONE GOES MISSING**

## **Preparation & Response Protocols For NAMI Families and Caregivers**

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- 3) Missing Persons Report Process - getting familiar with the standard missing person protocols used by authorities. - Pages 5-6.
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## **MISSING PERSONS STATISTICS**

### **National Stats (2011):**

- 679,000 MP reports.
- 80,000 - 100,000 active MP cases on any given day.
- 40,000 sets of unidentified human remains, plus over 1,000 new cases per year.

### **CA State Stats (2011):**

- 130,000 MP reports.
- Over 94,000 (children).
- Over 35,000 (adult).

### **LA County Stats (2011):**

- 30,000 MP reports.
- Over 21,000 (children).
- Almost 9,000 (adults).
- Over 80 people go missing in LA County every day.



## **MISSING PERSONS CATEGORIES**

Authorities categorize missing persons as follows:

- 1) Catastrophic Missing - disasters (fire, flood, earthquake, terrorist act, etc.)
- 2) Dependent Adult - physically/mentally impaired.
- 3) Lost - strayed away in urban or rural setting.
- 4) Parent/Family Abduction - someone in the family denies access to the child's legal guardian.
- 5) Runaway - child under 18 who has left of their own free will or been rejected/abandoned by their family.
- 6) Stranger Abduction - MP taken against their will by anyone other than family/parent.
- 7) Suspicious Circumstances - potential foul play, danger to self/others, disappearance is out of character.
- 8) Unknown - insufficient facts to determine circumstances.
- 9) Voluntary Missing Adult - left of own free will.

**Mentally ill Missing Persons should always be officially categorized as "Dependent Adults" (assuming they are 18 or over).**

**A mentally ill Missing Person should also be officially considered "at risk" by authorities if any of the following factors exist:**

- Potential victim of foul play/crime.
- In need of medical attention.
- No pattern of running away/disappearing.
- Victim of parental/family abduction.
- Mentally impaired.

## **MISSING PERSONS REPORT PROCESS**

- 1) Reporting Party contacts police by phone or in person.
- 2) Police respond to the location of the Reporting Party and/or take a detailed report by phone.
- 3) Police physically search the area when appropriate and broadcast a BOLO (Be On the Look Out) in their entire jurisdiction.
- 4) Police upload the missing person's information into the two primary government missing person databases operated by the State Department of Justice (MPS) and the FBI (NCIC).
- 5) Police investigate the case, search for the missing person, utilize all available tools, contact other agencies, notify the public, etc. They continue to update the case indefinitely - it is never closed until the missing person is located.
- 6) Police locate the missing person (alive or deceased) and then contact the Reporting Party. Police remove the person from the State/Federal MP databases and officially close the case.

### **MPS/NCIC**

All missing persons should immediately be entered into the DOJ Missing Persons System (MPS) and the FBI National Crime Information Center (NCIC). Law enforcement personnel are often the first people to make contact with a missing person - especially the mentally ill - so the sooner the person gets into the system the better chance they have of being located quickly.

If the missing person is not properly listed in the State & Federal systems, then law enforcement personnel who make contact with the missing person will have no idea the person is considered missing and may simply let them go. On the other hand, if the person comes up in the system as a missing dependent adult who is at risk, law enforcement will hopefully arrange a proper mental health assessment to get the person the treatment they need.

Even if a family or caregiver does not wish to involve the police, they should still report the missing person immediately. Missing persons reports are not considered criminal matters so they do not result in a "record" for the missing person like a criminal case would. There is no "down side" to being reported missing because it is not a crime to go missing.

Reporting a loved one missing allows the Reporting Party to be contacted if/when their missing loved one makes contact with authorities. It also allows authorities to know what to do with the missing person they have located.

Due to privacy concerns, law enforcement may or may not be able to tell the Reporting Party exactly where the MP is when located. The missing person has the right to deny that information to the reporting party if they wish (unless the MP is under conservatorship). But either way, the Reporting Party will at least get "proof of life" from authorities and a general idea of what city/state the MP was in when located.



## PUBLIC SECTOR LIMITATIONS

- 1) Law enforcement agencies are understaffed, undertrained and underpaid because they are chronically underfunded.
- 2) With no money available in the public sector, nothing will change; and with the population continuing to explode globally, the problem will only get worse.
- 3) Society does not want to pay more taxes for better policing and society as a whole does not care about your missing loved one. They do care about their stolen cars and burglarized homes and local violent crime - so that is what gets political attention so that is what police agencies are pressured to deal with as a priority. Your missing loved one is considered your problem, not a community problem.
- 4) Finding a missing person generally doesn't reduce crime statistics, doesn't lock up any criminals, doesn't make anybody look better for promotion or politically, so the missing persons problem continues to get ignored and always will.
- 5) Detectives typically have dozens of active cases on their desks at any given time. If it bleeds it leads. So MP cases end up at the bottom of the pile because there is no immediate indication of any crime, victim or suspect.
- 6) Detectives will always focus on the obvious violent crimes first but the law states that they should focus on missing person investigations over any form of property crime. However, in reality, this does not always occur. There are usually very active burglary units and auto theft units in police agencies, but often there are no missing person units at all.
- 7) Public agencies are not equipped to handle long term missing person investigations. Such cases become so-called "cold cases". In reality a cold missing person case is simply a case that requires more time and work than the agency feels it can afford to commit to that single case.
- 8) Law enforcement agencies are often unaware of the special tools and programs available to them for missing person cases. They fail to utilize NCMEC, NAMUS, CODIS, media, community partnerships, etc.
- 9) Ignorance about mental illness is the norm in law enforcement. Most agencies are not trained to understand how to deal with the mentally ill properly. They may resist taking the missing person report, they may resist listing the person in the system as being a "Dependent Adult" who is "at risk". They may lecture the Reporting Party about how a missing person has a right to go missing, etc. They may resist doing a proper street assessment of the located MP to arrange a 5150 hold. It is often up to the Reporting Party to patiently educate and encourage law enforcement to get them to cooperate and do the right thing and follow the MP laws.

## **MISSING PERSONS & THE LAW**

There are multiple State & Federal laws that ensure missing persons cases are handled properly in the public sector. As the family/caregiver of a missing loved one, you must know these laws as you will occasionally have to educate your local authorities about these laws in order to get appropriate action on your case.

### **California Penal Code Sections:**

#### **14205.**

(a) All local police and sheriffs' departments shall accept any report, including any telephonic report, of a missing person, including runaways, without delay and shall give priority to the handling of these reports over the handling of reports relating to crimes involving property.

In cases where the person making a report of a missing person or runaway, contacts, including by telephone, the California Highway Patrol, the California Highway Patrol may take the report, and shall immediately advise the person making the report of the name and telephone number of the police or sheriff's department having jurisdiction of the residence address of the missing person and of the name and telephone number of the police or sheriff's department having jurisdiction of the place where the person was last seen.

In cases of reports involving missing persons, including, but not limited to, runaways, the local police or sheriff's department shall immediately take the report and make an assessment of reasonable steps to be taken to locate the person.

If the missing person is under 16 years of age, or there is evidence that the person is at risk, the department shall broadcast a "Be On the Look-Out" bulletin, without delay, within its jurisdiction.

(b) If the person reported missing is under 21 years of age, or if there is evidence that the person is at risk, the law enforcement agency receiving the report shall, within two hours after the receipt of the report, transmit the report to the Department of Justice for inclusion in the Violent Crime Information Center and the National Crime Information Center databases.

(c) In cases where the report is taken by a department, other than that of the city or county of residence of the missing person or runaway, the department, or division of the California Highway Patrol taking the report shall, without delay, and, in the case of children under 16 years of age or where there was evidence that the missing person was at risk, within no more than 24 hours, notify, and forward a copy of the report to the police or sheriff's department or departments having jurisdiction of the residence address of the missing person or runaway and of the place where the person was last seen.



The report shall also be submitted by the department or division of the California Highway Patrol which took the report to the center.

(d) The requirements imposed by this section on local police and sheriffs' departments shall not be operative if the governing body of that local agency, by a majority vote of the members of that body, adopts a resolution expressly making those requirements inoperative.

#### **14206.**

(a) (1) When any person makes a report of a missing person to a police department, sheriff's department, district attorney's office, California Highway Patrol, or other law enforcement agency, the report shall be given in person or by mail in a format acceptable to the Attorney General. That form shall include a statement authorizing the release of the dental or skeletal X-rays, or both, of the person reported missing and authorizing the release of a recent photograph of a person reported missing who is under 18 years of age.

Included with the form shall be instructions which state that if the person reported missing is still missing 30 days after the report is made, the release form signed by a member of the family or next of kin of the missing person shall be taken by the family member or next of kin to the dentist, physician and surgeon, or medical facility in order to obtain the release of the dental or skeletal X-rays, or both, of that person or may be taken by a peace officer, if others fail to take action, to secure those X-rays. Notwithstanding any other provision of law, dental or skeletal X-rays, or both, shall be released by the dentist, physician and surgeon, or medical facility to the person presenting the request and shall be submitted within 10 days by that person to the police or sheriff's department or other law enforcement agency having jurisdiction over the investigation.

When the person reported missing has not been found within 30 days and no family or next of kin exists or can be located, the law enforcement agency may execute a written declaration, stating that an active investigation seeking the location of the missing person is being conducted, and that the dental or skeletal X-rays, or both, are necessary for the exclusive purpose of furthering the investigation. Notwithstanding any other provision of law, the written declaration, signed by a peace officer, is sufficient authority for the dentist, physician and surgeon, or medical facility to release the missing person's dental or skeletal X-rays, or both.

(2) The form provided under this subdivision shall also state that if the person reported missing is under 18 years of age, the completed form shall be taken to the dentist, physician and surgeon, or medical facility immediately when the law enforcement agency determines that the disappearance involves evidence that the person is at risk or when the law enforcement agency determines that the person missing is under 16 years of age and has been missing at least 14 days.



The form shall further provide that the dental or skeletal X-rays, or both, and a recent photograph of the missing child shall be submitted immediately to the law enforcement agency. Whenever authorized under this subdivision to execute a written declaration to obtain the release of dental or skeletal X-rays, or both, is provided, the investigating law enforcement agency may obtain those X-rays when a person reported missing is under 18 years of age and the law enforcement agency determines that the disappearance involves evidence that the person is at risk. In each case, the law enforcement agency may confer immediately with the coroner or medical examiners and may submit its report including the dental or skeletal X-rays, or both, within 24 hours thereafter to the Attorney General. The Attorney General's office shall code and enter the dental or skeletal X-rays, or both, into the center.

(b) When a person reported missing has not been found within 45 days, the sheriff, chief of police, or other law enforcement agency conducting the investigation for the missing person may confer with the coroner or medical examiner prior to the preparation of a missing person report. The coroner or medical examiner shall cooperate with the law enforcement agency. After conferring with the coroner or medical examiner, the sheriff, chief of police, or other law enforcement agency initiating and conducting the investigation for the missing person may submit a missing person report and the dental or skeletal X-rays, or both, and photograph received pursuant to subdivision (a) to the Attorney General's office in a format acceptable to the Attorney General.

(c) Nothing in this section prohibits a parent or guardian of a child, reported to a law enforcement agency as missing, from voluntarily submitting fingerprints, and other documents, to the law enforcement agency accepting the report for inclusion in the report which is submitted to the Attorney General.

(d) The requirements imposed by this section on local police and sheriff's departments shall not be operative if the governing body of that local agency, by a majority vote of the members of that body, adopts a resolution expressly making those requirements inoperative.

#### 14208.

(a) The Department of Justice shall operate a statewide, toll-free telephone hotline 24 hours per day, seven days per week to receive information **regarding missing children and dependent adults** and relay this information to the appropriate law enforcement authorities.

#### 14210.

(a) The Legislature finds and declares that it is the duty of all law enforcement agencies to immediately assist any person who is attempting to make a report of a missing person or runaway.

(b) The Department of the California Highway Patrol shall continue to implement the written policy, required to be developed and adopted pursuant to former Section 11114.3, for the coordination of each of its divisions with the police and sheriffs' departments located within each division in taking, transmitting, and investigating reports of missing persons, including runaways.

**14213.**

(a) As used in this title, "missing person" includes, but is not limited to, a child who has been taken, detained, concealed, enticed away, or retained by a parent in violation of Chapter 4 (commencing with Section 277) of Title 9 of Part 1. It also includes any child who is missing voluntarily or involuntarily, or under circumstances not conforming to his or her ordinary habits or behavior and who may be in need of assistance.

**(b) As used in this title, "evidence that the person is at risk" includes, but is not limited to, evidence or indications of any of the following:**

- (1) The person missing is the victim of a crime or foul play.
- (2) The person missing is in need of medical attention.**
- (3) The person missing has no pattern of running away or disappearing.
- (4) The person missing may be the victim of parental abduction.
- (5) The person missing is mentally impaired.**

(c) As used in this title, "child" is any person under the age of 18.

(d) As used in this title, "center" means the Violent Crime Information Center.

**(e) As used in this title, "dependent adult" is any person described in subdivision (h) of Section 368, regardless of whether the person lives independently.**

(f) As used in this title, "dental or medical records or X-rays," include all those records or X-rays which are in the possession of a dentist, physician and surgeon, or medical facility.

**368.**

**(h) As used in this section, "dependent adult" means any person who is between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. "Dependent adult" includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.**

# **CALIFORNIA PENAL CODE**

## **SECTION 14200-14213**

14208. (a) The Department of Justice shall operate a statewide, toll-free telephone hotline 24 hours per day, seven days per week to receive information regarding missing children and dependent adults and relay this information to the appropriate law enforcement authorities.

**1-800-222-FIND (1-800-222-3463)**

**If you cannot get immediate cooperation from your local law enforcement agency, call the California Dept. of Justice hotline to report your missing person directly.**



## HIPAA PRIVACY RULE

### Per Title 45 Federal Code of Regulations (45 CFR 164.512(f)(2))

*(2) Permitted disclosures: Limited information for identification and location purposes. Except for disclosures required by law as permitted by paragraph (f)(1) of this section, a covered entity may disclose protected health information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that:*

*(i) The covered entity may disclose only the following information:*

- (A) Name and address;*
- (B) Date and place of birth;*
- (C) Social security number;*
- (D) ABO blood type and rh factor;*
- (E) Type of injury;*
- (F) Date and time of treatment;*
- (G) Date and time of death, if applicable; and*
- (H) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.*

*(ii) Except as permitted by paragraph (f)(2)(i) of this section, the covered entity may not disclose for the purposes of identification or location under paragraph (f)(2) of this section any protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.*

**Identification and Location.** HIPAA permits disclosure of limited identifying information in response to a request from law enforcement for assistance in identifying or locating fugitives, suspects, witnesses, or missing persons. This exception requires a request from law enforcement; it does not authorize self-initiated disclosures. Unless PHI is within the definition of "limited identifying information," a covered entity may not disclose an individual's DNA or a DNA analysis, dental records, or typing, samples or analysis of body fluids or tissues. "Limited identifying information" is specifically defined as:

- Name and address;
- Date and place of birth;
- Social security number;
- ABO blood type and rh factor;
- Type of injury;
- Date and time of treatment;
- Date and time of death; and
- Description of distinguishing characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos.

### **PREPARING A MISSING PERSONS CASE FILE**

The best way to deal with a missing person incident is to be fully prepared for it. One of the best ways to prepare is to create and maintain an updated "case file" folder to be utilized each time your loved one goes missing. The folder should contain at least the following items that can be copied and given to authorities.

- 1) Current Physical Description - hair color/style/length, eye color, race, skin color, height, recent weight, facial hair, identifying marks/scars/moles, tattoos, piercings, unique features such as missing teeth, walks with limp, wears braces, false teeth, etc. Remember to update any changes as they occur because people's looks can change drastically in short periods of time.
- 2) Current Photos - full body (preferably standing near a typical doorway or car for size/height comparison), close-up of face, details of tattoos, close up of teeth (smiling close up can be helpful for forensic identification). Update them routinely.
- 3) Biometrics - DNA sample (cheek swab), body x-rays, dental x-rays & charting, fingerprints (note the date/time/place of any previous arrests/incarcerations).
- 4) Medical History - mental illness diagnosis, medications, physical illness/issues.
- 5) Incident History - documentation of previous incidents related to mental illness.
- 6) Conservatorship Paperwork - proving legal guardianship, etc.
- 7) Medical Team Contacts - psychiatrist, social workers, physicians, etc.
- 8) Family Contacts - names, numbers, addresses for all family and/or caregivers including Reporting Party (person who reports MP to police).
- 9) Known Associates - names, numbers, addresses for friends, employers, school contacts, work associates, anyone the MP may know who isn't family.
- 10) Online Accounts - social networks, email addresses, personal blogs, etc.
- 11) Financial Information - bank accounts/credit cards/cash carried, etc.
- 12) Mode of Transportation - vehicle information, preferred ways to travel (bus, train, hitching rides, etc.)
- 13) Personal Identifiers - SSN, DOB, DL Number, etc.
- 14) Cell Phone Contact - Missing Person's cell number/s.
- 15) Local Police & PI Contacts - report the missing person incident immediately.



## **MISSING PERSONS ACTION PLAN**

When a mentally ill loved one goes missing, immediate action is required to prevent rapid decompensation, self-injury, incarceration, abuse, victimization or death. Having a specific "Action Plan" in place can help families and caregivers develop effective protocols that can be easily followed every time a missing person incident occurs.

This sort of planning not only relieves stress during a crisis situation, but it also allows for clear thinking, efficient action, proper communication with authorities and a sense of empowerment (instead of unnecessary panic, confusion and a sense of helplessness/hopelessness).

This sample action plan is only a basic blueprint from which families should develop their own customized action plan that suits their specific needs. There is no right or wrong action plan, but whatever the plan, it must be followed immediately when a missing person incident occurs. Rapid response is vital because fresh leads expire quickly. That said, an action plan is still very useful even if the missing person has been missing for a long time.

**1) Case File.** Locate your Missing Person "Case File" and make sure it is updated with the latest photos, contacts, medical history, etc. Have copies of the case file ready that can be given to law enforcement and private investigators as needed.

**2) Missing Person Report.** Call or visit your local law enforcement agency and file a missing persons report. Utilize your case file to make sure all the appropriate information is shared with authorities and nothing important is forgotten during the report. Give the responding officers a copy of your case file, which they can later share with any police detectives who are assigned to investigate the case. Make sure to request that your missing person be immediately uploaded into the State & Federal missing person databases (MPS & NCIC) and categorized as a "Dependent Adult" who is currently "at risk" due to severe mental illness and/or other factors. Know the laws that back up the use of these terms and share those laws with authorities if they do not cooperate.

**3) Private Investigator.** Call your private investigator. Provide the investigator with a copy of the updated case file. Initiate the private sector investigation immediately if there is any indication that the missing person may be in immediate danger or may end up in a high-risk situation of any kind. If the missing person is relatively stable (believed to be safe and has left voluntarily), you may consider waiting a while to see if the law enforcement investigation can close the case prior to initiating the private sector investigation.

**4) Human Intelligence.** Call every contact in the case file (known associates, friends, employers, work mates, neighbors, online social networks, etc.) Try to generate leads from gathering human intelligence. Someone may know where your missing person is or where they intended to go.

**5) Frequent Contact.** Stay in frequent contact with your investigators (public & private sectors). Share with them anything that you learn or find out through your own investigations.



**6) Public Facilities.** Check with hospitals, coroners/morgues, jails, homeless shelters, bus stops, train stations, etc.

**7) Favorite Places.** Check familiar places, any locations the missing person has been found before, favorite restaurants, hangouts, bars, beaches, parks, etc.

**8) Missing Person Flyers.** Consider distributing missing person flyers in areas where the person was last seen. Flyers should only include the name, age, recent photos, date last seen, location last seen, phone number for the investigating law enforcement agency (not your personal number), and the case number of the original missing person report. Be aware that flyers may generate public interest so privacy concerns should be considered carefully. If your family is contacted by anyone claiming to have information, do not provide them with any personal information about your family and refer them to the investigating agency to share what they know.

**9) Media.** Consider contacting the media. Again, privacy concerns should be considered and no personal information about your family should be shared with anyone. Just the basic facts about the missing person case - name, date last seen, location last seen, investigating agency contact information, etc.

**10) Utilize NAMUS.** NAMUS is the National Missing and Unidentified Persons System. It exists to match up missing persons cases with unidentified persons cases (both alive & deceased). You can start an account for free and upload your case details and photos. You can use the system to do your own research to look for matches anytime in the future.

**11) Financial Tracking.** If you have access to your missing persons financial accounts, you maybe able to track their financial purchases to locate them.

**12) Avoid Psychics!** Do not utilize so-called "psychics". Psychic abilities don't exist. Anyone claiming to have supernatural powers of any kind is either mentally ill, a typical con artist (scammer for money), or someone who simply craves attention by claiming to be "special" in some way. Despite what you see in the media or the news, there isn't a single documented case anywhere in the world of a human being who could legitimately demonstrate any psychic abilities whatsoever. In the past, even ignorant police agencies have been tricked into using psychics - only to find the person simply used typical investigative techniques to solve the case. So-called psychics are just normal people who use a well-known combination of simple tricks of the trade, psychological/emotional manipulation and typical investigative techniques. Never use psychics even if they offer their help for free. Certain cultures are extremely attracted to these scammers by tradition, but you must avoid the emotional temptation to engage in fantasy over reason. Put your time, energy and resources into effective action instead.



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**Latorman-Petris-Short (LPS) Act (5150/5585.50) Designated Facilities**

Crestwood Behavioral Health II	6700 Eucalyptus, Suite C	Bakersfield	CA	93306	661-363-5947	16	Psychiatric Health Facility
<b>Kings</b>							
NONE							
<b>Lake</b>							
NONE			CA				
<b>Lassen</b>							
NONE			CA				
<b>Los Angeles</b>							
Antelope Valley Hospital Mental Health Unit	1600 West Avenue J	Lancaster	CA	93534	661-949-5000 661-949-5250	14	General Acute Care Hospital
Aurora Charter Oak Hospital	1611 East Covina Boulevard	Covina	CA	91724	626-966-1632	95	Acute Psychiatric Hospital
Aurora Las Encinas Hospital	2900 East Del Mar Blvd	Pasadena	CA	91107	626-795-9901	118	Acute Psychiatric Hospital
BHC Alhambra Hospital	4619 North Rosemead Blvd	Rosemead	CA	91770	626-286-1191	97	Acute Psychiatric Hospital
Bellflower Medical Center	9542 East Artesia Blvd	Bellflower	CA	90706	562-925-8355	32	General Acute Care Hospital
Brotman Medical Center	3828 Delmas Terrace	Culver City	CA	90231	310-836-7000	70	General Acute Care Hospital
Citrus Valley Medical Center-Inter- Community Campus	210 West San Bernardino Rd	Covina	CA	91723	626-331-7331 626-938-7650	30	General Acute Care Hospital
Mental Health Unit College Hospital	10802 College Place	Cerritos	CA	90703	562-924-9581	157	Acute Care Hospital
Community Hospital of Long Beach Mental Health Unit	1720 Termino Avenue	Long Beach	CA	90804	562-494-1000 562-494-0581	28	General Acute Care Hospital
Correctional Treatment Center Mental Health Unit	Twin Towers-Service Building, 4 East 450 Bauchet Street	Los Angeles	CA	90012	213-893-5392	43	MHU of Correctional Treatment Center
Del Amo Hospital	23700 Camino Del Sol	Torrance	CA	90505	310-530-1151	166	Acute Psychiatric Health
East Valley Hospital Medical Center Mental Health Unit	150 West Route 66	Glendora	CA	91740-6307	626-852-5000 626-852-5063	21	General Acute Care Hospital
Encino Hospital Medical Center Mental Health Unit	16237 Ventura Boulevard	Encino	CA	91436	818-995-5000 818-995-5174	13	General Acute Care Hospital
Gateway Hospital & Mental Health Center	1891 Effie Street	Los Angeles	CA	90026	323-644-2000	55	Acute Care Hospital
Glendale Adventist Medical Center Psychiatric Institute	1509 Wilson Terrace	Glendale	CA	91206	818-409-8000 818-409-8027	60	General Acute Care Hospital
Harbor-UCLA Medical Center	1000 West Carson Street	Torrance	CA	90509	310-222-2345	38	General Acute Care Hospital
Harbor View Adolescent Center	490 West 14th Street	Long Beach	CA	90813	562-591-8701	27	Skilled Nursing Facility
Henry Mayo Newhall Memorial Hospital	23845 West McBean Parkway	Valencia	CA	91355	661-263-8000 661-263-8954	23	General Acute Care Hospital
Huntington Hospital Della Martin Center	100 West California Blvd	Pasadena	CA	91105-7013	626-397-5000 626-397-2324	50	General Acute Care Hospital
Kaiser Permanente Mental Health Center	763 West College Street	Los Angeles	CA	90012	213-580-7200	68	General Acute Care Hospital
Kaiser Permanente LA Medical Center Administration	4867 West Sunset Blvd	Los Angeles	CA	90027	323-783-4011 323-783-8100		
Kedren Acute Psychiatric Hospital and CMHC	4211 South Avalon Blvd	Los Angeles	CA	90011	323-233-0425	66	Acute Psychiatric Hospital
LAC+USC HealthCare Medical Center Administration	Inpatient Clinical Tower 1200 North State Street	Los Angeles	CA	90033	323-409-2800 323-409-1000		General Acute Care Hospital



# Laterman-Petris-Short (LPS) Act (5150/5585.50) Designated Facilities

LAC+USC HealthCare Medical Center A.F. Hawkins Campus - A,B,C,D,E,F,G	1720 east 120th Street	Los Angeles	CA	90059	310-668-8151	76	General Acute Care Hospital
La Casa Psychiatric Health Facility	6060 Paramount Blvd	Long Beach	CA	90805	562-634-9634 562-630-8672	16	Psychiatric Health Facility
Los Angeles Jewish Home for the Aging Eisenberg-Keefe Medical Center Mental Health Unit	7150 Tampa Avenue	Reseda	CA	91335	818-774-3200 818-774-3000 818-758-5041	10	Acute Psychiatric Hospital
LA Metropolitan Medical Center - Western Campus	2231 South Western Ave	Los Angeles	CA	90018	323-730-7300	34	General Acute Care Hospital
LA Metropolitan Medical Center - Hawthorne Campus	13300 South Hawthorne Blvd	Hawthorne	CA	90250	310-679-3321	64	General Acute Care Hospital
Mission Community Hospital Mental Health Unit	14850 Roscoe Boulevard	Panorama City	CA	91402	818-787-2222 818-904-3104	60	General Acute Care Hospital
Northridge Hospital Medical Center	18300 Roscoe Boulevard	Northridge	CA	91328	818-885-8800	40	General Acute Care Hospital
Pacificoa Hospital of the Valley Mental Health Unit	9449 San Fernando Road	Sun Valley	CA	91352	818-767-3310 818-252-2271	36	General Acute Care Hospital
Pacificoa Hospital of Long Beach Main Campus	2276 Pacific Avenue	Long Beach	CA	90806	562-997-2000	37	General Acute Care Hospital
Pacificoa Hospital of Long Beach South Campus	1725 Pacific Avenue	Long Beach	CA	90806	562-256-8400	36	General Acute Care Hospital
Penn Mar Therapeutic Center	3938 North Cogswell Road	El Monte	CA	91732	626-401-1557	45	Skilled Nursing Facility
Providence Little Company of Mary Medical Center	1300 West 7th Street	San Pedro	CA	90732	310-832-3311 310-514-5359	25	General Acute Care Hospital
Mental Health Unit Resnick Neuropsychiatric Hospital at UCLA	150 Medical Plaza	Los Angeles	CA	90095	310-825-0511	74	Acute Psychiatric Hospital
Ronald Reagan UCLA Medical Center Sherman Oaks Hospital	757 Westwood Plaza	Los Angeles	CA	90095	310-825-4321	19	General Acute Care Hospital
Silver Lake Medical Center (Main Campus)	4929 Van Nuys Boulevard	Sherman Oaks	CA	91403	818-981-7111	29	General Acute Care Hospital
Silver Lake Medical Center (Ingleside Campus)	1711 West Temple Street	Los Angeles	CA	90026	213-989-6100	70	General Acute Care Hospital
Star View Adolescent Center	7500 East Hellman Avenue	Rosemead	CA	91770	626-288-1160	16	Psychiatric Health Facility (PHF)
St. Francis Medical Center Mental Health Unit	4025 West 226th Street	Torrance	CA	90505	310-373-4556	40	General Acute Care Hospital
USC University Hospital Mental Health Unit	3630 Imperial Highway	Lynwood	CA	90262	310-900-8900 310-900-8210	10	General Acute Care Hospital
Valley Care Olive View-UCLA Medical Center	1500 San Pablo Street	Los Angeles	CA	90033	323-442-8500 323-442-8560	32	General Acute Care Hospital
Mental Health Unit Verdugo Hills Hospital Mental Health Unit	14445 Olive View Drive	Sylmar	CA	91342	818-364-1555 818-364-4433	24	General Acute Care Hospital
White Memorial Medical Center	1812 Verdugo Boulevard	Glendale	CA	91208	818-790-7100 818-952-2270	35	General Acute Care Hospital
	1720 Cesar Chavez Avenue	Los Angeles	CA	90033	323-268-5000		
<b>Madera</b>							
NONE			CA				
<b>Marin</b>							
Marin General Hospital-Unit A	250 Bon Air Road	Greenbrae	CA	94904	415-925-7000	17	Acute Inpatient



## **"What Every Family Must Know" A Warning, and a Guide, for the Families of Missing Persons**

By Deputy Coroner Investigator David Van Norman, Unidentified-Missing Persons Coordinator, San Bernardino County Sheriff Department - Coroner Division

Revised October 2010

### **WHAT EVERY FAMILY MUST KNOW:**

When a loved one is reported missing there is every right to expect that some large law enforcement investigative machine trundles into action; police fan out in all directions, and the search is on for the missing person. I am sorry to say that nothing can be further from the truth.

In the real world missing-person detectives are overwhelmed by the sheer volume of missing persons cases and a plethora of other investigative duties, including investigating rapes, assaults, burglaries, etc. Most detectives receive no special training in missing persons investigation, which is unfortunate in light of the fact that the missing person assignment is like no other type of law enforcement duty – requiring an entirely different kind of focus and skill set.

This is the reality. We can cry about it, or we understand what to do about it! Until federal and state legislation catches up and mandates every law enforcement agency in the country investigate missing person cases properly, it is up to you to make the right choices and ensure that what must be done, is done correctly.

### **WHAT EVERY FAMILY MUST DO:**

We must ensure that if a loved one is missing that we put everything into play that will ensure that they are detected when they appear on law enforcement's radar. We must erect "Velcro Walls" in cyberspace; walls created from identifier records that relate to the missing person, and catch hold of corresponding identifier records for an unidentified person ANYWHERE in the United States (or beyond).

The fact is that a vast majority of missing persons return on their own, without any intervention by law enforcement (which is another reason that some police officers are loath to dedicate time and resources to a missing person, particularly runaways – believing that 95% of the time they just come home anyway!). However, for that small percentage that do not return, we all know that they are on this planet somewhere, and that they are either actively hiding from us, need our help, or are ignorant of our search for them.

It is estimated that there are over 40,000 unidentified persons under investigation across the US. This is a staggering number. Even more staggering is that only about 7,000 are being actively entered into the FBI's NCIC (the National Crime Information Center)! Although most of the unidentified persons are deceased, it is estimated that as many as 30% to 40% are living. Some are unwilling to identify themselves; they are actively hiding from us. Some are unable to identify themselves; they are confused by Alzheimer's, incapacitated by mental disability, or by injury – or they are dead.

Whatever the reason, alive or not, how can it be that these persons have not been identified? How many must be on the rolls of the 111,000 active long-term missing persons cases in the US?

This is why:

Forget what you saw on last night's episode of *CSI*! There are only three scientifically-acceptable ways to identify someone who is either unwilling or unable to identify themselves: fingerprints, dental records, and DNA.

Notice I did not mention photographs. It isn't that photographs do not have their uses; statistically one in six missing persons returns home as a direct result of a photograph on a poster or a website. It is just that they do the unidentified person investigator no good. No competent investigator will swear in a court of law that a photograph matches a decedent – there are far too many post-mortem changes, and too many people appear similar. That mug-shot may be probable cause to stop a suspect, but that officer will next confirm the identity with fingerprints, or by some other means.

Keep the photographs on the posters and websites, but the only type of imaging that is of any use to a forensic investigator is a "smiling" photograph depicting the missing person's teeth, or a "talking" video, showing the missing person's teeth. Those can be compared to an unidentified person's teeth by a forensic dentist.

**Fingerprints, dental records, and DNA! These are the critical minimum records that must be submitted into law enforcement's searchable databases.**

Currently, on average missing persons records across the United States include the following records at the following rates:

Fingerprints – Less than 1%

Dental Records – About 4%

DNA – Much less than 1%

No wonder there are 40,000 unidentified persons!

#### **CRITICAL FIRST STEP:**

The first step is the most critical: The missing loved one **MUST** be reported missing to a law enforcement agency, and that agency **MUST** enter the record into NCIC (the National Crime Information Center). This must happen **IMMEDIATELY**. Federal law prohibits the establishment of a waiting period to report someone missing. I don't care if the person was last seen walking out the door ten minutes ago- they are gone now!

There is a "logic convention" in law enforcement that the person should be reported missing to the agency with jurisdiction over the place of residence. The reasoning seems to be that a person is likely to return to familiar locations, such as home. However, serious consideration should be given to the location that the person was last seen – particularly if the story is that the person was seen being bundled into the back seat of a blacked-out Mafia car! In California Penal Code 14205 is specific: "*All local police and sheriffs' departments shall accept any report of a missing person, including runaways, without delay and shall give priority to the handling of these reports over the handling of reports relating to crimes involving property... the reports shall be submitted within four hours after acceptance to NCIC via CLETS.*"



Technically that means that it doesn't matter whether the person was never in California, and was last seen on the Space Shuttle! If the phone rings at a police station in California, and a person is missing, the report should be taken. It doesn't matter if little Jenny has just run away for the 10th time – for all we know, *this time* she ran straight into the arms of Jack the Ripper! The family will encounter some typical law enforcement attitudes: "There is no law against being missing!" True, but there isn't any law against taking the report – and in fact, at least in California, there is a law against NOT taking the report! "There is no evidence that anything bad has happened." True, but absence of evidence is not evidence of absence! Since Jenny is missing we have no reason to believe she is safe, either. Unless the investigator believes that she is in the Penthouse Suite at the local Holiday Inn, eating bon-bons and sipping ice tea, then she is probably living on the streets with every scum-sucking bastard in society trolling like sharks for little girls just like her! Take the report and get the information broadcasting in NCIC! Nothing happens without the NCIC record. The NCIC computer chugs away all night long looking for matches between unidentified and missing person records. If a possible match is found between two records, a teletype is sent to both agencies. We receive approximately 1,500 of these match-ups per year for San Bernardino's 250 long term unidentified person cases. It is then up to the agencies to compare the identifier records, IF they were collected.

**If one or the other record is not in NCIC, there IS NO WAY TO MATCH THEM TOGETHER!**

#### **THE IDENTIFIERS:**

The family **MUST** assist law enforcement in locating, securing, and submitting these records. Not only must they assist, but they must sometimes **INSIST** that law enforcement take these records, **AND** they must make sure that these records are properly submitted into the searchable databases. Many law enforcement investigators I speak to across the country do not know what must be done with these records. This is what must happen:

#### **FINGERPRINTS**

The missing person's fingerprints may be located via a wide variety of sources, including (but not limited to): arrests, employment and background applications, military service, and even through check-cashing facilities and social services. If the missing person in California had ever applied for a driver's license or identification card, a right thumbprint is available to law enforcement at the California Department of Motor Vehicles. The fingerprints (yes, even the single thumbprint) should be "registered" (not just "run") into Automated Fingerprint Identification System (AFIS - State) **AND** the Integrated Fingerprint Identification System (IAFIS - FBI). Many investigators are under the impression that only criminal fingerprint records may be "registered" into AFIS. The fact is that AFIS is a database to be used for law enforcement purposes, and this is one of its purposes!

IAFIS has a much more enlightened and progressive attitude. Fingerprints can be submitted by mail (after submission to AFIS) to the FBI, CJIS Division, in Clarksburg, WV, or by FAX. IAFIS is broken into regions across the United States, each with a regional coordinator (information available on-line at <http://www.fbi.gov/hq/cjisd/iafis.htm>).

Family members should assist the missing person investigator by locating any possible fingerprints sources, and assisting in getting these submitted.



It is critical that the fingerprint record (AFIS and IAFIS) be referenced by tracking number in the NCIC record. Such a comment may be stated as follows: *"FINGERPRINTS ON FILE WITH SAN BERNARDINO COUNTY SHERIFF CAL-ID (909-890-5000) CAL-ID #9999999."*

## **DENTAL RECORDS**

These records are perishable, and **MUST** be obtained as soon as possible! California dental and medical providers are only required to maintain these records for 7 years. This sounds like a long time, unless you consider that the missing person may have not seen a dentist for five years, disappeared two years ago, and may not be found for another ten years. **Lock down the records NOW!**

Order copies – leave original records with dental or medical providers and tell them to "freeze" the file forever. Once obtained, these records must be mailed (or emailed) to your state missing persons clearinghouse. For a list of missing person clearinghouses by state refer to the National Center for Missing and Exploited Children website:

(<http://www.missingkids.com/missingkids/servlet/ServiceServlet?Langu...>). The NCIC record must be updated to describe the availability of dental X-rays and charts, and the dental characteristics must be coded for entry into the NCIC record:

**DENTAL INFORMATION – DXR/Y - DENTAL CHARACTERISTICS (DCH) ARE AVAILABLE**

### **DENTAL CHARACTERISTICS**

1X 32X

2MO 31DO

3M 30V

4V 29V

5V 28V

6V 27/

7/ 26/

8/ 25V

9V 24V

10V 23V

11V 22V

12V 21V

13V 20V

14O 19MODF

15DO 18O

16V 17X

These dental characteristics are critical for the quick comparisons and rule-outs by a trained unidentified person investigator by comparing which of the missing person's teeth have modifications (fillings or other dental work) with the deceased person's (or unidentified living person's) teeth. For example, if a missing person has a filling in tooth number 14, and the same tooth for the unidentified person has never been modified – it is a rule out: teeth don't heal. These dental records (charts and X-rays) should also be entered into The National Dental Image Repository (NDIR), which is available to law enforcement through the FBI's LEO network (Law Enforcement On-line). The NCIC record should be modified to state the following: *"DENTAL X-RAYS AND CHARTS AVAILABLE ON NDIR."* The Unidentified Persons Investigator wouldn't even need to contact the missing person investigating agency to check the dental X-rays directly.

## DNA

The best source of a missing person's DNA is from the missing person himself (or herself) – referred to as a "direct" DNA sample. Missing persons leave their DNA behind on toothbrushes, shaving razors, hairbrushes, finger and toenail clippings, unwashed clothing, hats, chewing gum, etc. Use your imagination. If these items were not left behind (and even if they were), "reference" DNA samples should be obtained from blood relatives.

The best "reference DNA" would come from the missing person's identical twin siblings (monozygotic twins) or both biological parents. If one parent is not available, then the available parent (hopefully the mother, because it is the mother that passes down mtDNA) should be sampled, along with as many full siblings as possible.

The sampling procedure is simple; basically a q-tip is swabbed on the inside of the subject's mouth. But, the sample should not be submitted to just any DNA lab. Since our goal is to have the missing person's DNA profile to be available for comparison to unidentified persons nationwide, the samples must be entered into the Combined DNA Index System (CODIS - FBI). There are only a few DNA labs certified to complete a DNA profile and submit to CODIS (a list of such labs are available on the CODIS website). California has one: Department of Justice, Missing/Unidentified Persons DNA Program (DOJ-DNA). They accept personal items (toothbrushes, etc.) and buccal swabs. If the missing person was reported to a California law enforcement agency, then regardless of where the missing person's family member is located, the agency should contact California DOJ and request that the free kits be mailed to the investigator. If the missing person was reported to a law enforcement agency in a state that does not have its own certified lab, then DNA samples may be submitted to either the Federal Bureau of Investigation directly, or to the Center for Human Identification at the University of North Texas (Phone: 800-763-3147 - Website: [www.hsc.unt.edu/departments/pathology\\_anatomy/dna/forensic.htm](http://www.hsc.unt.edu/departments/pathology_anatomy/dna/forensic.htm)).

On average it will take a period of months for a missing person's DNA profile to be developed and entered into CODIS. This will surprise the gullible who see that Gil Grissom on CSI Las Vegas can knock out a DNA profile by the second commercial break! Here in the real world it takes a tad longer. In fact, I have skeletal remains cases that I submitted for DNA processing in 2003 that have still not been completed (five years later in 2008 - the year this article was originally written)! Not through lack of trying, but because the DNA was degraded by exposure, and the technology has not yet developed to the point that viable DNA can be obtained.



In any event, when DNA profiling is completed the NCIC record must be updated to describe the availability of a DNA sample in CODIS, including any reference numbers.

## **NAMUS**

I typically use the phrase "your tax dollars at work!" as a form of derision, as there are so many examples of government waste. But, in NamUs, you are getting your money's worth! NamUs, the National Missing and Unidentified Persons System website (<http://www.namus.gov/>), is (in my opinion) the greatest development since the computer itself! NamUs consists of two databases, an Unidentified Persons side that I am entering my cases into, and a Missing Person side. The databases accept photographs, descriptions, fingerprint information and cards, dental characteristics and X-rays, and DNA reference. The best part is that the databases cross-reference each other and suggest matches! This is truly our national website!

Members of the public can browse the site, and contact law enforcement if they observe potential matches. Increasingly, people with computer skills beyond ours in law enforcement have been logging in and devoting their time to searching for matches. I call these "private citizen researchers." They look where I cannot, and have computer skills that I do not. They see connections between cases that I don't, and are some of the greatest hopes for matching two cases for comparison.

But, if your missing person is not on NamUs, who will see it? You must ensure that your law enforcement investigators enter each and every missing person under their jurisdiction into NamUs!

## **TEAMWORK**

A missing person is too important to be left to one person. Those family members who wish to "leave it to the professionals," and sit back on the couch to let the police do the work will probably get out of this what they put into it. I prefer the Team Approach, with the family involved in a productive way. We must help law enforcement to accomplish this mission, and if they do not know how, we can show them the way.

If there is any way that I can assist, please contact me:

David Van Norman

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