Overlooked in the Undercounted

The Role of Mental Illness in Fatal Law Enforcement Encounters

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THE ROLE OF MENTAL ILLNESS IN
FATAL LAW ENFORCEMENT ENCOUNTERS

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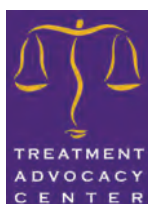
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EXECUTIVE SUMMARY

An estimated 7.9 million adults in the United States live with a severe mental illness that disorders their thinking.[1] Treatment in most cases can control psychiatric symptoms common to these diseases, but the system that once delivered psychiatric care for them has been systematically dismantled over the last half-century. Today, half the population with these diseases is not taking medication or receiving other care on any given day.[2]

Hundreds of thousands of these men and women live desperate lives.[3] They sleep on the streets, overflow emergency rooms and, increasingly, overwhelm the criminal justice system. Numbering somewhat fewer than 4 in every 100 adults in America,[4] individuals with severe mental illness generate no less than 1 in 10 calls for police service[5] and occupy at least 1 in 5 of America's prison and jail beds.[6] An estimated 1 in 3 individuals transported to hospital emergency rooms in psychiatric crisis are taken there by police.[7]

Individuals with mental illness also make up a disproportionate number of those killed at the very first step of the criminal justice process: while being approached or stopped by law enforcement in the community. Enormous official and public attention has become focused on the official undercounting of fatal police shootings; barely noted in the uproar has been the role of severe mental illness – a medical condition that, when treated, demonstrably reduces the likelihood of interacting with police or being arrested, much less dying in the process.[8,9,10,11]

By all accounts – official and unofficial – *a minimum of 1 in 4 fatal police encounters ends the life of an individual with severe mental illness.* At this rate, the risk of being killed during a police incident is *16 times greater for individuals with untreated mental illness than for other civilians approached or stopped by officers* (see Methodology). Where official government data regarding police shootings and mental illness have been analyzed – in one U.S. city and several other Western countries – the findings indicate that mental health disorders are a factor in as many as 1 in 2 fatal law enforcement encounters.[12,13,14,15,16]

4 Million Adults
with untreated SMI*

1 in 4
of all fatal police encounters

1 in 5
of all jail and prison inmates

1 in 10
of all law enforcement responses

* severe mental illness

Given the prevalence of mental illness in police shootings, *reducing encounters between on-duty law enforcement and individuals with the most severe psychiatric diseases may represent the single most immediate, practical strategy for reducing fatal police shootings in the United States.* Evidence-based treatment for severe mental illness exists. The disproportionate risk for criminal justice involvement associated with mental illness occurs chiefly among the less than 2% of the adult population with untreated severe mental illness. Treating the untreated is a proven practice for reducing the role of mental illness in all criminal justice involvement, including in deadly law enforcement encounters.

But – in a data- and cost-driven world – making the case to invest in any solution requires reliable data about the scope and nature of the problem to be addressed. Reliable data about fatal law enforcement encounters in general do not exist, much less data about the role of mental illness in them.

Here's why:

- More than a half-dozen federal databases tasked with tracking and/or reporting the number of fatal law enforcement encounters in the U.S. have been developed in recent decades, but not one exists that produces complete and reliable statistics (see Appendix A: Federal Government Homicide Databases). Underreporting is so endemic that one audit of the government's efforts concluded "the current data collection process results in a significant underestimation and potentially a biased picture of arrest-related deaths in the United States."[17] We can learn the average prenatal litter size of a feral cat in America[18] but not the number of civilians killed during encounters with law enforcement.

- Common themes run through the databases' individual shortcomings: reliance on methods guaranteed to produce incomplete or inconsistent data, lack of centralized oversight to create accountability, insufficient funding. One national database was incomplete by design (Police Use of Deadly Force, 1970-1979); another mandated by Congress but abandoned after a short life (National Data Collection on Police Use of Force Database). None is supplied with universal data (Supplementary Homicide Report, National Violent Death Reporting System and others).

- In the absence of reliable official data, more than a dozen news organizations, nonprofits and individual bloggers are operating independent databases (see Appendix B: Independent Databases Tracking Fatal Law Enforcement Encounters). These coalesce around the probability that approximately 1,000 people die annually in officer-involved shootings – more than double the number any federal agency has ever reported.[19,20] Because these databases rely on published anecdotes or crowdsourcing, they, too, inevitably understate the actual numbers. And because, like government databases, each uses different methods, they also inevitably arrive at different numbers.

- Despite their limitations, independent databases have proven to be so much more complete and accurate than any government source that a bizarre feedback loop of incomplete information has emerged: Because government agencies themselves lack complete and accurate data on fatal law enforcement encounters, they collect their data from media and other online datasets. But because media and online sources don't have definitive data from government, they generate incomplete data. Before expanding its methodology to include Google Alerts and other online resources, the Bureau of Justice Statistics (BJS) estimates that its Arrest-Related Deaths (ARD) program captured only half of the fatalities it was created to track. By expanding its methods, the agency reports that completeness has improved but estimates that 31%-41% of likely fatal law enforcement encounters are still not captured.[21]

These gaps pale by comparison with the information void surrounding the role of mental illness in fatal police encounters. The ARD program operated by the BJS is the only federal database that has ever set out to systematically collect and publish mental health information about police homicide victims. It is currently suspended because an audit determined that the available data did not meet the agency's quality standards.[22]

Among the independent databases, only three – including the Treatment Advocacy Center's Preventable Tragedies Database – report directly on the role of mental illness in fatal police shootings. In their analyses, both *The Washington Post* and *The Guardian* newspapers reported that at least 25% of the fatalities involved individuals with severe mental illness.[23,24,25] Official studies in Las Vegas, Nevada, Australia, Canada and the United Kingdom report the prevalence to range from 33% to more than 50%.[12,13,14,15,16]

Reducing fatal law enforcement shootings of people whose encounters with police are the result of psychiatric disease is in the best interest of the individuals involved and society. The Treatment Advocacy Center makes the following recommendations to foster solutions that will reduce this loss of life and the many social costs associated with it:

- **Treat the untreated.**
  Shifting the responsibility for responding to acutely ill individuals from mental health professionals to police has criminalized mental illness at enormous cost to individuals with the most severe psychiatric diseases, the criminal justice system and society. The mental illness treatment system must be restored sufficiently so those with mental illnesses receive treatment before their actions provoke a police response. Lawmakers need to enact and implement five public policies to achieve these goals:

  o *Increase the number of treatment beds* for individuals suffering from acute or chronic psychiatric conditions.

  o *Reform treatment laws* that erect barriers to treatment for at-risk individuals, including laws that require courts to wait until individuals become violent, suicidal or gravely ill before intervention becomes possible.

o   *Make full use of laws* that provide access to treatment for individuals too ill to seek treatment for themselves.

o   *Expand the use of court-ordered outpatient treatment* (assisted outpatient treatment or AOT), assertive community treatment (ACT) and other evidence-based practices that demonstrably reduce the likelihood of individuals with severe mental illness becoming police calls.

o   *Make treatment funding decisions* that consider *both* the cost of treatment and taxpayer savings that result from providing treatment that reduces criminal justice involvement, home-lessness and emergency medical services and other public costs.

- **Accurately count and report the number of fatal police encounters.**
  The U.S. government does not possess a comprehensive, accurate database of fatal police encoun-ters. Factors that contribute to the absence include the lack of reporting requirements that are realistically funded, the absence of standardized definitions and methods to produce consistent data, and the lack of centralized oversight. *Congress must enact legislation to direct resolution of these issues and to fund the operation of a reliable federal database of fatal police interactions nationwide.*

- **Accurately count and report all incidents involving use of deadly force by law enforcement.**
  Fewer than half of police shootings result in a death.[26] Counting only fatal shootings produces an in-complete picture of the use of deadly force and its attendant impacts, including injury and disability. *A system for tracking and incentivizing the reporting of all use of deadly force by law enforcement must be established and maintained.*

- **Systematically identify the role of mental illness in fatal police shootings.**
  Severe mental illness is an identifiable factor in at least 25% and as many as 50% of all fatal law enforcement encounters, but its role has been rendered virtually invisible by the failure of the government to track or report its presence. *Questions to identify psychiatric factors must be in-cluded in the official surveys used to capture data about both fatal and nonfatal police shootings.*

TERMINOLOGY

Many different terms and definitions are used officially and unofficially to characterize the death of a civilian that results from action by a law enforcement officer.

Even though firearms are not the only weapons involved in fatal encounters with law enforcement, "police (or law enforcement) shooting" and/or "officer-involved shooting" have emerged in discussions by the public, media and law enforcement itself as the most common terms for describing civilian deaths that result from law enforcement interactions. For that reason, these terms are used throughout Overlooked in the Undercounted.

Government terminology such as "justifiable homicide," "arrest-related death" and "law enforcement homicide" is used when discussing the databases or publications within which they are used.

A glossary of commonly used terms and definitions, including terms to describe categories in which the federal government may collect data, may be found in Appendix C.

INTRODUCTION

The Treatment Advocacy Center and the National Sheriffs' Association in September 2013 released a joint report entitled *Justifiable Homicides by Law Enforcement Officers: What is the Role of Mental illness*?

After combining the best official information available at the time with an extensive survey of academic journals, media stories and other unofficial sources, the authors concurred with unofficial estimates that "at least half of the people shot and killed by police each year in this country have mental health problems."[27] Concluded the report, "As a consequence of the failed mental illness treatment system, an increasing number of individuals with untreated serious mental illness are encountering law enforcement officers, sometimes with tragic results."[28] Three recommendations were made:

- The collection of data on justifiable homicides is a "legitimate federal responsibility (that) should be financed by the Department of Justice," including the role of psychiatric disease in such deaths.

- The responsibility for individuals with serious mental illness must be returned to the mental health treatment system from law enforcement, which has been co-opted as a substitute.

- Wider use of court-ordered outpatient treatment (widely known as assisted outpatient treatment or AOT) is needed to ensure adherence by individuals with demonstrated dangerousness who are living in the community.

Those recommendations are as timely today as they were then. However, since the 2013 report was published, dramatic developments have created an urgent need to update the analysis and expand our recommendations.

The developments include the following:

- Virtually universal criticism from law enforcement, lawmakers, media and the public about the federal government's failure to accurately track the number of civilians killed during encounters with law enforcement. FBI Director James B. Comey in October told a gathering of politicians and law enforcement executives, "It's ridiculous – it's embarrassing" that the United States cannot produce accurate police shooting numbers.[29]

- Proliferation of media and other independent databases typically coalescing around estimates that roughly 1,000 civilians die annually from the use of lethal force by law enforcement – more than double the number that federal databases have ever reported.[19,20,30]

- Introduction of new bills in Congress to produce complete and accurate fatal police shooting data (see Appendix D: History of Homicide Data Collection in the United States).

- The U.S. Bureau of Justice Statistics' (BJS's) suspension of the Arrest-Related Deaths Program – the only federal database that systematically sought to identify the variable of mental health in what BJS calls "law enforcement homicide." The action was taken after an audit of the source found that the number of incidents was being undercounted by half because of incomplete or inconsistent source data.[31]

- Publication of research based on government data in the U.S., Australia, Canada and the United Kingdom reporting that severe mental illness is implicated in up to 50% of deadly law enforcement encounters.[12,13,14,15,16]

Overlooked in the Undercounted examines the role of mental illness in fatal police shootings in three parts:

- **The Overlooked** – The demonstrable role of mental illness in the use of deadly force by law enforcement
- **The Undercounted** – What we do and don't know about fatal police encounters – and why
- **Discussion and Recommendations** – Practical approaches to reducing fatal police shootings and the many social costs associated with them

THE OVERLOOKED

The overrepresentation of individuals with mental illness in fatal police encounters is entirely consistent with their overrepresentation in virtually every corner of the criminal justice system – from the calls made to local police departments to the isolation cells of prisons. After a half-century of closing public psychiatric hospitals without replacing them with community-based facilities – a trend called "deinstitutionalization" – several hundred thousand people with mental illnesses such as schizophrenia and severe bipolar disorder cycle chronically through the streets, hospital emergency rooms and, most frequently, the criminal justice system.[3]

> **"The transfer of responsibility for persons with mental illness from mental health professionals to law enforcement officers is both illogical and unfair and harms both the patients and the officers."**
> *Treatment Advocacy Center*

Deinstitutionalization transformed America's mental health system. Medications made it possible for many individuals who once would have been hospitalized to live safely in their communities. But the community centers that were supposed to replace hospitals were not built in sufficient numbers to meet the need – or, when they were built at all, they were operated for patients with milder psychiatric symptoms than those of the people who were once hospitalized. The consequences are on public display in the many settings where people who are untreated and unable to seek treatment are found – in bus stations and libraries, on the streets, in emergency rooms. When individuals with severe mental illness become disruptive or dangerous, law enforcement is forced onto the mental health front line because there is no alternative.[32,33,34] The spread of "community policing," which put more officers on the streets at roughly the same time hospitals were emptying, likely also contributed to increased contact between police and individuals with severe mental illness.[35]

In this environment, studies consistently find that 10%-20% of law enforcement calls involve a mental health issue.[36] Most of these calls result from behavior that falls under the all-purpose umbrella of "public nuisance" – vagrancy, loitering or urinating in public, trespass – or from individuals endangering themselves. When officers respond, the symptoms of psychosis, paranoia and/or suicidal thinking make these subjects less predictable and the threat they pose more difficult to assess. If alcohol intoxication and/or other substance use is involved – co-occurring conditions that are common among people with severe psychiatric disease – the situation becomes even less stable.

The resulting mix can be deadly.

The three independent databases in which fatal police shootings have been analyzed for mental health factors have all found mental illness reported in at least 25% of the deadly encounters.

- *The Washington Post*: A real-time database of fatal police encounters reported that 25% of the deadly shootings by police nationwide from January 1 to September 30, 2015, involved "signs of mental illness."[23]

- *The Guardian*: The Counted, also a real-time database, reported in an analysis of several subpopulations that 26% of the 464 fatal law enforcement encounters and deaths in custody from January 1 to May 31, 2015, included a mental illness factor.[24]

- **The Jim Fisher True Crime blog**, where former FBI investigator and blogger Jim Fisher analyzed lethal police shootings in 2011: Mental illness was reported to be present in 25% of the officer-involved fatalities.[25]

Given that all three of these databases operate without benefit of complete data, their findings inevitably understate the magnitude of the problem. The Treatment Advocacy Center's 2013 report on the topic surveyed academic journals, media reports and other unofficial sources and concurred with published speculation that "at least half of the people shot and killed by police each year in this country have mental health problems."[27] Where it exists, official research has reached similar conclusions.

- **From Nevada**: An analysis of officer-involved shootings in Las Vegas for the Office of Community Oriented Police Services of the U.S. Department of Justice found that 54% of fatal shootings involved "mentally impaired" individuals.[37]

- **From Australia**: Victoria state police launched five independent reviews to investigate police shooting deaths from 1990 to 2004. The Office of Police Integrity found that more than half the people fatally shot by Victoria police "were experiencing a mental disorder."[12] Nationwide in Australia, from 1990 to 1997, at least one-third of the 41 people shot and killed by Australian police were found to be suffering from "a diagnosed mental illness (requiring psychiatric treatment) or depression."[14]

- **From the United Kingdom**: The Police Complaints Authority in 2003 reported that just under half the people involved in police fatalities in England and Wales had mental health conditions.[12]

- **From Canada**: One-third of the individuals killed by law enforcement in British Columbia from 1980 to 1994 were found to have a recorded mental health history, most frequently schizophrenia.[38] When officers' perceptions of the decedents' condition were taken into account, behaviors indicative of mental illness were reported present in half the fatalities.[39]

In short, whatever the actual number of deaths from officer-involved homicides, every credible source – official, academic or private – consistently finds that the sliver of the adult population with untreated severe mental illness (half the 3.3% of the total adult population with schizophrenia or severe bipolar disorder) is victim in not less than 25% of fatal police shootings – and more likely closer to half of them.

Yet the question, "What is the role of mental illness in fatal police encounters?" is not being systematically asked, much less answered. The FBI's Supplementary Homicide Report to the Uniform Crime Report seeks information about where, how and why homicides are committed, including "justifiable homicides." Victim and perpetrator age, sex, race and relationship of victim to offender and homicide circumstances such as "lovers' triangle," "child killed by babysitter" and "brawl due to influence of alcohol." Not a single question solicits mental health information.[40]

THE UNDERCOUNTED

Government Databases

To some degree, the failure to track the role of mental illness in fatal police encounters is symptomatic of the failure to systematically track fatal police encounters, period.

It is now common knowledge that the government doesn't know how many people die every year in fatal encounters with law enforcement in the United States. As *The Guardian* reported in March 2015, "The top crime-data experts in Washington had determined that they could not properly count how many Americans die each year at the hands of police. So they stopped."[41]

This should not surprise us. Federal laws mandating the collection of crime statistics – including homicide data – date from the 19th century but ran afoul of funding, staffing, political and other obstacles from the beginning (see Appendix D: History of Homicide Data Collection in the United States). It was not until 1930 that the first Uniform Crime Report (UCR) was published, initially by the International Association of Chiefs of Police but soon by the FBI, which continues to publish it annually today. "Justifiable homicides" (the term used by the FBI for fatalities that result from cause) were not reported in the UCR because, being justified, they were not crimes. It was only in 1991 – after the FBI had included "justifiable homicides" in its Supplemental Homicide Report – that the first report on fatal police encounters was incorporated in the UCR.[42]

> **"To stop violent deaths, we must first understand all the facts."**
> Centers for Disease Control and Prevention

Since then, five additional federal statistical systems have been authorized to count the number of fatalities resulting from police use of force in the U.S., and every one of them has fallen victim to one or more recurring circumstances.

- **Absence of standard definitions**

  No two government databases define fatal law enforcement encounters in the same way. Some include all law enforcement officers, among them school police and security guards. Others exclude all law enforcement agencies except local and state police. A category like "suicide by cop" – a widely used term to describe fatalities that result when an individual appears to have intentionally provoked a lethal response from officers – has no useful, common definition at all.

- **Lack of universal participation**

  Even when the databases themselves have been mandated by Congress, the flow of data to the database typically relies on voluntary participation, which is not universal. The BJS reported participation in its detailed 2015 audit of data collected by the ARD program. The "data quality profile" reported, for example, that 36 states had submitted ARD data every year since collection began in 2003, Georgia had never reported, Wyoming had reported only once, and Maryland had reported only twice.[43]

- **Lack of standardized collection and reporting methods**

  It was not participation alone that was uneven. Those states that had reported to the ARD developed their data in a variety of ways. In 2011, 26 of the 45 states reporting relied on media reports and online resources such as Google Alerts as their primary source of information about arrest-related deaths, but no two reporting centers used the exact same procedures even for searching media reports. The other 19 participating states relied instead on law enforcement reports, coroner reports and/or other sources, again with no uniformity. Even within reporting centers, different methods of collecting data were used from one case to the next.[44]

- **Lack of central oversight**

  More than 18,000 law enforcement agencies and 3,000 counties track fatal law enforcement encounters in some way. In addition to collecting the data differently, they are required to report the information to a wide assortment of different data centers. During 2011, data were reported to a state criminal justice agency in 16 states, to a state law enforcement or public safety agency in 14 states, and to any one of six other offices in the remaining states that reported, including universities in four. No federal clearinghouse exists to establish standard definitions or methods to enforce consistency or participation, and no "standardized mode for data collection, definitions, scope, agency participation" exists among the participating states.[45]

- **Non-funding**

  Congress has from the 1870s been more eager to mandate data collection than to fund it. The National Data Collection on Police Use of Force database was started in 1996 and terminated in 2000 for lack of funding. Funding for the Deaths in Custody Reporting Program (DCRP), under which the suspended ARD effort operated, expired after six years. Funding rarely trickles down to the individual law enforcement agencies that are the sources of the raw data.

The UCR is one of two federal databases that collect general homicide data. The second is operated at the Centers for Disease Control and Prevention (CDC). The CDC's Fatal Injury Reports – a component of the National Vital Statistics System (NVSS) – is the only U.S. government source of homicide statistics to which reporting is mandatory. The NVSS is based entirely on local death certificates that coroners or medical examiners are required by law to file for all "sudden unexpected deaths," including homicides. Fatal law enforcement encounters are termed "homicide by legal intervention" in the NVSS, a category that also includes deaths from lethal force used in jails and prisons.

The NVSS routinely reports more fatal law enforcement encounters than the UCR does – a disparity generally attributed to differences in how the two agencies define the category and how they collect data – but there is no related checkbox in the reporting forms for "homicide by legal intervention." Medical examiners/coroners may note that a homicide resulted from a law enforcement encounter, but this is not systematic, and the CDC has officially excluded police-involved shootings from its NVSS because "lack of an organized effort to collect detailed data on police use of lethal force results in little knowledge about these incidents."[46]

Some individual police departments and states have stepped into the breach left by the federal government. The New York City Police Department has been producing a detailed annual firearms discharge report that includes "adversarial conflict" with civilians since 1971 (2014: 35 shootings, 8 deaths).[47] In New Jersey, the Newark Police Department publishes detailed lethal force data every month (year-to-date: 8 firearms discharges, no deaths).[48] California in September 2015 launched Open Justice, a "transparency initiative" to collect and report data on any death that occurs while an individual is being arrested, in custody of law enforcement or incarcerated.[49] Meanwhile, the Public Safety Data Portal operated by the nonprofit Police Foundation includes selected data tables from national and local datasets. By mid-November 2015, the portal included data on officer-involved shootings in five U.S. cities and Los Angeles County.[50]

Not one of these databases collects or reports mental health factors.

Emblematic of the obstacles to generating complete, reliable information about fatal law enforcement encounters, much less the role of mental illness in them, is the ARD program, a component of the DCRP. The DCRP was mandated by the Death in Custody Reporting Act (DCRA) of 2000, which required the U.S. Attorney General to make quarterly collections of individual death records for all inmates who die in state prisons or local jails and for "any person who is in the process of arrest" at the time of death, including those attempting to elude officers.[17] Deaths due to suicide, accidental injury, illness or natural causes that occur during interaction with state or local law enforcement personnel were to be included; federal law enforcement agencies and prisons were exempt. Data collection began in 2000 with data on jail deaths. It was subsequently expanded to report on deaths in state prisons and juvenile correctional facilities and, in 2003, to arrest-related deaths.

The first ARD program report was issued in 2007 for data collected from 2003 to 2005; a second was issued in 2011, for data collected from 2003 to 2009. Unique among all the databases, the ARD sought to identify mental health factors (see graphic).

But the ARD has fared no better than its predecessors. Funding incentives included in the DCRA were misdirected to agencies that did not generate the data the BJS needed to collect[52] and then, in 2006, the funding authorization expired altogether. After that time, the BJS has continued collecting and publishing data without funding, "as they represent a unique national resource for understanding mortality in the criminal justice system,"[53] but the data quality issues encountered by BJS eventually proved insurmountable. When an audit was conducted, it found the data available for the report "did not meet BJS data quality standards." In March 2014, the bureau formally "suspended data collection and publication of the ARD data until further notice."[17]

Following renewed attention to fatal police shootings after the death of Michael Brown in Ferguson, Missouri, Congress voted in December 2014 to restore funding for the DCRA of 2000. The BJS is now developing a pilot ARD program in which Google Alerts, media and open-source websites are used to identify potentially eligible cases, and individual police departments and medical examiners are contacted directly for details.[54] In the pilot, mental health data continue to be solicited and retained – creating the possibility that statistical information about the role of mental illness in arrest-related deaths someday will be available from the U.S. government. BJS will resume continuous data collection in 2016 after the pilot is complete.[55] In the meantime, two bills introduced in Congress in 2015 represent new attempts to legislate

Sample questions from the Arrest-Related Death Report

8. What was the manner of death?
   01 ○ Homicide by law enforcement officer(s)
   02 ○ Other homicide
   03 ○ Suicide
   04 ○ Accidental injury to self
   05 ○ Accidental injury caused by others
   06 ○ Accidental alcohol/drug intoxication
      Specify _____
   07 ○ Illness—Specify _____
   08 ○ Other—Specify _____

9. What was the cause of death?
   _____

10. Was the cause of death listed above determined from information in a death certificate?
   01 ○ Yes
   02 ○ No—other—Specify _____

11. Did the deceased commit or allegedly commit any criminal offenses in the events leading up to the death?
   01 ○ Yes
   02 ○ No—medical/mental health assistance call
   03 ○ No—other—Specify _____

Bureau of Justice Statistics[51]

statistical accuracy: the National Statistics on Deadly Force Transparency Act of 2015 introduced by Rep. Steve Cohen (D-TN), and the Police Reporting of Information, Data and Evidence Act, co-introduced by Senators Barbara Boxer (D-CA) and Cory Booker (D-NJ).

Until one or more of these initiatives comes to fruition, the U.S. government will not be a source of credible statistics surrounding deadly law enforcement encounters, and the role of mental illness in them will not merit so much as a footnote.

Independent Databases

Having amply reported on the failure of the government to accurately or completely document officer-involved homicides, a number of news organizations, private organizations and individual bloggers have dedicated themselves to doing the job themselves. Like government agencies, they employ differing methods that result in death tallies that can vary significantly. Most begin with news reports. Many supplement the news with legwork – reporters assigned to track down and confirm fatal shooting information, going door to door to interview neighbors if need be. Some supplement with crowdsourcing, asking the public to submit online forms to report incidents from their own communities.

The Washington Post unveiled its database of "those incidents in which a police officer, while on duty, shot and killed a civilian" on May 30, 2015.[56] The database is built from news reports, police records, open sources on the Internet, a decade of FBI and CDC records and the newspaper's own reporting. The Guardian launched what it calls The Counted on June 1, 2015, "because the federal government does not currently publish a comprehensive database."[57] The Counted combines its own reporting with verified crowdsourcing in an interactive platform the news site claims "is recording every killing by police in the U.S."

Smaller, regional media outlets also have stepped in to fill the gaps in data nationally or locally. The Las Vegas Review Journal in Nevada hosts "Deadly Force: When Las Vegas Police Shoot, and Kill," searchable for dozens of factors in police shootings dating from 1990.[58] The Portland Press Herald in Maine operated Police Use of Deadly Force in Maine 1990-2012, drawing from attorney general records to report "all incidents in which a person was shot at, injured or killed by Maine police agencies, or in which a person committed suicide in the course of an armed confrontation with Maine police," dating back to 1990.[59] A National Public Radio station in Southern California has launched a searchable database of officer-involved shootings in Los Angeles County.[60]

Nonprofits and some individuals also operate databases that endeavor to quantify and identify dead civilians from lethal encounters with law enforcement. Among those publishing current data are the following:

- **Fatal Encounters**: "people who are killed through interactions with police," from 2000 to present[61]

- **Gun Violence Archive**: "officer-involved shootings," from 2013 to present[62]

- **Killed by Police**: fatal use of deadly force by U.S. law enforcement officers, whether "in the line of duty or not, regardless of reason or method," found to be "justified" or not, from May 2013 to present[63]

Among all the official and unofficial homicide and police homicide databases, only the Preventable Tragedies Database published by the Treatment Advocacy Center focuses exclusively on violent acts in which the victim or the perpetrator is reported to have a severe mental illness, typically untreated.[64] Starting with published stories from the early 1980s through the present, the database can be searched for injuries and deaths in which severe mental illness was reported, including police shootings. Because many incidents in the database predate the Internet and all rely upon media sources in which a searchable term for psychiatric factors is included, the Preventable Tragedies Database – like all the other official and unofficial databases – is doomed to be incomplete.

DISCUSSION AND RECOMMENDATIONS

The national conversation around fatal law enforcement encounters has been largely focused on the number of fatalities. Until the conversation expands to include the dynamic role of severe mental illness in these tragedies, promising avenues for reducing fatal officer-involved deaths and the many associated social costs remain largely unexplored.

Exploration begins with defining the problem. Accurate, reliable data about the frequency, circumstances and results of the use of lethal force by law enforcement are essential to taking that step. The recurring issues that have undermined every federal effort to operate a reliable federal database of fatal police shootings must be addressed by Congress, a system for tracking and incentivizing reporting of all use of deadly force by law enforcement must be established and maintained, and questions to identify psychiatric factors must be incorporated into official surveys used to capture data about both fatal and non-fatal police shootings.

It warrants noting that many proven or promising police practices for reducing fatal law enforcement encounters exist, including strategies specifically addressing the unique challenges and risks associated with responding to individuals in psychiatric crisis. Examining such practices in detail is beyond the scope of this report, but the following brief descriptions illustrate that proven and practical options exist.

- **Restrictive deadly force policies**
  In 1982, an 18-month study of the police use of deadly force entitled *A Balance of Forces* was published based on the Police Use of Deadly Force joint project of the FBI, National Institutes of Justice and International Association of Chiefs of Police. The study concluded "there is sufficient evidence to indicate that lives can possibly be spared if certain administrative guidelines are clearly developed, presented, understood, and enforced by law enforcement management."[65] A set of "model" deadly force guidelines was proposed. More than 30 years later, President Obama's Task Force on 21st Century Policing released proposals for some of the same measures. Wider implementation of clear deadly force policies and the de-escalation tactics they typically incorporate is a proven practice that would reduce civilian fatalities with or without the presence of severe mental illness.

- **"Chronic Consumer Stabilization"**
  The city of Houston in 2007 set out to "closely examine recent deadly encounters and identify possible solutions" for reducing encounters between residents with severe and persistent mental illness and a history of frequent encounters with the Houston Police Department – the at-risk population described in this report. The Chronic Consumer Stabilization Initiative (CCSI) began as a six-month pilot in February 2009 by engaging 30 of the city's "most problematic consumers" for the police department in "needed mental health services in order to reduce contacts with law enforcement." The program, which was expanded to 60 participants following the pilot, significantly decreased monthly calls to police for service, overall interactions between the clients of the initiative and law enforcement, the number of deadly encounters between police and mentally ill subjects, and hospital admissions. One of the principle tactics was diverting 911 calls by providing clients in the initiative with cell phone numbers for their case managers. After the trial, assisted outpatient treatment (AOT) was added to the program to increase treatment compliance.[66] CCSI achieved its results while dramatically reducing taxpayer costs for participating clients – a win-win that any jurisdiction should covet.

- **De-escalation training and implementation**
  The Memphis Police Department in 1988 pioneered a program for providing intensive training to active-duty officers on mental illness conditions, symptoms, treatments and de-escalation tactics, including proven techniques to communicate with and calm agitated individuals in acute psychiatric crisis. Trademarked "Crisis Intervention Training (CIT)," the model by 2013 was in use where approximately half the U.S. population lives.[67] De-escalation techniques such as those used in CIT have been documented to produce "positive outcomes for police, offenders, and the community," including a

decreased likelihood of arrest, an increased likelihood the individual will receive treatment and "significantly" greater likelihood that verbal engagement or negotiation will be the highest level of force used in encounters between law enforcement and individuals in psychiatric crisis.[68,69,70]

- **Co-responder teams for psychiatric emergency response**
Los Angeles in 1991 took the concept of providing specialized mental health training to law enforcement a step further and pioneered a "co-responder team" concept called SMART (Systemwide Mental Assessment Response Team). Initially a pilot, SMART paired specially trained officers with mental health professionals to respond to psychiatric emergency calls. More than 60% of the 101 subjects engaged by SMART during a sample period were characterized by "acute and chronic severe mental illness, a high potential for violence, a high incidence of serious substance abuse, and long histories with both the criminal justice and the mental health system." Yet only 2% of the subjects were arrested, and 19% of the encounters ended without transportation to either a hospital or jail because of the field evaluation and intervention. The authors concluded that the approach resulted in more treatment and less incarceration for the population.[71] More recently, San Diego County in 2015 funded co-responder PERT (Psychiatric Emergency Response Team) units "to provide the most clinically appropriate resolution to the crisis by linking people to the least restrictive level of care that is appropriate and to help prevent the unnecessary incarceration or hospitalization of those seen."[72] Outcome research on co-responder teams is relatively scant, but it defies logic that bringing a mental health professional to the scene of a mental health crisis could worsen the situation.

As effective as these and other policing strategies may be, however, they all require that individual with mental illness deteriorate sufficiently to become a police incident before they are activated. The most proven and predicable practice of all for reducing fatal police shootings and the role of mental illness in fatal police shootings – and throughout the overwhelmed criminal justice system – is far more straightforward: treat the symptoms and avoid the encounter altogether.

The Treatment Advocacy Center recommends the following proven practices to improve access to mental illness treatment and reduce encounters between law enforcement and individuals in psychiatric crisis.

- **Increase the number of hospital beds for acute and chronic psychiatric treatment.**
The number of public psychiatric beds in America has plunged more than 90% since the 1950s while the U.S. population has nearly doubled. At 14.1 beds per 100,000 people, the per capita bed population at last report stood at the same level it did in 1850, when the concept that imprisoning those with mental illness was inhumane first took hold.[73] In 1955, when there were 350 beds for 100,000 people, about 4% of the inmate population in U.S. prisons and jails was mentally ill. Today, it is well established that roughly 20% of all inmates have a serious psychiatric disease, but individual facilities report that up to 50% of the prisoners in their facilities have a mental illness. In 44 states, at least one jail or prison holds more inmates with mental illness than the state's largest remaining psychiatric hospital.[74] More than 75 years ago, Lionel Penrose wrote a seminal study theorizing that if psychiatric hospital populations are reduced, prison populations will grow, and vice versa.[75] This theory remained a matter of controversy for decades, even as that very phenomenon unfolded. In recent years, a new generation of researchers has examined the relationship between psychiatric hospital beds and incarceration over extended periods of time and found statistically significant inverse relationships between them.[76,77] Incarceration is the ultimate result of an encounter with law enforcement that leads to arrest. If adequate hospital treatment options reduce incarceration, it is because fewer people with mental illness are being arrested – and being at risk for a fatal encounter in the process.

- **Expand the use of court-ordered outpatient treatment for at-risk individuals in the community.**
Assisted outpatient treatment or AOT authorizes court-ordered mental health treatment – including medication – for individuals with severe mental illness who, because of their inability to stay in treatment voluntarily, have a history of poor outcomes (e.g., repeated hospitalization, incarceration, suicide attempts). AOT has been deemed an evidence-based practice for reducing crime and violence by the U.S.

Department of Justice, U.S. Health and Human Services and the Substance Abuse and Mental Health Services Administration. The House Appropriations Committee has approved $15 million to fund up to 50 new AOT programs in the current fiscal year, and Congress has authorized the same amount for additional programs for the next three years. With funding, this will expand local use of AOT nationwide and reduce the interaction of law enforcement with the high-risk participants in the programs.

- **Reform treatment laws that erect barriers to treatment for high-risk individuals.**
  Deinstitutionalization resulted in part from the development of more effective medications and also from an array of legal, social, economic and political forces that converged to produce wholesale changes in state civil commitment laws. The purpose of these changes was to make it more difficult for authorities to use involuntary treatment options, including hospitalization, for individuals who were in psychiatric crisis but unable or unwilling to seek treatment. Thirty states have eased these restrictions to some degree in the last 20 years as the consequences and costs of leaving this population to deteriorate in the community without treatment have become evident, but barriers remain. Even in states where reform has taken place, many legal barriers exist to timely and effective treatment of the diseases most likely to result in law enforcement attention. Among these barriers are the following:

  o Five states (Connecticut, Maryland, Massachusetts, New Mexico and Tennessee) remain without laws specifically authorizing the use of court-ordered outpatient treatment (AOT) for at-risk individuals with a history of criminal justice involvement and/or other negative consequences of non-treatment. All five since 2012 have actively considered legislation to add AOT to their treatment options. It is time for them to enact authorizing laws.

  o Thirty-four states fail to recognize the inability to seek needed psychiatric care and to make an informed medical decision as a basis for civil commitment. Reforms must be passed to make timely treatment possible in those states.

METHODOLOGY

The risk of a fatal encounter with law enforcement for persons with untreated severe mental illness relative was calculated as a ratio of two proportions: the proportion of total contacts in which a civilian was approached or stopped by police that resulted in a fatality for persons with severe untreated mental illness, divided by the same proportion for persons without severe untreated mental illness.

In 2011, the most recent year for which police contact data is available, 14.7% of U.S. residents age 16 or older were stopped or approached by police.[78] Applying this percentage to the U.S. Census estimate for the total U.S. population age 16 and over in 2011 results in a total of 36,199,814 police-initiated contacts. The estimated number of fatal law enforcement encounters for that year is 999, which amounts to 2.76 civilian deaths per 100,000 police-initiated contacts.[79]

Of these fatalities, by the most conservative estimates, 25% of the deceased will be identified publicly as suffering from a severe mental illness, typically untreated.[23,24,25] With 2% of U.S. adults estimated to have untreated severe mental illness, the death rate for individuals with serious mental illness killed during law enforcement interactions is 0.0345%, or 16 times greater than the death rate of 0.00211% for those without such a condition.

The findings should be considered in the context of their data limitations. The number of total fatalities, mentally ill decedents and untreated decedents among them are estimates developed and cross-referenced from a survey of government, academic, open-source and media resources in the U.S. and other countries. Additionally, risk ratios may be distorted by the small number of fatalities relative to the millions of police contacts.

ACKNOWLEDGMENTS

APPENDIX A

Federal Government Homicide Databases (listed chronologically from inception)

Uniform Crime Report (UCR) – based on crime reports submitted by local police agencies – FBI (from 1929)

- Voluntary at the federal level but mandated by 35 individual states

- Incomplete: the UCR is submitted by an estimated 97% of local and state law enforcement agencies reported in 2014; level of detail reported varies among agencies; federal agencies not required to report

- Defines "justifiable homocide" as a killing committed, either by police or private citizens, while the victim is in the process of committing a felony

- Includes "justifiable homicides" among the incidents subject to a Supplementary Homicide Report (SHR) to the UCR (since 1991). Submission of an SHR is voluntary, and data are incomplete (e.g., Florida reported 98 "law enforcement homicides" to the Arrest-Related Deaths program from 2003 to 2005 but none to the SHR)[78]

- Neither the UCR nor the SHR includes queries about mental illness

Fatal Injury Reports within the **National Vital Statistics System (NVSS)** – data on all sudden, unexpected deaths, supplied by coroners and medical examiners on locally filed death certificates – Centers for Disease Control and Prevention (from 1933, when uniform collection of death certificates began)

- Mandatory: state laws require that a medical examiner or coroner investigate all homicides and other sudden, unexpected deaths

- Universal: all U.S. jurisdictions report

- Describes "homicide by legal intervention"; does not request information about such deaths but accepts volunteered information

- Does not include mental health queries

Police Use of Deadly Force, 1970-1979 – data on lethal use of force by law enforcement officers during a nine-year period – joint project of the FBI, National Institute of Justice and International Association of Chiefs of Police; stored in the National Archive of Criminal Justice Data (1982)

- Voluntary

- Incomplete by design: data from 57 cities of 250,000 people or more

- Included fatal law enforcement encounters involving on-duty and off-duty officers

- Did not include mental health queries

National Incident-Based Reporting System (NIBRS) – a component of the UCR that collects incident-based details about crimes known to the police – FBI (from 1984)

- Voluntary

- Implemented but incomplete: collects and reports crime data from approximately half the states

- Excludes fatal law enforcement encounters because "justifiable homicide is not an actual 'offense'"

- Does not include mental health queries

National Data Collection on Police Use of Force Database – database and annual summary publication on the use of excessive force by law enforcement officers – Bureau of Justice Statistics and National Institute of Justice with International Association of Chiefs of Police (from 1996-2000)

- Mandated by the Violent Crime Control and Law Enforcement Act of 1994

- Focused on "police use of force," including fatal encounters

- Published once: *Police Use of Force in America: 2001*

- Ended in 2000 due to lack of funding

- Did not include mental health queries, but some agencies provided such information in the comments section, and data about "emotionally disturbed subjects" were included in the published report

Deaths in Custody Reporting Program (DCRP) – an annual national census of civilians who die during the process of arrest or while in the custody of state or local law enforcement personnel; includes accidental, suicidal, homicidal and natural causes of death – Bureau of Justice Statistics (from 2000)

- Mandated but not funded or enforced

- Implemented for jail and prison deaths; suspended for arrest-related deaths (see below)

- Includes mental health queries

Arrest-Related Deaths (ARD) Program – a component of the DCRP that quantifies and describes the circumstances surrounding civilian deaths that take place during an arrest or while in the custody of law enforcement – Bureau of Justice Statistics (from 2003)

- Mandated but not funded

- Produced two reports based on incomplete FBI data (2009 and 2011)

- Suspended in 2014 because the source data were too inconsistent and incomplete to meet Bureau of Justice Statistics data quality standards; however, data collection continues utilizing expanded sources

- Included mental health queries

National Violent Death Reporting System (NVDRS) – state-based surveillance system that collects detailed information regarding violent deaths from multiple sources (law enforcement, coroners and medical examiners, vital statistics, crime laboratories) about all violent deaths – Centers for Disease Control and Prevention (CDC), building on the privately funded National Violent Injury Statistics System pilot program (from 2003)

- Voluntary

- Incompletely implemented: currently operates in 32 states

- Includes "death from legal intervention" by on-duty law enforcement officers

- Linked to the NVDRS Restricted Access Database, a restricted online database for public health research

- Does not include mental health queries but does include queries about more than 20 other personal factors

Web-based Injury Statistics Query and Reporting System (WISQARS) – searchable online tool for accessing fatal and non-fatal injury, violent death and cost-of-injury data from the NVDRS and the NVSS Fatal Injury Reports – CDC National Center for Injury Prevention and Control (from ca. 2000)

- Based on mandatory reports to the CDC

- Universal: data from 1981 or later

- Includes "death from legal intervention" data from the NVDRS and NVSS

- Does not include mental health queries

Wide-ranging Online Data for Epidemiological Research (WONDER) Database – searchable online tool of mortality and population data from the Underlying Cause of Death database – CDC Center for Surveillance, Epidemiology and Laboratory Services (from mid-1990s)

- Based on mandatory reports to the CDC

- Universal

- Includes "death from legal intervention"

- Does not include mental health queries

Police Data Initiative – a "public-safety open data portal" serving as a "central clearinghouse option," containing data on a variety of police-community interactions, including use of force – White House (from 2015)

- Voluntary

- Incomplete: 26 police departments participating (as of October 27, 2015)

- Contents under development

APPENDIX B
Independent Databases Tracking Fatal Law Enforcement Encounters

Deadly Force – data for 1990-2011 – media (*Las Vegas Review Journal*)
- Used information from shooting reports obtained from each law enforcement agency to report dozens of details about fatal law enforcement encounters, including the agency involved, incident type, outcome, type of force used and others
- *Does* include searchable fields for incident calls involving "mentally ill person," "suicide or suicide attempt" and "shooting subject" who was "mentally ill" or "suicidal"

Deadspin U.S. Police Shootings Data – data for 2011 to 2014 – media (*Gawker Media*)
- Used a public submission form in an effort to "catalogue every police-involved shooting in America" for 2011-2013; collected date, name, age, gender, race/ethnicity, injured/killed, armed/unarmed, city, county, state, agency and number of shots
- Provides a brief summary and a link to a story about the incident.
- Did *not* report mental health information

Fatal Encounters – data for 2000 to present – media (*Reno News & Review*)
- Uses public information and crowdsourcing to compile a national database of "people who are killed through interactions with police"
- *Does* report mental health information but inconsistently

Gun Violence Archive – data for 2013 to present – nonprofit (Gun Violence Archive)
- Uses automated queries, manual research, police blotters, police media outlets and others to identify and validate incidents of gun-related violence in America
- Does *not* report mental health information

Jim Fisher True Crime – data for 2011 – blog (Jim Fisher, former FBI agent, author and professor of criminal justice at Edinboro University of Pennsylvania: "I collected this data myself because the U.S. Government doesn't")
- Used public information on the Internet to identify any police-involved shooting in 2011
- Did *not* report mental health information

Killed by Police – data for May 1, 2013 to present – Facebook page
- Uses public information from "corporate news" to report the occurrence of deadly use of force U.S. law enforcement officers, whether "in the line of duty or not, regardless of reason or method," found to be "justified" or not
- Does *not* specifically report mental health information but links to news coverage that may contain such information

Mapping Police Violence – data for 2014 to present on fatal police shootings of black civilians – private (research collaborative)
- Aggregates data from KilledByPolice.net, FatalEncounters.org and the Deadspin U.S. Police Shootings Database; validates these data with social media, obituaries, police reports and other sources
- Does *not* report mental health information

Preventable Tragedies Database – data from before 2000 to present – nonprofit (Treatment Advocacy Center)
- Data from news reports on violent acts associated with severe mental illness, including law enforcement shootings in which either the officer or a civilian is injured or killed by any method
- Includes *only* incidents in which a mental health condition is publicly reported

The Counted – data for 2015 only – media (*The Guardian*)
- Data from news reports and "verified crowdsourced information"
- Periodically does report mental health factors; reported that, through May 31, 2015, mental illness was present in 26% of deadly law enforcement encounters in 2015

The Homicide Report – data for 2007 to present – media (*Los Angeles Times*)
- Data from Los Angeles County Coroner's Office, supplemented by reporting and crowdsourcing
- Reports on all homicide data in Los Angeles County but also includes a search function for officer-involved homicides in Los Angeles County
- Does *not* report mental health information

The Washington Post – data for 2015 only – media (*The Washington Post*)
- Uses news reports, police records, open sources on the Internet and original reporting
- Reports only on officer-involved shootings while on duty; also tracks officer fatalities
- *Does* report mental health information by systematically analyzing and reporting the presence of "signs of mental illness" in "deadly shootings" by on-duty police; reported mental illness signs in 26% of fatal law enforcement encounters through September 30, 2015

List of killings by law enforcement officers in the United States – data for 2009 to present – (Wikipedia)
- Lists people killed by "nonmilitary law enforcement officers ... whether in the line of duty or not, and regardless of reason or method ...; implies neither wrongdoing nor justification on the part of the person killed or the officer involved"
- Does *not* report mental health information

APPENDIX C
Glossary

Many terms are used to describe the killing of a civilian by a law enforcement officer, and no two describe the same circumstances, even within the same federal agency. The following terms are often used interchangeably to describe deadly encounters between law enforcement agents and civilians. However, because each term applies to a different category of victims killed under differing circumstances, statistics reported for them are not directly comparable.

Arrest-related deaths
- Established by: Bureau of Justice Statistics pursuant to the Death in Custody Reporting Act of 2000; is not synonymous with "in the process of arrest" as used by law enforcement, which involves Mirandizing and handcuffing
- Definition: "civilian deaths that occurred prior to, during or following an arrest event or noncriminal incident and that were attributed to:
  - o "any use-of-force by state or local law enforcement"
  - o "injuries sustained while attempting to elude law enforcement or injuries incurred while in custody"
  - o "self-imposed events, such as suicides, accidents caused by the decedent, and intoxication"
  - o "medical conditions or illness"[2]

Deaths in the process of arrest
- Established by: Congress in the Death in Custody Reporting Act of 2000
- Definition: "all deaths of persons in the physical custody or under the physical restraint of law enforcement officers"; refined and expanded as "arrest-related deaths"

Homicide by legal intervention (legal intervention deaths)
- Established by: Centers for Disease Control and Prevention for use in Fatal Injury Reports and the National Violent Death Reporting System
- Definition: decedents killed by a police officer or other peace officer (a person with specified legal authority to use deadly force), including military police, acting in the line of duty; excludes homicides by off-duty officers and legal executions; includes homicides by federal officers

Justifiable homicide
- Established by: FBI in the Uniform Crime Report
- Definition: "the killing of a felon by a peace officer in the line of duty (or) the killing (during the commission of a felony) of a felon by a private citizen"; excludes fatalities involving off-duty officers or non-felon suspects and deaths that otherwise would qualify when they occur on federal or Indian lands

Police shootings, or officer-involved shootings
- Established by: common usage
- Definition: popularly used to describe shootings by all law enforcement officers, whether police or not; technically includes all weapons discharge, such as accidental weapon discharge, the shooting of animals, shootings that injure but do not kill and shootings that miss their target

Use of lethal/deadly force
- Established by: common usage
- Definition: a use of force that a reasonable person would consider likely to cause death or serious bodily harm; in practice, typically refers to use of a firearm

APPENDIX D

History of Homicide Data Collection in the United States

1870
Congress authorizes the collection of crime statistics in the United States, but "plans never got off the ground".

1871
The National Police Association (forerunner of the International Association of Chiefs of Police) calls for the collection of crime statistics for police use.

1900
Ten states, the District of Columbia and several cities begin reporting deaths to the Census Bureau, including "preventable causes of death," homicide among them.

1927
The International Association of Chiefs of Police (IACP) forms a Committee on Uniform Crime Records. An advisory group that includes FBI Director J. Edgar Hoover and a technical staff is assembled.

1929
The IACP develops and adopts the voluntary Uniform Crime Report (UCR) program to classify and collect crime data and report reliable uniform crime statistics for the nation. Fatal law enforcement encounters are not included as a category because, as "justifiable homicides," they are not crimes.

1930

In January, the IACP publishes the first UCR, with police departments from 400 cities in 43 states participating. In June, the FBI is appointed to collect, publish and archive the UCR.

1933
Uniform reporting of births and deaths, including homicides, to the Census Bureau, expands to all states.

1940
The UCR begins accepting voluntary reports of fatal law enforcement encounters from police departments.

1946
Responsibility for reporting births and deaths is transferred from the Census Bureau to the Public Health Service and the National Office of Vital Statistics (subsequently to merge as the National Center for Health Statistics and, in 1987, become part of the Centers for Disease Control and Prevention [CDC], where it remains to this day).

1949
CDC reporting expands to include "injury by intervention of police."

1962
The first Supplementary Homicide Report with incident and victim/perpetrator information is published. "Justifiable homicides" are not included.

1984
Development of the National Incident-Based Reporting System begins in an effort to gather more information about crimes. Fatal law enforcement interactions are not included.

1991
Deadly law enforcement interactions are reported in the first "justifiable homicide" data report by the UCR; includes data available since 1976.

1994
The Violent Crime Control and Law Enforcement Act of 1994 mandates that the Department of Justice and the attorney general produce an annual summary of uses of "excessive" force by law enforcement.

1996
The first *National Data Collection on Police Use of Force Report* is published in response to the Violent Crime Control and Law Enforcement Act of 1994.

1999
A short-lived, privately funded pilot program, known as the National Violent Injury Statistics System, begins collecting data on "homicides and other types of violent death (suicide)."

2000
The Deaths in Custody Reporting Act of 2000 is enacted with funding in reaction to prison confinement deaths. The Bureau of Justice Statistics (BJS) begins quarterly data collection to cover all inmate deaths in local jails to comply with requirements of the law.

2002
Congress allocates funds to the CDC to initiate the National Violent Death Reporting System.

2003
Lawmakers insert a provision to the Deaths in Custody Reporting Act of 2000 to create the Arrest-Related Deaths (ARD) program on deaths caused by accident, suicide, homicide or natural causes (including illness) that occur in the process of arrest, during transfer or while individuals are detained in jail or prison. Data collection is initiated.

2006
Federal funding for the Deaths in Custody Reporting program expires. The BJS continues collecting data without funding.

2014

March

Publication of the *Arrest-Related Deaths Report* is suspended after the BJS "conducted an assessment of the validity and reliability of the ARD data" and found it "did not meet BJS data quality standards."

December

The Deaths in Custody Reporting Program is reauthorized as the Deaths in Custody Reporting Act, which requires states to report to the Department of Justice any time a civilian is killed by a police officer while in custody or during the course of an arrest.

2015

January

Rep. Steve Cohen (D-TN) calls for the National Statistics on Deadly Force Transparency Act of 2015, which requires the attorney general to collect data on deadly force. The act includes what data should be captured and a Byrne Justice Assistance Grant penalty for failure to report.

May

President Obama announces the White House Police Data Initiative, in which 21 police departments nationwide agree to release data on use of force, pedestrian and vehicle stops, and officer-involved shootings.

June

U.S. Senators Cory Booker (D-NJ) and Barbara Boxer (D-CA) introduce the Police Reporting of Information, Data and Evidence Act.

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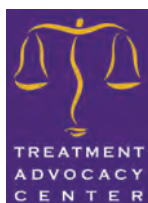
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