

## **10 Critical Steps for SPPD Draft Use of Force Policy**

### **PRIORITY RECOMMENDATIONS**

**1) SPPD must release most current data on use of force practices to incorporate into the new policy.**

To inform this process and ensure policy and practice are data-driven SPPD must improve collection and reporting of **disaggregated data** to community.

- Which areas are most common? Which neighborhoods experience most use of force?
- What are the age, gender, race/ethnicity of individuals most impacted by use of force?
- How are incidents of force spread across officers (do individual officers have multiple instances of use of force)?
- How will communities know if these policies are being implemented and changing culture and practices?

**2) A working group reflecting communities with most experience with law enforcement should be convened to provide robust analysis and feedback.**

Along the lines of the Maplewood process, this process must include **communities of color**; those in the mental health field; domestic violence advocates and/or battered women; youth workers and advocates; chemical dependency response, civil and human rights attorneys and advocates. In addition to policy work, the working group could generate **guiding principles** as in Seattle.

**3) Within 3 months, SPPD must revise the draft to show that community feedback has been incorporated.**

SPPD can present revisions during a community-hosted meeting. Community feedback must be **structurally built into the process**, for both input on the revised use of force policy, and ongoing revision based on community insight.

### **ADDITIONAL AREAS OF CONCERN**

**4) The policy must acknowledge historic and ongoing harms.**

Particularly related to **racial bias** and communities of color, as well as those with mental/chemical health issues, SPPD should make explicit its commitment to eliminating disproportionate impact.

**5) The policy must adopt principles of necessity and proportionality, and minimal reliance on force.**

In all cases where force is used, only the **minimum degree of force necessary** shall be employed. (Buffalo, San Francisco)

- 6) The policy must make clear that **officers shall de-escalate** whenever possible, to make clear that restraint is the default and expectation.

The policy must include definition and specific skills related to de-escalation, including listening and persuasive communication, and specific restrictions on use of force. See other use of force policies that make clear that officers **shall de-escalate** whenever possible, and list instance where force prohibited.

- 7) The policy must **better define narrow and limited specific** circumstances that could trigger force related to active resistance, aggravated aggressive resistance, deadly force, shooting at vehicles.

Examples: Given SPPD's troubling use of **deadly force** rate, the policy must narrow parameters, as is best practice in other departments (Maplewood, Seattle, Cleveland, Las Vegas, Philadelphia). The policy should clarify that **verbal statements** alone do not constitute active resistance. (Cleveland, Seattle). The policy should **prohibit shooting at moving vehicles** (NYC).

- 8) Trainings must be **"rigorous, ongoing, and effective."**

Given the central role of **perceived sense of threat**, trainings must be rigorous, especially in areas of **reducing bias, responding to crises**, working with communities with mental health and/or addiction issues, and working with adolescents. How do current trainings reflect national best-practices and research? Are communities brought in to help shape and inform those trainings?

- 9) The community must have a clear understanding of **departmental accountability**.

How will the use-of-force policy be implemented and how will officers be **held accountable**? What happens when an officer uses force beyond the maximum allowed in the policy? What happens when an officer uses maximum force allowed, but did not attempt de-escalation? How is de-escalation and restraint made the default?

- 10) **Mental health and crisis response policy and protocols** must be clear.

The policy must **prohibit deadly force in cases of self-harm only** (San Francisco). Are officers required to respond in teams? Do we have CIT teams? Are all officers rigorously trained on crisis response? Do mental health partners help create the CIT model? Are other crisis responders brought into assist?

