

# Redesigning Public Safety in the City of St. Louis

## *A Progress Report*

October 2023



Center For  
POLICING EQUITY

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# To the St. Louis Community

When the Center for Policing Equity (CPE) agreed to continue our years-long partnership and focus on redesigning public safety, community members, activists, and leaders were already deeply engaged and organized. Many of the organizations and infrastructure focused on empowering residents were built in response to the police killing of Michael Brown, as well as the structural and systemic challenges that his shooting laid bare. We were humbled to be allowed to join those efforts, moved and gratified by the work in progress, and inspired by a shared vision of public safety systems informed not by the status quo but by the needs and wisdom of community.

We began by conducting a study of the St. Louis Metropolitan Police Department's (SLMPD) policing practices, behaviors, and outcomes. Our [National Justice Database Study Findings](#) report was released in 2021, capturing seven years (2012–2019) of data that had been subjected to robust scientific analysis, with an eye toward transformational public safety redesign. What can be measured, we believe, can be changed—but first it must be measured. Fully in keeping with the lived experience of St. Louis' Black residents, our analysis found significant and ongoing racial disparities in SLMPD's policing.

Our work then expanded to include further partnerships with the Office of the Mayor, the Department of Public Safety, the Office of Violence Prevention, the SLMPD, Forward Through Ferguson, the St. Louis Violence Prevention Commission, grassroots activists, residents, and other stakeholders. Together, we assessed the city's public safety systems, in order to develop evidence-based and community-led recommendations for meaningful and lasting redesign of those systems. Our recommendations were released publicly in April 2022 in [Reimagining Public Safety in the City of St. Louis: A Vision for Change](#).

*Redesigning Public Safety in the City of St. Louis: A Progress Report* reflects the next stage of public safety redesign: implementation. In these pages,



you'll learn about the scope of work undertaken by CPE since the publication of the 2022 report, the progress that has been made, the activities that are ongoing, and our intentions for the future.

The assumption that police are or can be the only answer to our public safety needs is wholly unfounded, and, for Black people, has always been both dehumanizing and deadly. After centuries of enslavement, violence, disenfranchisement, disinvestment, abuse, neglect, and the generational traumas each has produced, our communities know what our public safety needs are, and how best to meet them. CPE's work in St. Louis is rooted in and guided by that expertise, and we are ever mindful that the work isn't done until those needs are recognized and consistently met.

The goal, after all, isn't data collection. Nor is it analysis, assessment, recommendations, working groups, presentations, or reports like this one. The goal isn't even implementation. The goal is what those things ultimately make possible: Public safety systems that are just, equitable, and responsive to community needs; systems of care in place of systems of punishment; and a St. Louis in which Black people are safe in their streets and homes, places of work and of worship, from cradle to grave.

Thanks to the tireless dedication of the people of St. Louis, the city is much closer to that day than it was in 2016, yet there remains a long road ahead. CPE is proud to stand beside and with the people of St. Louis on that road, and we are wholly committed to reaching that brighter day, together.

**Dr. Tracie L. Keese**  
Co-founder,  
President, and COO

**Dr. Hans Menos**  
Vice President,  
Triage Response Team

# Executive Summary

This report provides a detailed overview of CPE's ongoing partnership with the City of St. Louis. It is a follow-up to CPE's [April 2022 report](#), which assessed St. Louis's current state of public safety and included a series of recommendations focused on Public Safety Redesign. This report seeks to communicate to the St. Louis community, and all other interested stakeholders, the progress and activities during St. Louis's partnership with CPE from August 2022 to August 2023.

Following the release of the April 2022 report, the City of St. Louis requested CPE's continued partnership in implementing key report recommendations. This collaboration included:

- **Developing a robust community engagement strategy, informed by:** extensive qualitative research with St. Louis residents; participation in community stakeholder meetings and coalitions; and dissemination of CPE research through site visits and community newsletters. CPE's qualitative research found that some community members, especially those in North St. Louis, had experienced or witnessed use of force and testified to intrusive vehicle and pedestrian stops. In some instances, those experiences left them feeling traumatized and increased their distrust of police. Many residents perceived that the police's negative stereotypes about Black residents fueled the mistreatment. Respectful and meaningful community engagement is necessary, including a community-led redesign of the current system.



- **Establishing a community-led, data-informed public safety program:** St. Louis community members and city leadership emphasized the importance of creating a mechanism by which the community could meaningfully participate in public safety decision-making. To that end, in 2023, CPE helped establish a Public Safety Collaborative (PSC), run by a Trusted Broker, community leader Farrakhan Shegog, and hosted by the Urban League of Metropolitan St. Louis. The PSC employed Data-Informed Community Engagement (DICE), a community-centered approach that empowers communities to co-create equitable public safety strategies through data analysis that is transparent and tailored to local problems. DICE is powered by Risk Terrain Modeling (RTM) and delivered via software created by Simsi. The software diagnoses crime patterns, identifies environmental conditions that contribute to crime problems, and generally provides the data needed for DICE to be possible. DICE seeks to reduce crime by focusing on places, not people.

- **Coordinating a community-led approach to create a new use of force policy, for review by the SLMPD and the Department of Public Safety:** CPE convened and facilitated a community-led working group to research and write a new use of force policy. In March 2023, the working group submitted a draft of its recommended use of force policy to the Department of Public Safety and SLMPD. The recommended policy was the product of input from community stakeholders, subject matter experts, and other policies from similarly situated departments. It emphasizes that use of force should be a last resort, expands the duty to intervene and the duty to de-escalate, and requires that all force be necessary, reasonable, and proportionate.
- **Supporting a community-led approach to producing a new behavioral and mental health response policy for review by the SLMPD and the Department of Public Safety:** CPE supported the facilitation of a service provider-led working group to research and write a new behavioral and mental health response policy, and presented the new policy recommendation to key city stakeholders. With widespread support for increased investment in alternative response models, the working group created a policy that defines behavioral and mental health crisis calls; establishes what principles should guide responses to these calls; and details what specific steps should be taken by dispatch operators and responders.
- **Examining key gaps in domestic violence (DV), intimate partner violence (IPV), and family violence support services:** CPE convened and facilitated a service provider-led working group to research and recommend improvements to support survivors in St. Louis; and presented a memo of findings to key stakeholders. The working group conducted a landscape analysis of existing services and gaps; identified opportunities to improve service accessibility and responsiveness for survivors; and prioritized efforts that can serve diverse populations and underserved DV/IPV survivors.

CPE's work in support of St. Louis's redesign of public safety continues. For the next phase of its work (2023–2024), CPE will continue to partner with the City of St. Louis by:

- Collaborating with the Office of Violence Prevention to support alternative response to behavioral and mental health calls for service, including:
  - Conducting a landscape analysis to assess challenges to implementation and opportunities for community collaboration
  - Co-developing a reporting system to track the volume and types of calls received by SLMPD
  - Supporting the creation of a dashboard or report to explore call diversion and alternative response
  - Collaborating to create a plan to strengthen the city's alternative response approach
  - Supporting focus groups with SLMPD officers and 911 dispatchers to elicit feedback
- Continuing to support the PSC and DICE, including advising on data analysis and various other aspects of the work, and continuing to fund the use of RTMDx software
- Supporting the implementation of select IPV/DV recommendations
- Creating a comprehensive community awareness campaign
- Creating and analyzing a city-wide survey that captures sentiments around public safety

As evidenced by the planned next phase of work, CPE will continue to prioritize and center the voices and experiences of St. Louis community members, facilitating their leading role in redesigning public safety in St. Louis.

CPE has been working with the City of St. Louis since 2016, through its National Justice Database (NJD) program. In September 2021, CPE and SLMPD released the findings of the initial stage of this partnership in the [National Justice Database Study Findings](#).<sup>1</sup>

<sup>1</sup> The National Justice Database (NJD) is the first national database to examine police behavior, standardizing data collection practices, and spurring data-driven reforms in participating departments. Because each agency collects data differently, CPE works with participating departments to identify and obtain the relevant data. CPE then analyzes the submitted data, measuring whether inequitable practices are at play within a department, what portion of identified racial disparities are likely to have resulted from police behavior, and the specific conditions that may drive these practices.

# Project History

This report captured an analysis of SLMPD’s policing practices and behaviors from 2012–2019. The report was designed to help SLMPD “make data-driven reforms that advance more equitable policing.”

Specifically, the report analyzed three police behaviors (pedestrian stops, vehicle stops, and use of force) and disaggregated this data by race in order to identify racially disproportionate impacts of policing. The analysis found significant and ongoing racial disparities in all three measures.<sup>2</sup>

Upon the 2021 release of the NJD report findings, CPE’s work in St. Louis expanded to include partnerships with SLMPD, the St. Louis Department of Public Safety, Forward Through Ferguson (a nonprofit organization established after the killing of Michael Brown), and the St. Louis Violence Prevention Commission (a collaborative working to reduce violence in the region). This work provided an assessment of the current state of St. Louis’s public safety efforts through extensive research and analysis, including: qualitative interviews with St. Louis residents; quantitative research on SLMPD activities; and a detailed review of current SLMPD policies related to public safety. CPE’s assessment, which was publicly released in April 2022, uncovered key problems in public safety in St. Louis, including:

- Racial disparities in policing
- Significant gaps and inconsistencies in SLMPD policies, including SLMPD’s protocols on use of force, vehicle stops, and responses to people experiencing mental health emergencies
- A need for non-police alternative responders for certain response call types
- Staffing levels that are not responsive to the unique needs of each patrol district
- Insufficient community engagement on the part of the city and SLMPD

Following the release of its findings, CPE agreed to extend its work with the City of St. Louis for another year, from August 2022–August 2023. In this second scope of work, CPE would:

- Conduct additional phases of qualitative research with community members and SLMPD officers
- In partnership with The Urban League and Simsi, support the creation of a PSC and its use of DICE
- Identify resource needs and recommendations through CPE-convened working groups of community and service leaders relating to:
  - DV, IPV, and family violence
  - Use of force protocols for SLMPD
  - Behavioral & mental health call protocols for SLMPD and 911 dispatchers

Initially included in this scope of work was an external audit of SLMPD’s body-worn camera footage, to analyze SLMPD’s approach to procedural justice and to inform SLMPD training. Ultimately, the city opted to move forward with their own internal audit of body camera footage related to use of force.

This report documents the process and outcomes of this new scope of work, and presents next steps in the ongoing effort to redesign public safety in St. Louis. As Renee Van Someren, Associate Program Manager at CPE, noted, “What makes this work so meaningful is that CPE is not simply offering recommendations in a report. We are intentionally focused on implementation and helping the community do the work, not just pointing out the problems.”

<sup>2</sup> Center for Policing Equity, National Justice Database Findings: St. Louis Metropolitan PD, September 2021, [bit.ly/37CSyYb](https://bit.ly/37CSyYb).

# Summary of Community Engagement Efforts

In its April 2022 report, CPE noted the desire of community members for broader and improved community engagement by the city and SLMPD, both in terms of disseminating information to the community and gathering community perspectives on key public safety decisions. A majority of community members interviewed by CPE felt that the city and SLMPD were not doing enough community engagement, especially in North St. Louis. Some interviewees noted that community engagement has improved since Mayor Tishaura Jones took office, but there is more work to be done. CPE understands that those closest to the problems have unique, often untapped, insight regarding solutions. Therefore, CPE embarked upon a sustained community engagement effort. This included interviewing both community members and SLMPD staff on various public safety topics. CPE also attended numerous community meetings and joined local coalitions to keep a pulse on community concerns.

## Community Interviews and Focus Groups

[CPE conducted qualitative research](#) via one-on-one interviews and focus groups with representatives or affiliates of 65 community organizations in St. Louis. This effort included interviews with 112 residents of St. Louis. Twenty-six interviews were conducted in 2021 with an additional 26 interviews and 11 focus groups involving 60 participants in 2022. CPE focused on reaching Black residents in districts most negatively impacted by use of force, vehicle stops, and imbalanced officer workloads. To identify and connect with these communities, CPE partnered with two long-time St. Louis residents. These resident-consultants used their existing networks to help set up three types of community input sessions: one-on-one interviews,

small focus group discussions, and scheduled events at community centers. A vast majority of community members who participated in CPE's qualitative research identified as Black and women.<sup>3</sup> CPE oversampled Black residents for two reasons: CPE's quantitative data showed that Black residents were disparately impacted by use of force, vehicle stops, and imbalanced officer workloads; and Black community members have been historically marginalized and underrepresented in research efforts on public safety. The key findings (organized by theme) were as follows:

### Use of Force

A quarter of all community members CPE interviewed had experienced or directly witnessed use of force by police officers. CPE did not offer a technical definition of use of force, allowing residents to self-define use of force according to their perceptions. A Black LGBTQ+ woman from Kingshighway West shared: "The police came in there and, like, basically slammed me... When they slammed me, it was like all the air out my lungs came out... I couldn't breathe for a minute. They had to take me to the hospital and stuff, and he didn't get in trouble or nothing for it." A Black man from Downtown expressed, "I've definitely seen officers use a lot of force to get what they want, even if it was illegal, or legal."<sup>4</sup>



<sup>3</sup> Of the total who participated in formal qualitative interviews and disclosed their demographic identity characteristics (n=60), 46 identified as Black or African American, 13 identified as White, and 1 identified as Middle Eastern. Participants were well distributed across age groups. Women of any race made up 38 of the 60 formal participants. Black women were the majority (27 out of the 46) among formal Black participants. Of the total CPE engaged in informal interviews (n=52), not all participants chose to disclose their demographic identity characteristics. Of those that did, 23 identified as Black or African American and 23 identified as women.

<sup>4</sup> Quoted St. Louis participants are identified by their self-described race, gender, and residential neighborhood to indicate demographic and geographic variation among the most disparately impacted St. Louis residents.

Community members talked about the lasting effects of use of force incidents on their perceptions of the police, and the pressure to act “perfect” when stopped by police, for fear of provoking use of force. A second Black man from Kingshighway West stated, “Once you get into a certain area, you’ve got to be on your best behavior, you know, because if not, then you are subject to that use of force at any given time.” Participants perceived that Black people living in North St. Louis experienced greater use of force and suspicion by police officers than residents living in the predominantly White neighborhoods of South St. Louis. A Black man from O’Fallon stated, “I’ve seen when the police have pulled young [Black] men over, they have them handcuffed sitting on the curb in the city... [Where White men] get pulled over in South St. Louis or farther, they have them standing there like, you know, having a friendly conversation.”

When community members were asked what they believed to be the root causes of racial disparities in use of force in St. Louis, they pointed to police officers’ preconceived notions and stereotypes about Black people. While many interviewees encouraged additional education and training on racial bias and de-escalation tactics, others expressed deep skepticism that change was possible.

### **Vehicle and Pedestrian Stops**

More than one-third of interview participants discussed vehicle and pedestrian stops. Participants felt that Black residents are stopped more often than White residents due to racial profiling. Participants also perceived that SLMPD officers treated White residents with greater respect and less suspicion than Black residents. In addition, participants felt that Black residents were subjected to more frequent vehicle searches when stopped. All of this contributed to an erosion of community trust in police.

Community members subject to vehicle or pedestrian stops discussed being presumed suspicious or guilty of illegal activities, which often led to vehicle searches, some of which were perceived as coercive.

A Black man from Downtown West testified, “They had me on the side of the road for, like, maybe a half an hour just testing my tint. And then just more squad cars coming. I’m just like, ‘Oh, this so embarrassing.’ The entire time, they was just aggressive, asking me, what’s in the car, do I own the car?”



Some community members spoke of vehicle stops as traumatic experiences. For example, a Black woman from North St. Louis explained that, after a traffic stop, “I just walked away feeling just... violated and icky... like belittled, like, my dignity was being ripped. You know? I mean, no one was showing respect at all, for no reason.” A Black woman from Tower Grove South spoke about being stopped on two separate occasions while riding with her father and her husband, both Black SLMPD officers. “Outside of uniform, they’re just Black men who are obviously susceptible to things that other Black men are when it comes to their interactions with law enforcement,” she said.

## Calls for Service

In discussions about calls for service, four themes emerged. Residents spoke of 1) experiencing extremely slow response times to 911 calls (45 minutes–1 hour); 2) being placed on hold for long periods of time by 911 dispatchers; 3) perceptions that response times in North St. Louis were slower than in South St. Louis; and 4) negative experiences interacting with responding officers.

Asked about her experience with response times, a Black woman from Tower Grove South stated that they were “slow slow slow.” A Black man from Kingshighway West described calling the police due to a shootout near his house, “I would say an hour and a half later a little [police] truck just drove by, slowed down, and then turned the corner, went northbound. I was like, wow.”

In interacting with responding officers, participants expressed that officers sometimes treated them with suspicion, or lacked a “protect and serve” approach. Some residents expressed hesitancy to call the police as a result of past negative interactions. A Black woman from South City described:



**We called the police because somebody was locked out of their car. He [the officer] pulled his gun on the person who was locked out of their car. He [the officer] is like, “get away from the car.” He [the caller] is like, “But it’s my car, I called you.” He [the officer] says, “I don’t know if that’s your car.” He [the caller] is like, “But I called you! Can I show you my ID?” and [the officer] is like, “No, you get down because how do I know you’re not stealing this car?”**



## Redesigning Public Safety

CPE also asked St. Louis residents how they would redesign public safety. In these open-ended discussions, the most frequently mentioned themes included: 1) the need for investment of resources in historically Black neighborhoods; 2) the need for non-police crisis responders; and 3) stronger accountability measures for police officers.<sup>5</sup> Community members recommended investments in youth centers, employment opportunities, rehabbing vacant lots and dilapidated buildings, and neighborhood clean-ups, especially in predominantly Black neighborhoods. Many community members believed that crime and violence would be reduced if the city would prioritize these investments.

With respect to alternative public safety response systems, community members mentioned the need for mental health workers, social workers, and responders who have experience working with DV and IPV. As a Black woman from Lewis Place stated, “I do believe that sometimes the people who are in mental crises are overpoliced... And if that can be done with a social worker... having that option, and definitely for lower level stuff, I think that would be great.”

Participants’ desire for unarmed alternative responders to specific types of calls (e.g., mental health crisis calls) was related to an ancillary theme: the need for additional police officer training in de-escalation tactics, cultural competence, and identifying people experiencing mental health crises. A Black woman from Natural Bridge noted the importance of “having the proper officer training or whatever structure so that all police officers are approachable, and they can de-escalate an issue.”

While some community members suggested ways for officers to improve their interactions with predominantly Black neighborhoods, others were skeptical about the value of such reforms. The latter emphasized the need for community-driven solutions instead. Nearly a quarter of interviewees communicated the importance of community participation in working

<sup>5</sup> Of the frequently mentioned themes: 52.5% of residents mentioned the need for investment of resources in historically Black neighborhoods; 40% of residents mentioned the need for crisis responders other than police officers; and 37.5% of residents mentioned stronger accountability measures for police.

towards public safety goals. Various community-driven models for addressing public safety concerns were mentioned, including the Cure Violence model,<sup>6</sup> self-organizing neighborhood blocks where community members look out for one another, and block parties to build social solidarity.

## Improving SLMPD Community Engagement

Community members expressed the need for SLMPD to improve community engagement as a way to advance police-community trust. St. Louis residents placed greater emphasis on the need for informal, everyday engagement practices than on formal police-community meetings and events. Residents placed particular emphasis on relationship-building with people in officers' neighborhood beats as a way to reduce negative racial stereotypes. While police-community meetings are already taking place to some extent in St. Louis districts, findings suggested that not all St. Louis residents are aware of them. Residents also pointed to the need to improve police officers' cultural competence about the neighborhoods they patrolled. As a White man who works with youth stated, "Lots of officers don't understand the community they're in. Lots of younger officers from South St. Louis have never been to the North side and are told to be scared of the area."

## Additional Context From the City

As noted, the interviews of impacted community members took place from 2021 through the summer of 2022. Preliminary findings from these interviews were shared with city leadership in January 2023 and were presented alongside quantitative data in order to present a more comprehensive analysis. Simultaneously, and for years prior to CPE's engagement, city leadership had envisioned a plan for significant improvements to the 911 call response. These improvements include a \$20 million investment into a Public Safety Answering Point (PSAP).

The PSAP is a consolidated dispatch center from which all first responders will be dispatched. This replaces a system where police were dispatched from a separate center than fire and emergency medical services. The city has also implemented a new and more efficient Computer Aided Dispatch (CAD). To address staffing, the city has hired 26 additional dispatchers since the beginning of the fiscal year and are seeking to hire at least an additional 33 positions.<sup>7</sup> CPE applauds these structural enhancements because they will allow for improvements to the current system while setting the table for future public safety redesign when non-police responders may be dispatched to the calls for service for which they are best suited. CPE's next scope of work will include support regarding alternative response and direct interaction with 911 call dispatchers, to more clearly understand their experience.



Additionally, though respondents expressed concern regarding a perceived lack of neighborhood investment, it is important to note that the mayor's Economic Justice Plan<sup>8</sup> is focused on utilizing American Rescue Plan (ARP) funding to invest in communities that have been historically disadvantaged. Further, some respondents identified the Cure Violence model as a possible community-driven solution to harm reduction. The Cure Violence model was utilized in St. Louis for many years but local use has been discontinued and another program led by Mission St. Louis is now underway.<sup>9</sup> This program also uses credible messengers to interrupt violence and otherwise leans heavily on a public health approach to violence reduction and prevention.

<sup>6</sup> The Cure Violence model takes a public-health approach to violence, responding to it like an "epidemic." The comprehensive approach identifies potentially violent conflicts and seeks to disrupt them through the intervention of trained community members and paraprofessional health workers and the provision of services shown to reduce violence (job training, counseling, health care). See: [cvg.org/what-we-do](https://cvg.org/what-we-do).

<sup>7</sup> Conversation with Sara Baker, September 22, 2023.

<sup>8</sup> St. Louis Development Corporation, 2022, Economic Justice Action Plan [tinyurl.com/mw89wzn9](https://tinyurl.com/mw89wzn9).

<sup>9</sup> City of St. Louis partners with longtime local nonprofit to replace Cure Violence program, [tinyurl.com/3jnb82m4](https://tinyurl.com/3jnb82m4).

## SLMPD Interviews

To understand SLMPD’s perspective on their own community engagement practices, [CPE conducted nine interviews with SLMPD officers](#). The goals of these interviews were to: 1) understand current SLMPD community engagement efforts; 2) determine how SLMPD officers generally defined community engagement practices; 3) understand barriers to community engagement; and 4) assess the extent to which SLMPD officers believed community engagement efforts should be prioritized in their workloads.

Of the officers interviewed, five were Black and four were White. Five of the nine were women. The majority were currently serving as Community Resource Officers (CROs) or had past experiences as CROs. The key findings (organized by theme) were as follows:

### Defining SLMPD Community Engagement Practices

The majority of officers interviewed understood community engagement to mean both formal events/programs<sup>10</sup> and informal everyday practices. Officers mentioned participating in these formal community engagement activities, though not all of these events were still taking place on a regular basis.



Additionally, certain CROs mentioned regular police-community meetings that they were required to attend, though it was unclear to interviewees if these took place in all police districts on a regular basis. Informal community engagement practices included taking time to get to know people in the neighborhoods they patrolled, stopping to play basketball with kids, and knowing elders on particular blocks. As one officer stated:



**So my philosophy is you have to know the people in the neighborhood for them to build trust and they have to know you. Things stem from the smaller things. The smaller quality of life issues, such as dumping, a derelict car has been sitting here for months, the trash in the alley, those things make the bigger things. Me, as a police officer, I was able to get out there and deal with the smaller things.**



### Capacity Barriers to Community Engagement

Most of the officers thought both formal and informal community engagement practices should be part of officers’ workloads and prioritized by SLMPD leadership. But, virtually all participants perceived capacity as a barrier to this. Several officers mentioned the high volume of calls for service, particularly in North St. Louis. Administrative reporting was also mentioned as time consuming. Officers claimed that the intensity of their workloads left very little time for community engagement activities, particularly proactive relationship building. As one officer mentioned, “We’re just call to call. I can’t call out and say, ‘Yeah, like I’ll be... over here playing with the kids.’ They will be like, ‘We’ve got 10 calls, what are you doing?’”

<sup>10</sup> Formal community engagement events or programs mentioned by officers included “Spring Fest,” “Coffee with a Cop,” bringing the ice cream truck to various community events to engage kids and residents, the Police Athletic Association’s league sporting events and teams, giveaway events like “Bags with Swag,” and educational programs like “Girls in the Know” and “Blue Pals.”

Another officer spoke about workload increasing due to significant shortages in the SLMPD workforce:<sup>11</sup> “They just add more responsibility to police officers. So then that tends to overwhelm people.” These qualitative findings echoed CPE’s quantitative workload analysis, which showed SLMPD’s challenges to meet calls-for-service volume, and disproportionately high officer workloads in North St. Louis districts.

## Community Distrust as a Barrier to Community Engagement

Virtually all officers spoke to community distrust of police as a barrier to engagement. Interviewees attributed community distrust to the actions of a few bad officers, particularly in high profile cases of police violence, which overshadow the work of many good officers. Officers also believed that long response times to calls for service have amplified negative perceptions of SLMPD. Some of these officer perspectives stood in contrast to findings from interviews with St. Louis community members, who tended to explain their distrust for police officers as rooted in experiences of racial profiling, stereotyping, overt racism, and racially disparate rates of stops and searches. Officers generally agreed that distrust for police was higher among Black communities than White ones. As one officer stated, “I do think there’s more trust... on the South side compared to the North side.”

## Improving SLMPD Community Engagement

When asked how SLMPD would improve community engagement practices and police-community trust, officers offered several perspectives. All officers interviewed mentioned the need for district-level field training officers (FTOs) and top SLMPD leadership to prioritize community engagement. Officers noted inconsistencies in the priority level of community engagement among field officers, district captains, and communications from top leaders. FTOs can have a significant influence on officer priorities. Reflecting on what they learned from their FTO, one officer said, “You’re riding around with your FTO...he’s saying hi to Joe Schmo down the road... And I’m like, ‘How do you know all these people?’ That to me was like, ‘Oh, it’s so cool that you know so many people in your area...’ It definitely influenced how I became a police officer.” While some captains or FTOs prioritize

community engagement, most officers noted the absence of a cross-district community engagement strategy. Officers mentioned that, with the exception of two CROs assigned to community engagement for the entire SLMPD, each district organized community engagement events in isolation, with no mechanism for sharing resources or coordinating engagement efforts.

All nine officers noted the importance of procedural justice, particularly for SLMPD patrol officers. As one officer noted, “I think it comes down to respect and how you talk to someone, and letting them know that you do care.” Seven of the nine officers interviewed discussed the importance of relationship-building with community members as a way to improve trust and cooperation. In this way, SLMPD officers are aligned with community residents, who similarly expressed a desire for relationship-building. A few participants (three of nine) mentioned the need for improved cultural competence among officers about the people and neighborhoods they police. These participants emphasized the need for sustained relationships, education, or assigning officers who already understand those communities to patrol them. Finally, a few participants (three of nine) noted the need for SLMPD to get creative about ways to disseminate public safety information to community members and receive information about neighborhood concerns. Particular concerns were noted with accessing virtual forums for community engagement. One officer noted, “On the North side, how many elders... 60, 70 years old, will know how to get onto the Internet and log on to a meeting?”



<sup>11</sup>SLMPD currently has 940 out of 1224 positions staffed. Conversation with Sara Baker, September 22, 2023.

## A Note on Perceptions

There are multiple efforts to improve community engagement led by the mayor's office and the Department of Public Safety, including the SLMPD. However, community members' perception does not always reflect an awareness of these efforts. While this disconnect is to be expected in any large city, it is important to acknowledge that the perception of Black communities is rooted in over a century of systemic disadvantage and harm caused by government and police. Therefore, an authentic and deliberate effort to address these harms and this disconnect should include intentionally sharing information with community and specifically ensuring that Black and other systematically disadvantaged groups are empowered to make decisions about public safety in the city.

## Recommendations for Moving Forward

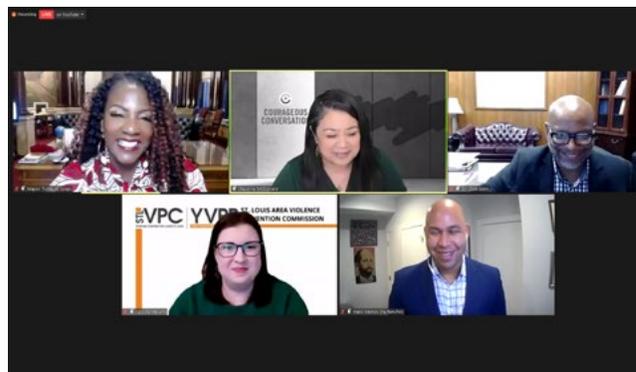
Throughout its partnership, CPE has focused on both building new systems and improving existing systems. Within this context and based on the findings described above, CPE offers the following recommendations for SLMPD and city leaders to consider for implementation:

- Treat every interaction between SLMPD officers and residents as an opportunity for community engagement
  - As SLMPD leadership regularly acknowledges, community engagement principles should be embedded in every officer interaction, not just within the purview of SLMPD's community engagement officers
- To improve community trust and cooperation, develop basic procedural justice scripts for SLMPD patrol officers to use during vehicle/pedestrian stops and resident calls for service
- Provide FTOs with an in-depth cultural understanding of neighborhoods and ensure they are committed to community engagement and procedural justice
  - Encourage the sharing of information and best practices with other FTOs and train incoming patrol officers on those best practices

- To improve SLMPD's community engagement coordination, adequately staff a SLMPD community engagement team unit that allows the community engagement officers to collaborate across districts
  - Create teams with flexibility for district-specific community engagement approaches responsive to neighborhood concerns
- Enhance the visibility of SLMPD's district-based monthly community public safety meetings, and expand the types of public safety stakeholders involved in the meetings (i.e., the Division of Civilian Oversight, the Office of Violence Prevention, Behavioral Health Response, the Neighborhood Stabilization Team)
- Establish an accessible city repository for public safety related resources, updated regularly and available in a mobile app

## Community Meetings and Relationship Development

In addition to qualitative interviews with community members and SLMPD officers, CPE attended a range of community meetings and participated in key public safety coalitions. CPE made several site visits to St. Louis from the fall of 2022 to the spring of 2023. These site visits provided CPE with an opportunity to present CPE's April 2022 report findings to the broader community, hear directly from stakeholders about ongoing community needs, and update the community on the city's redesign process. As Josephine Smedley, CPE's Senior Community Engagement Coordinator with the Triage Response Team said, "Being on the ground allows us to stay connected to the community, and to give feedback to CPE and to the city in terms of community priorities."



For example, in an October 2022 visit to St. Louis, CPE's community engagement team met with community stakeholders focused on civilian oversight, criminal legal reform, civil rights, and social justice. In those meetings, CPE shared its April 2022 report findings, and stakeholders shared their priority public safety concerns. These priorities included youth engagement, reducing the mass incarceration of youth, accountability for police violence, and state-based criminal legal reform efforts. As Max Markham, Vice President of Policy & Community Engagement at CPE, noted, "We wanted to align our report findings with their work, to see if we might inspire something new in one another." In addition, CPE's outreach team participated in the Elevate Conference on gun violence in St. Louis, presenting its qualitative research findings from community member interviews.



In June 2023, CPE's community engagement team visited St. Louis to update community contacts on progress made since the October 2022 site visit. The June site visit also provided the team with the opportunity to connect with existing partners; establish new relationships within the community and among community partners; and provide CPE resources (including white papers and other research products) to a wider audience. Following the site visit, Markham presented at the 2023 Social Equity Leadership Conference, in Kansas City, MO, about CPE's redesign work in St. Louis.<sup>12</sup>

## Coalition-Building

In addition to site visits, the CPE community engagement team met regularly with key community coalitions. This included attending quarterly Violence Prevention Commission (VPC) meetings; the state-wide Empower Missouri Community Justice Coalition meetings; and Crisis Response Community Partner meetings, led by the Office of Violence Prevention. Smedley noted the value of plugging into existing coalitions, "We didn't need to reinvent the wheel when it came to community coalitions. They were already in St. Louis—we just needed to plug in, show up, and earn the community's trust by showing them we were there to learn, support, and uplift community needs."

In between site visits and attending community meetings, CPE wanted to maintain "the golden thread of community trust through consistent engagement," said Smedley. The team created a community newsletter for St. Louis, meant to be "a way for us to keep the conversation going between CPE and the community." The newsletter was sent to community members who signed up to receive updates about CPE's work in St. Louis, and featured updates on St. Louis's public safety redesign process, and the latest findings from CPE's qualitative and quantitative research, among other highlights. [Edition one](#) was released in February 2023, to mark Black History Month, and [edition two](#) was released in May 2023, to coincide with Mental Health Awareness Month.

## Next Steps

Community engagement is a pillar of CPE's work, and both St. Louis community members and SLMPD officers want to see improved community engagement as part of the public safety redesign process. As such, CPE will continue to expand its community engagement work with an emphasis on reaching new communities, and continuing to build relationships with community organizations over the long-term.

<sup>12</sup> The University of Kansas, 2023 Social Equity Leadership Conference Program, [bit.ly/3OD2DaD](https://bit.ly/3OD2DaD).

# Public Safety Collaborative and Data-Informed Community Engagement

During phase one of CPE's work in St. Louis, community members and city leadership emphasized the importance of creating a mechanism by which the community could meaningfully participate in public safety decision-making. "The buy-in was present long before CPE came to town, and our role was to help operationalize the existing goals of the community and the Mayor's office," said Hans Menos, Vice President of CPE's Triage Response Team. CPE recommended a model of Data-Informed Community Engagement (DICE), developed by Joel Caplan and Leslie Kennedy at Rutgers University and powered by Risk Terrain Modeling (RTM). CPE committed to supporting the establishment of the program for the city in its 2022-2023 scope of work. "The DICE framework allows the St. Louis community to utilize a multidisciplinary approach," said Juanisha Byrd, Impact and Engagement Manager at CPE. "It centers community voice and perspective and reduces the over-reliance on policing strategies to address the city's unique public safety concerns."

## ***The Value of Employing DICE Through a PSC***

DICE is a data-informed, community-centered approach that empowers community members to co-create equitable public safety strategies through data analysis, with an emphasis on places rather than people. Each strategy is tailored to local needs and problems through the use of RTM. Using data provided by partnering jurisdictions, RTM overlays crime data with business data, points of interest, and other key features of the landscape. RTM analysis then identifies crime patterns and other environmental conditions that can

inform community-led decision-making on public safety initiatives. A multi-city study conducted at Rutgers University found that jurisdictions that implemented risk-based interventions informed by RTM identified reductions in gun violence (35%), robbery (42%), and motor vehicle theft (33%) in the target areas compared to the control areas.<sup>13</sup>

St. Louis is the third major city to utilize DICE via a PSC, following Newark and Dallas. Newark's PSC brought together community groups, businesses, city leaders, healthcare providers, and law enforcement to address place-based public safety risks. Their interventions remediated abandoned properties, partnered to adopt vacant city-owned lots in high-risk areas, and improved access to affordable housing.<sup>14</sup> The Dallas initiative identified potential factors that play a role in crime in a neighborhood, including vacant lots, convenience stores, and high poverty rates. Crime was addressed in several community-driven ways, including improving lighting, building new homes on vacant lots, and creating a poverty assistance center. After applying the DICE framework, this neighborhood saw a 23% crime reduction and a 59% drop in arrests in 2021 compared to 2019.<sup>15</sup>

The use of DICE through RTM can be led by the police, the community, and/or public health services. CPE recommended that the effort in St. Louis be community-led, through the establishment of a PSC. A PSC is a group of leaders from the community who work together within the DICE framework to co-produce comprehensive, dynamic, transparent, and effective crime prevention strategies tailored to community needs. The group is typically made up of volunteers, with two-year terms, who are not beholden to a single

<sup>13</sup> Leslie Kennedy, Joel Caplan, and Eric Piza, "A Multi-Jurisdictional Test of Risk Terrain Modeling and a Place-Based Evaluation of Environmental Risk-Based Patrol Deployment Strategies," NACJD, May 29, 2018, [bit.ly/35acaC2](https://bit.ly/35acaC2). The cities cited for crime reduction included: Newark, NJ (35% decline in gun violence); Glendale, AZ (42% decline in robberies); and Colorado Springs, CO (33% decline in motor vehicle theft).

<sup>14</sup> Newark Public Safety Collaborative, "The NPSC Process for Data-Sharing and Problem Solving," [bit.ly/3qBXjb6](https://bit.ly/3qBXjb6).

<sup>15</sup> Ken Kalthoff, "Dallas Crime Reduction Success with 'Risk Terrain Modeling' Program," 5 NBCDFW, April 15, 2022, [bit.ly/3Qk1PZr](https://bit.ly/3Qk1PZr).

agency or nonprofit organization. As CPE's Menos noted, "Multiple municipalities across the country work with RTM. What will be unique about St. Louis is that it will fully focus on community responses, and be driven wholly by community members rather than the police department."<sup>16</sup>

The PSC is convened by a Trusted Broker who presents the data and facilitates a dialogue to identify a community-driven approach to address, resolve, and reduce harm in areas experiencing problems. The Trusted Broker is a full-time role entrusted with leading the day-to-day operations of the PSC and DICE. The role is key to the success of the PSC, overseeing, organizing, and coordinating a community-engaged approach to crime prevention, including selecting members of the PSC, and identifying priority issues for the PSC to track and address. The position requires an experienced community leader, with utmost credibility within the communities to be served and engaged. As Menos noted, "The Trusted Broker brings social capital and their ability to be a credible messenger throughout the city. They know who needs to be at the table... They have incredible networks and legitimacy within the neighborhoods most in need of greater public safety resources." Caplan, of Simsi, thinks St. Louis is an especially promising place for a PSC. "St. Louis is primed for success," said Caplan, "They have everything they need for impact—strong city services, strong community leaders, and strong community-based organizations."



## **Implementing St. Louis's Public Safety Collaborative**

St. Louis's PSC was launched in 2023 with the financial and technical support of CPE. The PSC is housed within the Urban League of Metropolitan St. Louis, which provides offices for the Trusted Broker and any additional staff. In February 2023, long-time St. Louis community organizer Farrakhan Shegog was selected to serve as the PSC's first Trusted Broker. Among many other leadership contributions to the city, Shegog founded Young Voices With Action (YVWA), a non-profit focused on developing youth community leaders in the city.<sup>17</sup> Shegog noted that his role as Trusted Broker is to "organize and unite resident-led efforts around crime prevention. I do not work for the city. I work in the city, and for its people."<sup>18</sup>

St. Louis agreed to share its crime data, on a monthly basis, with the PSC for RTM analysis. CPE funded the purchase of RTMDx software for the PSC, which, Caplan explained, gives the PSC team "direct access to a tool that they can use for their own analysis of place-based crime patterns."<sup>19</sup> After some delays, a data-sharing agreement was signed and put in place in June 2023. The first PSC meeting to discuss the initial RTM analysis took place on July 26, 2023.

Shegog is supported by a part-time program assistant, based in St. Louis, and a part-time RTM analyst, based at Simsi.<sup>20</sup> The RTM analyst will transmit their findings from the St. Louis crime data directly to Shegog and his team. CPE is funding the first year of operating expenses for the Trusted Broker and the first two years of the RTM analysis. Part of this funding has been made possible by direct support and in-kind support from the Child Poverty Action Lab (CPAL)<sup>21</sup> and Simsi. As for the selection of PSC members, Shegog gathered a group of neighborhood leaders, which he refers to as "block captains." "The emphasis is on resident-driven," said Shegog, "Our expertise comes from the fact that we live here, as residents, homeowners, and business owners."<sup>22</sup>

<sup>16</sup> Interview conducted with Joel Caplan, August 16, 2023.

<sup>17</sup> Young Voices With Action, [bit.ly/46Au0ZL](https://bit.ly/46Au0ZL).

<sup>18</sup> Interview conducted with Farrakhan Shegog, July 6, 2023.

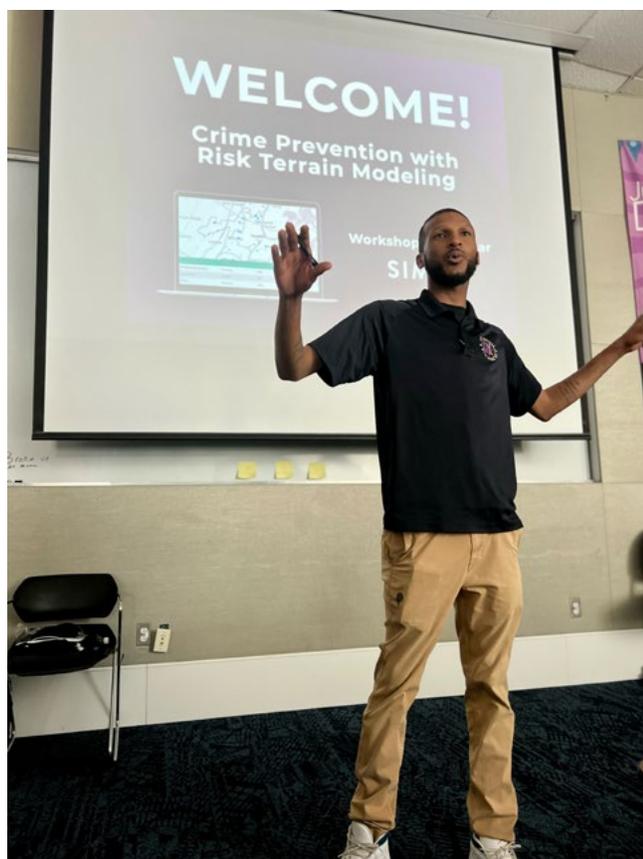
<sup>19</sup> Interview conducted with Joel Caplan, August 16, 2023.

<sup>20</sup> Simsi, [simsi.com/dice](https://simsi.com/dice).

<sup>21</sup> Child Poverty Action Lab, [childpovertyactionlab.org](https://childpovertyactionlab.org).

<sup>22</sup> Interview conducted with Farrakhan Shegog, July 6, 2023.

As a first step in his tenure, Shegog co-hosted a community-wide DICE training by Simsi. The goal was to introduce communities to the opportunities of the DICE model and the value of RTM analysis. “The response to the training was great. Every single person who does this work with us wants to get to the root cause of crime, and DICE and RTM represent a chance to do that in a resident-driven way,” said Shegog.<sup>23</sup> Simsi will continue to offer training and technical assistance throughout the PSC process, in service of what is offered as a DICE Mentorship Program that provides PSCs with what they need to “gain confidence in implementing DICE and make it sustainable.”<sup>24</sup> This includes teaching the PSC team, according to Caplan, “how to turn raw data into an analysis, and how to turn outputs from an analysis into information that can be contextualized by the PSC to line up with the community’s lived public safety experience.”<sup>25</sup>



The goals for the RTM analysis were set by Shegog, in consultation with community leaders who will form the PSC. The group identified an initial set of priority issues for the PSC to address and for the RTM analyst to explore. The identified priorities include youth violence, gun violence, and motor vehicle theft. “We believe these are the major crimes affecting our communities,” said Shegog. “The block captains identified them as priorities, and we are excited to see what the data tell us about these crimes and where the hot spots are.” As Caplan noted, this is just one example of how RTM analysis is informed by the community, “It will be the PSC that interprets the results, adds context to the results, and sets community expectations for what should be done in the name of public safety.”<sup>27</sup>

Although it is still “early in the process” to speak to lessons learned, Shegog noted the importance of maintaining community trust in the new initiative. “I am mindful that you can never take the community buy-in for granted,” said Shegog. “We need to deliver on our promised timelines.”<sup>28</sup>

## Next Steps

With the data sharing agreement newly in place, Simsi was able to provide an analysis for the July 2023 PSC meeting. The analysis will help determine which St. Louis neighborhoods the PSC will focus on first, and which community-led solutions will be implemented. Sustainability is top of mind for Shegog: “We have full funding for year one and partial funding for year two, but what about beyond? The hope is that the city is committed to helping us get the funding we need to go on, and I am already looking ahead to fundraising.”<sup>29</sup> For CPE, the goal, as CPE’s Van Someren noted, is for “the PSC to run so well on a local level that there is no need for ongoing CPE support or expertise, allowing us to work our way out of a role.” Caplan echoed this sentiment, “The goal is that by the end of two years, the PSC will have the skill and experience to lead the RTM analysis entirely on their own.”<sup>30</sup>

<sup>25</sup> Interview conducted with Joel Caplan, August 16, 2023.

<sup>26</sup> Interview conducted with Farrakhan Shegog, July 6, 2023.

<sup>27</sup> Interview conducted with Joel Caplan, August 16, 2023.

<sup>28</sup> Interview conducted with Farrakhan Shegog, July 6, 2023.

<sup>29</sup> Interview conducted with Farrakhan Shegog, July 6, 2023.

<sup>30</sup> Interview conducted with Joel Caplan, August 16, 2023.

# Use of Force Working Group and Policy Recommendation

Police-community relations in St. Louis have been painfully strained by a series of high-profile use of force incidents. In its April 2022 report to the City of St. Louis, CPE summarized data showing that between 2012 and 2019, Black residents of St. Louis were 4.3 times more likely than White residents to experience police use of force.<sup>31</sup> This disparity was greatest among children and young people aged 15-35. Black people were disproportionately impacted by all varieties of use of force, including weaponless force, chemical irritants, taser use, and firearm use. These disparities in police use of force suggested a level of racial bias in SLMPD's policies and behaviors. Interviews with community members and city leaders backed up the quantitative findings, with interviewees perceiving considerable inequities in the ways Black and White residents experience use of force.

In its second scope of work, the city requested that CPE review SLMPD's existing policies on use of force. CPE found significant gaps and inconsistencies in SLMPD's use of force policy. The policy was not unified, with different portions and revisions existing in different places. There were also several ambiguities and gaps in the policy. For example, CPE found that there was ambiguity to requirements that force be proportional; that use of force victims be immediately evaluated by medical personnel; and on the use of force that would impede flow of blood to the brain. To address these problems, CPE convened a working group of community members and subject matter experts to recommend a revised use of force policy for SLMPD. "It was vital to the community to update the use of force policy—every day with the old policy felt critical," said Rob Kenter, CPE's Senior Director of the Triage Response Team. "The current policy has room for improvements and the city requesting support in this is a big step. Updating this policy is critical to changing the relationship between the community and the police."



## Working Group Process

The working group consisted of five members and met eight times between September 2022 and January 2023. "We planned for a fixed number of working group sessions as opposed to a more open-ended schedule," said Madilyn Tyner, Program Assistant at CPE. "This helped working group members understand the time commitment up front."<sup>32</sup> Working group members were selected to represent a cross section of perspectives, including subject matter experts on civil rights, and people with experience writing use of force policies under consent decrees. The working group was designed to be reflective of community voices.

<sup>31</sup> Center for Policing Equity, Reimagining Public Safety in the City of St. Louis: A Vision for Change, April 2022, [bit.ly/3ZNWMMY](https://bit.ly/3ZNWMMY).

<sup>32</sup> Interview conducted with Madilyn Tyner, July 27, 2023.

Among the organizations represented on the working group were the Organization for Black Struggle (a local group committed to advancing the Black working class in St. Louis), Arch City Defenders (a local legal advocacy organization), and the Violence Prevention Commission (a local violence prevention advocate and service provider). Also on the working group was a non-sworn, civilian member of SLMPD who was responsible for writing past use of force policies for the department. CPE staff members served as meeting facilitators and, occasionally, as subject matter experts. As Charlotte Resing, CPE's Manager of Government Affairs noted, "This is probably the only use of force policy process by a major city in which the policy was written by community members, not the police. This says a lot about how much the City of St. Louis values the community."

From the beginning, the working group knew it had a short timeline: one year to research, consider, and issue a recommendation. In these meetings, the working group engaged in facilitated discussions about gaps in the current policy and how to craft a more comprehensive and effective new policy. In between sessions, working group participants were asked to review current SLMPD policies and policies from other jurisdictions. The working group's discussions started at a high level, considering what principles the new policy should uphold, and gradually became more granular as the working group decided on the language of the policy line by line. Overall, working group members were aligned about the major aspects of the revised policy, and when there were disagreements, the group sought a compromise. Liz Swavola, Director of CPE's Triage Response Team, praised the process, noting, "The working group brought together community advocates, policy and legal experts, and civil rights leaders to analyze SLMPD's current use of force policies as compared to what we know to be evidence-led practices and examples from other cities."

Facilitated by a national expert in the use of force by law enforcement, the working group assessed SLMPD's current use of force policies compared to established evidence-led guidelines. Based on the working group's analysis and conversations, the facilitator created a policy draft as a starting point for the working group to discuss, debate, revise, and rewrite using their own expertise and local knowledge.

## **Use of Force Policy Recommendation**

In March 2023, the working group submitted a draft of its [recommended use of force policy](#) to the Department of Public Safety and SLMPD. The policy put forth a "philosophy" around use of force, making clear that all SLMPD personnel "have the utmost duty to preserve life and shall attempt to mitigate encounters without use of force." Use of force is framed as a last resort, such that all personnel "shall only use force that is necessary, reasonable, and proportionate." As CPE's Swavola noted, "The group worked collaboratively and meticulously to craft the most equitable and human-centered policy that respects the dignity of all people."

Within this overarching philosophy, the recommended policy stipulates several specific changes to the prior policy. For example, the recommended policy creates a specific "duty to de-escalate," and prohibits SLMPD personnel from threatening disproportionate force. The recommended policy also eliminates the "deadly force vs. non-deadly force" dichotomy enshrined in the prior policy. Instead, the recommended policy acknowledges that any use of force has the potential to be lethal, and uses a spectrum of "lethal force to less-lethal force." The recommended policy expands upon the "duty to intervene," by providing specific guidance to bystander personnel, including circumstances in which to intervene, and clarifying that any unnecessary or excessive force should be reported to a superior officer. When use of force incidents do occur, the recommended policy incorporates civilians into the review of these incidents.

Finally, in a cover letter presenting this recommended policy to the city and SLMPD, the working group acknowledged that the policy alone is not enough to ensure compliance, and that SLMPD must "create a culture whereby this policy is enforced and upheld." To this end, the working group recommended that SLMPD gather additional community feedback on the policy, and that SLMPD train all of its personnel on the new policy in a timely fashion.

## ***SLMPD Response***

The working group recognized that it might be difficult to get SLMPD and the Department of Public Safety to accept the new policy, in part, because both entities went through a change in leadership while the working group was developing the policy. As such, the heads of SLMPD and the Department of Public Safety who had requested a new use of force policy were no longer in place when the working group presented the policy. Despite those changes, the city's leadership, under Mayor Jones's administration, remained consistent. The working group hoped that SLMPD would consider the recommended new use of force policy, vet it with other trusted stakeholders, and adopt elements of it (if not all of it).

[SLMPD's response](#) to the draft use of force policy was more ambiguous. SLMPD noted that the department's recent leadership change, along with an urgent need to fight crime, prevented them from engaging immediately with the recommended policy. SLMPD suggested they also had their own plans to update the use of force policy. SLMPD did assure the working group that community engagement will be a priority in

the development of any new use of force policy, and that the draft policy submitted by the working group would be considered as part of that process as well. Conversations with SLMPD are ongoing, and there is still hope that the working group's draft policy will inform a new use of force policy for the department. One working group member suggested that, given SLMPD's response, it may have been beneficial to have more senior-level SLMPD engagement throughout the process, as a way to get their buy-in along the way. "We were intentional in not having sworn officers so it would be community driven," CPE's Kenter noted. "Going forward, perhaps we can create law enforcement touch points along the way to ensure the process is community-led and also has law enforcement buy-in."

## ***Next Steps***

CPE will continue to support the community as they monitor SLMPD's response to the use of force policy recommendation. Ultimately, "the community needs to hold the city accountable in changing its policy," said Kenter. "This is one of the most organized communities we have ever seen, and we think their pressure on the city can get this policy fixed."



# Behavioral & Mental Health Response Working Group and Recommendation

Call diversion can reduce the involvement of police in handling certain types of 911 calls, deploying alternative responders to those calls instead. For example, rather than involving police, a call diversion strategy may route 911 calls related to people who are unhoused to social services. In its April 2022 report to the city, CPE assessed opportunities for non-police “civilian” responders, also known as Community Service Officers (CSOs), to handle low-risk calls for service. The analysis identified “significant opportunities” to divert certain 911 calls to unarmed CSOs, which is widely desired by the community and key city leaders. In a number of cases, deploying CSOs instead of police officers can enable quicker responses, free up police officers to deal with higher-risk calls, and reduce the opportunity for police use of force incidents.<sup>35</sup>

With widespread support for increased investment in alternative response models, CPE joined a working group of key stakeholders to develop a unified policy for non-police response models for behavioral and mental health crises, which SLMPD currently lacks. The working group was charged with creating such a policy for the Department of Public Safety and SLMPD to take into consideration. The policy would define a behavioral and mental health crisis call; establish what principles should guide responses to these calls; and detail what specific steps should be taken by dispatch operators and responders.

## ***Assembling a Working Group***

With recommendations and input from Wilford Pinkney, Director of St. Louis’s Office of Violence Prevention, CPE supported the facilitation of a working group of 22 public health stakeholders, representing most of the key institutions whose support would be important in implementing any new policy, including the Mayor’s

Office, SLMPD, the Department of Health, and the Office of Violence Prevention, among others. As Nicolle Barton, the Executive Director of the Mayor’s Criminal Justice Coordinating Council, noted, “It was the right group of members to get the policy done well.”<sup>36</sup> As CPE’s Tyner observed, “It was such a great group, and they worked and interacted so well together, which made the whole process run smoothly.”

## ***Building on Existing Program Momentum***

The working group’s mandate was bolstered by an existing behavioral and mental health alternative response program, first piloted with SLMPD in 2019 and 2020, and officially launched in 2021. The response program aims to divert 911 calls for service involving behavioral and mental health crises away from police and towards public health services. The working group would develop a policy that could formalize and standardize SLMPD’s behavioral and mental health alternative response program across the entire department. As Director Pinkney said, “The pilot program had a big impact on our working group policy conversation. CPE could bring a best practices lens to our conversation so that we were aligned with both what is needed in St. Louis and what is working well in other places.”<sup>37</sup>

## ***A New Policy that Emphasizes Public Health and Community Well-Being***

In January 2023, the working group delivered a nine-page recommendation, titled [\*Behavioral and Mental Health Response Policy Recommendation\*](#), to SLMPD and the Department of Public Safety. The policy draft

<sup>35</sup> Matrix Consulting Group, “Report on the Field Services Analysis, St. Louis, Missouri,” January 23, 2022.

<sup>36</sup> Interview conducted with Nicolle Barton, June 21, 2023.

<sup>37</sup> Interview conducted with Wilford Pinkney, July 6, 2023.

delineated how 911 dispatchers will determine whether behavioral and mental health calls are eligible for diversion to the behavioral and mental health team or the crisis line; when police will dispatch an SLMPD community response or crisis intervention team to a call; how SLMPD community response or crisis intervention teams will divert people with behavioral and mental health needs to community systems of care; the need for patrol supervisor training on working with 911 diversion and co-responder providers; and restrictions on officer's use of aggressive tactics, including a ban on certain kinds of restraints.



## **Department of Public Safety and SLMPD Response**

[In a written response](#) to CPE, dated March 7, 2023, the Interim Director of the Department of Public Safety, Charles Coyle, noted “several elements of the [policy] that we can agree with,” including that many 911 calls may be better served by behavioral and mental health responders, that more officers should be CIT [crisis intervention team] trained, and that officers should not take “aggressive action unless there is an immediate threat.”<sup>38</sup> Director Coyle noted that he and the new SLMPD Commissioner, Robert Tracy, were in the process of reviewing the submitted policy, and that they “anticipate that we will be able to move forward with the adoption of a new policy this summer.”<sup>39</sup> This review process was anticipated given the change in SLMPD and Department of Public Safety leadership. As Director Barton noted, “Any time you have a change in

leadership, the incoming people need to look at it [the policy] and digest it and get comfortable with it. That was expected.”<sup>40</sup>

The department’s response was a hopeful sign to working group members. “We are confident that the policy will be accepted,” said CPE’s Swavola. “The representatives of our working group are seen as leaders in the city on this issue, and their stamp of approval gives the policy a huge amount of credibility.” Director Pinkney noted that “the PD [police department] was involved and the Public Safety Department was involved with this policy since day one—and while leadership changed at those departments, the support within those agencies did not.”<sup>41</sup>

## **Next Steps**

While the delay in formalizing the behavioral and mental health policy also delays a department-wide standardization of evidence-led practices, the existing SLMPD behavioral and mental health response program work will continue. “We will keep going, and continue to grow,” said Director Pinkney. “The exciting thing about the policy is that it will transcend any one initiative and apply to our whole emergency response to mental and behavioral health crises.”<sup>42</sup> Director Pinkney noted “an important next step is educating the community about our existing non-police response initiatives, and the importance of a new policy.”<sup>43</sup> Director Barton noted the importance of collecting data on any new initiatives, “to see if we have reduced incidents, [if we have] been able to improve the trust between the community, [and] seeing if we have diverted more people away from jail and towards services.”<sup>44</sup> Director Barton also pointed to the importance of training and hiring more behavioral health clinicians in the city to help in alternative response efforts. “If we are going to reroute certain 911 crisis calls to mental health services, we have to make sure we have enough trained clinicians that can be part of the response,” said Director Barton. “We need more staff to make good on that promise.”<sup>45</sup>

<sup>38</sup> Letter from Charles Coyle, Director of the Department of Public Safety, to CPE, March 7, 2023.

<sup>39</sup> Letter from Charles Coyle, Director of the Department of Public Safety, to CPE, March 7, 2023.

<sup>40</sup> Interview conducted with Nicolle Barton, June 21, 2023.

<sup>41</sup> Interview conducted with Wilford Pinkney, July 6, 2023.

<sup>42</sup> Interview conducted with Wilford Pinkney, July 6, 2023.

<sup>43</sup> Interview conducted with Wilford Pinkney, July 6, 2023.

<sup>44</sup> Interview conducted with Nicolle Barton, June 21, 2023.

<sup>45</sup> Interview conducted with Nicolle Barton, June 21, 2023.

# Strengthening the City's Response to DV, IPV, and Family Violence

In its April 2022 report to the City of St. Louis, CPE noted the significant and unmet needs of domestic violence (DV), intimate partner violence (IPV), and family violence survivors, and a desire from both community and city leadership for a more holistic response to such incidents.<sup>46</sup> CPE recommended that the city concentrate its DV, IPV, and family violence systems (shelters, courts, police, and victim services) under one umbrella organization such as a Family Justice Center, and expand programming to address both IPV and other forms of family violence.

In support of these recommendations, CPE convened and facilitated four working group sessions in 2022 to further explore the service needs for DV, IPV, and family violence survivors in St. Louis. The 16-person working group included city leaders from the Office of Violence Prevention and representatives from various metro-area service providers, including the YWCA, Covenant House, and the Anti-Violence Project. Membership selection emphasized those with experience serving St. Louis's diverse communities. The group's four meetings took place from September through November 2022, and covered a landscape review of existing services and gaps; opportunities to improve service accessibility and responsiveness for survivors; and efforts that can reach diverse populations and underserved DV/IPV survivors. As CPE's Byrd said, "The working group was a great way to bring together the fantastic work that community organizations and service providers do to serve St. Louis and develop new diverse and collaborative ways to address emerging community concerns." Key findings from the working group meetings (organized by theme) are as follows:

## **Gaps in Services**

St. Louis community members have access to an array of DV/IPV services that provide crisis and advocacy interventions. These include, but are not limited to, a 24/7 crisis helpline, temporary/supportive shelters, victim advocates, and trauma-focused therapy. Community members also have access to an integrated behavioral health 911 program that dispatches crisis responders alongside police officers to calls for service related to DV, IPV, and family violence. Yet, the working group noted gaps in wraparound services for survivors. These include access to transportation, permanent supportive housing, financial assistance, and services for people charged with DV, IPV, or family violence. Without these wraparound services, DV/IPV service providers have limited capacity to provide long-term support to survivors and their families.

Working group members also noted a lack of alignment on how service providers define the terms "prevention," "crisis," and "trauma." To make it easier for survivors and law enforcement to navigate DV/IPV services and programs in St. Louis, working group members developed shared definitions of these terms.<sup>47</sup> Working group members also raised concerns regarding differences in how police officers and service providers respond to DV/IPV situations when the survivor and the individual causing harm do not share a residence. Service providers noted that they do not have a clear understanding of SLMPD procedures in these circumstances, and that greater visibility would improve coordination between the police and service providers. Service providers noted that there are often delays in survivors receiving DV/IPV services when there is no shared residence.

<sup>46</sup> St. Louis Public Safety Townhall on Domestic Violence, November 9, 2021.

<sup>47</sup> The group agreed on the following terms: Universal prevention services refers to efforts targeted toward education and early intervention for entire groups or communities; selective prevention services refers to efforts targeted toward populations deemed to be at high risk for DV/IPV-related incidents; crisis services refers to services provided in the immediate moment of an emergency; trauma services are efforts to mitigate the aftermath of a crisis.

This may be due in part to the criteria of SLMPD's domestic violence response unit, including that eligible incidents must be between married couples, unmarried partners, individuals with children in common, or individuals who share a residence. If the DV/IPV incident does not meet these requirements, the case is handled by a district detective, sometimes resulting in delays.

## **Greater Accessibility**

Working group members shared that the community is relatively knowledgeable of their organizations and services, but that key improvements would increase accessibility, including through greater visibility, capacity building, culturally responsive outreach, and the implementation of data sharing with standardized public reporting.

Working group members identified a need to increase visibility of DV/IPV services after many shared that they were not fully knowledgeable about the range of available services prior to their participation in the working group. Members also shared that they want to continue efforts to connect with new and existing partners in the field to establish working relationships, share knowledge, and streamline service referrals. Capacity-building will also be key to serve a wider range of survivors. For example, additional capacity for culturally responsive outreach<sup>48</sup> would ensure that organizations are meeting the needs of underserved communities.

Data sharing and standardized reporting is a good way for organizations to gain insights into the particular services and resources that community members utilize. Understanding community members' needs will allow providers to build upon their programs and services, but barriers surrounding confidentiality and the types of data points that agencies can share were significant concerns for the working group. Working group members lifted up the Lethality Assessment Program (LAP) data collection process as one model for moving forward. SLMPD's Domestic Abuse Response Team (DART) implements LAP while on the scene responding to DV/IPV incident calls.

SLMPD officers conduct a brief LAP risk assessment, also known as a "lethality screen," to help determine the likelihood of future serious injuries or death for the survivor. LAP data could be a starting point in developing consistent data-sharing strategies across agencies.



## **A Focus on Intersectionality**

Applying an intersectional lens (an understanding of how inequities overlap and interact) to DV/IPV responses helps service providers understand complex traumas, barriers to care, and oppressive systems impacting survivors' daily lives. The working group explored three areas during the intersectionality discussion session: housing instability, spatial inequality, and intersecting identity and circumstances.

Housing instability plays a significant role in survivors' ability to leave unsafe situations. Working group members discussed the lack of affordable housing within the community, and how rental requirements, such as a credit score and 3x monthly rent income mandates, are frequent barriers to housing for many people. Service providers have had difficulty finding landlords who will accept their clients, who are often low-income renters or have housing vouchers. In addition, some landlords are unfamiliar with the amended Public Nuisances Code, which protects survivors of domestic violence or stalking from losing their affordable housing.<sup>49</sup> Education and advocacy are needed to develop better relationships with housing providers in the community in order to expand housing options for survivors.

<sup>48</sup> Culturally responsive outreach would ensure that organizations are meeting the needs of the community they are connecting with and serving. Cultural competence is the onboarding, integration, and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes. Cultural Competence In Health And Human Services (2001), available at [bit.ly/43K1ymw](http://bit.ly/43K1ymw).

<sup>49</sup> Ordinance 70390 (2015), [bit.ly/3qScxvf](http://bit.ly/3qScxvf).

Spatial inequality refers to the unequal distribution of income and resources across different areas or locations. Given neighborhood segregation in St. Louis, spatial inequality is related to racial disparities, with Black and Brown people significantly disadvantaged. The confluence of various types of inequality, such as disparities in access to transportation, public services, and health care, can further isolate individuals, creating additional vulnerabilities, risks, and barriers for survivors. For example, working group members identified transportation as a critical problem for those seeking assistance. Without consistent access to transportation, survivors may not be able to participate in services, including medical appointments, therapy sessions, or court appearances.

Intersecting identity and circumstances were also discussed for their impact on survivors' ability to access necessary services. Officers responding to DV/IPV calls may have limited training on situations that involve LGBTQIA+ individuals and relationships. The misidentification of a survivor's gender leads to further injustice, inflicts additional trauma, and creates additional barriers to seeking support services. Individuals who lack legal immigration status may be afraid to ask for help or assume they are not eligible for services. Individuals dealing with substance dependency may need to seek treatment before being eligible for certain DV/IPV services, shelters, or supportive housing programs. These additional barriers to accessing DV/IPV services have a negative impact on a survivor's ability to seek help.

## ***Diversity, Equity, and Inclusion***

In order to provide the highest quality support, resources, and services to all survivors, providers in St. Louis will need to fully address a lack of diversity, equity, and inclusion within their own organizations. Working group members identified the ongoing need for a diverse DV/IPV workforce in St. Louis, and raised three ways to improve workforce diversity: job descriptions that have inclusionary language, qualifications, and hiring practices; equitable leadership and decision-making opportunities for

a diverse workforce; and workplace cultures that foster and embrace diversity, inclusion, and equitable representation at all levels within the organization. In addition, service providers should be well-versed in the historical oppression of Black and Brown communities, and how these barriers prevent survivors from accessing and receiving services.

## ***Recommendations for Moving Forward***

Based on the discussions and findings, CPE collated working group insights into the following [recommendations](#) for the city and service providers to consider and implement:

- Establish a multi-agency, multidisciplinary, co-located service center for IPV/DV and family violence survivors<sup>50</sup>
- Develop digital response services<sup>51</sup> via mobile devices, web applications, or electronic health platforms to improve accessibility and reduce response times for survivors seeking service;
- Partner with external services, such as United Way 2-1-1<sup>52</sup> and Victim Connect,<sup>53</sup> to create additional pathways for connecting community members to DV/IPV support services
- Identify data points necessary to measure the accessibility, efficacy, and responsiveness of DV/IPV services; and establish standardized data/information sharing practices among service providers<sup>54</sup>

## ***Next Steps***

The key findings from the working group meetings were shared with the city in August 2023, and are set to be shared with the community soon through CPE's St. Louis community engagement listserv. CPE will work with the Office of Violence Prevention, service providers, and community members to implement the working group's recommendations. As part of that work, CPE will continue to convene a broad coalition of IPV/DV service providers in order to support this implementation work.

<sup>50</sup> For example, The President's Family Justice Center Initiative Best Practices, [bit.ly/3QsCsV1](https://bit.ly/3QsCsV1).

<sup>51</sup> Digital or Digitally Delivered Responses to Domestic and Intimate Partner Violence During COVID-19, [bit.ly/43BpQit](https://bit.ly/43BpQit).

<sup>52</sup> United Way, [211helps.org](https://211helps.org).

<sup>53</sup> Victim Connect, [bit.ly/3OH9Vcj](https://bit.ly/3OH9Vcj).

<sup>54</sup> Safety and Justice: Sharing Personal Information in the Context of Domestic Violence—An Overview (2008), [bit.ly/3QsL5io](https://bit.ly/3QsL5io).

# State Legislative Attempts to Strip Local Control of SLMPD

Efforts to redesign public safety in St. Louis were threatened in 2023 by the prospect of a return to state control over SLMPD. For 152 years, the State of Missouri had authority over St. Louis's police force, through a state-appointed Board of Police Commissioners. This structure was a relic of the U.S. Civil War as a way for Missouri's then-segregationist governor to prevent Union-friendly St. Louis from controlling its own police department.<sup>55</sup> This structure changed in 2013, when a statewide ballot measure gave the city control over its own police department for the first time in a century and a half.<sup>56</sup> Yet just ten years after St. Louis gained control over its police department, Missouri lawmakers—citing a rise in violent crime—advanced legislation in 2023 to authorize a state takeover of SLMPD.<sup>57</sup> The bill, the “Safer St. Louis Act,” would strip St. Louis of its power over policing decisions and install a five-member oversight board consisting of four Governor-appointees and the Mayor of St. Louis.<sup>58</sup>

Sponsors of the bill cited the city's rising violent crime rates as a sign that state control was necessary to protect St. Louis residents from harm.<sup>59</sup> Critics of the bill—including Black Democratic state lawmakers from St. Louis, St. Louis Mayor Jones, SLMPD Chief Tracy, and St. Louis community organizations—saw things differently. Opponents classified the legislation as an attempt by a majority White state legislature to take public safety control away from Black leaders in a majority Black city. Mayor Jones called it a “slap in the face.”<sup>60</sup>

## ***CPE Joins City and Community Leaders in Opposing the Bill***

CPE was in strong opposition to the bill, noting, among other concerns, the ineffectiveness of state control in fighting crime. For example, in Kansas City, home to the only Missouri police department currently under state control, 2022 was the second deadliest year in recorded history with 171 homicides.<sup>61</sup> Data compiled by CPE from the Federal Bureau of Investigation's Uniform Crime Report demonstrated that state control of St. Louis prior to 2013 did not improve crime rates. By 2006, the city was ranked the second most dangerous in the country. And, in 2021, while state homicide levels rose, the homicide rate in St. Louis fell 25%. This decrease was maintained in 2022.<sup>62</sup>

CPE mobilized against the bill in various ways, including collaborating with St. Louis community members to produce written testimony in opposition to the bill; [submitting written testimony against the bill](#) from retired Salt Lake City Police Chief, Chris Burbank, a CPE consultant and former Vice President of the Major Cities Chiefs Association;<sup>63</sup> and publishing an op-ed by CPE's Menos.<sup>64</sup> [Testimony against the bill](#) from Matthew Graham, a resident of St. Louis and Data Analyst Manager at CPE, noted, “I and my fellow Missourians voted to give control of our police to local leaders—I ask why the legislature is now trying to overturn the democratically expressed will of the people... which comes in response to grassroots efforts to realign the city's public safety systems to meet community

<sup>55</sup> Alan Greenblatt, “After 152 Years, St. Louis Gains Control of Its Police Force,” *NPR*, August 28, 2013, [n.pr/3tgzFTf](#).

<sup>56</sup> Alan Greenblatt, “After 152 Years, St. Louis Gains Control of Its Police Force,” *NPR*, August 28, 2013, [n.pr/3tgzFTf](#).

<sup>57</sup> David Liev and Jim Salter, “GOP lawmakers push for state control of St. Louis police,” *Associated Press*, April 23, 2023, [bit.ly/43rEXLe](#).

<sup>58</sup> Sam Clancy and Laura Barczewski, “Missouri House bill to put St. Louis police under state control passes, heads to Senate,” *KSDK*, March 6, 2023, [bit.ly/42upNDM](#).

<sup>59</sup> Sam Clancy and Laura Barczewski, “Missouri House bill to put St. Louis police under state control passes, heads to Senate,” *KSDK*, March 6, 2023, [bit.ly/42upNDM](#).

<sup>60</sup> Joey Schneider and Emily Manley, “Mayor Jones: Proposals to change control of St. Louis police ‘a slap in the face,’” *Fox 2*, February 10, 2023, [bit.ly/44KzRKg](#).

<sup>61</sup> Anna Spoeerle, “2022 was one of Kansas City's deadliest years. Leaders tout new plan, but will it work?” *The Kansas City Star*, January 17, 2022, [bit.ly/3CKhqcz](#).

<sup>62</sup> Federal Bureau of Investigation - Crime in the U.S., [bit.ly/460EocW](#).

<sup>63</sup> Letter from Chris Burbank to the Missouri State Senate, March 31, 2023.

<sup>64</sup> Hans Menos, commentary, “Public safety in Missouri belongs to the people, not the state,” *Missouri Independent*, April 24, 2023, [https://bit.ly/464LjCe](#).

needs.”<sup>65</sup> As Menos wrote in his op-ed, “Should the bill become law, it won’t make St. Louis safer—but neither will it stop residents from continuing the work to build a more fair, just, and equitable city. After all, unlike lawmakers sitting under a dome 135 miles away, they know exactly what they have to lose.”<sup>66</sup>

CPE’s advocacy approach to the bill was strongly informed by the organization’s community engagement work. According to CPE’s policy and community engagement team, the bill became increasingly “top of mind” for CPE. “Similar bills had been raised in the past in Missouri,” said CPE’s Markham, “and none of them had much movement. But community members urged us to take it more seriously this time. This helped put the issue at the forefront of our advocacy.” Markham noted that “CPE has not done a lot of local or statewide policy change—we focus historically on changing police department policy. Our community partners really tuned us into the need for CPE to speak out vocally against the state legislation.”

Missouri’s 2023 legislative session ended in May without the bill’s passage, thanks to a nine-hour Democrat-led filibuster, an extensive legislative lobbying campaign by Mayor Jones, herself a former state lawmaker, and the strong opposition of St. Louis residents.<sup>67</sup>

## **Next Steps**

CPE, in partnership with the St. Louis community, will monitor new legislation and stand in opposition to state control of the police department.



<sup>65</sup> Matthew Graham, Testimony Opposing House Bill 702, April 5, 2023.

<sup>65</sup> Hans Menos, commentary, “Public safety in Missouri belongs to the people, not the state,” *Missouri Independent*, April 24, 2023, [bit.ly/464LjCe](https://bit.ly/464LjCe).

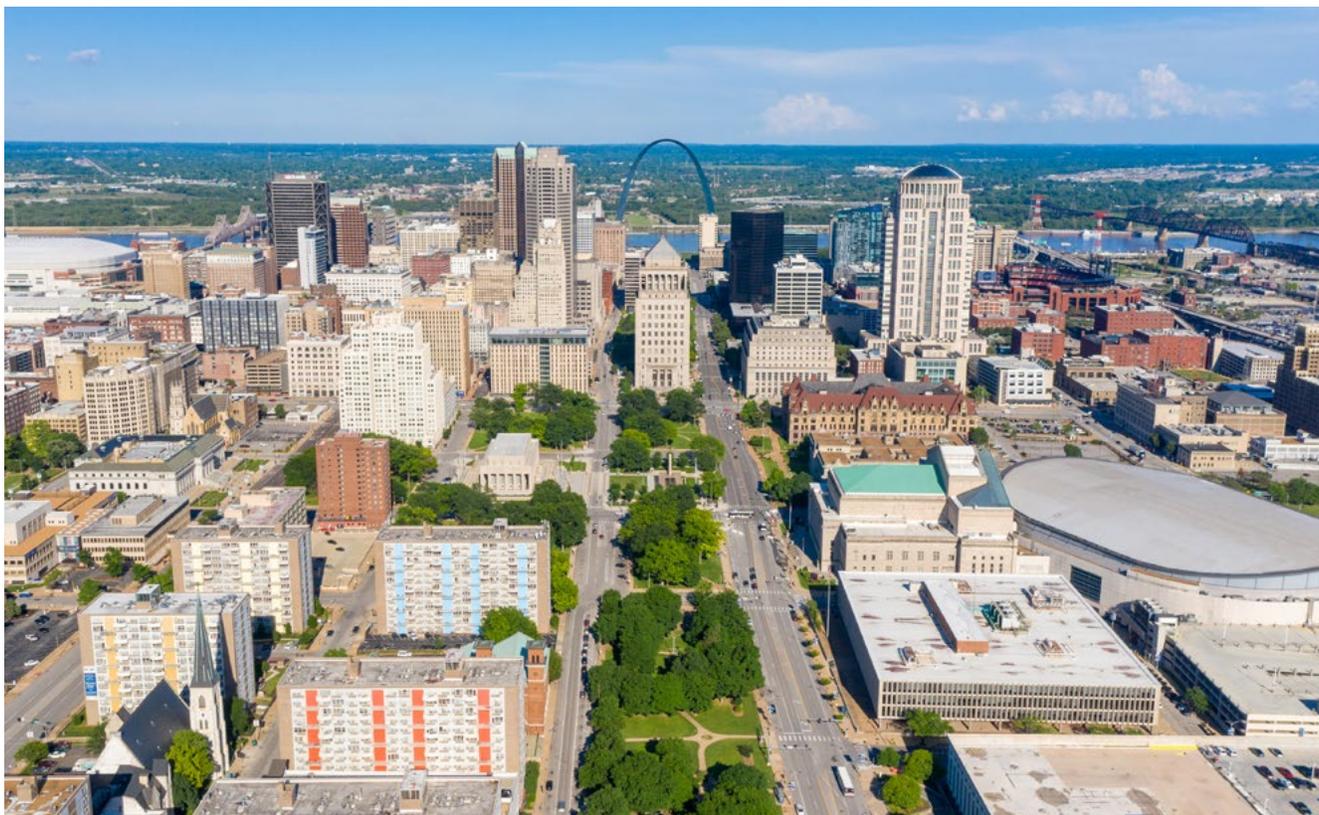
<sup>66</sup> Hans Menos, commentary, “Public safety in Missouri belongs to the people, not the state,” *Missouri Independent*, April 24, 2023, [bit.ly/464LjCe](https://bit.ly/464LjCe).

<sup>67</sup> Rebecca Rivas, “State takeover of St. Louis police, prosecutor’s office blocked by Senate Democrats,” *Missouri Independent*, May 2, 2023, [bit.ly/43ZubeX](https://bit.ly/43ZubeX); Mark Maxwell, “How Mayor Jones outmaneuvered police unions to defeat state takeover of St. Louis police department,” *KSDK*, May 13, 2023, [bit.ly/3CoUIXs](https://bit.ly/3CoUIXs).

# Conclusion

CPE's years-long engagement with the City of St. Louis has been an incredibly meaningful commitment for the organization. CPE has learned a tremendous amount about community-led solutions from St. Louis's powerful community activists and organizations. These solutions shaped CPE's engagement with St. Louis in 2022–2023, including prioritizing qualitative research with community members; establishing a community-

led Public Safety Collaborative; and advancing policy reforms for police use of force protocols and alternative responses for behavioral and mental health crisis calls. CPE's public safety redesign work in St. Louis is ongoing. CPE will continue to center the community's experience and expertise in support of their public safety goals.



This report and the April 2022 report are available at [policingequity.org/redesigning-public-safety](https://policingequity.org/redesigning-public-safety).



# Appendix

October 2023

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## Appendix 1: Qualitative Research Instrument for Community Interviews

### USE OF FORCE

“Let’s start this conversation by looking at the Center for Policing Equity’s analysis of use of force data in the St. Louis’s Police Department. CPE’s assessment shows that Black people were victims of force 4.3X more often than white people, especially in North St. Louis (Districts 4, 5, 6). Can you talk about your experiences with police use of force, if any? By use of force, we mean any incident where a police officer used force to make someone comply.”

[Pass around one pager]

“Based on your experiences with this department, what are your reactions to these findings?”

- Prompt, if needed: “Do you believe these findings indicate that something at St. Louis PD needs to change? Why or why not?”
- Prompt, if needed: “Why do you think these numbers look the way they do?”

### PEDESTRIAN & VEHICLE STOPS

“Another thing the Center for Policing Equity’s analysis found was Black people are more likely to be stopped than white people, particularly for minor traffic violations as a way to investigate more serious crimes.”

[Pass around one pager]

“Can you talk about your experiences with police stopping you while walking or driving? What were your interactions like?”

- Prompt, if needed: “Do you believe these findings indicate that something at St. Louis PD needs to change? Why or why not?”
- Prompt, if needed: “Why do you think these numbers look the way they do?”

### CALLS FOR SERVICE

“During the Reimagining Public Safety design process, the Center for Policing Equity talked to community members that said that police responses are slower or non-existent in majority-Black neighborhoods.”

“What have your experiences been when you have tried to call 911 to ask for a response, if any? What were your experiences with police who respond to calls in your neighborhood?”

“How would you improve public safety responses in your neighborhood? What would you want to see?”

### SOLUTIONS

“What are some of your top priorities when it comes to reimagining public safety? What would you like to see happen in practice in your experience and neighborhood?”

### OPEN-ENDED

“Is there anything else we have not asked that you would like to share or express about public safety?”

### FINAL

“Are there specific groups we need to hear from/bring into this discussion?”

## Appendix 2: Qualitative Research Instrument for SLMPD Interviews

### INTERVIEW QUESTIONS

“In your opinion, how important is community engagement to the building of trust between the community and the police department?”

“What current CEs do you believe are working to help build trust in the community?”

“Of the CEs currently being implemented, is there anything that needs to change to improve how effective the programs are?”

“What programs, if any, do you think should be cut out completely?”

“What programs, if any, has SLMPD had in the past (that are no longer operating) that you felt helped build the community’s trust in PD?”

“Are there any day to day things that officers currently do to increase the community’s trust in PD?”

“Are there daily things that officers should do to increase the community’s trust in the department but are not currently doing?”

“How would you describe the way officers generally feel about doing community engagements?”

“What does community trust ideally look like to you as an officer on the St. Louis Metro Police Department?”

“Do you believe there is potential to increase the trust of PD within the community?”

- “Why?”
- “Why not?”

“How would you describe the way officers generally feel about the amount of trust the community has in the police department?”

- “Do you believe officers are concerned about increasing citizens’ trust in the police department?”

“What examples, if any, do you have of officers participating in acts that could diminish the trust of the community in PD?”

“Is there anyone else you think we should talk to about community engagement?”

# St. Louis Metropolitan Police Department Use of Force Policy Recommendation

Proposed by the Use of Force Policy Working Group

March 20, 2023

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## A. Philosophy

Personnel have the utmost duty to preserve life and shall attempt to mitigate encounters without the use of force. If all de-escalation efforts fail, personnel shall only use force that is necessary, reasonable, and proportionate (NRP). Personnel are reminded that use of force has the potential to become lethal force. Force will be referred to as;

1. **Escalating Personnel Presence (non-physical force):** Escalating personnel presence is non-physical force which escalates an encounter using hostile verbal exchanges or domineering mannerisms which increases the likelihood that physical force will be utilized.
2. **Less Lethal Force:** Less lethal force includes tactics and weapons that are not intended to cause death or serious injury, but in some instances can lead to death or serious injury.
3. **Lethal Force:** Lethal force is force which is intended to cause or likely to cause death or serious bodily injury.

Except for an active threat to life or serious bodily injury making it impossible to de-escalate, personnel are required to exhaust de-escalation tactics prior to any deployment of force. Personnel witnessing an excessive use of force, or a failure to de-escalate, shall immediately intervene to protect the community member. Personnel will not, by their own actions, create a situation in which the use of force becomes necessary. The use of excessive force, unwarranted force, or unlawful force is prohibited.

### 1. Anti-Discrimination

Personnel are prohibited from using force in a discriminatory fashion based on race, ethnicity, sex, sexual orientation, gender, gender identity, age, religion, culture, protected activities (such as First Amendment Rights), and other protected classes.

### 2. Conflict Policy

This use of force policy shall supersede and trump all other existing and former policies. Use of force training shall be conducted in compliance with this policy and the teaching of use of force philosophies, concepts, tactics which conflict with this policy is prohibited. Personnel have a duty to report training violations of this policy. The report shall be given to the member's superior personnel. External instructors who violate this policy shall have their relationship with the department reviewed for dissolution.

## B. Definitions

### 1. Force

Any (1) personnel presence which escalates an encounter or (2) any physical effort by personnel to compel compliance which includes low level control holds, the use and attempted use of physical strikes, Taser, and the attempted or actual deployment of a weapon. The unholstering of a firearm is also a use of force.

### 2. Lawful purpose

Any activity that is consistent with the law and is aligned with constitutional requirements.

### 3. Lawful order

A command by personnel that is consistent with a lawful purpose.

### 4. Necessary force

The minimum amount of force necessary, because no effective alternative appears to exist, to effect a legitimate public safety objective. Legitimate public safety objectives include protecting any person from injury and effecting a lawful detention or arrest. Flight in and of itself does not constitute a legitimate public safety objective that would necessitate the use of force.

### 5. Objectively Reasonable

The reasonableness of a particular use of force is based on the totality of circumstances known by the personnel at the time of the use of force and weighs that action against the rights of the community member. Factors to be considered in determining the objective reasonableness of force include, but are not limited to:

- a. The seriousness of the alleged crime, suspected offense, or risk;
- b. The level of threat or resistance presented by the community member;
- c. Whether the community member was posing an immediate threat to personnel or a danger to the community;
- d. The entirety of the encounter, which includes actions preceding the use of force and subsequent to the use of force during successive force applications;

- e. Comparative factors, including the age of personnel against the age of the community member, the size of personnel against the size of the community member, the relative strength of personnel against the relative strength of the community member and whether there is more than one community member or more than one personnel who is engaged in the confrontation.

## 6. Proportionate

A measurement whereby the force used by personnel is rationally related to the level of resistance or aggression confronting personnel. To be proportional, the level of force applied must reflect the totality of circumstances surrounding the situation at hand, including the nature and immediacy of any threats posed. Disproportionate force is prohibited.

## 7. Serious Physical Harm

Physical injury that creates a substantial risk of death or that causes serious disfigurement or protracted loss or impairment of the function of any part of the body.

## 8. Intentional Act

An intentional act occurs when a community member engages in purposeful conduct. Personnel shall consider the totality of the circumstances of the encounter and the community member to ascertain if an act is an intentional act. Factors that shall be considered include, but are not limited to, the following:

- a. The possibility that the community member could be deaf or hard of hearing;
- b. The possibility that the community member may require an interpreter;
- c. The possibility that the community member may be disabled;
- d. The possibility that the community member may be experiencing a mental or behavioral health crisis; and
- e. The possibility that the community member may be given conflicting instructions and has become disoriented.

## 9. Resistance

An intentional act by a community member that does not comply with a personnel's lawful commands. Unintentional acts are not acts of resistance. Personnel who perceive an act as resistance shall ensure that the act is an intentional act and not an unintentional act.

## 10. Passive Resistance

An intentional act in which a non-assaultive community member fails to comply with a lawful command. Passive resistance may include, but not be limited to, going limp, standing stationary and not moving based upon necessary lawful direction, and/or verbally signaling an intention to avoid or prevent being taken into custody.

## 11. Active Resistance

An intentional act in which a community member takes physical actions to defeat personnel's attempt to place the community member in custody and/or take control, but is not directed toward harming personnel or others. Active resistance may include but is not limited to pushing away, hiding from detection, fleeing, tensing arm muscles to avoid handcuffing or pulling away from personnel. Verbal statements alone do not constitute active resistance.

## 12. Aggressive Physical Resistance

An intentional act in which a community member is physically attacking personnel, or another, in a way likely to cause bodily harm.

## 13. Aggravated Physical Resistance

An intentional act in which a community member is physically attacking personnel or another in a way likely to cause immediate death or serious bodily harm.

## 14. Escalating Personnel Presence

Force which escalates an encounter by the use of hostile verbal exchanges or domineering mannerisms (ie. hand on weapon or Taser, or extending a collapsible baton) which increases the likelihood that physical force will be utilized.

## 15. Low level control hold

The use of a soft empty hand wrist grab or hold to restrain a community member. Low level control holds are reportable force.

## 16. Less Lethal Force<sup>1</sup>

Force including tactics and weapons that are not intended to cause death or serious injury, but in some instances can lead to death or serious injury.

## 17. Lethal Force

Lethal force is force that is likely to cause death or serious bodily injury. Lethal force is any discharge of a firearm and any strike with an instrument or weapon to the following areas of the body:

- a. Head, to include the cranium and face;
- b. Neck;
- c. Internal organs;
- d. Ribs
- e. Genitalia;
- f. Taser discharge to the chest/center mass; or,
- g. Spinal column.

Resisting arrest or flight alone does not justify the use of lethal force.

## 18. Excessive Force<sup>2</sup>

Force in excess of what is objectively necessary, reasonable, and proportionate (NRP).

## 19. Chokehold/Stranglehold

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<sup>1</sup> There are alternatives for this definition which include: (1) Force used to confront aggressive and aggravated physical resistance. Less lethal force cannot be used on mere passive or active resistance. (2) Any physical force, including the use of weapons and hand body strikes, which can cause injury. (3) Force including tactics and weapons that are not intended to cause death or serious injury, but in some instances can lead to death or serious injury. Less lethal force cannot be used on mere passive or active resistance, only low level control tactics are authorized for active resistance

<sup>2</sup> There is an alternative for this definition which is: Force which is not objectively necessary, reasonable, and proportionate.

Any sustained and intentional pressure to the neck (front, side, or back) or blood flow which may prevent or hinder breathing, reduce intake of air, or impede blood flow.

## 20. Disability

A person who has a physical or mental impairment that substantially limits one or more major life activities. The Americans with Disability Act (ADA) prohibits discrimination against individuals with disabilities. Personnel are required to make reasonable modifications in their practice to ensure individuals with disabilities are treated well. Although there is no exhaustive list of disabilities under the ADA, a few disabilities include:

- a. Deafness;
- b. Blindness;
- c. Diabetes;
- d. Cancer;
- e. Epilepsy;
- f. Autism;
- g. Post-traumatic stress disorder;
- h. Schizophrenia;
- i. Pregnancy; or
- j. Other conditions that may make complying with a lawful command unreasonable, impossible, or potentially harmful to the health of the community member.

Additionally, if personnel are unaware of an actual disability diagnosis, there can be additional factors that give rise to the perception of a disability. Those factors include, but are not limited to:

- a. Difficulty communicating and expressing themselves;
- b. Communication by pointing or gestures rather than words;
- c. Repetition of phrases or words;

- d. Repetitive body movements, such as swaying, spinning, clapping hands, flailing arms, snapping fingers, biting wrists, or banging their head, which may cause harm to themselves;
- e. Little or no eye contact;
- f. Uneven motor skills;
- g. Unresponsiveness to verbal commands;
- h. Aversion to touch, loud noise, bright lights, and commotion;
- i. No fear of danger;
- j. Oversensitivity or lack of sensitivity to pain;
- k. Self-injurious behavior;
- l. Talking to themselves; and
- m. Chewing on things that are not edible.

Reasonable accommodations, includes, but does not exhaust, the following list:

- a. Accommodations while communicating with the community member, such as no shouting;
- b. Accommodations while making a lawful order, such as being patient;
- c. Accommodations while enforcing laws;
- d. Accommodations while effecting a detention or arrest, such as no unnecessary touch; and
- e. Accommodations while transporting a community member.

## 21. Compliance

The act of complying or attempting to comply with a lawful order.

## 22. Probable cause

Facts and circumstances which lead a reasonable person to believe that a crime has been committed or is being committed by a particular person.

## C. Personnel Responsibilities

The paramount duty of all personnel is to preserve life. The duties described within this section are ways in which the sanctity of life is safeguarded.

### 1. Duty to De-escalate

- a. Personnel shall use de-escalation techniques and tactics in order to reduce any threat or to gain compliance without requiring the use of force or with the lowest level of force possible.
  - a. While utilizing de-escalating techniques, personnel shall be mindful of additional factors that could contribute to non-compliance, and require extended de-escalation deployment. These include, but are not limited to:
    - i. Developmental Disability;
    - ii. Deaf or hard of hearing;
    - iii. Behavioral health crisis;
    - iv. Mental health crisis;
    - v. Need for interpreter; and
    - vi. Fear or anxiety.
  - b. Selection of de-escalation options will be guided by the totality of circumstances with the goal of attaining voluntary compliance; options include:
    - a. Using a calm and quiet tone of voice; however, warnings given as a threat of force are not considered de-escalation. Only one personnel should communicate with the community member to avoid confusion, inconsistency, and escalation.
    - b. Providing clear instructions by avoiding language that could either escalate the incident or confuse the community member. If there is more than one personnel present at the scene, personnel shall provide instructions that are aligned, consistent, and preferably spoken one at a time to avoid confusion.

- c. Attempt to slow down or stabilize the situation so that more time, options and resources are available.
- d. Increasing distance between the community member and personnel to allow for greater reaction time. The failure to create or use distance can deprive personnel of the time they need to continually assess the situation, take protective actions, and respond appropriately to changes in the threat they face.
- e. Utilizing cover and concealment for strategic advantage. Cover refers to a physical obstacle that protects personnel from a particular threat. Concealment refers to an obstacle that breaks the suspect's line of sight to the personnel. Cover and concealment are strategic concepts because they reduce the immediate risk to personnel, which means that personnel have more time to analyze a situation and act appropriately.
- f. Strategic restraint and strategic withdrawal. In many situations, personnel may be better served by holding a strategically-advantageous position (strategic withdrawal) rather than advancing further. Personnel shall withdraw and disengage as soon as a threat has ended.
- g. Cooperative Approach. When a community member views personnel as domineering, disrespectful, or entitled, the perception is that the personnel is assuming a higher social status than the community member holds. Asking for cooperation rather than compliance may be better served in these instances. Examples include asking community members "would you mind stepping out of your vehicle", rather than demanding for a community member to exit their vehicle. When a commandeering approach generates resistances, a narrative that encourages cooperation should be utilized.

## 2. Duty to Intervene

- a. Each personnel has a mandatory duty to promptly intervene to prevent and terminate the use of excessive, unreasonable, unnecessary, and disproportionate force. The duty to intervene is mandatory for all uses of force, including less lethal and lethal deployments. In situations where multiple personnel are present during an excessive force incident, the behavior of the principal personnel will be attributable to all on-scene peers who do not act in preventing harm to community members. By not intervening, the bystander personnel not only fails to prevent the harm but endorses and encourages it.

- b. To assess the duty to intervene, the following elements are taken into consideration.
  - a. Personnel observes or has reason to know that an individual's constitutional rights are being violated;
  - b. Personnel has a realistic opportunity to intervene and prevent the harm; and
  - c. Personnel can take reasonable steps to try to prevent the harm.
- c. For the first element, factors that provide bystander personnel notice that excessive, unreasonable, unnecessary, or disproportionate force is likely in use include, but are not limited to, visual observations, auditory calls by the community member or civilian bystanders indicating excessive force is being deployed, and the totality of circumstances. Personnel shall not intentionally obstruct themselves from witnessing the deployment of force or engage in unnecessary and redundant tasks. There is a mandatory duty to observe the deployment of force to monitor its necessity, reasonableness, and proportionality.
- d. For the second element, even though excessive force can happen very quickly and without provocation, fellow personnel have a duty to intervene to protect the community member. Bystander personnel have a duty to intervene regardless of the rank or seniority of the personnel engaged in the excessive force.
- e. For the third element, reasonable steps to intervene and prevent harm include the use of verbal and physical means to stop the conduct of the offending personnel, and requesting assistance to effectuate the intervention.
- f. Bystander personnel have a duty to intervene when there is also imminent fear that a personnel's actions are unnecessarily escalating an encounter. Personnel escalates an encounter by displaying unreasonable and unnecessary aggression, threatening to use disproportionate force, and/or using derogatory and offensive language during encounters with community members. Personnel will not allow a community member in their custody, or the custody of another, to be physically or emotionally abused.
- g. Bystander personnel shall report any unnecessary or excessive force to their superior, with a use of force report, as soon as practical, but within the same shift the bystander observed the excessive force.

- h. The duty to intervene is continuous. Bystander personnel must continue to intervene until the offending behavior has terminated.

### 3. Duty to Identify and Warn

Before giving any command and deploying force, personnel will identify themselves as law enforcement. After personnel have identified themselves, they must then state their intent to use force and warn the community member, whenever possible. Personnel who are not in uniform should take into consideration that any community member resistance or noncompliance could be due to the community member's inability to perceive personnel as a law enforcement agent.

If requested, personnel must provide their first and last name, their badge number, their department assignment precinct, and their work assignment.

### 4. Duty to only use force that is necessary, reasonable, and proportionate (NRP)

All force employed must be for a lawful purpose and exercised in a manner that is objectively **NRP** to remove an actual threat.

### 5. Duty to render aid

Personnel shall provide or call for medical care for any person who is injured or asserts that they have been injured by police use of force, as well as anyone in police custody who requests or appears to need medical attention. Medical aid must be summoned and provided as soon as possible, unless providing or calling for such assistance would be dangerous or impossible. All personnel present at a use of force incident have a duty to ensure that aid is sought and rendered.

## D. Prohibited Force

### 1. Neck restraints/Chokehold

The use of chokeholds or strangleholds by personnel is banned in all but aggravated resistance encounters. The ban on lateral vascular neck restraints (LVNR) remains in effect.

### 2. Compliance

No force is authorized when the community member is compliant.

### 3. Shooting at Moving Vehicles

The moving vehicle alone will not constitute a threat that justifies the use of lethal force.

Personnel will not move into or remain in the path of a moving vehicle. Moving into or remaining in the path of a moving vehicle, whether deliberately or inadvertently, will not be justification for discharging a firearm at a vehicle or any of its occupants. Personnel in the path of an approaching vehicle will attempt to move out of its path to a position of safety rather than discharge a firearm at the vehicle or at any occupants inside the vehicle. Additionally, personnel are prohibited from discharging their firearms from a moving vehicle.

#### 4. Warning shots

Warning shots are prohibited.

#### 5. Risk to Bystander/Hostages

Personnel will not discharge a firearm when doing so would endanger a bystander or hostage.

#### 6. Force on restrained persons

Personnel will not use force, including but not limited to defensive and offensive tactics, and impact weapons, on community members who are restrained and under control, or complying with police direction. Restraints that cause breathing impairment or asphyxia, such as hog-tying and using personnel body weight on prone restrained persons, is prohibited regardless of a community member's compliance status.

#### 7. Prohibited Body Tactics

Personnel shall not sit or kneel on a community member's head, face, neck, chest/back, or offensively kick or stomp on a community member.

#### 8. Force to defend property

The use of force to merely defend property is prohibited.

#### 9. Force to merely detain community members

The use of force to merely detain fleeing community members, with no probable cause to arrest the community member, is prohibited. Mere flight, with no probable cause that the community member committed a crime or is in active warrant status, is not a cause to use force. Personnel are reminded that there are several legitimate reasons why a community member may flee. The incidence of police harassment, mistreatment, and even physical abuse of law-abiding minority citizens is sufficiently high that a desire to avoid police contact is no longer a reliable indicator that criminality is afoot.

## 10. Foot pursuits

Personnel are prohibited from engaging in foot pursuits of community members unless the community member has committed or is about to commit a crime that will pose a risk of physical harm.

Personnel will not be reprimanded for using their discretion to not pursue a community member.

## 11. Simultaneous Force<sup>3</sup>

Personnel are prohibited from using different types of force simultaneously.

### E. Escalating Personnel Presence

Escalating Personnel Presence is a non-physical force that escalates an encounter by the use of hostile verbal exchanges or domineering mannerisms, which increases the likelihood that physical force will be utilized. Examples of escalating behavior includes:

- a. Insulting the community member;
- b. Threatening the community member;
- c. Verbally abusing the community member;
- d. Taunting or attempting to provoke the community member;
- e. Embarrassing the community member;
- f. Inciting aggression in the community member;
- g. Mocking the community member;
- h. Displaying hand gestures which are likely to incense the community member; and
- i. All other statements and actions by personnel which (1) do not serve a lawful purpose and (2) are likely to escalate an encounter.

### F. Less Lethal Force

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<sup>3</sup> There was no group consensus regarding the necessity of this prohibition.

Personnel may use less lethal force for the resolution of threats as a last resort, when all de-escalation methods have failed. Less lethal force may be used by personnel as follows:

- a. To protect themselves or others from physical harm;
- b. To restrain or subdue an intentionally resisting individual;
- c. To apprehend a fleeing community member when there is probable cause to arrest a community member who is currently posing a risk of bodily injury to other community members or personnel; or
- d. To bring any unlawful situation safely and effectively under control.

Weapons/Strikes considered to be less lethal include, but are not limited to, the following:

- a. Impact weapons;
- b. Taser conducted energy weapons;
- c. Hands On/Control techniques; or
- d. Defensive strikes.

### 1. Observe Passive Resistance

Upon the observation of an intentional act of passive resistance to a lawful order, personnel must attempt to de-escalate the situation by utilizing de-escalation techniques. Personnel are required to consider whether a community member's passive resistance is an intentional attempt to resist or difficulty complying with a lawful order based on factors including, but not limited to:

- a. The possibility that the community member could be deaf or hard of hearing;
- b. The possibility that the community member may require an interpreter;
- c. The possibility that the community member may be disabled;
- d. The possibility that the community member may be experiencing a mental or behavioral health crisis; and
- e. The possibility that the community member may be given conflicting instructions and has become disoriented.

If personnel observe, or otherwise are made aware, that the community member(s) require alternative communication methods, interpreters, and/or reasonable accommodations, then personnel must provide additional resources.

Once effective communication has been established, personnel shall use non-force techniques to decrease the intensity of a situation and receive community member compliance. De-escalation may take the form of scene management, strategic retreat, and/or individual engagement.

If passive resistance continues after all de-escalation tactics have failed, personnel shall only use verbal commands, presence, and/or mere “soft hands on” (using bare hands to gently guide, hold, or lead), if reasonably appropriate. Verbal aggression by itself does not warrant the use of force.

The use of a Taser, Impact Weapon, Empty Hand Strike, body strike, kicks, firearm, and/or takedowns are strictly prohibited when attempting to stabilize an encounter when a community member is merely engaged in passive resistance.

## 2. Observe Active Resistance

- a. Upon the observation of an intentional act of active resistance to a lawful order, personnel must attempt to de-escalate the situation by utilizing de-escalation techniques.
- b. If active resistance continues after all de-escalation tactics have failed, personnel are only authorized to use force, which is NRP. This type of force includes low-level control methods that are neither intended nor likely to cause injury.
  - i. If active resistance is merely a fleeing community member, personnel are only authorized to use low-level control methods to detain the community member. Before control methods are deployed, personnel shall evaluate their surroundings to safely detain the community member. Personnel shall not “take down” a community member where it is likely that the community member will be injured.

## 3. Observe Aggressive Physical Resistance

- a. Upon the observation of an intentional act of aggressive physical resistance to a lawful order, personnel must attempt to de-escalate the situation by utilizing de-escalation techniques.
- b. If aggressive physical resistance continues after all de-escalation tactics have failed, personnel are only authorized to use force that is NRP. This type of force includes restraining tactics, impact weapons, and conducted electrical weapons.

- i. Restraining tactics<sup>4</sup> shall only be used on fleeing community members if (1) there is probable cause to arrest the community member for an incident in which someone has suffered bodily harm and (2) the community member is currently posing a risk of bodily injury to other community members or personnel.

1. The use of a firearm to combat aggressive physical resistance, and the use of lethal body strikes, are strictly prohibited.

- a. Restraining tactics

Restraining tactics are authorized when necessary to successfully control and restrain community members during arrest and control scenarios, and when personnel are defending themselves or others from the threat of bodily harm. The deployment of restraining tactics must be NRP. Defensive tactics include open hand strikes including punches and takedowns.

- i. Prohibited use

Personnel will not:

- a. Sit, or kneel on a community member's head, face, neck, chest or back; or
- b. Offensively kick or stomp on a community member.

- ii. Types of restraining tactics

Personnel shall only use approved restraining tactics. These tactics include those provided across departmental training. Personnel are prohibited from using defensive tactics from other sources including military training or other training personnel may have on defensive tactics.

- b. Impact Weapons

Personnel are only authorized to carry departmental issued batons or nightsticks. No other impact weapons are authorized for use. In addition, no other weapon or tool may be used as an impact weapon, including, but not limited to, flashlights and firearms. Personnel who carry batons or nightsticks are required to be trained before use.

Impact weapons may only be used when it is NRP, and when restraining tactics have failed or are insufficient to stabilize the community member. Personnel must assess the relative size and strength of the community member to that of personnel, with the primary goal being to create a temporary muscle or motor dysfunction in a community member's arms or legs.

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<sup>4</sup> There was no consensus regarding the most appropriate terminology to describe these tactics.

The use of the impact weapon is for defense and to assist in effecting an arrest.

i. Prohibited use

Personnel will not:

- a. Make modifications of or additions to their impact weapon; or
- b. Intentionally strike the head, face, throat, abdomen, groin, spine, and collarbone of an individual.

ii. Procedure to use baton

The acceptable areas where an impact weapon may be used include parts where a strike would cause a nervous system reaction (radial nerve, median nerve, common peroneal nerve, and the femoral nerve), or where the bone is closest to the skin (forearm, upper arm, foot, ankle, shin and thigh). The impact weapon may be used to:

- a. Block or deflect an attack;
- b. Counter-strike in self-defense;
- c. Control an aggressive physically resisting community member;
- d. Overcome physically aggressive or assaultive behavior to affect an arrest;
- e. Protect a personnel or another person from bodily injury; or
- f. Prevent an individual from injuring themselves.

Personnel must justify each impact weapon strike. After every strike, personnel should re-evaluate the situation and only use force that is NRP.

c. Conducted Electrical Weapons (CEW)

Personnel shall only use force that is NRP when deploying a Taser. Due to the potential for serious injury and death, the use of a Taser can be lethal and as such, the pointing of a Taser, and the deployment of a Taser, is less lethal force. Taser use is only authorized to subdue a community member who is aggressively physically resistant—resistance whereby the community member is physically attacking the personnel or another in a way likely to cause bodily harm.

Mere non-compliance or a community member's uncooperating behavior is insufficient to deploy a Taser—Tasers should only be used on combative persons.

#### i. Taser specific definitions

- a. After Firing Identification Dots (AFID): Small identification tags ejected from the Air Cartridge when the X26 Advanced Taser is fired. The AFIDs have the individual unit's serial number printed on them, which identifies which unit was fired.
- b. Air Cartridge: The replaceable cartridge of the X26 Advanced Taser, which contains and fires the electrical probes. The Air Cartridge has two probes on the front allowing it to be used as a contact device. When the Air Cartridge is removed, the X26 Taser can also be used as a contact Electro-Muscular Disruption device. The Air Cartridge has an expiration date and ejects 40 AFID identification tags when fired.
- c. Conducted Energy Device (CED): A weapon primarily designed to disrupt a community member's central nervous system by means of deploying electrical energy sufficient to cause uncontrolled muscle contractions and override an individual's voluntary motor responses.
- d. Data Port: A computer data port located at the back of the X26 Advanced Taser, which allows data to be downloaded from the device. Each time the device is fired, it stores the time and date of activation.
- e. X26 Advanced Taser: A 26 watt hand-held Conducted Energy Device manufactured by Taser International. The device fires two probes a distance of up to 21 feet from a replaceable Air Cartridge. The probes are connected to the weapon by a high-voltage insulated wire. Electrical pulses are sent along the wires to the probes with the intended effect being to temporarily incapacitate the targeted community member. The X26 Advanced Taser is the only Taser authorized for use by the Department.
- f. Probes: Projectiles that are fired from a Conducted Energy Device and penetrate the skin; wires are attached to the probes leading back to the CED.

#### ii. Prohibited Taser use

Tasers shall never be used in the following scenarios:

- a. When personnel cannot approach the community member within its effective range;
- b. Near flammable liquids, gasses, blasting materials, or any other highly combustible materials which may be ignited by the use of the device, including meth labs or community members contaminated with such materials;

- c. After the deployment of pepper mace/spray;<sup>5</sup>
- d. When it is reasonable to believe that incapacitation of the community member may result in serious injury or death;
- e. Directed at the head, face, breasts, or genitalia;
- f. On community members who are merely fleeing without sufficient evidence that the community member committed a criminal act, mere allegation is insufficient;
- g. On persons in wheelchairs;
- h. On persons in operation of a vehicle;
- i. On elderly persons;
- j. On pregnant persons;
- k. On persons with known heart problems;
- l. On persons with an apparent debilitating illness or who is visibly frail;
- m. On young children or those under 80 pounds;
- n. On individuals with known neuromuscular disorders such as multiple sclerosis, muscular dystrophy or epilepsy; or
- o. On an individual who refuses to come out of a holdover cell.

### iii. Procedure to use Taser

#### A. Training and Carrying

Only personnel who have been trained by a certified instructor under the auspices of the Police Academy may employ a Taser. Personnel are required to be recertified annually. The Academy will maintain records to ensure that personnel receive training at the appropriate times.

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<sup>5</sup> There is no group consensus regarding the use of pepper mace/spray. There is, however, international consensus that the use of chemical weapons is considered a human rights violation and should be prohibited.

- a. The Taser will be used only when other less lethal force options, which include defensive tactics and impact weapons, have proven ineffective in controlling a physically aggressive community member.
- b. The Taser will be carried in accordance with Department-approved training and ONLY in the issued holster.
- c. The Taser will not be carried on the same side as the personnel's duty weapon.
- d. The Taser will not be carried or used by personnel during Secondary Employment or off duty.
- e. The Taser battery level will be checked with a spark/function test completed prior to taking the Taser out on patrol to confirm that the Taser is properly functioning.

## B. Examples

Examples of situations where the Taser may be considered for use will include, but not be limited to:

- a. A person expressing the desire and having the means to attempt suicide; or
- b. To subdue a violent animal, when used in accordance with training standards.

## C. Deployment

1. Any personnel who deploy the Taser will give a loud verbal warning prior to deployment. The deploying personnel will shout the words "Taser, Taser!" This verbal warning will fulfill these purposes:
  - a. Give an aggressive community member a final warning that their actions are dictating the use of the Taser; and
  - b. Warn other personnel and bystanders that the Taser is about to be deployed.  
NOTE: Since the Taser cartridge produces a loud popping sound which could be mistaken for a gunshot, the loud verbal warning will notify other personnel who may be on the scene that the discharge about to be heard is most likely the Taser being deployed.
2. A Taser should not be pointed at any individual unless personnel believe it is NRP.
3. Tasers should not be fired at center body mass. Directing at the head, face, breast, or genitalia is prohibited.

4. The Taser is capable of delivering unlimited 5 second bursts of current once the probes make contact with the community member.
5. When deploying a Taser, personnel should, under normal circumstances, use it for one standard cycle (a five second burst of current) and stop to evaluate the situation, while using verbal commands. Should an aggressive community member not comply with the commands of the deploying personnel, they may deliver a subsequent five-second cycle as reasonably necessary and re-evaluate the situation before delivering a final five-second cycle. Alternate methods to subdue the community member must be considered.
6. The deploying personnel will then direct the actions of any other assisting personnel on the scene in handcuffing the community member. The Taser will not deliver its charge to a second person unless that person places their hand or a body part in between the two probes. The Taser shall not be used on handcuffed community members.
7. The Taser “probe mode” should be the primary setting option, with “drive stun” mode generally used as a secondary option. The “drive stun” mode is an application of the Taser directly to the community member with a spent air cartridge in place or with the air cartridge removed. This application delivers current to the community member resulting in pain and is to be used when circumstances dictate its use. The community member will experience pain but exhibit little or no involuntary muscle contractions.
8. A supervisor must respond to all incident scenes where a Taser has been deployed and conduct an initial review of the Taser deployment.

#### D. Post Deployment

1. Probes, After Firing Identification Dots (AFIDs), and cartridge packs used against individuals will be recovered and seized as evidence.
2. Probes which penetrate skin:
  - a. If the probes have penetrated skin, they will be removed only by personnel trained in their removal and at the direction of the Scene Supervisor. Personnel must request trained personnel to respond to the scene to remove Taser probes.
  - b. In the event that a probe is broken off in the skin or the probe is not fully intact, the community member will be transported to a contracted hospitalization provider.
  - c. ONLY hospital personnel are to remove probes embedded in sensitive tissue areas such as the head, neck, throat, face, female breast, or genitalia.

d. The probes will be packaged in accordance with existing procedures for the storage and handling of bio-hazardous materials.

3. Probes which have not penetrated skin will be packaged to ensure the safety of persons later handling the evidence packages.

4. Packaging:

a. All probes seized as evidence will be packaged in accordance with the existing procedures concerning sharp objects.

b. Spent cartridges and some of the AFIDs from the spent cartridge will be packaged as evidence and may be placed in the same larger envelope as the spent barbs.

#### iv. Medical treatment post Taser use

1. Persons who have been tased or experienced a drive-stun (stunned) require medical treatment. The electrical pulse effect does not generally cause long-term health issues but may in certain cases.
2. Tasers can cause cardiac arrhythmias leading to death. First aid must be rendered immediately, and Emergency Medical Services (EMS) must be summoned whenever a community member has experienced a Taser.
3. Personnel shall request for EMS to conduct evaluation and if necessary, the community member shall be transported to a hospital.
4. Only medical staff, including doctors, nurses, and EMS, are authorized to remove Taser prongs in sensitive areas.

## G. Lethal Force

### 1. Observe Aggravated Physical Resistance

Upon the observation of an intentional act of aggravated physical resistance to a lawful order, personnel must attempt to de-escalate the situation by utilizing de-escalation techniques, if they can be conducted safely.

If aggravated physical resistance continues after all de-escalation tactics have failed, personnel are only authorized to use force that is NRP.

Lethal force is only authorized as a last resort to combat aggravated physical resistance when all other tactics have failed. Personnel must demonstrate that they, or another, were in danger of

serious physical injury or death before the deployment of lethal force. Lethal force includes the use of pepper spray, the placement of a firearm in a high ready position, the use of a firearm, and the use of strikes to parts of the body which includes, but is not limited to:

- a. Head, to include the cranium and face;
- b. Neck;
- c. Internal organs;
- d. Ribs;
- e. Genitalia; or
- f. Spinal column.

## 2. Escape situations

Lethal force is not authorized to prevent the escape of a community member who is merely fleeing. When NRP, lethal force may only be authorized when ALL the following conditions apply:

- a. The personnel has probable cause that the community member committed a violent felony where a person attempted or did cause serious bodily injury or death;
- b. The personnel has probable cause that the person is armed with a firearm or other weapon that may cause death; and
- c. The personnel has probable cause to believe that the person poses an immediate significant threat to human life should escape occur. Immediate is defined as occurring within an instant.

Mere belief that a fleeing armed person who committed a felony “could,” but does not currently, pose an immediate significant threat to human life, is insufficient for the use of lethal force. Flight alone with a weapon is insufficient for this requirement.

## 3. Canine

**It is suggested that the St. Louis Metropolitan Police Department create a separate canine policy, distinct from the SWAT unit. If that is not agreeable, this section can serve as a temporary canine policy within the use of force policy.**

Canine personnel may only deploy a canine when (1) the personnel has probable cause that the community member has committed a certain felony crime (listed below), and (2) the community member poses a significant threat of serious bodily injury or death, and (3) a canine is necessary to effect an arrest or prevent the escape.

i. Prohibited use

Canines will not be used to apprehend community members perceived to be youth. Additionally, the use of a canine off-leash is prohibited except when the person poses an imminent threat of death or serious bodily injury to the personnel or another person.

ii. Procedure for canine

Prior to the deployment of a canine, a verbal announcement will be made and repeated in order to notify persons within the area of the intent to utilize a canine team and to afford community members the opportunity to comply with police.

Canine deployment will be limited to the following situations where (1) the community member poses a significant or imminent threat, and (2) probable cause or a valid arrest warrant exists for:

a. Felony crimes

- i. Completed burglary offenses;
- ii. Robbery;
- iii. Homicide;
- iv. Serious assault;
- v. Kidnapping;
- vi. Arson with threat of harm to people;
- vii. Domestic violence felony crimes;
- viii. Serious sexual assault; and
- ix. Shooting cases.

Deploying a canine is lethal force.

#### 4. Pepper Mace/Spray<sup>6</sup>

Pepper mace is authorized for use when it is NRP to control aggravated physical resistance. The product is designed to be used as an alternative to physical contact between the personnel and the community member(s) involved.

Personnel issued pepper mace will be required to undergo an instructional program conducted by a certified instructor before being issued the canisters.

##### i. Prohibited use

The use of pepper mace is prohibited in the following cases:

- a. For the dispersal or arrests of community members who are engaged in active, passive, or aggressive physical resistance;
- b. Around large groups/gatherings where it may unnecessarily expose bystanders in an indiscriminate manner;
- c. On individuals who are peacefully exercising their Constitutional Rights of free speech or assembly;
- d. As a threat to gain compliance or information;
- e. Against individuals with disabilities;
- f. Where the spray will go directly into the eyes at a distance of less than 3 feet, into the wind, or confined area;
- g. When there is substantial risk for bystander infants, children, and the elderly to be exposed to the spray; and
- h. When the community member is restrained.

##### ii. Procedure for pepper mace deployment

Pepper mace contains ingredients derived from red pepper plants. It is designed to be sprayed directly into the face and eyes of a person from a distance of 3 to 8 feet (3 feet being ideal). As the product enters the eyes, nose, and mouth of the person, it may incapacitate immediately by causing coughing, closing of the eyes, and skin inflammation. The person may also experience a

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<sup>6</sup> There is no group consensus regarding the use of pepper mace/spray. There is, however, international consensus that the use of chemical weapons is considered a human rights violation and should be prohibited.

sense of panic. Pepper mace is unlikely to, but may, cause serious bodily injury or death. There have been examples throughout the nation whereby community members have died due to the mixture of pepper mace and genetic conditions. Additionally, when used excessively, pepper mace may trigger a heart attack.

### iii. Treatment for persons exposed to pepper mace

1. An individual exposed to pepper mace will be treated for the exposure as soon as they become manageable, according to the following procedures:

a. If under arrest, the exposed individual should be taken to a secure location and permitted to thoroughly wash their face and **eyes with cold water for several minutes to neutralize the effects of the pepper mace. Under no circumstances will warm water or hot water be used, as this will intensify the symptoms.** If water is not available, the person should be exposed to fresh air.

b. In cases of extreme exposure, the person will be taken directly to the City Justice Center and allowed to take a cold shower. Arrangements will be made by the arresting personnel to provide the person with a change of clothing. Persons exposed to pepper mace will not be allowed to shower at any Patrol Division.

2. A personnel will not remove contact lenses from the eyes of a person who has been exposed to pepper mace. The person may remove their own contact lenses, or, if necessary, EMS personnel will be contacted to remove the person's lenses. Once removed, the contact lenses will be packaged and held until the community member is released from place of confinement (e.g., City Justice Center, hospital). The owner must be informed that because they were exposed to pepper mace, the lenses are no longer usable and that placing them in the eyes will result in a return of the symptoms of the pepper mace exposure. The personnel will indicate in their report that the owner was so informed.

3. EMS must be called immediately for medical assistance if an individual exposed to pepper mace exhibits breathing difficulties, blistering, or if the symptoms of pepper mace exposure persist.

## 5. High-Ready Firearm

The unholstering of a firearm is considered a use of force. The withdrawal **and** placing the firearm in a high ready position is considered a threat or warning that the personnel will use lethal force, and as such, will be categorized as lethal force. Before unholstering and removing a firearm from the low-ready position to a high-ready position, the personnel must have probable cause that the community member is or will engage in an aggravated physical resistance. Placing a firearm in a high-ready position for persons who are passively resistant, actively resistant, or aggressive physically resistant is prohibited due to the danger of escalating encounters, which

includes the potential rise of the community member's anxiety, noncompliance, and tension, and the risk of negligent discharge.

## 6. Use of Firearm

Upon the observation of aggravated physical resistance to a lawful order, personnel must attempt to de-escalate the situation by utilizing de-escalation techniques, if they can be conducted safely.

If aggravated physical resistance continues after all de-escalation tactics have failed, personnel are only authorized to use force that is NRP. The discharge of a firearm shall only be used as a last resort and only employed in the most extreme circumstances when all lesser means of force have failed.

The most serious act in which a police personnel can engage during the course of their official duties is the use of lethal force. The authority to carry and use firearms in the course of public service is an immense power and should be reserved for the most extreme circumstances.

### i. Decision to discharge a firearm

Personnel shall only discharge a firearm when there is an objectively reasonable belief that they must protect themselves or another from imminent death or serious bodily injury by a community member who is engaged in aggravated physical resistance.

### ii. Warning

Police shall give a loud verbal warning before the discharge of any firearm. The discharging personnel will shout the words "FIREARM, FIREARM!" This verbal warning will fulfill these purposes:

- a. Given an aggravated community member a final warning that their actions are dictating the use of a firearm; and
- b. Warn other personnel and bystanders that their firearm is about to be deployed.

## H. After Action

### 1. Duty to Render Aid

- a. Any time a member uses force, immediate medical aid must be provided for any person(s) involved. This does not mean that all persons upon whom any force was used need to be immediately evaluated by medical personnel. It may include

increased observation to detect changes in physical condition, first aid, evaluation by paramedics, or transport to a medical facility, depending on circumstances.

- b. Any personnel who may have caused injury by less lethal or lethal force, after the immediate threat has ceased, will approach the community member to render appropriate medical aid. If a personnel determines immediate medical aid should be rendered, the personnel will notify responding medical units, render the scene safe, and provide appropriate medical first aid to the community member.

## 2. Report Force

A personnel will prepare a report when any physical use of force is used, which does not include escalating personnel presence, but does include unholstering and pointing of a firearm, pointing a Taser, accidental discharges, and attempted defensive tactics. This excludes mere hand controls or escort techniques used solely for facilitating custody of a compliant person. Bystander personnel must also report the use of force. The report will always require the approval of a Watch Commander.<sup>7</sup>

### i. Information to be reported

**If the department is currently unable to collect and process the information required below, it is recommended that the department invest in effective record keeping systems.**

Personnel are required to report the below information on a written report. Personnel are not allowed to skip fields and should only be able to select “other” if providing an explanation for what “other” means. “Unknown” should not be an adequate interpretation of information, and free text fields should be limited. Personnel must complete a report as soon as practical, but prior to the end of the shift when the force occurred. The report must incorporate the following information:

- a. The nature of the incident;
- b. Where and when the incident took place, including latitude and longitude coordinates, a complete street address, block number, street name, and the closest intersection or highway mile marker if appropriate;
- c. Whether the force was used in reference to a crime in progress, suspicious activity, warrant service, flag-down, 911 call, or other call for service;
- d. The nature of the contact preceding the use of force incident;

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<sup>7</sup> The Working Group did not cover supervisor response to use of force incidents.

- e. Presence of any foot or vehicle pursuit;
- f. Perception of community member racial group, age, gender, and visible disabilities;
- g. Whether the community member was English proficient or required interpretation;
- h. Whether personnel perceived the community member to be experiencing a mental health crisis or appeared to be in an altered mental state;
- i. Information on personnel including age, gender, ethnicity, years of service;
- j. Size and build of the community member in connection to the personnel;
- k. Whether personnel was readily identifiable as police, on or off duty;
- l. Name of superior personnel on scene and whether they were consulted;
- m. Whether backup was requested and present;
- n. Whether civilian witnesses were present;
- o. Any threats to the personnel or others, including injuries;
- p. Type, intensity, and duration of resistance by the community member, including the presence of any weapon and the type of weapon;
- q. De-escalation attempts made with a description of the nature of the attempts;
- r. If no de-escalation attempts were made, personnel must document why de-escalation was unsafe or impossible;
- s. Reason for the type of force employed;
- t. Specifically which personnel weapons, or defensive tactics including takedowns, were used with a description of every instance the weapon or tactic were utilized;
- u. Details concerning if an arrest was made and the reason for the arrest;
- v. Description of any searches conducted, including location of the search, justification for the search, persons or properties searched, specific areas searched, and any items seized; and

- w. Whether a body-worn camera was present or activated and whether the body-worn camera was activated immediately and kept on for the entirety.

Whenever less lethal and lethal force is used, personnel must also immediately notify Police Radio over air with their badge number and location and a supervisor will be required to respond to the location of occurrence.

- ii. When force does not need to be reported

Force is not required to be reported when deployed in training, including an authorized shooting range.

- iii. Taser specific reporting

The incident report which documents the use of a Taser will indicate the serial number of the unit used, the distance between the personnel and community member at the time it was pointed or fired, the locations of impact on the community member, and an evaluation of the effectiveness of the device on the community member.

All copies of the Arrest Register will be clearly marked in red ink “Taser” when a community member is booked after the application of a Taser.

Taser related reports must be reviewed and approved by a sergeant and command rank personnel – not an acting command rank personnel. If a command rank personnel is not on-duty for the respective command, the command rank personnel of another assignment will review and approve the report.

Each use of a Taser will require a Critical Incident Review to be conducted by the personnel’s chain of command. A report of the review will be forwarded to the personnel’s Bureau Commander for approval.

- iv. High Ready Firearm reporting

To accomplish this required reporting, an incident report **and** a Blue Team Use of Force entry must be created any time a Department firearm is in the high-ready position as follows:

1. **If a criminal incident/arrest report is created:**

A brief description of the circumstances involving the placement of a firearm in the high-ready position must be added to the narrative, including identifying each personnel who placed their firearm in the high-ready position.

2. **If no criminal incident/arrest report is created:**

A report titled “**Noncriminal Incdnt – Firearm Displayed** –

**Communications Report**” must be created to capture a brief description of the circumstances involving the placement of a firearm in the high-ready position, including identifying each personnel who placed their firearm in the high-ready position.

A single Blue Team Use of Force entry associated with the Complaint Number must be created, selecting the Force Type, **“Display – choosing the appropriate firearm,”** in addition to any other Force Type which may have been utilized in an incident. Each personnel who placed their firearm in the high-ready position must be identified in the Blue Team entry.

v. Force incidents outside the City of St. Louis

Personnel involved in lethal force incidents outside the City of St. Louis will promptly contact the Police Department of that jurisdiction and cooperate with the investigation of the incident. In addition, the involved personnel will notify the Command Post of the incident. The Command Post personnel will notify the Internal Affairs Division as well as the involved personnel’s Unit Commander. A copy of the police report from the reporting agency will be obtained by the investigating command and submitted as an attachment to the Administrative Report.

3. Investigate Force

i. Command level

- a. The Commander of the personnel will conduct an administrative investigation and prepare the administrative report of each incident. However, if the incident involves the injury or death of a community member, or the incident occurs outside the City of St. Louis, the Internal Affairs Division will conduct the administrative investigation and prepare the administrative report.
- b. The administrative investigation findings will be submitted on an Administrative Reports Transmittal Sheet, GEN-14 (ARTS), with recommendations. The ARTS will detail the circumstances of the incident including but not limited to:
  - i. All personnel involved in the incident;
  - ii. Damage and/or injury sustained;
  - iii. The type of weapon used and the date of last instruction in the use of lethal force;
  - iv. The serial number of the firearm, if applicable;

- v. Whether the firearm was issued by the Department or privately owned, if applicable;
  - vi. The date the firearm was approved for use, if applicable;
  - vii. Date of qualification for weapon used, if applicable;
  - viii. The number of rounds discharged, if applicable;
  - ix. Whether the ammunition was approved by the Department, if applicable; and
  - x. The number of previous shots fired incidents.
- c. Attachments to the ARTS will include:
- i. A copy of each personnel's Intra-Department Memorandum or recorded statement;
  - ii. Detailed Memoranda or recorded statements from all personnel who witnessed any portion of the incident in which a firearm has been discharged or other lethal force was used if applicable;
    - 1. NOTE: Follow-up Memoranda may be necessary to clarify any discrepancies or inconsistencies within memoranda and/or police reports.
  - iii. Physical audio recordings (tape, CD, DVD, etc.) for all corresponding radio communication relative to the incident, including a copy of the submitted Radio Communication Request Form requesting recorded radio communications relative to the incident;
  - iv. Physical video recordings (VHS tape, CD, DVD, etc.) for all digital in-car camera footage from all responding vehicles and/or other available video footage, including a copy of the submitted Video File Request form(s); if video is unavailable, this fact should be noted in the ARTS;
  - v. All body camera footage from involved personnel, bystander personnel, and responding personnel; and
  - vi. All corresponding NetViewer data.

NOTE: Once the ARTS has been approved for filing by the Chief of Police, the Inspector of Police will be responsible for determining how long recorded radio communication and in-car camera footage will be retained, however, it shall be retained for at least 5 years.<sup>8</sup> No recording shall be deleted while any civil, criminal, or administrative investigation, legal proceeding, or appeal is pending.<sup>9</sup>

d. Recommendations

- i. If no violation of the Department use of force policy is indicated, an ARTS will be prepared with the recommendation that the report be “Approved for File,” and forwarded through the chain of command to the Chief of Police.
- ii. If a violation of the Department use of force policy is indicated, an Allegation of Employee Misconduct Form, GEN-150 will be prepared in accordance with Department procedures.
- iii. If no violation of the Department’s lethal force policy is indicated, but a violation unrelated to the use of lethal force is indicated:
  1. The use of force incident will be processed separately; and
  2. An Allegation of Employee Misconduct Form will be prepared for the non-use of lethal force-related violation.
- iv. If no violation of the Department’s lethal force policy is indicated, but there is evidence that the personnel departed from normal training standards or tactical courses of action:
  1. A recommendation will be made that the use of force incident be “Approved for Review and Instruction”;
  2. The Commander will recommend appropriate steps to retrain the personnel when dealing with future similar situations; and
  3. Once the retraining has been completed, the personnel’s Commander will send a memorandum to the Inspector of Police for inclusion in the personnel’s file.

iii. Examination of firearm

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<sup>8</sup> Added a suggested length of retention. The existing policy did not have a minimum time frame.

<sup>9</sup> Added this suggestion to ensure evidence is not destroyed.

- a. When a personnel has shot someone, or the circumstances of the incident indicate that the personnel may have shot someone, the Force Investigation Unit (FIU) investigator or in some cases, the Internal Affairs investigator assigned to investigate the incident will take possession of the weapon used by the involved personnel and deliver it to the Laboratory Division for examination.
- b. A personnel may obtain a replacement firearm from the Department Armorer between 7:00 a.m. and 2:00 p.m., Monday through Friday or from the Command Post at all other times.
- c. Weapons will be released by the Laboratory Division to the Firearms Training Unit only upon the written authorization of the Internal Affairs Division and the FIU. A replacement weapon will be returned to the party from whom it had been obtained.
- d. In all incidents in which the personnel is not required to surrender their firearm, the ranking personnel on the scene will inspect the personnel's weapon and issue replacement ammunition.

#### iv. Use of Force Review Committee

- a. A Use of Force Committee will be comprised of the following individuals or their designated representative:
  - i. Deputy Chief, Bureau of Professional Standards (Chairperson)
  - ii. Deputy Chief, Bureau of Community Policing
  - iii. Human Resources Manager
  - iv. Any other individual appointed by the Chief of Police
- b. The committee will meet monthly to review all use of force incidents during the month. The committee will not make recommendations for action in individual cases, but will provide the Chief of Police with a brief report on overall findings and make recommendations regarding the Use of Force Policy.

#### 4. Post Shooting Trauma

All personnel involved in the application of lethal force are required to report for the incident trauma program.

## 5. Personnel Response at personnel-Involved Shootings (OIS)

### i. Establishment of protocol for OIS investigations

- a. Once personnel are dispatched for an OIS, proper protocols must be followed in order to preserve the integrity of the investigation.
- b. All OISs will be treated as a crime scene. As such, all procedures and techniques commonly used in criminal investigations will be followed. Only personnel assigned to investigate the incident will be permitted within the perimeter of the scene. Radio transmissions will be kept to a minimum to allow for emergency transmissions.
- c. In events where multiple scenes occur, as determined by first responders, it will be the Scene Supervisor's responsibility to ensure that each scene is individually secured and all evidence is retained in its natural state and position at the scene.
  - i. EXAMPLES: Two or more discharge sites; multiple evidence collection sites; multiple arresting sites, etc.
- d. In cases where video evidence (e.g., private video source or media device, etc.) is present at the scene, the On-Scene Supervisor will have the Real Time Crime Center (RTCC) contact Cyber Crime. The responding Cyber Crime personnel will retrieve and process any video evidence or media device that is relevant to the incident. Upon completion, the responding Cyber Crime personnel will prepare a Supplemental Report.

### ii. General guidelines

- a. The primary responsibility of Involved personnel/Armed Personnel is to ensure that they maintain tactical control of the incident as it evolves, relaying any information that is pertinent to their safety and the safety of responding personnel.
- b. Once the scene is secure, the Involved personnel/Armed Personnel will provide the appropriate medical aid to injured parties.
  - i. NOTE: Mandatory drug and alcohol testing for Department employees involved in lethal force and other critical incidents is performed in accordance with the Department of Personnel's drug and alcohol testing program. Refer to Administrative Regulation No. 120(B) for additional information.

### iii. Responsibilities of Primary personnel

- a. The first personnel to arrive at the scene of an OIS incident, other than the Involved personnel/Armed Personnel, will be referred to as the Primary personnel.

The Primary personnel and assisting personnel will determine if a threat still exists. It is imperative that a threat assessment is performed for the safety of everyone in the vicinity. If the scene remains active, the Primary personnel will notify the Dispatcher and request additional units to respond. If the scene is secure, the Primary personnel will notify the Dispatcher that no further assistance is needed.

- b. Once the Primary personnel determines there is an OIS incident, they will notify their immediate Supervisor. If there are any suspects at-large from the event, the Primary personnel will ensure that any new information about the status or whereabouts of the suspect(s) is broadcast as soon as possible.
- c. When the incident is no longer an active scene, the Primary personnel will initiate the process of securing and segregating witnesses (recording the name, DSN, and car number of all responding personnel) and taping off the crime scene area to protect and preserve any evidence. The responding Supervisor/Commander will ensure that the Primary personnel has sufficient assistance to control the scene and protect the integrity of any evidence.
  - i. NOTE: ALL responding personnel will be required to identify themselves and remain at the scene until excused to return back to duty by the FIU Supervisor.
- d. The Primary personnel will relinquish the scene and its supervision to the first Supervisor or Commander to arrive on the scene.
- e. The Primary personnel and any assisting personnel will notify the Scene Supervisor of the following required factors:
  - i. Any injuries to personnel or citizens;
  - ii. Location of the Involved personnel/Armed Personnel;
  - iii. Location of witnesses;
  - iv. Location of scene evidence;
  - v. Type of scene evidence;
  - vi. Person(s) securing the scene evidence;
  - vii. Scene boundaries; and
  - viii. Personnel currently in charge of recording information from the responding personnel, as outlined in the responsibilities of the Primary personnel.
- f. The Primary personnel and assisting personnel will provide any assistance required of them until relieved by the FIU Supervisor or detective.

#### iv. Responsibilities of Scene Supervisor

- a. The assigned Supervisor or Commander will respond as quickly as possible and will assume responsibilities as the Scene Supervisor.
- b. Upon their arrival, the Scene Supervisor will ensure that the appropriate medical aid has been provided to any injured persons.
- c. The Scene Supervisor will ensure that the FIU Supervisor is contacted and directed to the scene.
- d. The Scene Supervisor will have all Involved personnel/Armed Personnel medically screened by EMS. The screening will include such things as, but not limited to, blood pressure, pulse, blood oxygen levels, and medically appropriate questions.
- e. The Scene Supervisor will ensure that the Primary personnel and any assisting personnel notify them of the required factors as outlined in the responsibilities of the Primary personnel.
- f. Personnel/Armed Personnel involved in an OIS incident will be segregated as soon as possible and should be placed in individual squad cars. If possible, an uninvolved personnel should remain in the vehicle with each individual Involved personnel/Armed Personnel; however, they will refrain from discussing the incident with Involved personnel/Armed Personnel.
- g. The Involved personnel/Armed Personnel is to preserve their firearm in the condition that it was in at the conclusion of the OIS incident. The Involved personnel/Armed Personnel is required to holster their firearm and retain it for later examination. The Involved personnel/Armed Personnel will only relinquish their firearm and ammunition to an FIU Supervisor or their designee unless exigent circumstances exist.
- h. The Involved personnel/Armed Personnel will NOT be removed from the general area of the incident unless exigent circumstances exist (i.e., emergency medical treatment, scene integrity). Only after conferring with an FIU Supervisor, will a Supervisor from the Involved personnel's home assignment or designated Supervisor from the District of occurrence have the involved personnel/Armed Personnel conveyed to FIU. This Supervisor is responsible for the involved personnel/Armed Personnel until properly relieved by a FIU Supervisor.
- i. In circumstances where the Involved personnel/Armed Personnel is incapacitated and transported to a medical facility, their duty belt, including holstered pistol and magazines, will be seized either at the scene or hospital, if applicable. The Involved personnel/Armed Personnel's firearm will not be removed from the holster, unloaded,

or manipulated so that the firearm and magazines will remain in the condition that they were at the conclusion of the OIS incident. FIU personnel will inspect the firearm and direct its subsequent seizure and request for forensic examination.

- j. FIU personnel will be responsible for ensuring that the Involved personnel's/Armed Personnel's firearm is seized. The Involved personnel's/Armed Personnel's firearm will remain in the condition that it was in at the conclusion of the OIS incident.
- k. The first Supervisor on the scene will designate a staging area for personnel who respond to the scene but take no action until directed by the Scene Commander. Any personnel responding to the scene will remain at the staging area until directed by the Scene Commanders to perform some duty or until dismissed from the scene by the FIU Supervisor.

#### v. Scene Preservation and Security

- a. It is imperative that the Primary personnel, with the aid of assisting personnel, preserve the scene and complete the construction of a perimeter using scene tape. The scene will be preserved until members of the FIU arrive. Absolutely NO ONE will be allowed within the scene perimeter unless those persons are emergency first aid responders or directly performing a task as directed by FIU personnel.
- b. Responding personnel should be mindful of the need to secure any suspect firearms or other important suspect evidence. Personnel will not touch suspect firearms unless personnel safety is a concern, but they will guard the firearms PRIOR TO and AFTER the construction of the perimeter. Personnel must prevent any loss of evidence.
- c. Responding personnel will identify themselves to the Dispatcher and remain on the scene until released by the FIU Supervisor.

#### vi. OIS Investigations

##### 1. FIU Supervisor

- a. The FIU Supervisor will have full control and responsibility for any OIS scene and investigation, reporting directly to the Commander of Professional Standards or, in their absence, the Police Commissioner.
- b. In the event the FIU detectives are not immediately available to respond to the scene, the FIU Supervisor will coordinate activities at the scene with the ranking personnel present. In such a case, Homicide will respond and coordinate with the FIU Supervisor.

## 2. Responsibilities of FIU Detectives

- a. Any personnel, victim, or suspect removed from the scene and transported to a hospital will be interviewed by a FIU detective.
- b. FIU detectives can receive any oral statement from any personnel, victim(s), witness(es), or suspect(s).
- c. FIU detectives will direct the activities of additional investigators being utilized at the scene.
- d. FIU detectives will direct the seizure of any evidence relevant to the investigation in cooperation with Laboratory personnel.
- e. FIU detectives will provide the Medical Examiner's office with any necessary assistance.

### vii. Notifications

#### 1. Responsibilities of the Real Time Crime Center

- a. Immediately notifying the FIU Supervisor;
- b. Contacting an Internal Affairs investigator, who is subject to call back;
- c. Contacting Public Information; and
- d. Contacting Cyber Crime, when video evidence is present at the scene.

#### 2. Responsibilities of Communications – Dispatcher

- a. Immediately contacting ETU; and
- b. Facilitating notifications to any support units for response to the scene.

### viii. Media Access

The Scene Supervisor will designate an area for the media to stage. All media requests will be coordinated through Public Information.

### ix. Involved personnel return to duty policy

Any Involved personnel/Armed Personnel of an OIS will:

- a. Be removed from line-duty assignment;
- b. Be placed on administrative leave by their Commander;
- c. Not wear a Department-issued uniform pending an administrative review;
- d. Not be allowed to work secondary employment while on administrative leave/duty;
- e. Remain in this status for a minimum of three (3) working days, until officially released by the Department psychologist and notified by the Commander of Professional Standards; and
- f. Complete a Return-to-Duty Firearms Program.

## 6. Force Investigation Unit (FIU)

### i. Type of investigation

FIU is responsible for conducting the criminal investigation for the following types of incidents:

- a. All use-of-force incidents resulting in the death or imminent death of the suspect occurring in the City of St. Louis involving personnel or armed personnel of the Department or involving outside law enforcement personnel.
  - i. NOTE 1: These incidents involving outside law enforcement agencies will be evaluated on a “case-by-case” basis. Such incidents generally will be investigated by FIU. However, Federal law enforcement agencies may elect to conduct their own investigation.
  - ii. NOTE 2: Homicide is responsible for the criminal investigation of any incident involving the use of lethal force by FIU personnel occurring within the City of St. Louis.
- b. All other discharges of a firearm as a use of force by personnel or armed personnel of the Department.
- c. Any incident in which personnel or armed personnel of the Department are shot in the performance of their job duties.
- d. Any deaths directly resulting from vehicular pursuits or emergency vehicle operation by personnel or armed personnel of the Department in the performance of their job duties, based on the overall circumstances of the crash.
- e. Any other death of a person in custodial care of the Department.

- f. Any other incident, as directed by the Police Commissioner.

The FIU prepares all required incident reports relative to these incidents.

The FIU presents facts and circumstances of the investigation to the Circuit Attorney's Office for a determination of criminal liability.

- ii. Statements

The Involved personnel/Armed Personnel will make any combination of the following types of statements:

1. Public Safety Statement [Required];
2. Voluntary Statement [Voluntary]; and/or
3. Internal Statement [May be Required]

1. PUBLIC SAFETY STATEMENT

- a. The Involved personnel/Armed Personnel may provide a Public Safety Statement to the first responding Supervisor/Commander to further the interest of public safety, to ensure that a complete area canvas is conducted, and to facilitate the location of suspect(s), potential witness(es), and evidence. Additionally, the Involved personnel/Armed Personnel may be asked to provide the same Public Safety Statement to FIU personnel upon their arrival at the scene.
- b. A Public Safety Statement contains the following information: (see MPD Form GEN-448)<sup>10</sup>
  - i. Type of force and weapons used by Involved personnel/Armed Personnel and suspect(s);
  - ii. Direction and approximate number of shots fired by Involved personnel/Armed Personnel and suspect(s)
  - iii. Location of injured person(s);
  - iv. Description and location of any known victims or witnesses;
  - v. Description and location of any known evidence;
  - vi. Description of at-large suspect(s) to include:
    1. Mode and direction of travel;

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<sup>10</sup> This form was not included in our materials.

2. Time elapsed since the suspect(s) was(were) last seen;
3. Any suspect weapons utilized or unsecured at the scene; and
4. Any other information necessary to ensure personnel and public safety.

## 2. VOLUNTARY STATEMENT

- a. Like any citizen, armed personnel of the Department have protection against self incrimination, as outlined in the Fifth Amendment of the U.S. Constitution.
- b. In order to better understand the details of the event, the FIU Supervisor or designee will ask the Involved personnel/Armed Personnel to make a Voluntary Statement about the circumstances/details of the incident.
- c. The Involved personnel/Armed Personnel will be advised that a Voluntary Statement is completely voluntary.
- d. The Voluntary Statement will be given to the FIU Supervisor or designee on mutually agreeable terms between the Involved personnel/Armed Personnel, their attorney (when applicable), and the FIU Supervisor.
- e. Before providing a Voluntary Statement, the Involved personnel/Armed personnel will be advised of the following:
- f. They have a right to consult with an attorney and to have one present.
- g. The Voluntary Statement will be included in the incident report.
  - i. The Public Safety Statement and the Voluntary Statement will be the ONLY statements they provide that are shared with the Circuit Attorney's Office.
  - ii. Lack of a Voluntary Statement could negatively affect the Circuit Attorney's decision to initiate a criminal prosecution of the suspect(s).
  - iii. Lack of a Voluntary Statement could negatively influence public perception of the event.

## 3. INTERNAL STATEMENT

- a. The Internal Statement is the Involved personnel's/Armed Personnel's statement to Internal Affairs (IA) as part of the administrative review of the incident, used to investigate compliance with Department policies, procedures, and code of ethics. The

Internal Statement shall take place as soon as practicable, but no later than 48 hours after the OIS incident. The interview shall be video and audio recorded.

- b. Refer to Section VII (Administrative Procedures – Use of Force) of SO 1-01 (Use of Force) for additional information concerning the administrative review.
  - i. NOTE: Mandatory drug and alcohol testing for Department employees involved in lethal force and other critical incidents is performed in accordance with the Department of Personnel’s drug and alcohol testing program. Refer to Administrative Regulation 120(B) for additional information concerning this program.

### 3. PUBLIC RELEASE OF INFORMATION

After FIU has completed the investigation and the Circuit Attorney’s Office has reviewed all presented information, the Department will release any open record associated with the incident, as required by the Missouri Sunshine Law.

#### i. Lethal Force Tactical Review Process

The Lethal Force Tactical Review Board will review all lethal force incidents involving police personnel, or any other incident as directed by the Police Commissioner.

- a. The Lethal Force Tactical Review Board will consist of the following personnel:
  - i. Commander, Bureau of Investigation, who will act as the Chair;
    1. EXCEPTION: If the involved personnel is assigned to the Bureau of Investigation, the Commander, Bureau of Neighborhood Policing, will act as the Chair.
  - ii. Bureau Commander of the involved personnel;
  - iii. Commander, Internal Affairs;
  - iv. Commander, Policy Academy;
  - v. Commander, Laboratory;
  - vi. Supervisor, Defensive Tactics;
  - vii. Department Legal Counsel or Attorney from the City of St. Louis Law Department; and

- viii. An personnel of rank equal to the involved personnel selected by the Police Commissioner.
- b. Within fifteen (15) working days from the date of receipt of the investigative files from the FIU, the Lethal Force Tactical Review Board will convene a hearing and shall receive oral reports from any of the following:
  - i. FIU Investigators;
  - ii. Commanding personnel of the involved personnel;
  - iii. Any personnel who utilized lethal force during the incident;
  - iv. Any scene Supervisors or Commanders; and
  - v. Any other personnel, as determined by the Lethal Force Tactical Review Board.
- c. Upon determination by the Board Chair that they have sufficient information and responses to any questions they may have, the Chairman of the Lethal Force Tactical Review Board will have a written report submitted to the Police Commissioner within twenty (20) days of the Board's last meeting date. These recommendations will include but not be limited to:
  - i. Whether or not there should be additional training of any kind to personnel involved in the incident.
  - ii. Whether or not there should be any modifications to Department tactical training or equipment.
  - iii. Any other recommendations the Lethal Force Tactical Review Board believes are necessary for the effective management of the organization and the well-being of its employees.
  - iv. After the Police Commissioner has completed their review of the matter, they will notify the Commander, Bureau of Professional Standards of their decision in writing.
- d. Upon completion of all direction given by the Police Commissioner, the Commander, Bureau of Professional Standards will, in writing, notify the Police Commissioner.

## 7. Human Resource reporting

Human Resources is responsible for submitting the following periodic reports through the chain of command to the Chief of Police:

- a. Statistical report concerning the number of each of the incidents (monthly);
- b. Report concerning the need for policy/procedural modifications and/or training modifications as determined by the Use of Force Review Committee (quarterly); and
- c. Report detailing the number of incidents in which personnel have discharged firearms (annually).

## 9. Periodic Review of policy

- a. All commissioned personnel will be issued copies of and instructed in the use of force policies by the Academy staff before being authorized to carry a weapon. The issuance and instruction will be documented.
- b. Monthly, the Commission on Accreditation for Law Enforcement Agencies (CALEA) will disseminate the Department “Use of Force Policy Statement” to all personnel via the Policy Acknowledgement System (PASS). CALEA will monitor compliance with the acknowledgement of the Policy Review.
- c. Commanders and Supervisors will periodically review the Use of Force Policy and all relevant procedures with all commissioned personnel under their command.



TISHAURA O. JONES  
MAYOR

**CITY OF ST. LOUIS**  
**OFFICE OF THE DIRECTOR**  
**DEPARTMENT OF PUBLIC SAFETY**  
1200 MARKET STREET, ROOM 401  
ST. LOUIS, MISSOURI 63103-2860



CHARLES E. COYLE SR.  
DIRECTOR

April 18, 2023

Dear Dr. Kenter,

I am in receipt of your use of force policy recommendation. I appreciate the time the Center for Policing Equity and the members of the working group took to generate this recommendation.

We know with the change of leadership for the police department and in the Department of Public Safety, CPE understands that we are in period of transition. Chief Tracy's selection as our new police chief marked the first time in the history of the agency that an external candidate was selected to serve. Our administration supports Chief Robert Tracy in his process to do his assessment of the agency and encourages him to locate and address challenges.

Right now, Chief Tracy is focused on aligning his staffing to meet the needs of the department to address violent crime year-round. Since he has assumed his role, he has bolstered regional partnerships, developed community partnerships, and refocused the team on collective problem solving through his weekly COMPSTAT meetings. All these components are essential for improving the police department. At the core of the Chief's engagement is community trust. This can only be built by building and training a police force that can maintain the community's trust, even in times of stress and uncertainty.

During his time in Wilmington, Chief Tracy engaged in policy revisions and the development of a police force that embodied policies in the way they interact with community members. Having protocols on paper does not go far enough. As you state, we must have "unambiguous expectations." The Chief worked with a team of subject matter experts in the development of the Use of Force policy for Wilmington. The policy that they developed was agreed on by officers, the elected officials, and the community. This is the process we want to replicate here.

The Department will review the Use of Force policy within the coming months. The Chief and his team will review your Use of Force policy recommendations and develop a policy for the city that aligns all of our goals, which is to keep all involved parties safe.

I recognize that this response does not provide you with tangible edits to the recommended policy you have presented; however, I hope it sheds light on the process we are working through to review policies. We will produce a draft policy and present it to the broader community for feedback. We are aware that allowing the public to have input and to be a part of the discussion around use of force, increases the Department's transparency and increases the public's trust of the process.

Please let me know if you have any questions or concerns.

Sincerely,

Director Charles Coyle  
Interim Public Safety Director  
City of St. Louis

# Behavioral and Mental Health Response Policy Recommendation

Proposed by The SLMPD Protocol Review Working Group  
January 17, 2023

# SLMPD Behavioral and Mental Health Response Policy

## PURPOSE:

The purpose of this policy is to provide specific guidance to St. Louis Metropolitan Police Department personnel for responding to people experiencing a behavioral health crisis.

## POLICY:

It is the policy of the Department to respond to incidents involving people experiencing behavioral health crises in a manner that:

1. Respects the dignity of all people;
2. Protects the safety of people in crisis, officers, and the community;
3. Prioritizes de-escalation and minimizes use of force; and
4. Maximizes diversion of people in crisis from arrest and involuntary hospitalization to community care.

When an officer has made contact with a person in crisis, quick resolution of the call is of no importance. Officers will not take aggressive action unless there is an immediate physical threat to the person in crisis, officers, or the community.

## DEFINITIONS:

### 1. Contracted Behavioral Health Responder (BHR)

BHR is an agency that provides mental health services and referrals for people who are in crisis. BHR provides mental health professionals for Crisis Response Unit teams and can handle crisis calls that are eligible for 911 diversion.

### 2. Crisis

A situation where a person's safety and health, or the safety and health of others, are threatened by behavioral health challenges, to include mental illness, developmental disabilities, substance use, or overwhelming stressors. A crisis can involve a person's perception or experience of an event or situation as an intolerable difficulty that exceeds the individual's current resources and coping mechanisms and may include unusual stress in their life that renders them unable to function as they normally would, which may make them a danger to self or others.

### 3. CIT Call

A call for service for which a crisis is a primary or contributing factor to police involvement.

### 4. Crisis Intervention Team (CIT) Program

The CIT Program is a community-based program that brings law enforcement, mental health professionals, mental health advocates (persons with lived experience), treatment providers and other partners together to improve responses to mental health crises.

### 5. Basic CIT Training

Basic CIT training is a 40-hour initial comprehensive CIT training program.

### 6. Crisis Response Unit (CRU)

The Crisis Response Unit is composed of dedicated CIT Officers and mental health professionals.

### 7. Community Behavioral Health Liaison

Qualified mental health professionals who work with CIT officers to assist in connecting people with available services and to assist with training.

### 8. CIT Officer

CIT officers are CIT-trained officers who have pursued continuing education and demonstrated ongoing commitment and ability to work with people in crisis situations and who have been selected to function as primary responders to calls involving people in crisis.

## PROCEDURES:

### I. Responsibilities of Call Takers and Dispatchers

1. The call taker will assess all incoming behavioral health calls to determine whether they are eligible for 911 diversion to BHR. If a caller reports a possible behavioral health crisis, the call taker will inquire whether the caller (or subject of the call) is armed, threatening violence, has a suicide plan, or is experiencing a medical crisis.
  - a. If the caller (or subject of the call) is experiencing a behavioral health crisis and is not armed, threatening violence, planning suicide, or experiencing a medical crisis, the call taker will attempt to divert the caller to a 911 communication center diversion clinician. If

a 911 communication center diversion clinician is available, the call taker will divert the call to that clinician. If a 911 communication center diversion clinician is not available, the call taker will offer diversion to the crisis line.

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- b. If the caller (or subject of the call) is experiencing only a medical crisis that requires Emergency Medical Services (EMS) response, the call taker operator will transfer the call to the EMS dispatcher.
- c. If the caller is not eligible for diversion to BHR or the caller declines diversion to BHR and the call does not involve a medical crisis, the call taker will create a call for service for police dispatch.

2. Police dispatchers shall, when available, dispatch a CRU unit or a CIT officer to all CIT calls that are not diverted to BHR.

- a. Calls that appear to involve a person in crisis shall be dispatched according to existing priorities.
- b. If a CRU unit or a CIT officer is on a lower priority call, they can be re-assigned to the crisis incident.
- c. Dispatchers shall advise the officers if the person in crisis is a minor, if known.

## II. Responsibilities of Responding Officers

- 1. When responding to a person in crisis, officers who are not CIT trained shall request the assistance of a CIT officer or CRU unit. If a CRU unit or other CIT officer is available to respond, the initial responding officer will act as an assist to the CIT officer or CRU unit, who will assume the assignment. However, if no CIT officer or CRU unit is available, the assignment will be handled by the initial responding officer.
- 2. Officers shall attempt to use de-escalation techniques to stabilize the situation until a CIT officer CRU unit arrives, including:
  - a. Assess the situation for risk;
  - b. Exhibit patience, preparing for a potentially long encounter;
  - c. Speak in a calm, respectful, non-threatening tone of voice;
  - d. Speak with empathy and provide reassurance that police are there to help;
  - e. Avoid unnecessary use of sirens or lights;

f. Maintain a safe distance, providing the individual with a zone of comfort that also serves as a buffer for officer safety;

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g. Assess whether officer presence may be triggering a fear/anxiety response;

h. Move slowly; and

i. Seek to determine if an on-scene family member/friend can provide information to assist in de-escalating the situation.

3. When assessing threat and determining an appropriate response, officers shall consider the possibility that an individual may be non-compliant due to:

a. Mental illness, developmental disability, or dementia;

b. The effects of alcohol or street drugs;

c. The effects of a medical crisis, such as a diabetic emergency;

d. A physical disability, such as visual, hearing, or mobility impairments; or

e. Limited English proficiency.

4. Officers shall avoid physical confrontation unless immediately necessary to protect someone or stop behavior that creates an imminent threat.

5. If an officer determines that the person reported to be in a behavioral health crisis is not a danger to themselves or others and no probable cause exists to arrest or detain the person for a crime, the officer may refer the individual to CRU or connect them to an appropriate community behavioral health resource. If the person does not wish to speak to law enforcement or if the officer determines that further law enforcement contact would likely escalate the situation, the officer should tactically retreat to a safe distance away while waiting for an appropriate community behavioral health response. Alternatively, an officer may contact a supervisor to seek approval to disengage. If the officer receives approval to disengage, the officer shall document the call in a CIT form.

### III. Responsibilities of CIT Officers

1. In addition to officer responsibilities when responding to a person in crisis, CIT officers shall:

a. Respond to incidents reasonably believed to involve a person in crisis;

b. Take primary responsibility for handling crisis situations when on scene unless a supervisor

is present. If a supervisor has assumed control of the scene, the supervisor shall seek the input of the CIT officer regarding strategies for resolving the crisis;

c. If responding to an incident in progress, attempt to obtain additional information about the individual in crisis prior to making contact;

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d. Introduce themselves as a CIT officer;

e. Further assess the scene;

f. Contact CRU or BHR for assistance while on scene;

g. Continue de-escalation techniques and identify resolutions to the crisis;

h. Complete an incident report and CIT Form. CIT Forms can be found by intranet access - Forms - All Forms Excluding IAD Forms - Crisis Intervention Form;

i. Determine an appropriate disposition for the call for service according to the guidelines below.

<b>Nature of Call</b>	<b>Law Enforcement Response</b>
Indication of emergency medical need.	Call EMS for medical transport.
Behavior that appears related to an illness, disorder, or disability that is not harmful to themselves or others.	Refer the individual to the appropriate resources or services (e.g., BHR) or seek supervisor approval to disengage.



forwarded to the appropriate locations.

6. Supervisors should seek input from a CRU clinician or CRU supervisor when making decisions regarding non-engagement or disengagement.

#### V. Responsibilities of CRU Supervisors

1. CRU supervisors shall indicate on the daily roster which cars have CRU officers when faxing the weekly log to communications supervisors.
2. CRU Supervisors shall respond to CRU calls when requested by a CRU team to assist in resolving crisis situations and conducting appropriate investigations.
3. CRU supervisors shall request additional resources as necessary.
4. CRU supervisors shall ensure the appropriate reports (e.g. incident report, CIT form) are completed and forwarded to the appropriate locations.
5. CRU supervisors should, when appropriate, seek input from a CRU clinician supervisor. 6

#### VI. Responding to Youth and Children in Crisis

1. For interactions with youth or children experiencing crisis, CIT officers shall employ trauma-informed, developmentally appropriate tactics as well as the de-escalation tactics described above. Officers will avoid threatening language and will account for any fear-based reactions that children and youth may experience during an encounter with police.
2. If an officer encounters a child or youth who has suspected mental health needs but is not a threat to self or others and does not require hospitalization, officers may contact BHR or provide the phone number to the child or youth's parent or guardian. BHR will send someone to the child's home as soon as possible to conduct an assessment and refer the family for services.
3. A child or youth who is transported to a hospital or mental health facility must be accompanied by a parent or legal guardian unless the parent(s) or legal guardian cannot be located and the officer has reason to believe that the child or youth is likely to seriously harm themselves or others. If an officer transports a child or youth to a hospital or mental health facility, and a parent or legal guardian is not present, the officer must wait until a parent, legal guardian, or representative of the Youth and Family division is present.
4. If an officer responds to a crisis incident involving a child or youth at school, the officer shall contact the child or youth's parent(s) or guardian(s) (unless the school has already done so.) Children and youth are to be removed from school only in extreme emergencies when there is no less restrictive option consistent with ensuring the safety of the child and others. The officer shall ensure that a parent or guardian is notified before transport occurs or as soon as is practicable.

5. A child or youth who requires hospitalization will normally be taken to St. Louis Children's Hospital or Cardinal Glennon Children's Hospital.

## VII. Handcuffing and Restraints

1. Officers should be aware that use of handcuffs may prompt a trauma or panic response. If a person in crisis voluntarily agrees to be transported to another location such as a hospital, handcuffs may not be necessary unless the officer or a CRU clinician determines that the person is at risk of harming themselves or others. Officers should consider the means of transportation available and explain the process of how the handcuffs will be applied before restraints are used. Responders should use de-escalation techniques.
2. If a person is identified as likely to cause harm to themselves or others, the officer shall guard the individual to protect the individual and others until the medical facility assumes responsibility for the individual and hospital staff advises the officer that handcuffs can safely be removed.
3. Restrained people should be seated or placed on their side as soon as possible. Officers shall NOT position a restrained person in a manner that causes positional asphyxia. Officers shall not position a restrained person on their back, as this can cause radial nerve damage to the wrists and

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forearms. Restrained people must be monitored to ensure that they are not allowed to lay down on their back or stomach for any period of time. Officers shall not connect wrist restraints to ankle restraints, as this can create difficulty breathing.

4. Officers shall not use spit hoods.

## VIII. Probate Warrants

1. The local Probate Division Judge may issue an Informal Warrant with instructions for the Sheriff or police to deliver a person to a designated psychiatric facility for up to 96 hours for evaluation and treatment. The Sheriff normally serves Informal Warrants; however, an SLMPD officer may receive a computer 'hit' on a person who was previously unserved.
2. If an officer receives a computer 'hit' for an Informal Warrant and the only reason for detaining a person is for mental health, the responding officer must request response from CRU or a CIT officer.

## IX. Involuntary Commitments

1. The officer must complete a Department of Mental Health Affidavit form, "Affidavit in Support of Application for Detention, Evaluation and Treatment/Rehabilitation – Admission for 96 hours" (DMH 142). This form is available on the SLMPD intranet at Forms → CIT Related Forms or at area hospitals. In this form, the officer must document their reasons for believing that there is an

imminent likelihood of harm to the person or others if they are not taken into custody. Officers can include credible third party reports in these affidavits.

2. The Affidavit Form will be presented by the officer to the attending physician at the hospital. The officer shall ensure that hospital staff have a detailed, accurate account of the incident surrounding the protective custody.
3. Where an incident report is required, the officer will indicate that an Affidavit was completed and furnished to the hospital. The officer shall indicate that an Affidavit was completed and submitted to the hospital even if another person (e.g., a BHR clinician or an EMS employee) completed the affidavit.
4. Affidavits are NOT to be scanned into incident reports or seized as evidence.

#### X. Processing Mental Health Patients at Hospitals

1. If a patient is not under arrest:
  - a. Officers escorting a psychiatric patient to the hospital will remain with the patient until they are accepted into the emergency department and turned over to hospital personnel.
  - b. Officers will not normally enter a psychiatric ward or area; however, if this is required in extenuating circumstances, officers will follow any existing hospital regulations for firearms security. Any item of police equipment other than firearms may be taken into a psychiatric ward.
2. If a patient is under arrest and is over 17 years of age:
  - a. The person will be arrested and booked according to the procedures outlined in Special Order 8-01, "Arrest, Booking and Related Procedures".
  - b. If the person is kept at the hospital for additional psychiatric observation, one of the following actions will be taken based on the seriousness of the charge and the Watch Commander's discretion, per procedures in Section VIII of this Order:
    - i. Police officer detail placed;
    - ii. Prisoner Hold Order, MPD Form GEN-424 placed;
    - iii. Released on charge(s) pending application for 'at large' warrant.
3. If a patient has been arrested and is a child or youth:

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- a. If the child or youth is kept at the hospital for additional psychiatric observation, the officer will proceed to the Juvenile Court where an affidavit will be prepared. The Deputy Juvenile Officer in the Intake Unit will then decide if a Juvenile Confidential History Form will be prepared.
- b. NOTE: A police officer detail will be placed at the hospital for a child or youth only when there is reason to believe that they will make an escape attempt and attempt to harm a victim, witness, or another person. See Section XV of SO 5-16, "Juvenile Procedures" for full details.

#### XI. Responding to CIT Calls at Hospitals

1. A CIT officer shall respond to any CIT call involving an assault or other crime committed by a patient who is in the care, custody, and control of a hospital.
2. The CIT officer shall:
  - a. Conduct an investigation;
  - b. Confer with medical providers to determine whether the patient's behavior may have been related to a behavioral health disorder;
  - c. Create a report for an assault if desired by the victim;
  - d. Complete a CIT form.
3. Officers will not remove an admitted behavioral health patient from a hospital to be arrested for alleged criminal behavior. Officers will follow up with charges after the patient has been released and stabilized.
4. The CIT officer shall not transport the patient to jail except as a last resort when there is no other less restrictive option that is consistent with ensuring the safety of hospital staff. If a patient is transported to jail, the patient will receive pre-confinement evaluation and a plan for care, including one-to-one supervision.

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#### XII. Reporting Requirements

1. When an incident report is required:
  - a. The responding officer will have responsibility in both criminal and non-criminal cases for drawing a complaint number, completing the original incident report and handling all processes related to arrest, booking, and information application.

b. The responding officer will document in the narrative of the incident report if a CIT Officer was requested, purpose of request, and who responded to the scene.

c. The responding officer will complete a CIT form.

2. When an incident report is not required:

a. The responding officer will give an appropriate disposition at the end of the call. b. The officer giving the disposition will add an appropriate comment to the CAD call log. c. The responding officer will complete a CIT form.

## Appendix 6: Response to Behavioral & Mental Health Response Policy Recommendation



TISHAURA O. JONES  
MAYOR

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CHARLES E. COYLE SR.  
DIRECTOR

March 7, 2023

Dear Dr. Kenter,

I am in receipt of your letter from the SLMPD Protocol Review Working Group dated January 17<sup>th</sup>. I want to thank you and the working group for their efforts to review and modify policies and procedures related to crisis intervention. Currently I am, along with members of the leadership at the St. Louis Metropolitan Police Department, reviewing this policy.

As you are likely aware, your letter predates my tenure as Interim Public Safety Director and arrived nine days after Chief Robert Tracy started as the new Chief of Police for the St. Louis Metropolitan Police Department. In both the overall Department of Public Safety and the Police Department, this is a time of assessment and transition.

While I understand the desire of the working group to receive a full adoption of their policy, I must advise that we need additional time to review. I anticipate that we will be able to move forward with the adoption of a new policy this summer.

From the proposed policy, I think there are several elements of your letter we can agree with. First, officers should not take aggressive action unless there is an immediate threat. This is already codified policy within the Police Department as directly by Ordinance: 71186 which requires officers to use de-escalation techniques to reduce threats and gain compliance without force or with the lowest level of force possible.

Second, there are many calls we receive to our 911 line that may be better served with a Behavioral Health Responder. Starting this year, an evaluator with BHR began to work directly in the 911 dispatch center. In January this year, we diverted 481 calls to BHR, building off of nearly 6,000 calls that were diverted to BHR last year. Under a departmental directive the Crisis Response Unit (CRU) responds when interventions will help divert individuals with behavioral health disorders from the criminal justice system. They can respond in a primary or assist role when there is no immediate threat, the individual does not have a weapon and is in need of social services.

The majority of our officers are CIT trained. We are committed to increasing the number of officers that are CIT trained and we are always looking for ways to improve our community connection with systems of care. We are also revisiting our juvenile policy. While elements of these recommendations resonate directly with our revisions to the juvenile policy, we do want to examine these policies in conjunction to avoid creating confusion in the field.

*Building Division \* City Emergency Management Agency \* Excise Division \* Fire Dept./EMS \* Neighborhood Stabilization Team/Citizens Service Bureau \* Division of Corrections \* St. Louis Metropolitan Police Department \* Civilian Oversight Board \* Office of Violence Prevention*  
<https://www.stlouis-mo.gov/government/departments/public-safety>

Finally, regarding the use of handcuffs, when an officer transports an individual in crisis, both the safety of the officer and the individual are paramount for our operating procedures. Our officers are all trained when using handcuffs to place the individual with their hands behind their back and palms pointing out, whenever possible. The use of four-point restraints (also known as the "hog tie" restraint) is prohibited under SO 8-10.

I also agree with you that policy is only as strong as the training that accompanies it. At the moment, Chief Tracy and his team are working hard to identify additional training opportunities for staff. His team is pursuing additional training with the FBI National Academy to secure additional spots for officers and with PERF to establish more leadership training opportunities for officers. Regionally, SLMPD is adding training opportunities on crucial street incidents and counter drug training.

Without a complete review and the needed operational partners brought to the table, I am not ready to commit to adoption of the policy as proposed. We will work to formalize our policy update related to this during the summer and we will be in touch as we work our processes.

Sincerely,



Chief Charles Coyle

Interim Public Safety Director

**MEMORANDUM**

**St. Louis Intimate Partner Violence and Domestic Violence Working Group**

**From:** Juanisha Byrd, Impact & Engagement Manager and Josephine Smedley, Senior Community Engagement Coordinator

**Date:** Jun 16, 2023

**Executive Summary**

The Center for Policing Equity (CPE) has been working with the City of St. Louis to redesign public safety; our full report can be viewed here: [Reimagining Public Safety in the City of St. Louis: A Vision for Change](#). CPE and the city are working to implement many of the recommendations presented in this report. To strengthen the response to intimate partner violence (IPV), domestic violence (DV), and family violence, CPE convened four working group sessions to explore a robust, holistic response to DV/IPV and family violence incidents. Organizations engaged with diverse communities directly and indirectly impacted by DV/IPV and family violence were invited to be a part of the working group, with a particular focus on diversity and inclusion.

**Thought Partnership Overview**

In support of strengthening the city’s response to DV/IPV and family violence, CPE convened four working group sessions to explore a robust, holistic response to DV/IPV and family violence incidents. The three high-level goals for the working group were to:

- Gain a deeper understanding of existing services and gaps;
- Explore opportunities to improve accessibility and responsiveness in order to better serve victims-survivors;
- Analyze and develop efforts to serve diverse populations and underserved DV/IPV victims-survivors equitably.

	<b>Date</b>	<b>Discussion Topic</b>
Session 1	September 26, 2022	Landscape / Service Providers
Session 2	October 11, 2022	Accessibility
Session 3	October 24, 2022	Intersectionality

We worked to ensure that working group outcomes would be responsive to the feedback, needs, and challenges of the St. Louis community.

## Key Findings

### I. Landscape & Service Providers

Most DV/IPV service providers in St. Louis provide crisis response and advocacy services, including but **not limited** to:

- Emotional support;
- Victim advocates;
- 24/7 crisis helpline;
- Temporary/supportive shelters; and
- Trauma-focused therapy.

Community members in St. Louis also have access to an integrated behavioral health 911 program that dispatches crisis responders to calls for service related to DV/IPV alongside police officers.

While there are many services provided in response to DV/IPV, the working group noted gaps in wraparound services, such as:

- Access to transportation;
- Permanent supportive housing;
- Restorative justice/diversion program
- Financial assistance; and
- Services for people charged with DV/IPV

Without these wraparound services, DV/IPV service providers have limited capacity to provide long-term support to victims-survivors and their families. Working group members shared that gaps in wraparound services are best addressed with additional funding to expand support programs and service offerings. In the short term, service providers will seek to partner with local organizations offering support services and improve referral processes and collaboration to serve victims-survivors better.

Working group members also noted a lack of alignment on how service providers define the terms “prevention,” “crisis,” and “trauma.” For example, some service providers indicated they offer immediate crisis response services to victims-survivors, typically provided during an active crisis. However, this may or may not involve follow-up or additional services to address the trauma or long-term effects of crisis events. Trauma services usually involve a range of services and resources designed to address the long-term impact, aftermath, and lasting trauma of a crisis and provide support for victims-survivors’ physical recovery and mental health. To make it easier for victims-survivors and law enforcement to navigate DV/IPV services and programs in St. Louis, working group members developed the following shared definitions of the terms **prevention** (universal and selective), **crisis**, and **trauma**:

- **Prevention**
  - **Universal prevention services** refers to efforts targeted toward education and early intervention for entire groups or communities.
  - **Selective prevention services** refers to efforts targeted toward populations deemed to be at high risk for DV/IPV-related incidents.
- **Crisis** services refers to services provided in the immediate moment of an emergency.
- **Trauma** services are efforts to mitigate the aftermath of a crisis.

Working group members also raised concerns regarding potential differences in how police officers and service providers respond to DV/IPV situations when the victim-survivor and the individual causing harm do not share a residence, due to Missouri state statutes. When there is no shared residence, there are often delays in the victim-survivor receiving DV/IPV services. The Domestic Abuse Response Team violence response unit of the St. Louis Metropolitan Police Department (SLMPD) has specific criteria for the type of DV/IPV calls they handle, including that incidents must be identified as occurring between married couples, unmarried partners, individuals with children in common, or individuals who share residence. If the DV/IPV incident does not meet these requirements, the case is handled by a district detective. SLMPD developed this process to help manage their large DV/IPV caseload, but service providers do not have a clear understanding of SLMPD procedures, policies, or practices for collecting and classifying police data locally. They feel that greater visibility is needed in order to improve coordination between SLMPD and providers.

## II. Accessibility

Overall, working group members shared that the community is relatively knowledgeable of their organizations and services, but improvements are needed in the following areas:

**Visibility** is essential to ensure appropriate and timely service referrals and increase access to services. Working group members discussed improving visibility among service providers after many shared that they were not fully knowledgeable about the range of available DV/IPV services and providers prior to participating in the working group. Members also shared that they want to continue efforts to connect with new and existing partners in the field to establish working relationships, share knowledge, and streamline service referrals.

**Capacity building** is also a priority, in order to increase the accessibility of services for all victims-survivors. Community-based organizations often receive funding to provide services to targeted and at-risk populations, which serves to limit their capacity to serve anyone who may not be considered "at-risk" or "targeted," based on funding guidelines. For example, specific shelters that provide temporary and emergency housing for victims-survivors are only able to serve women and children, meaning that men or individuals who do not identify as women often have fewer options when seeking shelter. Some children and adolescents may also seek services for family violence or abuse, but they are limited to those providers who serve adolescent/child populations.

**Culturally responsive outreach** would ensure that organizations are responsive to the needs of the community they are connecting with and serving. Currently, the organizations providing services don't represent the city population demographically. Cultural competence is the onboarding, integration, and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes.<sup>1</sup>

**Data sharing and standardized reporting** may be a good way for organizations to gain insights into the particular services and resources that community members utilize.

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<sup>1</sup> Cultural Competence In Health And Human Services (2001) available at <https://npih.cdc.gov/pages/cultural-competence#3>.

Understanding community members' needs will allow providers to build upon their programs and services to increase the number of community members they can serve. Barriers surrounding confidentiality and the types of data points that agencies can share are significant concerns.

One example of an opportunity to use existing data to inform development of data sharing and standardization is the [Lethality Assessment Program \(LAP\)](#). SLMPD's Domestic Abuse Response Team (DART) implements LAP while on the scene responding to DV/IPV incident calls. The dual goals of LAP are

- to educate DV/IPV victims-survivors about the risks of violence escalation and
- to connect them with appropriate support and safety planning services.

SLMPD officers conduct a brief LAP risk assessment, also known as a "Lethality Screen," to help determine the likelihood of serious injuries or death. Based on the Lethality Screen, victims-survivors are screened either as high risk or low risk. If the victim-survivor screens as high risk (identified as being at the highest risk of severe injuries or death), they are put in immediate contact with [ALIVE - Alternatives to Living in Violent Environments](#), a collaborating DV/IPV service provider. ALIVE provides counseling, emergency shelter, safety planning, and other critical services. If victims-survivors are screened as low risk, the responding officer has discretion about referring the victim-survivor to ALIVE. Regardless of how victims-survivors are screened, the [Crime Victim Center](#), another domestic violence intervention partner, provides follow-up calls to ensure all victims-survivors receive support services and information. However, one significant challenge with CVC service is that CVC advocates are not available around the clock (24/7). As LAP data is already being collected, it could be a starting point in developing consistent data-sharing strategies across agencies to ensure DV/IPV responses accurately address evolving community needs and circumstances.

### **III. Intersectionality**

Applying an intersectional lens, that is, an understanding of how inequities overlap and interact, to DV/IPV response helps service providers understand complex traumas, barriers to care, and oppressive systems impacting victims-survivors' daily lives. Using an intersectional lens allows service providers to address factors that may inform the control tactics that individuals who cause harm use, as well as the victim-survivor's ability to seek help, safety in seeking that help, and potential of being believed by law enforcement. The working group explored three areas during the intersectionality discussion session:

- Housing Instability;
- Spatial Inequality; and
- Intersecting Identity & Circumstances.

**Housing instability** and lack of financial resources play a role in a victim-survivor being able to successfully leave an unsafe situation. Working group members discussed the lack of affordable housing within the community, and how rental requirements such as a credit score and having an income three times the monthly rent, are frequent barriers to housing for many people. Service providers also have difficulty finding landlords who accept low-income renters or housing vouchers. Victims-survivors might face evictions and threats from landlords, particularly when landlords are unfamiliar with the amended Public Nuisances Code, which protects victims-survivors of domestic violence or stalking from losing accessible housing.<sup>2</sup> Education and advocacy are needed to develop better relationships with housing providers in the community to expand housing options for victims-survivors.

**Spatial inequality** refers to the unequal distribution of income and resources across different areas or locations. Spatial inequality is related to racial disparities, and Black and Brown people are significantly disadvantaged by deep spatial inequities. The confluence of various types of inequality, such as disparities in access to transportation, public services, and health care, can further isolate individuals, creating additional vulnerabilities, risks, and barriers for victims-survivors. For example, working group members identified transportation as a critical problem for those seeking assistance because DV/IPV agencies are mainly located in the central corridor, downtown, or south city. The location of services does not correspond to the areas within the city that may be most disadvantaged. Without financial resources to ensure access to transportation, victims-survivors may simply be unable to avail themselves of resources or services provided by organizations, public services, health care facilities, as well as being unable to attend necessary court appearances.

**Intersecting gender identity and circumstances** were also discussed as impacting victims-survivors' ability to access necessary services. Officers responding to DV/IPV calls may have limited training on situations that involve same-sex couples or individuals with different gender identities, and, therefore, may not be able to identify which party

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<sup>2</sup> Ordinance 70390 (2015) available at <https://www.stlouis-mo.gov/government/city-laws/upload/legislative//Ordinances/BOAPdf/BB151CS-wd15.pdf>.

caused the harm. The misidentification of victims-survivors leads to further injustice by inflicting additional trauma and creating additional barriers to seeking support services.

Individuals who lack legal immigration status may also be afraid to ask for help or assume they are not eligible for services due to their citizenship status. Individuals dealing with substance dependency may need to seek treatment before being eligible for certain DV/IPV services, DV/IPV shelters, or supportive housing programs. These additional barriers to accessing DV/IPV services have a negative impact on victims-survivors' ability to seek help.

#### **IV. Diversity, Equity, and Inclusion**

Diversity, equity, and inclusion are key components when planning, developing, and deploying DV/IPV services, and resources to communities. Centering the unique experiences of all victims-survivors ensures that DV/IPV services are responsive, effective, and culturally supportive to meet the community's needs.

In order to fully address a lack of diversity, equity, and inclusion among St. Louis DV/IPV service providers, and to provide the highest quality support, resources, and services to all victims-survivors, providers must first understand the historical barriers for survivors in many underserved communities, and work to remove those barriers. Service providers should intentionally explore, onboard, and understand the impacts of historical oppression, disinvestment, and mistrust on communities of color. Only then will providers be able to develop comprehensive trauma-informed approaches and community engagement efforts focused on rebuilding trust, healing trauma, and facilitating genuine relationships with Black and Brown communities.

Working group members also identified an ongoing need for a more diverse DV/IPV workforce in St. Louis and raised three ways to improve workforce diversity:

- 1.** Purposeful job descriptions ensuring inclusionary language, qualifications, and hiring practices.
- 2.** Equitable leadership and decision-making opportunities for the current workforce.
- 3.** Fostering workplace cultures that embrace diversity, inclusion, and equitable representation at all levels within organizations.

#### **V. Lessons Learned: St. Louis Family Justice Center**

The St. Louis Family Justice Center (FJC) was established in January 2006 to gather existing domestic violence services throughout St. Louis in a single location, but closed its doors shortly after opening. To better understand the trajectory of FJC and the perspective of those involved, a voluntary, anonymous survey was disseminated to the working group and other DV/IPV service providers not part of the working group. The survey asked five (5) questions:

1. From your perspective, what went well with the FJC?
2. From your perspective, what factors contributed to the FJC closing?
3. From your perspective, what could have been done better?
4. Do you have recommendations for future collaboration and partnership efforts for domestic violence/family violence services?
5. Is there anything else you want to share regarding your opinions/thoughts on the FJC?

Common themes and lessons learned from the past Family Justice Center included:

- Define partnerships and establish guidelines early on to improve relationships and coordination among service providers.
- Prioritize access to emergency financial assistance for wraparound services to provide additional resources for victims-survivors needing emergency housing, legal services, transportation, etc.
- Improve overall transparency so that community members can navigate FJC services and processes to improve the community experience.
- Assess community needs and provide diverse, inclusive, and responsive programming, resources, and services.
- Establish buy-in and support from the city government to support sustainability, growth, and local funding for FJC.

### **Closing Remarks and Recommendations**

CPE collated working group insights regarding challenges in accessibility, collaboration, and gaps in capacity to provide wraparound services and culturally responsive support to victims-survivors. Four recommendations were developed to close gaps in services, address the aforementioned challenges, and enhance DV/IPV services to provide a robust, holistic response to DV/IPV and family violence incidents in St. Louis:

1. Establish a multi-agency, multidisciplinary, co-located service center<sup>3</sup> to provide services to victims-survivors of interpersonal violence, including intimate partner/domestic violence, sexual assault, family violence , child abuse, and human trafficking.
2. Develop digital and digitally delivered responsive services<sup>4</sup> via mobile devices, web applications, or electronic health platforms to improve accessibility and reduce response times for victims-survivors to access support and resources.
3. Partner with external resource connection services, such as United Way 2-1-1<sup>5</sup> and Victim Connect,<sup>6</sup> to create additional pathways for connecting community members to DV/IPV support services and resources and to prioritize DV/IPV in existing resource directories.
4. Identify types of data points and information essential to improve accessibility, efficacy, and responsiveness of DV/IPV services and establish standardized data/information sharing practices among service providers.<sup>7</sup>

Efforts to strengthen the responses to DV/IPV in St. Louis are ongoing. The four working group sessions provided the foundation for identifying, framing, and improving collaborative efforts across service providers, addressing service gaps, and brainstorming solutions. There is a need to continue the conversation to understand further and expand the current DV/IPV landscape, develop solid strategies and roadmaps to operationalize the changes necessary to close gaps in services and to meet the needs of community members, and build a robust, holistic response to DV/IPV.

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<sup>3</sup> The President's Family Justice Center Initiative Best Practices (2007) available at [https://www.justice.gov/archive/ovw/docs/family\\_justice\\_center\\_overview\\_12\\_07.pdf](https://www.justice.gov/archive/ovw/docs/family_justice_center_overview_12_07.pdf).

<sup>4</sup> Digital or Digitally Delivered Responses to Domestic and Intimate Partner Violence During COVID-19 (2020) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7394520/>.

<sup>5</sup> United Way (2023) available at <https://helpingpeople.org>.

<sup>6</sup> Victim Connect (2023) available at <https://victimconnect.org/resources/search-resources/>.

<sup>7</sup> Safety and Justice : Sharing Personal Information in the Context of Domestic Violence—An Overview (2008) available at <https://www.ojp.gov/ncjrs/virtual-library/abstracts/safety-and-justice-sharing-personal-information-context-domestic>.

### Working Group Members

1. **Wilford Pinkney:** Office of Violence Prevention
2. **Carla Maley:** Saint Martha's Hall & Courtwatch
3. **Charles Watkins:** Covenant House Missouri
4. **Clair Antoine:** The Saint Louis Anti-Violence Project
5. **Courtney Grady:** Covenant House Missouri
6. **Felicia Spratt:** Behavioral Health Response
7. **Helen Sandkuhl:** SSM Health Saint Louis University Hospital
8. **Jessica Meyers:** St. Louis Area Violence Prevention Commission
9. **John Harper:** St. Louis Family Violence Council & Retired SLMPD
10. **Katie Dalton:** Crime Victim Center
11. **Kelly Glenn:** International Institute of St. Louis
12. **Laura Halfmann-Morris:** Legal Services of Eastern Missouri
13. **Maureen Farrell:** Office of Violence Prevention
14. **Samantha Wayant:** YWCA Metro St. Louis
15. **Sheila Strode:** Crime Victim Center
16. **Storm Ervin:** Urban Institute



Chris Burbank  
Center for Policing Equity  
Letter Opposing House Bill 702  
March 31, 2023

My name is Chris Burbank. I am the former Police Chief of Salt Lake City having spent nine years in that position. During that time, I also served as Vice President of the Major Cities Chiefs Association, an organization of the 70 largest cities in the United States and Canada. Additionally, I am past President of the FBI National Executive Institute Associates. Currently, I am with the Center for Policing Equity, a nonprofit, action, think tank utilizing scientific research to end racial disparities in policing.

As a longtime leader in law enforcement, I am deeply concerned about the attempt by some state senators, in Missouri, to take over local control of the St. Louis Police Department. It would not improve public safety, but rather undermine trust between government and communities. In addition, the bill would disenfranchise the voters who chose elected officials that share their vision of what is needed to improve public safety in the city they live in.

The data speaks for itself for why this measure would be ineffective in fighting crime. Kansas City, the only Missouri department under state control, suffered its second-deadliest year in recorded history with 171 killings in 2022, which includes three fatal police shootings, becoming the third year in a row with staggering violence in the city. In 2020, the most homicides ever were recorded, with 182 lives lost. The next year was the third-deadliest year, with 157 killings in 2021.<sup>1</sup>

When St. Louis was previously under state control prior to 2013, it did not improve crime rates. Rather, the city was considered the most dangerous city in the country in 2006 and ranked second most dangerous on the eve of the switch to local control. The homicide rate in Missouri has increased every year since 2011. While the state levels were rising, the homicide rate in St. Louis fell 25 percent in 2021, bucking a national trend. This decrease was maintained in 2022.<sup>2</sup>

As a former police chief, I can say with confidence that this measure would impede the ability of the police chief to work collaboratively in a public safety ecosystem coordinated by one accountable, elected official. Rather than reporting solely to the Mayor, this bill ties the hands of the chief and routes accountability away from the community and places it in the hands of additional commissioners, appointed by the governor. This would make policing in St. Louis highly politicized and siloed from other public safety efforts designed to work in partnership with policing.

Throughout my career, I have consistently found that the people closest to any problem were the closest to the solution. Therefore, I do not have faith that this is an effort to improve community safety. Rather, loss of local control would diminish the relationship between law enforcement and the neighborhoods in St. Louis which they serve. I urge you not to move forward with this legislation.

<sup>1</sup> Data Source: [The Kansas City Star - 2022 was one of Kansas City's deadliest years. Leaders tout new plan, but will it work?](#)

<sup>2</sup> Data Source: [Federal Bureau of Investigation - Crime in the U.S.](#), Useful Link: [St. Louis MO Murder/Homicide Rate 1999-2018](#)

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Matthew Graham  
Center for Policing Equity & Resident of St. Louis  
Testimony Opposing House Bill 702  
April 5, 2023

My name is Matthew Graham and I am a resident of St. Louis. I am also here on behalf of the Center for Policing Equity, a nonprofit that gathers and analyzes data on behaviors within public safety systems and uses those data to help communities achieve safer policing outcomes. I urge you to vote against House Bill 702 which would remove local control of the St. Louis Metropolitan Police Department from the City of St. Louis and place it in the hands of the state. Eleven years ago I and my fellow Missourians voted to give control of our police to local leaders—I ask why the legislature is now trying to overturn the democratically expressed will of the people.

Misleadingly dubbed the "Safer St. Louis Act," the legislation comes in response to grassroots efforts to realign the city's public safety systems to meet community needs. The Center for Policing Equity (CPE) is proud to support community-led efforts in St. Louis that would reduce policing's harms, facilitate trust, and build public safety strategies that will deliver genuine safety, across the city.

Unfortunately this bill is part of an alarming trend to strip power from Black leaders in cities with significant or majority Black populations. History is riddled with similar efforts being made by primarily White power structures whenever Black people try to wrest control away from those power structures

The data speaks for itself for why this measure would be ineffective in fighting crime. Kansas City, the only Missouri department under state control, suffered its second-deadliest year in recorded history in 2022. When St. Louis was previously under state control prior to 2013, it did not improve crime rates. However, once under local control, while state crime levels were rising, the homicide rate in St. Louis fell and the decrease was maintained in 2022.<sup>1</sup>

As written, the bill highlights problems both inside and outside of policing without stipulating how the new law would address them. Issues with recruitment and retention, for instance, aren't a product of the current city administration—they're nationwide problems that have not been solved by bigger budgets.

Retired Salt Lake City Police Chief Chris Burbank, who served as Vice President of the Major Cities Police Chief and is now with Center for Policing Equity, has written a letter explaining why HB 702 would undermine trust between government and the communities they serve, which has been submitted for the record. He explains that this bill ties the hands of the chief, destroys local accountability and siloes police from the larger public safety ecosystem which exists and is being built.

As a concerned citizen and representative from the Center for Policing Equity I urge you to oppose House Bill 702 and keep neighborhood safety in the hands of my fellow St. Louisans.

<sup>1</sup> Data Source: [Federal Bureau of Investigation - Crime in the U.S.](#), Useful Link: [St. Louis MO Murder/Homicide Rate 1999-2018](#)

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