

Sentinel Event Review Board (SERB) Report

Six-month review

Executive Summary

This report summarizes agency responses from the Tucson Police Department (TPD), the Tucson Fire Department (TFD), and the Tucson Public Safety Communications Department (PSCD) to the recommendations offered by the Sentinel Event Review Board (SERB) that examined two in-custody deaths that occurred in March and April of 2020.

The tragic deaths of Mr. Damien Alvarado on March 22, 2020, and Mr. Carlos Adrian Ingram-Lopez on April 21, 2020, are outlined in detail in the SERB report. Those details are not restated here. Rather, this report summarizes past, present, and future actions by TPD, TFD, and PSCD in response to SERB recommendations.

SERB Approach

SERBs have long been used to examine critical incidents in the airline and healthcare industries and are beginning to be adopted by law enforcement. They provide an opportunity to examine in depth any and all factors that may have contributed to a negative outcome. The goal is not to assign blame (separate processes exist to determine fault and assess sanctions), but to see what might be put in place to prevent a similar outcome in the future.

The SERB was led by two experts in sentinel event review, John Hollway, Executive Director of the Quattrone Center for the Fair Administration of Justice from the University of Pennsylvania Carey Law School, and Michael Scott, Clinical Professor and Director of the Center for Problem-Oriented Policing at the Watts College of Public Service and Community Solutions at Arizona State University. The SERB met over four daylong sessions in the summer of 2020, and its members included representatives from the Tucson Police Department, Tucson Fire Department, Tucson Public Safety Communications Department, Mayor's Office, City of Tucson Ward Offices, emergency medicine and behavioral health subject matter experts, and diverse members of the community.

SERB Recommendations and Agency Responses

This report takes *Contributing Factors* (findings) and *Recommendations* verbatim from the SERB report and inserts agency responses to each under *Resolutions*.

In many cases, SERB recommendations aligned with what agencies were already doing. Where that is the case, agencies have reinforced, restated, and/or retrained to emphasize the importance of the policy or procedure.

Agencies have also adopted new policies, procedures, and training in response to SERB recommendations.

In some cases, SERB recommendations were not feasible due to technological or other limitations of which the members were not aware. Where that is the case, agencies continue to seek out other ways to accomplish the desired results.

List of Abbreviations

TPD — Tucson Police Department

TFD — Tucson Fire Department

PSCD — Public Safety Communications Department

CAD — Computer-Aided Dispatch/Computer-Assisted Dispatch

CIT — Crisis Intervention Team

CPARB — Community Police Advisory Board

ECBD — Electronic Criteria-Based Dispatch

EMS — Emergency Medical Services

ePCR — Electronic Patient Care Reporting

FRB — Force Review Board

IPA — Independent Police Auditor

MCRT — Mobile Crisis Response Team

OPS — Office of Professional Standards

SERB — Sentinel Event Review Board

TARP — Total Appendage Restraint Procedure

TC3 — Tucson Community Collaborative Care

Section A: Approaching the Scene

A - 1 **CONTRIBUTING FACTOR:** Inability of 911 call-taker to effectively communicate with caller due to language barrier.

RECOMMENDATION: Ensure all 911 call-takers speak conversational Spanish, or at least have Spanish interpretation instantly available within PSCD. Additionally, establish an advanced language line to serve the large populations of foreign-language speakers in Tucson.¹

Implementation: PSCD

RESOLUTION:

Foreign language proficiency continues to be a scoring factor in the PSCD hiring process. The intent is to continually grow the pool of Spanish speakers as well as other languages common to our diverse community.

Historically, PSCD (previously TFD and TPD Communications) has played a significant role in the RFP and vendor selection process for translation services contracted by the City of Tucson. This includes a contractual requirement to provide direct access to interpreters for 911 services as a priority.

RECOMMENDATION: In the event that the call-taker and the caller have a language barrier, provide multiple language translation cards to assist the dispatcher in asking yes/no questions to gather additional useful information.

Implementation: PSCD

RESOLUTION:

A quick translation card for Spanish was published, along with [supporting direction](#) to engage translation services when a language barrier exists. These were implemented October 9, 2020.

Immediate translation services by dispatch personnel have long been and remain a PSCD goal. For a number of reasons, including staffing levels, achieving this goal is not currently feasible. When staffing increases, creating this capacity will become a key focus area.

A - 2 **CONTRIBUTING FACTOR:** Lack of gathering information from caller during 911 call and lack of transmitting information to responding officers, including:

- Information about other individuals and/or weapons at the scene of the incident.
- Information regarding the drug-induced state of the subject of the call.

¹ Spanish speakers on staff is both the most predictable need and the need that might have contributed to a better outcome in the Ingram-Lopez case. Members of the SERB pointed out, however, that other languages would also be helpful given the demographics and diversity of Tucson.

RECOMMENDATION: Review communication procedures and develop a more robust list of questions for operators to ask callers. Specifically:

- Solicit specific information about weapons, violence, other occupants in home, etc. in “Unknown trouble” 911 calls to guide officers on perceived threat/safety level of situation.
- Ensure drug ingestion/use questions are asked on most calls and that information is relayed to officers.
- Include information on what signs and/or circumstances warrant launching Crisis Intervention Team (“CIT”) personnel with enhanced training in mental or behavioral health situations. Train all PSCD call-takers in recognizing and communicating potential mental or behavioral health issues to responders.²
- Document a list of support resources that dispatchers can consult and outsource calls to other than TPD.
 - Collaborate among these resources and TPD for cases where both social services and safety issues are involved.
 - This an area that requires further discussion and elaboration and may take form through an expansion of TFD’s TC3 program or through the Community Safety Pilot Program currently being discussed by Mayor & Council, to name a few ideas.

Implementation: PSCD, TPD, TFD, and potentially several other City of Tucson Departments and community agencies

RESOLUTION:

PSCD

Protocols for 911 call processing already direct call takers to ask the questions suggested, including those involving weapons, violence, and time of occurrence.

Once “Unknown Trouble” has been selected by a call taker, additional questions will be asked to effect a more tailored response. This will include the use of a specially designed Behavioral Health card in CIT call types where no danger to self or others exists.

Additionally, PSCD facilitates alternative response options for calls with a behavioral health nexus. 2,358 mental health calls were transferred in 2020.

New training will be scheduled as new options are made available.

² The SERB membership was composed mostly of non-clinical personnel and did not want to be overly prescriptive on what exactly such training should include. One suggestion was additional training on pathognomic words and phrases – that is, words that are sufficiently associated with specific conditions that they are clinical “flags.” An example of this is when a patient says he or she has “the worst headache of my life,” clinicians are trained to treat the individual for a brain hemorrhage until proven otherwise. “Naked and agitated” suggests drug use, and thus an increase in risk factors for excited delirium. Educating police on such words and phrases can provide a useful shorthand that improves health outcomes in police interactions with community members.

TPD

A Communications Working Group that meets on a regular basis is being established.

- TPD's Analysis Division will be involved in the process of creating new codes and processes that are likely to result in enhanced data collection and the development of metrics to gauge effectiveness. All coding (P-codes, check-outs, etc.) will undergo Analysis scrutiny before being enacted.
- Analysis will create visualizations to aid in determining the effectiveness of each criteria-based dispatching script.

TFD

Like TPD, TFD is a consumer of PSCD outputs. The "robust information gathering" occurs when the caller connects to 911, and information is relayed via CAD (Computer-Aided Dispatch) to the selected response units. ECBD (Electronic Criteria-Based Dispatch) seems reasonably thorough/robust, but the key in the fire/EMS world is getting the proper resources quickly dispatched in order to initiate appropriate medical care or to interrupt a growing fire or hazmat incident. While additional details can be gathered, this should not create a delay in the initial dispatch of resources. As information is obtained from the caller, supplemental information can be sent via MCT to responders.

A - 3 CONTRIBUTING FACTOR: Failure of call-taker to identify the Ingram-Lopez call as a behavioral health crisis rather than a law enforcement emergency.

RECOMMENDATION: Encourage and publicize the use of 520-622-6000, a crisis line³ for the community to use to request for immediate non-law enforcement government service, including non-violent mental health or drug-induced interactions.

Implementation: Tucson & Pima County Government Officials⁴

RESOLUTION:

PSCD, TFD & TPD have posted or are posting the crisis line on their respective websites and social media platforms. In addition, a PSA is being developed letting the community know that 520-622-6000 is a number to call for help with mental health or substance use issues 24/7. TFD will produce the video.

RECOMMENDATION: When possible given COVID-19, return to the practice of having crisis center call staff, including individuals with mental and behavioral health training,

³ The Community-Wide Crisis Line is available for Pima County residents 24 hours a day, 7 days a week, including holidays. The federal government also recently approved 9-8-8 as a nationwide mental health 3-digit number, and various agencies within Tucson and elsewhere are working to implement this in an effective way.

⁴ For example, the "Subzero Pilot" is a joint effort with local mental health crisis providers to place trained clinicians in the City of Tucson Public Safety Communications center (physically or virtually as circumstances require). Those clinicians will intercept non-violent mental health calls prior to the point of dispatch in order to immediately connect with the person in crisis. The clinician can provide crisis counseling telephonically and/or dispatch a crisis mobile team composed of two clinicians instead of police. This interface will augment the 520-622-6000 crisis line and the eventual national adoption of 9-8-8.

be co-located in the same physical space, to enable real-time consultation and triage of clinical and/or law enforcement personnel to community requests for assistance.

Implementation: PSCD

RESOLUTION:

PSCD has been informed that crisis professionals trained and working in the Communications Center prior to COVID-19 will continue to work remotely until at least April 2021.

A direct transfer line to these specially trained crisis professionals was established in September 2020 and remains an option currently, until their return to PSCD sometime in 2021.

- A - 4** **CONTRIBUTING FACTOR:** Dispatch’s framing of the call, including information shared with responding officers and communication of outstanding DV arrest warrant, contributed to the officers’ approach to the Ingram-Lopez call as one of arresting a criminal, rather than helping a community member in the midst of a drug-induced psychosis.

RECOMMENDATION: Increase live supervision in PSCD over call-takers. The supervisor hearing the interaction can then help to ensure proper resources are dispatched.

Implementation: PSCD

RESOLUTION:

Scenario-based training sessions that provide guidance and opportunities for feedback have been integrated into weekly supervisor meetings.

The professional growth of PSCD call takers and their supervisors continues to be a priority. During busy hours, dozens of concurrent 911 calls are active. Professional development efforts will revolve around empowering call takers, providing training and additional resources, and implementing a supervisor leadership academy.

RECOMMENDATION: Ensure that all call-takers are trained in an interdisciplinary fashion, to include the law enforcement training that TPD call-takers previously received as well as the “medical” or other additional training that TFD call-takers previously received.

Implementation: PSCD

RESOLUTION:

By December 2020, all PSCD call takers were cross trained, or in training. This has been a 3-year effort following the consolidation of police and fire call types while maintaining staffing levels necessary to meet community needs.

A call taker curriculum for interdisciplinary call taking was established and implemented for new hires with the academy that began on June 14, 2020.

RECOMMENDATION: If there is an open line, or the caller is still on the phone with PSCD personnel, remind TPD officers that they can ask the dispatcher to gather additional information from the caller. Officers should take initiative in gathering information they need prior to entering the situation.

Implementation: PSCD/TPD

RESOLUTION:

Obtaining accurate and comprehensive information prior to arrival is a significant point of emphasis for public safety communications personnel and police officers. This point has received special attention since the incident in question. In the 911 center, Public Safety Specialists are aided by the Electronic Criteria-Based Dispatch system (ECBD).

The ECBD system is customized by call type so that questions are asked and information is received in order of importance. This is a cutting-edge method of onboarding calls and Tucson is proud to have developed their own system as a potential model for use in 911 centers throughout the country. February 2021 marked the kickoff of a comprehensive review of the ECBD system for improvement. Public Safety partners are meeting to address numerous potential improvements, with recommendations from the SERB receiving specific attention.

Officers have long asked questions via their police radios for relay through Public Safety Specialists. Unfortunately, during high priority responses, it may be difficult to communicate effectively using this method. A technological option that received little use prior to the release of the SERB report is the ability to generate three-way calls between the 911 center, the reporting party, and responding officers. This feature is now used extensively by responding officers, who can ask questions and receive responses in real-time as they respond to a scene. This helps decrease confusion, and in some cases begins the negotiation and de-escalation process before arrival at the incident location. A secondary benefit comes from having a different person hear the conversation. Everyone processes information differently, and having multiple people interpret the same stimulus can allow for a more comprehensive understanding.

- A - 5** **CONTRIBUTING FACTOR:** Failure of responding officers to pre-plan response to incident and establish clear incident command and responsibilities.

RECOMMENDATION: Ensure that either the Lead Police Officer, the primary dispatched or the first arriving officer establishes operational control prior to engagement with the community and implements a plan of engagement on each response to a community member request for help. An intentional, and higher level of communication is needed when multiple personnel are responding to an incident.

Implementation: TPD

RESOLUTION:

Training covering the Ingram-Lopez incident was provided to all sworn department members in November 2020. The training breaks the incident down from beginning to end, and emphasizes the need to ensure that incident command is clearly established from the start and is reestablished as it shifts to other officers, supervisors, or commanders over the course of the incident. The training also emphasizes the need to devise a plan. Establishing incident command and preparing a plan has also been incorporated into 2021 annual training scenarios.

RECOMMENDATION: Focus Incident Control plans on defusing the immediate situation and restoring calm so that reasoned decisions can be made about further need for custodial control.

Implementation: TPD

RESOLUTION:

As mentioned above, a training occurred in November 2020 for all sworn department members that covered the Ingram-Lopez incident from beginning to end. Part of the training covered de-escalation at various stages of the incident. It also covered the dynamics of the family members who were present and the need to communicate with everyone on scene throughout our involvement with them. Although it was very hard for many to watch, it was necessary to show body-worn camera video of the incident, to identify where the officers followed their training, and where they did not. We continue to emphasize in every training how communication is absolutely essential in everything we do.

Section B: Engagement and Placement of Restraints

B - 1 CONTRIBUTING FACTOR: Officer mindset focused on apprehension of suspect rather than de-escalation of situation and protection of all participants.

Particularly in the Ingram-Lopez case, it was apparent from the post-interviews conducted with the officers that they viewed their role as apprehenders of an individual who had an outstanding warrant for his arrest on domestic violence charges. If the officers had viewed their primary purpose as one of calming an inflamed situation in which an individual exhibiting mental or behavioral health symptoms was acting unpredictably, they might have approached the situation differently, taking more time to assess the situation and establish a mode of engagement that would have lessened the risk not only to the suspect, but to the officers themselves.

RECOMMENDATION: Review basic, post-basic, field, and in-service training programs to ensure they adequately develop skills in recognizing risk factors for excited delirium and responding to it as more of a medical/psychiatric emergency than a crime emergency.

Implementation: TPD

RESOLUTION:

Excited delirium training was provided to PSB (Patrol Services Division) members in August 2020. Excited delirium and recognizing medical distress were covered again in a November 2020 training⁵ given to all department members. An April 2021 training will also cover recognizing when someone is in medical distress, summoning EMS, and monitoring their breathing. Excited delirium is covered several times in the Basic Training Academy.

RECOMMENDATION: Create a Chief's Award for officers that effectively de-escalate situations and other incentives for officers to de-escalate rather than simply assert custodial control over events.

Implementation: TPD

RESOLUTION:

Incidents that show effective de-escalation fit the criteria for the Chief of Police Citation of Excellence.

RECOMMENDATION: Use the mandatory random audits of patrol BWC footage per agency policy to identify opportunities for improved de-escalation related performance on calls that don't end with an undesired outcome.

Implementation: TPD

⁵ TPD roadshow trainings are conducted at headquarters and substations to coincide with briefings.

RESOLUTION:

TPD's Office of Professional Standards (OPS) randomly audits Types II and III Use of Force incidents, and investigates all Type IV Use of Force incidents. What constitutes the various Types is spelled out in TPD General Order 2000. All Use of Force incidents are reviewed by the officer's supervisor, with Type II and above receiving higher-level review up the chain of command. OPS will utilize examples discovered in these audits to provide feedback to patrol services supervisors and to the training academy for future in-service trainings.

B - 2 CONTRIBUTING FACTOR: Drug use and intoxicated state of decedent.

The medical examiner's report makes clear that methamphetamine and cocaine use in these cases were contributors to each man's death. It is a sad reality that the use of drugs permeates our society and is often a contributing factor in behavior that leads to community calls to 911. This is a factor that is outside of the control of TPD or TFD, but awareness of it can assist the TPD and TFD in modifying their approach to such situations in an effort to optimize outcomes and prevent deaths when individuals are in restraints.

In the Alvarado case, the suspect's methamphetamine use was unknown to the officers responding to the scene, but it was a likely contributor both to the suspect's willingness to fight the officers and his "superhuman" strength that allowed him to resist three large officers for five full minutes.

In the Ingram-Lopez case, the suspect's cocaine use should have been made known to the officers (though his behavior, coupled with his nakedness, should by itself have created a high degree of suspicion of drug use in the minds of the officers) and might have suggested a high potential for the risk factors associated with excited delirium and a need for emergency medical care.

In both cases, the use of stimulants was a risk factor increasing the likelihood of cardiac arrest or other fatal outcomes from excited delirium; TPD officers are aware of these risk factors and others (e.g., tactile fever/hyperthermia) and must act accordingly once individuals with known or suspected drug use are safely restrained to minimize the risk of death in such situations.

RECOMMENDATION: Add steps to TPD and TFD protocols to improve the evaluation of individuals exhibiting risk factors for excited delirium, including taking the temperature of individuals exhibiting these behaviors.

Implementation: TPD/TFD

RESOLUTION:

TFD

The Administrative Guidelines (our EMS protocols) have been updated to reflect the desired steps in assessing a patient who may be exhibiting signs of excited delirium.

Taking a body temperature has been included in the decision tree, with the caveat of understanding the limitations of handheld infrared thermometers on hot weather days.

An updated medical protocol dealing with "[Behavioral Violent/Combative](#)" patients has been implemented with TFD personnel and neighboring jurisdictions. It includes obtaining patient temperature for suspected excited delirium patients "when available." Infrared thermometer manufacturers advise against using the devices when ambient temperatures exceed normal human body temperature. TFD does not use/carry oral thermometers, and it would be dangerous to both patient and provider to place a foreign object in a combative patient's mouth.

TPD

A new section in TPD General Order 2700 titled "[Handling Agitated, Distressed, and Dangerously Intoxicated or High Subjects](#)" is being reviewed, with additional revisions underway.

RECOMMENDATION: Ensure that officers are aware of the role that drug use plays in 911 calls, in officer approaches when they arrive at scenes, in restraining individuals who are not of sound mind in the moment, and in the treatment of such individuals after restraints have been administered so that the negative health aspects of drug use are minimized throughout the interaction.

Implementation: TPD

RESOLUTION:

The following trainings have been provided to officers in 2020/2021 that cover behaviors and possible outcomes for those under the influence of drugs: Drug Ingestion, Excited Delirium, November in-service on the Ingram-Lopez incident, and WRAP training, as well as an upcoming April in-service.

RECOMMENDATION: The City of Tucson and County of Pima governments should work to expand drug treatment—particularly for harmful drugs such as cocaine and methamphetamine—and ensure that such treatment is readily available for all who need it, including the availability of a qualified detoxification facility like the Crisis Response Center, which currently assists TPD in responding to cases of drug use by community members whose behavior is deemed threatening to others.⁶

Implementation: Tucson & Pima County Government Officials

⁶ The Pima County Crisis Response Center at the University of Arizona Medical Center South Campus in Tucson, and the Community Bridge Access Point (which takes less acute/violent individuals) are examples of this. They are heavily used by police (the CRC reports roughly 500 drop-offs of individuals each month by TPD, and a policy of never turning a TPD officer away). They accept cases with clinical profiles similar to those of Mr. Alvarado and Mr. Ingram-Lopez on a daily basis.

RESOLUTION:

TFD

For Drug Treatment Expansion, TFD initiated a “Leave Behind Narcan” pilot program for individuals who are encountered while experiencing an opioid overdose. Due to extremely low utilization, the Narcan pilot program has transitioned from frontline units to our Community Risk Reduction and TC-3 Programs.

TPD

The Tucson Police Department has long had a practice of providing naloxone (the medication in Narcan) to individuals who use opioids and to their family members and close associates. TPD works extensively with publicly and privately funded treatment providers that address substance misuse. At this time, capacity exists in the addiction care system to accept patients continuously without turning people away. Most providers treat the addiction, not the substance used. To this end, Medication-Assisted Treatment (MAT), which commonly consists of either Methadone, Suboxone, or Vivitrol, is an effective, evidence-based treatment for opioid misuse/opioid use disorder.

Stimulant use disorder and stimulant misuse do not currently have a medication-based intervention (although clinical trials are in progress). Evidence-based interventions for stimulants such as cocaine or methamphetamine consist of:

- Motivational interviewing – counseling¹
- Cognitive and Behavioral Therapy (CBT)²
- Contingency management^{3 4}
- Community Reinforcement^{5 6}

¹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). 2018 NSDUH detailed tables. <https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>

² Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Treatment of Stimulant Use Disorders* (SAMHSA Publication No. PEP20-06-01-001). https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-001_508.pdf.

³ McCance-Katz, E.F. (2020, July 23). *SAMHSA Priorities: Addressing Mental and Substance Use Disorders in America*. National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/NASMHPD%20July%202020%20%28Eleanore%20McCance-Katz%29.pdf>

⁴ Knopf, A. (2020), *HHS OIG Doubles Down on Constraints Against Contingency Management*. *Alcoholism & Drug Abuse Weekly*, 32: 1–5. <https://doi.org/10.1002/adaw.32812>

⁵ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Treatment of stimulant use disorders* (SAMHSA Publication No. PEP20-06-01-001). https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-001_508.pdf.

⁶ Recovery Research Institute. (n.d.) *Community Reinforcement Approach (CRA)*. <https://www.recoveryanswers.org/resource/community-reinforcement-approach-cra/>.

These interventions are utilized extensively by the service providers in the Tucson metro area to address stimulant use disorder and misuse. Providers such as CODAC offer full “360” services for patients who engage to include family therapy, housing and vocational assistance, food insecurity assistance, etc. utilizing the philosophy of holistic treatment, rather than merely treating the disease.

The availability of treatment providers, including the 24/7 Center of Excellence MAT Clinic and CBI's 24/7 drop off (detox) center, continues to expand to meet capacity needs, but has never reached the point where patients had to be turned away.

At this point, expanding services for stimulant disorder and misuse would seem to be unnecessary; however, public outreach, marketing, and efforts to increase at-risk and general population knowledge of the services that are available may fulfill the board's recommendation. This should include a vigorous campaign to highlight TPD's deflection and Angel programs, as well as partnerships with hospital emergency rooms, private care physicians, and other stakeholders to raise awareness of the services that are available and to de-stigmatize the disease of addiction.

The Tucson metro area has a robust and continually expanding network of substance treatment service providers that includes the following:

- ARC (America's Rehab Campus) – 6944 E. Tanque Verde Rd.
- Behavioral Awareness Center – 2002 W. Anklam Rd
- Cope Community Services – 5401 E. 5th St
- CODAC – 380 E. Ft. Lowell
- Community Bridges Inc. – 250 S. Toole
- CMS (Community Medical Services) – 2001 W. Orange Grove / 6802 E. Broadway/3720 S. Park Av.
- Compass Behavioral Health – 2502 N. Dodge
- Cornerstone Behavioral Health – 1400 N. Wilmot Rd.
- Center for Behavioral Health – 2437 N. Stone Av
- Hope Inc. – 1200 N. Country Club/4067 E. Grant Rd
- La Frontera Center – 502 W. 29th St
- Sonora Behavioral Health – 3130 E. Broadway Blvd
- Sun Clinic – 1135 N. Jones Blvd

Additionally, there are a host of private facilities, such as Amity, Sierra Tucson, Cottonwood, etc.

B - 3 **CONTRIBUTING FACTOR:** Community member witnesses were present on the scene and engaged with one suspect, impacting TPD officers' actions in the Alvarado case.

The presence of the father and son with Mr. Alvarado was out of TPD's control. Still, it is a contributing factor in Mr. Alvarado's case because it impacted the responding officer's decision making. The first responding officer did not know whether the suspect was armed, but reasonably believed that was a possibility given the possible connection to a recent shooting, and therefore decided to engage without backup to provide immediate protection for the community members.

RECOMMENDATION: None. The SERB did not feel qualified to second-guess the officer's decision in this instance. The officer made a good-faith decision to engage with a

potentially armed suspect as quickly as possible to minimize the risk that the suspect might act to harm a community member and put himself in the path of danger as a result. While it is possible that a slower approach to the suspect might have permitted other de-escalation scenarios to unfold, it is equally possible that if the officer had reacted more slowly the suspect could have harmed the witness or himself. As a result, we note this contributing factor but without a recommendation for change in this instance.

RESOLUTION:

TPD will work with the PIO office to create PSAs for social media to advise community members on "what to do" to respond in certain scenarios.

TPD is working with the community group Pillars and Bridges (PB) to have them observe training scenarios. PB members then provide us with feedback and we put them through those same scenarios to ensure that both community members and officers are able to react appropriately. PB members will then take scenario information back to their respective spheres of influence to discuss and share what has been developed.

B - 4 CONTRIBUTING FACTOR: Behavior of officers approaching the respective scenes.

As described above, the first officer to the scene in the Alvarado case entered the alley rapidly, and upon the decedent's attempt to escape, he exited the car, shouting at the decedent, and initiated physical contact.

In the Ingram-Lopez case, the officers ran past the individual who reported the call and immediately engaged with the decedent in aggressive fashion.

RECOMMENDATION: In situations where an officer knows the suspect is cornered and the officer has backup, deploy personnel in ways designed to minimize flight options, approach suspect slowly and calmly from a distance, with appropriate measures to protect the officer.

Implementation: TPD

RESOLUTION:

Time, distance, and shielding is what is taught as the preferred strategy when the situation allows. Keeping distance and slowing the situation down is taught in class and emphasized in real-life scenarios.

RECOMMENDATION: Consistent with TPD General Order 2421, upon arrival at a 911 call scene, responding officers should attempt to speak to the individual who placed the call for assistance to ensure an understanding of the scene, and repeat the informational questions that PSCD should also have asked. This provides an additional layer of safety and communication for officers and community members alike and provides an opportunity to slow operational momentum.

Implementation: TPD

RESOLUTION:

This was covered in the November 2020 Ingram-Lopez training. Communication with, and information gathering from, anyone on scene regarding what's happening is pertinent to officers' planning and safety and affects how we respond. When possible, it's ideal to gather information prior to arrival. The Ingram-Lopez training covered information gathering as part of devising a plan of action. Cultural awareness was also covered in that training.

- B - 5 CONTRIBUTING FACTOR:** Officer decisions to go "hands on" rather than use de-escalation technique in the Ingram-Lopez case.

RECOMMENDATION: Where possible, de-escalate confrontations with suspects who may be using drugs by approaching them from a reasonable distance and building rapport and/or summon a trained drug detoxification or medical professional to assist if the situation cannot be de-escalated.

Implementation: TPD

RESOLUTION:

This was also covered in the November 2020 Ingram-Lopez training. Time, distance, and shielding are taught at various times throughout the Basic Training Academy and reiterated annually in Advanced Officer Training. De-escalation has been discussed in training numerous times and is also covered in Advanced Officer Training. The November training emphasized that officers must request EMS personnel respond immediately when a person appears to be in a state of excited delirium or in need of medical attention.

RECOMMENDATION: Immediately upon the resolution of a "hands on" engagement, separate the officer(s) involved in altercations from the suspect, and insert officer(s) who were not involved in the altercation to manage the individual in custody. This mitigates the effects that stress and adrenaline have on decision-making and introduces a fresh perspective to the situation that can focus on careful monitoring of the person in custody, including health factors. Officers are replaced in order to calm emotions and further de-escalate the situation.⁷ *Implementation: TPD*

RESOLUTION:

A requirement to separate involved officers from suspects has been added to the department general orders governing use of force. Specifically, section [2071](#), *Chain of Command (COC) Requirements*, now includes the following provisions (emphasis added):

⁷ This replacement of "fresh" officers actually did occur in the Alvarado case. As in that case, the switch to a "second team" does not guarantee a better outcome. In the Ingram-Lopez case, however, such a switch would at a minimum have forced the responding officers to reposition themselves (and likely the decedent) at an earlier point in time, which might have prevented the unwanted outcome.

Supervisor Responsibilities

Upon being advised of a reportable use of force, a supervisor shall:

- When required by [General Order 2080](#), respond to the scene of the incident;
- **Separate involved officers from the suspect and substitute officers who were not involved in the altercation to manage the individual(s) in custody;**
- Identify involved parties and witnesses;
- Identify and preserve evidence;
- Classify the type of force used, making investigative and command notifications as outlined in [General Order 2080](#);
- Ensure that involved and witness officer reports are thorough and accurate; and Document investigative actions taken.

B - 6 **CONTRIBUTING FACTOR:** Officers' use of profanity.

TPD officers used profanity in each incident while engaging with members of the community. Officer use of profanity is contrary to TPD policies. It compromises community respect for and trust in the police and indicates a loss of self-control by officers. Further, officers' use of profanity escalates the tension of an interaction and potentially encourages individuals to disrespect the officers in return. It may also interfere with a person's ability to understand what the officer is asking or ordering them to do.⁸ It is important that officers understand that profanity is not only unprofessional, but also usually ineffective in achieving its intended result. TPD has appropriately prohibited discourteous and abusive language toward the public in its General Order 1330.8 and has enforced that in the context of these two incidents.

RECOMMENDATION: TPD should provide additional education to its officers on the negative impacts of profanity on encounters with members of the public in terms of public perception, suspect compliance, and officer safety, and continue to impose appropriate discipline for the violation of profanity-related police directives.

Implementation: TPD

⁸ Patton, C. L., Asken, M., Fremouw, W. J., & Bemis, R. (2017). The influence of police profanity on public perception of excessive force. *J. Police Crim Psych.* <https://doi.org/10.1007/s11896-017-9226-0>; Sharps, M.J., Torkelson, J.F., Hulett, D.L. et al. Police Profanity and Public Judgments of Guilt and Effectiveness in Officer-Involved Shootings. *J Police Crim Psych* 34, 87–90 (2019) <https://doi.org/10.1007/s11896-018-9268-y>; Clair White, David Weisburd, A Co-Responder Model for Policing Mental Health Problems at Crime Hot Spots: Findings from a Pilot Project, *Policing: A Journal of Policy and Practice*, Volume 12, Issue 2, June 2018, Pages 194–209, <https://doi.org/10.1093/police/pax010>; Trentham Furness, Tessa Maguire, Steve Brown, Brian McKenna, Perceptions of Procedural Justice and Coercion during Community-Based Mental Health Crisis: A Comparison Study among Stand-Alone Police Response and Co-Responding Police and Mental Health Clinician Response, *Policing: A Journal of Policy and Practice*, Volume 11, Issue 4, December 2017, Pages 400–409, <https://doi.org/10.1093/police/paw047>; Baseheart, J.R., Cox, T.C. Effects of police use of profanity on a receiver's perceptions of credibility. *JPCP* 9, 9–19 (1993). <https://doi.org/10.1007/BF02806658>

RESOLUTION:

The Office of Professional Standards visited all briefings in August 2020 and covered this topic. Future training will include body-worn camera video of incidents where profanity was used, contrasted with where it was not used, to show how unprofessional this looks to community members. Training will also emphasize that there is already a General Order in place that prohibits unprofessionalism, including profanity, and will remind members of the sanctions associated with violating that General Order.

- B - 7** **CONTRIBUTING FACTOR:** Failure to fully appreciate the rapid onset of cardiac arrest or asphyxia in restrained individuals who have taken stimulants. As seen in these two incidents, individuals experiencing excited delirium can deteriorate medically quite rapidly and unexpectedly. Ensuring constant attentiveness to individuals in custody may save valuable minutes in responding to subjects who go into cardiac arrest or asphyxia.

RECOMMENDATION: In cases where drug use is a contributing factor to the 911 call, ensure that TFD EMS is dispatched at the same time as TPD officers, so that medical care can be administered at the earliest possible opportunity while ensuring the safety of all responding personnel. EMS can stand off at a safe distance, then move in to provide medical assessment when it is safe for them to do so.

Implementation: TPD / TFD

RESOLUTION:

In September 2020, all narcotics overdose calls were changed to "[dual-dispatch](#)." TPD and TFD are dispatched simultaneously to render aid such as CPR, Automatic Electronic Defibrillator (AED), or to administer Naloxone (a drug that counteracts opioids). This process change allows lifesaving aid to arrive more quickly while also allowing police officers to fulfill their role as "guardian" by saving lives. The first priority of the Tucson Police Department is always to preserve life.

This simultaneous dispatch practice was thoroughly investigated. It was revealed that dual-dispatch could have the effect of delaying care in some cases, particularly when the incident scene is not safe. As a result, it was determined that the best solution was to augment TPD policy to require officers to request Emergency Medical Services as soon as it is practical to do so. This information was incorporated into a [TPD legal bulletin](#) as well as TPD General Orders. The policy makes clear that an officer is responsible for the health, safety, and security of an arrestee/suspect in their custody. The [policy](#) similarly dictates that officers with an ill or injured prisoner shall have the person evaluated by EMS and a supervisor shall be notified.

Finally, TPD incorporated training for patrol personnel to ensure that the correct procedures are followed when dealing with someone exhibiting symptoms of excited delirium. That training was completed in August 2020 and an updated lesson plan is being created for additional training.

Section C: Handling a Suspect in Restraints

C - 1 **CONTRIBUTING FACTOR:** Use of TARP on Mr. Alvarado.

It is important for TPD officers to have the ability to safely restrain individuals seeking to flee from or resist appropriate exercises of police custody. TARP is a well-known and long-used restraint system. At the same time, it requires officers to be in close physical proximity to a suspect who is resisting, creating risks for the officers and the suspect. It also can be administered in a “reverse” position, as it was in the Alvarado case, which may increase strain upon the restrained individual’s ability to breathe and which approximates a “hog-tying” position that has been banned in other departments across the country.

One interesting possibility for TPD and TFD responders confronting individuals who are exhibiting drug-related or behavioral health-related symptoms is to consider how to restrain a person safely without the use of weapons, as is practiced by Connections Health Solutions at the Crisis Response Center (CRC) in Tucson, a location where many individuals suffering from mental or behavioral health challenges are brought by TPD and TFD personnel for appropriate and focused care. An example of such training is attached as Appendix D.

Effective August 31, 2020, TPD has changed its policies to define any application of TARP or spit sock as a Type II Use of Force. TPD members must notify supervisors if any of these tools are utilized. TPD members may not utilize the TARP in a manner where the TARP is wrapped up and around the handcuffs and back to the feet. This is sometimes colloquially referred to as "hog-tying" or "suitcasing" and shall not be used moving forward. All other TPD trained TARP applications remain in effect. The updated policies are set forth as Appendix E.

RECOMMENDATION: Investigate equipment used by other departments and determine if better technology exists to replace TARP.

Implementation: TPD⁹

RESOLUTION:

The WRAP was identified and introduced as a pilot project for the Patrol Services Bureau to replace the TARP. Training took place in two of the four field divisions in December 2020 where the WRAP is being piloted. We are tracking usage of both the WRAP and the TARP. Hog-tying was never trained or recommended in the Academy. A video showing the proper application of the TARP was sent to all sworn department members at the end of 2020. The video also prohibits hog-tying. Members from the Crisis Response Center participated in a demonstration of the WRAP application.

⁹ Here, and in other instances in our review, the implementing agency or department noted that solutions to the contributing factor in question might require additional funding to be able to be implemented. We offer no opinion on whether such funding is necessary, available or desirable in light of other civic priorities. Our review is limited to identifying modifications to the system that, if implemented, would have prevented these two in-custody deaths.

RECOMMENDATION: Train TPD officers in restraint techniques for individuals suffering from mental health or drug-induced problems that do not rely on weapons or undue uses of force (e.g., the “Seclusion/Restraint” and “Safe Clinch” training used at Connections Health Solutions, which prioritizes verbal de-escalation followed by non-weapon restraints leading to physical restraints in a “SAFE”, “Seatbelt” or “Over/Under” hold and an immediate restoration of assistance and rapport to the affected individual).
Implementation: TPD

RESOLUTION:

TPD will work with Connections Health Solutions to identify whether the above-mentioned techniques can be used once the situation has been made safe by officers on scene.

RECOMMENDATION: Develop a quality improvement process around the tracking of non-handcuff methods of restraint (e.g., TARP) use. Constantly reassess its efficacy.
Implementation: TPD

RESOLUTION:

As of August 31, 2020 any [application of a TARP](#) is now a Type II Use of Force. A supervisor shall be notified if any of these tools are used and that use shall be documented in Blue Team as a Type II Use of Force, which will allow usage to be tracked and reports to be created. The WRAP is also being tracked as a TYPE II use of force and the data associated with each is being monitored bi-weekly. Any application of a spit shield is now a Type 0 Use of Force.

C - 2 **CONTRIBUTING FACTOR:** Medical impact of physical restraint on medically compromised persons.

RECOMMENDATION: Review restraint tactics and implement alternative restraint strategies for persons experiencing manic states. Additionally, TFD should conduct an independent review of patients in restraints procedures to reduce likelihood of cardiac issues.¹⁰
Implementation: TPD/TFD

RESOLUTION:

The WRAP pilot program is active in Operations Division Midtown and Operations Division West. They are easy to breathe in and people cannot hurt themselves or anyone else while restrained in a WRAP.

C - 3 **CONTRIBUTING FACTOR:** Keeping Mr. Ingram-Lopez restrained in reverse position on his stomach and failing to place decedent in a recovery position.

¹⁰ Additional recommendation that is dependent upon clinical feedback from Andrew Tang MD/FACS, and Margie Balfour MD, PhD.

RECOMMENDATION: TPD officers should constantly reevaluate the level of restraint necessary once restraints have been placed on a suspect. This is particularly true when a suspect is restrained in reverse position on stomach and failing to place decedent in a recovery position. Once an officer reasonably deems that the situation has become calm enough to make progress towards removing a backwards restraint or other steps to reduce the physical impact of restraint, those steps should be communicated to the suspect and performed where possible.

Implementation: TPD

RESOLUTION:

As mentioned above, the WRAP is being piloted in two of the four field divisions. There are three parts to the WRAP that can be applied separately or together. The entire WRAP can be applied in approximately two minutes. That is the longest amount of time that the suspect is face down during application. The training provided to officers who are using the WRAP requires them to have TFD respond to do a medical assessment after application. Looking for signs and symptoms of medical distress as well as calling immediately for medical attention has been covered in numerous trainings mentioned above. Placing someone in the recovery position was covered in Excited Delirium training and in the Ingram-Lopez training in 2020. We continue to reiterate all these requirements, including in an upcoming April in-service training.

C - 4 **CONTRIBUTING FACTOR:** Failure to provide decedent water upon request in the Ingram-Lopez case.

Mr. Ingram-Lopez asked for water at least 21 times while he was being restrained. Officers ignored these requests, at one point receiving a bottle of water that was provided by his grandmother only to place it off to one side rather than administering it. The act of giving Mr. Ingram-Lopez water would have forced the officers to leave their positions on top of Mr. Ingram-Lopez and would have changed Mr. Ingram-Lopez' prone position to a safer upright or seated position, reducing the likelihood of further medical dangers. It would also likely have calmed the situation from an emotional perspective, changing the dynamic from "arrest" to "care."

RECOMMENDATION: Once an individual is restrained and safety is restored, restore rapport and communication with the restrained individual and satisfy requests such as this whenever possible. In training, emphasize that officers are interacting with human beings and responding to reasonable requests, such as providing water, can help prevent undesirable outcomes.

Implementation: TPD

RESOLUTION:

This also was covered in the Excited Delirium training and the Ingram-Lopez training. In particular, treating people with compassion when it is safe to do is expected of every department member.

C - 5 CONTRIBUTING FACTOR: Use of spit sock.

The SERB does not know with certainty whether the spit sock contributed to or exacerbated any medical issues in either of these cases.¹¹ Members of the SERB were concerned, however, about the dehumanizing appearance of placing a hood on an individual and also concerned that not enough is known about the potential clinical impact of individuals in restraints having to breathe through the spit sock. Although the devices are designed to allow for a free airflow through the material, the negative effect might be psychological rather than physical, contributing to a person's sense of suffocation or exacerbating any claustrophobic feelings, and raising blood pressure and anxiety.

RECOMMENDATION: Given the unfavorable appearance and unclear efficacy of spit socks, research the efficacy and mental health effects of spit sock use and develop more robust, detailed protocols around their use.

Implementation: TPD/TFD

RESOLUTION:

TPD replaced the spit sock with a spit shield in November/December. Application of the spit sock/shield became a reportable use of force in August for tracking purposes, and to provide a mechanism for review. General Orders were also updated regarding application of the spit shield and monitoring of the suspect's medical condition while the spit shield is applied. The current spit shield has been ineffective 70% of the time. TPD is piloting a spit guard in one of the field divisions and tracking its effectiveness as compared to the spit shield.

C - 6 CONTRIBUTING FACTOR: Inappropriate use of blankets in the Ingram-Lopez case.

The officers' use of emergency blankets to cover Mr. Ingram-Lopez seemed to originate with a desire to ensure that his naked body was not displayed publicly when the garage door was opened to the street. While this is reasonable, Mr. Ingram-Lopez was experiencing hyperthermia (feverish), and covering him with a blanket may have contributed to his increased body temperature.

More troubling, the officers made the choice to use a second blanket to cover the subject's head. This eliminated the ability of officers to monitor the suspect's condition closely and delayed their awareness of his consciousness.

¹¹ Additional research is needed to understand this topic. See, e.g., Lutz, M., Sloane, C. M., Castillo, E. M., Brennen, J. J., Coyne, C. J., Swift, S. L., & Vilke, G. M. (2019). Physiological effects of a spit sock. *The American journal of emergency medicine*, 37(2), 291-293.

RECOMMENDATION: Do not cover a restrained person’s head with a blanket or other opaque or breath-reducing cover.

Implementation: TPD

RESOLUTION:

Officers have never been trained to cover a restrained person’s head with a blanket. However, the Excited Delirium training and the Ingram-Lopez training reminded members not to do this and pointed out the potential dangers of doing so.

- C - 7** **CONTRIBUTING FACTOR:** Lack of clarity on primacy of TFD vs. TPD for individuals who are in police custody but have elevated risk factors for negative health outcomes.

It is standard practice for TFD medical responders to stand back at a safe distance until being invited to an incident scene by TPD, and we support this practice. In the Alvarado case in particular, SERB members noticed that TPD preferences seemed to dictate TFD actions. First, TPD officers on the scene directed TFD personnel to attend to a community member who was exhibiting distress before turning to the decedent, who was continuing to yell and resist his restraints. Second, TFD paramedics consulted with TPD on whether the decedent should go to a medical facility or to jail prior to completing the medical examination of the decedent. Some members of the SERB were concerned that this reflected a prioritization of the white community member over the Latino decedent, and a deference of TFD to TPD’s custodial wishes.

RECOMMENDATION: Both TFD and TPD protocols should be clearly written to indicate that from the moment TFD personnel begin attending to an individual, that individual is in TFD custody and TFD’s decisions about the individual’s immediate health needs have priority over any criminal justice matters. This assessment should be made independent of any intentions of taking the suspect to jail, and TPD officers should be expressly prohibited from exerting any pressure – explicit or implicit – on other first responders to clear a suspect for being transported to jail. Only when TFD has expressly returned custody of the individual to TPD does TPD resume control of decisions regarding the individual’s retention in custody.

Implementation: TPD / TFD

RESOLUTION:

TFD

The on-scene information exchange between law enforcement and fire/EMS is important and there will always be opportunities for improvement. This critical step should occur naturally and organically between agency personnel, but incident conditions (scene stability, patient condition, etc.) may impact the quality or robustness of that information exchange. TFD will continue to reinforce with our personnel the need to exchange information with TPD to get as complete a picture as possible of the situation in order to make patient care decisions.

As to "Medical Needs vs. Criminal Matters," a patient is a patient to TFD irrespective of that individual's status with law enforcement. Our personnel have been instructed to follow all patient care protocols necessary to meet the standard of care required of EMTs and paramedics whenever an individual is assessed by TFD personnel.

Tucson Fire Department [Administrative Guidelines Definition of a Patient](#)

"A patient is any individual(s) who is sick, injured or wounded, and who is deemed by the officer or senior medic on scene to require medical evaluation, medical monitoring, medical treatment, or transport. (R9-25-101-33 as authorized by A.R.S 36-2201, 36-2202, 36-2204, 36-2205)."

TPD

Tucson Police Department [General Order 2700](#) will be updated to include policy on handling agitated, distressed, and dangerously intoxicated or high subjects. In the policy statement of that section, it states, "The Tucson Police Department (TPD) places the highest value on the sanctity of life. It is TPD policy to protect human life first and foremost, including the lives of those we detain, arrest, and have in custody."

TFD and TPD personnel will be reminded that individuals requiring medical attention will receive those services prior to transport or field release.

RECOMMENDATION: Upon TFD arrival, the TPD officer having incident command of the use of force event should brief medics on the incident and the state of those involved. If the incident commander is otherwise engaged, the incident commander should appoint another officer to brief TFD.

Implementation: TPD / TFD

RESOLUTION:

The duties and responsibilities of the incident commander were covered in the Ingram-Lopez training and in this year's annual training. Also covered in the Ingram-Lopez training was the requirement for TPD officers to brief EMS with an accurate depiction of what occurred, including any force used against the suspect. TFD has also reminded their personnel to do their own independent assessment aside from what TPD briefs them on.

- C - 8** **CONTRIBUTING FACTOR:** In each of the cases there was a break of 60-90 seconds in CPR chest compressions while restraints were removed from individuals and the individuals were transitioned to TFD emergency medical care.

RECOMMENDATION: Evaluate protocols that will allow for chest compressions to continue for restrained individuals who have lost consciousness while restraints are being removed and individuals are being transitioned to emergency medical care.

Implementation: TPD/TFD

RESOLUTION:

The response we received from medical personnel is while it is possible to continue to do chest compressions while removing handcuffs, it is not effective. In this year's annual training, officers are being advised not to place cuffs on any individual who'll require medical attention—in particular, chest compressions—when it is safe to do so. The other option is to place the handcuffs in front when it is safe to do so. Future training with TFD will include various scenarios where this would apply.

Section D: Post-Incident Managerial and Investigatory Practices

D - 1 **CONTRIBUTING FACTOR:** Lack of structured training for TPD OPS investigative practices.

RECOMMENDATION: Investigate restraint and control deaths in the same manner as officer-involved shootings. TPD has expressed its intention to revise its officer-involved shooting procedure to reflect a similar process for any critical incidents – with some differences based on the incident. Notably, TPD is in the process of updating its procedures to reflect recent policy change to include the additional notification to the Independent Police Auditor.

Implementation: TPD

RESOLUTION:

Policy was updated and published September 10, 2020.

[General Order 2520](#) was added to provide guidance regarding the roles and responsibilities of personnel involved in any police interaction where death occurs. This change has been made to ensure that in-custody death incidents are managed consistently and uniformly, and that they are investigated systematically. It establishes a written policy and process for conducting the investigation.

RECOMMENDATION: The Independent Police Auditor (“IPA”) should be given access to all officer involved shooting and in-custody death incidents. The IPA should act as an ombudsman to the department and report to the Chief of Police any concerns about how any event is being handled or reported.¹²

Implementation: TPD

RESOLUTION:

The Independent Police Auditor (IPA) is housed with the Office of Professional Standards (OPS) so that he may interact regularly with OPS staff and observe administrative interviews. Additionally, General Order 2520 now includes a specific provision that requires the department Chief of Staff to notify the IPA when an in-custody death occurs (a separate general order requires this same notification for officer-involved shootings). This allows the IPA to respond to the scene, observe department actions, and interact with the Office of Professional Standards and other command personnel. Consistent with the department’s longstanding practice, the IPA may provide input during the pendency of an investigation and review the entirety of the matter once the investigation concludes.

¹² The office of Independent Police Auditor is responsible for a range of duties from evaluating OPS investigations to training new police recruits on civilian review. Currently, the IPA has a staff of one person. With public demands for civilian review and the amount of data to evaluate (particularly BWC video), we recommend that Mayor and Council fund additional staff for the office.

- D - 2** **CONTRIBUTING FACTOR:** OPS was led by a relatively new lieutenant (~1 year) reporting directly to an assistant chief, who did not emphasize standardized training on specific techniques useful in the OPS context, especially for officers whose prior roles at TPD were not investigative roles.

RECOMMENDATION: Ensure that supervisors and leadership within OPS provide individually designed training to new OPS personnel that ensures they are trained on specific techniques for investigating cases in which officers may have deviated from protocol, and that investigators within OPS have senior-level agreement on strategies for individual interviews prior to conducting them in OPS investigations.

Implementation: TPD

RESOLUTION:

All new OPS investigators are assigned a senior member as mentor and training sergeant. The attached [training program](#) is provided and must be completed. All cases completed by new investigators are reviewed throughout the process by the mentor sergeant and discussed in weekly staff meetings. New members also review cases weekly with OPS commanders. Every OPS investigator has been enrolled in a fourteen-module online interviewing course supported by the National Internal Affairs Investigators Association.

- D - 3** **CONTRIBUTING FACTOR:** The COVID-19 pandemic complicated normal operating procedures in ways that reduced the efficient communication of OPS personnel with each other and with the TPD ELT including, but not limited to:
- Technological adaption problems.
 - Breakdown in typical communication methods due to officers working remotely.

RECOMMENDATION: Ensure appropriate tools and training (e.g., MS Teams) to allow for replication of in-person environments during periods of remote or virtual working. Ensure that meetings leverage these technologies to allow for the same presentations that would have occurred in-person.

Implementation: TPD

RESOLUTION:

MS Teams has been taught to and is now utilized by all members of OPS. This includes proficiency in sharing documents and videos in virtual meetings.

RECOMMENDATION: Modify schedules as necessary to ensure that the assistant chief in charge of the OPS attends all regular staff meetings.

Implementation: TPD

RESOLUTION:

Assistant Chief Silva is listed on all staff meeting invitations and attends in person or through Microsoft Teams. Department legal advisors also attend OPS staff meetings (typically through Teams).

- D - 4 **CONTRIBUTING FACTOR:** Failure to show video to superior officers at the April ELT meeting. Officer concern over public backlash should have indicated the severity of the incident and merited showing the video to superior officers.

RESOLUTION:

No separate recommendation was made by SERB. See other actions, above.

The City of Tucson, through the City Manager's Office, separately contracted with the OIR Group to examine whether TPD personnel attempted to "cover up" these in-custody death incidents. That investigation found no cover-up by any department personnel.

- D - 5 **CONTRIBUTING FACTOR:** Failure of ELT to proactively insist upon viewing the BWC in cases of in-custody death, regardless of whether it was offered to them.

RECOMMENDATION: Create default rule that when an in-custody death occurs, at least two individuals on the ELT must watch the video. While TPD is moving in this direction, the SERB has included this as a formal recommendation to underscore its importance.

Implementation: TPD

RESOLUTION:

TPD [policy](#) was updated and published September 10, 2020 to require viewing of body-worn camera video by chiefs.

GO 2524 - The Chief of Police, or designee, shall notify the City Manager, Mayor and Council, and City Attorney. Two bureau chiefs and the Chief of Police will view relevant body-worn camera footage as soon as practicable, but no later than 48 hours. Public notification regarding the In-custody Death, including the release of relevant body-worn camera footage, will occur within 72 hours, unless there are legal impediments to doing so.

- D - 6 **CONTRIBUTING FACTOR:** OPS lieutenant permitted officers involved in Ingram-Lopez case to return to duty three days after the incident without a need for additional training, reinforcing to the ELT the lieutenant's view that the incident was not extraordinary and that the decision not to show the video to ELT was appropriate.

RECOMMENDATION: Engage impacted division commander(s) in review of the video after an OPS investigation, explaining the observations and conclusions of the

investigation, and offering division commander(s) the opportunity to request additional training or other potential remedial activity for officers prior to returning them to full active duty.

Implementation: TPD

RESOLUTION:

Captain Puglia and Lieutenant Petersen in OPS have instituted a new collaborative process with chains of command on critical incidents as well as other actions resulting in discipline. OPS also works with the chains on completed use of force reviews as part of a random audit process. Both processes include the review of body-worn camera video. Additionally, the training academy now attends critical incident briefings with the Executive Leadership Team and directly communicates with OPS on any matters that require immediate corrections to training protocols.

- D - 7** **CONTRIBUTING FACTOR:** Failure to invite sergeant assigned to investigation to the April ELT meeting.

RECOMMENDATION: Include primary investigator(s) in all briefings of an in-custody death to any member of the ELT.

Implementation: TPD

RESOLUTION:

Both the primary and secondary investigative sergeants or detectives assigned to a critical incident are present for briefings to the Executive Leadership Team and take the lead in presenting the case to the ELT.

- D - 8** **CONTRIBUTING FACTOR:** Failure of sergeant to explicitly question lieutenant's handling of the video and investigation.

As with many systems that have historically relied upon hierarchical decision-making, such as aviation (pilot) and healthcare (surgeon or chief physician), policing relies upon a hierarchical decision-making structure that emphasizes the chain of command and is intolerant of subordinates questioning the decision-making of superiors. This can lead to situations where subordinates who have accurately identified risks may refrain from clearly identifying them to superiors in a timely fashion, as occurred here. It is important that supervisors create a system in which subordinates feel comfortable pointing out the risks of decisions to their supervisors in appropriate and respectful ways without subverting the chain of command.

In this instance, while both OPS investigating sergeants felt that their lieutenant needed to show the video to the TPD ELT, neither expressly counseled her on this point or found a way to express their concerns. The prevailing attitude from multiple sergeants was "It's the lieutenant's call," even though they disagreed with the conclusion. (One of the sergeants later acknowledged that he would have acted differently if he had the choice before him again.) While ultimately the supervising officer does have the responsibility

for the decision, encouraging feedback and respectful questioning of decisions, with rationales, both reduces risk and develops judgment in subordinate officers over time.

RECOMMENDATION: Cultivate a culture of “upward confirmation” where supervising officers actively solicit the agreement of lead OPS investigators in assessments and recommendations of disclosure and discipline, and ensure opportunities exist for disagreements to be thoroughly discussed and resolved.

Implementation: TPD

RESOLUTION:

OPS conducts weekly case review and staff meetings and has an open-door policy to the OPS lieutenant and captain. The legal advisors, IPA, and Assistant Chief are present at meetings where concerns can be voiced and discussed. All case reviews are open forums for discussion. Every critical incident requires the investigative sergeant or detective to present the case to the ELT and provide updates directly to the Assistant Chief.

- D - 9** **CONTRIBUTING FACTOR:** Multiple management points within OPS were staffed by relative newcomers to the internal affairs functions.

RECOMMENDATION: Ensure there is adequate collective OPS experience to accurately assess the public significance of the incident in question among the office’s leadership (sergeants, lieutenant, captain, assistant chief).

Implementation: TPD

RESOLUTION:

A lieutenant has been assigned to OPS who recently spent three years as an investigator, and a captain has been assigned to OPS who has previous OPS experience. All new sergeants and detectives go through a training program and are assigned mentor sergeants. Reading material from PERF (Police Executive Research Forum) releases and the media are provided to OPS sergeants regularly and left in the reading section in the office so OPS sergeants can stay on top of trending issues in police accountability and community concerns. The same materials are provided to the IPA.

- D - 10** **CONTRIBUTING FACTOR:** Pause in completion of administrative investigation while awaiting resolution of criminal investigation.

RECOMMENDATION: Complete administrative investigations expeditiously irrespective of criminal investigation.

Implementation: TPD

RESOLUTION:

OPS is taking steps to address administrative violations prior to completion of any criminal case. There are legal ramifications that must be considered and reviewed by

the legal advisors before administrative cases can move forward prior to the completion of criminal cases. This cannot be a blanket policy and requires case-by-case review.

D - 11 CONTRIBUTING FACTOR: Press releases biased in favor of defending police actions.

RECOMMENDATION: Accelerate public disclosure about incidents under investigation by the OPS, ensuring that CPARB and other useful recipients are aware of events that might impact public perceptions of TPD Limit disclosures as necessary while an investigation into the case is pending and allow for CPARB and the IPA to review the investigative records upon its conclusion to assure the public that the investigation was thorough and unbiased.

Implementation: TPD

RESOLUTION:

[General Order 2500](#) was updated to incorporate notification of incidents.

As an official city board, CPARB's mandate is dictated by Mayor and Council. The IPA already has access to review all investigations.

General Order 2524 Notifications

It shall be the responsibility of the IC to immediately notify and brief the Chief of Staff or designee. The Chief of Staff or designee shall initiate callouts and contact the following members: The Chief of Police; all other department chiefs; CID commander; OPS commander; legal advisor; BSU; appropriate labor representative; PIO; the Force Review Board (FRB) lieutenant; Independent Police Auditor; and City Risk Management.

The CID Commander shall notify the prosecuting agency tasked with reviewing the criminal investigation.

The Chief of Police, or designee, shall notify the City Manager, Mayor and Council, and City Attorney. Two bureau chiefs and the Chief of Police will view relevant body-worn camera footage as soon as practicable, but no later than 48 hours. Public notification regarding the In-custody Death, including the release of relevant body-worn camera footage, will occur within 72 hours, unless there are legal impediments to doing so.

Section E: Overarching Structural Issues & Additional Group Recommendations

E - 1 **CONTRIBUTING FACTOR:** Indicators of systemic racism, cultural disregard or ignorance and an indifference to Latino life were perceived by at least some members of the SERB.¹³ These indicators included:

- In the Alvarado case, asking EMS responders to treat the community members involved in the altercation, who were white, before treating the restrained individual, who was Latino.
- In the Alvarado case, officers gathered around the suspect after he was restrained acted unconcerned with the individual's welfare; one officer made demeaning comments about the individual. While these comments were not racial in nature, the overall display was one of indifference to the sanctity of this Latino's life.
- In the Ingram-Lopez case, neither the PSCD call-taker nor the officers involved spoke Spanish, or identified a Spanish-speaker who could assist.
- In the Ingram-Lopez case, the officers consistently disregarded the grandmother who placed the initial 911 call and who came out of the house to greet them, showing indifference to her ability to assist in resolving the conflict.

While certainly other factors also contributed to the tragic outcomes in these cases, the SERB is concerned that underlying cultural and racial biases also contributed in a myriad of seen and unseen ways. They should not be understated simply because they remain invisible. More time is needed to determine the role that systemic racism and bias may have played in these cases. This is an opportunity to develop a process for dissecting the culture of TPD, TFD, PSCD, and indeed that of the wider community from which these agencies derive their moral authority. Systemic biases in public-safety services emerge from systemic biases in the broader society.

RECOMMENDATION: PSCD, TPD, and TFD should collect, analyze, and publish data regarding (among other things) response times, nature of call, medical, drug, or mental health issues involved, type of force used, domestic violence or other, and outcomes across racial and gender lines to identify areas of disparate responses or disparate

¹³ As with many parts of our society, the SERB wrestled with how best to identify, understand, and address concerns that the very structure of policing has roots in racist ideologies that are generations old. While the SERB did not identify any explicitly racist behaviors, several moments were identified that conveyed a carelessness and callousness towards Latino members of the community that affect perceptions of the TPD and TFD and that impact how community members respond to TPD and TFD authority. There was consensus agreement among the SERB that all factors and recommendations contained in this report are deserving of serious consideration.

impacts on members of different groups. This will be an ongoing process and TPD and TFD should establish a multi-cultural stakeholder group to advise and work with the department.

Implementation: TPD¹⁴ / TFD

RESOLUTION:

TPD collects most of this information, though not consistently or in a way that would be practical to publish.

- Response Times — this data is recorded, and will ultimately be added to the [Events](#) public dashboard
- Nature of call — this data is recorded, and will be included as part of the [Events](#) public dashboard
- Medical/Drug/Mental Health issues — this is NOT systematically recorded. Current CAD/RMS systems do not provide a mechanism to record this effectively.
 - Proper identification of any of these issues relies on the community member providing an accurate diagnosis of their condition; without that, selection of some of these categories would be largely subjective and dependent on the officer and their level of training to properly identify issues (particularly mental health issues).
 - The ability to collect information that's provided can be added to both CAD and RMS systems — Communications can be directed to change the coding of a call during the event and/or specific coding can be designed to capture this info from call text.
- Type of force used — this is already recorded and published in the [Use of Force](#) public dashboard
- Domestic violence or other — Domestic violence incidents are recorded in RMS and specified by UCR code
 - The ability to collect this information can be added to both CAD and RMS systems — Communications can be directed to change the coding of a call during the event and/or specific coding can be designed to capture this info from call text.
- Outcomes across racial and gender lines — Race/Ethnicity and Sex (not gender) are captured in RMS when there is a named involved person (e.g., witness, victim, offender). Race/Ethnicity and Sex are characteristics that will be added to future versions of the Reported Crime Incidents public dashboard and the Arrests public dashboard.
 - The ability to collect this information can be added to both CAD and RMS systems — Communications can be directed to change

¹⁴ TPD has created a dashboard that went live on September 11, 2020 and is available at <https://policeanalysis.tucsonaz.gov/>.

the coding of a call during the event and/or specific coding can be designed to capture this info from call text.

- Additionally, this information is recorded as license/wants/warrants checks are conducted.
- Establishment of a multi-cultural stakeholder group — there are a number of groups TPD works closely with that satisfy this requirement (e.g., Pillars and Bridges, NAACP, Amistades, various refugee organizations, the Chief’s Advisory Council). In addition, the Force Review Board, the Community Police Advisory Review Board, and the Sentinel Event Review Boards all have diverse memberships.
- TFD can make available data regarding call types and response times. Patient "outcomes" are not tracked by TFD. Once the transfer of care for a patient occurs at the hospital or destination facility, "outcomes" fall to those entities.
- The City Manager has told TFD to hold off from activating the "Race" box on ePCRs until Mayor & Council gives more direct policy guidance on whether they want to capture and report such data.

RECOMMENDATION: Establish either a standing committee or board that will work closely with TPD to explain and address issues of systemic racism and cultural bias within the organization.

Implementation: TPD/TFD/PSCD

RESOLUTION:

TPD has partnered with a cultural anthropology professor from the University of Arizona Honors College to conduct a qualitative study reviewing the training and culture within TPD to assess issues of systemic racism and cultural bias. The professor will also provide feedback on how to improve our awareness of these key issues and provide a report to identify action items moving forward.

TPD has also contracted with community members to create a curriculum embedded within our Recruit Training Academy designed specifically to provide education about systemic racism, cultural bias, and their adverse impacts on communities. There are plans underway to expand this training to current supervisors and Field Training Officers in the coming year.

Lastly, TPD has created and implemented several community boards/committees to help ensure equitable quality of service and feedback from diverse community groups. These include the Hate Crimes Review Board, the Community-Led Investigative Review Panel, which expands on our previously implemented Force Review Board and Sentinel Event Review Board, and the review of lesson plans by a committee which includes community members from diverse backgrounds.

E - 2 **CONTRIBUTING FACTOR:** Dehumanization of suspects and perceived indifference of officers.

RECOMMENDATION: Re-emphasize the expectation of professionalism and implement consequences for violations. Use the BWC as an instructional tool to show how officer conduct can appear to be dehumanizing and therefore undermine public trust in and respect for the police.

Implementation: TPD

RESOLUTION:

This was covered in the Ingram-Lopez training as previously mentioned. However, there is currently an in-custody death investigation that has not yet concluded in which the officers are compassionate and caring. This body-worn camera video will be included in continuing 2021 in-service training.

RECOMMENDATION: Engage the CPARB to lead a task force that will report back to TPD executive leadership on community views of the relationship between TPD and the people of Tucson, and how that can be improved.

Implementation: TPD/CPARB

RESOLUTION:

As created in City Code, CPARB may inquire into community views and provide that information to the department. Due to funding and staffing limitations, CPARB is primarily focused on reviewing external complaints and providing feedback to our Executive Leadership Team through Assistant Chief Hall, who participates in CPARB meetings. CPARB allows members of the public to participate and speak to the board, providing insight as to how the police and community engage with each other. As CPARB evolves, they will continue to act as one of many conduits used to engage the community with the department.

TPD staff will continue to engage with and involve various areas of the department and the Executive Leadership Team with the group Pillars and Bridges, whose mission statement is: "Pillars and Bridges of Tucson is a grassroots effort to engage pillars of our community in order to bridge the communication gap between the community and the Tucson Police Department. We are a conduit of information to bring clarity to the issues our community faces, by allowing questions to be asked and answered."

E - 3 **CONTRIBUTING FACTOR:** Potentially insufficient and/or ineffective education and training for officers in key areas, including:

- Triage of emergency calls to medical/behavioral health experts;
- De-escalation;
- Respiratory distress;
- Restraint; and
- excited delirium.

The officers responding in these cases had taken appropriate training classes in many of the areas described above. Often, however, these classes are limited in scope and timing, and in the heat of a confrontation, asking officers to remember the finer points of their training from years before may be a difficult task.¹⁵

RECOMMENDATION: Revisit the manner and method in which officers are trained, including training of supervisors on regular and consistent reinforcement of training in topics including:

- Reconfigure training to prioritize slowing down operational momentum officers experience in the field.
- Train more officers in crisis intervention, mindful of the concern that forcing officers into this type of training detracts from the efficacy of the training for not only the officer in question, but all involved.
- Develop a training program for officers on respiratory distress and new response protocol for situations in which a suspect is restrained with arms behind their back or claims they cannot breathe.
- Conduct an external review of excited delirium training and procedures, informed by critical care professionals, to ensure TPD is following best practices for law enforcement response.
- Promote mindset of “care for all community members” over “take into custody” among the officers.

Implementation: TPD

RESOLUTION:

Training was already designed to get officers to slow down operational momentum. This was covered again in depth in the Ingram-Lopez training. It has also been incorporated into this year’s annual training scenario. Operational momentum, incident command, and ensuring that officers are using time, distance, and shielding is emphasized.

Officers get a variety of crisis intervention training in the academy and thereafter. There are several additional trainings that our Mental Health Support Team trains officers on annually. Several officers and sergeants recently attended a “train the trainer” for trauma-informed care. Future plans include providing this training to many other officers.

As mentioned above, handcuffing behind the back has been covered in this year’s annual training. An additional training specifically covering recognizing respiratory distress is set to go out in April 2021. This has been covered in numerous previous trainings, but this entire training is on recognizing respiratory distress.

¹⁵ The Board recognizes the possibility that other TPD officers who received the same training might have handled these two incidents differently than the officers in these cases.

As mentioned above, every training last year and this year has emphasized the importance of caring for the community first. If a suspect has to be taken into custody before that can happen, then providing immediate emergency medical care once the scene is secured is emphasized and expected.

RECOMMENDATION: With permission from the Ingram-Lopez family, use the in-custody death of Mr. Ingram-Lopez as a training tool for police and EMS. This incident demonstrates how failing to follow basic protocols can result in a tragic outcome.

Implementation: TPD/TFD

RESOLUTION:

TFD

The Ingram-Lopez case was included in training for personnel in 2020. Going forward, recurrent training on the care of patients who are exhibiting signs of excited/agitated delirium will be included in TFD's online training platform, Target Solutions, as a resource for our providers.

TPD

Although it was extremely hard for officers to watch, the Ingram-Lopez body-worn camera video was used in the Ingram-Lopez training.

RECOMMENDATION: Explore ways to increase the deployment of alternative responses to behavioral health calls received by EMS, such as sending mental/behavioral health experts as primary responders with and/or instead of police officers. Appropriately trained professionals must be available 24/7, respond quickly and be able to provide direct treatment and/or directions based on their clinical training.¹⁶

Implementation: Tucson & Pima County Government Officials

RESOLUTION:

Direction has been given to patrol officers to refer calls to the Mobile Crisis Response Team (MCRT) where appropriate and to involve the MCRT in calls that require police response but could benefit from MCRT involvement. Funding to increase staffing for the MCRT is dependent on use of the MCRT, so as use increases, capacity should also increase. Future training will emphasize the role of the MCRT and explore situations they may respond to.

¹⁶ The Regional Behavioral Health Authority currently funds and oversees 16 crisis mobile teams (CMTs) that respond to behavioral health calls across Pima County. These teams are composed of behavioral health clinicians, available 24/7, and dispatched by the Crisis Line. The "Sub-Zero" program which co-locates crisis call center staff with 911 call-takers is intended to increase the number of 911 calls diverted to a CMT response. Additional programs that would be responsive to this recommendation are currently under review by the Tucson Mayor and Council as a part of the Community Safety Pilot Program.

Tucson's Mayor and Council have also indicated that they will create a Public Safety Community Pilot Project to address these issues.