



## **3-33 PERSONNEL MANAGEMENT, EVALUATION, AND DEVELOPMENT SYSTEM (PMED)**

### **3-31-1 Purpose**

The Personnel Management, Evaluation and Development System (PMEDS) is a proactive management tool that promotes employee and supervisory awareness using an automated notification program and a standardized review process. The primary purpose of the PMEDS is to provide timely, accurate, and reliable data to employees and supervisors in order to make informed decisions, as early as possible, regarding the well-being of the employee, training, career development and policy concerns. The PMEDS system is designed to identify both positive and negative trends to improve the overall performance and efficiency of the department.

### **3-31-2 Policy**

It is the policy of the Albuquerque Police Department to monitor performance, analyze data and support employees to ensure a professional work environment that promotes constitutional policing, community trust and career development. The primary function of PMEDS is ensuring that personnel have the necessary support and guidance from management to carry out the mission of the Albuquerque Police Department in an effective and efficient manner. The use of PMEDS will provide employees and supervisors timely information on:

- Performance Feedback
- Training/Retraining effectiveness
- Identification of positive and negative performance trends for employees
- Identification of exceptional employees for recognition.
- Identification of at-risk employees for corrective action.

### **3-31-3 Definitions**

#### **A. Action Plan:**

A tool used by a supervisor to identify the plan for recognizing an employee's superior performance or outlining corrective action for unacceptable performance.

#### **B. Data Period:**

A rolling 36 month period of time over which data is collected and analyzed to determine a mean/median and standard deviation for a PMED indicator category.

#### **C. Egregious Offense:**



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Any offense that, by its nature and the liability they create for the department, may warrant immediate termination. Egregious offenses include but are not limited to:

1. Lying: Knowingly and intentionally submit, or cause to be submitted, untruthful, incomplete, inaccurate, false, improper or incomplete information; or, making untruthful, incomplete, inaccurate, false, improper or incomplete statements related to issues of official duties.
2. Theft: Theft of money or property of another, when substantial evidence establishes intent to deprive its rightful owner.
3. Sexual Harassment/Abuse of another employee: Supervisors who commit acts of sexual harassment based on exchange of a job benefit for sexual favors or commit acts of retaliation against a subordinate for resisting or reporting such prohibited activity.
4. Insubordination: Direct or constructive disobedience to a superior-ranked member's lawful and direct order.
5. Committing an administrative violation that would be classified as a felony in criminal law or found guilty of committing a felony by a court of law.
6. Committing a serious misdemeanor (e.g., driving under the influence of alcohol or drugs, reckless operation of a motor vehicle) resulting in death of another, serious injury to self or another person or irreparable damage to the police profession or image.
7. Retaliatory behavior by a supervisor taken against a subordinate for reporting supervisory misconduct.

D. Evaluation Period:

A rolling 12 month period of time over which data is collected and analyzed to determine an employee's performance or behavior indicators.

E. Habitual Violator:

Any employee who has had three or more of the same offense/SOP violations within the past two years.

F. Indicator:



The incident, data, and/or information compiled to identify and evaluate an employee's performance/behavior.

G. Threshold:

The point at which a sufficient number of incidents have occurred to generate an assessment trigger. The threshold is based on the number of standard deviations from the mean/median or a pre-determined number of incidents.

H. Level 1 Assessment:

A review conducted daily by the employee's supervisor. This occurs as long as the employee's thresholds are less than 1.5 standard deviations from the mean/median.

I. Level 2 Assessment:

A review conducted by the employee's immediate supervisor when the employee's thresholds are 1.5 to less than 2.0 standard deviations from the mean/median.

J. Level 3 Assessment:

A review conducted by the employee's 2nd level supervisor when the employee's thresholds are 2.0 or more standard deviations from the mean/median.

K. Mean:

The mean or average is the number of all of the records per indicator.

L. Median:

The median is the value in the middle of all of the records per indicator.

M. Performance Improvement Plan (PIP):

A tool used to give an employee with performance or behavior deficiencies an opportunity to succeed. These are long term plans to address an employee's failure to meet specific job goals or to ameliorate behavior-related concerns.

N. Standard Deviation:



The standard deviation is a measure used to quantify the amount of variation or dispersion of a set of data values.

### **3-33-4 Performance Management, Evaluation and Development System**

#### **A. General Requirements:**

1. The department will track employee performance indicators and monitor this activity for evaluation.
  - a. PMEDS data will be evaluated for several indicators based on a rolling 12 month period.
  - b. It is the employee's responsibility to monitor their PMED data.
  - c. It is the responsibility of the employee's chain of command to act on any commendable or at-risk behavior and ensure all necessary documentation is been completed in a timely manner.
  - d. The level of review required will depend on the type of threshold met.
2. PMEDS will be maintained under the direction of the Performance Management and Evaluation Unit (PMEU) assigned to the Internal Affairs Division.
3. All PMEDS information shall be deemed confidential and is not to be shared with persons outside of the employee, their chain of command and those who have access to the automated system.
  - a. Information may be released only in accordance with applicable laws, regulations and/or union contracts.
  - b. Misuse of the PMED system, as with any other department data system, may result in discipline.

#### **B. Access to PMED Data**

1. Employees of the department will have access to PMED data as follows:
  - a. The Chief of Police and Deputy Chiefs have access to all data.
  - b. Commanding Officer/Division Heads have access to the data for employees assigned to their division.
  - c. Lieutenant/2nd Level Supervisor have access to employees under their direct supervision.
    - i. Acting Lieutenant/2nd Level Supervisor will not have access to the data at this level.



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- d. Sergeant/Immediate Supervisor have access to employees under their direct supervision.
  - i. Acting Sergeant/Immediate Supervisor will not have access to the data at this level.
- e. Employees will have access to their own data.
- f. Employees assigned to the PMED unit will have access to all data.

C. Baseline Thresholds:

1. Baseline Threshold Identification Process using Standard Deviation Calculations

- a. Baseline Threshold Calculations
  - i. The data driven threshold measurements will be calculated using data from APD's Data Warehouse.
  - ii. The PMED Unit must validated the data by cross-checking the records to ensure data accuracy and de-conflict duplicate entries.
  - iii. After data validation is complete, a department approved program capable of providing statistical analysis will be used to provide the following statistics for each indicator category:
    - Mean
    - Median
    - Standard deviation
  - iv. The standard deviation, mean, and median will be calculate using a rolling 36 months of data from the APD Data Warehouse.

D. Indicator Categories:

1. Data will be analyzed for the following categories and used to determine threshold indicators for the PMED system.
  - a. Use of Force
    - i. Threshold calculations will compare the number of use of force incidents in relation to the number of contacts made.
    - ii. Additional factors in the assessment will include, but are not limited to:
      - The level of force used per APD SOP 2-52
      - Injuries and/or deaths as a result of the use of force
      - Demographic data to assess bias
      - OBRD use



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- b. Complaints Against Officers
  - i. Threshold calculations will compare the number of complaints initiated against an employee in relation to the number of contacts made.
  - ii. Additional facts in the assessment will include, but are not limited to:
    - Internal Complaints
    - Civilian Complaints
  
- c. Vehicle Crashes
  - i. Threshold calculations will compare the number of accidents in relation to the number of miles driven by the employee.
  - ii. Additional facts in the assessment will include, but are not limited to:
    - Emergency driving conditions
    - Normal driving conditions
    - Injuries and/or deaths resulting from a crash
    - Damage to vehicles/property
  
- d. Vehicle Pursuits
  - i. Threshold calculations will compare the number of pursuits in relation to the number calls for service.
  - ii. Additional facts in the assessment will include, but are not limited to:
    - Pursuit Review findings
    - Injuries and/or deaths resulting from a pursuit
    - Damage to vehicles/property
  
- e. Court Related Issues
  - i. Criminal investigations against an officer
  - ii. Civil or Administrative claims filed against an officer including Lawsuits and Protective or Restraining orders
  - iii. ADA declines prosecution in whole or part because of failure to record incident with OBRD.
  - iv. Missed Court notices
  
- f. Training/Certifications
  - i. Any formal and informal training completed by an officer.
  - ii. Failure to attend mandatory training
  - iii. Non-punitive corrective training action
  - iv. Maintenance or failure to maintain mandatory qualifications and certifications.
  
- g. Personnel Management



- i. Performance Data
  - Activity Log data
  - Demographic data to assess bias
  - Employee Work Plans/Performance Evaluations (SOP 3-32)
- ii. Wellness Data
  - Overtime
  - Vacation/Comp time used
  - Sick time
  - Critical Incidents
  - Job Well done
  - Commendations
  - Award Recommendations

E. Levels of Assessment

1. Level 1 Assessment:

- a. This is a normal supervisory review conducted on a daily basis.
- b. The immediate supervisor will review all available data to ensure the employee is on track for performance, training and career development.

2. Level 2 Assessment

- a. A Level 2 Assessment requires the immediate supervisor to conduct a thorough review of the employee's performance to determine;
  - i. Any positive trends
  - ii. Any negative trends
  - iii. The appropriate response to address the trend
- b. The key to this review is to identify any commonality between events that resulted in the Level 2 Assessment.
  - i. The Level 2 Assessment will be reviewed for approval by the 2<sup>nd</sup> Level supervisor.
  - ii. A Level 2 Assessment will be documented in the PMED system.

3. Level 3 Assessment

- a. A Level 3 Assessment requires a full investigative assessment by the 2<sup>nd</sup> level supervisor into all aspects of the employee's performance to determine;



- i. Any positive trends
  - ii. Any negative trends
  - iii. Is there an underlying cause for the trend identified?
  - iv. Did any actions/inaction by the employee's supervisor result in the Level 3 Assessment?
- b. Determine the appropriate response to address the trend(s).
  - c. Develop an Action Plan
    - i. Implement the Action Plan
    - ii. Document the results of the Action Plan
  - d. The Level 3 Assessment will be reviewed by the chain of command for concurrence or modifications of the action plan.

**3-33-5 Roles and Responsibilities:**

**A. Supervisor Responsibilities**

**1. Immediate Supervisor**

- a. Level 1 Assessment
  - i. Review PMEDS data of each subordinate on a daily basis to
    - Identify any positive trends for recognition.
    - Identify any negative trends for correction.
    - Any action taken will be documented in the PMED system.
- b. Level 2 Assessment:
  - i. Review all data available in the PMED system to determine any positive or negative trends.
  - ii. Upon identification of a performance trend
    - Positive trend
      - \* Determine any appropriate recognition
      - \* Can this positive activity be trained to the department
      - \* Can this positive trend be incorporated into departmental policy?
    - Negative trend
      - \* Is there a common factor in the trend?
      - \* Can this trend be corrected?
      - \* Is corrective action required?
      - \* Develop and Implement an Action Plan, if required





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- Level 2 Assessment will be reviewed by the 2nd Level Supervisor for concurrence and approval
  - Meet with employee to review the Level 2 Assessment data
    - \* Action taken will be documented in the PMED system
    - \* Provide status reports, as required, to 2<sup>nd</sup> Level Supervisor
  - c. Level 3 Assessment
    - i. Participate in meeting with the employee upon completion of assessment by 2<sup>nd</sup> level supervisor
      - Ensure the approved Action Plan is implemented
      - Document results in the PMED System.
  - d. Quarterly Performance Review with employee
    - i. Meet quarterly with the employee for a formal performance review.
    - ii. Document the review in accordance with Department SOP 3-32.
    - iii. This review will include a review of all PMED data for the employee.
  - e. Acting Sergeant/Supervisors will not conduct assessments on employees. The employees 2<sup>nd</sup> Level Supervisor will conduct the review of any employee supervised by an Acting Sergeant/Supervisor.
2. Second Level Supervisor
- a. Level 2 Assessment
    - i. Review any action taken by the immediate supervisor for concurrence
      - Identify any additional actions required.
      - Implement the Action Plan.
    - ii. Ensure the actions taken are documented in the;
      - PMED System
      - Quarterly Employee Review
  - b. Level 3 Assessment:
    - i. Review all data available in the PMED system to determine;
      - Positive trends
      - Negative trends
      - Was the employee's supervisor a factor in the identified trend?
      - Was a policy deficiency identified?
      - Was a training deficiency identified?
    - ii. Upon identification of a performance trend;
      - Positive trend



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- \* Determine any appropriate recognition
  - I. How can we maintain this trend?
  - II. Can this positive activity be trained to the department?
  - III. Can this positive activity be incorporated in departmental policy?
- Negative trend;
  - \* Can this trend be corrected?
  - \* Is corrective action for the employee required?
  - \* Is corrective action for the supervisor required?
  - \* Develop and Implement an Action Plan
    - I. Refresher/Remedial Training
    - II. Performance Improvement Plan, if required.
  - \* If a policy deficiency is identified, what is the recommended policy change?
  - \* If a training deficiency is identified, what change to training or additional training is required?
- iii. Meet with employee and immediate supervisor to review the Level 3 Assessment data.
  - Conduct the assessment review meeting with employee
- iv. Provide status reports, as required, to the chain of command.
  - Make recommendation on employee status.
    - \* Release from plan
    - \* Extension of Action Plan
    - \* Failure to complete Action Plan
  - Document all action taken in;
    - \* PMED system
    - \* Employee Quarterly Performance review
- v. A Level 3 Assessment will be reviewed and approved by the Unit/Division Commander or Deputy Chief/Department Head as appropriate.
- vi. Acting Lieutenant/2<sup>nd</sup> Level Supervisors will not conduct assessments on employees. The employees Commanding Officer/Division Head will conduct the review of any employee supervised by an Acting Lieutenant/2<sup>nd</sup> Level Supervisor.

3. 3<sup>rd</sup> Level Supervisor

- a. Review any action taken by the 2nd level supervisor for concurrence
- b. Identify and implement any additional actions required.
- c. Approve or modify the Action Plan, as required.



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- d. Monitor employees progress
- e. Final authority for release from Action Plan and/or PIP
  - The Performance Review Board is the final authority if the employee is a Lieutenant (or equivalent) or higher rank.
- f. Ensure the information is documented in the PMED System

B. Personnel Management, Evaluation and Development Unit (PMED Unit)

1. Lieutenant

- a. Responsible for overall management of PMEDS System.
- b. Review status of all employees.
- c. Generate alerts based on data analysis.
- d. Send alerts to appropriate supervisor.
- e. Monitor status of alerts generated by the system.
- f. Ensure alert responses contain all required documentation.
- g. Evaluate the effectiveness and make recommendations for adjustments/changes to indicators and/or thresholds.
- h. Coordinate Quarterly Performance Review Board Meetings;
  - i. Provide meeting agenda no later than five working days before meeting.
  - ii. Take minutes for meeting.
  - iii. Report on status of action items from previous quarter.
  - iv. Action items for follow-up.
  - v. Publish minutes from meeting.
- i. Complete annual and quarterly reports.

2. PMEDS Coordinator (Sergeant)

- a. Responsible for tracking of all alerts generated in PMED System.
- b. Review status of all employees.
- c. Keep records of all alerts generated by the system.
- d. Ensure validity of alerts prior to sending to chain of command.
- e. Check alert level to confirm accuracy.
- f. Check for duplicate entries.
- g. Verify all required documentation has been completed properly.
- h. Present actions from 10% of Level 2 Assessments to the PRB for review.
- i. Maintain PMEDS system; activate new administrative users and access levels.
- j. Serve as liaison between the PMED Unit and IT.



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- k. Train employees on PMEDS.
- l. Assist supervisors in use of system.
- m. Correct any inconsistencies with the reporting or with the data within the alert
- n. Review and close out all completed alerts
- o. Assist with annual and quarterly reports

3. Performance Review Board (PMED Board)

- a. Primary Members (voting members):
  - i. Chief of Police
  - ii. Chief of Staff (Will host the meeting)
  - iii. Deputy Chief of Police (all)
  - iv. Training Director or designee
  - v. Commander of the Internal Affairs Misconduct Division or designee
- b. Advising Members (non-voting members):
  - i. Employee Unit/Division Commander
  - ii. PMEDS Lieutenant
  - iii. If requested by Chief or Chief's designee:
    - A city attorney
    - Risk Management director or designee
    - Human Resources director or designee
    - Lieutenant of the Crisis Intervention Section or designee
  - iv. A designee for the purpose of the Board members will be of Lieutenant (or equivalent) rank or higher.
  - v. No other personnel will be in attendance without first getting written approval from the Chief of Police.
- c. Responsibility
  - i. Meet quarterly or at the discretion of the Chief of Police to
    - Review Level 3 Assessments
      - \* Determine if a pattern of behavior was identified.
      - \* Was the positive or at-risk behavior addressed properly?
      - \* Ensure departmental consistency for Action Plans.
    - Review 10% of Level 2 Assessments
      - \* Determine whether the assessments and actions taken are adequate to address the issues of concern.
      - \* Verify that actions taken reference Level 2 Assessments are consistent and uniform throughout the department.



- ii. Make recommendations for adjusting/changing assessment indicators and/or thresholds to Chief of Police.

### **3-33-6 Action Plans**

- A. Action Plans are utilized by supervisors, as needed, to ensure an employee receives recognition for excellence and/or corrective action for at-risk performance/behavior.
  1. Action Plans will remain open until all identified actions have been completed.
  2. Discipline including Verbal Reprimand and above is not an approved form of action in response to a PMED Alert.
    - a. If misconduct is identified through an alert assessment supervisors will follow the procedure outlined in APD Administrative Orders 3-41-4D: Internal Department Complaints-Reporting and Assignment.
    - b. Action Plans in lieu of discipline may not be used for any offense classified as an egregious offense or for a habitual violator.
- B. Action Plan Process
  1. Level 1 Assessments
    - a. Level 1 Assessments can best be described as the daily supervision of our employees.
    - b. When a positive trend is identified, the supervisor should encourage this continued behavior.
    - c. When a negative trend is identified, the supervisor should intercept and correct this trend before it becomes an at-risk trend for the employee.
    - d. A formal action plan is not required for any trends identified at this level.
      - i. Any actions that are taken by the supervisor will be documented in the PMED system.
  2. Level 2 Assessments
    - a. A Level 2 Assessment is an indicator that the employee may be trending towards:
      - i. Exceptional performance/behavior which can have a positive effect for the employee and/or the department, or
      - ii. At-risk performance/behavior which can have a detrimental effect on the employee and/or the department



- b. When a trend is identified, an action plan is recommended
    - i. Positive Trends: Upon identification of positive trends and/or exceptional performance, supervisors are encouraged to look at the following;
      - Award recommendations
      - TDY assignments to foster career development
      - Specialized training classes to prepare employee for future assignments
    - ii. Negative Trends: Upon identification of a negative trend, supervisors are encouraged to look at the following;
      - Identification of factors that led to negative performance trend
      - Can this trend be corrected
        - \* Training/retraining
        - \* Counselling on how to improve performance
        - \* Increased direct supervision and monitoring of work
    - iii. The supervisor's assessment and any actions taken shall be documented in the PMED system.
3. Level 3 Assessments
- a. A Level 3 Assessment is an indicator that the employee is demonstrating either;
    - i. Exceptional performance/behavior which has a positive effect on the employee and/or the department or
    - ii. At-risk performance/behavior which has a detrimental effect on the employee and/or the department
  - b. An Action Plan is required for a Level 3 Assessment.
    - i. Positive Trends: Upon identification of positive trends or exceptional performance/behavior, supervisors are encouraged to look at the following;
      - Award recommendations
      - TDY assignments to foster career development
      - Specialized training classes to prepare employee for future assignments
      - Can this performance/behavior be incorporated into training for the department?
      - Can this performance/behavior be incorporated into policy for the department?



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- ii. Negative Trends: Upon identification of a negative trend, supervisors are encouraged to look at the following:
    - Identification of factors that led to negative trend
    - Can this trend be corrected with an Action Plan?
      - \* Training/retraining
      - \* Reassignment (within contractual rights)
      - \* Referral to BSD
      - \* Performance Improvement Plans, if required
  - c. All actions taken to address a Level 3 Assessment will be documented in the PMED system.
- C. Timelines for PMED Indicator Assessments:
1. Level 1 Assessment: Each supervisor will conduct a Level 1 Assessment on a daily basis.
  2. Level 2 Assessment: Upon notification that a Level 2 Assessment indicator has been received:
    - a. Immediate Supervisors will have seven (7) days to complete the assessment and forward it to the 2<sup>nd</sup> Level Supervisor.
    - b. The 2<sup>nd</sup> Level Supervisor will have five (5) days to review the assessment and,
      - i. Concur and forward for filing or implementation of any Action Plan or,
      - ii. Not concur and meet with immediate supervisor to address concerns.
    - c. In the event an extension is required to complete a Level 2 Assessment, the Commanding Officer/Division Head may approve, in writing, an extension for up to five (5) days.
  3. Level 3 Assessment: Upon notification that a Level 3 Assessment indicator has been received:
    - a. 2<sup>nd</sup> Level Supervisor will have fourteen (14) days to:
      - i. Conduct a thorough review of the employee's performance and behavior history
      - ii. Develop the Action Plan
      - iii. Forward the Assessment and Action Plan to the chain of command
    - b. The 3<sup>rd</sup> Level Supervisor will have seven (7) days to review the plan for:
      - i. Concurrence and implementation or,



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- ii. Not concur and meet with 2<sup>nd</sup> Level Supervisor to address concerns.
  - c. In the event an extension is required to complete a Level 3 Assessment, the appropriate Deputy Chief may approve, in writing, an extension for up to five (5) days.
- D. Performance Improvement Plans (PIP)
- 1. A Performance Improvement Plan is used when there is an identified:
    - a. Failure to meet specific goals
    - b. Need to improve behavior-related concerns or
    - c. Significant training deficiency
  - 2. A PIP is only effective when there is a commitment, on the employee and supervisor's part, to help the employee improve.
    - a. The PIP will be completed in the PMED system.
  - 3. Any PMED Alert that falls under the classification as an egregious offense or Habitual Violator, is not appropriate for implementation of a Performance Improvement Plan in lieu of discipline.
  - 4. PIP Time Lines and Transfers:
    - a. During a Level 3 Assessment a PIP will be in place for a minimum of 3 months of focused monitoring and supervision.
    - b. The PIP will remain in effect when an employee is transferred to another unit.
    - c. The employee's new chain of command will be briefed about the PIP before the transfer takes effect. The briefing will be documented by a memo and uploaded into the PMED System.
    - d. The responsibility to supervise and document the employee's performance will be transferred to the new supervisors
    - e. The briefing for the new chain of command must occur before any transfer takes effect.
  - 5. Completion of PIP





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- a. After an employee has completed all requirements of the PIP, a PIP Completion Memo will be forwarded through the chain of command for review and approval.

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## 3-33 EARLY INTERVENTION AND RECOGNITION SYSTEM (EIRS)

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### **3-33-1 Purpose**

The purpose of this policy is to establish the guidelines and parameters for the Early Intervention and Recognition System (EIRS).

### **3-33-2 Policy**

The Early Intervention and Recognition System (EIRS) is not a disciplinary or punitive tool but rather a proactive management tool that promotes supervisory involvement. The Department will use EIRS to document and encourage employee conduct that promotes constitutional policing and community trust. Additionally, the Department will use EIRS to identify trends by examining indicators in employee conduct that deserve recognition or that require further training, guidance, and/or counseling. Ultimately, the goal of EIRS is to ensure that personnel have the necessary support and guidance from management. The EIRS system is separate from the disciplinary process and the promotional process and does not modify the criteria used in such decisions.

### **3-33-3 Definitions**

#### A. EIPro

EIPro is a software tool used by the Department to aid in viewing and monitoring the EIRS by Department personnel.

#### B. Mentoring Plan

The mentoring plan is a positive plan of action written by the section head of the employee for whom an alert was generated. This plan will detail the efforts to be made in order to address the behavior and actions related to the alert by using the information from the assessment report and resources available to guide the employee.



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C. Status Report

The status report is a weekly update of the mentoring plan. The status report is written in brief memo form by the supervisor of the employee.

**3-33-4 EIRS Indicators and Threshold Levels**

- A. The indicators listed below will be collected, tracked, and maintained in EIRS. If the indicator is based solely on awards and commendations, the purpose of the threshold level will be to signal the employee's direct supervisor that additional honors may be warranted. The purpose of the other threshold levels will be to signal the employee's direct supervisor to conduct an assessment and determine if a mentoring plan is appropriate.
- B. The Internal Affairs Division will review thresholds at least every quarter. Using such review, the Chief of Police or his designee will determine appropriate thresholds and amend such thresholds if necessary, taking into consideration geographical assignments, duty times, and work assignments.
- C. Thresholds are levels set for EIRS indicators, which, when reached, will generate an alert when those levels are attained within a 6-month period. The 6-month period is not static and will be rolling through an employee's career.
- D. Threshold levels are adjusted for the type of police work performed in different divisions to allow for peer group comparisons that are more likely to identify outliers at the individual or unit level.
- E. Transferring to other divisions will not reset an employee's EIRS threshold.
- F. Threshold levels may be adjusted as needed to compensate for changes in working conditions and/or in revised technology, such as software version upgrades.
- G. When threshold levels are adjusted for any reason, APD will notify the monitor, immediately and in writing, of the fact and reason for said adjustments.

**3-33-5 Thresholds and Alerts**



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<b>Indicator Criteria</b>		<b>Threshold Levels</b>
<b>A.</b>	A combination of the below indicators, with the exception of awards and commendations	3 within 6 months
<b>B.</b>	All awards and commendations received by employees, regardless of origin	3 within 6 months
<b>C.</b>	Serious use of force	Reaching the top 5% within 6 months, based on geographical assignment, duty times, and work assignments.
<b>D.</b>	Use of force	Reaching the top 5% within 6 months, based on geographical assignment, duty times, and work assignments.
<b>E.</b>	Serious injuries (as defined in the Use of Force Appendix) and deaths of persons in custody	1 within 6 months
<b>F.</b>	Failures to activate on-body recording device in accordance with the On-Body Recording Device SOP	2 within 6 months
<b>G.</b>	All civilian or internal complaints and their dispositions (excluding unfounded and exonerated civilian complaints)	Reaching the top 5% within 6 months, based on geographical assignment, duty times, and work assignments.
<b>H.</b>	All judicial proceedings in which an employee is the subject of a protective or restraining order	1 within 6 months
<b>I.</b>	All vehicle pursuits and preventable vehicle crashes involving APD equipment	Reaching the top 5% within 6 months, based on geographical assignment, duty times, and work assignments.
<b>J.</b>	All instances where APD is notified by a prosecuting authority that a declination to prosecute a crime was the result of an officer failing to use the on-body record device	1 within 6 months
<b>K.</b>	All disciplinary action taken against an employee	Reaching the top 5% within 6 months, based on geographical assignment, duty times, and work assignments.
<b>L.</b>	Any documented allegation or complaint of bias in a use of force or search and seizure incident	1 allegations within 6 months
<b>M.</b>	All criminal, civil, or administrative proceedings initiated against an employee resulting from an APD operation, job duties, or employee action	2 within 6 months
<b>N.</b>	All criminal offense reports where an employee is listed as the suspect or offender	1 within 6 months
<b>O.</b>	All non-punitive corrective action required of an employee	Reaching the top 5% within 6 months, based on geographical assignment, duty times, and work assignments



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**3-33-6 Responsibilities**

A. Internal Affairs Division

1. The Internal Affairs Division, in coordination with the APD Academy, shall ensure that all supervisors are trained to use the EIRS, including in these ways:
  - a. How to interpret data from EIRS, including conducting comparisons to identify significant individual or group patterns of behavior.
  - b. How to develop supervisory techniques and non-punitive corrective actions to modify behavior and improve performance
  - c. How to manage risk and liability
  - d. How to address underlying stressors to promote officer well-being
2. The Internal Affairs Division shall ensure that all employees are trained in how data is tracked and used within EIRS and what the purpose of the system is.

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B. EIRS Coordinator

1. Conduct reviews of EIRS data once a week and notify the lieutenant or section head of an employee who has generated an alert, providing supporting documentation.
2. Prepare and forward a report of EIRS alerts to the assistant chief monthly.
3. Review threshold levels at least annually or in conjunction with the bid, and make recommendations to the assistant chief for reduction of or increase in the threshold levels in order to maintain a 5% alert rate, where applicable.
4. Responsible for tracking the completion of all mentoring plans and make determinations whether the EIRS alerts are having an impact on improving overall performance.

C. IA Data Analyst

Review threshold levels at least annually or in conjunction with the bid, and make recommendations to the assistant chief for reduction of or increase in the threshold levels in order to maintain a 5% alert rate, where applicable.

D. Employee

1. Report all commendations received to immediate supervisor.
2. Complete all training and counseling sessions as required in the mentoring plan, if applicable.

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E. Sergeants or Immediate Supervisors

1. On at least a monthly basis, supervisors will review all EIRS data for employees under their supervision.
2. The objective of the review is to identify any patterns in EIRS indicators for an employee, to compare these with indicators from the established threshold levels, and to compare these results with those of the overall team in order to evaluate one's supervisory techniques.
3. During the monthly review, the supervisor should consider the following questions based on the EIRS data:
  - a. Is the EIRS data accurate?
  - b. Does the employee need recognition for positive behavior?
  - c. Does the employee need guidance and coaching?
  - d. Is additional training needed?
  - e. Do I need to address negative behavior that may impact their performance?
  - f. Are there unit trends in the EIRS data?
4. Supervisors will enter all commendations into BlueTeam.
5. Supervisors will coordinate through the chain of command up to the Chief's office in order to recognize and reward commendations and positive employee conduct.
6. Supervisors will perform tasks as needed to implement mentoring plans established by their chain of command, including preparation of status reports. These reports will be sent to the lieutenant or section head and will document the employee's progress through the EIRS process. The last status report will document the conclusion of the EIRS intervention.

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F. Lieutenant or Section Head

1. Review all EIRS data and alerts and determine an appropriate course of action.

Mentoring plans are appropriate when patterns of negative behavior emerge which through intervention may be eliminated, allowing for more successful outcomes in work performance. Negative behavior associated with critical areas such as use of force, use of force investigations, OBRD, interactions with persons in crises and vehicle crashes are examples of issues warranting a mentoring plan. Reviewers should recognize that although individual incidents have been previously addressed, they need to be analyzed collectively to assist in identifying overarching patterns.

The purpose of reviewing EIRS alerts is not to reinvestigate each individual incident. Reviews are intended to determine whether an officer may benefit



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from specific support or assistance in order to promote well-being and improve performance.

- a. Review all indicators that generated an alert, attempting to identify patterns, underlying causes, training issues, and/or working conditions that prompted that alert. A review may result in no action needed, a mentoring plan, a referral to employee support services, a referral for retraining, or other applicable resource referral.
  - b. Consult with all supervisors in the employee's chain of command between the reviewer and employee, and obtain their individual and collective points of view as they pertain to section (a) directly above.
  - c. Meet with the employee, with his/her supervisor(s) present, and obtain his/her point of view.
  - d. Review all data and information obtained from the employee and supervisor(s) to determine an appropriate course of action, if any is needed.
  - e. This process will be documented and forwarded to the Commander or Division Head.
2. If, after an employee and the lieutenant/section head have met to discuss an initial EIRS alert, the employee receives a subsequent alert, it shall be the responsibility of the employee's commander/division head to determine if an additional interview with the employee's chain of command is necessary. The resulting determination will be documented on a memorandum and forwarded to the employee's chain of command and Internal Affairs for tracking purposes.
- a. The exception to the above will be subsequent use of force alerts which follow a prior use of force alert. A review will take place for each subsequent use of force alert before the employee may return to his or her full duty assignment.
  - b. The review will be documented on a memorandum and forwarded to the employee's chain of command and Internal Affairs for tracking purposes.

3. Post-review recommendations

Based on the information obtained from the review, the lieutenant or section head shall make one of the following conclusions:

- a. No further action is needed.
- b. A mentoring plan should be designed and implemented whenever a supervisor determines that further action is needed to assist the employee.

The mentoring plan may include the following:

- a. The employees need for further training.
- b. A referral to the Behavioral Health Division for counseling.



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- c. The Department/division/section/unit may have a policy or training deficiency that needs to be corrected.
  - d. Reassignment.
  - e. Enhanced supervision in the field.
  - f. Any other non-punitive action that is designed to enhance the well-being or promote improved performance, such as coaching or after-action debriefs.
  - g. The employee is to be referred to other applicable resources.
4. If a mentoring plan is appropriate, the lieutenant or section head will:
- a. Ensure that the mentoring plan is designed and documented.
  - b. Ensure that the officer's chain of command understands their responsibilities under the mentoring plan.
  - c. Review status reports on the mentoring plan.
  - d. Ensure status reports on the mentoring plan are accurate and timely, and forward them up the chain of command.
5. Ensure that first line supervisors are conducting EIRS data reviews at least on a monthly basis.
6. A written response on the outcome of an EIRS alert is required to the commander or division head within 21 days of receiving the EIRS notification.
7. Ensure all recommended actions in the mentoring plan begin within 30 days of receiving a notification from the EIRS Coordinator.
8. Upon completion of the mentoring plan, provide the commander or division head with documentation detailing how the recommendations have been resolved.

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G. Commander or Division Head

1. The commander or division head of the affected employee is responsible for reviewing the Lieutenant or section head's review and forwarding it in writing to Internal Affairs, after indicating approval.
2. Ensure that all reviews are thorough, comprehensive, and completed within the established time frames.
3. Ensure all documentation concerning mentoring plans is submitted to Internal Affairs for tracking.

**3-33-7 Reports**

- A. The EIRS Coordinator shall send EIRS reports to the assistant chief every month through the chain of command. The reports will contain at least the following data on employees who have generated an alert:





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1. Employee's name
2. Employee's assignment
3. Number of EIRS indicators
4. Number of individual employee alerts per year
5. Courses of action taken or to be taken
6. Date EIRS report received from division head

B. Quarterly Reports

1. Internal Affairs staff will aggregate data from EIRS reports to show trends by division and EIRS incident category.
2. This report will display results of alert reviews to show trends and analyze actions taken, in order to demonstrate the effectiveness and uniform application of recommended actions.

C. Annual Reports

1. Internal Affairs staff will aggregate data from quarterly reports to display a comprehensive review of EIRS alerts and plans.
2. Data analyzed in the annual reports will help to determine whether EIRS is effectively managing risk for the agency, enhancing officers' well-being, and promoting positive behavior.

**3-33-8 EIRS Records**

- A. The Internal Affairs section is the custodian of all EIRS records, and these records will be maintained in accordance with the Internal Affairs SOP. EIRS records will be stored in the IA division. Access shall be restricted to authorized personnel. All EIRS records are confidential and can only be released outside of the Department by approval of the chief of police, city attorney, or by valid court order.
- B. All EIRS information will be maintained indefinitely, except for an employee's identifiable information after five years' separation from the Department.
- C. In conjunction with the quarterly report, the Internal Affairs staff shall audit the EIRS records to ensure compliance with this policy.



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## Policy Recommendations to the Office of Policy Analysis

Date: August 7, 2018

SOP: Admin Orders 3-33: Early Intervention and Recognition System (EIRS)

Name of Agency: Albuquerque Police Department-Internal Affairs

### RECOMMENDATION 1

Section(s) of the policy (Ex: 3-29-2 Definitions)	Entire policy		
Issue	This is a complete rewrite of the EIRS policy in order to create a comprehensive management tool for supervisors and meet compliance requirements of the CASA for an Early Intervention System.		
Recommendation	<p>Replace the current SOP, in its entirety, with the attached proposed SOP.</p> <p>The policy will need to go through OPA for review and approval as well as the CASA monitor for approval.</p>		
Recommendation made by	<input type="checkbox"/> Office of Policy Analysis	<input checked="" type="checkbox"/> Other stakeholder: APD Internal Affairs-PMED Unit	
Supporting research, best practices, data trends, etc.	<ol style="list-style-type: none"> <li>1) Strategies for Intervening with Officers through Early Intervention Systems: A Guide for Front-Line Supervisors: published by PERF, February 2006</li> <li>2) Supervision and Intervention within Early Intervention Systems: A Guide for Law Enforcement Chief Executives: published by PERF, December 2005</li> <li>3) Numerous contacts with LE agencies utilizing EIS systems</li> </ol>		
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