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THE CHICAGO POLICE DEPARTMENT'S PEER AND SUPERVISORY WELLNESS SUPPORT STRATEGIES

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Acronyms

BIA	Bureau of Internal Affairs
CPD	Chicago Police Department
EAP	Employee Assistance Program
FOP	Fraternal Order of Police
IACP	International Association of Chiefs of Police
IMR	Independent Monitoring Report
IMT	Independent Monitoring Team
NAMI	National Alliance on Mental Illness
OIG	Office of Inspector General
PCD	Professional Counseling Division
PSM	Peer Support Member
PSP	Peer Support Program
PTSD	Post Traumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Service Administration
TISM	Traumatic Incident Stress Management
WOL	Watch Operations Lieutenant

The Chicago Police Department's Peer & Supervisory Wellness Support Strategies

City of Chicago Office of Inspector General

CPD relies on a range of programs & strategies for officer wellness, including its Peer Support Program (PSP) & support from frontline supervisors.

Several operational limitations prevent CPD's PSP from better meeting officer wellness needs.

CPD's level of PSP staffing is lower than subject matter experts recommend, and OIG identified further operational limitations in PSP's training, documentation & recordkeeping, internal communications & cultural competency.

Supervisors aren't adequately prepared to identify members in need of wellness services and they aren't updated on supervisory responsibilities relating to officer wellness.



OIG made several recommendations to improve PSP operations & administration.

CPD should address gaps between PSP structures & best practices for peer support programs, as well as improve supervisor training & keep supervisors informed of directive changes that impact their roles & responsibilities.

I | Executive Summary

The Office of Inspector General (OIG) conducted an inquiry into two Chicago Police Department (CPD or the Department) strategies to support members' mental health and wellbeing, here termed "officer wellness support strategies."¹ The two officer wellness support strategies evaluated here are (1) the Peer Support Program (PSP) and (2) CPD's reliance on frontline supervisors to monitor their officers' mental health and refer them to services as needed.

Most of CPD's existing officer wellness programs are run through its Professional Counseling Division (PCD). PCD's services include the Employee Assistance Program, Traumatic Incident Stress Management (TISM) Program, Alcohol-use and Substance-use Services Program, and PSP. Additionally, the Department charges supervisors with identifying members who may be struggling with their mental health and referring them to professional services as needed, whether within or outside the programs offered through PCD.

The objectives of this inquiry were to determine: (1) whether PSP is designed and implemented in accordance with best practices as defined by mental health experts and the policing profession; and (2) whether CPD adequately prepares its supervisors to identify members in need of mental health assistance. OIG opted to review just two of CPD's officer wellness support strategies because the full universe of officer wellness strategies is too broad to review comprehensively in the space of a single report. Other CPD officer wellness strategies and PCD programs may be topics of future OIG inquiry.

At the conclusion of this inquiry, OIG reached two findings:

1. Several operational limitations prevent PSP from better meeting officer wellness needs. Specifically, there are deficiencies in recruitment and staffing, training, documentation and record-keeping, internal communications, and cultural competency.
2. CPD does not adequately prepare its supervisors to identify members in need of wellness services, and does not ensure that supervisors remain up to date on supervisory responsibilities relating to officer wellness.
 - a. Some supervisors expressed the opinion that they were not fully prepared for their wellness support roles.
 - b. Some supervisors lacked knowledge of key aspects of their wellness support responsibilities.
 - c. CPD has provided supervisors little in-service officer wellness training, and strategies for new directive rollouts have been insufficient to keep supervisors informed of directive changes.

In light of these findings, OIG made 13 recommendations to CPD. The first set of recommendations addresses gaps between PSP structure and practices and best practices for peer support programs in law enforcement contexts, including suggestions for more intentional recruitment planning; more regular trainings and updated training materials; improved documentation and

¹ OIG uses the term "mental health" in this report to align with CPD's use of the term in its directive Employee Resource E06-01 Professional Counseling Division. Chicago Police Department, "Employee Resource E06-01 Professional Counseling Division," December 3, 2020, accessed October 13, 2021, <http://directives.chicagopolice.org/#directive/public/6304>.

recordkeeping practices; increased mechanisms for feedback between PSP volunteers and program administrators; and increased attention to cultural competency within peer support services. The second set of recommendations suggests improvements to CPD's in-service training of supervisors and efforts to keep supervisors informed of changes to directives that impact their roles and responsibilities as they relate to the wellness of CPD members under their supervision.

CPD provided detailed responses to all recommendations, which are reproduced in full in Appendix A. CPD provided an implementation timeline of six months for four of OIG's 13 recommendations and stated that implementation was "ongoing" for the remaining nine of OIG's 13 recommendations.

II | Background

Experts within and outside the policing profession have observed that the wellness of police officers is a critical foundation to effective policing. They have also observed that police work is associated with distinctive and serious stressors and that, in the words of Chicago Police Department (CPD or the Department) Superintendent David Brown, officers “who are not well cannot do their job.”² In response to a recent spate of officer deaths by suicide,³ CPD made officer wellness a prominent feature of its strategic plans and announced a new senior advisor of wellness in March 2021.⁴ CPD’s senior advisor recently stated in an interview that they had stepped down from this role roughly one year later, stating that they feared they were adding “very little value.”⁵

In this inquiry, OIG reviewed two of CPD’s numerous officer wellness support strategies: (1) the Peer Support Program (PSP) and (2) CPD’s reliance on supervisors for wellness referrals. Mental health and wellness experts and CPD personnel have observed that Department members may be hindered from seeking the help they need by cultural and structural barriers.⁶ For example, a CPD supervisor described to OIG concerns about the social stigma around seeking help, which is seen as a “cop-out” due to officers having “alpha” personalities. One way to overcome this issue is for the Department to proactively look for signs that officers may be in need of help and then offer them help and services, rather than relying on officers themselves to initiate outreach. The two officer wellness support strategies reviewed in this inquiry rely on CPD members throughout the Department—supervisors and volunteer Peer Support Members (PSMs) of any rank or position—to be available when their colleagues experience mental wellness issues and to respond appropriately when they identify someone in need of support. While PSP and supervisor responsibilities are not exhaustive of CPD’s programmatic supports for officer wellness, they are critical elements of the overall system. The basic role of supervisors and PSMs alike is to help Department members by serving as an accessible, familiar, and well-informed first point of contact, with sufficient institutional and subject-matter knowledge to refer members to more intensive support programs when

² Chicago Police Department, “Real Talk with Superintendent Brown: Strengthening Officer Wellness,” YouTube Video, 18:23, March 21, 2021, accessed October 13, 2021, <https://www.youtube.com/watch?v=mF5ZEZYyf-s>. For a literature review of stressors associated with the policing profession, see John Violanti et al., “Police Stressors and Health: A State-Of-The-Art Review,” *Policing*, 40:4 (2017): 642–656. Violanti et al. point to several sources of stress for officers, including exposure to high stress incidents, long working hours, administrative requirements, and relationships with coworkers.

³ According to news media reporting, CPD lost 11 members to suicide between 2018 and July 2021. “Off-Duty Chicago Police Officer Found Dead in Apparent Suicide,” NBC Chicago, July 14, 2021, accessed September 17, 2021, <https://www.nbcchicago.com/news/local/off-duty-chicago-police-officer-found-dead-in-apparent-suicide/2554559/>.

⁴ Chicago Police Department, “Real Talk with Superintendent Brown: Strengthening Officer Wellness,” YouTube, 18:17, March 21, 2021, accessed October 13, 2021, <https://www.youtube.com/watch?v=mF5ZEZYyf-s>. At the 18:17 minute mark, the Superintendent states that officer wellness is a “prominent feature of our strategic plan to keep the city of Chicago safe.”

⁵ Tom Schuba, “After cluster of officer suicides, CPD’s former mental health adviser says city isn’t doing enough to help overworked cops,” *Chicago Sun-Times*, July 17, 2022, accessed July 21, 2022, <https://chicago.suntimes.com/crime/2022/7/17/23266721/officer-suicide-canceled-days-off-mental-health-chicago-police-cpd-alexa-james>. The senior advisor named by CPD in March 2021 was at that time, and continues to be, the Chief Executive Officer of the National Alliance on Mental Illness (NAMI) Chicago. NAMI’s involvement with CPD extends back to at least 2004, through Crisis Intervention Trainings, and NAMI has provided supervisory officer wellness trainings since 2019. The March 2021 announcement did not specify how their new senior advisor’s previous working relationship with the Department would materially change, whether their position would be within PCD or in another unit or office of the Department, nor whether their position would be full-time or part-time.

⁶ International Association of Chiefs of Police, “National Consortium on Preventing Law Enforcement Suicide,” October 26, 2020, accessed March 17, 2021, https://www.theiacp.org/sites/default/files/2020-10/244736_IACP_NOSI_FinalReport_FINAL.pdf.

appropriate. Ensuring that these two strategies are well organized and properly supported by the Department may lead to better identification of members who need help, lower initial barriers to members who need to seek support, and increase both the availability and value of support services provided to those members.

A | CPD's Professional Counseling Division and Its Programs

CPD offers wellness support to its members through the Professional Counseling Division (PCD).⁷ PCD exists to promote and protect the safety and wellbeing of all Department members and their families.⁸ To achieve this, PCD is charged with overseeing various officer wellness related programs including the Employee Assistance Program (EAP)⁹, Traumatic Incident Stress Management (TISM) Program, Alcohol-use and Substance-use Services Program, and PSP (see Figure 1 for organizational chart).¹⁰ While this inquiry did not involve all of these programs, the background section discusses all the PCD programs in order to describe the complete landscape of CPD's offerings. According to CPD's directives and organizational chart, each of these programs operates as a distinct subsection in PCD.¹¹ PCD is led by a civilian (i.e., non-sworn) director. The current PCD director is a clinical therapist. "Employee Resource E06-01 Professional Counseling Division" is the directive that outlines the division, including its structure, confidentiality rules and practices, and programs.¹² In "General Order G01-02-06: Organization and Functions of the Bureau of

⁷ Outside of PCD programming, CPD administers other personnel management programs designed to support officers in ways that may overlap with the wellness programming offered through PCD. CPD directives provide for a Behavioral Intervention System and a Personnel Concerns Program, and a pilot Officer Support System. Each of these programs are, according to the directives that govern their operations, non-disciplinary interventions targeted at CPD members who may need additional supports. Chicago Police Department, "Employee Resource E06-05 Behavioral Intervention System," November 30, 2017, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6226>; Chicago Police Department, "Employee Resource E06-06 Personnel Concerns Program," November 30, 2017, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6227>; Chicago Police Department, "Chicago Police Department Reform Progress Update Independent Monitoring Period 5," p. 24, accessed March 15, 2022, <https://home.chicagopolice.org/wp-content/uploads/CPD-IMR-5-Reform-Progress-Update.pdf>.

⁸ Chicago Police Department, "Employee Resource E06-01 Professional Counseling Division," December 3, 2020, accessed October 13, 2021, <http://directives.chicagopolice.org/#directive/public/6304>.

⁹ In some places, "Directive E06-01 Professional Counseling Division" refers to "EAP" as the professional counseling services provided to CPD members by PCD, while in other places the directive uses the term "EAP" synonymously with PCD. For the sake of clarity, this report will discuss EAP as the program which offers professional counseling services to CPD members.

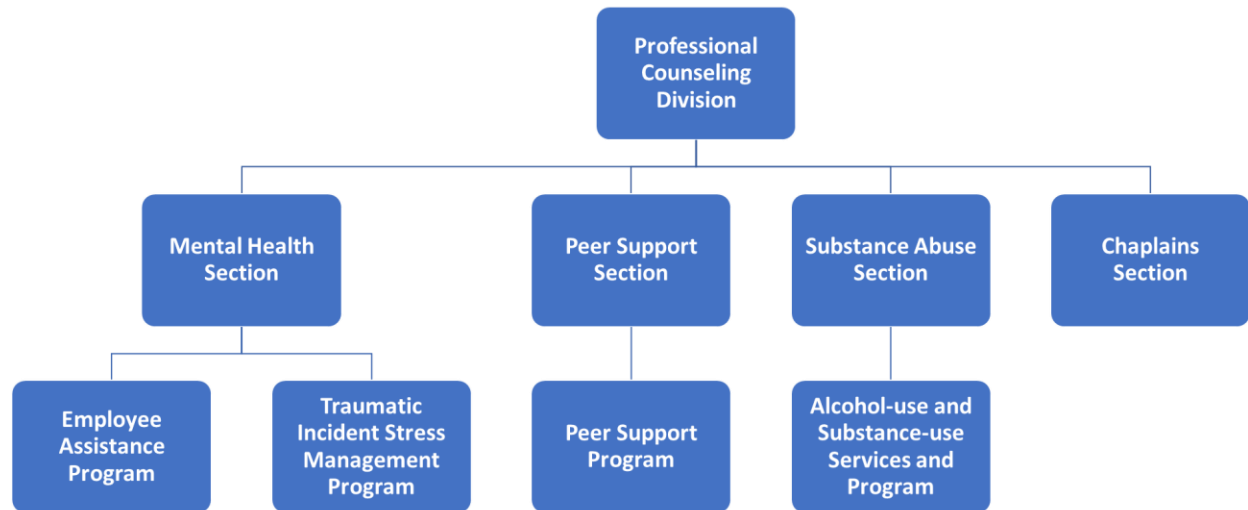
¹⁰ Chicago Police Department, "Employee Resource E06-01 Professional Counseling Division," December 3, 2020, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6304>.

¹¹ Chicago Police Department, "Employee Resource E06-01 Professional Counseling Division," December 3, 2020, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6304>; Chicago Police Department, "Chicago Police Department-Organizational Overview," June 14, 2021, accessed June 24, 2021, <https://home.chicagopolice.org/wp-content/uploads/org-for-command-14-Jun-2021.pdf>; Chicago Police Department, "General Order G01-02-06 Organization and Function of the Bureau of Organizational Development," August 31, 2018, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6505>.

¹² Chicago Police Department, "Employee Resource E06-01 Professional Counseling Division," December 3, 2020, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6304>. The current version of the PCD directive contains a confidentiality provision stating that "[n]o auditing of the counseling documents maintained by the PCD can be conducted by the . . . Office of the Inspector General." *Id.* § IV.F. The plain language of this provision, as broadly written, may conflict with the Municipal Code of Chicago §2-56-230(h) which provides that "[s]ubject to applicable law" the Deputy Inspector General of Public Safety "shall . . . have full access to all information in the possession or control of the Police Department . . . in order to conduct, any review or audit within the Public Safety Deputy's jurisdiction." OIG is in correspondence with CPD regarding about the legality and validity of this provision.

Organizational Development,” CPD describes the functions of PCD’s subsections, including the Peer Support Section.¹³

Figure 1: CPD Professional Counseling Division Organizational Chart¹⁴



Source: OIG analysis.

1 | Employee Assistance Program

As of February 2022, EAP was staffed by 13 licensed mental health professionals and counselors, including the PCD director. According to E06-01, clinical services offered by EAP include 24-hour intervention services, individual counseling, couples counseling, grief counseling, and anger management, all at no cost to CPD members. EAP services are accessible through three referral avenues:

- Supervisor referrals are made when a Department supervisor identifies members as possibly having problems related to alcohol-use, substance-use, or emotional or behavioral issues. An EAP counselor will be available to evaluate and provide services and guidance. The directive also states that a supervisor will encourage employees to contact EAP if they identify a pattern of inconsistent or deteriorating job performance or failure to respond to

¹³ General Order G01-02-06 was last updated in August 2018, and as such it predates significant changes to CPD’s organizational chart. The Bureau of Organizational Development, as such, no longer exists in CPD’s most recent organizational chart, dated June 2021. In the June 2021 organizational chart, the Director of PCD reports to the Deputy Chief of the Training and Support Group, who in turn reports to the Executive Director of the Office of Constitutional Policing and Reform. Chicago Police Department, “General Order G01-02-06 Organization and Function of the Bureau of Organizational Development,” August 31, 2018, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6505>; Chicago Police Department, “Organization for Command,” June 14, 2021, accessed October 15, 2021, <https://home.chicagopolice.org/wp-content/uploads/org-for-command-14-Jun-2021.pdf>.

¹⁴ OIG created this figure using directives E06-01 and G01-02-06 and CPD’s June 2021 organizational chart. While CPD’s organizational chart includes the Chaplains Unit under the direction of the PCD Director, neither E06-01 nor G01-02-06 identify the Chaplains Unit as a PCD subsection. A separate CPD directive, “Employee Resource E06-02 Chaplains,” provides a brief description of the services provided by that unit; however, directive E06-02, last updated in 2014, does not describe the Chaplains Unit being under PCD.

supervisory input. Finally, the policy states supervisors should be proactive in referring employees to EAP before their job performance or behavior deteriorates.¹⁵

- Self-referrals are accepted from members who voluntarily seek help to address personal, work-related, or other problems.
- Coworker referrals are used when a coworker believes a member is experiencing a personal problem that is affecting their job performance or is exhibiting unusual behavior. The directive instructs coworkers to intervene by expressing concern and making an informal referral to EAP or PSP (i.e., encouraging their coworker to call EAP).¹⁶

2 | Traumatic Incident Stress Management Program

Watch Operations Lieutenants (WOLs)¹⁷ refer Department members to the TISM Program after a traumatic incident. The TISM Program provides members with a debrief of the traumatic incident—a discussion with an EAP clinician about the incident and how the CPD member is feeling—and mandatory time off (see Figure 2 below). According to the Department, the purpose of the TISM Program is to provide Department members the opportunity to put the emotional and psychological impact of a traumatic incident into perspective and ensure they can cope with the experience. The Department defines traumatic incidents as “any police incident or action which may result in a member experiencing emotional or psychological distress.”¹⁸ Within its TISM Program directive, “Employee Resource E06-03,” CPD requires a supervisory response and referral to the TISM Program in the following circumstances:

1. When a Department member discharges their firearm.¹⁹
2. When Department members are involved in an on-duty traffic crash involving serious personal injury to any party involved.
3. When there are serious personal injury incidents involving Department members and occurring in the performance of their duties.
4. When there is a great bodily harm or death incident based on the actions or use of force of a member while performing their duties.²⁰

¹⁵ While the directive does not indicate that supervisor referrals to PCD counseling are mandatory for officers, the PCD Director told OIG that supervisors can give officers direct orders to attend PCD counseling. The supervisor then has the ability to confirm only that the appointment has been attended. Some supervisors OIG spoke with also stated that their referrals can be mandatory. One Sergeant told OIG that, though they have not had to do so, they would send an Officer to their Lieutenant or the Bureau of Internal Affairs for refusing a mandatory referral. Another Sergeant told OIG that, apart from cases where self-harm is a concern, the benefits of counseling will be unrealized if officers are forced to attend.

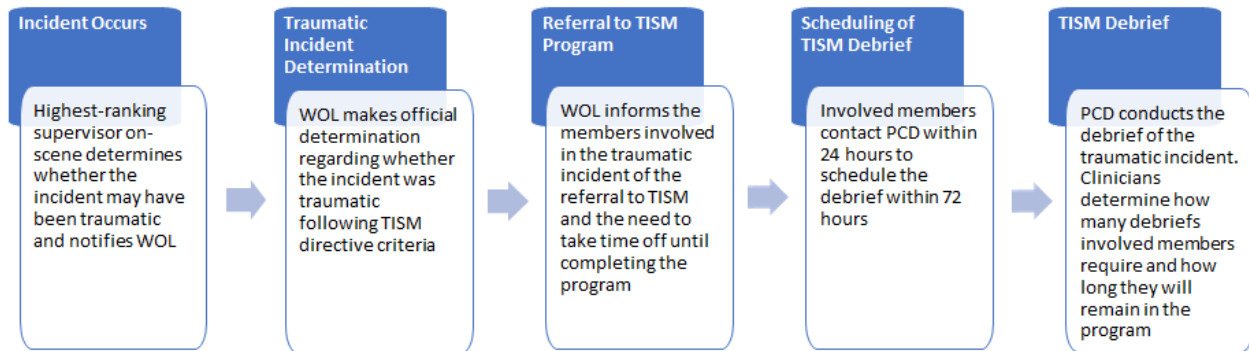
¹⁶ Chicago Police Department, “Employee Resource E06-01 Professional Counseling Division,” December 3, 2020, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6304>.

¹⁷ WOLs are Lieutenants responsible for overseeing the administrative and operational functions of a watch in a District.

¹⁸ Chicago Police Department, “Employee Resource E06-03 Traumatic Incident Stress Management Program,” February 25, 2021, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6306>.

¹⁹ Unless an injury occurs, TISM Program referrals are *not* required for firearm discharges that are: unintentional; for the destruction of an animal; for training purposes; or for any off-duty firearm use that is not a reportable use of force. Chicago Police Department, “Employee Resource E06-03 Traumatic Incident Stress Management Program,” February 25, 2021, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6306>. OIG completed an inquiry into CPD’s compliance with the post-firearm discharge policy in October 2020. See City of Chicago Office of Inspector General, “Evaluation of the Chicago Police Department’s Post-Firearm Discharge Policy,” October 27, 2022, <https://igchicago.org/wp-content/uploads/2020/10/OIG-Evaluation-of-the-Chicago-Police-Departments-Post-Firearm-Discharge-Policy.pdf>.

²⁰ Chicago Police Department, “Employee Resource E06-03 Traumatic Incident Stress Management Program,” February 25, 2021, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6306>.

Figure 2: Traumatic Incident Stress Management Program Referral Process

Source: OIG analysis.

Further, the directive states that whenever a WOL identifies an incident that meets the definition of a traumatic incident, they should make a referral, whether or not it is one of the four listed types of incidents that always requires referral.²¹ As of February 2021, the directive makes WOLs responsible for determining which incidents are traumatic and when referrals to the TISM Program are necessary. When a member is referred to the TISM Program, they remain in the program and will not return to regular duties for 72 hours or until the PCD director releases the member from the program, whichever is later. A member is released from the TISM Program at the discretion of the EAP counselor, who leads the debrief, and the PCD director.²² The counselor determines whether to release an officer from the program by considering whether they are showing symptoms of trauma, whether they have the ability to cope with trauma, and by determining whether they have a plan in place on what to do if trauma symptoms manifest.

3 | Peer Support Program

Peer support programs are designed to provide accessible social and emotional support to law enforcement members by other members trained to provide such support. The intended benefit of these programs, such as the one operated by CPD, is that members of a police department are often more willing to confide and seek support from fellow members who are more readily able to understand and relate to their issues than mental health professionals.²³ The support that CPD PSMs provide includes speaking to members about their problems and, when the issue requires a higher level of care, providing referrals to PCD counselors or programs. PSMs are volunteer CPD members who are trained to provide support to fellow members in need. As of January 5, 2022, CPD had 197 PSMs. Any member of the Department, regardless of rank, assignment, or sworn status, can apply to become a PSM. Being a PSM is not a full-time job responsibility; PSMs concurrently hold a primary assignment, such as being a beat officer in a CPD District. As such, PSMs are assigned throughout the Department in Districts and other units. If a PSM is called to

²¹ Chicago Police Department, "Employee Resource E06-03 Traumatic Incident Stress Management Program," February 25, 2021, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6306>.

²² In the process outline by the TISM Program order, the highest ranking member on scene would also be required to be aware of which incidents lead to mandatory TISM Program referrals and how to apply the definition of traumatic incidents for the discretionary referrals since they would be required to notify WOLs.

²³ International Association of Chiefs of Police, "National Consortium on Preventing Law Enforcement Suicide," accessed March 17, 2021, https://www.theiacp.org/sites/default/files/2021-04/_Toolkit_Combio_Final.pdf; Chicago Police Department, "Reform Progress Update Independent Monitoring Period No. 04," p. 113, accessed October 28, 2021, <https://home.chicagopolice.org/wp-content/uploads/CPD-IMR-4-Reform-Progress-Update.pdf>.

provide service while on-duty, they cannot always respond to an incident to provide mental health services due to their regular duties. In these instances, another PSM is called.

When PSP is accepting new applications, the program informs Department members by releasing a notice for the opportunity. When prospective members respond to the notice, they are provided with an application that asks for their contact and assignment information, the languages they speak, and whether they have received trainings related to crisis intervention or first aid. The application also includes a questionnaire that asks applicants about their experiences related to traumatic incidents and asks them to explain their interest in becoming a PSM. Once an application is submitted, applicants are interviewed by a panel of Mental Health Section clinicians, PSP's program manager, and a PSM. During the interview, applicants participate in a role-playing scenario to see how they might respond to a fellow member in distress and are questioned about experiences they highlighted in their applications. Then, the applicant's name is sent to the Bureau of Internal Affairs (BIA) to determine if there are any concerns about the prospective applicant stemming from their disciplinary history. If this check raises concerns, BIA is authorized to deny the application. If PSP determines that the applicant is receiving or has received services from EAP, PSP would confirm with program clinicians that the applicant would make a good PSM. If an applicant is approved by the interviewing panel, BIA, and Mental Health Section clinicians, then the applicant is accepted into the program and must attend 40 hours of mandatory training. The training includes topics such as stress management, depression, Post-Traumatic Stress Disorder (PTSD), suicide assessment, communication skills, and grief management.

CPD's PSP is managed by three administrators: the program manager, program coordinator, and team lead coordinator. All three of these roles report to the PCD director. The program manager oversees the day-to-day operations of the program and is assisted by the program coordinator. Both positions are full-time. Operationally, PSP is organized in a team structure. In April 2021, the then-acting program manager stated to OIG that some PSM teams are spread geographically across Chicago, while others are divided by specialty (e.g., the ranked officer teams composed of and serving non-unionized sworn members at the rank of Lieutenant and above). The team structures are meant to facilitate communication and organization as each team has a leader who coordinates their team's PSM responses for service requests.

There are several ways PSMs engage with CPD members to provide support or referrals to PCD. One way is through day-to-day interaction, meaning that a member seeks out a PSM to talk. Another form of engagement is when a Department member calls PSP looking for support and PSP identifies a PSM to contact the member in need. A third form of engagement occurs after an incident that is determined by a WOL to be traumatic, according to the procedures depicted above in Figure 2. While the TISM Program directive (Employee Resource E06-03) does not formally assign any responsibilities to PSMs or PSP, PSP leadership told OIG that PSMs do routinely respond to the scenes and auxiliary scenes of such incidents to provide support to members.²⁴ PSP management maintains an on-call schedule that outlines which PSP teams are on call to respond to traumatic incidents when they occur.

²⁴ Auxiliary scenes of a traumatic incident might include, for example, a hospital where members are being treated or the District of assignment of the involved member.

4 | Chaplains Section

Employee Resource E06-02 Police Department Chaplains Unit describes the Chaplain Section's services as including preventative programs, such as marriage seminars; pastoral care, such as hospital visits and religious services; and crisis ministry, such as assisting members after an injury or death. Chaplains Unit services are offered to both members and their families.²⁵

5 | Substance Abuse Section

The Substance Abuse Section operates the Alcohol-use and Substance-use Services Program and is staffed by sworn Department members trained and certified to be alcohol and substance abuse counselors. The program provides services—such as holding regular anonymous meetings—to active and retired Department members with problems related to alcoholism or other addictions. The program also serves as a consulting resource for supervisors who supervise members who are impaired with alcoholism or another addictions such as gambling. Finally, the section is responsible for developing the portion of supervisory training that focuses on alcohol addiction and other types of addictions.²⁶

B | The Role of Supervisors in Supporting Officer Wellness

According to Department leadership, supervisory ranks, including Sergeants and Lieutenants, have a responsibility to identify officers who may be struggling with their mental health. Department leadership reported that they consider Sergeants to have the greatest responsibility due to their day-to-day proximity to and contact with Department members. Notably, however, the role of Lieutenants is also very important given the responsibilities highlighted in the TISM Program directive. The responsibilities of supervisors are delineated across multiple directives:

- “Employee Resource E06-01 Professional Counseling Division,” as noted above, states that supervisory referrals are one of the three accepted referral types for EAP services.²⁷
- “General Order G01-09 Supervisory Responsibilities” establishes the general responsibilities for supervisors including those related to officer wellness and support. The directive states that supervisors are to have an “integral role” in the wellness of members by actively engaging members and using existing support structures such as PCD, EAP, the TISM Program, and the Officer Support System. The directive also states that supervisors will assist the Department in identifying members who may need support and have “meaningful conversations” with members about such topics as available support services and what the best support service is to help those members. Finally, the directive instructs supervisors to connect members with services or support such as training, Chaplains Unit, or PSP.²⁸
- “Employee Resource E06-03 Traumatic Incident Stress Management Program” lists various responsibilities for CPD personnel in supervisory roles. As described above, WOLs are

²⁵ Chicago Police Department, “Employee Resource E06-02 Police Department Chaplains Unit,” May 30, 2014, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6351>.

²⁶ Chicago Police Department, “Employee Resource E06-01 Professional Counseling Division,” December 3, 2020, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6304>.

²⁷ Chicago Police Department, “Employee Resource E06-01 Professional Counseling Division,” December 3, 2020, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6304>.

²⁸ Chicago Police Department, “General Order G01-09 Supervisory Responsibilities,” May 10, 2021, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6185>.

responsible for identifying traumatic incidents and referring members to the TISM Program. The directive also states that WOLs should review all reports (e.g., arrest reports, use of force reports) generated from a traumatic incident to determine whether there are any immediate needs for training, equipment, or policy that may impact officer safety.²⁹

- “Employee Resource E06-01-01 Crisis Intervention” describes what a crisis is and how supervisors are to refer CPD members experiencing a crisis to Department support services. The directive defines “crisis” to include severe emotional and physical difficulties that require immediate attention; specifically, the directive describes difficulties with alcohol, severe depression, and suicidal thoughts or threats as needing immediate intervention. The directive then states that if a supervisor observes a crisis situation, they must contact PCD. They must then inform the member in crisis that PCD was contacted on their behalf. The directive also states that supervisors may contact a private provider or licensed individual of their choice qualified to provide treatment to Department members.³⁰

To prepare supervisors to fulfill these responsibilities, CPD provides them with training before they promote, known as “pre-service training.” In late 2019, CPD for the first time provided in-service training related to supervisor’s officer wellness responsibilities. This in-service training was mandatory for all sworn supervisors and was jointly delivered by CPD personnel, the National Alliance on Mental Illness (NAMI), the Center on Halsted, and Chicago’s Commission on Human Relations. Topics covered in the pre-service training included suicide prevention, leadership, identifying concerning behaviors in officers, PCD’s services and referral processes, and engaging stigmatized communities (see Finding 2).

C | The Importance of Cultural Competency in Supporting Officer Wellness

Subject matter experts and mental health and wellness practitioners emphasize the importance of cultural competency in the provision of mental health services. According to a publication by the Substance Abuse and Mental Health Service Administration (SAMHSA)—a branch of the United States Department of Health and Human Services responsible for leading public health efforts to advance behavioral health—cultural competency is defined as “a set of behaviors, attitudes, and policies that [...] enable a system, agency, or group of professionals to work effectively in cross-cultural situations.”³¹ The concept of cultural competency is rooted in the recognition that “all forms of healing and helping originate from a specific cultural context and, as such, strongly reflect the cultural values and assumptions of the particular society.”³² In a wellness setting, cultural competency may create a greater sense of safety and comfort for clients (i.e., those who receive mental health services) that will facilitate access to those services, engagement, service retention, and positive outcomes across cultures, thus decreasing disparities in behavioral health.³³ Critically,

²⁹ Chicago Police Department, “Employee Resource E06-03 Traumatic Incident Stress Management Program,” February 25, 2021, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6306>.

³⁰ Chicago Police Department, “Employee Resource E06-01-01 Crisis Intervention,” November 17, 2004, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6675>.

³¹ Substance Abuse and Mental Health Service Administration, “Improving Cultural Competence,” 2014, p. xv, accessed August 16, 2021, <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>.

³² Derald Wing Sue and Gina Torino, “Racial-Cultural Competence: Awareness Knowledge, and Skills” in *Handbook of Racial-Cultural Psychology and Counseling Volume 2: Training and Practice*, edited by Robert Carter (Hoboken: Wiley, 2004), p. 3–15.

³³ Substance Abuse and Mental Health Service Administration, “Improving Cultural Competence,” 2014, accessed August 16, 2021, <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>; Jessica Jonikas et al., “Cultural

no single model of healing or helping will be equally well suited to meet the needs of every person in a group that includes members from diverse cultural backgrounds.³⁴ In this context, experts define “the goal of cultural competence [as] equal access and opportunity, which may dictate differential treatment (i.e., process, outcome, and roles)” for individuals who come to treatment with different value sets or cultural expectations.³⁵

At the provider level, cultural competency is shown when staff are equipped with the knowledge, attitudes, and skills to meaningfully and effectively provide services to individuals with different backgrounds and racial, ethnic, gender, religious, or other identities.³⁶ According to SAMHSA, one way to achieve this level of cultural competency is through training, which can increase competency in the delivery of services by increasing staff self-awareness and cultural knowledge and reviewing culturally responsive policies and procedures.³⁷ At the organizational level, cultural competency can be implemented through policies, practices, mission statements, recruiting practices, staffing assignments, and services that are culturally inclusive and promote understanding across providers and those receiving services.³⁸

According to SAMHSA, an organizational culture that attracts and retains a diverse staff may contribute to organizational-level cultural competency. SAMHSA reports:

“An organization [...] benefits from culturally responsive practices through planning for, attracting, and retaining a diverse workforce that reflects the multiracial and multiethnic heritages and cultural groups of its client base and community [...] Increasing diversity does not guarantee culturally responsive practices, but it is more likely that doing so will lead to broader, varied treatment services to meet client and community needs. Organizations are less able to ignore the roles of race, ethnicity, and culture in the delivery of behavioral health services if staff composition at each level of the organization reflects this diversity.”³⁹

D | CPD’s Consent Decree Obligations to Support Officer Wellness

The consent decree entered in *Illinois v. Chicago* in 2019 has several provisions that impose officer wellness reform obligations on CPD.⁴⁰ Further consent decree obligations related to training require that supervisors receive pre-service training “tailored to each level of supervision” and in-service training “related to their supervisory duties.”⁴¹ CPD is obligated to enact changes within the area of focus of this inquiry separate and apart from the recommendations developed by OIG. During the

Competency in Peer-Run Programs: Results of a Web Survey and Implications for Future Practice,” *Psychiatric Rehabilitation Journal* 34:2, 2010, p. 121–129.

³⁴ Substance Abuse and Mental Health Service Administration, “Improving Cultural Competence,” 2014, accessed August 16, 2021, <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>.

³⁵ Derald Wing Sue and Gina Torino, “Racial-Cultural Competence: Awareness Knowledge, and Skills,” p. 3–15.

³⁶ Derald Wing Sue and Gina Torino, “Racial-Cultural Competence: Awareness Knowledge, and Skills,” p. 3–15.

³⁷ Substance Abuse and Mental Health Service Administration, “Improving Cultural Competence,” 2014, accessed August 16, 2021, <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>.

³⁸ Jessica Jonikas et al., “Cultural Competency in Peer-Run Programs: Results of a Web Survey and Implications for Future Practice.”

³⁹ Substance Abuse and Mental Health Service Administration, “Improving Cultural Competence,” 2014, accessed August 16, 2021, <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>.

⁴⁰ Consent Decree ¶¶377–414, *State of Illinois v. City of Chicago*, No. 17-cv-6260 (N.D.Ill., Jan. 31, 2019) (Dkt. 703-1).

⁴¹ Consent Decree ¶¶331, 337, *State of Illinois v. City of Chicago*, No. 17-cv-6260 (N.D.Ill., Jan. 31, 2019) (Dkt. 703-1).

course of this inquiry, OIG was mindful of these requirements, as reforms adopted in satisfaction of them might change the landscape of CPD's officer wellness efforts. Given this inquiry's areas of focus—supervisory preparation and PSP—OIG tracked CPD's compliance and programmatic changes responsive to relevant consent decree requirements, as reported by the Independent Monitoring Team (IMT) charged with assessing and reporting on CPD's compliance with the consent decree.⁴² Figure 3 below provides a listing of the consent decree requirements most relevant to the subject matter of this inquiry.

Figure 3: Selected Officer Wellness-related Consent Decree Provisions

Topic	Paragraph	Summary
TISM Program	¶411	At least annually, CPD will determine whether members who have experienced a duty-related traumatic incident have attended the mandatory counseling sessions and have completed the Traumatic Incident Stress Management Program.
PSP	¶404	<p>CPD will maintain a peer support program, ensuring that:</p> <ul style="list-style-type: none"> a. a licensed mental health professional assigned to the Professional Counseling Division oversees and adequately manages the program; b. Peer Support Officers receive initial training in stress management, grief management, officer wellness, obligations and limitations regarding confidentiality and privacy, communication skills, common psychological symptoms and conditions, suicide assessment and prevention, dependency and abuse, and support services available to CPD members; c. Peer Support Officers are trained to recommend the services offered by the Professional Counseling Division in situations that are beyond the scope of their training; d. CPD offers Peer Support Officers the opportunity to meet at least annually to share successful strategies and identify ways to enhance the program; e. Peer Support Officers receive and comply with a written procedures manual approved by a licensed mental health professional assigned to the Professional Counseling Division; f. Peer Support Officers are offered sufficient non-monetary incentives and recognition to ensure broad recruitment of volunteers and widespread access to peer support services; and g. the scope and quantity of peer support services provided to CPD members are identified in a manner that facilitates effective management of the program and that preserves

⁴² OIG's assessments of CPD programs may differ from the assessments made by the IMT, despite overlapping subject matter. OIG's authority, and the authority of the Inspector General and the Deputy Inspector General for Public Safety as City officials to perform this inquiry, arise outside of and separate from the consent decree, specifically from the powers and duties enumerated in Municipal Code of Chicago § 2-56. Pursuant to ¶611 of the consent decree, the "Monitor will not, and is not intended to, replace or assume the role or duties of any CPD or City official."

		the anonymity and confidentiality of members receiving peer support services.
Wellness Training	¶414	CPD will ensure that all CPD members are provided in-service training on stress management, alcohol and substance abuse, and officer wellness at least every three years. CPD will include training regarding stress management, alcohol and substance abuse, officer wellness, and support services in the recruit training program.
Training	¶331	CPD will require that every newly promoted supervisor, except those promoted to the rank of Commander and above, receives mandatory supervisory, management, leadership, and command accountability training, tailored to each level of supervision and command before assignment to a supervisory rank or assumption of supervisory responsibilities associated with a particular supervisory rank.
Training	¶337	CPD will ensure that all supervisors who are active duty and available for assignment also receive in-service training consistent with the requirements of CPD's In-Service Training Program. As part of the In-Service Training Program, supervisors will receive refresher training related to their supervisory duties and training that covers managerial and leadership skills. The in-service training for supervisors may include, but is not limited to, the topics identified above for pre-service promotional training.

Source: OIG's review of consent decree entered in *Illinois v. Chicago*.

The IMT assesses compliance at three levels: preliminary, secondary, and full. Preliminary compliance refers to the development of acceptable policies and procedures that conform to best practices. Secondary compliance refers to the development of acceptable trainings, and full compliance refers to the adherence to policies within a day-to-day operations.⁴³ According to the IMT's reporting, as of the release of the fifth semi-annual Independent Monitoring Report (IMR-5), reporting on CPD's consent decree progress through December 31, 2021, CPD has reached preliminary compliance for all five of the paragraphs listed above. The IMT stated that CPD had not reached secondary compliance with ¶¶331, 337, 404, or 411, while ¶414 remained under assessment for secondary compliance.⁴⁴

To determine preliminary compliance with ¶404, the IMT considered whether CPD allocated sufficient resources to maintain PSP, among other items. Within their report, the IMT highlighted the finalization of the directive for PCD that identifies responsibilities for PSMs, specified that the PCD Director oversees the daily operation of PSMs, and discussed training requirements for PSMs. The IMT specified that trainings offered responsive to this paragraph included topics such as stress management and understanding suicide, and reported that PCD created a leadership award for PSMs, as required by ¶404.⁴⁵

⁴³ Independent Monitoring Report [4], *State of Illinois v. City of Chicago*, No. 17-cv-6260 (N.D. Ill., Oct. 8, 2021).

⁴⁴ Independent Monitoring Report [5], *State of Illinois v. City of Chicago*, No. 17-cv-6260 (N.D. Ill., Apr. 11, 2022).

⁴⁵ Independent Monitoring Report [4] at 630-632, *State of Illinois v. City of Chicago*, No. 17-cv6260 (N.D. Ill., Oct. 8, 2021).

To determine preliminary compliance with ¶414, the IMT reviewed CPD's policies and wellness in-service training materials to ensure they reflected the reforms required by the paragraph. The IMT reviewed the relevant materials and had no objections. These in-service training materials included topics such as financial wellness, mitigating health risks to officers, and stress management through yoga.⁴⁶ To determine preliminary compliance with ¶331, the IMT assessed whether CPD's policies corresponded with supervisory training requirements. These trainings included topics such as supervisory duties and managerial and leadership skills. Finally, to determine preliminary compliance with ¶337, the IMT assessed whether CPD's policies corresponded with paragraph requirements. According to the IMT, in-service trainings were sufficiently incorporated into CPD's directives.⁴⁷

Prior to the release of IMR-4 on October 8, 2021, and the release of IMR-5 on April 11, 2022, CPD released its own Reform Progress Reports, which provided more explanation on CPD's reform efforts. Related to PSP, the Department mentioned the creation of the Peer Support Leadership Award which recognizes a PSM's training and dedication to and support for fellow members. PSP also began to host a team leader quarterly meeting to allow team leaders to share positive experiences and develop strategies to enhance the program. Finally, CPD announced that it had completed its draft of the 8-hour peer support refresher training, which is set to receive approval by the IMT during the IMR-6 reporting period. Related to the TISM Program, CPD highlighted that the newest version of the TISM Program directive includes mechanisms to track referrals to the program. According to the report, CPD is also developing a TISM curriculum to provide guidance to command personnel regarding their responsibilities within the new TISM Program directive. Related to supervisory training, CPD stated that it had resubmitted its in-service supervisory training for review by the IMT/OAG, which includes content on having difficult conversations, a toolkit for supervisors, and introduces the concepts of internal procedural justice and cultural change.⁴⁸

⁴⁶ Independent Monitoring Report [4] at 649-650, *State of Illinois v. City of Chicago*, No. 17-cv-6260 (N.D. Ill., Oct. 8, 2021).

⁴⁷ Independent Monitoring Report [4] at 525-541 *State of Illinois v. City of Chicago*, No. 17-cv-6260 (N.D. Ill., Oct. 8, 2021).

⁴⁸ Chicago Police Department, "Reform Progress Update Independent Monitoring Period No. 04," June 2021, <https://home.chicagopolice.org/wp-content/uploads/CPD-IMR-4-Reform-Progress-Update.pdf>. Chicago Police Department, "Reform Progress Update Independent Monitoring Period No. 05," March 2022, <https://home.chicagopolice.org/wp-content/uploads/CPD-IMR-5-Reform-Progress-Update.pdf>.

III | Objectives, Scope, and Methodology

A | Objectives

The objectives of the inquiry were to determine whether CPD adequately prepares its supervisors to identify members in need of mental health assistance, and to determine whether CPD's PSP is designed and implemented in accordance with best practices.

B | Scope

In this inquiry, OIG evaluates two important CPD officer wellness support strategies that bring services and care directly to members: the responsibilities of supervisors and the all-volunteer PSP. Both roles—supervisors and volunteer PSMs—are important to CPD's officer wellness support strategies, given that supervisors and PSMs have daily interactions and are able to build close relationships with Department members. They may therefore be positioned to identify members who need assistance, provide them assistance, and make referrals to further wellness support services when necessary.

This inquiry does not—and is not intended to—reflect a comprehensive review of CPD's officer wellness support strategies or programs. OIG may, in future publications, evaluate other programs, including but not limited to the Officer Support System or the programs run through PCD other than PSP and the TISM Program. Nor is this inquiry OIG's first on a topic related to officer wellness. In October 2020, OIG published its "Evaluation of the Chicago Police Department's Post-Firearm Discharge Policy," which evaluated CPD's compliance with post-firearm discharge requirements and found a lack of compliance with some key requirements.⁴⁹ OIG's step-by-step approach to evaluating CPD's wellness support strategies parallels the strategy OIG has adopted with respect to oversight of the police disciplinary system—another topic area that needs continuous oversight and is, like CPD's wellness programming, too complex to be fully evaluated within a single programmatic inquiry.

Given that some consent decree mandates covering CPD's wellness support obligations overlap with OIG's objectives and scope, OIG conferred with the IMT to ensure this inquiry would not be duplicative of the IMT's work. OIG has reviewed each periodic monitoring report released by the IMT for reporting relevant to this inquiry; however, fieldwork and analysis supporting this inquiry has been entirely independent of the IMT's work.

This report does not contain an empirical assessment of the services and referrals provided by supervisors or PSMs because, as the findings detail, PCD's tracking of data related to referrals and services provided was not adequate to support such an assessment.

⁴⁹ Office of Inspector General, "Evaluation of the Chicago Police Department's Post-Firearm Discharge Policy," October 27, 2020, <https://igchicago.org/wp-content/uploads/2020/10/OIG-Evaluation-of-the-Chicago-Police-Departments-Post-Firearm-Discharge-Policy.pdf>.

C | Methodology

To determine whether CPD adequately prepares its supervisors to fulfill their officer wellness responsibilities and whether PSP was designed and implemented appropriately, OIG interviewed various CPD members, including:

- Deputy Chief and other supervisory personnel in the Education and Training Division
- PCD director
- PSP program manager
- 14 Sergeants
- 5 Lieutenants
- 8 PSMs

OIG selected 14 Sergeants for interviews using a stratified random sampling method. OIG defined the five CPD Areas as sampling groups.⁵⁰ Within each Area, OIG then randomly selected one of every 50 Sergeants for an interview. OIG also selected interviewees from non-District units to achieve a similar rate of representation of supervisors in those units (i.e., interviews with approximately 1-in-50 Sergeants assigned to non-District units). To select five Lieutenants for interviews, OIG selected at random from the six Districts that CPD defines as those with the most public violence (i.e., Tier 1 Districts).⁵¹ OIG selected eight PSMs for interviews using a stratified random sampling method. OIG then selected one PSM to interview from within each stratum.

OIG interviewed subject matter experts from other departments and with professional experience on these topics to better understand national best practices for mental health and wellness supports in police departments. OIG also reviewed PSP's training materials and Reference Manual.

Finally, OIG reviewed demographic data and assignment data for PSMs, in order to map PSM diversity and availability based on location and watch of assignment.

D | Standards

OIG conducted this review in accordance with the Quality Standards for Inspections, Evaluations, and Reviews by Offices of Inspector General found in the Association of Inspectors General's *Principles and Standards for Offices of Inspector General* (i.e., "The Green Book").

E | Authority and Role

The authority to perform this inquiry is established in the City of Chicago Municipal Code §§ 2-56-030 and -230, which confer on OIG the power and duty to review the programs of City government in order to identify any inefficiencies, waste, and potential for misconduct, and to promote economy, efficiency, effectiveness, and integrity in the administration of City programs and operations, and, specifically, to review the operations of CPD and Chicago's police accountability agencies. The role of OIG is to review City operations and make recommendations for improvement. City management

⁵⁰ CPD divides the city into five geographic Areas. Patrol operations within each Area are overseen by a Deputy Chief. The five Areas are in turn partitioned into Districts; there are 22 Districts in total.

⁵¹ On CPD's definition of Tiers, see City of Chicago Office of Inspector General, "Report on Race- and Ethnicity-Based Disparities in the Chicago Police Department's Use of Force," March 1, 2022, p. 22–23, accessed June 21, 2022, <https://iqchicago.org/wp-content/uploads/2022/02/Use-of-Force-Disparities-Report.pdf>.

is responsible for establishing and maintaining processes to ensure that City programs operate economically, efficiently, effectively, and with integrity. Further, Paragraph 561 of the consent decree entered in *Illinois v. Chicago* requires OIG's Public Safety section to "review CPD actions for potential bias, including racial bias."⁵²

⁵² Consent Decree ¶ 561, *State of Illinois v. City of Chicago*, No. 17-cv-6260 (N.D. Ill., Jan. 31, 2019) (Dkt. 703-1).

IV | Findings and Recommendations

Finding 1: Several operational limitations prevent CPD's Peer Support Program from better meeting officer wellness needs

OIG's assessment of CPD's Peer Support Program (PSP) operations is divided into five categories: recruitment and staffing; training; documentation and record-keeping; internal communications; and cultural competency. While the overall condition of the program differs somewhat across these five areas, broadly, OIG found several areas in which PSP structure and practices did not align with best practices laid out by experts or with intentions expressed by CPD and PSP leadership, and where the current size of PSP was inconsistently represented in CPD documents. Each of these areas is examined below, with discussion of the current condition of PSP practices, the likely causes and effects of those practices on the program's impact, and recommendations for PSP.

In evaluating PSP as a front-line resource for CPD members, OIG conducted interviews with a stratified random sample of Peer Support Members (PSMs), PSP leadership, and subject-matter experts on peer support in law enforcement settings. OIG also drew upon peer support-related materials compiled by the International Association of Chiefs of Police (IACP), as a source for norms and standards of the policing profession.⁵³

While many of the forces driving gaps between best practices and current PSP practices in the five focus areas outlined below are specific to those areas, one observation made by OIG is common across many of them: the lack of adequate administrative staffing. A subject matter expert recommended to OIG that a peer support program supporting a department of CPD's size should have seven to eight full-time staff members. CPD's own organizational chart indicates five administrative positions for full-time staff members, not including the Professional Counseling Division (PCD) director. In practice, before the consent decree went into effect in January 2019, CPD had only one administrative role in PSP: program manager. In the time since, CPD has operated for significant stretches of time with only one or two full-time PSP administrative staff members. When OIG interviewed the then-acting program manager in April 2021, that person was one of two administrative staff members in PSP. That person was, at that time, filling the program manager role in an acting capacity while also holding a full-time assignment as program coordinator, following the departure of the previous program manager approximately three months earlier. This person has since applied and been formally assigned to the position of program manager in a permanent capacity and is therefore referred to simply as the "program manager" below.

⁵³ IACP is the world's largest professional association for police leaders, with more than 32,000 members. IACP publishes reports on best practices in policing across a wide range of topics, including officer wellness. International Association of Chiefs of Police, "About IACP," accessed June 21, 2022, <https://www.theiacp.org/about-iacp>.

The second full-time administrative staff member at that time had a role that, according to the program manager, spanned responsibilities beyond PSP to include “large-scale projects” for the Employee Assistance Program (EAP). This description of the individual’s duties does not align with the definition of the role, called “team leader program coordinator,” in CPD’s PSP manual. The program manager also stated that the person currently in the role was assigned directly by the First Deputy Superintendent after finishing a term as the Fraternal Order of Police (FOP) President in May 2020, in order to work on projects tailored specifically for them by the First Deputy Superintendent, such as identifying possible sites on the North and South Sides for EAP expansion. Such responsibilities are not included under the role description for the position of team leader program coordinator provided in the CPD Peer Support Reference Manual.⁵⁴ As discussed further below, there is a need for improved internal communication and coordination within PSP. These issues could potentially be improved with more personnel time dedicated to the administration of PSP. By assigning one of the few administrative positions within PSP to an individual responsible for large-scale, ad hoc EAP projects separate from PSP, CPD reduces the resources available to support resolution of PSP issues related to communication and coordination.

When OIG inquired with the PSP program manager about the status of the other administrative roles in August 2022, the program manager confirmed that the program coordinator role was still vacant and that the team leader program coordinator role was still held by the former FOP President. The definitions of administrative roles in CPD’s PSP manual should align with the actual job responsibilities of individuals in those roles, and both should be aligned with PSP’s areas of need. But PSP staffing history suggests a lack of focused administrative attention to setting up PSP to successfully execute on its organizational goals.

A | Staffing, Recruitment, and Deselection

PSP’s staffing and recruitment practices do not ensure adequate PSM coverage or quality control, although they meet best practices in some other respects. IACP has published a set of guidelines on policy and structure for peer support programs for police departments. Regarding staffing, IACP suggests that in developing officer wellness policies and programs, agencies should consider the distinctive wellness needs of certain subgroups of police department members: veterans, retired officers, officers who suffered serious injury, female officers, ethnic/racial minorities, and LGBTQ+ officers.⁵⁵ In alignment with this recommendation, subject matter experts and many peer jurisdiction personnel interviewed by OIG stated that PSMs should be recruited with diversity of race, ethnicity, gender, and sexual orientation in mind. Further, in recruiting individuals to be peer support members, IACP has stated that such individuals should be “in good standing with their departments” and come recommended by their supervisors and/or peers.⁵⁶ The same IACP

⁵⁴ This document is not publicly available. The manual was provided to OIG in April 2021, and it is described in the Chicago Police Department Reform Progress Update No. 03 as an “updated” and “formalized...training manual.” Chicago Police Department, “Chicago Police Department Reform Progress Update, Independent Monitoring Period No. 03,” February 2021, p. 146, accessed October 26, 2021, <https://home.chicagopolice.org/wp-content/uploads/2021/02/CPD-Reform-Status-Report-compressed.pdf>.

⁵⁵ International Association of Chiefs of Police, “National Consortium on Preventing Law Enforcement Suicide: Final Report,” 2020, accessed October 19, 2021, https://www.theiacp.org/sites/default/files/2020-10/244736_IACP_NOSI_FinalReport_FINAL.pdf.

⁵⁶ International Association of Chiefs of Police—Police Psychological Services Section, “Peer Support Guidelines,” 2016, accessed October 19, 2021, <https://www.theiacp.org/sites/default/files/2018-09/Psych-PeerSupportGuidelines.pdf>.

guidelines suggest having criteria for “deselection” of PSMs to be separated from the program, based on their performance and conduct.

Regarding staffing distribution, professional organizations, as well as subject matter experts and CPD leadership interviewed by OIG, have all articulated a goal of having PSMs spread across shifts and throughout the Department.⁵⁷ These best practices also hold that there should be civilian and sworn PSMs.⁵⁸

Regarding staffing levels, external authorities including subject matter experts, peer jurisdiction representatives, and professional interest group representatives interviewed by OIG did not converge on a consistent answer for the target level of staffing for a department of CPD’s size. Interviewees cited benchmarks that ranged from 300 PSMs for a police department with over 12,000 members (a ratio of 2.4 PSMs for every 100 members) up to a recommended ratio of 15 PSMs per 100 members. In September 2019, CPD’s Office of Reform Management published their report, “Needs Assessment for Officer Wellness,” conducted in compliance with consent decree ¶1383. CPD’s Needs Assessment stated that CPD should have four PSMs per District, though it did not comment on staffing needs for non-District units. In an April 2021 interview with OIG, the program manager provided a less formal benchmark when asked about coverage goals, stating that it would be “ideal” to have a PSM in every District and every watch. However, they claimed that achieving this level of staffing would be difficult, noting in particular the challenges associated with coverage on first watch or midnight shifts.

OIG found that the total number of PSMs currently available may be insufficient and that the distribution of PSPs across units and watches is uneven, which could lead to unequal provision of wellness support. During OIG’s fieldwork, there were 195 active PSMs, and there was a Department-wide ratio of 1.65 PSMs per 100 CPD members, or 1 PSM per 63 CPD members.⁵⁹ This level of staffing is lower than the low end of the range of benchmarks proposed to OIG by external experts. CPD’s own stated goals for PSM representation in the Districts, as noted just above, was four PSMs per District. Looking just at PSMs assigned to Districts, 7 of CPD’s 22 Districts met or exceeded this target of four PSMs, while the remaining 15 Districts had three or fewer PSMs. Two CPD Districts had no PSMs (the 6th District and the 14th District). The District with the highest PSM concentration by far was the 20th District (9 PSMs and 203 sworn CPD members assigned or detailed).

In addition to uneven coverage by District, PSP has uneven coverage across watches, with the lowest coverage on first watch (the overnight shift). OIG learned in interviews with PSMs that the primary pathway for PSMs to provide peer support services is through contact with individuals in their assigned or detailed units. Consequently, when units have watches without PSMs, that

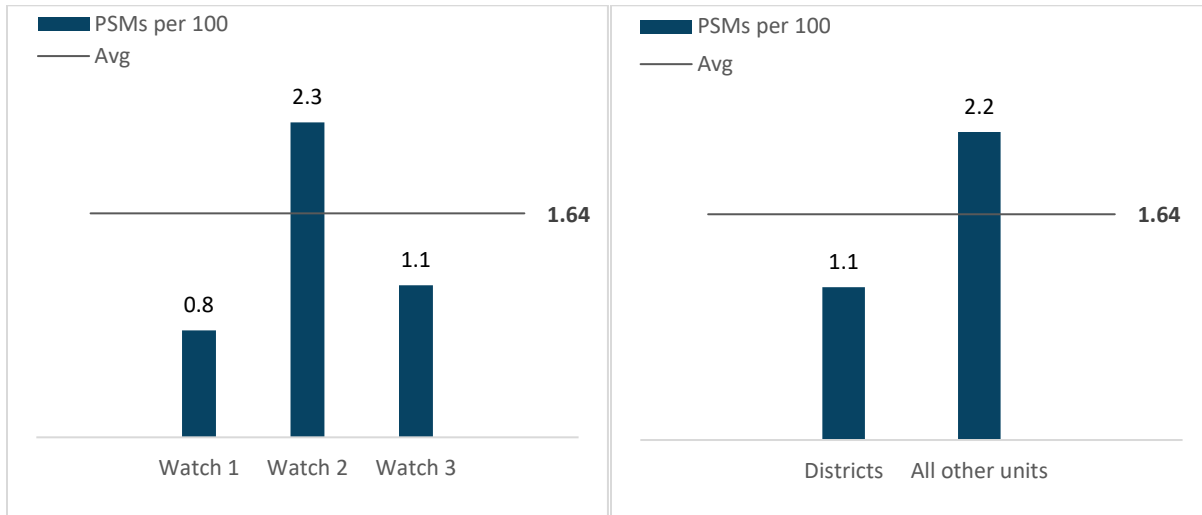
⁵⁷ International Association of Chiefs of Police—Police Psychological Services Section, “Peer Support Guidelines.”

⁵⁸ International Association of Chiefs of Police—Police Psychological Services Section, “Peer Support Guidelines.”

⁵⁹ The analysis that follows in the text, Figures 4–10, and Appendix A is based on a point-in-time record of PSMs from January 5, 2022. The record of PSMs was provided to CPD by the PSP program manager. The calculation of the ratios shown in Figures 4–10 requires a point-in-time count not just of PSMs, but also of all sworn members and their unit assignments and details. OIG analyzed counts of sworn member assignments and details from the same date—January 5, 2022—using Department Assignment & Attendance Sheet data. A “detail” is a posting to a unit other than the member’s assigned unit. The analysis presented here documents detail units for CPD sworn members who were on present on details on January 5, 2022 and assigned units for all others.

primary pathway is unavailable to CPD members assigned to those watches.⁶⁰ Within Districts there is an average of just over 1 PSM per 100 officers, as compared to the Department-wide average of 1.64 PSMs per 100 officers (see Figure 5).

Figures 4–5: Sworn PSMs per 100 Sworn CPD Members, by Watch and Assignment

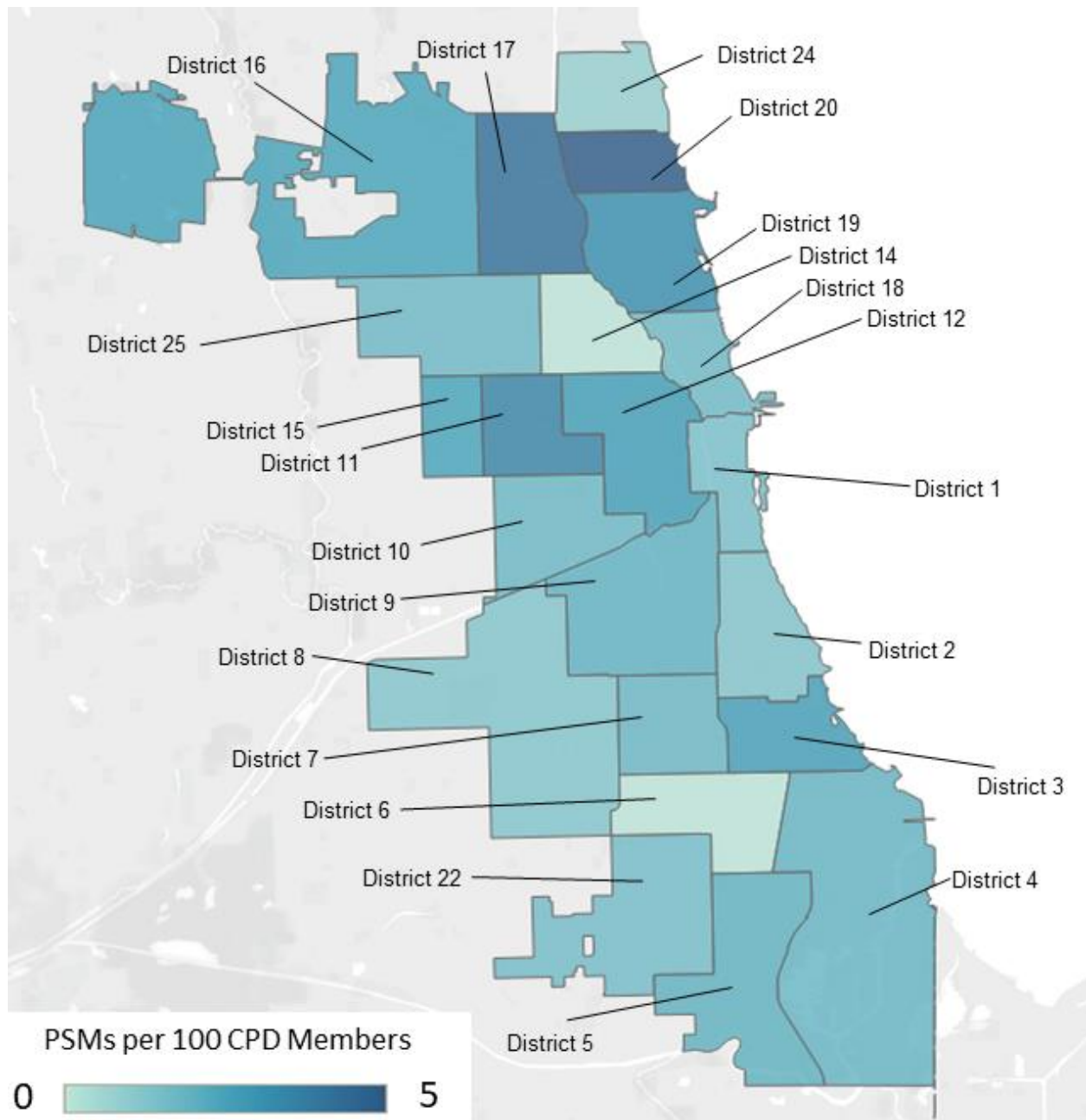


Source: OIG analysis.

Figure 6 shows the ratio of sworn PSMs to sworn CPD members by District in a heat map. When OIG completed this point-in-time analysis, sworn PSMs per 100 sworn members assigned or detailed to Districts ranged from 0 to 4.4. Figure 7 shows the ratio of sworn PSMs to CPD members for Districts and for non-District units with over 200 assigned or detailed sworn members.

⁶⁰ The majority of CPD members are assigned to watches 1–3, with watch 1 representing an overnight shift; watch 2 representing a morning to afternoon shift; and watch 3 representing an afternoon to evening shift. However, there are numerous other watch codes that reflect different schedules, which overlap with, but do not correspond precisely to, watches 1–3. To simplify this analysis and determine, broadly, how many PSMs were available per 100 CPD members during a given part of the day, OIG sorted CPD members assigned to different watch codes into watch groups 1–3 based on the overlap between their actual schedule and the schedules represented by watches 1–3. So, for instance, an officer who works from 8:00 a.m. to 4:00 p.m. would be grouped in with watch 2, even if they are not formally assigned to watch code 2, because for the purposes of this analysis, their time on-shift overlaps substantially with PSMs and other officer assigned to watch 2. Using this method, OIG was able to assign a major watch group (1–3) to 99.3% officers for the PSM staffing analysis.

Figure 6: Ratio of Sworn PSMs to Sworn CPD Members by District (map)



Source: OIG analysis.

Figure 7: Ratio of Sworn PSMs to Sworn CPD Members by Unit (table)⁶¹

	Unit	Sworn CPD Members	Sworn PSMs	Sworn PSMs per 100 Sworn CPD Members
Districts	1 st District	268	2	0.7
	2 nd District	302	2	0.7
	3 rd District	289	4	1.4
	4 th District	306	3	1.0
	5 th District	290	3	1.0
	6 th District	322	0	0.0
	7 th District	317	3	0.9
	8 th District	304	2	0.7
	9 th District	294	3	1.0
	10 th District	323	3	0.9
	11 th District	324	6	1.9
	12 th District	284	4	1.4
	14 th District	238	0	0.0
	15 th District	312	4	1.3
	16 th District	233	3	1.3
	17 th District	230	5	2.2
	18 th District	347	3	0.9
	19 th District	304	5	1.6
	20 th District	203	9	4.4
	22 nd District	246	2	0.8
	24 th District	232	1	0.4
	25 th District	339	3	0.9
	District Average	287	3.18	1.11
Non-District Units	Area 1 Detectives	326	5	1.5
	Area 2 Detectives	271	2	0.7
	Area 3 Detectives	204	3	1.5
	Area 4 Detectives	268	4	1.5
	Area 5 Detectives	203	1	0.5
	Training and Support Group	288	16	5.6
	Alternative Response Section	253	5	2.0
	Community Safety Team	235	4	1.7
	Gang Investigation Division	216	2	0.9

Source: OIG analysis.

⁶¹ CPD units designated as mission sensitive have been excluded here.

Figures 8–11 show ratios of demographic distributions of CPD members designated as PSMs by total department members with the same characteristic. Female members; Black members; Native American members; members 45 years of age and older; and supervisors, including both frontline supervisors and higher-ranking command staff members,⁶² are all represented at higher rates among PSMs than they are in the Department at large. Groups less well represented within PSP than in the Department at large include officers under 40, Hispanic officers, Asian officers, male officers, and non-sworn (civilian) CPD members.⁶³

CPD's recruitment practices for PSMs meet some of the best practices outlined by experts but fail at others. For instance, the PSP application process includes a check with the Bureau of Internal Affairs (BIA) to ensure that applicants are not the subject of ongoing disciplinary investigations. However, PSP does not have comprehensive standards for "deselection" of PSMs, as IACP recommends. The PSP Confidentiality Agreement, which all PSMs must sign, states that "[f]ailure to uphold confidentiality under this policy shall lead to removal from the program." There are also "expectations and requirements" for PSMs laid out in the Reference Manual, although these are not explicit about deselection thresholds or policies. No part of the Reference Manual specifies any other conditions that will lead to removal. The program manager reported to OIG that, to their knowledge, at least one PSM has been asked to leave the program since its inception.

CPD has no explicit goals around the diversity of PSMs, and it is therefore impossible to assess CPD's recruitment efforts against any internally adopted metric. The program manager did state that PSP aims to reflect the diversity of the Department and the city but described operational issues, following here, that make this aim difficult to achieve.

The process of recruiting and training new classes of PSMs can be slow. The program manager told OIG that there are several challenges preventing PSP from growing its ranks more quickly. These included COVID-specific challenges—namely, limitations on class sizes imposed by the venue CPD uses to train new PSMs—and other constraints that always apply. In particular, the program manager noted that PSP may not have enough staff to process more applications, because the application process is lengthy, which has stopped PSP administrative staff from putting out a message through CPD's Administrative Message Center to encourage more CPD members to apply to be PSMs.

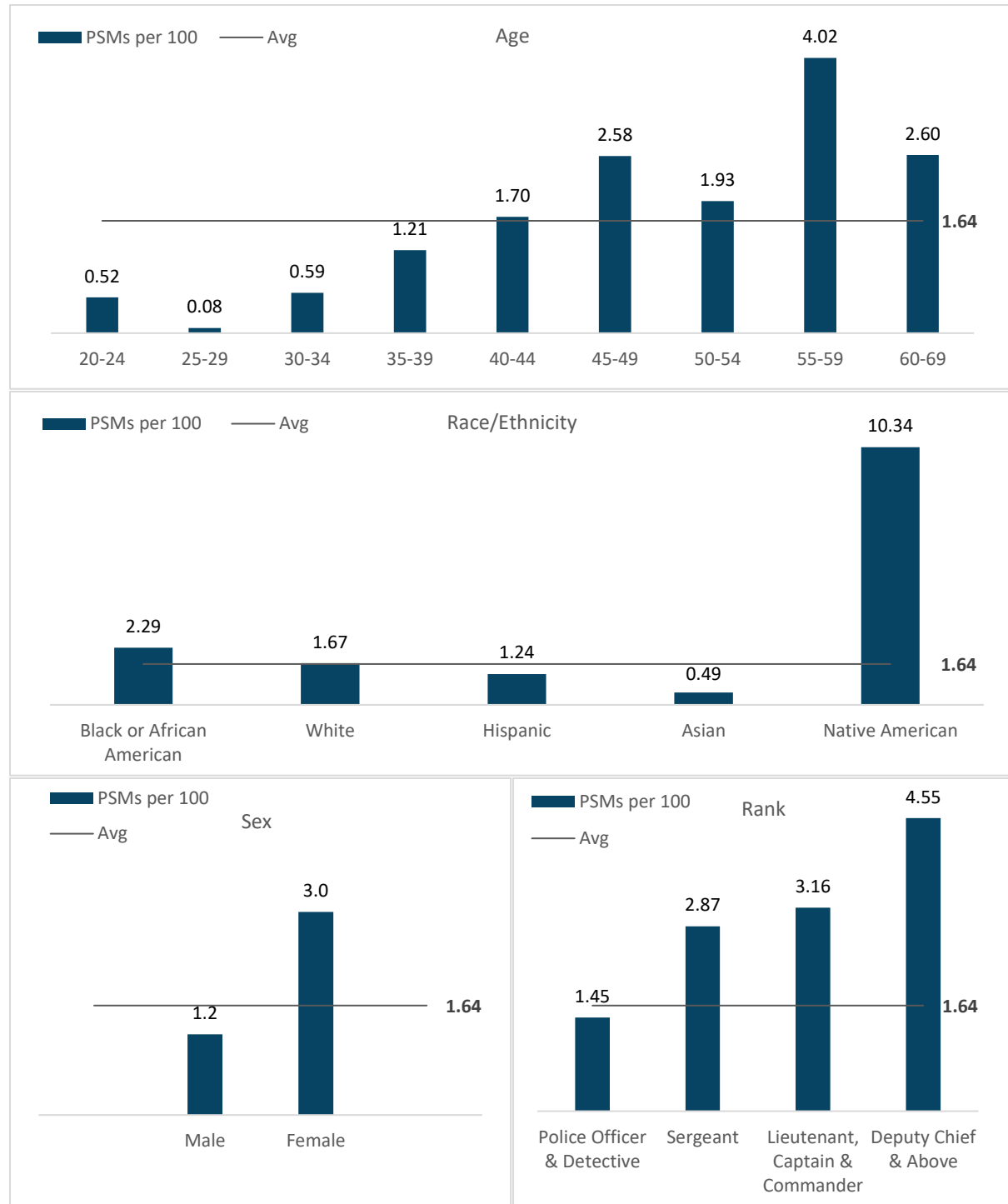
Many of the gaps between PSP recruitment and staffing practices and documented best practices are exacerbated by the fact that PCD and Department leadership have not articulated goals for PSM recruitment, Department-wide coverage, or the diversity of volunteer members of the program. Uneven staffing may limit the effectiveness of PSP as a frontline support network for CPD members. Due to their unit and watch of assignment, some CPD members may have limited or effectively no access to PSMs. PSM representation is especially low in some areas where one might

⁶² When prompted to speak about rank as a potential barrier to effective communication, there was not a clear consensus from the eight PSMs that OIG interviewed on whether rank is or is not a barrier to peer support communications. Some said that CPD members at the rank of Police Officer would be likely to have concerns about speaking to a supervisory rank PSM, and vice versa. Others said rank shouldn't matter to the provision of peer support. The PSP program manager told OIG that the Sergeant and exempt officer teams within the PSP organizational chart exist to address the fact that there may be barriers for officers of different ranks in confiding in PSMs of different ranks.

⁶³ As of January 5, 2022, there were two non-sworn PSMs. The data in the figures presented below represents only sworn CPD PSMs in ratio to sworn Department members.

expect the stresses of the job to be consistently very high, including on the first watch. For example, the 6th District, a Tier 1 District, had no PSMs at the time of this analysis.

Figures 8–11: Ratio of Sworn PSMs to Sworn CPD members by Age, Race or Ethnicity, Rank, and Sex



Note that Figures 8–11 show the ratios of PSMs to Department members with the same characteristics; they do not represent the absolute number of PSMs in each group. A small demographic group that has the same number of PSMs

as a larger group will be represented in these charts as having a higher ratio of PSMs. Appendix A includes tables with the absolute numbers of PSMs by sex, age, race or ethnicity, and rank.

Source: OIG analysis.

B | Training

Subject matter experts, peer jurisdictions, professional organizations, and government agencies have recommended both initial and regular refresher training for members of peer support programs.⁶⁴ Recommendations for the frequency of refresher trainings range from quarterly to annually. For example, IACP's guidelines recommend four hours of refresher training for all PSMs per quarter,⁶⁵ and the San Diego Police Department Officer Wellness Unit has used attendance at refresher trainings two to three times per year as a condition of continued PSP participation for their volunteers.

According to subject matter experts and professional organizations, topics that should be covered at initial and refresher trainings for PSMs include: crisis intervention; suicide prevention; critical incident training; cultural competency; active listening; depression, stress, and anxiety; identifying warning signs of mental health struggles; how to refer members to further services; and the legal definitions of confidentiality, privilege, and privacy as overlapping but distinct concepts with jurisdiction-specific definitions. Specifically, to ensure PSMs are acting in compliance with state and local law, training on confidentiality obligations and duty to report should clearly articulate relevant standards in CPD's directives and in state law. The PSP Confidentiality Agreement enumerates an exception to confidentiality "to prevent the commission of an act that is likely to result in a clear imminent risk of serious physical injury or death of a person or persons." The Illinois First Responders Suicide Prevention Act (Public Act 101-0375) provides that "[a]ny communication made by an employee of ...[a] law enforcement agency or peer support advisor in a peer support counseling session and any oral or written information conveyed in the peer support counseling session is confidential and may not be disclosed by any person participating in the peer support counseling session and shall not be released to any person or entity," with some enumerated exceptions, including: "(1) any threat of suicide or homicide made by a participant in a peer support counseling session or any information conveyed in a peer support counseling session related to a threat of suicide or homicide; (2) any information mandated by law or agency policy to be reported, including, but not limited to, domestic violence, child abuse or neglect, or elder abuse or neglect;"⁶⁶

⁶⁴ The International Association of Chiefs of Police Center for Officer Safety and Wellness, "The Signs Within Suicide Prevention Education and Awareness," March 1, 2018, accessed February 7, 2020, <https://www.theiacp.org/sites/default/files/The%20Signs%20Within%20-%20Suicide%20Prevention%20Education%20and%20Awareness%20Report.pdf>; International Association of Chiefs of Police—Police Psychological Services Section, "Peer Support Guidelines," 2016, accessed October 19, 2021, <https://www.theiacp.org/sites/default/files/2018-09/Psych-PeerSupportGuidelines.pdf>; Deborah L. Spence et al., Law Enforcement Mental Health and Wellness Act: Report to Congress. Washington, DC: US Department of Justice, 2019, accessed September 6, 2019, <https://cops.usdoj.gov/ric/Publications/cops-p370-pub.pdf>; International Association of Chiefs of Police, "National Consortium on Preventing Law Enforcement Suicide: Final Report," 2020, accessed October 19, 2021, https://www.theiacp.org/sites/default/files/2020-10/244736_IACP_NOSI_FinalReport_FINAL.pdf.

⁶⁵ International Association of Chiefs of Police—Police Psychological Services Section, "Peer Support Guidelines," 2016, p. 6, accessed October 19, 2021, <https://www.theiacp.org/sites/default/files/2018-09/Psych-PeerSupportGuidelines.pdf>.

⁶⁶ Under Rules 21 and 22, CPD members have a duty to report misconduct, which is broad and not limited to the types of misconduct specifically enumerated in this provision. Chicago Police Department, "Rules and Regulations of the Chicago Police Department," April 16, 2015, accessed January 26, 2022, <https://directives.chicagopolice.org/#directive/public/6412>.

(3) any admission of criminal conduct; or (4) an admission or act of refusal to perform duties to protect others or the employee of ... [a] law enforcement agency.”⁶⁷

Based on OIG’s review, PSP successfully ensures that all PSMs are trained before beginning their roles. The required 40 hours of onboarding training for new PSMs covers suicide awareness, depression, PTSD, cynicism, stress management, addiction, and other topics, using a course developed by outside trainers who work with law enforcement agencies on peer support. CPD produced records of training dates for every active PSM on the list provided to OIG. Interviewees all confirmed that they had received PSP onboarding training.

However, as of the time of OIG’s fieldwork, no refresher training had ever been offered to PSMs. In April 2021, the PSP program manager stated to OIG that they were designing a one-time, eight-hour PSP refresher training that will be mandatory for all current PSMs. This will be the first time that PSP has offered a refresher training since the inception of the program. The program manager stated that they hope to put on the refresher training during summer 2021 or later in the year, and they stated their desire to have the 8-hour refresher training qualify as part of the 40 hours of required training of all officers under the consent decree ¶320 for PSMs.⁶⁸ In response to OIG’s follow-up questions in January 2022, the program manager stated that the IMT has approved the proposed curriculum for a refresher training, and that PSP is searching for a venue for that training. The PSP program manager stated in April 2021, and confirmed in January 2022, that there are no plans to repeat this refresher training on a regular basis or to offer a recurring annual training.⁶⁹

In interviews with OIG, 6 of 8 PSMs interviewed stated the initial 40-hour training was useful and prepared them for the role. Many also said they would appreciate further training on specific officer wellness topics and peer support scenarios. Two PSMs stated that on-the-job experience at CPD or elsewhere, was what prepared them for the role, more than CPD-provided training. When asked whether PSP trainings covered cultural competency, several PSMs stated that cultural competency is not covered in PSP trainings or that they do not recall it being covered. Others cited examples of scenarios and role-play exercises that touched on cultural differences as evidence that trainings covered cultural competency.⁷⁰

CPD’s PSP training materials may not give sufficiently clear and targeted guidance to PSMs on their duty to report certain types of conduct or statements in relation to their general obligation to maintain the confidentiality of peer support conversations. The CPD Peer Support Reference Manual, which is distributed to PSMs during their initial training, includes a discussion of confidentiality that cites Colorado state law as the relevant standard. This reference appears within

⁶⁷ Public Act 101-0375, accessed October 19, 2021, <https://www.ilga.gov/legislation/PublicActs/fulltext.asp?Name=101-0375&GA=101>.

⁶⁸ Consent Decree ¶ 320, *State of Illinois v. City of Chicago*, No. 17-cv-6260 (N.D.Ill., Jan. 31, 2019) (Dkt. 703-1).

⁶⁹ The PCD directive (E06-01), last updated in December 2020, includes the following note: “In addition to the initial training, a minimum of two continuing education Peer Support training sessions will be provided annually. These training sessions will include new and updated content and materials, as necessary and appropriate.” This directive provision does not explicitly make these “two continuing education” sessions mandatory. The program manager did not mention this provision or requirement in their interview with OIG when discussing future training plans. Chicago Police Department, “Employee Resource E06-01 Professional Counseling Division,” December 3 2020, accessed October 13, 2021, <http://directives.chicagopolice.org/#directive/public/6304>.

⁷⁰ When asked for clarification about the meaning of “cultural competency” in interviews, OIG analysts defined it as the ability to provide peer support to individuals with different backgrounds and racial, ethnic, gender, religious, or other identities from oneself.

a section of the materials authored by a non-CPD member: a licensed psychologist and former law enforcement officer who has authored textbooks and training materials for law enforcement peer support programs. There is no corresponding discussion in the Reference Manual of Illinois law pertaining to confidentiality and duty to report. The training materials do not, for example, reference the Illinois First Responders Suicide Prevention Act (Public Act 101-0375, enacted August 16, 2019), despite its direct relevance to confidentiality and reporting obligations of CPD PSMs.

As a result of the lack of training on relevant privacy and confidentiality laws, PSMs may not have adequate training to meet CPD members' needs or to ensure compliance with state law. Significantly, PSMs themselves are not adequately instructed or supported in their dual responsibilities of confidentiality and obligatory reporting.

C | Documentation and Recordkeeping

Subject matter experts, peer jurisdictions, and professional organizations all note that PSM engagement levels should be monitored to understand police department members' needs, in terms of both level of need and trends in issues experienced by members.⁷¹ For example, the San Diego Police Department Officer Wellness Unit noted that it uses data supplied by PSMs to determine issue areas that are affecting officers' wellness and develop specialized programming and resources in response. The Wellness Unit tracks these issue areas and PSMs' overall number of engagements with department members through an application into which PSMs enter data. If the peer support program identifies a PSM as inactive through the data and follow-up communication, they may be asked to take a break from or leave the peer support program, as all PSMs are expected to maintain some ongoing activity level.

In reviewing CPD's PSP, OIG found that PSP has not historically had processes and documentation in place to ensure that it maintains up-to-date information about its active membership, nor does PSP collect information on when and why CPD members contact PSMs for support. CPD's Needs Assessment cites the size of the PSP in several places: at “~325 members” in one passage and “200+ members” on a later page. The approximation of 325 members appears to substantially overestimate the size of the program. Thus, the publication of these two figures in the September 2019 Needs Assessment reflects an inaccurate portrayal of the size of PSP in a document produced to the IMT for the purpose of consent decree compliance.

The Peer Support Reference Manual provided to all PSMs also misstates the current membership of the program. A copy of the manual provided to OIG in April 2021 cited “over 400 Peer Support Members.” The IMT's Independent Monitoring Report 4, published October 2021, stated, “The Officer Wellness Support Plan also discusses the revamping and expansion of *the Peer Support Program, which has increased the number of peer support members to 187*” (p. 610, emphasis added).⁷² It is not clear what point of comparison led to the statement that CPD has “increased” the size of PSP to 187, given that previous estimates provided to the IMT were higher than 187.

The most recent estimate of PSP size that CPD provided to OIG—195 PSMs as of January 5, 2022—was drawn from a relatively new Tableau dashboard maintained by the PSP program

⁷¹ International Association of Chiefs of Police—Police Psychological Services Section, “Peer Support Guidelines,” 2016, accessed October 19, 2021, <https://www.theiacp.org/sites/default/files/2018-09/Psych-PeerSupportGuidelines.pdf>.

⁷² Independent Monitoring Report [4] at 610, *State of Illinois v. City of Chicago*, No. 17-cv-6260 (N.D. Ill., Oct. 8, 2021).

manager. It is not yet clear whether the use of this tool will improve the consistency of CPD's tracking and reporting of PSM numbers over the long term, but its initial introduction has not been accompanied by a process for consistently and reliably updating the PSM roster to remove or otherwise indicate members who are no longer active in the program. Currently, the PSP administrative team relies on its team leaders to give updates on team members, including when PSMs wish to go inactive, and this system does not always produce reliable results. The January 5, 2022, PSM membership record provided to OIG still included two PSMs who reported to OIG in interviews in early 2021 that they were no longer active as PSMs; one reported not having been active for the last nine years.

Beyond tracking the activity status of trained PSMs, PSP is also making efforts to track PSM engagement with Department members, but these tracking methods are not widely used, despite being available and required by PSP policies for some years. The most formal tracking method—and the one that is in principle required of PSMs, according to PSP training materials—is the PSP tracking form. The form is intended to be filled out by PSMs after they have a peer support conversation with another Department member. The form does not seem to be widely utilized; five of eight PSMs OIG interviewed stated they don't use the form, citing concerns about creating a “paper trail” or about feeling “awkward” documenting conversations with friends, acquaintances, or colleagues in the Department. No PSMs interviewed by OIG stated that they use the form regularly.

The PSP program manager echoed officers' concerns about the tracking form in an interview with OIG, saying officers don't like using the form due to stigma and confidentiality concerns, and due to perceived inconvenience. The program manager also expressed their own ambivalence about the tracking form, claiming that the Department's focus on metrics is new, related to the consent decree, and does not carry any operational benefits or uses for PSP. The program manager further stated that PSMs text more often than fill out the contact forms, which PSP has accepted in order to report some activity to EAP. The program manager stated that they aggregate reports of PSM engagements from all sources for reporting up to PCD and on to the Office of Constitutional Policing and Reform every week. This informal, multiple-pathway reporting system is poorly suited to generate accurate and consistently documented counts of PSM activity, and it does not enable the Department to identify trends in mental health issues across CPD.

It appears there are unclear expectations communicated to PSMs regarding the use of the tracking form and no consequences for PSMs who do not track engagements. The tracking form does not ask for detailed information about the issue(s) that were discussed between the PSM and their contact, but the form is ambiguous as to whether names of contacts should be recorded or simply counts of individuals contacted.⁷³ Without active tracking of CPD members' mental health concerns, it is not possible for PSP to identify specific topic areas where programming might be useful, or to measure the demand for PSP services. As a result, there may be a lack of responsiveness to trends in mental health issues in the Department. Separately, by not providing clear guidance to PSMs as to the information they are required to document and where they are permitted to document it, CPD may risk exposing sensitive information.

⁷³ “CPD 62.490 Professional Counseling Division – Peer Support Member Tracking,” June 2021, accessed June 21, 2022, <http://directives.chicagopolice.org/forms/CPD-62.490.docx>.

D | Internal Communications

Expert guidelines and interviews suggested several best practices around internal communications in a peer support program. Subject matter experts agree that a program's performance should be evaluated by a department, with feedback given to improve performance and control for the quality of peer support services provided.⁷⁴ Feedback from PSMs to program administrators is also recommended; IACP suggests that PSMs "be provided with a mechanism for providing feedback to the program coordinator, including but not limited to, the request of specific training, program-related problems in the field, or the need for new or additional resources."⁷⁵ CPD policy includes some provision for collective reflection on program operations, in that CPD directive E06-01 requires that PSMs meet annually "to share successful strategies and identify ways to enhance the program."⁷⁶

PSP does not follow these best practices around feedback and regular meetings. Currently, there are no formal pathways for PSMs to receive feedback on their performance. Additionally, PSMs do not have many opportunities to give feedback to central administration on the functioning of the program and their experience in it. One former team leader stated, "As a team lead, you also had no input or knowledge of PSP program [operations]." In interviews with the project team, several PSMs shared detailed feedback and ideas to improve PSP. One PSM did not feel they had avenues to share this feedback with program administration.

The PSP program manager, currently and in their previous role as program coordinator, sends out regular emails containing information on available trainings and PSP-related news and information.⁷⁷ But individual PSMs have not, in recent years, had structured opportunities to meet with other PSMs as required by CPD directive E06-01. The PSP program manager noted in an interview that restrictions on in-person meetings due to COVID-19 made structured opportunities to meet difficult in 2020 and 2021.

Another way in which internal communications are key to the development of a high-functioning peer support program are referrals of department members to PSMs. According to the program manager and PSMs interviewed by OIG, word-of-mouth referrals are an important pathway to PSM conversations; many PSMs reported being asked by a third party to speak to a CPD member perceived as in need of support. Other than these referrals, PSMs mostly connect with people in their units or Districts, or people with whom they have a preexisting first- or second-degree network connection (that is, they know the person or know someone who knows them). Despite the existence of this informal referral method, PSP does not have other commonly used methods to refer people to PSMs who might be able to discuss issues or topics of mutual interest or concern. CPD instead largely relies on ad hoc word of mouth referrals. The program manager and a PSM interviewee both noted that a Department member could theoretically call PSP's hotline or PCD to

⁷⁴ International Association of Chiefs of Police, "Breaking the Silence on Law Enforcement Suicides," 2017, accessed October 26, 2021, <https://cops.usdoj.gov/RIC/Publications/cops-p281-pub.pdf>.

⁷⁵ International Association of Chiefs of Police—Police Psychological Services Section, "Peer Support Guidelines," 2016, p. 7, accessed October 19, 2021, <https://www.theiacp.org/sites/default/files/2018-09/Psych-PeerSupportGuidelines.pdf>.

⁷⁶ Chicago Police Department, "Employee Resource E06-01 Professional Counseling Division," December 3, 2020, IX.H., accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6304>.

⁷⁷ These notifications of trainings are not PSP-specific trainings. Rather, they are trainings that more broadly relate to wellness.

be matched with a PSM if they were not able to connect with someone in their District or unit, but neither interviewee described this as a common practice.

Finally, robust internal communication mechanisms among PSMs and between PSMs and program administrators are important because they allow for knowledge-sharing and skill-building to supplement formal trainings. As OIG found through interviews, many PSMs come to PSP with prior training or subject matter expertise in mental health and wellness and/or counseling, from having obtained advanced degrees or from past career roles. One OIG interviewee was a Crisis Intervention Team trainer; one was a former social worker; one had a Masters in clinical psychology; one had a Masters in psychology and was a licensed counselor; one had a Bachelors in psychology and two Masters in public safety administration and law enforcement administration, respectively. Three interviewees mentioned being trained in crisis intervention. The current PSP program manager has a Masters in police psychology and a Doctor of Psychology degree in clinical psychology. This collective wealth of experience and knowledge could allow PSP to hold peer-led skill sharing sessions or other presentations to disseminate wellness expertise throughout PSP without any additional expenditures on training, but this capacity has not been tapped by PSP to date.

As a result of the limited communications within PSP and the need to rely on word of mouth referrals, there may be missed opportunities for referrals to other PSMs or additional services. If PSMs are not acquainted with one another and with supervisors across Districts and units, they may miss opportunities to connect Department members with PSMs that may better fit their personal needs (e.g., an officer who is having financial stress wanting to talk to a PSM with similar experience) and thus to refer Department members to more intensive mental health supports, such as EAP clinical services or clinical services outside the Department.

E | Cultural Competency

Subject matter experts stress that cultural competency—defined as “a set of behaviors, attitudes, and policies that [...] enable a system, agency, or group of professionals to work effectively in cross-cultural situations”—is a key component of peer support programming.⁷⁸ Best practices around cultural competency in peer support and mental health professional settings state that there should be programmatic steps taken to incorporate cultural competency, in addition to training that prepares individual peer support providers.⁷⁹ Programmatic efforts may include events, discussions, mission statements, and policies aimed at ensuring equitable access and inclusion in a peer support program of people of different cultural backgrounds and racial, ethnic, religious, gender, and other identities.⁸⁰ Diversity in the ranks of peer support members may help to create cultural competency at the organizational level, although it is not by itself a sufficient condition for cultural competency.⁸¹

⁷⁸ Substance Abuse and Mental Health Service Administration, “Improving Cultural Competence,” 2014, p. xv, accessed August 16, 2021, <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>.

⁷⁹ Derald Wing Sue and Gina Torino, “Racial-Cultural Competence: Awareness Knowledge, and Skills,” p. 3–15; Jessica Jonikas et al., “Cultural Competency in Peer-Run Programs: Results of a Web Survey and Implications for Future Practice.”

⁸⁰ Derald Wing Sue and Gina Torino, “Racial-Cultural Competence: Awareness Knowledge, and Skills,” p. 3–15; Jessica Jonikas et al., “Cultural Competency in Peer-Run Programs: Results of a Web Survey and Implications for Future Practice.”

⁸¹ Substance Abuse and Mental Health Service Administration, “Improving Cultural Competence,” 2014, accessed August 16, 2021, <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>.

Broadly, OIG found that CPD's preparation of PSMs was lacking in cultural competency. As discussed above, cultural competency may create a greater sense of safety and comfort for those who receive mental health services that will facilitate access to those services, engagement, service retention, and positive outcomes across cultures.⁸² When asked how they approach engaging with Department members who don't share their life experiences or identities, two PSMs suggested differences in these areas were not relevant to the provision of peer support services. When asked about whether PSP had prepared them to provide peer support services to people of different races, ethnicities, genders, religions, sexual orientations, or other identities, two PSMs expressed that they would simply not pay attention to cultural or experiential differences in their PSM role, and that this is the perspective they are taught in PSP training. One PSM responded that officers are trained that they have to "put their own feelings to the side" when supporting someone and "just be there to help." Another PSM stated, "gender biases, the racial thing, goes out the window because you're all at a level playing field." Other PSMs cited the diversity of PSP or their assigned District as evidence of the program's cultural competency. One officer stated that PSP is "very diverse," and continued, "when we [PSMs in training] were doing the training and sharing stories, it helped people to share different cultural competencies" but then went on to say that their "approach is pretty similar with each person." Another noted, "different cultures have different norms," and continued, "within [District], you have such a diverse community, that lesson, about the importance of cultural competency, was instilled rather quickly."

PSM interviewees did not articulate any strategies or practices for exhibiting cultural competency in peer support interactions. No PSM interviewees identified specific ways that PSP articulates the value and importance of cultural competency through its trainings or communications. Interviewees typically had vague recollections of PSP training, if they had any recollection at all. One interviewee recalled that, "one valuable lesson was how to listen and not say the wrong thing, and don't try to compare a subject's situation with your own situation." This interviewee also gave one specific example of how communication sometimes must be culturally informed in order to be successful, but it was an example drawn from communication with community members rather than from CPD members seeking PSM support.⁸³ Other interviewees generally had less to say about official PSP messaging or specific tactics they had learned relating to cultural competency. Without cultural competency being effectively taught to PSMs nor PSP having any relevant strategies for culturally competent peer support interactions, Department members may be less inclined to seek out help from PSP given that PSMs may not be adequately prepared to help those who are from a different culture than themselves.

| Recommendations

RECRUITMENT & STAFFING

1. CPD should clarify whether there are plans to fill all of the administrative positions enumerated in the PSP organizational chart.

⁸² Substance Abuse and Mental Health Service Administration, "Improving Cultural Competence;" Jessica Jonikas et al., "Cultural Competency in Peer-Run Programs: Results of a Web Survey and Implications for Future Practice."

⁸³ The interviewee stated that their assigned District is very diverse, with "lots of Middle Eastern people." He stated that sometimes men in the District won't want to talk to a female officer because of cultural norms where they are from, and that understanding this helps officers to engage with residents in the District.

2. PSP should assess its diversity and coverage across units, watches, and ranks to ensure it is meeting its goals.

TRAINING

3. PSP should institutionalize regular refresher trainings on an annual or biannual basis, to reinforce its goals, values, and norms and ensure that PSMs are practicing and developing their skills.
 - As part of this effort, CPD might assess whether it is appropriate to have PSMs with academic and professional credentials or experience in mental health fields serve as resources for administrative staff to facilitate training sessions and build the capacity of fellow PSMs.
4. PSP should add Illinois-specific information on confidentiality and privacy laws to the Peer Support Reference Manual and should cover this information in trainings.
 - Specifically, PSP should train on the relevance of the Illinois' First Responders Suicide Prevention Act (Public Act 101-0375, enacted 8/16/2019), Section 20, Confidentiality; exemptions, and how state law comports with CPD members' duties to report misconduct.

DOCUMENTATION & RECORDKEEPING

5. PSP should develop a clear process for regularly updating the PSM roster and disseminating accurate lists of PSMs to all Districts and units.
6. PSP should adopt a single method of tracking PSM contacts with CPD members, should set clear expectations for PSMs as to what needs to be tracked and how to preserve confidentiality while tracking contacts, and should create accountability mechanisms for PSMs who do not properly track contacts. Further, PSP should use this data in a manner that conforms with best practices by analyzing broad trends within the Department to better target resources.

INTERNAL COMMUNICATIONS

7. PSP should institute more opportunities for bidirectional feedback between PSMs and PSP and Professional Counseling Division administrators, both by creating venues for PSMs to receive feedback on their work, and by creating opportunities for PSMs to give feedback on how PSP functions and how it can be improved.
8. PSP should create more venues for PSMs to build relationships with one another across Districts and units, to strengthen the network of PSMs across the Department for the purpose of skill-sharing and capacity building.

CULTURAL COMPETENCY

9. PSP should assess whether the program and trainings are effectively incorporating cultural competency to ensure that PSMs provide services effectively in cross-cultural situations.

| Management Response

RECRUITMENT & STAFFING

1. *CPD plans to fill all of the positions on the Peer Support Program (PSP) organizational chart, with the possible exception of the Assistant Team Leader Coordinator and Assistant Program Coordinator positions. Due to potential restructuring of the Professional Counseling Division (PCD) and the various wellness programs administered by it, these positions may not be necessary. CPD will continue to work with the Independent Monitoring Team (IMT) overseeing Consent Decree compliance to evaluate the best use of resources and personnel to ensure the overall wellness goals and obligations of the department are met.*
2. *PSP regularly assesses diversity within the PSP's leadership and membership. PSP is also consistently trying to increase the number of Peer Support Members (PSM's) to ensure that members in need have qualified and committed PSM's readily available. As evidence of this, PSP enrolled 17 new PSM's in early October of this year.*

PSP recognizes the benefit of a diverse, representative cadre of qualified and dedicated CPD members. A majority of current PSP Team Leaders and PSM's are from historically underrepresented populations within law enforcement. As further evidence of CPD's commitment to diversity, successful efforts have been made to recruit both PSM's with a military background and members of the LGBTQ+ community/allies.

PSP acknowledges the challenges to providing peer coverage—and ensuring the diversity of that peer coverage--on all watches in all districts or units.

One specific challenge is that promotions, bids, and transfers occur throughout the year based on Department needs, member requests, and the availability/necessity of positions in different areas. It is necessary to point out however that, although PSM's are not always present on every watch in every District, supervisors have the discretion to allow PSM's to travel during work hours to a different District or Unit if a request is made for their services. This helps supplement the deficit in a Peer per Watch and Peer per District/Unit goal when there are gaps.

Regarding recruitment, PSP is also constantly exploring strategies to encourage members to join the PSP. These strategies include: providing targeted roll call presentations on the identified watches and in the identified districts/units where there are shortages; tasking PCD Clinicians assigned to districts experiencing shortages to identify and recruit members working in the respective district; continuing to send out quarterly AMC messages informing Department members of the PSP and how to contact the PSM for more information about applying.

TRAINING

3. *A Peer Support 8-Hour Refresher Training (Refresher Training) was developed based on feedback from PSM's and community partners such as NAMI. The Refresher Training was*

submitted to the Training Oversight Committee and the IMT. Based on these reviews, the Refresher Training was revised and then rolled out to Active and Retired Peers. The first class was held on 28 Feb 2022 and the most recent on 13 May 2022. PSP is planning to schedule the remaining eligible PSM's for the Refresher Training in the first half of 2023. As of October 1, 2022, 128 Active and Retired Peers have completed it.

All current instructors of the Refresher Training have completed the 40 Hour Instructors Academy and are certified to teach CPD courses. The Professional Counseling Division (PCD), which oversees the PSP, has requested more PSM's with certifications/credentials to be assigned permanently to PCD in order for them to apply their expertise to PSP operations—including training and PSM development.

In addition to the Refresher Training, meetings between Team Leaders and PSM's provide opportunities for the dissemination of information, peer support strategies, and PSP expectations.

4. *The Reference Manual is being updated and will specifically address Illinois' confidentiality and privacy laws involving Peer Support Programs. This update will require approval of the IMT because existing training materials will need to be modified.*

PSP has, in the meantime, discussed the confidentiality sections of 5 ILCS 840/20 with Team Leaders and is developing strategies to reinforce PSM's understanding of the scope of and exceptions to peer support confidentiality.

DOCUMENTATION & RECORDKEEPING

5. *The PSM roster is maintained via a Tableau Report located on the EAP page of the WIRE under the Peer Support Section. The Report is accessible to all Department members. PSM's are added by the Program Manager the Monday after the completion of the PSM 40-hour training. Once a Member is entered, the member stays on until retirement and/or removal from the PSM role. The dashboard also updates information related to PSM's, such as a change of district or watch. A list of current PSM's is also disseminated annually via a poster mailing to all Districts and Units during May for Police Memorial Month/Mental Health Month.*

PSP is exploring strategies for finding the appropriate balance and frequency of PSP communications to staff, including updates to the roster of PSM's.

6. *Currently, PSM's are encouraged to complete Peer Support Member Tracking Forms after having a contact with a department member(s). The forms are not a requirement, as the department recognizes that PSM's have taken on a volunteer role and additional responsibilities above and beyond their regular job duties. PSP understands that occasionally it may be burdensome for PSM's to complete a form, so it currently allows other reporting methods of contacts and activities. To provide context however, data and information collected from PSM's indicate that, between Jan. 1st and Sept. 30th of 2022, PSM's have had over 14,000 reported contacts with Department members.*

The Department acknowledges that currently there is no automated/ electronic system to track all peer contacts. PCD is currently in the trial phase of implementing iCarol, and is working diligently to develop IT solutions to meet the Professional Counseling's Division's needs, which includes appropriate data tracking systems.

Regarding accountability mechanisms for failure to report, the PSP would have to proceed cautiously, as PSM's volunteer their time off-duty and are not equipped presently with an efficient method or means to document all of their contacts. Keeping a volunteer cadre motivated, feeling appreciated, and responsive makes it difficult or impractical to impose consequences for non-compliance with all reporting expectations at this time. At the same time, PSP understands that consistent reporting methods allow for better, more efficient data tracking and trend identification processes. PSP will continue to work to address reporting issues.

INTERNAL COMMUNICATIONS

7. *CPD is committed to providing more opportunities for dialogue between PSM's and PCD and/or PSP leadership. For instance, on October 12, 2022, a "debriefing" between PSM's and a PCD Assistant Director was held in the EAP building to provide bidirectional feedback. An AMC message notifying PSM's of the debriefing was sent twice in the weeks ahead of the meeting. In addition, the PSP is looking to host official meetings between Team Leaders and PSM's in the Winter of 2022/23 and/or Spring 2023 to allow for feedback and discussion regarding current concerns, the effectiveness of the program, and ideas for improvement.*
8. *The PSP agrees with this recommendation and is taking steps to continue strengthening relationships and communication between and among PSM's. For instance, the networking and sharing of ideas and skills among PSM's was evident during the debriefing session referenced above, as well as during the Refresher Trainings and the Awards and Recognition meeting held on 24 Feb 2022.*

The PSP models the networking and communication system already familiar and in place in the CPD. Namely, PSP uses a structured team model --similar to a Tactical Team--in which a Team Leader is responsible for communicating with PSM's from designated watches and districts. Team Leaders communicate with their PSM's and then report to the PSP any identified needs, important updates or activity, and recommendations for improvement.

CULTURAL COMPETENCY

9. *Cross cultural training is incorporated into training for every Department member, including PSM's, and is ongoing via the Streaming Video Learning platform. It is also mandated by the Department that all sworn members complete in-service training covering the topic of cultural competency every 3 years.*

In addition, the Peer Support Training Manual produced to the IMT by Crisis Associates includes specific language related to "cross cultural issues" and emphasizes the reality that cultural/social origins can be factors in an individual's experience of crisis.

Finally, the 8-hour PSM Refresher Course includes training related to members interacting with individuals with disabilities, military experience, and retirees. As evidence of bi-directional feedback, these topics were included in the Refresher Training as a result of PSM's identifying the need to provide enhanced training for peer support of these populations.

That said, the OIG's recommendation is duly noted, and PSP will continue to assess the need for additional training regarding cultural competency and guiding PSM's on how to effectively assist department members of different or diverse backgrounds.

Finding 2: CPD does not adequately prepare its supervisors to identify members in need of wellness services, and CPD does not ensure that supervisors remain up to date on their supervisory responsibilities relating to officer wellness

CPD supervisors, especially Sergeants and Lieutenants, play key roles in CPD's officer wellness support strategies. Broadly, supervisors are charged with frequently engaging officers under their command, identifying whether they may be experiencing mental health issues, and providing them support or referrals to PCD services, as needed. Mental health experts and practitioners, as well as IACP, advise departments to train their supervisors—who are not, as a general matter, mental health professionals—to prepare them for the responsibility of identifying and helping officers experiencing any sort of mental health distress. Without preparation, supervisors are less likely to be able to determine when an officer needs help, how to engage officers in need, and when to know if mental health services are necessary. The subject matter experts interviewed by OIG provided numerous topics and skills supervisors should be trained on, including: identifying officers who may have been traumatized after an incident, communication and intervention skills, understanding the effects of stress and trauma, cultural competency, and the referral process to mental health services within their department.⁸⁴ Further, supervisors should be provided with refresher and in-service trainings related to these duties. Supervisory staff are a key component of PCD's referral processes, and without their sufficient preparation, Department members who require mental health services may not receive the help they need.

A | Some Supervisors Expressed the Opinion That They Were Not Fully Prepared for Their Wellness Support Role

OIG interviewed 14 Sergeants and 5 Lieutenants to determine whether those supervisors felt prepared to succeed in fulfilling their responsibilities around the wellness of their subordinates, and whether they believed CPD's relevant trainings to be sufficient. OIG interviewed supervisors to determine whether the Department had apprised them of their roles and responsibilities with respect to officer wellness. Sergeants, given their direct supervisory role over officers, are best positioned to monitor officer mental health and intercede with support and referrals. Of the 14 Sergeants interviewed by OIG, 4 indicated that they felt CPD adequately prepared them for these responsibilities. Six other Sergeants did not feel well prepared to identify and help Department members in need. Another three Sergeants stated that they did feel prepared for the role, but their preparation occurred outside of Department trainings, through their collegiate education or military

⁸⁴ The perspectives of OIG's subject matter expert interviewees are further supported by statements in published reports by subject matter experts; see, for example, International Association of Chiefs of Police, "Breaking the Silence on Law Enforcement Suicides," 2017, accessed October 26, 2021, <https://cops.usdoj.gov/RIC/Publications/cops-p281-pub.pdf>.

service. One Sergeant was unsure whether the Department or some other resource prepared them for the role. Nine of the 14 Sergeants interviewed by OIG believed that they required more training than what CPD had provided them.⁸⁵ While some could not identify specific skills or topics they needed to be trained on, others provided specific content such as how to identify when an officer is struggling, how to engage an officer who is struggling, and more information about the services that officers could be referred to. Additionally, cultural competency applies in this setting given that culture may be an important factor in determining whether Sergeants are able to engage successfully with supervisees who need support. Ten of 14 Sergeants did not recall their pre-service training or whether cultural competency was covered in that training.⁸⁶

B | Some Supervisors Lacked Knowledge of Key Aspects of Their Wellness Support Responsibilities

During interviews with OIG, both Sergeants and Lieutenants had variable levels of knowledge of their responsibilities and CPD officer wellness directives. Some Sergeants expressed a lack of clarity about what to do during certain situations covered in CPD directives. For example, two Sergeants were unsure of what to do if an officer was in a mental health crisis despite there being a directive that provides instruction. Sergeants also expressed conflicting understandings of what they were required to document after identifying a member in need of services and making a referral. While some Sergeants believed that referrals to PCD services required documentation, another did not. One Sergeant documented referrals to PCD services if the officer rejected the referral. Another Sergeant reported the understanding that they were required to write a to/from report (i.e., a memorandum) to their commanding officer whenever an officer experienced a mental health issue. Among the Sergeants who described a need to document mental health and wellness issues and referrals to PCD services, there was not a uniform understanding as to what documentation was required. While some described needing to complete a to/from report, others described using other forms like watch logs.

After OIG's interviews were conducted, CPD implemented a new directive on supervisory responsibilities—G01-09, effective May 2021—which states that supervisors must document interactions with members involving non-disciplinary or corrective action, and observations of performance or conduct. G01-09 also introduces a new reporting form, the Supervisor's Management Log, where supervisors are supposed to capture this information.⁸⁷ However, the directive and form lack clarity as to whether mental health issues and referrals to PCD fall under this obligation. There is no exemption explicitly listed in the directive for mental health-related conversations. The Supervisor's Management Log is not explicitly set up to accommodate information about mental health related conversations, and therefore its introduction may create confusion about supervisory reporting obligations and the confidentiality of mental health related conversations.

OIG also found that WOLs and Sergeants were underinformed and lacked clarity about the TISM Program. When asked about the types of incidents that are considered traumatic, supervisors generally mentioned firearm discharges—one of the four types of traumatic incidents that require a

⁸⁵ One Sergeant did not believe more training was required and four others did not answer the question directly.

⁸⁶ The remaining four did not answer the question directly or did not provide an answer.

⁸⁷ Chicago Police Department, "General Order G01-09 Supervisory Responsibilities," May 10, 2021, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6185>.

TISM Program referral—and other specific incidents not mentioned in the TISM Program directive. These supervisors were unaware or could not readily recall that on-duty traffic accidents, serious injuries to officers, and great bodily harm or death caused by officer actions should also lead to an automatic TISM Program referral. This is concerning because, according to the TISM Program directive, the highest ranking on-scene supervisor should notify a WOL after a traumatic incident occurs. This requires on-scene supervisors—including supervisors at the rank of Sergeant—to be able to identify incidents which may have been traumatic. Without adequate knowledge of the TISM Program’s criteria for mandatory referrals, supervisors may not be referring members to the program as required.

In February 2021, CPD changed the TISM Program directive (E06-03), shifting the responsibility of determining traumatic incidents from the “incident commander” to the WOL.⁸⁸ This update to the directives, taken on its own, created more clarity as to supervisory responsibility for making a traumatic incident determination. CPD defines the “incident commander” as the highest-ranking officer on a scene and is therefore subject to change as Department members arrive at or depart from the scene of a potentially traumatic incident. By contrast, the designation of a WOL remains fixed for the duration of a watch. Therefore, the February 2021 update to E06-03 made it newly possible to clearly identify the single CPD member who was responsible for making TISM Program referrals in the aftermath of a traumatic incident.

In order for this update to E06-03 to be effective in ensuring that TISM Program referrals are made when needed, WOLs need to fully understand and put into practice their responsibility under the revised directive. Between April and May 2021, OIG interviewed five WOLs to assess their understanding of this responsibility. While they generally were aware of the directive change, three of them stated that they could not recall specifics about the new policy and four of them could not describe any Department-led instruction provided to them before or after the directive update on how to determine whether an incident may have been traumatic. WOLs explained that there is a monthly, Department-mandated review of new directives for Lieutenants that is the mechanism by which members are kept up-to-date.

OIG interviewed a supervisor who recounted specific incidents in which officers may have experienced a traumatic incident and were not referred to the TISM Program. The supervisor recalled that some other supervisors may tell officers to “put their big boy pants on” after potentially traumatic incidents, instead of making referrals to the TISM Program.

Finally, since November 2017, the Department has required WOLs to review reports generated from incidents they believed to be traumatic to determine if there are immediate needs for training, equipment, or policy that impact officer safety. Based on their review and identification of any needs, WOLs are required to make any recommendations to address these needs through their chain of command to the Chief of Patrol. The WOLs with whom OIG spoke were unaware of this requirement.

⁸⁸ Chicago Police Department, “Employee Resource E06-03 Traumatic Incident Stress Management Program,” February 25, 2021, accessed October 15, 2021, <http://directives.chicagopolice.org/#directive/public/6306>.

C | CPD Has Provided Supervisors Little In-Service Officer Wellness Training, and Strategies for New Directive Rollouts Have Been Insufficient to Keep Supervisors Informed of Directive Changes

Historically, CPD supervisors did not receive in-service training related to their officer wellness responsibilities. Many supervisors attained their current rank many years ago, some up to 17 years ago, meaning that they had not had training on their responsibilities and roles regarding officer wellness for a long time. In late 2019, according to a CPD member within the Training and Support Group, the first in-service officer wellness training aimed at supervisors was provided to all supervisors jointly by the National Alliance on Mental Health (NAMI), the City's Commission on Human Relations, and PCD. NAMI's training presented a broad set of topics, including the intersection among leadership, officer wellness, and suicide prevention. However, many Sergeants could not recall attending this training when asked about in-service trainings they had received. Like other CPD members, supervisors have been offered elective trainings and were required to take certain mandatory mental health related trainings, but these trainings were focused on self-help and responding to incidents involving members of the public experiencing mental health crises. These trainings do not provide supervisor-specific information on how to identify and address mental health issues in fellow CPD members.

Further, when directives are updated or new directives are implemented, the systems in place to ensure that supervisors review and retain that information may be insufficient. Each month, supervisors are given a list of new and updated directives to review, and they are expected to acknowledge having done so. This strategy to communicate new and updated directives may be insufficient to give supervisors a thorough and up-to-date command of relevant policies. Many supervisors OIG interviewed were not aware of specific responsibilities they had under officer wellness-related directives. By not being fully aware of active directives, supervisors are less capable of fulfilling their responsibilities. In sum, two issues have led supervisors to believe that they were not adequately prepared for their role: (1) the infrequency of officer wellness related training as it deals with their responsibilities; and (2) how new Department policies are communicated.

| Recommendations

CPD should explore ways to deliver trainings to supervisors that will result in better information retention and updates to directives, especially those that create new supervisory responsibilities. Specifically:

10. CPD should provide in-service, refresher trainings related to officer wellness responsibilities for its supervisory personnel at an appropriate frequency.
11. CPD should ensure that its process for alerting supervisors of directive updates includes checks for understanding and accountability for supervisors who cannot demonstrate that they have read and understood directive changes which assign them critical new responsibilities.

12. CPD should identify and implement new strategies to ensure supervisors retain information learned from trainings and directives. IACP publishes guidance that may be useful to CPD on this point, recommending that trainings be reinforced through check-ins with superiors and performance reviews. In other words, the supervision of frontline supervisors by their commanding officers should include checks for understanding of supervisory responsibilities listed within policy.⁸⁹

To better ensure that officers who experience traumatic incidents are referred to the TISM Program, OIG recommends that:

13. CPD should identify and codify, in the TISM Program directive, pathways by which an officer can be referred to the TISM Program other than by the WOL.⁹⁰

| Management Response

10. CPD is currently meeting this recommendation and submits the following as evidence:
- The 2022 In-Service Supervisor Refresher Training focused extensively on supervisor's responsibilities surrounding officer wellness.
 - The 2023 In-Service Training for all sworn staff, including supervisors, will contain an 8-hour block of training on wellness.
 - Supervisors in Pilot Districts have been trained on the Officer Support System.
 - The Department published Employee Resource 06-03, Traumatic Incident Stress Management Program, and disseminated the new policy during the In-Service Supervisor Refresher Training; the Policy contains supervisory responsibilities regarding officer wellness
 - The TISM Program was also the subject to a mandatory eLearning for all department members, including supervisors, launched in May of 2022.
 - PCD conducts wellness training as part of its Pre-Service Training for all newly Promoted Supervisors

The above trainings all focus to one degree or another on employee wellness and supervisor responsibilities regarding the recognition, appropriate responses, and reporting of potential wellness issues impacting colleagues and members from lower ranks.

11. Currently, CPD sends directive updates via email and the AMC Communication dashboard, and it requires all members to review and acknowledge receipt of new or revised department policies.

Certain new or revised directives (e.g. TISMP and the Foot Pursuit directives) are accompanied by interactive eLearning modules that cover important points. These e-

⁸⁹ International Association of Chiefs of Police, "National Consortium on Preventing Law Enforcement Suicide," accessed March 17, 2021, https://www.theiacp.org/sites/default/files/2021-04/Toolkit_Combo_Final.pdf.

⁹⁰ For example, one possible pathway, recommended by IACP, would be to allow officers to self-report that an incident was traumatic to them in the incident reporting system. Another possible pathway would be to require WOLs to consult with PSMs on scene of incidents to determine who was affected negatively by the incident. International Association of Chiefs of Police, "National Consortium on Preventing Law Enforcement Suicide," accessed March 17, 2021, https://www.theiacp.org/sites/default/files/2021-04/Toolkit_Combo_Final.pdf.

learnings generally contain a test, in which members have two attempts to pass (70%), otherwise they are re-enrolled and must repeat the training until a passing score is achieved. For the TISMP e-learning launched in May of 2022, a pre-test and post-test were administered.

In addition, supervisors attend an annual Supervisor In-Service training where new and important policy and procedure updates are addressed

- 12. CPD Trainings, including those held in person or through e-learning, often include knowledge checks and/or testing components. For instance, the e-learning module for the Traumatic Incident Stress Management Program—which included a pre-test and post-test to assure comprehension of the material—was launched in May of 2022.*

Regarding the issue of ensuring retention of information from policies, the Department sends updates via email and the AMC Communication dashboard, and it requires all members to review and acknowledge receipt of new or revised department policies.

In addition, supervisors attend an annual Supervisor In-Service training where new and important policy and procedure updates are addressed.

Certain new or revised directives (e.g. TISMP and the Foot Pursuit directives) are accompanied by interactive eLearning modules that cover important points of the directives. The e-learnings generally contain a test, in which members have two attempts to pass (70%), otherwise they are re-enrolled and must repeat the training until a passing score is achieved. For the TISMP e-learning launched in May of 2022, a pre-test and post-test were administered.

- 13. PCD is committed to ensuring that members involved in traumatic incidents are appropriately supported. This recommendation is therefore duly noted and PCD and PSP will consult with the IMT regarding possible revision to the TISMP directive and related policies or procedures. It should be noted however that Department member(s) may (and do) request PCD services or report that another member is in need of PCD services. In fact, the TISMP directive (E06-03-V.B. 1 (Note)), requires any supervisor—not just the WOL—to facilitate involvement of the PCD when the supervisor believes a member needs PCD attention due to a traumatic incident.*

V | Conclusion

As CPD continues to invest in and reform its officer wellness support strategies, OIG encourages CPD to take every opportunity to prepare both supervisors and PSMs to meet their respective responsibilities. The roles of supervisors and PSMs are key to CPD's officer wellness strategies, and to ensuring that CPD members who need help are able to get it. Any missed opportunity to strengthen supervisors and PSMs as wellness resources increases the risk that CPD members will go without critical services. The wellness of CPD members is an urgent concern, and the imperative to meet the need is profound. Superintendent David Brown has said that officers "who are not well cannot do their job;"⁹¹ it is also true that officers who *are* well will be far better equipped to succeed in the demanding and high-stress work of policing.

⁹¹ Chicago Police Department, "Real Talk with Superintendent Brown: Strengthening Officer Wellness," YouTube Video, 18:23, March 21, 2021, accessed October 13, 2021, <https://www.youtube.com/watch?v=mF5ZEZYyf-s>.

Appendix A | Sworn Peer Support Members by Sex, Age, Race/Ethnicity, and Rank

These counts are based on a list of 195 total Peer Support Members provided to OIG in January 2022. These figures represent a point-in-time count and not a dynamic representation of the program's membership over time.

SEX			
	Sworn CPD Members	Sworn Peer Support Members	Sworn PSMs per 100 CPD Members
Female	2,795	85	3.0
Male	9,105	110	1.2
Total	11,900	195	1.6

AGE			
	Sworn CPD Members	Sworn Peer Support Members	Sworn PSMs per 100 CPD Members
20-24	192	1	0.5
25-29	1,332	1	0.1
30-34	1,531	9	0.6
35-39	1,650	20	1.2
40-44	2,063	35	1.7
45-49	1,897	49	2.6
50-54	2,284	44	1.9
55-59	797	32	4.0
60-69	154	4	2.6
Total	11,900	195	1.6

RACE OR ETHNICITY			
	Sworn CPD Members	Sworn Peer Support Members	Sworn PSMs per 100 CPD Members
Asian	405	2	0.5
Black or African American	2,404	55	2.3
Hispanic	3,472	43	1.2
Native American	29	3	10.3
Native Hawaiian or Other Pacific Islander	21	0	0
White	5,518	92	1.7
No Data	22	0	0.0
Two or More Races	29	0	0
Total	11,900	195	1.6

RANK			
	Sworn CPD Members	Sworn Peer Support Members	Sworn PSMs per 100 CPD Members
Superintendent	1	0	0
First Deputy Superintendent	1	0	0
Chief	4	0	0
Deputy Chief	17	1	5.9
Commander	42	2	4.8
Lieutenant or Captain	243	7	2.9
Sergeant*	1,185	34	2.9
PO as Detective*	1,092	19	1.7
Police Officer*	9,315	132	1.4
Total	11,900	195	1.6

*These categories may include some CPD members with other roles; the roles listed are the most common at each rank level.

Appendix B | CPD Response to Recommendations



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Management Response Form

Project Title: The Chicago Police Department's Peer and Supervisory Wellness Support Strategies Project Number: 18-0872

Department Name: Chicago Police Department

Commissioner/Department Head: Superintendent David O. Brown

Date: July 22, 2022

OIG Recommendation	Department's Response and Proposed Corrective Action	Implementation Timeframe	Party Responsible
1. CPD should clarify whether there are plans to fill all the of administrative positions enumerated in the PSP organizational chart.	CPD plans to fill all of the positions on the Peer Support Program (PSP) organizational chart, with the possible exception of the Assistant Team Leader Coordinator and Assistant Program Coordinator positions. Due to potential restructuring of the Professional Counseling Division (PCD) and the various wellness programs administered by it, these positions may not be necessary. CPD will continue to work with the Independent Monitoring Team (IMT) overseeing Consent Decree compliance to evaluate the best use of resources and personnel to ensure the overall wellness goals and obligations of the department are met.	6 months due to personnel transfer request procedures	PCD



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OIG Recommendation	Department's Response and Proposed Corrective Action	Implementation Timeframe	Party Responsible
2. PSP should assess its diversity and coverage across units, watches, and ranks to ensure it is meeting its goals.	<p>PSP regularly assesses diversity within the PSP's leadership and membership. PSP is also consistently trying to increase the number of Peer Support Members (PSM's) to ensure that members in need have qualified and committed PSM's readily available. As evidence of this, PSP enrolled 17 new PSM's in early October of this year.</p> <p>PSP recognizes the benefit of a diverse, representative cadre of qualified and dedicated CPD members. A majority of current PSP Team Leaders and PSM's are from historically underrepresented populations within law enforcement. As further evidence of CPD's commitment to diversity, successful efforts have been made to recruit both PSM's with a military background and members of the LGBTQ+ community/allies.</p> <p>PSP acknowledges the challenges to providing peer coverage—and ensuring the diversity of that peer coverage—on all watches in all districts or units.</p>	These are ongoing efforts that PSP is committed to.	PCD

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OIG Recommendation	Department's Response and Proposed Corrective Action	Implementation Timeframe	Party Responsible
	<p>One specific challenge is that promotions, bids, and transfers occur throughout the year based on Department needs, member requests, and the availability/necessity of positions in different areas. It is necessary to point out however that, although PSM's are not always present on every watch in every District, supervisors have the discretion to allow PSM's to travel during work hours to a different District or Unit if a request is made for their services. This helps supplement the deficit in a Peer per Watch and Peer per District/Unit goal when there are gaps.</p> <p>Regarding recruitment, PSP is also constantly exploring strategies to encourage members to join the PSP. These strategies include: providing targeted roll call presentations on the identified watches and in the identified districts/units where there are shortages; tasking PCD Clinicians assigned to districts experiencing shortages to identify and recruit members working in the respective district; continuing to send out quarterly AMC messages informing Department members of the PSP and how to contact the PSM for more information about applying.</p>		

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OIG Recommendation	Department's Response and Proposed Corrective Action	Implementation Timeframe	Party Responsible
<p>3. PSP should institutionalize regular refresher trainings on an annual or biannual basis, to reinforce its goals, values, and norms and ensure that PSMs are practicing and developing their skills.</p> <ul style="list-style-type: none"> As part of this effort, CPD might assess whether it is appropriate to have PSMs with academic and professional credentials or experience in mental health fields serve as resources for administrative staff to facilitate training sessions and build the capacity of fellow PSMs. 	<p>A Peer Support 8-Hour Refresher Training (Refresher Training) was developed based on feedback from PSM's and community partners such as NAMI. The Refresher Training was submitted to the Training Oversight Committee and the IMT. Based on these reviews, the Refresher Training was revised and then rolled out to Active and Retired Peers. The first class was held on 28 Feb 2022 and the most recent on 13 May 2022. PSP is planning to schedule the remaining eligible PSM's for the Refresher Training in the first half of 2023. As of October 1, 2022, 128 Active and Retired Peers have completed it.</p> <p>All current instructors of the Refresher Training have completed the 40 Hour Instructors Academy and are certified to teach CPD courses. The Professional Counseling Division (PCD), which oversees the PSP, has requested more PSM's with certifications/credentials to be assigned permanently to PCD in order for them to apply their expertise to PSP operations—including training and PSM development.</p>	Ongoing	PCD/PSP

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	In addition to the Refresher Training, meetings between Team Leaders and PSM's provide opportunities for the dissemination of information, peer support strategies, and PSP expectations.		
<p>4. PSP should add Illinois-specific information on confidentiality and privacy laws to the Peer Support Reference Manual and should cover this information in trainings.</p> <ul style="list-style-type: none"> Specifically, PSP should train on the relevance of the Illinois' First Responders Suicide Prevention Act (Public Act 101-0375, enacted 8/16/2019), Section 20, Confidentiality; exemptions, and how state law comports with CPD members' duties to report misconduct. 	<p>The Reference Manual is being updated and will specifically address Illinois' confidentiality and privacy laws involving Peer Support Programs. This update will require approval of the IMT because existing training materials will need to be modified.</p> <p>PSP has, in the meantime, discussed the confidentiality sections of 5 ILCS 840/20 with Team Leaders and is developing strategies to reinforce PSM's understanding of the scope of and exceptions to peer support confidentiality.</p>	6-month estimated turnaround through the approval chain	PSP

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5. PSP should develop a clear process for regularly updating the PSM roster and disseminating accurate lists of PSMs to all Districts and units.	The PSM roster is maintained via a Tableau Report located on the EAP page of the WIRE under the Peer Support Section. The Report is accessible to all Department members. PSM's are added by the Program Manager the Monday after the completion of the PSM 40-hour training. Once a Member is entered, the member stays on until retirement and/or removal from the PSM role. The dashboard also updates information related to PSM's, such as a change of district or watch. A list of current PSM's is also disseminated annually via a poster mailing to all Districts and Units during May for Police Memorial Month/Mental Health Month. PSP is exploring strategies for finding the appropriate balance and frequency of PSP communications to staff, including updates to the roster of PSM's.	Ongoing	PSP
6. PSP should adopt a single method of tracking PSM contacts with CPD members, should set clear expectations for PSMs as to what needs to be tracked and how to	Currently, PSM's are encouraged to complete Peer Support Member Tracking Forms after having a contact with a department member(s). The forms are not a requirement, as the department recognizes that PSM's have taken on a volunteer role and additional	Ongoing	PCD/PSP

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preserve confidentiality while tracking contacts, and should create accountability mechanisms for PSMs who do not properly track contacts. Further, PSP should use this data in a manner that conforms with best practices by analyzing broad trends within the Department to better target resources.	responsibilities above and beyond their regular job duties. PSP understands that occasionally it may be burdensome for PSM's to complete a form, so it currently allows other reporting methods of contacts and activities. To provide context however, data and information collected from PSM's indicate that, between Jan. 1st and Sept. 30 th of 2022, PSM's have had over 14,000 reported contacts with Department members. The Department acknowledges that currently there is no automated/ electronic system to track all peer contacts. PCD is currently in the trial phase of implementing iCarol, and is working diligently to develop IT solutions to meet the Professional Counseling's Division's needs, which includes appropriate data tracking systems. Regarding accountability mechanisms for failure to report, the PSP would have to proceed cautiously, as PSM's volunteer their time off-duty and are not equipped presently with an efficient method or means to document all of their contacts. Keeping a volunteer cadre motivated, feeling appreciated, and responsive makes it difficult or impractical to impose		

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	consequences for non-compliance with all reporting expectations at this time. At the same time, PSP understands that consistent reporting methods allow for better, more efficient data tracking and trend identification processes. PSP will continue to work to address reporting issues.		
7. PSP should institute more opportunities for bidirectional feedback between PSMs and PSP and Professional Counseling Division administrators, both by creating venues for PSMs to receive feedback on their work, and by creating opportunities for PSMs to give feedback on how PSP functions and how it can be improved.	CPD is committed to providing more opportunities for dialogue between PSM's and PCD and/or PSP leadership. For instance, on October 12, 2022, a "debriefing" between PSM's and a PCD Assistant Director was held in the EAP building to provide bidirectional feedback. An AMC message notifying PSM's of the debriefing was sent twice in the weeks ahead of the meeting. In addition, the PSP is looking to host official meetings between Team Leaders and PSM's in the Winter of 2022/23 and/or Spring 2023 to allow for feedback and discussion regarding current concerns, the effectiveness of the program, and ideas for improvement.	6 months	PSP/PCD
8. PSP should create more venues for PSMs to build relationships with one another across Districts and units, to strengthen the network of PSMs	The PSP agrees with this recommendation and is taking steps to continue strengthening relationships and communication between and among PSM's. For instance, the networking and sharing of ideas and	Ongoing	PSP/PCD

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across the Department for the purpose of skill-sharing and capacity building.	skills among PSM's was evident during the debriefing session referenced above, as well as during the Refresher Trainings and the Awards and Recognition meeting held on 24 Feb 2022. The PSP models the networking and communication system already familiar and in place in the CPD. Namely, PSP uses a structured team model --similar to a Tactical Team--in which a Team Leader is responsible for communicating with PSM's from designated watches and districts. Team Leaders communicate with their PSM's and then report to the PSP any identified needs, important updates or activity, and recommendations for improvement.		
9. PSP should assess whether the program and trainings are effectively incorporating cultural competency to ensure that PSMs provide services effectively in cross-cultural situations.	Cross cultural training is incorporated into training for every Department member, including PSM's, and is ongoing via the Streaming Video Learning platform. It is also mandated by the Department that all sworn members complete in-service training covering the topic of cultural competency every 3 years. In addition, the Peer Support Training Manual produced to the IMT by Crisis Associates includes specific language related to "cross cultural issues"	Ongoing	PSP

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	<p>and emphasizes the reality that cultural/social origins can be factors in an individual's experience of crisis.</p> <p>Finally, the 8-hour PSM Refresher Course includes training related to members interacting with individuals with disabilities, military experience, and retirees. As evidence of bi-directional feedback, these topics were included in the Refresher Training as a result of PSM's identifying the need to provide enhanced training for peer support of these populations.</p> <p>That said, the OIG's recommendation is duly noted, and PSP will continue to assess the need for additional training regarding cultural competency and guiding PSM's on how to effectively assist department members of different or diverse backgrounds.</p>		
10. CPD should provide in-service, refresher trainings related to officer wellness responsibilities for its supervisory personnel at an appropriate frequency.	<p>CPD is currently meeting this recommendation and submits the following as evidence:</p> <ul style="list-style-type: none"> The 2022 In-Service Supervisor Refresher Training focused extensively on supervisor's responsibilities surrounding officer wellness. 	Ongoing	PCD / Training and Support Group

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	<ul style="list-style-type: none"> The 2023 In-Service Training for all sworn staff, including supervisors, will contain an 8-hour block of training on wellness. Supervisors in Pilot Districts have been trained on the Officer Support System. The Department published Employee Resource 06-03, <i>Traumatic Incident Stress Management Program</i>, and disseminated the new policy during the In-Service Supervisor Refresher Training; the Policy contains supervisory responsibilities regarding officer wellness. The TISM Program was also the subject to a mandatory eLearning for all department members, including supervisors, launched in May of 2022. PCD conducts wellness training as part of its Pre-Service Training for all newly Promoted Supervisors. <p>The above trainings all focus to one degree or another on employee wellness and supervisor responsibilities regarding the recognition, appropriate responses, and reporting of potential wellness issues impacting colleagues and members from lower ranks.</p>		

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11. CPD should ensure that its process for alerting supervisors of directive updates includes checks for understanding and accountability for supervisors who cannot demonstrate that they have read and understood directive changes which assign them critical new responsibilities.	Currently, CPD sends directive updates via email and the AMC Communication dashboard, and it requires all members to review and acknowledge receipt of new or revised department policies. Certain new or revised directives (e.g. TISMP and the Foot Pursuit directives) are accompanied by interactive eLearning modules that cover important points. These eLearnings generally contain a test, in which members have two attempts to pass (70%), otherwise they are re-enrolled and must repeat the training until a passing score is achieved. For the TISMP e-learning launched in May of 2022, a pre-test and post-test were administered. In addition, supervisors attend an annual Supervisor In-Service training where new and important policy and procedure updates are addressed.	Ongoing	R&D / TSG
12. CPD should identify and implement new strategies to ensure supervisors retain information learned from trainings and directives. IACP publishes guidance that may be useful to CPD on this	CPD Trainings, including those held in person or through e-learning, often include knowledge checks and/or testing components. For instance, the e-learning module for the Traumatic Incident Stress Management Program—which included a pre-test and	Ongoing	R&D / TSG

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point, recommending that trainings be reinforced through check-ins with superiors and performance reviews. In other words, the supervision of frontline supervisors by their commanding officers should include checks for understanding of supervisory responsibilities listed within policy. ¹	post-test to assure comprehension of the material—was launched in May of 2022. Regarding the issue of ensuring retention of information from policies, the Department sends updates via email and the AMC Communication dashboard, and it requires all members to review and acknowledge receipt of new or revised department policies. In addition, supervisors attend an annual Supervisor In-Service training where new and important policy and procedure updates are addressed. Certain new or revised directives (e.g. TISMP and the Foot Pursuit directives) are accompanied by interactive eLearning modules that cover important points of the directives. The eLearnings generally contain a test, in which members have two attempts to pass (70%), otherwise they are re-enrolled and must repeat the training until a passing score is		

¹ International Association of Chiefs of Police, "National Consortium on Preventing Law Enforcement Suicide," accessed March 17, 2021, https://www.theiacp.org/sites/default/files/2021-04/Toolkit_Combos_Final.pdf.

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	achieved. For the TISMP e-learning launched in May of 2022, a pre-test and post-test were administered.		
13. CPD should identify and codify, in the TISM Program directive, pathways by which an officer can be referred to the TISM Program other than by the WOL. ²	PCD is committed to ensuring that members involved in traumatic incidents are appropriately supported. This recommendation is therefore duly noted and PCD and PSP will consult with the IMT regarding possible revision to the TISM directive and related policies or procedures. It should be noted however that Department member(s) may (and do) request PCD services or report that another member is in need of PCD services. In fact, the TISM directive (E06-03-V.B.1 (Note)), requires any supervisor—not just the WOL—to facilitate involvement of the PCD when the supervisor believes a member needs PCD attention due to a traumatic incident.	6 months	PCD

² For example, one possible pathway, recommended by IACP, would be to allow officers to self-report that an incident was traumatic to them in the incident reporting system. Another possible pathway would be to require WOLs to consult with PSMs on scene of incidents to determine who was affected negatively by the incident. International Association of Chiefs of Police, "National Consortium on Preventing Law Enforcement Suicide," accessed March 17, 2021, https://www.theiacp.org/sites/default/files/2021-04/Toolkit_Combo_Final.pdf.



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