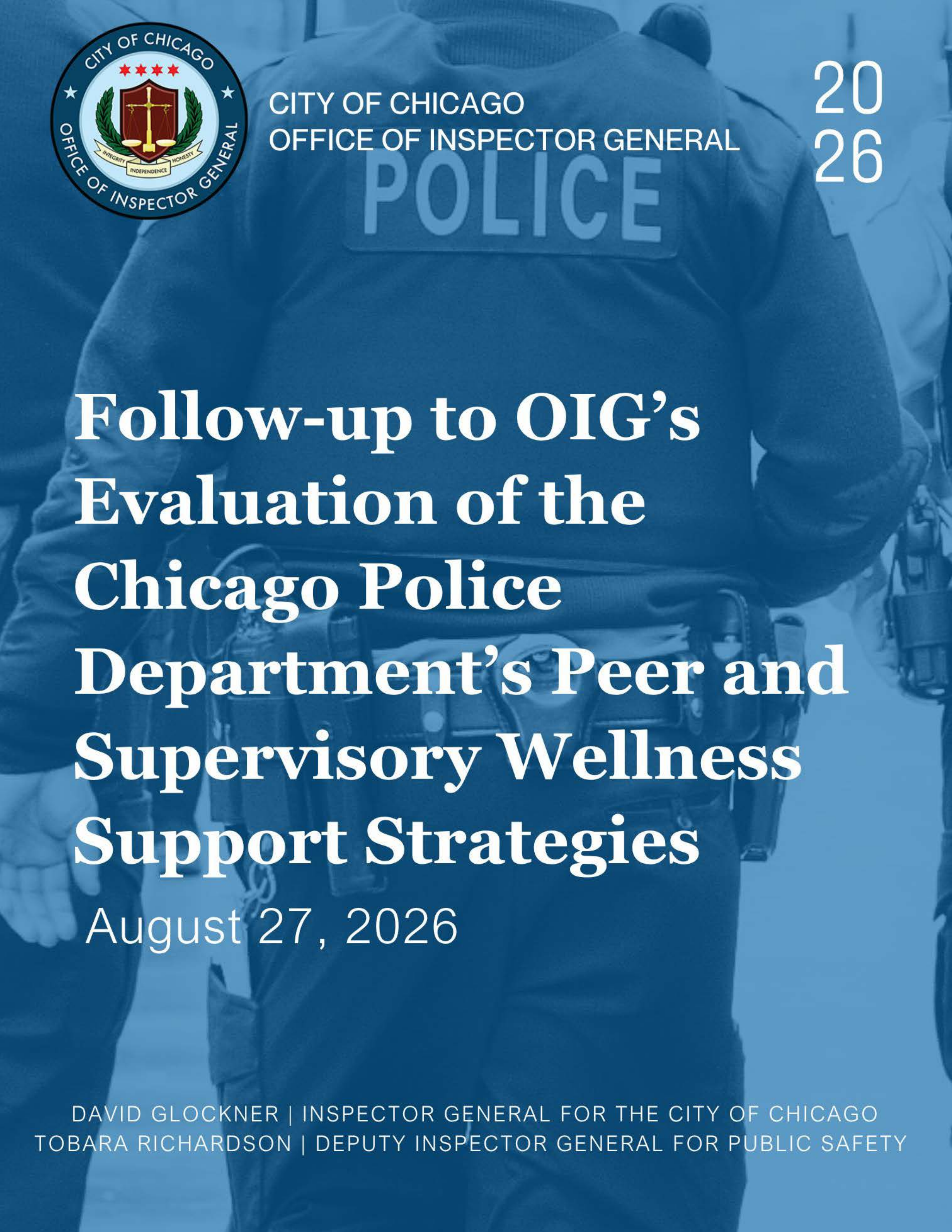

CITY OF CHICAGO
OFFICE OF INSPECTOR GENERAL

2026

# Follow-up to OIG's Evaluation of the Chicago Police Department's Peer and Supervisory Wellness Support Strategies

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# Acronyms

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| AMC | Administrative Messaging Center |
| CIT | Crisis Intervention Team |
| CPD | Chicago Police Department |
| EAP | Employee Assistance Program |
| IACP | International Association of Chiefs of Police |
| LEMART | Law Enforcement Medical and Rescue Training |
| LGBTQ+ | Lesbian, Gay, Bisexual, Trans, Queer, + |
| IMT | Independent Monitoring Team |
| NAMI | National Alliance on Mental Illness |
| PCD | Professional Counseling Division |
| PSP | Peer Support Program |
| PSM | Peer Support Member |
| OIG | City of Chicago Office of Inspector General |
| OAG | Office of the Illinois Attorney General |
| TISMP | Traumatic Incident Stress Management Program |
| WOL | Watch Operations Lieutenant |

# I | Introduction

The Public Safety section of the City of Chicago Office of Inspector General (OIG) has completed a follow-up to its November 2022 evaluation of the Chicago Police Department's (CPD) Peer and Supervisory Wellness Support Strategies. Based on CPD's response, OIG concludes that CPD has fully implemented ten and substantially implemented three of the corrective actions related to the evaluation findings.

Most of CPD's 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 the Peer Support Program (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.

OIG opted to review two of CPD's officer wellness support strategies because the full universe of officer wellness strategies would be 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.

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 is that members of a police department often are more willing to seek support from fellow members who may better understand and relate to their issues than mental health professionals. In CPD's PSP, Peer Support Members (PSMs) are volunteer CPD members whose support includes speaking to members about their problems and providing referrals to PCD counselors or programs when an issue requires a higher level of care.

Additionally, CPD leadership reported to OIG that supervisory ranks, including Sergeants and Lieutenants, have a responsibility to identify officers who may be struggling with their mental health. Sergeants have the greatest responsibility due to their daily proximity to and contact with CPD members while Lieutenants have specific duties outlined in multiple Departmental directives.

OIG's 2022 report evaluated: (1) whether CPD's Peer Support Program 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's evaluation discovered that several operational limitations, including deficiencies in recruitment and staffing, training, documentation and record-keeping, internal communications, and cultural competency, prevented PSP from better meeting officer wellness needs. The evaluation further found that CPD did not adequately prepare its supervisors to identify members in need of wellness services and ensure that supervisors remain up to date on supervisory responsibilities relating to officer wellness.

Based on the results of the evaluation, OIG made 13 recommendations to CPD; 9 of which related to PSP and the remaining 4 of which related to supervisory wellness support responsibilities. In response to OIG's follow-up inquiry, OIG found that CPD has fully implemented ten and substantially implemented three corrective actions. Figure 1 shows the status of corrective actions by CPD for each recommendation.

Figure 1: Summary of Recommendations & Status of Corrective Actions

| OIG Recommendation | Status of Corrective Actions |
|---|---|
| 1. Clarify whether there are plans to fill all administrative positions listed in the PSP organizational chart | Fully Implemented |
| 2. Assess PSP coverage and diversity across units, watches, and ranks | Fully Implemented |
| 3. Institutionalize regular trainings for PSMs to build skills and reinforce program goals | Fully Implemented |
| 4. Add Illinois-specific information on confidentiality and privacy laws to PSP manual and trainings | Fully Implemented |
| 5. Develop process to ensure PSP roster is regularly updated and disseminated across Department | Fully Implemented |
| 6. Implement system to clearly track PSM contacts with Department members while preserving confidentiality | Substantially Implemented |
| 7. Institute more opportunities for bidirectional feedback between PSMs and PSP/PCD administrators | Fully Implemented |
| 8. Create more venues for PSMs across the Department to build relationship with one another | Fully Implemented |
| 9. Assess whether PSP and its trainings incorporate cultural competency to ensure PSMs provide services effectively in cross-cultural situations | Substantially Implemented |
| 10. Provide regular trainings to supervisory staff on their responsibilities related to officer wellness | Fully Implemented |
| 11. Ensure supervisors are aware of updates to directives which assign them critical responsibilities related to their officer wellness responsibilities using checks for understanding and accountability measures | Fully Implemented |
| 12. Identify and implement new strategies to ensure supervisors retain information learned from trainings and directives pertaining to officer wellness responsibilities | Fully Implemented |
| 13. Update the Traumatic Incident Stress Management Program (TISMP) directive to establish pathways by which an officer can be referred to TISMP other than by the Watch Operations Lieutenant (WOL) | Substantially Implemented |

OIG urges the Department to fully implement all the recommended corrective actions to further provide members with a well-equipped Peer Support Program and ensure supervisors can carry out their wellness-related duties. OIG thanks the staff and leadership of CPD for their cooperation during the evaluation and responsiveness to OIG's follow-up inquiries.

# II | Follow-Up Results

OIG followed up on recommendations made in its 2022 evaluation of CPD's Peer and Supervisory Wellness Support Strategies.[1] CPD responded by describing the corrective actions it has taken and providing supporting documentation. Below are summaries of OIG's two findings, the associated recommendations, and the current status of CPD's corrective actions. This follow-up inquiry did not involve significant observation or testing of the implementation of the new procedures. Thus, OIG makes no determination as to the effectiveness of these new procedures, which would require a new evaluation with full testing.

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

### OIG Recommendation 1 |

OIG recommended that CPD clarify whether it plans to fill all the administrative positions enumerated in the PSP organizational chart.

### State of Corrective Action 1 | Fully Implemented

In its original response to OIG's recommendation, CPD stated that it planned to fill all the positions on the PSP organizational chart, with the exception of the Assistant Team Leader Coordinator and Assistant Program Coordinator positions. CPD stated that potential restructuring of the Professional Counseling Division (PCD) may render these positions unnecessary, and that it would continue to work with the Independent Monitoring Team (IMT) overseeing the Consent Decree to ensure the Department's overall wellness goals and obligations are met.

In CPD's follow-up response, the Department reported that the PCD Employee Assistance Program (EAP) "has been actively collaborating with the IMT," to meet the Department's wellness goals and obligations, including "discussions about the alignment of staff and resources."[2] As a result of those discussions, CPD determined that the Assistant Team Leader Coordinator and Assistant Program Coordinator positions were no longer necessary. CPD provided OIG with an updated organizational chart excluding those positions, reported it had filled all administrative positions enumerated in the updated chart, and provided their names. Positions on the updated organizational chart include Peer Support Program Manager, Peer Support Program Coordinator, Peer Support Team Leader Program Coordinator, and 14 Team Leaders. Therefore, OIG finds this recommendation to be fully implemented.

### OIG Recommendation 2 |

OIG recommended that PSP assess its diversity and coverage across units, watches, and ranks to ensure it meets its goals.

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[1] City of Chicago Office of Inspector General "The Chicago Police Department's Peer and Supervisory Wellness Support Strategies," November 2, 2022, igchicago.org/wp-content/uploads/2023/08/The-Chicago-Police-Departments-Peer-and-Supervisory-Wellness-Support-Strategies.pdf.

[2] The Employee Assistance Program is a free, confidential counseling service provided to all Chicago Police Department members, retirees and their families.

## State of Corrective Action 2 | Fully Implemented

In its original response to OIG's recommendation, CPD stated that "PSP regularly assesses the diversity within the PSP's leadership and membership," and it "recognizes the benefit of a diverse, representative cadre of qualified and dedicated CPD members." CPD acknowledged challenges to providing diverse peer coverage on all watches in all Districts and units due to members moving to different areas of the Department. To address this deficit, CPD stated that supervisors can allow PSMs to travel to different Districts or units to respond to requests for their services.

CPD also stated in its original response that PSP "is constantly exploring strategies to encourage members to join the PSP." CPD stated that 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 districts; continuing to send out quarterly AMC [Administrative Message Center] messages informing Department members of the PSP and how to contact the PSM for more information about applying." CPD stated that these efforts had resulted in PSP enrolling 17 new PSMs at the time of response.

In its follow-up response, CPD stated that the PSP typically assesses diversity within its leadership and membership three times per year after a new peer support class is scheduled. CPD stated that this diversity assessment consists of reviewing a Microsoft Tableau report which contains demographic information, including race and gender, on all PSMs. CPD reported that PSMs have the option to disclose military service and/or LGBTQ+ identities. These identities and information on whether they speak any languages other than English are displayed in the Tableau report, allowing members to request a PSM who speaks a specific language or holds a specific identity. In its response, CPD provided OIG with a copy of the Tableau report.

CPD also indicated in its follow-up response that, to increase PSM applications and diversity, PSMs encourage attendees at various mental health-related meetings and trainings, including Stress Management Classes, Crisis Intervention Team (CIT) trainings, and District and unit roll calls, to become PSMs. CPD also included copies of AMC messages that are sent out to all Department members on how to become a PSM. OIG finds this recommendation to be fully implemented.

## OIG Recommendation 3 |

OIG recommended that PSP institutionalize annual or biannual refresher trainings 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.

## State of Corrective Action 3 | Fully Implemented

In its original response to OIG's recommendation, CPD reported that a "Peer Support 8-Hour Refresher Training (Refresher Training) was developed based on feedback from PSMs and community partners such as NAMI [National Alliance on Mental Illness]," and had been submitted to the IMT. CPD stated that after the refresher training was revised based on the IMT's feedback, training commenced for active and retired PSMs. In addition to the refresher training, CPD stated there were additional opportunities to disseminate information, share peer support strategies, and reinforce PSP expectations through meetings between PSMs and Team Leaders. CPD also noted that the PCD requested more PSMs with certifications or credentials related to peer support be permanently assigned to PCD and assist with training and PSM development.

In its follow-up response, CPD stated that it held PSM refresher trainings each year from 2022 through 2025, noting that the 2026 training would be scheduled as soon as it is approved by the IMT and the Office of the Illinois Attorney General (OAG). CPD provided OIG with copies of attendance sheets and lessons plans for each of these trainings. CPD further reported that, since 2023, it uses the Department-wide electronic Learning Management System to schedule the refresher trainings, which helps to ensure that all PSMs attend and notifies supervisors when PSMs need time to attend any PSP trainings. CPD also detailed ongoing opportunities for PSMs to enhance their skills such as the FBI's Crisis Negotiation Team's Cadre on Active Listening Skills.

Additionally, CPD reported that three members of PSP leadership hold certifications and/or credentials relevant to the development and training of the program – the Peer Support Program Manager holds a Doctor of Clinical Psychology, the Peer Support Program Coordinator holds a Master of Clinical Mental Health Counseling, and the Peer Support Team Lead Program Coordinator holds a Master of Public Policy.

Because CPD has held PSM refresher trainings every year since 2022, has a mechanism to track attendance, and has PSP leadership members who hold relevant certifications and credentials, OIG finds this recommendation to be fully implemented.

## OIG Recommendation 4 |

OIG recommended that PSP 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.

## State of Corrective Action 4 | Fully Implemented

In its original response to OIG's recommendation, CPD stated that the PSP Reference Manual was being updated to address Illinois' confidentiality and privacy laws related to the program. CPD reported that, while it waited for IMT approval on the updated Reference Manual, PSP "discussed the confidentiality sections of the First Responder Suicide Prevention Act with Team Leaders and is developing strategies to reinforce PSM's understanding of the scope and expectations to peer support confidentiality."

In its follow-up response to OIG, CPD provided an updated PSP Reference Manual, which includes a section on confidentiality and privacy, specifically exceptions to confidentiality, such as harm to oneself or others, and PSMs' duty to warn a third party in the event of "clear and present danger." The manual cites 740 ILCS 110/11, stating, "Communications may be disclosed when disclosure is necessary to warn or protect a specific individual against whom a recipient has made a specific threat of violence where there exists a therapist-recipient relationship." The manual also includes a section on Illinois-specific peer support laws, citing the First Responders Suicide Prevention Act. OIG finds this recommendation to be fully implemented.

## OIG Recommendation 5 |

OIG recommended PSP develop a clear process for regularly updating the PSM roster and disseminating accurate lists of PSMs to all Districts and units.

## State of Corrective Action 5 | Fully Implemented

In its original response to OIG's recommendation, CPD stated that PSMs were added to the roster the Monday after they completed the 40-hour PSM training and remain on the roster until retirement and/or removal from the PSM role. CPD reported that the roster of PSMs and their assigned watch or District, which is accessible to all members, is maintained on a Tableau report located on CPD's intranet. This dashboard was fairly new at the time of OIG's original report. CPD further stated that a list of current PSMs was and will annually be disseminated to all Districts and units in May for Police Memorial Month/Mental Health Awareness Month.

In its follow-up response, CPD reported that the PSM roster is updated after the conclusion of the 40-hour peer support training class, which occurs three times per year. CPD stated it continues to send members a list of current PSMs every May and provided OIG with AMC messages sent to members in May 2022 and May 2023. CPD reported that communications about PSP are included in the majority of wellness trainings. Moreover, messages from the Superintendent about PSP are sent to CPD members after incidents such as the death of a member.

In the original report, OIG found that "the current size of PSP was inconsistently represented in CPD documents." In its response to OIG's follow-up inquiry, CPD acknowledged the previous inconsistencies and noted that the correct number of PSMs is reflected in the Tableau report. Because CPD regularly updates its list of PSMs and makes it available to all members via the Tableau dashboard, OIG finds this recommendation to be fully implemented.

## OIG Recommendation 6 |

OIG recommended PSP 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.

## State of Corrective Action 6 | Substantially Implemented

In its original response to OIG's recommendation, CPD stated that PSMs were encouraged, but not required, to fill out Peer Support Member Tracking Forms after a contact with a CPD member. CPD recognized that PSM is a volunteer role and having to complete a form for every contact may be burdensome. For this reason, CPD stated PSMs are allowed to use other reporting methods. CPD acknowledged it did not have an automated or electronic system for tracking PSM contacts and shared that PCD was in the process of implementing an application called iCarol to address the Division's data tracking needs.

CPD stated that "PSP would have to proceed cautiously" with implementing accountability mechanisms for PSMs who do not report contacts, citing the voluntary nature of the position. CPD stated that "[k]eeping 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," but acknowledged that "consistent reporting methods allow for better, more efficient data tracking and trend identification processes."

In its follow-up response, CPD stated it did not implement the iCarol application and instead developed software with an outside vendor to track PSM contacts. CPD reported that PSP has been using this new system since 2025, and that it allows PSMs to enter the number of contacts, interventions, and referrals made; the type of referrals made; whether the contact was with a sworn member, civilian member, or family member of a CPD member; and whether there were additional PSMs present at the time of contact. CPD noted that the electronic system can be accessed from any internet-enabled device, which "eliminate[s] barriers" to reporting that existed when the paper form was in use. The system does not ask for detailed information about the issues that were discussed between the PSM and their contact, to alleviate members' concerns about confidentiality.

CPD further reported that "PSP regularly reminds its members to enter information into [the system] through team meetings, team leader meetings, and email trainings. The [PSP] [r]efresher trainings also reinforce use of the electronic form for contact tracking."

When asked if the Department had implemented any strategies to recognize trends in the mental health needs of members, CPD responded that PCD reviews PSM contact data and provides month-to-month and quarterly analyses to CPD leadership, the IMT, and the OAG. Additionally, CPD stated that the PCD Director oversees PSP debrief meetings, allowing them to identify trends and targeted resources for members' wellbeing. CPD stated that its approach "aligns with best practices" to "meet the needs of the department while remaining compliant with confidentiality guidelines."

CPD has improved its ability to track PSM contacts by implementing an easily accessible electronic tracking system but has not implemented accountability mechanisms for recording contacts. OIG recognizes CPD's hesitancy to implement such a mechanism but maintains that complete and accurate information on PSM interactions with members is essential to ensuring CPD is responsive to trends in members' mental health issues. As such, OIG finds this recommendation substantially implemented.

## OIG Recommendation 7 |

OIG recommended PSP 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.

## State of Corrective Action 7 | Fully Implemented

In its original response to OIG's recommendation, CPD stated that it "is committed to providing more opportunities for dialogue between PSMs and PCD and/or PSP leadership." CPD provided the example of a debriefing between PSMs and a PCD Assistant Director where bidirectional feedback was presented. CPD also reported PSP planned to "host official meetings between Team Leaders and PSMs 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."

In its follow-up response, CPD reiterated that PSM debriefings, Team Leader Meetings, and annual All Peer Support Meetings allow for communication between PSMs, PSP leadership, and PCD leadership. CPD provided OIG with AMC messages notifying PSMs of the debriefings, and attendance sheets and agendas for All Peer Support Meetings and Team Leader Meetings. As outlined in the Department's initial response, CPD confirmed official meetings between Team Leaders and their PSM teams occurred in 2023 and 2024, and stated PSP was scheduling team meetings for 2025. Because CPD has institutionalized these meetings and is providing opportunities for regular bidirectional feedback between Team Leaders and PSMs, OIG finds this recommendation fully implemented.

## OIG Recommendation 8 |

OIG recommended that PSP 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.

## State of Corrective Action 8 | Fully Implemented

In its original response, CPD agreed with OIG's recommendation, stating that it would take steps to strengthen relationships and communication among PSMs, and referenced PSM debriefings as evidence of the benefit of PSM information sharing. CPD explained that the PSP communication system is similar to communications systems already in place in the Department in which Peer Support Team Leaders act as liaisons for PSMs, communicating their needs, updates, and recommendations to PSP management.

In its follow-up response, CPD identified multiple actions responsive to this recommendation. CPD stated that PSMs and Team Leaders communicate across Districts and units "on a regular basis via group chats and/or texts," and in-person through Peer Support Team Meetings, Peer Support Member Debriefings, the Annual 8-Hour Refresher Training, and other PSM trainings throughout the year. CPD provided OIG with copies of attendance sheets and agendas for these meetings. OIG finds this recommendation fully implemented.

## OIG Recommendation 9 |

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

## State of Corrective Action 9 | Substantially Implemented

In its original response to OIG's recommendation, CPD reported that "[c]ross cultural training is incorporated into training for every Department member, including PSM's," through CPD's streaming video learning platform; an In-Service training on cultural competency every three years; a section in the 8-Hour PSM Refresher Course on "interacting with individuals with disabilities, military experience, and retirees"; and language in the Peer Support Training Manual related to cross-cultural issues and the impact an individual's cultural origins can have on their experience of a crisis. CPD stated that OIG's recommendation was "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."

In its follow-up response, CPD stated:

> PSP has conducted extensive research to identify trainings that fully address culturally competent services. The annual Peer Support [r]efresher trainings incorporate materials from established organizations to instruct on the provision of culturally competent services and cross cultural identities. Organizations that PSP uses resource materials from include the US Department of Justice's Office of Community Oriented Policing Services' "Power in Peers" training, the International Association of Chiefs of Police's Peer Support Guidelines, the National Consortium of Preventing Law Enforcement Suicide, and Lexipol.

CPD response indicates it assesses whether PSP training is meeting best practices and then works to incorporate those best practices into PSM trainings. However, none of CPD's responsive materials address the recommended assessment of whether PSMs are prepared for cross-cultural situations in which they are interacting with members from a different background than themselves. OIG therefore finds this recommendation substantially implemented.

## | 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.

### OIG Recommendation 10 |

OIG recommended CPD provide in-service, refresher trainings related to officer wellness responsibilities for its supervisory personnel at an appropriate frequency.

### State of Corrective Action 10 | Fully Implemented

In its original response to OIG's recommendation, CPD stated that it met the recommendation and offered "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 [Traumatic Incident Stress Management 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."

In its follow-up response, CPD stated that "wellness is integrated" in several trainings, even if the training is not specifically related to wellness. CPD provided OIG with descriptions, training records, and training materials on its 2024 Wellness-Law Enforcement Medical and Rescue Training (LEMART), 2025 Crisis Intervention-Wellness trainings, TISMP eLearning, and 2024 and 2025 In-Service Supervisor Refresher trainings.

CPD further reported that the Wellness-LEMART course included wellness techniques such as breath work and mindfulness, and that the 2025 Crisis Intervention-Wellness course will teach members "the importance of respecting their own well-being first so that they can then more effectively interact with other persons in crisis." CPD stated that "[t]he goal of the course is to enhance the psychological resilience and emotional well-being of participants by providing them with the knowledge, skills, and strategies to recognize, understand, and manage the effects of moral injury and emotional contagion," and improve the Department's work environment, members' job performance, and community interactions. CPD reported that the course will also provide members with training on crisis intervention principles, which members can employ "both professionally and personally."

CPD stated that the TISMP eLearning was updated and released to all members in October 2024, and that the eLearning was also discussed in the Crisis Intervention-Wellness course. CPD's TISMP training slides and Crisis Intervention training lesson plan inform both supervisors and Watch Operations Lieutenants (WOLs) of their duties related to traumatic incidents.

CPD described the 2024 In-Service Supervisor Refresher training, including that it contained "definitions of health and wellness, the impacts of trauma and stress, and practical strategies such as proper sleep, nutrition, hydration, and adaptive coping mechanisms to maintain and recover capacity." CPD reported that the training also reminded supervisors of their duty to refer members in need to the TISMP, EAP, and/or PSP as appropriate. The training further taught supervisors to proactively "mitigate the risks of fatigue, stress, and maladaptive behaviors like substance abuse" and to provide their supervisees with personalized support.

CPD stated that the 2025 In-Service Supervisor Refresher training "emphasizes cultivating a wellness-centered mindset in supervisors by integrating emotional intelligence, empathy, and self-care as core components of effective leadership under stress." Further, CPD reported that the training teaches supervisors "to lead with compassion, clarity, and a holistic focus on health and resilience," to improve not only their wellbeing, but also the wellbeing of every member of their team.

As CPD regularly trains and refreshes supervisors on their responsibilities pertaining to officer wellness, OIG finds this recommendation fully implemented.

## OIG Recommendation 11 |

OIG recommended that CPD 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 that assign them critical new responsibilities.

## State of Corrective Action 11 | Fully Implemented

In its original response to OIG's recommendation, CPD stated it "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." CPD stated that certain new and revised directives, including the TISMP directive, have eLearning modules with tests in which members have two attempts to earn a passing score of 70%. CPD reported that supervisors are required to attend annual In-Service Supervisor trainings which address new and important policy and procedure updates.

In its follow-up response, CPD reported that beyond acknowledging receipt of new or revised policies and completing eLearnings, supervisors are made aware of their responsibilities related to wellness support through streaming videos, targeted roll call topics, and web-based professional development and wellness resources. CPD stated that Districts and units keep a record of members completing these actions.

Further, CPD stated that supervisors' understanding of updated directives is verified through quizzes and assessments in eLearnings, as well as through discussions and targeted questions during In-Service Supervisor training. CPD reported that it utilizes scenario-based workshops, discussions, debriefings, evaluation forms, and policy reviews "to identify areas where supervisors may need a refresher or more in-depth training," to ensure trainings are responsive to supervisors' needs.

Because CPD reported a variety of ways it reminds supervisors of their specific wellness support responsibilities and understandings are verified through quizzes and assessments, OIG finds this recommendation fully implemented.

## OIG Recommendation 12 |

OIG recommended CPD 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.

## State of Corrective Action 12 | Fully Implemented

In its original response to OIG's recommendation, CPD reported that its trainings "often include knowledge checks and/or testing components." CPD stated that the TISMP eLearning, which was launched in May 2022, included both a pre-test and post-test. CPD reiterated that supervisors receive updates on new and revised policies at the annual In-Service Supervisor training and members are required to review and acknowledge receipt of any new or revised policies.

In its follow-up response, CPD stated that it is "committed to ensuring that supervisors not only receive the necessary training but also retain and apply the information effectively." CPD reported that it has demonstrated this commitment by building on previous approaches to create a "multi-layered approach that addresses this recommendation." CPD maintained that it ensures supervisors retain information through "interactive eLearning modules with pre- and post-tests," mandatory policy acknowledgements, and policy update reviews, discussions, and scenario-based workshops in Supervisor In-Service trainings. CPD reported that performance reviews by commanding officers "reinforce supervisors' understanding of their responsibilities and ensure continuous retention of essential information."

OIG asked CPD for details on the pre- and post-tests administered during the TISMP eLearning. CPD stated that the pre-test assesses members' understanding of the topics covered in the eLearning, while the post-test assesses the new knowledge the members' attained by completing the training. The Department reported the average score for the 2022 TISM Program eLearning pre-test and post-test were 63.56% and 83.95%, respectively. For the 2024 TISM Program eLearning, CPD stated that members received an average score of 59.37% for the pre-test and an average score of 86.08% for the post-test.

This recommendation is fully implemented because CPD has demonstrated implementation of strategies to ensure supervisors retain information learned and includes checks for understanding of supervisory responsibilities listed within policy.

## OIG Recommendation 13 |

OIG recommended CPD identify and codify, in the TISMP directive, pathways by which an officer can be referred to TISMP other than by the WOL.

## State of Corrective Action 13 | Substantially Implemented

In its original response to OIG's recommendation, CPD stated that "PCD is committed to ensuring that members involved in traumatic incidents are appropriately supported," and that it planned to consult with the IMT to possibly revise the TISMP directive and related policies and procedures to be responsive to this recommendation. CPD stated that the TISMP directive, "Employee Resource E06-03: Traumatic Incident Stress Management Program," requires any supervisor to involve PCD when the supervisor believes a member needs PCD services due to a traumatic incident. CPD also reported that even without the process being codified in policy, non-supervisory Department members still request PCD services for themselves and recommend PCD services for other members.

In its follow-up response, CPD reported that it revised the TISMP directive on June 27, 2024, to outline mandatory referrals and actions in the wake of a traumatic incident, include a reminder of the WOL's role in referring Department members to the program, and incorporate other TISMP referral procedures and responsibilities.[3] CPD further reported that while the WOL, as "the highest ranking operational supervisor," is the member required to initiate and document the formal TISMP

[3] "E06-03" was most recently revised in December 2025, with additions primarily regarding when a member is unable to schedule their first TISMP appointment within 72 hours. The sections relevant to OIG's assessment of the policy remain unchanged from the June 2024 version CPD referenced in its follow-up response. Chicago Police Department, "Employee Resource E06-03: Traumatic Incident Stress Management Program," December 29, 2025, accessed March 10, 2026, https://directives.chicagopolice.org/#directive/public/6306.

referral, the policy also “empower[s] and expect[s]” any other supervisors and/or officers “with firsthand knowledge [of a potentially traumatic incident] to provide pertinent information regarding a member who may be experiencing emotional or psychological distress.”

CPD additionally reported to OIG that the policy considers members’ wellbeing to be a shared responsibility:

> [O]nce the referral [to TISMP] is made, the policy necessarily requires a responsible individual within the member's assigned unit to ensure all subsequent steps are completed, reflecting a shared responsibility model designed to guarantee that no referred member fails to receive the support and mandatory participation required by the directive.

Because the TISMP directive still lists the WOL as the only member who can formally refer a member to TISMP but also discusses expectations of other supervisors and members, OIG finds this recommendation substantially implemented.

# III | Conclusion

In response to OIG's recommendations, CPD has implemented corrective actions to varying degrees. The Department has made strides in improving the recruitment and staffing of PSP, PSMs' understanding of Illinois law on privacy and confidentiality in peer support programs, the maintenance of an accurate and accessible list of PSMs, PSP's internal communications, and institutionalizing regular refresher trainings for PSMs. Further, CPD has continued to provide in-service refresher trainings to its supervisors on their officer wellness duties and implement strategies to help supervisors retain that information. However, CPD has not fully implemented OIG's recommendations to improve PSP's documentation and tracking of PSM contacts with Department members, ensure that PSMs are equipped to provide services in cross-cultural situations or permit members than a WOL to formally refer members to TISMP.

OIG acknowledges the recommendations that CPD has fully implemented, as well as its progress in substantially implementing the others, and urges CPD to fully implement all the recommended corrective actions identified here. The wellness of CPD members remains an urgent concern, and OIG encourages CPD to continue to prioritize members' mental health for their wellbeing as well as that of the Department as a whole, and the residents of Chicago.

# Appendix A | CPD Response

**Brandon Johnson**
Mayor

**Department of Police · City of Chicago**
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**Fred Waller**
Interim Superintendent of Police

August 21, 2026

Tobara Richardson
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**Re: Response to "Follow-up to OIG's Evaluation of the Chicago Police Department's Peer and Supervisory Wellness Support Strategies"**

Dear Deputy Inspector General Richardson:

One of the Chicago Police Department's most serious responsibilities is to provide excellent wellness support for both sworn and non-sworn members. This Office of Inspector General report necessarily focuses on just two programs of many offered through the Department's Professional Counseling Division, but it is important to not lose sight of the bigger picture as well. All CPD members have access to numerous avenues of wellness support such as financial counseling, the Chaplains Ministry, therapist guided support groups, access to licensed counselors, trained peer support members, and a range of self-guided wellness resources, among others. The Department is proud to provide comprehensive resources to support our members' overall wellness so that they can support Chicagoans in communities across the city.

CPD thanks the Office of Inspector General for recognizing the full implementation of ten recommendations OIG made in its original November 2022 evaluation. This achievement reflects the earnestness with which CPD approaches its wellness responsibilities. For the remaining three recommendations, OIG determined that they have been substantially implemented. CPD will continue to take measures regarding these recommendations where it believes action could improve the services offered. Each of these three recommendations are addressed in turn below.

Under Recommendation 6, OIG urges implementation of accountability measures for peer support members to enforce completion of the peer contact tracking form. Peer support members voluntarily take on peer support contacts in addition to their assigned duties. It is important to maintain a balance that does not push peer support members out of the program or discourage them from making peer contacts while recognizing that improved data collection regarding peer contacts serves a purpose. To this end, CPD has significantly improved the reporting process as acknowledged in OIG's report. In terms of further action, the Peer Support Manager and Director of the Professional Counseling Division will commit to discussing what types of accountability measures may be appropriate surrounding peer support member contact reporting.

For Recommendation 9, OIG acknowledges the additional emphasis on cultural competency that CPD has incorporated into peer support member training, but continues to recommend assessing whether peer support members are prepared for cross-cultural interactions. The Peer Support Manager has noted this recommendation and plans to continue incorporating cultural competency lessons and cross-cultural scenarios in peer support refresher trainings. Additionally, she intends to begin directly surveying peer support members on their preparedness for cross-cultural interactions by including a question about this on the post training survey. It is anticipated that this assessment will be included beginning in the 2027 peer support refresher training and the results would be available to inform future training sessions.

Finally, in Recommendation 13 OIG notes changes to CPD directive E06-03: Traumatic Incident Stress Management Program (TISMP), and recognizes that CPD's approach to member wellness places a responsibility on all supervisors to involve the Professional Counseling Division when they believe a member requires services due to a traumatic incident. However, OIG recommends revising this directive further to create alternate methods of referral to the TISMP. CPD will take this recommendation under advisement, but notes that there is no indication that the current procedure of referral by the watch operations lieutenant is insufficient to meet the needs of members who are involved in traumatic incidents. Any CPD member can notify a supervisor of a traumatic incident, and all are expected to assist in providing information regarding who may be in need of a TISMP referral. Further, CPD has greatly improved supervisor training and knowledge retention checks regarding supervisory wellness responsibilities since OIG first began its inquiry into this topic over seven years ago, which OIG acknowledged in this report through its determination that CPD has fully implemented Recommendations 10, 11, and 12. Progress in these areas may reduce or eliminate the need for a referral mechanism that circumvents supervisory referral by the watch operations lieutenant.

Best regards,

Scott Spears
General Counsel
Office of the Superintendent

Janae Nkansah
Performance Analyst

Kathryn Simon
Chief Performance Analyst

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For further information about this report, please contact the City of Chicago Office of Inspector General, 231 S. LaSalle Street, 12th Floor, Chicago, IL 60604, or visit our website at igchicago.org.

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