

Command Inspector General Quarterly Newsletter

For the Soldiers, Airmen, and Civilians of the Virginia National Guard 1st Quarter – December 2023



MISSION: Serve as an extension of the eyes, ears, voice, and conscience of the commander, and to determine for the commander the state of economy, efficiency, discipline, morale, esprit de corps, and readiness throughout the Virginia National Guard.



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Evaluation Reporting System Invalid Report Creation and Submission Practices – “Churning Reports”

Reference:
MILPER Message 23-449, 25
October 23

The practice of “churning” evaluation reports is prohibited. “Churning,” involves generating multiple, and usually short, evaluation reports with no true event-driven requirement for the type of evaluation report submitted (e.g., Change of Rater with no alteration to rating chain, Change of Duty with no change to assigned duty, and Retirement with no approved retirement request).

HRC Evaluations Branch continues to review submitted evaluations for churning violations and will return evaluations flagged as possible churning for explanation from the submitting Senior Rater.

Major revision to AR 1-201 (Army Inspection Policy) and changes to the Organizational Inspection Program

Reference:
AR 1-201: Army Inspection Policy, 1 November 2023
The OIP Guide for Commanders, October 2023
The Inspections Guide, October 2023

On 1 November 2023, the Department of the Army IG published a major revision to **Army Regulation 1-201**, Army Inspections Policy. The updated regulation is effective 1 December 2023. Notably, the revised AR 1-201 has major implications for the Organizational Inspection Program, or OIP, which is an inspectable and mandatory program for all battalion-level and higher commands throughout all components of the Army.

At the battalion and brigade level, OIP will be managed by the executive officer or second in command. At division and higher echelons, OIP is usually run by the chief of staff or operations officer. Inspectors general are expressly prohibited from managing an OIP, but they can provide guidance and expertise.

AR 1-201 also restores Subsequent Command Inspections (SCI), which are the follow-up to Initial Command Inspections (ICI), conducted shortly after an officer takes command of a unit. SCIs were eliminated in 2018. The primary purpose of the Subsequent Command Inspection is to follow up and ensure issues noted during the ICI have been corrected. If deficiencies found during the ICI are determined to be minor, the requirement to conduct the SCI may be waived by the first general officer in the chain of command.

As a reminder to all unit commanders, staff members, and OIP coordinators, inspections are never meant to be punitive. ICIs and SCIs are not just tools used to gauge readiness levels, but they can also be used to teach and train commanders about what right looks like. For more information on Army Inspections and the Organizational Inspection Program, go to the Army IG website at ig.army.mil – and also talk to the Virginia National Guard IG.

The Brandon Act

Reference:
DODM 23-005, Self-Initiated Referral Process for Mental Health
Evaluations of Service Members, 5 May 23

Service members can initiate a referral process for a mental health evaluation through a commanding officer or supervisor who is in a grade above E-6 on any basis, at any time, and in any environment. Service members are not required to provide a reason or basis to request and receive a referral. The commanding officer or supervisor will refer a service member to a mental health provider for a mental health evaluation, as soon as possible, following a request.

This policy applies to service members who are on active duty for over 30 days. Guidance for Service members not on active duty for more than 30 days is currently under development. Soldiers will continue to have the option to contact a mental health care provider directly, without the involvement of their leadership.

Mental health providers will conduct the mental health evaluation as soon as possible and provide necessary clinical care. In addition, mental health providers will assess the service member's medical readiness for duty with specific consideration for mental health, risk of harm to self or others, symptom severity, prognosis for return to duty, and risk of decompensation, aggravation, or further injury if participation in occupational activities continues.