



# US DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

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## VETERANS HEALTH ADMINISTRATION

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# Overview of Veterans' Experience, Environment of Care, and Staff Perspectives for Women Veterans in VHA Mental Health Residential Rehabilitation Treatment Programs

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## Executive Summary

The VA Office of Inspector General (OIG) conducted a national review to assess how Veterans Health Administration (VHA) mental health residential rehabilitation treatment programs (MH RRTPs) address the unique environmental and safety needs of women veterans. The review was initiated in April 2024 and concluded in February 2026. This review included individual telephone surveys of 112 women veterans recently discharged from MH RRTPs; on-site inspections of a representative statistical sample of 32 MH RRTP sites (43 individual MH RRTP programs or units); and interviews with 128 VHA MH RRTP managers, admission coordinators, and facility women veteran program managers.

MH RRTPs provide a 24/7 structured therapeutic care environment and serve patients who need more support than outpatient mental health services offer, but do not require acute inpatient mental health treatment.<sup>1</sup> VHA Directive 1330.01(7), *Health Care Services for Women Veterans*, specifies that the unique environmental and safety needs of women veterans must be addressed to ensure the care environment is a secure and healing one.<sup>2</sup> In [fiscal year 2025](#) (October 1, 2024–September 30, 2025), approximately 2,300 women veterans utilized MH RRTPs.<sup>3</sup>

The information provided in this report is intended to support VHA's improvements and continuing efforts to support women veterans in MH RRTPs. The OIG made no recommendations.

The OIG is aware of VA's transformation in VHA's management structure. The OIG will monitor implementation and focus its oversight efforts on the effectiveness and efficiencies of programs and services that improve the health and welfare of veterans and their families.

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<sup>1</sup> VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, July 15, 2019.

<sup>2</sup> VHA Directive 1330.01(7), *Health Care Services for Women Veterans*, February 15, 2017, amended May 14, 2023.

<sup>3</sup> The underlined terms are hyperlinks to a glossary. To return from the glossary, press and hold the "alt" and "left arrow" keys together.

## VA Comments and OIG Response

The Under Secretary for Health concurred with the report (see appendix C). No further action is required.



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## Abbreviations

CCTV	closed-circuit television
CEOC	Comprehensive Environment of Care
PTSD	post-traumatic stress disorder
MH RRTP	mental health residential rehabilitation treatment program
OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network



## Introduction

The VA Office of Inspector General (OIG) conducted a national review to assess how Veterans Health Administration (VHA) mental health residential rehabilitation treatment programs (MH RRTPs) address the unique environmental and safety needs of women veterans. The review was initiated in April 2024 and concluded in February 2026. The scope of the OIG's review included VHA's residential care for post-traumatic stress disorder (PTSD), substance use disorders, other complex mental health needs, and homeless veterans. The OIG conducted a comprehensive review that included:

- Individual telephone surveys of 112 women veterans recently discharged from MH RRTPs to ensure that the views of women veterans were represented in the review. To complete these surveys, the OIG attempted more than 500 telephone calls from July 8 through October 16, 2025.
- On-site inspections of a representative statistical sample of 32 sites, consisting of 43 individual MH RRTP programs or units from August 15 through December 4, 2024. Following the site visits, the OIG requested documents from several sites for verification of inspection elements. The final documents were received April 28, 2025.
- VHA staff interviews, from August 15, 2024, through February 18, 2026. Interviews included 128 MH RRTP managers, admission coordinators, and facility women veteran program managers to solicit and gain perspectives from front-line providers (August through December 2024), and a follow-up interview with the MH RRTP national director to provide the current status of issues described by the field and actions taken or in progress relevant to the review (February 2026).

## Background

Women are the fastest-growing demographic in the veteran population.<sup>1</sup> In [fiscal year](#) 2025, over 700,000 women veterans used VHA for health care, with approximately 2,300 utilizing MH RRTPs.<sup>2</sup> VHA Directive 1330.01(7), *Health Care Services for Women Veterans*, specifies

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<sup>1</sup> Women Veterans Health Care, "Women Veterans in Focus," updated September 2025; VA's 2020 Veteran Population Projection Model estimated a population of approximately 2,111,000 women veterans by the end of fiscal year 2026. [https://www.va.gov/vetdata/Veteran\\_Population.asp](https://www.va.gov/vetdata/Veteran_Population.asp), accessed December 19, 2023.

<sup>2</sup> "Women Veterans Profile," VHA Support Service Center (VSSC), <https://vssc.med.va.gov/VSSCMainApp>, accessed November 19, 2024. (This website is not publicly accessible.) The underlined terms are hyperlinks to a glossary. To return from the glossary, press and hold the "alt" and "left arrow" keys together.

that the unique environmental and safety needs of women veterans must be addressed to ensure the care environment is a secure and healing one.<sup>3</sup>

VHA defines MH RRTP as a range of mental health residential care programs and services that includes Domiciliary Care for Homeless Veterans, Domiciliary Substance Use Disorder, Domiciliary PTSD, General Domiciliary, and Compensated Work Therapy-Transitional Housing.<sup>4</sup> MH RRTPs provide a 24/7 structured therapeutic care environment that serve patients who need more support than outpatient mental health services offer, but who do not require the level of care provided by acute inpatient mental health treatment to manage symptoms that present an imminent safety risk to self or others.<sup>5</sup> MH RRTPs are intended to “provide treatment and rehabilitation services to veterans who have mental health and substance use disorders that are often complex and co-occur with medical concerns and psychosocial needs, such as employment and housing.”<sup>6</sup>

## Scope and Methodology

The OIG initiated this review in April 2024 to assess VHA’s management of environmental and safety needs of women veterans in MH RRTPs. For this review, the OIG focused on four of the five MH RRTP services, including Domiciliary Care for Homeless Veterans, Domiciliary PTSD, Domiciliary Substance Use Disorder, and General Domiciliary programs.<sup>7</sup> The OIG reviewed relevant VHA policies and guidance documents and interviewed MH RRTP leaders within VHA’s Office of Mental Health.

The OIG conducted site visits at a statistical sample of MH RRTPs between August 15 and December 4, 2024, completing focused environment of care inspections. Following site visits, the OIG requested and reviewed additional documentation related to facility guidance, as well as specific requests to some facilities for verification of inspection elements, with final documents received as of April 28, 2025.

At the time site visits were conducted, 94 VHA parent facilities had at least one MH RRTP within the scope of the review. The OIG selected a statistical sample of 30 parent facilities to conduct inspections. The statistical sample included, by design, all 13 of the parent facilities that offered all of the four specific types of MH RRTPs within the scope of the review, and a sample of 17 from the remaining 81 parent facilities that offered at least one, but not all four types of MH RRTPs. One parent facility within the sample was subsequently excluded after the OIG

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<sup>3</sup> VHA Directive 1330.01(7), *Health Care Services for Women Veterans*, February 15, 2017, amended May 14, 2023.

<sup>4</sup> VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, July 15, 2019

<sup>5</sup> VHA Directive 1162.02.

<sup>6</sup> VHA Directive 1162.02.

<sup>7</sup> The OIG did not include Compensated Work Therapy – Transitional Residence programs in the review.

learned the facility had closed its MH RRTP.<sup>8</sup> Three of the 29 parent facilities had two separate medical center sites with MH RRTPs, resulting in a total of 32 MH RRTP sites inspected. The OIG accounted for the statistical sampling strategy accordingly when conducting statistical analysis of the inspection results.

For the selected sites, the OIG also reviewed relevant documentation, including VHA Office of Mental Health data from the MH RRTP fiscal year 2024 [annual safety and security assessment](#), and facilities' [comprehensive environment of care \(CEOC\) rounds](#) for fiscal year 2024, [unit rounds](#) (staff walk-throughs of the unit), and [bed checks](#) (staff verification of the physical presence and status of each resident) for the past 30 days, and MH RRTP leaders' formal rounding for the past six months. The OIG did not independently verify all VHA data for accuracy or completeness.

Concurrent with the site visits, the OIG interviewed MH RRTP managers and admission coordinators and women veterans program managers for the selected sites.<sup>9</sup> The OIG used both quantitative and qualitative techniques to analyze information from the interviews with front-line providers.

The OIG conducted a telephone survey with women veterans who participated in MH RRTPs to gain their perspectives on their experiences. Using VHA administrative data, the OIG identified 274 women veterans discharged from MH RRTPs specified as Domiciliary Care for Homeless Veterans, Domiciliary PTSD, Domiciliary Substance Use Disorder, and General Domiciliary to an outpatient setting within an 8-week time frame, occurring from May 14 through July 8, 2025. Following a review of electronic health records, 31 patients were excluded from the survey, resulting in a survey population of 243 women veterans.<sup>10</sup> To control for potential bias, the OIG used four sequential bi-weekly discharge identifications to minimize the time interval from MH RRTP discharge to survey calls. The OIG completed survey interviews of 112 (46 percent) of the survey population from July 8 through October 16, 2025.<sup>11</sup> The survey focused on overall satisfaction; perceptions of respect, privacy, and physical and emotional safety within MH RRTPs; access to hygiene products; and travel assistance (see [appendix A](#)). The OIG used both

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<sup>8</sup> Grand Junction VA Medical Center (station 575) was excluded from the site visit sample due to closure of the facility's MH RRTP in June 2024. The facility's director reported the reason for closure as "critical staffing levels," and would re-open after reaching appropriate staffing levels, which was projected to occur by December 2024.

<sup>9</sup> The OIG conducted subsequent virtual interviews for employees not available at the time of the site visits.

<sup>10</sup> Reasons for exclusion from the survey included the following: current residential treatment (17), current inpatient medical or mental health treatment (5), clinical indications for exclusion (4), incarceration (2), self-identified gender was male (2), patient left facility prior to completing MH RRTP admission process with a length of stay less than 24 hours (1).

<sup>11</sup> The OIG made three attempts to contact the survey population of 243 women veterans by telephone to offer participation in the survey, except in three instances where subsequent attempts found no available means of contact or the patient requested no return calls. Ten patients (4 percent) declined to participate in the survey when contacted. The OIG was unsuccessful in attempts to contact the remaining 121 (50 percent) patients in the survey population.

quantitative and qualitative analysis techniques to summarize women veterans feedback about their MH RRTP experiences.

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the review in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.


## Inspection Results

### 1. Women Veterans' Experience

As part of this multi-faceted review, the OIG conducted telephone surveys of women veterans recently discharged from VHA MH RRTPs to gain understanding of their experience in the residential programs.

While the 46 percent response rate limits generalizability and represents only the views of those who responded to the survey, the information provided offers valuable insight to some women veterans' experiences in an MH RRTP.



Overall Satisfaction	
Very Satisfied	51%
Satisfied	28%
Neither Satisfied or Dissatisfied	7%
Dissatisfied	2%
Very Dissatisfied	12%



**Figure 1.** Overall Satisfaction.

Source: OIG analysis from veteran experience survey.

Approximately 4 out of 5 (79 percent) reported being satisfied or very satisfied with their overall experience in the MH RRTP.



Perceived Safety	
	Felt physically safe in the MH RRTP 79%
	Felt emotionally safe in the MH RRTP to participate and share 71%

**Figure 2.** *Perceived Safety.*

*Source: OIG analysis from veteran experience survey.*

While many of the women veterans surveyed reported feeling physically safe in the MH RRTP, approximately one in five (21 percent) reported feeling physically unsafe. Of those who reported feeling unsafe, the most common reported reason was aggressive behavior (physical or verbal) by another veteran in the program.

While many of the women surveyed reported feeling emotionally safe to participate and share the topics that they needed to talk about in the MH RRTP, approximately one in four (27 percent) reported feeling emotionally unsafe. Of those who reported feeling emotionally unsafe, the primary reasons given included negative interactions with staff or other veterans, past traumatic experiences or current mental health conditions, and ineffective staff management of group dynamics.


Respect and Privacy	
	Felt respected in the MH RRTP 72%
	Felt privacy was adequate in the MH RRTP 84%

**Figure 3. Respect & Privacy.**

Source: OIG analysis from veteran experience survey.

While many of the women surveyed reported feeling respected during their participation in the MH RRTP, approximately one in four (28 percent) did not. Of those who reported not feeling respected, the most common reason given was negative interactions with staff, including staff not addressing their reported concerns.

While most of the women surveyed reported feeling they had adequate privacy in the MH RRTP, approximately 16 percent did not. Of those who expressed privacy concerns, the primary reason cited was the lack of private patient rooms.

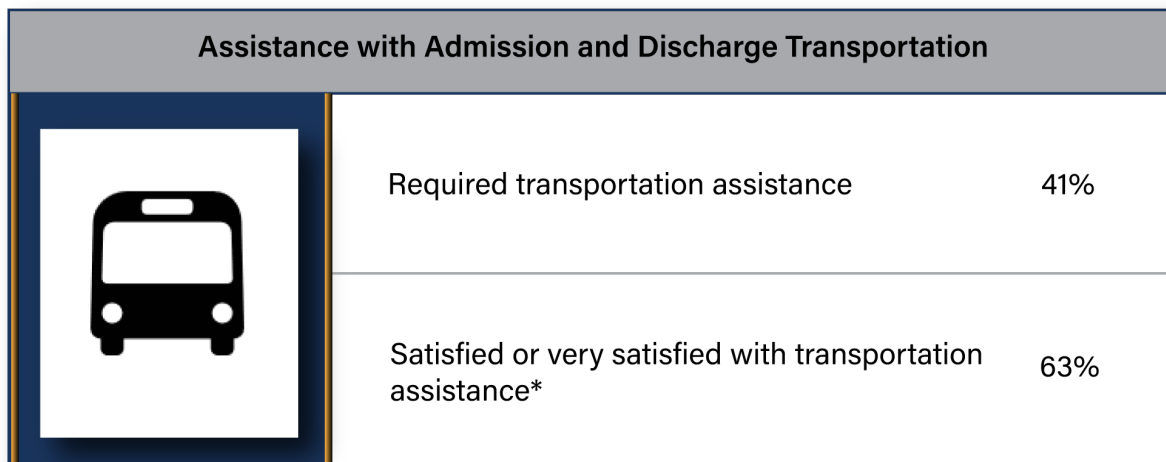
Factors Supporting Therapeutic Environment	
	Positive experiences with MH RRTP Staff 46%
	Therapeutic groups 16%
	Individual counseling 11%
	Connecting with other veterans 11%
	Women-specific programming 6%

**Figure 4. Factors Supporting Therapeutic Environment.**

Source: OIG analysis from veteran experience survey.

When asked an open-ended question about aspects of the MH RRTP that made them feel supported or comfortable in terms of being able to participate fully in their treatment, nearly half

(46 percent) of the women surveyed described positive experiences with MH RRTP staff, highlighting the importance of skilled and caring staff in creating a therapeutic environment.

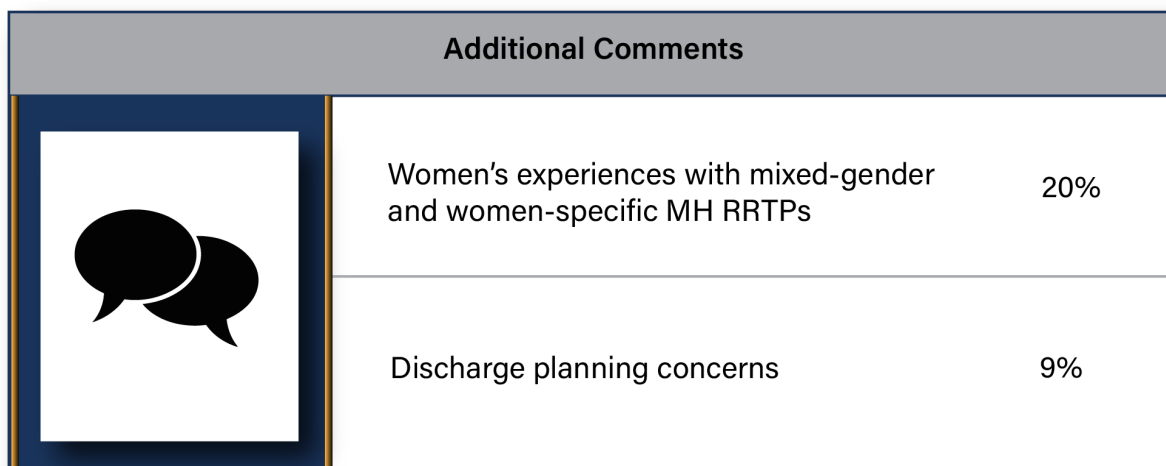


**Figure 5.** Assistance with Admission and Discharge Transportation.

Source: OIG analysis from veteran experience survey.

\*Reflects the number of responses, not unique women veterans, as some women may have responded with transportation needs both to and from the facility.

Approximately two in five (41 percent) of the women surveyed reported needing transportation assistance for admission or upon discharge from the MH RRTP. Of those who needed transportation assistance, approximately one in three (32 percent) were dissatisfied with the assistance received. Travel reimbursement concerns were the most commonly cited source of dissatisfaction (56 percent). A few of the women surveyed reported not receiving the transportation assistance they expected or needed.



**Figure 6.** *Additional Comments.*  
 Source: *OIG analysis from veteran experience survey.*

At the conclusion of the survey, women veterans were invited to share any additional feedback regarding their MH RRTP experience. One in five (20 percent) of the responses given were related to gender. The gender-related comments included references to having few or no other women in the program, discomfort with men in the environment, preference for a women's only program, and either appreciation for or a desire for separate women's spaces on the unit. The next most commonly described issue (9 percent) was dissatisfaction with discharge planning, with responders wanting to remain in the MH RRTP longer and needing better planning to provide continuity of outpatient services upon discharge.

## 2. Environment of Care

Women veterans have unique needs associated with the healthcare environment that can affect their comfort, sense of security, and perceptions of the care they received.<sup>12</sup> VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, establishes requirements for VHA MH RRTPs to adjust environments to support the dignity, respect, privacy, and safety for women veterans receiving residential care.<sup>13</sup> See Appendix B for detailed references to policy requirements below.

### Secure Areas for Women Veterans

VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, outlines environment of care considerations, which include adjustments to provide safe, secure, and

<sup>12</sup> VHA Directive 1330.01(7).

<sup>13</sup> VHA Directive 1162.02.

private spaces for women veterans in MH RRTPs. Figure 7 summarizes the results of VHA's compliance with secure spaces for women veterans.

Secure Areas for Women Veterans	
Requirements	Compliance
Separate, secure women's unit (sites with 40 or more MH RRTP beds)	68%
Separate women's leisure space	51%
Private visitation space	88%
Women's rooms on mixed-gender units were located nearest to staff*	89%

**Figure 7.** Secure Areas for Women Veterans.

Source: OIG analysis from inspections. VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program.

\*Women's rooms on mix-gender units located nearest to staff is a recommendation in VHA Directive 1162.02, not a requirement.

VHA policy requires that sites with 40 or more MH RRTP beds have a separate, secure unit or wing for women veterans.<sup>14</sup> The inspection team observed that approximately one in three of the sites with 40 or more beds were not compliant with this requirement. The OIG also noted that, of the sites inspected that were not in compliance with this requirement, only two were compliant with having active national policy waivers.

Most of the units without a separate, secure wing for women (regardless of the number of MH RRTP beds) were compliant with locating women's rooms closest to staff. However, the OIG found almost half of the units did not have a separate space designated for leisure activities for women veterans as required. Approximately one in five of those without a designated women's leisure space attempted to mitigate the deficiency by reserving limited hours in a multi-use space on the unit for women's use only. The OIG noted that of the units inspected that lacked this space, 2 out of 15 had active national policy waivers.

Providing secure women's units at sites with more than 40 beds and assigning a separate women's leisure space on mixed-gender units as required, will help improve the safety, security, and comfort of women veterans. These observations seem relevant given that in the limited response to the survey, some women veterans reported discomfort or negative experiences in the

<sup>14</sup> VHA Directive 1162.02.

mixed-gender environment of the MH RRTP and expressed an appreciation for women-specific treatment components.

## Unit Entrance and Egress Security

According to VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, MH RRTPs must be designed to provide a safe and secure therapeutic environment.<sup>15</sup> Figure 8 summarizes VHA's compliance with security requirements for entrance and egress.

Unit Entrance and Egress Security	
Requirements	Compliance
Designated single entry point for unit access	95%
Keyless entry with restricted access for designated entry point(s)	93%
All other unit entrance and egress doors locked to the outside entrance	74%
All other unit entrance and egress doors alarmed	72%

**Figure 8.** Unit Entrance & Egress Security.

Source: OIG analysis from inspections. VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*.

The OIG found the great majority of units had a single designated entry point with keyless entry designed to restrict access. During inspections, the OIG found units commonly had entrance and egress points locked and alarmed to alert staff to unauthorized opening; however, approximately one in four units had gaps in security such as unsecured door locks or non-operational alarms.

MH RRTP managers and unit nurse managers frequently accompanied the inspection team during unit inspections and initiated actions for deficiencies that could be easily remedied, such as relocking an unlocked door, resetting door alarms, and entering work orders for repair or replacement of malfunctioning locks or alarms. Addressing deficiencies can help ensure a safe and secure environment.

## Closed-Circuit Television

Per VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, the use of closed-circuit television (CCTV) is required because it helps staff to maintain situational

<sup>15</sup> VHA Directive 1162.02.

awareness of common areas and monitor activity on the unit.<sup>16</sup> Figure 9 summarizes VHA's compliance with requirements for CCTV.

Closed-Circuit Television	
Requirements	Compliance
CCTV at all entrance and egress doors	77%
CCTV in all public areas	47%
CCTV monitors on the unit available for staff	88%
Recording Capability	95%
<i>Staff access to play back CCTV recording</i>	
Accessible to staff	91%
Directly accessible	29%
Accessible by request*	62%

**Figure 9.** Closed-Circuit Television.

Source: OIG analysis from inspections. VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*.

\*For units where recordings were available by request, all but one were accessed via request to the VA Police.

Upon inspection, the OIG found units commonly had the required cameras located and operational in entrance and egress locations; however, fewer than half of the units had full CCTV coverage in public areas as required. The inspection team found that most of the units were equipped with CCTV monitors and had CCTV recording capability. However, most units did not have a mechanism for staff to directly access and play back the recordings, limiting the usefulness for staff supervision. More commonly, staff had to request to view CCTV recordings, typically from VA police, with some reporting no access to recordings.


For some CCTV malfunctions, staff entered work orders for repair at the time of the inspection, while others noted more persistent challenges with CCTV functionality. Addressing CCTV deficiencies will enhance staff's monitoring of common areas on the MH RRTP units.

## Patient Room Requirements for Women Veterans

According to VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, patient room doors that lock are required for women veterans to ensure physical and

<sup>16</sup> VHA Directive 1162.02.

psychosocial privacy.<sup>17</sup> Figure 10 summarizes the results of VHA's compliance with door locks for women veterans' patient rooms.

Patient Room Requirements for Women Veterans		
	Requirements	Compliance
	Locking patient rooms	98%
	Staff able to unlock in case of emergency	100%

**Figure 10.** Patient Room Requirements for Women Veterans.

Source: OIG analysis from inspections. VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*; VA Design Alert, 003C2B-DA-149, *Design for Patient Privacy and Women Veterans' Health*, October 1, 2018.

The inspection team noted that nearly all MH RRTP units were compliant with requirements for patient room doors that lock for women veterans. Of the units inspected, only one lacked patient room locks for women veterans; the inspection team noted it was a secure women's unit, not a mixed-gender unit.

### Bathroom and Shower Requirements for Women Veterans

VHA Directives 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, and VHA Directive 1330.01(7), *Health Care Services for Women Veterans*, require sites to have women-only or unisex toilet rooms and shower facilities with locking doors to provide privacy, safety, and security.<sup>18</sup> Additionally, staff members must be able to enter locked bathrooms in the event of an emergency. Figure 11 summarizes VHA's compliance with bathroom and shower requirements.

<sup>17</sup> VHA Directive 1162.02; VA Design Alert 003C2B-DA-149.

<sup>18</sup> VHA Directive 1162.02; VHA Directive 1330.01(7).

Bathroom and Shower Requirements for Women Veterans	
Requirements	Compliance
Women-only or unisex bathrooms	100%
Locking bathrooms	84%
Staff able to unlock in case of emergency	94%

**Figure 11.** Bathroom & Shower Requirements for Women Veterans.

Source: OIG analysis from inspections. VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*; VHA Directive 1330.01(7), *Health Care Services for Women Veterans*.

The OIG found all MH RRTPs were compliant with requirements for women-only or unisex bathroom and shower facilities for women veterans. Most units were compliant with requirements for locking bathrooms. Observed deficiencies were most often related to malfunctioning lock hardware, or absence of locking hardware on a bathroom located within a non-private patient room.




MH RRTP units were largely compliant with requirements to ensure bath and shower facilities provide privacy, safety, and security for women veterans.

### Supplies for Women

VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, requires MH RRTPs to provide gender-specific personal care and hygiene products.<sup>19</sup> Similar to inpatient units, MH RRTPs must maintain a stock of women’s clothing in different types and sizes for provision as needed.<sup>20</sup> Figure 12 summarizes VHA’s compliance with gender-specific hygiene products and clothing availability.

<sup>19</sup> VHA Directive 1162.02; VHA Directive 1330.01(7).

<sup>20</sup> VHA Directive 1330.01(7).

Supplies for Women		
	Requirements	Compliance
	Feminine hygiene products available on MH RRTP unit by request	95%
	Feminine hygiene products stocked in common area restrooms	35%
	<i>Clothing types and sizes appropriate for women</i>	
	Accessible at all times	79%
	Accessible limited hours	21%

**Figure 12.** *Supplies for Women.*

Source: OIG analysis from inspections. VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program, and VHA Directive 1330.01(7), Health Care Services for Women Veterans.

The OIG found that most MH RRTP units provided gender-specific personal care and hygiene products at no cost, either by request from staff on the unit (58 percent) or having supplies directly accessible for patients on the unit (37 percent). However, the inspection team noted that at approximately half the sites, common area restrooms located in or adjoining MH RRTP treatment areas were not stocked with feminine hygiene supplies, as required.<sup>21</sup> Staff at some sites took steps to have restrooms in common areas stocked with supplies when these gaps were identified during inspections.

While the OIG found that all units had processes to procure clothing types and sizes appropriate for women veterans, the processes in place for approximately one in five relied on resources that were available during limited hours.

Ensuring common area restrooms are stocked with feminine hygiene supplies and appropriate clothing is available for women at all times will enhance women veterans' dignity and comfort during their stay on MH RRTP units.

<sup>21</sup> VHA Directive 1330.01(7).

## Required Rounding

VHA Directive 1608(1), *Comprehensive Environment of Care Program*, and VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, require multiple types of unit rounding and inspections to promote safety and security within MH RRTPs.<sup>22</sup> Completion of required environmental rounds helps identify unsafe conditions and address corrective actions, while consistent unit and patient-focused rounding enables MH RRTP staff identify potential issues and intervene timely to ensure the safety and well-being of patients.<sup>23</sup> Figure 13 summarizes VHA's compliance conducting required rounds on MH RRTP units.

Required Rounding	
<i>Facility Requirements</i>	<i>Compliance</i>
CEOC rounds twice yearly	94%
Women's health attendance of CEOC rounds	72%
<i>Unit Requirements</i>	
Unit rounding every two hours	63%
Bed checks twice daily	44%
MH RRTP Manager monthly formal health and welfare inspections	30%

**Figure 13.** Required Rounding.

Source: OIG analysis from inspections. VHA Directive 1608(1), *Comprehensive Environment of Care Program*; VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*.

The OIG reviewed rounding documentation and found that sites were generally compliant with conducting biannual CEOC rounds on MH RRTPs, though approximately one in four did not document consistent attendance of a women's health representative. Of those where women's health representation was not documented for all CEOC rounds, 22 percent documented women's health participation at one CEOC round within the past year.

The OIG found approximately one in three units (37 percent) were not fully compliant with unit rounding and more than half (56 percent) were not fully compliant with bed-check requirements. In reviewing documentation, the most common deficiencies were missing rounds on the unit rounding sheets and missing rounds and incomplete patient status on the bed-check sheets.

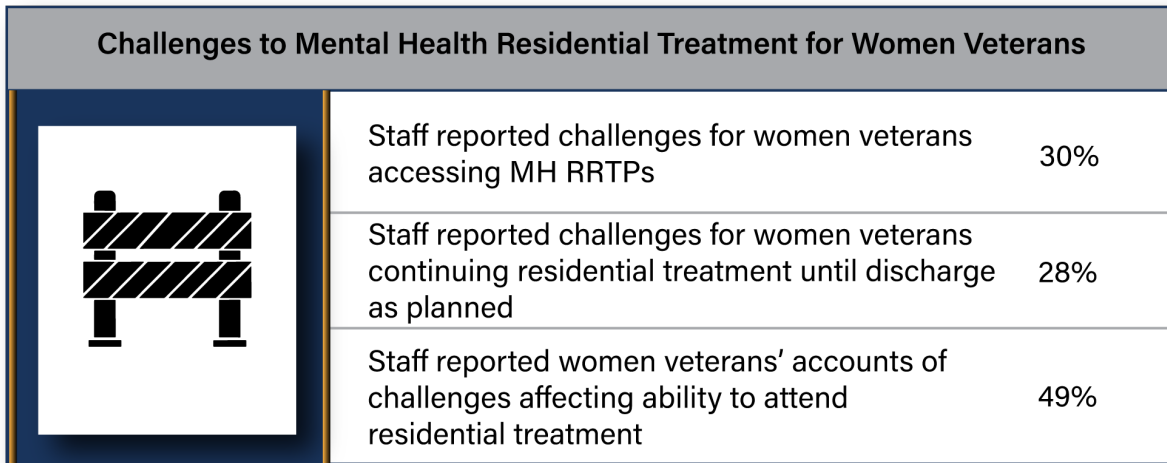
<sup>22</sup> VHA Directive 1162.02; VHA Directive 1608(1), *Comprehensive Environment of Care Program*, June 21, 2021, amended September 7, 2023.

<sup>23</sup> VHA Directive 1162.02.

The OIG found that 70 percent of MH RRTP managers did not consistently document required monthly unit inspections. Of those, 28 percent provided documentation showing partial compliance with this requirement. Reasons given for observed deficiencies included not being aware of the requirement, not documenting the rounds, and vacancy or lack of coverage of the program manager position. Conducting rounds as required will help ensure safety and well-being of patients on MH RRTP units.

### 3. Staff Perspectives

To gain front-line provider perspectives on care for women veterans in VHA MH RRTPs, the OIG interviewed MH RRTP managers and admission coordinators and women veterans program managers. One hundred interviews were conducted with 128 staff members, concurrent with site visits, between August 15 and December 4, 2024.<sup>24</sup> A follow-up interview was conducted with the MH RRTP national director in February 2026 to provide the status of issues described by the field and actions taken or in progress relevant to the review. The OIG did not independently validate the responses from interviews and is providing for informational purposes only.



**Figure 14.** Challenges to Mental Health Residential Treatment for Women Veterans.  
 Source: OIG analysis from interviews with MH RRTP managers and admission coordinators.

In response to the three questions regarding challenges for women veterans, MH RRTP managers and admission coordinators reported challenges associated with the provision of MH RRTP services for women veterans, though some clarified that not all the challenges were unique to women. Figure 15 Summarizes the challenges reported.

<sup>24</sup> The OIG conducted subsequent virtual interviews for employees not available at the time of the site visits.



**Figure 15.** Commonly Reported Treatment Barriers.

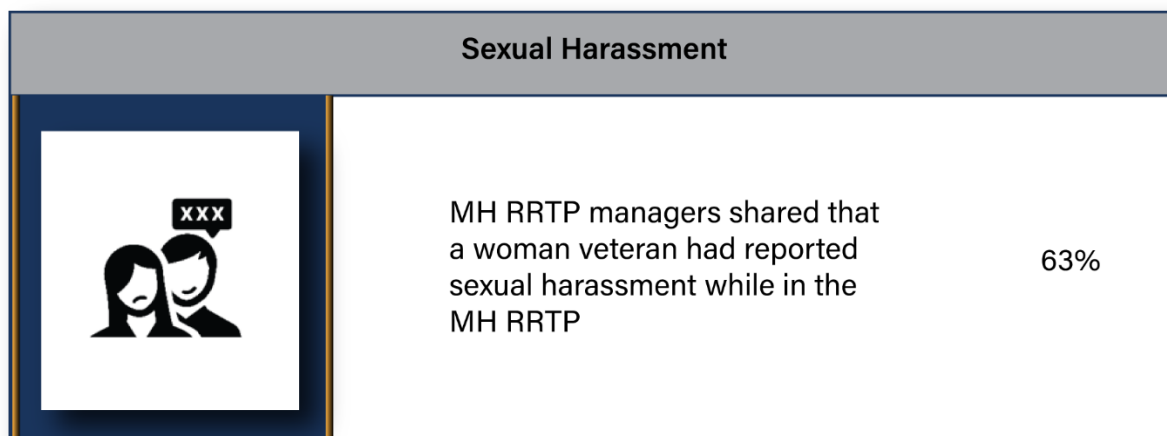
Source: OIG analysis from interviews with MH RRTP managers and admission coordinators.

MH RRTP managers and admission coordinators reported that nurse staffing was a limiting factor in the number of available beds and thus contributed to wait times. The physical layout of buildings also limited the number of rooms that meet safety and security requirements for women. MH RRTP managers and admission coordinators noted that some women veterans felt uncomfortable in a mixed-gender environment, which could impact their decision to attend or remain in the MH RRTP. Additional barriers for women veterans included caregiver responsibilities for children, parents, or spouses and relationship, financial, and housing stressors. Depending on the barriers identified, MH RRTP managers and admission coordinators reported offering referrals to alternative VHA programs or women-only MH RRTPs, providing patient education regarding the unit environment prior to admission, assisting patients in problem-solving to address psychosocial stressors, and collaborating with other services at the facility to offer women-specific programming for women in mixed-gender MH RRTPs. Approximately three in four (77 percent) MH RRTP managers and admission coordinators reported the efforts successfully addressed barriers.

As of February 2026, the MH RRTP national director reported that staffing remains a challenge, and some programs have reduced capacity due to staffing needs. The MH RRTP national director noted work over the past year to implement a Veterans Integrated Service Network (VISN) centralized screening process for MH RRTP referrals, intended to identify and coordinate the broader range of resources in a region.<sup>25</sup> The MH RRTP national director indicated a goal of fully implementing the centralized screening across all VISNs by the end of the year.

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<sup>25</sup> The MH RRTP national director noted that options available across multiple sites of care include fully women's only programs, programs that offer a separate secure women's unit and a combination of mixed-gender and gender-specific programming, and programs with fully mixed-gender units.





**Figure 16.** Sexual Harassment.

Source: *OIG analysis from interviews with MH RRTP managers.*

MH RRTP managers described addressing reports of sexual harassment by gathering information and reporting to VA Police and VHA leaders.<sup>26</sup> MH RRTP managers also reported addressing patient-to-patient sexual harassment by modifying the treatment plan for the individual exhibiting problematic behavior, such as discharge or transfer to another program. Some shared examples of taking steps to increase women veterans' comfort on the unit to include providing staff escorts and connecting women veterans to female staff to address any continued concerns through treatment sessions. When asked about challenges encountered for women in mixed-gender MH RRTPs, the MH RRTP national director acknowledged concerns regarding the potential for sexual harassment and noted that this is discussed with all veterans entering MH RRTPs and program staff engage quickly to address inappropriate behaviors that may occur.

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<sup>26</sup> This section discusses how managers reported responding to allegations of sexual harassment in the MH RRTP. Sexual harassment refers to "unsolicited verbal or physical contact of a sexual nature which is threatening in character, unwelcome sexual advances and requests for sexual favors" and is differentiated from sexual assault. VHA Directive 5019.02(1), *Harassment, Sexual Assaults, and Other Defined Public Safety Incidents in VHA*, September 12, 2022, amended October 13, 2022.

Women-Sensitive Care					
	Access to a female clinician for individual mental health treatment	100%			
	Access to a medical provider who is trained and experienced in women's health	92%			
	Pregnancy test at admission if indicated*				
	<table border="0"> <tr> <td>Yes</td> <td>77%</td> </tr> <tr> <td>No</td> <td>23%</td> </tr> </table>	Yes	77%	No	23%
Yes	77%				
No	23%				

**Figure 17.** Women-Sensitive Care.

Source: OIG analysis from interviews with MH RRTP managers and review of electronic health records.

\*Percentages shown include only women for whom pregnancy assessment was applicable based on VHA criteria. VHA Office of Women's Health guidance on Pregnant, Lactating, and Postpartum Veterans in Inpatient Mental Health and Residential Mental Health and Substance Use Treatment Settings recommends age 52 as a reasonable upper age limit for childbearing/pregnancy testing. Pregnancy testing is also not indicated with documentation of hysterectomy or long-acting birth control measures.

VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, includes requirements on services for women veterans to ensure MH RRTPs provide gender-sensitive treatment and rehabilitation services that meet the needs of women veterans.<sup>27</sup> Gender-sensitive care requirements include ensuring access to female clinicians, access to medical providers trained in women's health, assessment for pregnancy at admission, and accommodations for women who are pregnant or lactating.<sup>28</sup>

All MH RRTP managers reported the ability to ensure access to female mental health clinicians, with approximately three-quarters (76 percent) having a sufficient number of female clinicians on the MH RRTP staff. MH RRTP managers most often reported providing access to medical providers trained in women's health through existing MH RRTP medical staff (60 percent), VHA Women's Health clinics (49 percent), VHA Primary Care (17 percent), and community care referrals (11 percent).

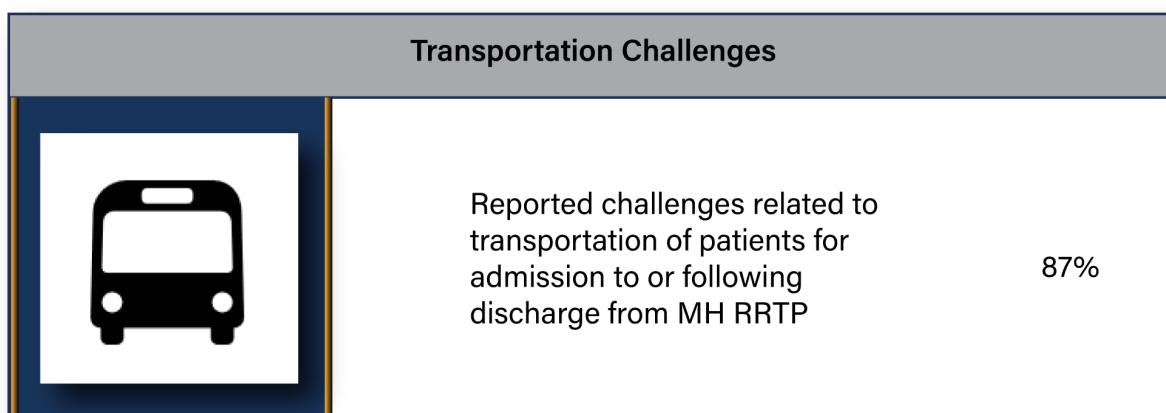
<sup>27</sup> VHA Directive 1162.02.

<sup>28</sup> Women veterans must be assessed for pregnancy at admission through a pregnancy test unless "there is existing VA documentation of hysterectomy or long-acting birth control measures" or the veteran refuses the test; VHA Directive 1162.02; Upon confirmation of pregnancy, VHA must furnish or coordinate maternity care for eligible veterans. VHA Directive 1330.03(2), *Maternity Health Care and Coordination*, November 3, 2020, amended February 7, 2025.

MH RRTP managers reported that pregnant or lactating patients were a rare occurrence in MH RRTP programs, however services are coordinated with facility women's health staff for pregnancy-related medical care and other needs consistent with guidance from VHA's Office of Women's Health and VHA Directive 1330.03(2), *Maternity Health Care and Coordination*.<sup>29</sup>

Based on a review of patient electronic health records for the 274 women veterans identified as discharging from MH RRTPs from May 14 through July 8, 2025, the OIG did not find documentation of pregnancy assessment at admission for 23 percent of women meeting the criteria for this requirement.<sup>30</sup>

Adherence to required pregnancy testing for women veterans with reproductive capacity upon admission to MH RRTPs will ensure they receive necessary maternity-related health care when indicated.



**Figure 18.** *Transportation Challenges.*

*Source: OIG analysis from interviews with MH RRTP managers and admission coordinators.*

The majority of MH RRTP managers and admission coordinators reported challenges related to transportation of patients to or from their facility for admission or following discharge from MH RRTPs.<sup>31</sup> They described challenges with conflicting policies and varying interpretations of travel rules within facilities and across VISNs. Several also noted travel challenges associated with limited public transportation options.

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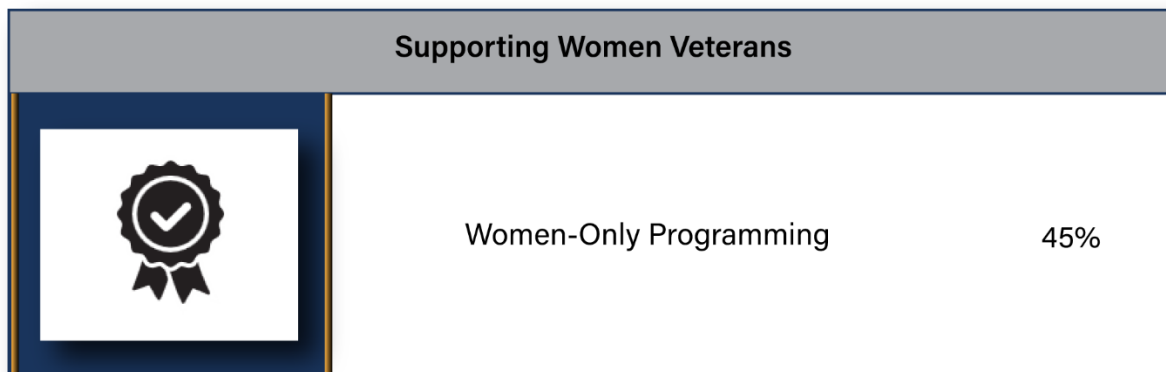
<sup>29</sup> VHA Directive 1330.03(2). Office of Women's Health, *Pregnant, Lactating, and Postpartum Veterans in Inpatient Mental Health and Residential Mental Health and Substance Use Treatment Settings*, updated July 6, 2021.

<sup>30</sup> Approximately 61 percent of the patients reviewed met criteria requiring assessment for pregnancy.

<sup>31</sup> Veterans who meet criteria such as having a disability rating of 30 percent or more, traveling for a service-connected condition, or who receive a VA pension can be reimbursed for mileage and travel expenses to and from approved healthcare appointments. "File for travel pay reimbursement claims," VA, accessed December 16, 2025, <https://www.va.gov/health-care/file-travel-pay-reimbursement>.

The MH RRTP national director confirmed that transportation challenges remain for veterans accessing MH RRTPs and noted plans to incorporate further guidance on shared responsibilities for transportation and transportation costs for inter-facility referrals in the next revision of VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, which is currently in progress.<sup>32</sup>

Clear and consistent guidance, for patient transportation, could minimize transportation barriers that affect veterans' access to care.



**Figure 19.** *Supporting Women Veterans.*

*Source: OIG analysis from interviews with MH RRTP managers.*

MH RRTP managers highlighted the importance of communication, collaboration, and relationships with staff in key roles to support efforts to implement women-specific programming, such as women's treatment groups or therapeutic activities, particularly for women in mixed-gender MH RRTPs. The MH RRTP national director echoed managers reports, noting that staff caring for patients in mixed-gender programs could coordinate with outpatient services and other facility resources to offer women-specific programming when there are few women veterans within the MH RRTP.

## Conclusion

Responses from women veterans who participated in the survey indicated that most were satisfied with their treatment in mental health residential rehabilitation treatment programs (MH RRTPs); however, some reported concerns related to physical and emotional safety, respect, and privacy.

Site visit inspections of MH RRTP units revealed gaps in compliance with some VHA requirements intended to promote safety and privacy for women veterans. Opportunities for improvement included ensuring a separate, secure women's unit at sites with more than

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<sup>32</sup> VHA Directive 1162.02.

40 MH RRTP beds, designated leisure spaces for women, improved monitoring of external door locks and alarms, improved compliance with requirements for closed-circuit television, improved compliance with rounding requirements, pregnancy assessments upon admission, and availability of feminine hygiene supplies in common-area restrooms.

When asked about challenges affecting women veterans' access to and continuation of treatment in MH RRTPs, managers and admission coordinators highlighted barriers to patient access including wait times, nurse staffing, and physical space limitations. Factors cited as barriers to women veterans choosing to attend or remain in MH RRTPs included discomfort with mixed-gender environments, caregiver responsibilities, and psychosocial stressors. Many managers and admission coordinators also discussed challenges with transportation for patients. MH RRTP managers identified inclusion of women-specific programming as a promising practice and noted collaboration with women's health staff or other clinical services to enhance availability of women-specific components for women in mixed-gender MH RRTPs.

The OIG is aware of VA's transformation in VHA's management structure. The OIG will monitor implementation and focus its oversight efforts on the effectiveness and efficiencies of programs and services that improve the health and welfare of veterans and their families.

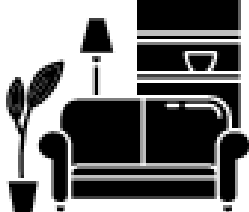


## Appendix A: Veteran Experience Survey Questions


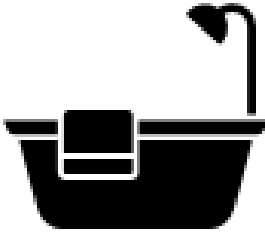

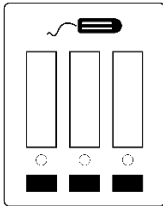
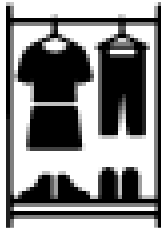
Veteran Experience Survey Questions	
	Overall, how satisfied were you with your experience in the residential treatment program?
	Did you feel physically safe in the residential program?
	Did you feel emotionally safe in the residential program to participate and share the things that you needed to talk about?
	Did you feel respected during your participation in the residential program?
	Did you have adequate privacy while in the residential program?
	Were there any aspects of the program that made you feel supported or comfortable in terms of being able to participate fully in your treatment?
	Were personal care and hygiene products for women, such as tampons and sanitary pads, readily available on the unit if needed?
	Did you require assistance with travel to get to your residential treatment program for admission or upon discharge from the program?
	Is there anything else you would like us to know regarding your experience with the mental health residential treatment program?




**Figure A.1.** Veteran Experience Survey Questions.

Source: OIG team analysis.

## Appendix B: VHA Policy Requirements

Secure Areas for Women Veterans		
	Separate, secure women's unit at sites with 40 or more MH RRTP beds	Facilities with 40 or more residential treatment beds must establish a separate and secured unit or wing for women veterans.
	Women's rooms on co-ed units located nearest staff	Facilities with fewer than 40 beds are strongly encouraged to establish a separate and secured area for women veterans; if this is not possible, rooms for women veterans should be located nearest to staff.
	Separate Women's Leisure Space	MH RRTPs must provide: Separate space for women veterans on the unit for leisure activities and down time (e.g., day room or lounge).
	Private Visitation Space	MH RRTPs must provide: Private space for veterans to visit with significant others and children at designated times.
Unit Entrance and Egress Security		
	Single entry point for unit access	MH RRTPs must maintain a single point of unit access. <i>Note: MH RRTPs with multiple residential programming areas may provide more than one entrance and egress point.</i>
	Keyless entry with restricted access	MH RRTP's unit access point must utilize hotel-like keyless entry to restrict access.
	All entrance and egress doors locked	All entrance and egress doors except for the single point of entry must be locked to outside entrance.
	All entrance and egress doors alarmed	All entrance and egress doors except for the single point of entry must be alarmed to alert staff to an emergency of unauthorized opening.
Closed-Circuit Television		
	CCTV at all entrance/egress doors	MH RRTPs must use CCTV at all entrance and egress points.
	CCTV in all public areas	MH RRTPs must use CCTV in all public areas. Public areas include entrance and egress points, hallways, stairwells, and general-purpose space such as laundry rooms, kitchenettes, television areas, and lounges.
	CCTV monitors on the unit available for staff	CCTV monitors must be available for staff use to facilitate supervision of the unit.
	Recording capability	CCTV must have recording capability.

	Staff access to play back CCTV recording	MH RRTP staff must have authority for playback/review capabilities for CCTV. Monitors for CCTV and playback/review capability must be available for staff use to facilitate supervision of the unit.
<b>Patient Room Requirements for Women Veterans</b>		
	Locking Patient Rooms	MH RRTPs must provide locking bedrooms for female veterans.
	Staff able to unlock in case of emergency	Staff members shall be provided key(s) or code(s) to allow operation of locks for emergency access into the room.
<b>Bathroom and Shower Requirements for Women Veterans</b>		
	Women-only or unisex bathrooms	Women veterans must have women-only or unisex toilet rooms and bathing/shower facilities.
	Locking bathrooms	MH RRTPs must provide locking bathrooms (including showers) for female veterans.
	Staff able to unlock in case of emergency	Appropriately locking door hardware with locking mechanisms providing for privacy, safety, security, and utility (allowing staff members to have key or code access in case of emergency) are required for all toilets, baths, and showers.
<b>Supplies for Women</b>		
	Feminine Hygiene Supplies	MH RRTPs must provide: Gender-specific personal care and hygiene products.
	Feminine hygiene products stocked in common area restrooms	Personal hygiene products shall be available in public female, unisex, and family toilet rooms at no charge.
	Clothing types and sizes appropriate for women	Appropriate clothing types and sizes must be stocked and provided on all inpatient units.

Required Rounding		
	Unit rounding every two hours	MH RRTP staff must conduct unit rounds at a minimum of every two hours and document rounds on program-developed sheets.
	Bed checks twice daily	MH RRTP staff must conduct bed checks twice per day to verify the physical presence and status of each veteran. Bed checks are to occur once during late evening and once during early morning hours. Status refers to the veteran's location and activity such as "in lounge, watching television."
	Monthly program manager inspection of unit	MH RRTP program managers must inspect units monthly to identify physical environment safety issues that require repair.
	CEOC rounds twice yearly	CEOC rounds are required twice per fiscal year within the MH RRTP.
	Women's health representative attendance of CEOC rounds	The women veterans program manager (WVPM) must participate in regular environmental rounds with special emphasis on improving privacy and security.
Women-Sensitive Care		
	Pregnancy testing at admission	Pregnancy tests are required at admission for female veterans unless there is existing VHA documentation of hysterectomy or long-acting birth control measures. <i>NOTE: A female veteran may refuse a pregnancy test; however, the provider must account for possibility of pregnancy and make adjustments in care to reduce risks.</i>
	Pregnancy and lactation	MH RRTPs must accommodate women who are pregnant or lactating.
	Access to a female clinician for individual mental health treatment	Women veterans must have access, 5 days a week, to a female clinician for individual treatment as clinically indicated.
	Access to a medical provider who is trained and experienced in women's health	As part of the continuity of care for women veterans, a trained provider must be available wherever a woman veteran presents for care.

**Figure B.1.** VHA Policy Requirements.

Source: VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, July 15, 2019; VA Design Alert 003C2B-DA-149, *Design for Patient Privacy and Women Veterans' Health*, October 1, 2018; VHA Directive 1330.01(7), *Health Care Services for Women Veterans*, February 15, 2017, amended May 14, 2023; VHA Directive 1608(1), *Comprehensive Environment of Care Program*, June 21, 2021, amended September 7, 2023.

## Appendix C: Office of the Under Secretary for Health Memorandum

### Department of Veterans Affairs Memorandum

Date: May 4, 2026

From: Office of the Under Secretary for Health (10)

Subj: Healthcare Review—Overview of Veterans' Experience, Environment of Care, and Staff Perspectives for Women Veterans in VHA Mental Health Residential Rehabilitation Treatment Programs

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on OIG's draft report on Overview of Veterans' Experience, Environment of Care, and Staff Perspectives for Women Veterans in VHA Mental Health Residential Rehabilitation Treatment Programs. The Veterans Health Administration (VHA) notes that the OIG did not make any recommendations to the Under Secretary for Health.
2. VHA is committed to continually improving our processes and tools to serve Veterans in crisis. Thank you for highlighting this important area of focus.
3. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at [vacovha10oicoig@va.gov](mailto:vacovha10oicoig@va.gov).

*(Original signed by:)*

John J. Bartrum, JD, MBA

[OIG comment: The OIG received the above memorandum from VHA on May 5, 2026.]

## Glossary

*To go back, press "alt" and "left arrow" keys.*

**annual safety and security assessment.** A mandatory annual assessment for VHA medical centers that have mental health residential rehabilitation treatment programs (MH RRTPs) that were officially designated as operational during the fiscal year, in which MH RRTP program managers and representatives from specified services conduct a review of the programs that “addresses issues related to environment of care, safety issues, and privacy concerns for residents and staff.”<sup>33</sup>

**bed checks.** Staff verification of the physical presence and status of each MH RRTP resident, conducted twice daily at night and in the morning.<sup>34</sup>

**comprehensive environment of care rounds.** “Recurring facility tours used to manage environmental risk through the pro-active identification of unsafe conditions or non-compliance, and addressing corrective actions while expanding interaction with facility staff.”<sup>35</sup>

**fiscal year.** A 12-month period used for accounting purposes that in the federal government runs from October 1 through September 30.<sup>36</sup>

**unit rounds.** MH RRTP staff walk-throughs of the unit, including patient rooms and all common spaces, such as hallways, dayrooms, group rooms, stairwells, and community bathrooms, which are conducted on a regular basis, at least every two hours, and intended to maintain situational awareness.<sup>37</sup>

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<sup>33</sup> VHA Directive 1162.02. VHA Office of Mental Health, *Mental Health Residential Rehabilitation Treatment Program (MH RRTP) FY 2024 Annual Program Review Form Guidance Document*, accessed November 19, 2204.

<sup>34</sup> VHA Directive 1162.02.

<sup>35</sup> VHA Directive 1608(1), *Comprehensive Environment of Care Program*, June 21, 2021, amended September 7, 2023.

<sup>36</sup> 49 C.F.R. § 1511.3 (2023).

<sup>37</sup> VHA Directive 1162.02.

## OIG Contact and Staff Acknowledgments

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Pursuant to Pub. L. 117-263, section 5274, codified at 5 U.S.C. § 405(g)(6), nongovernmental organizations and business entities identified in this report have the opportunity to submit a written response for the purpose of clarifying or providing additional context to any specific reference to the organization or entity. Comments received consistent with the statute will be posted on the summary page for this report on the VA OIG website.