U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health
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ORH PROGRAM OVERVIEW

Rural Access Network for Growth Enhancement (RANGE)

Background

The Veterans Health Administration (VHA) developed two programs to provide intensive mental health and psychosocial rehabilitation services to rural Veterans with serious mental illness (SMI) in 2018: Rural Access Network for Growth Enhancement (RANGE) and Enhanced-RANGE (E-RANGE). RANGE is a well-established, proven practice where health professionals deliver intensive community-based care. RANGE provides mental health and psychosocial rehabilitation services to Veterans with SMI in rural areas while the E-RANGE program provides mental health and psychosocial rehabilitation services and homeless outreach services in rural areas.

Compared to urban Veterans, rural Veterans typically face higher poverty levels, are older, and have worse health outcomes, including higher rates of cardiovascular and suicide-related deaths. While they access VA mental health care at lower rates than urban Veterans, they are also less likely to receive specialized mental health services like intensive case management and psychosocial rehabilitation.

Goals and Objectives

The RANGE and E-RANGE programs aim to provide intensive outpatient mental health services based on the principles of Assertive Community Treatment (ACT) to rural Veterans. ACT is a team-based approach providing community-based psychiatric treatment, rehabilitation, and support for individuals with severe and persistent mental illness. It is particularly beneficial for Veterans who struggle to engage with traditional mental health services.

These programs strive to ensure that rural Veterans have the same access to mental health care services as those available to urban Veterans.

Key Features of ACT:

1. Low Client-to-Staff Ratio
2. Community-Based Services
3. Comprehensive and Individualized Care teams provide medication management, therapy, housing support, employment assistance, and substance abuse treatment.

The goal of RANGE and E-RANGE is to improve rural Veterans' access to mental health care, reduce symptoms, and enhance overall quality of life.

Methodology

Beginning in 2009, ORH funding has allocated funding to support 53 three-year start-up programs, with VA medical centers committing to sustain these initiatives beyond the initial three-year period. The Office of Rural Health (ORH) tasked the Office of Mental Health with the training and monitoring of the implementation and utilization of these funds.

The Enterprise-Wide Initiative (EWI) began in 2018, marking a significant step towards improving access to healthcare services for veterans residing in rural areas. Since the EWI started, 34 RANGE Programs and 8 E-RANGE Programs that have been funded by ORH. These programs have significantly impacted rural veterans, serving 6,106 rural veterans out of a total of 6,786 veterans and facilitating 73,574 encounters. In addition to the programs directly funded by ORH, the creation of the RANGE and E-RANGE programs with ORH's support has ultimately led to creation of a total of 99 RANGE and 22 E-RANGE programs, with many being funded through medical center funds, providing even broader reach in serving Veterans in rural areas. This initiative vividly showcases the VA's dedication to enhancing healthcare access and services for veterans in rural and isolated areas, demonstrating the tangible benefits and critical need for such targeted programs.

RANGE Teams

Composition: Each RANGE team consists of two full-time primary clinicians and a part-time Psychiatrist:

- One nurse is responsible for medication management, physical health monitoring, and patient education.
- One social worker provides case management, psychosocial support, evidence-based psychotherapy, and community resource connections.
- A psychiatrist (or advanced practice provider) dedicates 20% per 50 Veterans served of their time to oversee medication management and psychiatric care.

E-RANGE Teams

Composition: Each E-RANGE team consists of three full-time primary clinicians and a part-time Psychiatrist:

- Expanded Model: E-RANGE builds upon RANGE by adding an additional full-time primary clinicians, creating a minimum of three full-time primary clinicians.
- Dedicated Pharmacotherapy Provider: Like RANGE, a psychiatrist (or advanced practice provider) dedicates 20% time per 50 Veterans served to the team.
- Homeless Outreach Focus: E-RANGE teams provide targeted outreach to homeless Veterans, assisting with housing, employment, and access to VA and community resources.

Impact on Rural Veteran Health

1. Improved Access to Mental Health Care
2. Reduction in Hospitalization and Emergency Visits
3. Improved Housing Stability and Homelessness Prevention
4. Targeted Outreach: Assists rural Veterans in securing stable housing and employment.
5. Reduced Suicide Rates Among Rural Veterans
6. Addressing Chronic Health Conditions

By scaling these programs, the health care gap between rural and urban Veterans can be narrowed, promoting better health outcomes for Veterans living in rural and highly rural areas.

RANGE teams can be challenged by inclement weather and geography while driving to meet Veterans at their homes.

Key Takeaways

The RANGE and E-RANGE models demonstrate significant improvements in rural Veteran health by:

- ☑ Expanding mental health care access
- ☑ Reducing hospitalizations
- ☑ Preventing homelessness
- ☑ Lowering suicide risk
- ☑ Integrating physical and mental health care

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References

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