



PREVENTION AND PRACTICE: BEHAVIORAL HEALTH AMONGST INDIVIDUALS WITH DISABILITIES

SESSION 4: Improving behavioral health engagement for individuals with severe chronic disease



MAY 27, 2026

Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise virtual hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email
- *Let us know about you!*
 - State
 - Organization name
 - Title
 - What brings you here today



Moderators



**Kevin Lombardi, MD,
MPH**
Director of Research



**Fide Pineda Sandoval,
MPH, CHES**
Technical Assistance
Manager, NCHPH



REVIEW OF SESSION 3: IMPROVING ACCESS TO BEHAVIORAL HEALTH CARE FOR VETERANS WITH DISABILITIES



Case Study: Disabled Veterans and Mental Health Access

Mr. Jones is a 57 year-old man who presents for a wellness exam. He has a past medical history of Type 2 Diabetes Mellitus (T2DM), and hypertension. The patient has a behavioral health history of Major Depressive Disorder (MDD), Post-Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder (GAD) and Tobacco Use Disorder (remission for 1 year as of 2018).

Mr. Jones is a 50% service-disabled Desert Storm Navy veteran with severe lumbar degenerative disc disease with associated lumbosacral radiculopathy (sciatica) .

Your health center has a large veteran population and is in the suburban area of a medium-sized city.

Case Study: Disabled Vets and Mental Health Access

Mr. Jones undergoes a standard intake, including vitals and a nonmedical needs screener. The results are as follows:

BP: 178/98

HR: 92

RR: 18

A review of Mr. Jones' medical records indicates the following:

Vitals (2020):

BP: 138/98

HR: 60

RR: 18

HbA1c: 7.0

Prescribed Medications: Metformin, Chlorothiazide, Citalopram (Celexa)

Drug Screen: Pan-negative

The results of Mr. Jones' nonmedical needs screener reveal the following:

Appendix

WellRx Questionnaire

DOB _____ Male ___ Female _____

WellRx Questions

1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

Yes

_____ No

2. Are you homeless or worried that you might be in the future?

Yes

_____ No

3. Do you have trouble paying for your utilities (gas, electricity, phone)?

Yes

_____ No

4. Do you have trouble finding or paying for a ride?

Yes

_____ No

5. Do you need daycare, or better daycare, for your kids?

_____ Yes

No

[Link: To Resource](#)

The results of Mr. Jones' nonmedical needs screener reveal the following:

6. Are you unemployed or without regular income?



Yes

_____ No

7. Do you need help finding a better job?



Yes

_____ No

8. Do you need help getting more education?

_____ Yes



No

9. Are you concerned about someone in your home using drugs or alcohol?

_____ Yes



No

10. Do you feel unsafe in your daily life?

_____ Yes



No

11. Is anyone in your home threatening or abusing you?

_____ Yes



No

The WellRx Toolkit was developed by Janet Page-Reeves, PhD, and Molly Bleecker, MA, at the Office for Community Health at the University of New Mexico in Albuquerque. Copyright © 2014 University of New Mexico.

[Link: To Resource](#)

Case Study: Disabled vets and mental health access

Mr. Jones is treated by his provider, who is also a combat veteran.

Upon physical examination, Mr. Jones is noted to be withdrawn and to exhibit closed body language. His responses are terse, and he seems irritated.

His physical examination is positive for 1+ pitting edema and darkened skin around his neck and groin area.

New results are positive for an HbA1c of 8.2

During the examination, Mr. Jones makes several comments about “difficulty getting up in the morning” and challenges “focusing”.

Case Study: Disabled vets and mental health access

The provider, considering Mr. Jones's disability and past behavioral health history, performs a depression/anxiety screening (PHQ-9 and GAD-7), noting the following results:

Depression and anxiety screening was strongly positive for clinically significant symptomatology. The veteran endorsed persistent depressed mood, excessive anxiety, sleep disturbance, impaired concentration, irritability, and reduced daily functioning. Findings were consistent with moderate to severe depressive and anxiety-related symptoms requiring ongoing clinical evaluation and treatment.

Case Study: Disabled vets and mental health access

When questioned regarding the results of his nonmedical needs screener, Mr. Jones reveals the following:

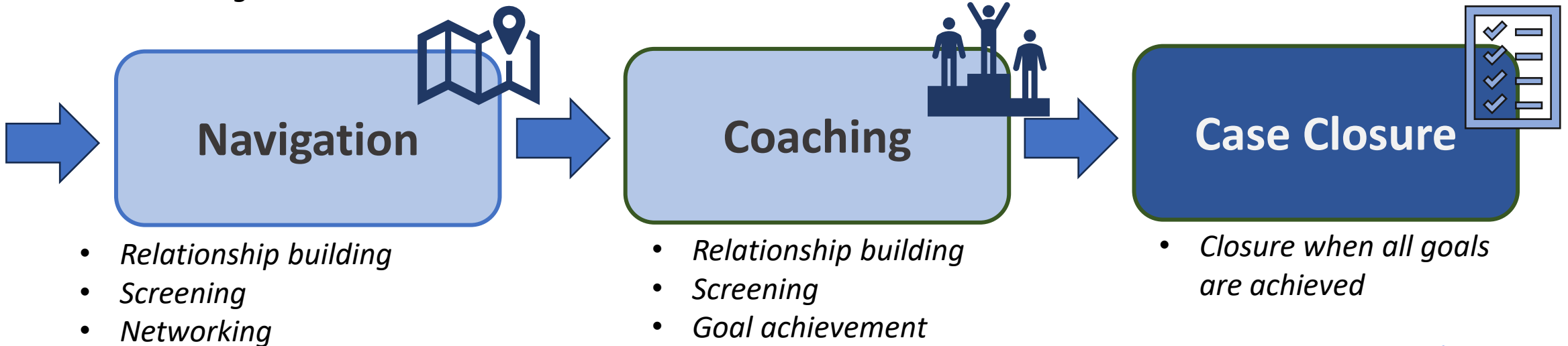
1. He worked as a part-time customer service professional until 4 months ago, when he was laid off.
2. His disability benefits only cover about 80% of his financial needs.
3. He is behind on his utility payments and his car is not operable. He uses Uber and walks for transportation.
4. Mr. Jones is single and does not have any family in the area.
5. Mr. Jones has been taking a half dose of his prescription medications because he can no longer afford the medication.

Case Study: Disabled vets and mental health access

Mr. Jones is asked if he is interested in treatment for his behavioral health conditions or nonmedical needs but avoids answering the question.

When questioned, he notes that he prefers to deal with his private life by himself. When asked why, he explains that he has had difficulty connecting with his providers and that he felt judged.

Case Study: Disabled Vets and Mental Health Access



Case Study: Continuity of Care to Support Behavioral Health

Mr. Jones is contacted by a staff member that works for your facility via telephone. Mr. Jones is initially reluctant to receive assistance and refuses a CHW assessment. The CHW offers the following resources, which lead to Mr. Jones agreeing to an initial consultation:

- 1. Consultation via Telehealth***
- 2. His selection of a CHW***

Mr. Jones meets his CHW via the facility's telehealth mobile application. At the beginning of his appointment, Mr. Jones has a short introductory session with his CHW, who uses a number of interview techniques to make Mr. Jones more comfortable during his visit.

Case Study: Continuity of Care to Support Behavioral Health

Please take a moment to write or type your response to the following:

If you were interviewing Mr. Jones, how would you encourage him to open up?

What are some interview techniques or procedures that can be used with a patient like Mr. Jones?

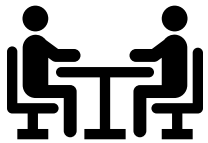
Case Study: Continuity of Care to Support Behavioral Health

Mr. Jones' CHW utilizes the following techniques to facilitate his interview.



Active listening: Fully comprehending the client's response through verbal and nonverbal cues, including client's emotional state. This involves complete concentration on the client

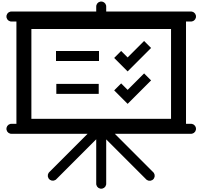
Adaptive questioning: Starting with general questions, then becoming more specific.



Nonverbal communication: Staying in tune with client's posture and body language.

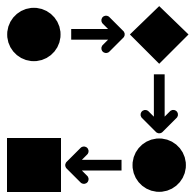
Case Study: Continuity of Care to Support Behavioral Health

Mr. Jones's CHW utilizes the following techniques to facilitate his interview (continued)



Empathy, validation, reassurance: Telling the client that their emotions are reasonable

Partnering and summarization: Playing a coach-like role with the patient by reflecting the patient's responses to ensure they feel understood.



Transitions and empowerment: Letting the client know what the next steps are can help reduce both provider and client anxiety.

Case Study: Continuity of Care to Support Behavioral Health

Please take a moment to write or type your response to the following:

What types of programs are available at your organization for patients like Mr. Jones?

Which program interventions would be most helpful to Mr. Jones, and why?

Case Study: Continuity of Care to Support Behavioral Health

During consultation, Mr. Jones' CHW utilizes a nonmedical needs framework to determine facility resources to meet his needs:



Education Access and Quality:

- *No resources identified for this client.*



Health Care Access:



- *Free transportation to health center via facility van service. Appointment reminders via facility's mobile appointment application and text messages.*
- *Behavioral health available via local VAMC.*

Neighborhood and Built Environment:

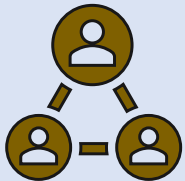
- *Utility vouchers provided from a local community-based organization.*
- *The social worker contacts utility providers to help prevent service discontinuation.*



Case Study: Continuity of Care to Support Behavioral Health

During consultation, Mr. Jones' CHW utilizes a nonmedical needs framework to determine facility resources to meet his needs:

Social and Community Context:

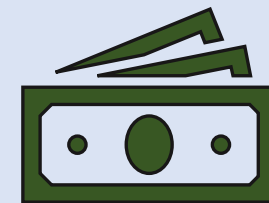


- *Local veteran's social group*
- *Tobacco cessation literature and resource pamphlets*
- *Regular (bi-monthly) tobacco cessation check-ins*



Economic Stability:

- *Training and support services through facility Jobs Plus Site*
- *Veteran's peer-support group at local church*
- *Temporary medication assistance*



Link to resources: [Jobs Plus Initiative](#)

Case Study: Continuity of Care to Support Behavioral Health

Please take a moment to write or type your response to the following:

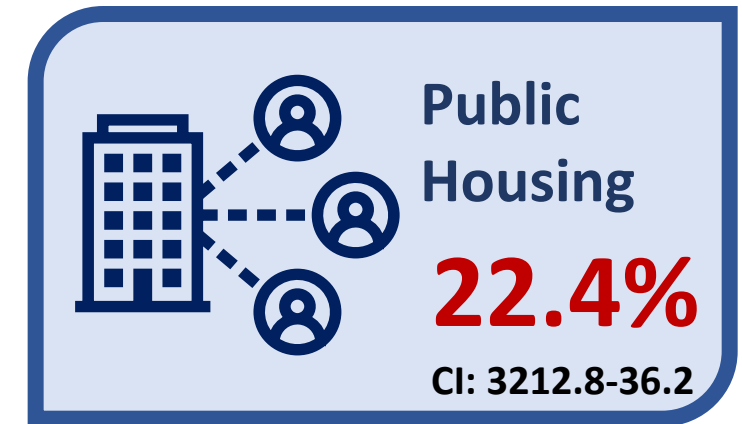
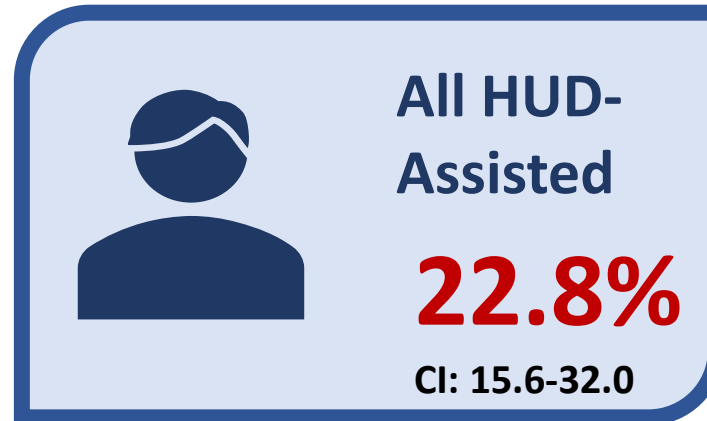
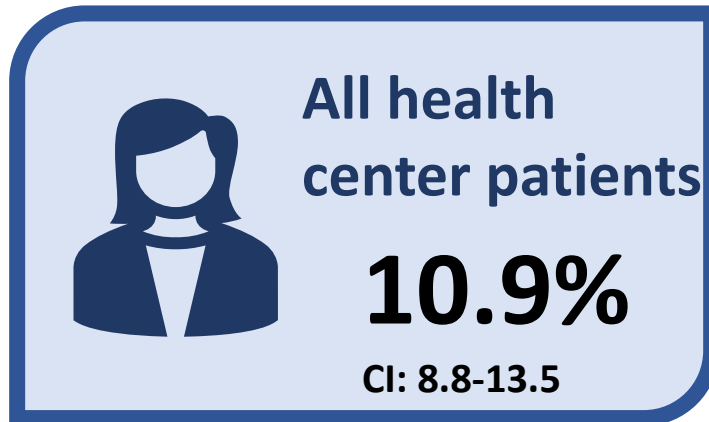
Considering Mr. Jones' disability (PTSD), how was telehealth helpful in providing access to care?

How can we use telehealth to help other medically underserved populations?

Question CON27a_R (recode)

“Do you have any difficulty with self-care, such as washing all over or dressing?”

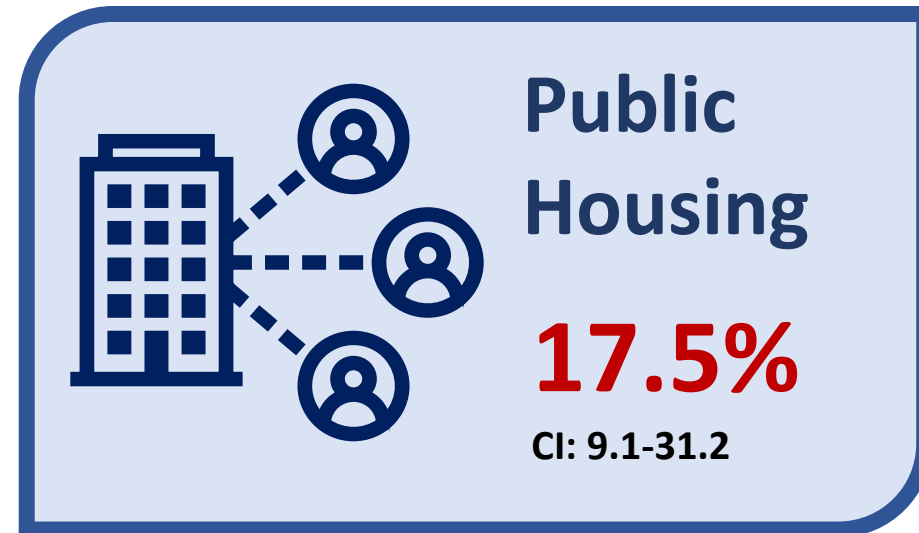
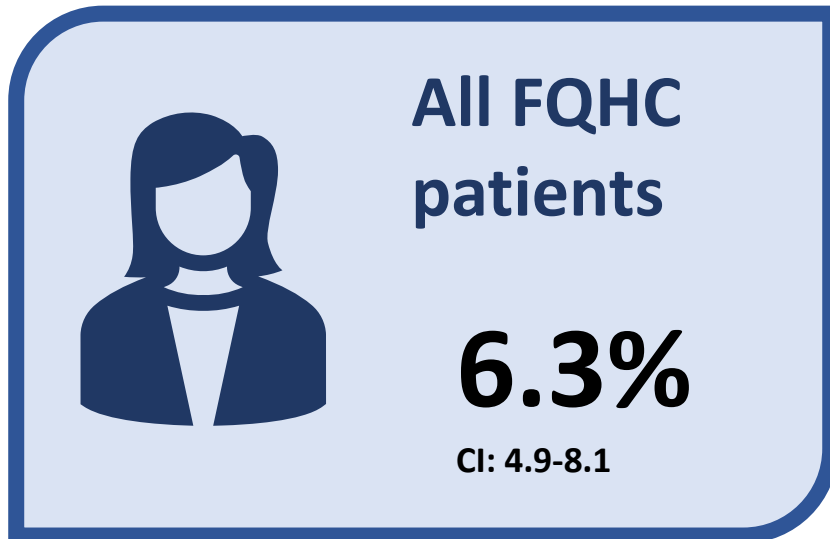
Survey Results:



Question CON27b_R (recode)

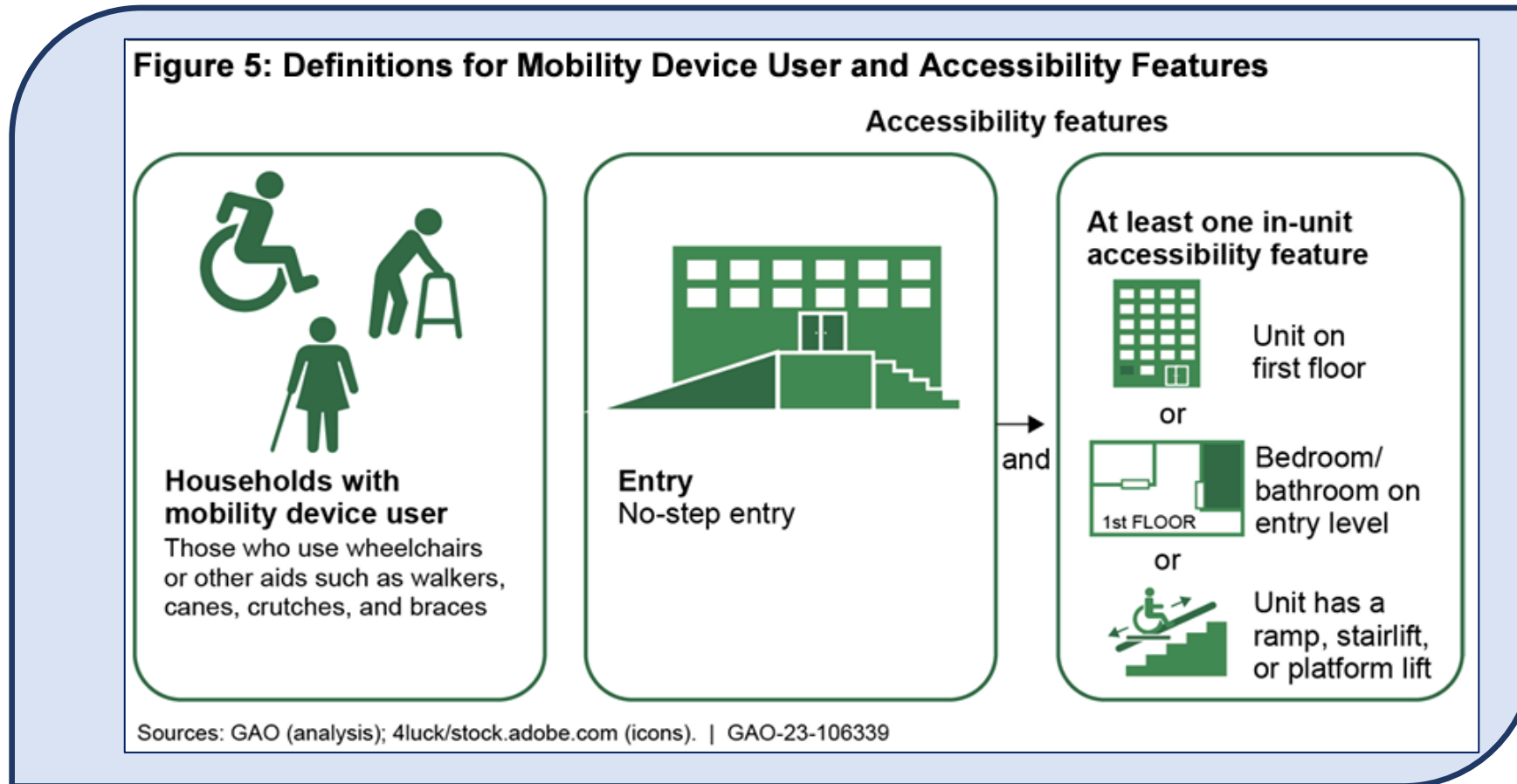
“Do you have any difficulty with eating?”

Study Results:



By the Numbers: HUD-Supported Residents with Disabilities

Properties must be updated with a variety of accessibility features to be suitable for individuals who use a mobility device.

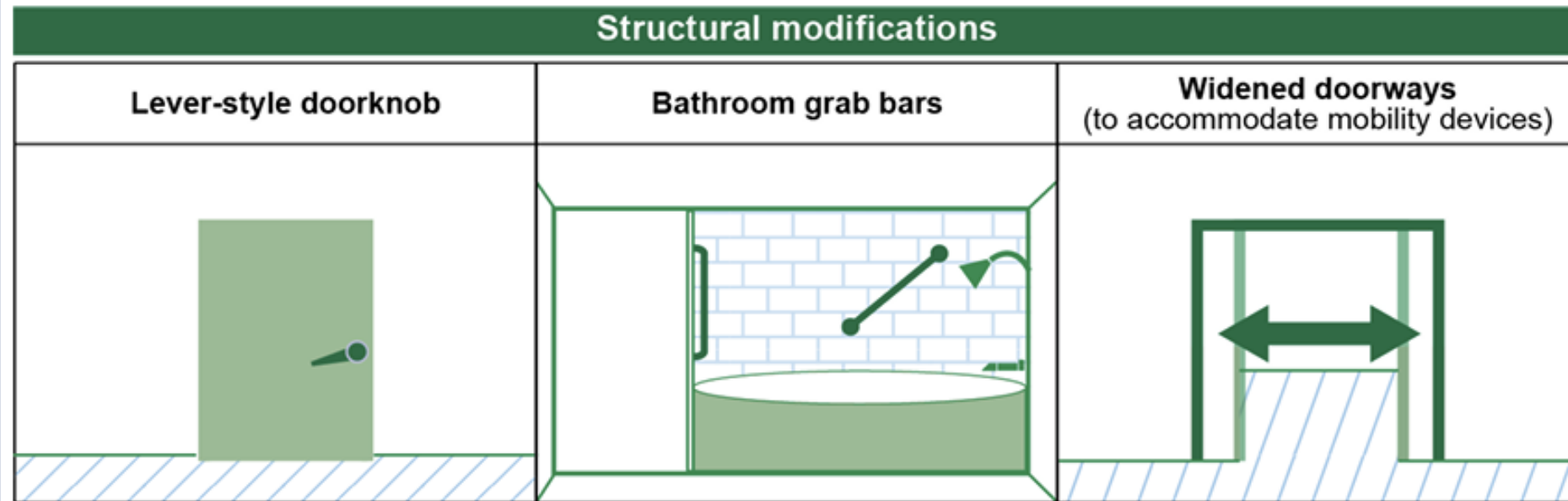


Link to resource: [GAO report](#)

By the Numbers: HUD-Supported Residents with Disabilities

Features such as bathroom-grab bars have been shown to decrease the risk of in-home injury for individuals with physical disabilities, including those utilizing mobility devices

Figure 4: Examples of Structural Modifications



Source: GAO analysis of Department of Housing and Urban Development information. | GAO-23-106339

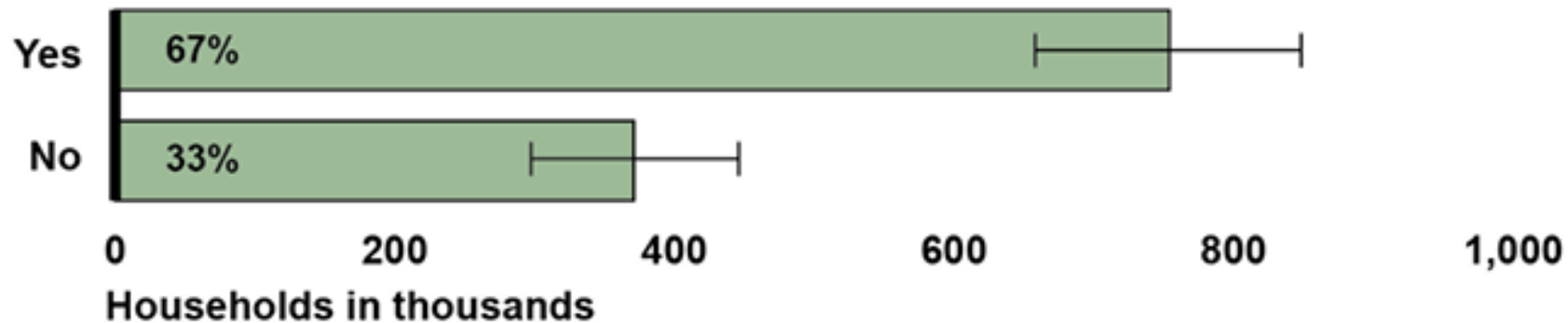
Link to resource: [GAO report](#)

By the Numbers: HUD-Supported Residents with Disability

A large proportion of HUD-Assisted Households utilizing a mobility device do not have no-step entry or at least one in-unit accessibility feature

Figure 7: Proportion of HUD-Assisted Households with a Mobility Device User That Reported a No-Step Entry and In-Unit Accessibility Features, 2019

No-step entry plus at least one in-unit accessibility feature?



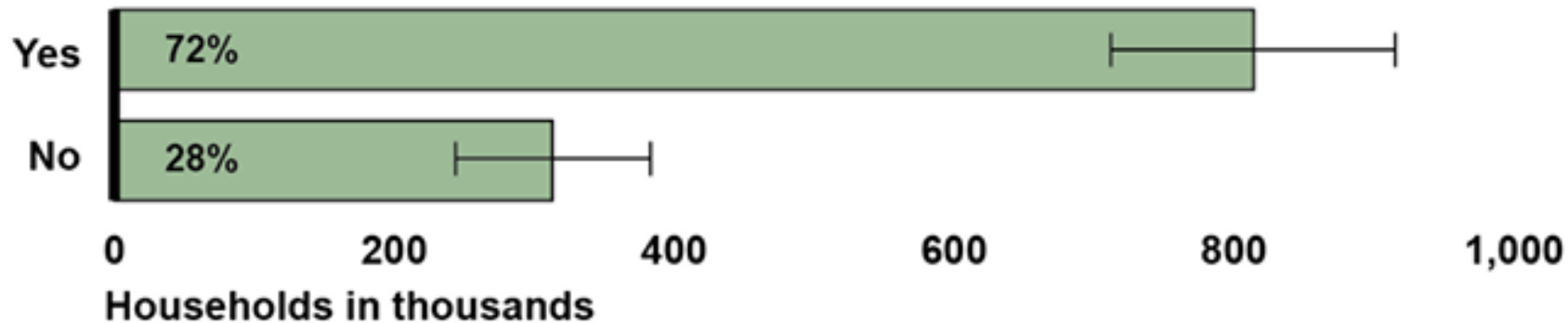
Link to resource: [GAO report](#)

By the Numbers: HUD-Supported Residents with Disability

A large proportion of HUD-Assisted Households utilizing a mobility device do not have no-step entry

Figure 6: Proportion of HUD-Assisted Households with a Mobility Device User That Reported a No-Step Entry, 2019

No-step entry?



Link to resource: [GAO report](#)

Prevention and Practice: Behavioral Health Amongst Individuals with Disabilities

Session 4: Improving behavioral health
engagement for individuals with severe chronic
disease

Dr. Kevin Michael Lombardi MD, MPH

*Director of Research
The National Center for Health in Public Housing
North American Management*





Practice Recommendations



1

Health care professionals should receive training to assess for sexual victimization of persons with disabilities.



2

Information about available services should be readily accessible.



3

*Ensure **physical and adapted access** to authorities and support services*

4

*Clinicians should adopt **systemic and standardized assessing and recording** of possible sexual violence of persons with disabilities*

5

*Reluctance to disclose due to lack of awareness of rights or fear of losing support should be **recognized and addressed***

6

*Sexual education should be provided to **adolescents and adults with disabilities***

Link to publication: [Mailhot et al](#)



Epidemiology of Sexual Abuse and Disability

**Increased risk of sexual victimization
Individuals with disability***

**270% or 2.7 x
the general
population**

* Includes pediatric patients

Link to publication:
[Mailhot et al](#)

**Increased risk of rape
women with disability**

**330% or 3.3 x
the general
population**

Link to publication:
[Basile et al](#)

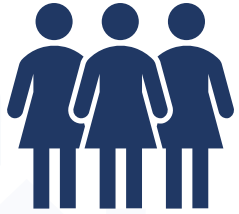
**Increased lifetime risk of
nonconsensual sex: men
with disabilities**

**150% or 1.5 x
the general
population**

Link to publication:
[Mitra et al](#)



Epidemiology of Sexual Abuse and Disability



Women with disabilities*

15.4%

Lifetime rate, non-partner physical violence

11.1%

Lifetime rate, non-partner sexual violence



Men with disabilities*

56.2%

Lifetime rate, non-partner physical violence

5.6%

Lifetime rate, non-partner sexual violence

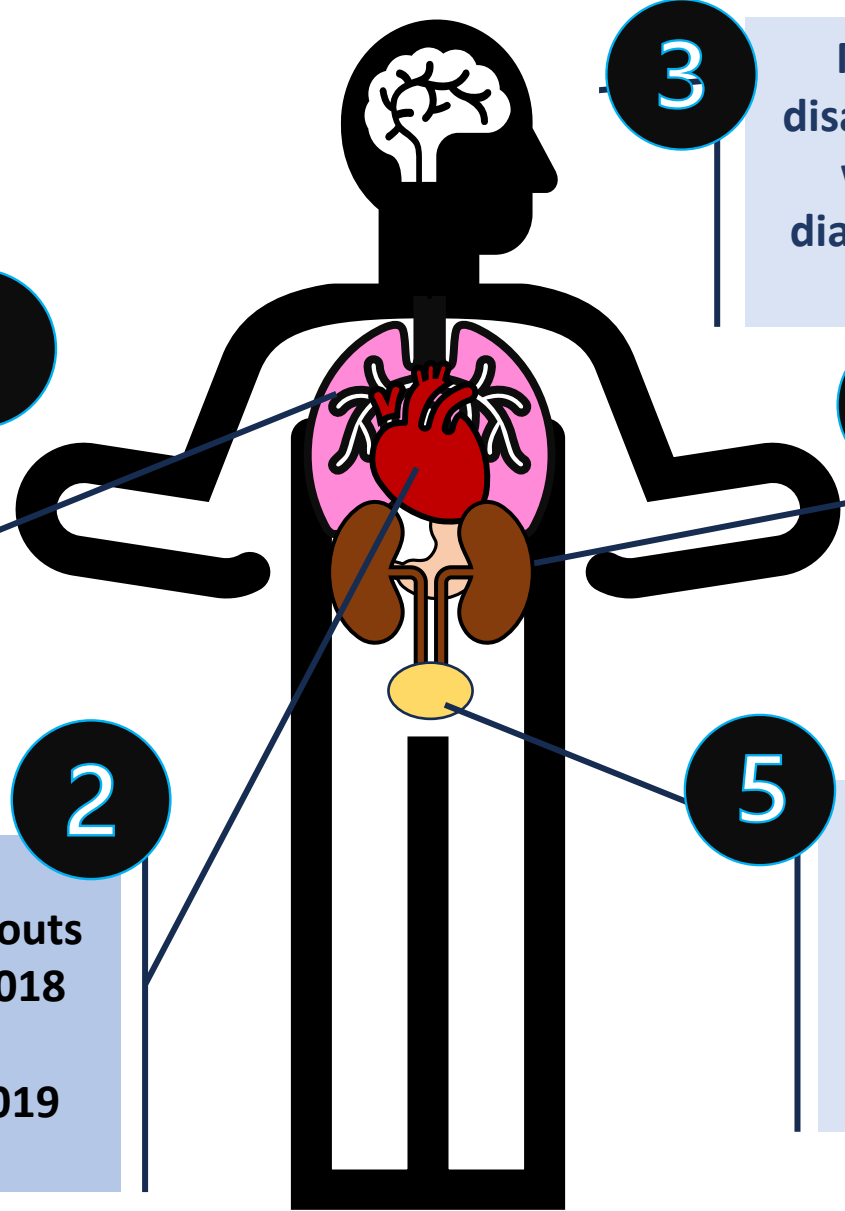
* Includes physical, intellectual and psychological disabilities

Link to publication: [Malih](#)

[i et al](#)



Case Study: Disability and Heart Disease



1 Mr. Tarzia (55, M) was diagnosed with **Congestive Heart Failure (CHF)** in 2017, the result of 30 years of poorly-controlled **Hypertension** complicated by cigarette smoking.

2 Mr. Tarzia began to experience bouts of **Acute Pulmonary Edema** in 2018 and diagnosed with **Chronic Pulmonary Edema** in January 2019

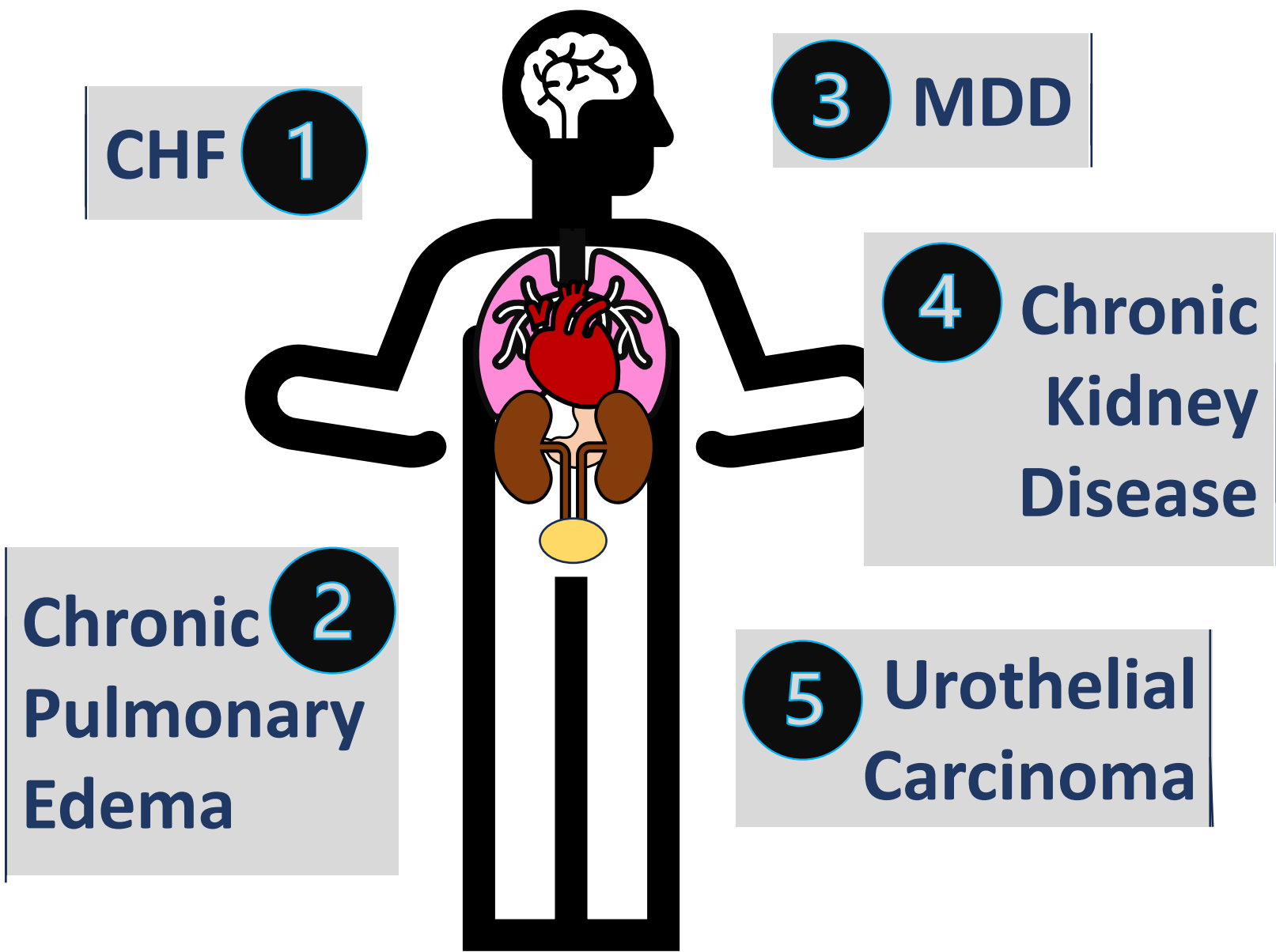
3 Mr. Tarzia went on Social Security (SS) disability in May 2019 and began struggling with depression in June 2019. He was diagnosed with **Major Depressive Disorder (MDD)** in September of 2019

4 After his diagnosis with CHF, Mr. Tarzia began to experience kidney damage. He was diagnosed with **Chronic Kidney Disease (CKD) III** in 2020 and **CKD IV** in 2021

5 Due to years of cigarette smoking, in December of 2023, Mr. Tarzia was diagnosed with **Urothelial Carcinoma**.

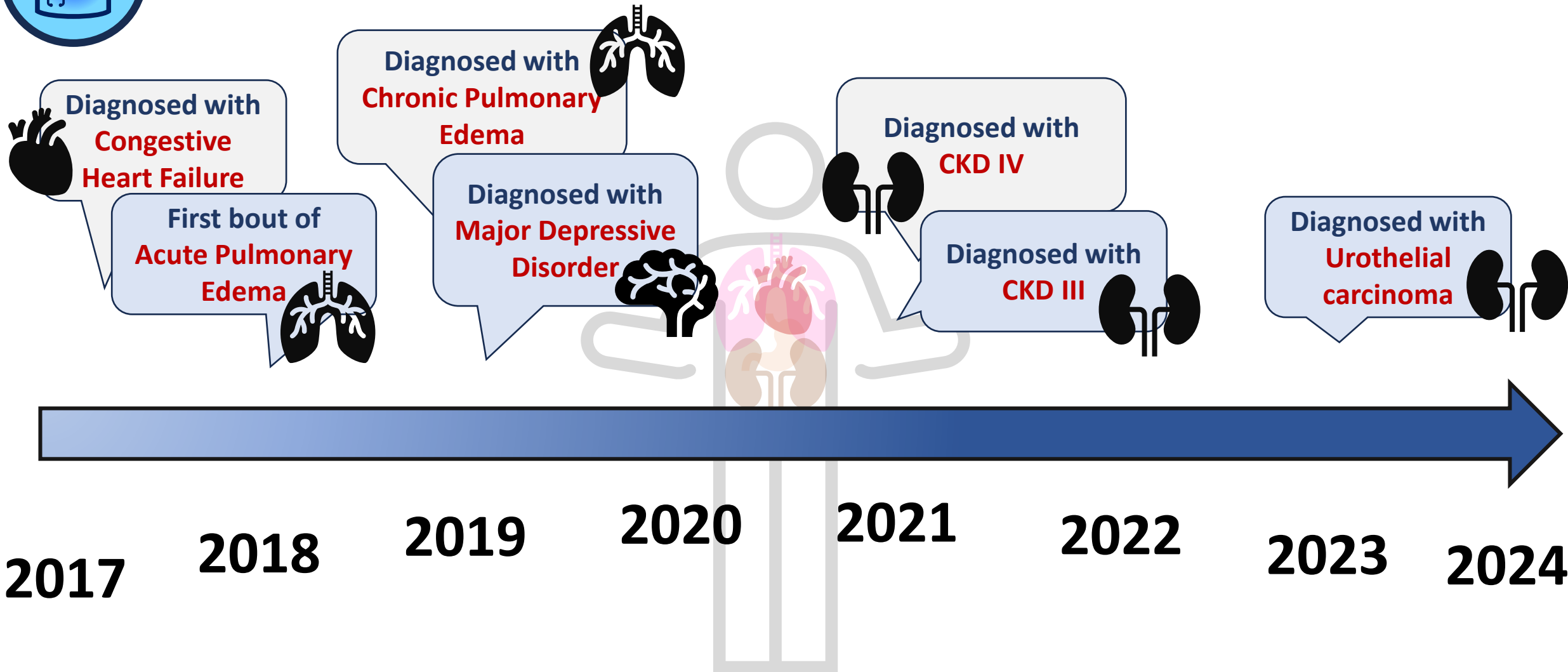


Case Study: Disability and Heart Disease



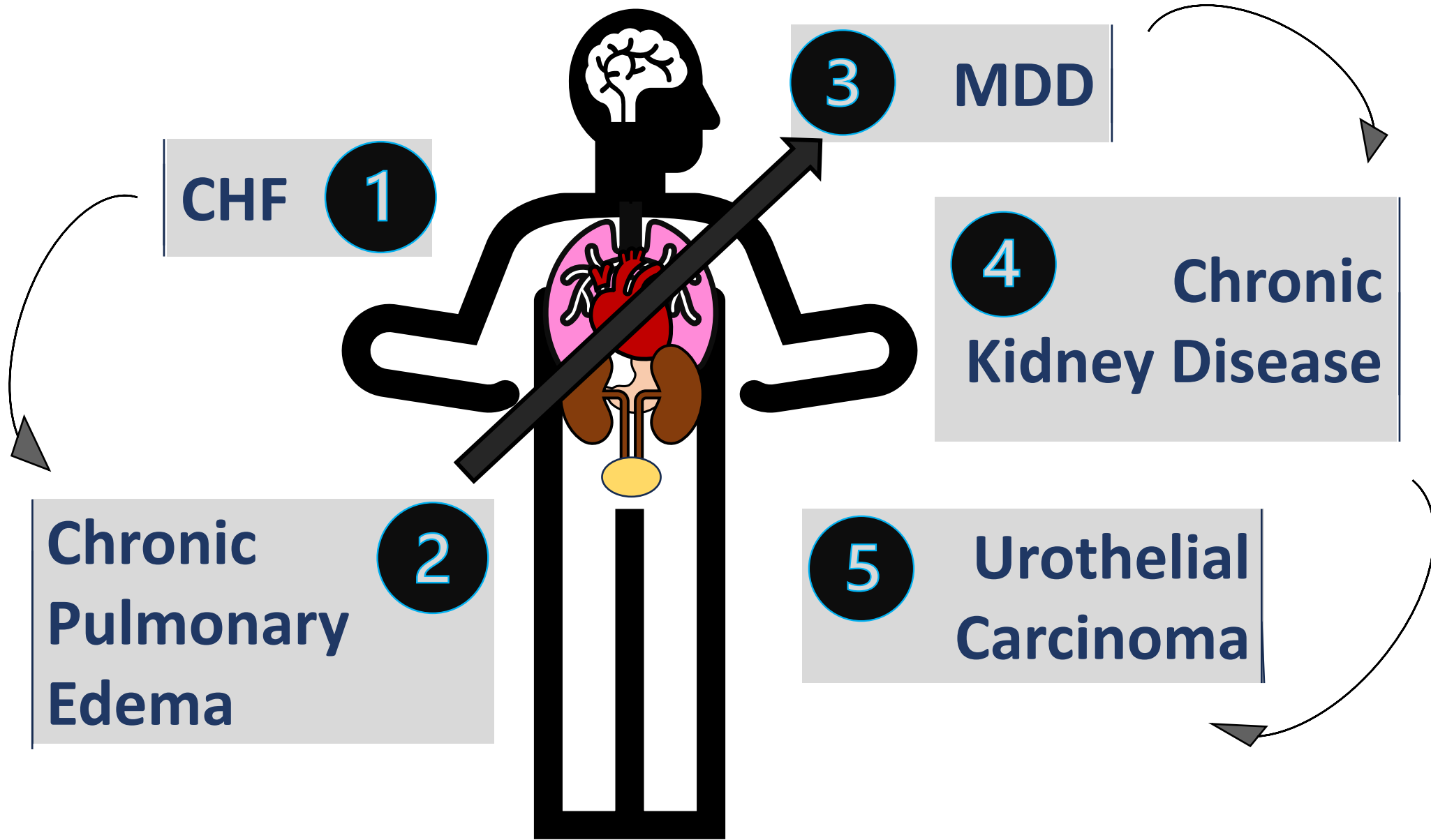


Case Study: Disability and Heart Disease





Case Study: Disability and Heart Disease



CHF 1

Chronic Pulmonary Edema 2

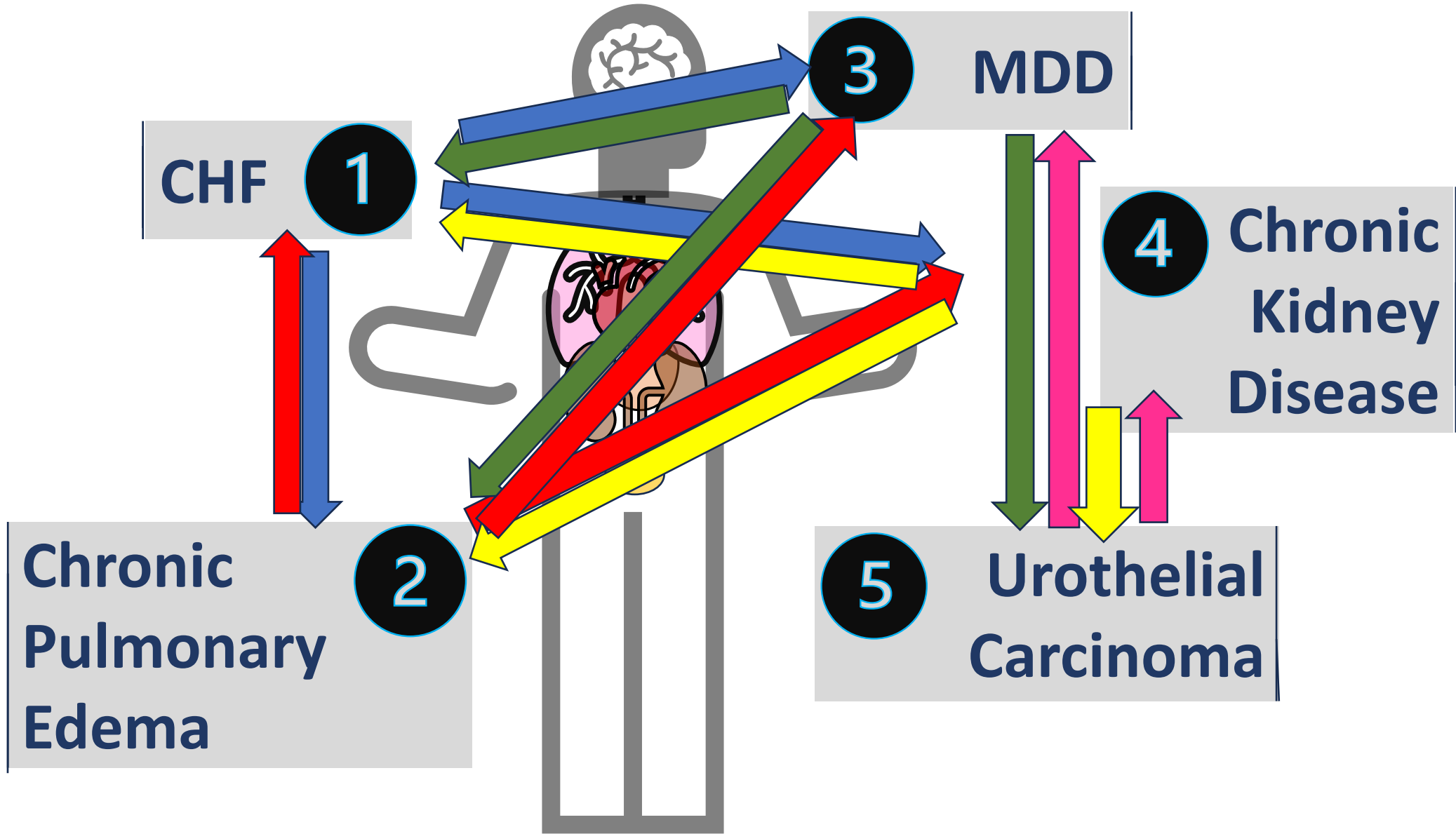
3 MDD

4 Chronic Kidney Disease

5 Urothelial Carcinoma

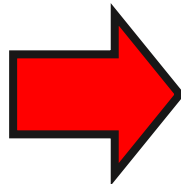
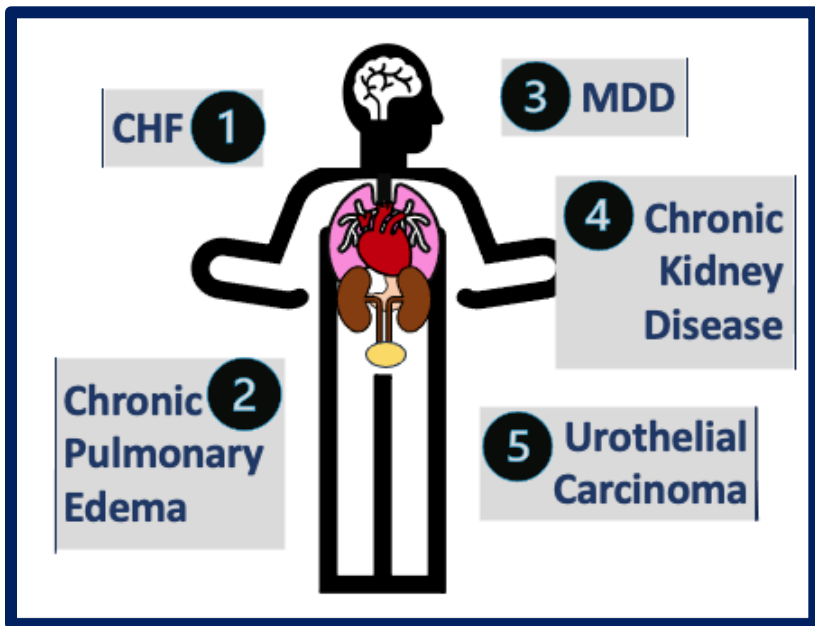


Case Study: Disability and Heart Disease





Case Study: Disability and Heart Disease



Patient Outcomes

Poor Subjective Experience	+ Infection Risk	- Emotional wellbeing
+ Risk of Social Isolation	++ Economic cost of Care	- Income
+ Injury Risk	+ Disability Risk	+ Reliance on Social Support



Case Study: Disability and Heart Disease

Patient Outcomes

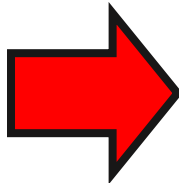
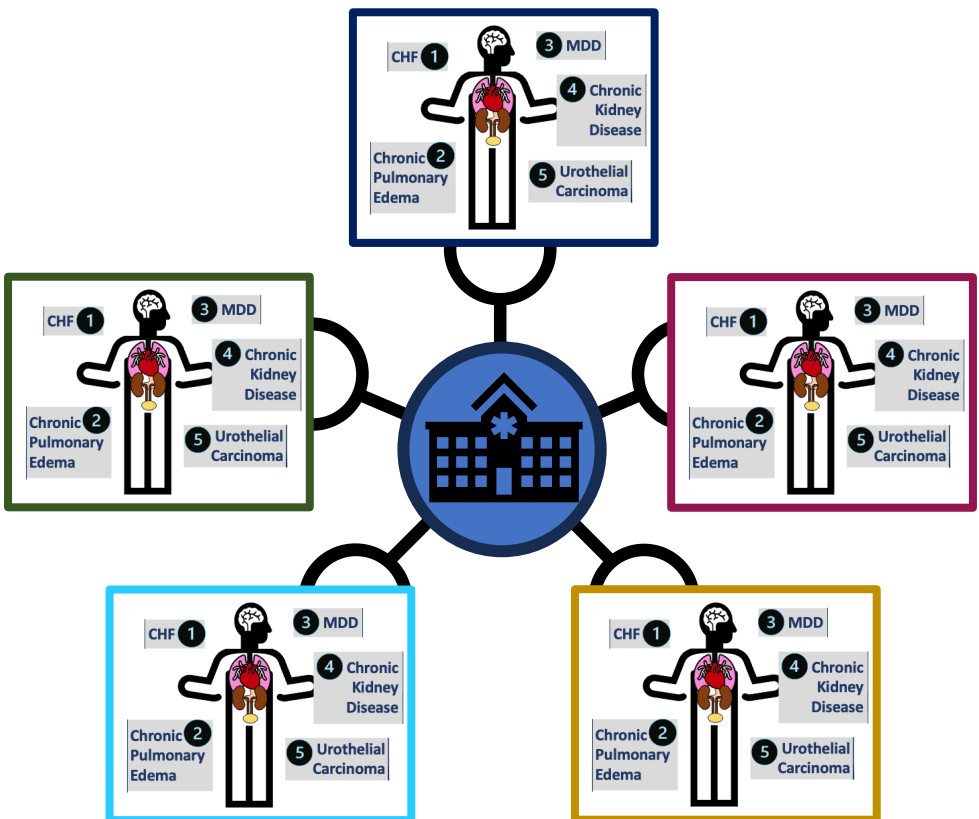
- | | | |
|----------------------------|--------------------------|------------------------------|
| Poor Subjective Experience | + Infection Risk | - Emotional wellbeing |
| + Risk of Social Isolation | ++ Economic cost of Care | - Income |
| + Injury Risk | + Disability Risk | + Reliance on Social Support |

=

Increased risk of experiencing violence



Case Study: Disability and Heart Disease



Public Health Outcomes

- Quality Adjusted Life Year

+ Medically vulnerable population

+ Cost of Care

+ Cost of healthcare coverage

+ Strain on existing resources

+ Healthcare staff burnout

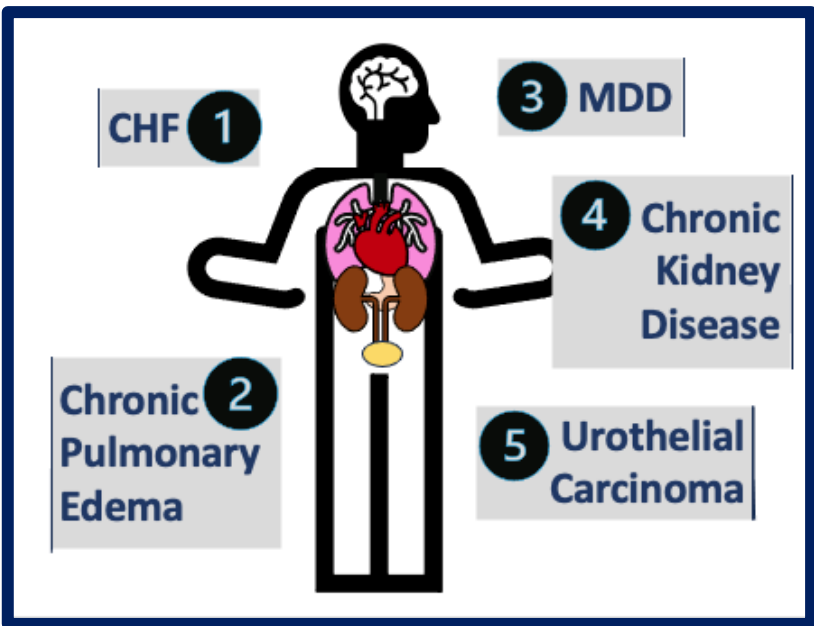
+ Emergency Department Use

+ Specialist Use

+ Strain on Social Services



Case Study: Disability and Heart Disease



Link to resource: [Healthy People 2030](#)

Q & A SESSION



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