

●► NYSHA NEWS

Hamaspik Making Inroads into the Mental Health Field: an Interview with the Directors of Integrated Health

In an interview with Mordechai Neuman, LCSW, who directs this new initiative in the Hudson Valley, the Gazette gets a firsthand glance at the daily activities of this specialized program

Hamaspik Gazette: For whom is this program designed?

Mordechai Neuman: Integrated Health serves those with emotional challenges as well as those with chronic physical challenges. (The program is not meant for the OPWDD population). Through this program, eligible individuals will be assigned a Care Manager, who serves as their personal advocate and guide through their difficult journey.

HG: What's behind the name "Integrated Health"?

MN: As the name suggests, it integrates the care from different dimensions: doctors, therapists, psychiatrists, social services benefits, etc., all under one virtual roof, creating one comprehensive plan with one goal of providing hope and concrete solutions,



so that the individual remains in the game with their chin up.

HG: What do you mean by that?

MN: All too often, individuals who have "been through the system," including several inpatient visits, lose hope in any sense of a meaningful future. With specialized care, however, focused around the feelings and needs of the individual, hope is not a far cry anymore.

HG: From your spectrum of cases, can you pick a few that would best explain the program?

MN: For starters, we try to refer to our individuals as "people"—not "cases." We look at an individual and see potential. We see a loving family with lots of hope. Through the eyes of our adult clients we see them in their youth, playing innocently with friends, looking at the world as a beautiful place. We believe

that the value of a human is more than the sum of his or her problems. We believe that and we practice it daily.

HG: Wow. Well said. Could you give us some scenarios of when someone would reach out for help?

MN: One: A talented young man finds himself suddenly in a difficult chronic medical situation. Doctors are perplexed. By the time a diagnosis and a course of treatment is found, he has lost many months, all at the price of his overall wellbeing, physical and emotional. He is no longer motivated to keep his preexisting diabetes under control.

Two: A home where both parents are battling psychological ailments that were never addressed properly. With three children at home, the question becomes, "Should this family be written off or can

CONTINUED ON PAGE 5 >>

●► HEALTH NEWS

Pharma Giant Resorts to Lottery to Dole Out Limited Stock of World's Most Expensive Lifesaving Drug

Novartis: Drawing Lots Best Response to Vexing Ethics; Zolgensma Costs \$2.1 Million a Dose

Basel, Switzerland — Say you produce the world's most-expensive drug: \$2.1 million for a single dose. Then, say it cures a previously-incurable rare disorder in children.

Now, say its tedious manufacturing process limits your supply—but you've got parents practically pounding your doors, doing everything they can to help their affected children.

What would you do?

That's the ethical dilemma that faced drugmaker Novartis last year, when it announced that its wonder drug Zolgensma would be provided to parents based on lottery win, not medical need.

Zolgensma is a genetic cure for spinal muscular atrophy (SMA), a very rare neuromuscular disease. It works by replacing the missing or mutated SMN1 gene; a missing or mutated SMN1 causes low levels of the SMN

protein that is vital for normal muscle function.

When Zolgensma was approved by the FDA last year, SMA parents worldwide rejoiced. But because of the limited supply, Novartis was faced with a dilemma: Who gets it first?

Random lotteries are an accepted way to mete out resources when there is a limited amount, some say, as they establish an equal playing field. But others argue that favoring children most ill would be a more ethical approach, as healthier patients could potentially wait until more supply is

available.

Novartis finally settled on conducting a lottery—an odd raffle of sorts in which patients were assigned random numbers, and a number randomly picked.

The lottery has several rules. Firstly, it's only for non-U.S. residents—Zolgensma is FDA-approved in the U.S., but is not government-approved elsewhere. Secondly, winners get the drug for free. Thirdly, only children under age two can apply, and fourth, 50 doses will be dispensed in the first half of 2020, with up to 100 total later. ★



LOTTERY LIFE WINNER: NOVARTIS HQ

Hamaspik Gazette

Published and Copyrighted August '20 by:
NYSHA, Inc., 58 Rt. 59, Suite 1, Monsey, NY 10952
Distributed free. USPS Presorted Non-profit Mail
Postmaster: Return service requested
© All Rights Reserved



EXECUTIVE DIRECTOR: Meyer Wertheimer
WRITER: Mendy Hecht
TEL: 845-655-0613
FAX: 845-655-5613
MAIL: Hamaspik Gazette, 58 Rt. 59, Suite 1,
Monsey, NY 10952

● ► HAMASPIK NEWS

Summit Briderheim IRA Residents Enjoying and Sharing Their Own Vegetable Garden

Hamaspik of Orange County Group Home Lays Down New Roots of Personal Growth

Simcha likes cucumbers and sweet potatoes. Shea enjoys strawberries. Eli's favorite is cherry tomatoes (and vegetable salad). Yanky loves any vegetable—beets the most, says Home Manager Jacob Safdie. And now, thanks to working the good earth with Mr. Safdie's help, they're growing all those delicious fruits of nature right in their own backyard.

What they all have in common, besides a newfound passion for horticulture, is residency at the Summit Briderheim Individualized Residential Alternative (IRA).

Summit is one of Hamaspik of Orange County's newest IRAs, deftly helmed by Mr. and Mrs. Safdie since its inception.

Perhaps inspired by their home's proper name, the Safdies keep striving for new heights in personal growth among their young charges. One of those many groundbreaking efforts have now broken



WILDLIFE OUT, ORGANIC HORTICULTURE IN: SUMMIT'S RESIDENTS (L) EAGERLY CONQUER NEW GROUND INSIDE AN OUTDOOR ENCLOSURE (TOP) PROTECTING NEW PLANTS (BOTTOM)



new ground—in the form of a young and flourishing vegetable garden out in the yard (and one safely ensconced inside a terrarium-like shed to keep chipmunks and other hungry critters out).

How does the new adventure in

gardening help further Hamaspik's global mission of supporting people with intellectual/developmental disability (I/DD)?

The ongoing home-improvement project is both educational and

vocational, says Hamaspik of Orange County Director of Residential Services Solomon Gelb. "They can see the fruits of what they plant," he posits, expressing quite the double entendre.

More down to earth, though (pun definitely intended), is the fact that the project is also quite person-centered, Mr. Gelb adds—with the boys planting (and regularly tending to) what they want, and where they want it.

Watering the plants and watching them grow—seeing their constant changes in size and color—energizes the young men's daily routines, says Mr. Safdie.

Plus, he adds, the boys get the opportunity to share with and care for others as they get complimented for the fruits of their own labor. "The whole Hamaspik of Orange County gets tomatoes from us!" ★

Integrated Health

<< CONTINUED FROM PAGE 3
this home be saved?"

Three: An older *bochur* [single guy—ed.], after a life of trauma, finds himself being discharged (again) from the psychiatric ward. Is his home the optimal choice for him or will it be re-traumatizing him? What about his mental health care team: are they the right fit for him? What about a day program? How about SSI?

Four: A young housewife who raises her children with joy and runs a small mom and pop shop out of her house, has fallen ill. Lyme disease has done her in. When she is between doctor and hospital visits, she is on constant bedrest. Her life is shattered.

HG: And what do you actually do in these situations?

MN: For the latter one, we assisted with setting up appointments, medication refill reminders; we even got a team in place to help save the business! We worked with schools and organizations concerning the children. We were able, *b'siatya d'shmaya* [with Heaven's help—ed.] to turn the situation around from bleakness to hopefulness.

Our overall approach is to involve ourselves all the way to do whatever we could. We create a care team of doctors, therapists, teachers, and others

involved. We work with other providers on obtaining services such as home care aides and other appropriate services. We help secure social services benefits such as Food Stamps/SNAP and Medicaid renewals. We can help arrange medical transportation, home energy programs, and the like. The same with community organizations such as Tomchei Shabbos. With the appropriate consent in place we will involve family members to join in, in creating a plan that would work, and we monitor the plan to make sure that it is indeed working.

HG: Have you seen the fruits of your labor?

MN: Absolutely! With the help of Hashem, we have seen young families get back on track. Fathers and mothers who are again fulfilling their mission in life with pride and confidence. Seniors who are enjoying their children and grandchildren rather than belaboring them needlessly. Older *bochurim* and girls have been given a second chance in life.

HG: Hamaspik is known for its services for the OPWDD population. Do you borrow any of that for your new program?

MN: In addition to Integrated Health offering care management, it

also serves as the gateway to the HCBS benefits package. HCBS stands for Home and Community-Based Services (which, as the name implies, focuses on keeping people out of hospital and in the community). HCBS includes a list of services, many of which Hamaspik has been providing for 20-plus years, such as Habilitation and Pre-vocational (employment) services. HCBS is available to select eligible clients.

HG: What are the demographics of the program?

MN: The ages of our program participants to date range between 21 and 70. Half of our clients are in their 20s and 30s. Close to half exhibit chronic physical ailments (either as standalone or in conjunction with emotional challenges), while the other half are those with emotional challenges. A large percentage of the last category are those with mild emotional/behavioral problems, such as anxiety, ADHD, etc. who can benefit from Care Management while not fully dependent on them it.

HG: If people fall off track due to not making appointments, how do they get to you?

MN: The program is designed to be home- and community-based. This means we can meet clients at home, shul, coffee shop, or at our offices—whatever works for the client in terms of their physical and emotional level of

comfort. It starts with one phone call of a family member and we work together from there.

HG: What does it take to run such a program?

MN: All Care Managers undergo extensive training. More than that, we take care to hire those who possess a kind heart, a keen eye, and a pleasing personality—people who are ready to go the extra mile until the light is seen. Our Care Managers are well-versed in the world of medicine and mental health. They are a wealth of knowledge in community resources, social services benefits, and whatever they are unsure of, they become familiar with quickly. The program directors are licensed mental health professionals with years of experience working in the community. We, here in upstate, work hand-in-hand with our counterpart in Brooklyn, Mr. Mutty Solomon, LMHC, whose guidance and experience serves as a constant guide for us. Together, with the help of Above, we have put together a good product that we believe will change the way our community approaches difficult physical and emotional challenges. ★

To register for this program or for more information, call Integrated Health in Brooklyn at 718-387-8400x152 or 845-503-0200 for the upstate Hudson Valley region.