Hamaspik
Gazette

News of Hamaspik Agencies and General Health

OCTOBER '17 • ISSUE NO. 153

GAZETTE SURVEY

The GAZETTE asks YOU:

HOW OFTEN DO YOU GET NEW GLASSES?

A: EVERY YEAR; B: EVERY 2 YRS.; C: EVERY 3+ PLUS YRS.

Respond to: survey@hamaspik.org

HEALTH FACT

THAT ROSH HASHANAH POMEGRANATE GIVES YOU:

17%	83	18
OF RECOMMENDED DAILY VITAMIN C PER 100 GRAMS	TOTAL AMOUNT OF CALORIES PER 100 GRAMS	IMPORTANT VITAMINS AND MINERALS

HEALTH QUOTE

IT IS A WELL-KNOWN PARADOX THAT THE SURGEON WITH THE GREATEST EXPERIENCE MAY BE THE ONE PUTTING PATIENTS AT THE GREATEST RISK.

—Dr. Paul Schenarts on proposed new testing of older doctors for health and competence tests, Reuters Health, *Aug. 14*

HEALTH TIP

EXERCISE WHEN TIRED

Exercise boosts your body's oxygen usage, in turn boosting your energy—even when you're tired, says a new study.

INSIDE

HEALTH NEWS

02 *Another step for cerebral palsy robotics*

04 *Cancer blood tests closer*

PUBLIC HEALTH NEWS

06 *Lightning, fishing, foolhardy guys and farmers*

02 *Dementia conference: Prevention next big thing*

10 *FDA to rule on IQOS 'smokeless cigarettes'*

HAMASPIK NEWS

03 *Hamaspik "ready to open doors" for mental-health services*

05 *Hamaspik helps NYC thrive*

06 *"Graduating" with arts and letters*

14 *A summertime visit to a beloved teacher*

SENIOR CARE NEWS

15 *World's oldest man and Holocaust survivor, 1903-2017*

HAMASPIK NEWS

LOOKING UP

ELAZAR JOINS HIS FELLOW ATTENDEES AND STAFF AT HAMASPIK OF ORANGE COUNTY'S MEN'S DAY HAB ON AUGUST 21—WHERE THAT DAY'S SOLAR ECLIPSE, WHILE A GREAT REASON TO GET OUTDOORS, IS REGULARLY ECLIPSED BY A PROGRAM THAT MAKES HISTORY EVERY DAY IN ITS BENEFICIARIES' LIVES. MEANWHILE, NEW YORKERS ONLY HAVE TO WAIT UNTIL APRIL 8, 2024 FOR THE NEXT ONE.

THE PATH OF TOTALITY FOR AMERICA'S NEXT TOTAL SOLAR ECLIPSE WILL CROSS UPSTATE NEW YORK, INCLUDING BUFFALO AND ROCHESTER.

HAMASPIK NEWS

Helping NYC Thrive, Hamaspik Kings Staff Join City Mental Health Effort

SEE PAGE E5 >>

PUBLIC HEALTH AND POLICY NEWS

Tri-County Care Preps for OPWDD's Five-year Transformation Plan

Disability Supports' Shift to Care Coordination Organizations (CCO) Looms with 1,000 attending Aug. 7 Family Webinar; Hamaspik Speaks at National Industry Conference; Sept. 25 Hearing to be Held Statewide; Memo: CCOs Going Live Next July

Your loved one used to just get disability services coordination from one organization.

But by this time next year, if sweeping changes go according to plan, your loved one will be getting disability services, healthcare and behavioral health coordination from one organization.

It's called the Care Coordination Organization (CCO).

And it's at the heart of a fundamental reboot of how services will be provided by the New York State Office for People With Developmental Disabilities (OPWDD).

GEARING UP

With a string of recent developments, the New York State OPWDD's Statewide Comprehensive Plan has shifted to higher gear—taking concrete steps towards realizing years of planning.

CONTINUED ON PAGE E9 >>

Hamaspik Gazette
Published and Copyrighted Sep. '17 by:
NYSHA Inc., 58 Rt. 59, Suite 1,
Monsey, NY 10952

Non Profit Org.
US Postage
PAID
Ptex Group

Services Provided by NYSHA AGENCIES

OPWDD

COMMUNITY HABILITATION
Providing: A personal worker to work on daily living skill goals

HOME BASED RESPITE
Providing: Relief for parents of special needs individuals

AFTER SCHOOL RESPITE
Providing: A respite program for after school hours and school vacations

DAY HAB PROGRAM
Providing: A day program for adults with special needs

SUPPLEMENTAL DAY HAB PROGRAM
Providing: an extended day program for adults with special needs

CAMP NESHOMAH
Providing: A day program for children with special needs during summer and winter school breaks

INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA)
Providing: A supervised residence for individuals who need out-of-home placement

INDIVIDUAL SUPPORT SERVICES
Providing: Apartments and supports for individuals who can live independently

ENVIRONMENTAL MODIFICATION
Providing: Home modifications for special needs individuals

SUPPORTED EMPLOYMENT
Providing: Support and job coaching for individuals with disabilities to be employed and to maintain employment

ENHANCED SUPPORTED EMPLOYMENT
Providing: Job developing and coaching for people with any type of disability

MEDICAID SERVICE COORDINATION
Providing: An advocate for the individual to access and coordinate available benefits

HOME FAMILY CARE
Providing: A family to care for an individual with special needs

INTERMEDIATE CARE FACILITY
Providing: A facility for individuals who are medically involved and developmentally delayed

IBS
Providing: Intensive Behavior Services

PLAN OF CARE SUPPORT SERVICES
Providing: Support for families of individuals with special needs

FAMILY SUPPORT SERVICES
Providing: Reimbursement for out of ordinary expenses for items or services not covered by Medicaid

PARENTAL RETREATS
Providing: Getaways and retreats for parents of special needs individuals

SELF DIRECTION
***Fiscal Intermediary (FI)** — providing: accounting and billing for vendors that support individuals who self-direct their own supports*

***Broker** — providing: one-on-one, independent brokering of all necessary services and supports to individuals who self-direct their own supports*

DOH

CARE AT HOME
Providing: Nursing · Personal care aide · Therapy · Respite · Medical supplies · Adaptive technology · Service coordination

EARLY INTERVENTION
Providing: Multidisciplinary and supplemental Evaluations · Home and community based services · Center based services · Parent/ child groups · Ongoing service coordination · Physical therapy · Occupational therapy · Speech therapy · Special education · Nutrition · Social work · Family training · Vision services · Bilingual providers · Play therapy · Family counseling

NURSING HOME TRANSITION AND DIVERSION WAIVER PROGRAM (NHTD)
Providing: Service Coordination · Assistive technology · Moving assistance · Community transitional services · Home community support services · E-Mods · Independent living skills · Positive behavioral interventions · Structured day program

TRAUMATIC BRAIN INJURY
Providing: Service Coordination · Independent living skills training · Day programs · Rent subsidy · Medical equipment · E-Mods · Transportation · Community transmittal services · Home community support services

CHILD & ADULT CARE FOOD PROGRAM
Providing: Breakfast · Lunch · Supper · Snack

HEALTH HOME SERVING CHILDREN (HHSC)
Providing: Intensive, comprehensive care management and family/community support services for children with chronic condition(s) and/ or mental health issues at greater risk for relapse and/or lack of care

SENIOR DINING/SOCIAL DAY PROGRAM (SHNOIS CHAIM)
Providing: Daily onsite lunches and social/ educational activities for community seniors (Orange County only)

APPLIED BEHAVIOR ANALYSIS (ABA)
Providing: behavior modification for children with autism covered by private insurance

LHCSA - HAMASPIKCARE

PERSONAL CARE & SUPPORT SERVICES
Providing: Home Health Aides · Homemakers · Personal Care Aides · Housekeepers · HCSS aides

COUNSELING SERVICES
Providing: Dietician/Nutrition counselors · Social Workers

REHABILITATION SERVICES
Providing: Physical therapy · Speech therapy · Occupational therapy · individuals

PACE-CDPAS
Providing: Personal care aides for people in need

SOCIAL AND ENVIRONMENTAL SUPPORTS
Providing: Minor maintenance for qualified

SOCIAL MODEL
Providing: A social day program for senior patients

NURSING SERVICES
Providing: Skilled observation and assessment · Care planning · paraprofessional supervision · clinical monitoring and coordination · Medication management · physician-ordered nursing intervention and skill treatments

HAMASPIK CHOICE

A Managed Long Term Care Plan (MLTCP) approved by New York State

HCR

ACCESS TO HOME
Providing: Home modifications for people with physical disabilities

RESTORE
Providing: Emergency house repairs for senior citizens

HOME REHABILITATION PROGRAM
Providing: Remodeling dilapidated homes for low income home owners

NYSED

VOCATIONAL REHABILITATION SERVICES
Providing: Employment planning · Job development · Job placement

JOB COACHING
Intensive and ongoing support for individuals with physical, mental and/ or developmental disabilities to become employed and to maintain employment

NYSHA

ARTICLE 16 CLINIC
Providing: Physical therapy · Occupational therapy · Speech therapy · Psychology · Social work · Psychiatry · Nursing · Nutrition

TRAINING
Providing: SCIP · CPR & first aid · Orientation · MSC CORE · AMAP · Annual Updates · Com-Hab/Respite · Family Care training · Supportive Employment

CENTRAL INTAKE
Providing: The first contact for a person or family in need of Hamaspik services

HAMASPIK GAZETTE
Providing: A bilingual monthly newspaper informing the community of available Hamaspik services

OMH

HEALTH AND RECOVERY PLAN (HARP)
Providing: long-term social, emotional, employment, peer-support and other mental-illness recovery supports

DISABILITY NEWS

Another Step Forward for Cerebral Palsy Robotics

Flagstaff, AZ — On the heels of similar research and development by New York's Columbia University, Northern Arizona University is developing and testing a robotic device of its own that significantly improves the walking ability of children with cerebral palsy.

The device uses sensors and motors to compensate for *crouch gait*, a condition commonly affecting people with cerebral palsy. In crouch gait, legs bend too far at the knee, making a normal walking gait difficult if not impossible, at least without braces, crutches and such.

In tests on seven youths with cerebral palsy ages five through 19, the robotic exoskeleton device attached to the ankle and knee appeared to enable independent walking in its young users.

Cerebral palsy is marked by impaired motor function and muscle control. It affects over 750,000 U.S. children and adults.

Motorized robotic exoskeletons may become the next big thing in treating crouch gait in kids with cerebral palsy, despite their currently prohibitive expense of thousands each.

But experts believe that as more such devices eventually hit the market, competition will bring costs down—and that the short-term device costs are far less than longtime surgery costs.

STUDY PARTICIPANT WEARING A ROBOTIC EXOSKELETON. *CREDIT: NORTHERN ARIZONA UNIVERSITY*

Conference: Dementia Field Shifts to Prevention

London, England — The field of Alzheimer's and other dementias continues shifting from treatment to prevention—a center-stage fact at the Alzheimer's Association International Conference.

The shift is especially notable because the conventional wisdom until relatively very recently was that little could be done to prevent Alzheimer's and other dementias.

The latest annual conference, held this July 16-20 in London, prominently featured a report on dementia prevention by a group of 24 global researchers called the Lancet Commission.

According to the report, 35 percent of all dementia can be prevented by targeting certain risk factors—the largest among them being hearing loss in mid-life (9%), followed by poor education in early life (8%).

The group's report doesn't recommend use of drugs to treat the agitation, depression, or anxiety associated with Alzheimer's. But it does support mental-health care for many aspects of Alzheimer's—especially cognitive stimulation therapy, a group therapy that increases social interaction and otherwise improves dementia.

Further reflecting the shift, that group was originally named the Dementia Care Commission two years ago—but is now called the Dementia Prevention, Intervention and Care Commission.

Trials for new dementia-treating drugs, which have suffered several high-profile failures in recent months, likewise had a muted presence at the Convention.

The Conference came on the heels of a July report by Britain's National Academies of Science, Engineering, and Medicine saying that cognitive training, managing blood pressure in people with hypertension, and increased physical activity—boast "inconclusive but encouraging" evidence that they can help stave off dementia.

GATEWAY TO A NEW DIRECTION: THIS YEAR'S AAIC

HAMASPIK NEWS

In Bold New Foray into Community Mental Health Services, Hamaspik "Ready to Open the Doors"

Under Driven Director Mordechai Solomon, LMHC, Agency Poised to Help Destigmatize Mental Illness

"If I could, I would dedicate my life to erasing the stigma."

A bold statement, to be sure. But that's how Mordechai "Mutty" Solomon, LMHC sees it. And that's why he works at Hamaspik.

The licensed mental health counselor helms Hamaspik's HARP program in Brooklyn—and exemplifies the agency's drive and passion with his own.

As far as Hamaspik is concerned, Mr. Solomon's personal cause celebré is a perfect match for one of its biggest and boldest efforts in years.

That program would be the Health and Recovery Plan (HARP)—a new initiative by New York State Medicaid that is designed to break the vicious cycle of chronic serious mental illness.

IMPROVING MEDICAID

Gov. Andrew Cuomo's Medicaid Redesign Team (MRT) was tasked to improve state Medicaid. Among its many innovations is HARP, which emerged in 2014 from the MRT's ongoing work.

Now growingly available statewide through non-profits like Hamaspik, HARP is one of the newest entries in Medicaid's existing Home and Community Based Services (HCBS) category.

Under its HCBS "parent program," HARP helps replace costly cycles of chronic mental-health relapse with positive and permanent solutions personalized for each individual patient.

It does so by offering eligible adults specific HCBS services targeted just for them.

As such, HARP's innovations include direct supports for patients' social and emotional needs—critical not just for attaining long-term mental health, but for retaining and maintaining it, too.

With the social and emotional foundations of mental health set, HARP patients can move on to such daily-living staples like social skills and employment. Under HCBS, HARP supports those.

Most importantly, the HCBS "sub-program" can give participants a sorely-lacking morale boost on two fronts: support training for family members and even support from recovered peers.

The program's pilot launched in April 2015 in New York City. By October of 2015, HARP was rolling out statewide.

WHO'S HARP FOR?

Health and Recovery Plans will "facilitate the integration of physical health, mental health, and substance use services for individuals requiring specialized approaches," says its official website.

Qualified HARPs will also offer access to an enhanced benefit package designed to provide a specialized scope of support services, the site adds.

For starters, HARP is only for adults ages 21 and up. It's also not an open program for the general Medicaid public. It is a managed care program.

ON THE JOB: WITH GROWING PUBLIC HEALTH ATTENTION TOWARDS MENTAL HEALTH, HAMASPIK'S MUTTY SOLOMON, LMHC HAS HIS WORK CUT OUT FOR HIM

The program is mandatory for New York Medicaid members whose records indicate that they are among the state's most frequent beneficiaries of mental-health supports.

Letters were sent by the New York State Office of Mental Health (OMH) to each selected member, informing them of their required participation in HARP and explaining the following: The individual must first choose from a list of *health homes*, or specialized healthcare providers. The individual then signs up with the health home and is evaluated at an appointment.

The individual is extensively evaluated at that initial appointment by the health home's professionals. The health home then creates a customized treatment plan.

That plan can provide up to 12 specific HCBS support services as offered through HARP. (Those services are provided by the regional providers, not the HARP health homes themselves, though.)

Once the HARP patient has a treatment plan, he or she chooses where to get his or her HARP services—by choosing a regional provider (or providers) that offers those HARP services.

TREATING CAUSES, NOT SYMPTOMS

The breakthrough innovation of HARP is that it channels HCBS services to treat underlying causes, not fruitlessly bandaging external symptoms.

For starters, HARP gives patients critical short-term supports needed to stay episode-free after a relapse. Once they're stable, long-term supports, for months or more, are also available.

For qualifying individuals, those supports can—upon individual approval—include regular home visits by social workers in those post-crisis days to help avoid re-hospitalizations.

Said social workers will likewise guide the patient to take up regular mental-health therapy—also equally critical in dealing with the emotional and social issues behind mental-health issues.

The HARP program's HCBS services can also provide the individual's family with support training—making recovery a family project proactively involving parents and siblings, too.

That training turns family members into informed members of their loved ones' teams—equipping them with authoritative knowledge of what their loved ones are going through.

A third critical HCBS service is a peer empowerment program.

Under that service, people who've recovered from mental illness help others recover from mental illness—giving others the gifts of hope and a happy life that were given to them.

Another HCBS-based HARP support is one-on-one habilitation. This gives the recovering patient a personal coach to learn (or relearn) basic self-care skills and healthy personal habits.

ON THE FRONT LINES

After approval by the New York State OMH to be a HARP regional services provider in both Rockland and Kings Counties, and extensive required groundwork, Hamaspik's HARP program is finally live!

In the Hudson Valley, Hamaspik of Rockland County's very own Mrs. Pearl Spira, LMSW heads up HARP efforts in Monsey and greater environs.

And in Brooklyn, home to Hamaspik of Kings County, Mutty Solomon is helping people get the long-term mental-health supports they've long needed—and which HARP delivers.

That action is the culmination of months of painstaking paperwork and planning, staff training, reaching internal milestones and otherwise squaring away rigorous "back room" requirements.

But Hamaspik's foray into HARP is just one piece of a larger puzzle: the agency's long-term vision of delivering human-services solutions to the communities it has long served.

Towards that end, psychologist Solomon recently joined an event hosted

CONTINUED ON PAGE 15 >>

Hamaspik Gazette

Published and Copyrighted September '17 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: 845-503-0213
FAX: 845-503-1213
MAIL: Hamaspik Gazette, 58 Rt. 59, Suite 1, Monsey, NY 10952

Happening In Health Today

TARGETED ANTI-INFLAMMATORY DRUG CUTS HEART-ATTACK RISK: STUDY

Boston, MA — A trial of over 10,000 participants shows that a targeted anti-inflammatory drug called *canakinumab* protects heart attack patients from stroke or second heart attacks.

The Canakinumab Anti-inflammatory Thrombosis Outcomes Study (CANTOS) is the first clinical trial to prove a heart attack-inflammation link. *Inflammation* refers to the complex cascade of immune signals and various white blood cells in response to wounds and infections.

Other non-steroidal anti-inflammatory drugs (NSAIDs) are known to actually spur inflammation throughout the body. As such, CANTOS researchers focused on canakinumab, which targets a specific step in the complex process of inflammation.

A link between inflammation and heart disease was first suspected in the 1980s. Researchers now believe that atherosclerosis, or buildup of plaque in arteries, begins with inflammation.

However, researchers say that canakinumab is currently only for heart-attack patients also at high risk of another one. What's more, canakinumab costs about $16,000 per infusion and comes with a risk of infection.

The CANTOS study was conducted by Brigham and Women's Hospital and published Aug. 27 in *The New England Journal of Medicine*.

NOT A BRIGHT IDEA: ECLIPSE WATCHERS PUT SUNSCREEN ON EYEBALLS

Redding, CA — According to local news outlets in California and Virginia, doctors reported several cases of people seeking medical attention for eye pain after putting sunscreen on their eyeballs to watch last month's historic solar eclipse.

Eclipse or not, looking directly at the sun without specialized UV "blackout" glasses for even a few seconds can damage the eye's retina, resulting in permanent blurry vision or even blindness.

HARDLY RECOMMENDED USAGE: SEVERAL OUTLETS ON EITHER U.S. COAST REPORTED PEOPLE RUBBING THEIR EYES WITH SUNSCREEN SO AS TO VIEW THE ECLIPSE

MORE DATA LINKING LONGER LIVES WITH COFFEE DRINKERS

Pamplona, Spain — There's no end to correlations between longer/healthier lives and all sorts of factors. For example, one data review of a huge and long-running public health survey found longer and healthier lives among people who regularly eat hot peppers.

That study didn't prove that eating hot peppers causes longer and healthier life. But it did find a correlation worth further research—especially since the natural ingredients of specific hot peppers are known to have specific health benefits.

Similarly, Spanish researchers have now found that people drinking at least four cups of coffee a day have a 64-percent lower risk of death than those who infrequently or never drink coffee.

The new study adds to previous research correlating coffee consumption and improved health. Scientists are unsure of any direct coffee health benefits, but coffee's antioxidants may exert a protective, anti-inflammatory effect in the body and brain.

INNOVATION IN ITS BLOOD: FOR DECADES A CENTER OF DISCOVERY, JOHNS HOPKINS (ORIGINAL BUILDING, INSET) IS NOW WORKING ON A NEW CANCER BLOOD TEST

CANCER BLOOD-TEST TECH PROGRESSING

Baltimore, MD — Work is progressing on what researchers at the Johns Hopkins Kimmel Cancer Center hope will allow cancer to be caught earlier than ever with a simple blood test.

The experimental test currently tests blood samples for pieces of DNA that are known to be part of specific cancer tumors—including ovarian cancer, which too often is caught too late.

Researchers specifically hope that the test will allow ovarian diagnoses early, when five-year survival rates are over 90 percent. Most are detected after spreading, when five-year survival rates are 40 percent or less.

By testing 200 previous cancer patients for 58 known "cancer driver" mutations, the Center's technology detected certain cancers 59 to 71 percent of the time, and without false positives.

The long-term goal is to eventually develop a cancer blood test with 100-percent accuracy.

But the biggest challenge to that is two-fold: One, almost everyone carries natural and harmless genetic mutations which could confuse test results, and two, some tumors aren't life-threatening.

MAJORITY OF PEANUT STUDY KIDS OKAY FOUR YEARS OUT

Melbourne, Australia — A study several years ago had apparently gradually trained the immune systems of participating kids with peanut allergy to tolerate small but increasing dosages of peanuts.

Four years later, in a follow-up study published this August in *Lancet Child & Adolescent Health*, Australian researchers at two Melbourne-based hospitals found that 67 percent of participating kids had been safely eating peanuts over those four years with no reactions.

ACCLIMATION NATION: BACK-TO-BACK AUSTRALIAN STUDIES ON KIDS WITH PEANUT ALLERGY SHOW THAT GRADUAL EXPOSURE CAN BUILD HEALTHY TOLERANCE

HAMASPIK NEWS

Helping NYC Thrive, Hamaspik Kings Staff Join City Mental Health Effort

ThriveNYC Program Seeks to Dramatically Improve New York Statistics

It's long been a pet project of New York City First Lady Chirlane McCray. And it's arguably been overdue for even longer. Its full name is ThriveNYC: A Mental Health Roadmap for All.

Launched in November 2015, ThriveNYC is the Big Apple's concerted and agency-wide effort to overhaul its mental health services—and help citizens with mental-health issues get the help they need. It comprises 54 initiatives, 23 of them new.

ThriveNYC revolves around its informative and professionally-staffed 24-hour hotline, which has been fielding hundreds of calls daily since its launch. But that's only the beginning.

CHANGING PERCEPTIONS

This past July 27, Hamaspik of Kings County's intrepid Naftali Tessler was one of about 100 attendees at an event at the Edith and Carl Marks Jewish Community House in Bensonhurst.

Self-explanatorily titled "A Community Conversation about Mental Health with the First Lady of New York City, Chirlane McCray," the event was yet another forum Ms. McCray has been hosting at numerous non-profit venues across the city since 2015.

Having spoken at dozens of community centers, schools and houses of worship over the past two years, Ms. McCray has been open about mental illness in her own family, including her own parents' and daughter's struggles with depression.

Her own willingness to broach a subject long considered shameful and otherwise taboo in many communities has fostered a more accepting and less fearful attitude towards mental illness in those communities, the First Lady has consistently found.

Ms. McCray's mental-health reform efforts have not been limited to the city stage, though.

Taking a national lead, she has organized a bipartisan coast-to-coast coalition of over 150 mayors working on solving their cities' mental-health problems.

In early May of this year, Ms. McCray and a handful of those mayors testified before Congress and later met with top brass at the federal U.S. Dept. of Health and Human Services (HHS).

Both efforts apprised lawmakers and government executives of the realities of mental health care at the grassroots level—and how publicly-funded programs provided by city governments can make all the difference in preventing long-term mental health-related quality-of-life problems like homelessness, unemployment and substance abuse.

In short, in appearances at synagogues, youth drop-in centers and other venues alike across New York City's diverse communities, the First Lady has hawked long-term mental-health solutions that incorporate family, faith and that most important and too-often-missing ingredient: love.

The July 27 discussion in Brooklyn's Bensonhurst neighborhood, which Hamaspik attended, was one of Ms. McCray's latest grassroots outreach efforts.

OPENING COMMUNITY DOORS: NEW YORK CITY MAYORAL LIAISON PINNY RINGEL (L) WITH HAMASPIK'S VERY OWN MUTTY SOLOMON, LMHC AT FIRST LADY CHIRLANE MCCRAY'S COMMUNITY MENTAL-HEALTH FORUM AT THE LANDMARK JEWISH COMMUNITY HOUSE (JCH) OF BENSONHURST (INSET) THIS PAST JULY 27

THE NEXT BIG THING

The mental health-oriented event was co-sponsored by four non-profit entities with an active presence in Bensonhurst.

Hosted by New York City Council Member and Hamaspik friend David G. Greenfield, the event was co-sponsored by the Brooklyn Chinese-American Association and the United Chinese Association of Brooklyn, both representing the district's sizable population of Chinese heritage.

Also sponsoring the event was OHEL, a respected disability services provider in the Jewish community, and Community Board 11.

Hamaspik's attendance was solicited by Mr. Pinchos "Pinny" Ringel, an official liaison in the Mayor's Office to the Brooklyn Jewish community.

With Hamaspik now on the cusp of "going big time" with its new HARP mental-health program, the agency is keen on opening a major new front—doing for its communities' mental health needs what it's long successfully done for its communities' disability needs, and most recently, home-care needs.

Aware of that fact, Mr. Ringel saw to Hamaspik's inclusion at the event—allowing the First Lady to find yet another community ally in her efforts to assist the one in five New Yorkers with a diagnosable mental illness.

Besides Mr. Tessler, taking up Mr. Ringel's invitation was Hamaspik of Kings County's very own Mordechai "Mutty" Solomon, LMHC.

Following the First Lady's talk and Q&A session with the crowd, Messrs. Solomon and Tessler worked the crowd, meeting and greeting peers across the non-profit and public-service sectors with a shared interest in community mental-health solutions.

Among those one-on-one conversations were a brief but fruitful chat between Mr. Solomon and ThriveNYC Outreach Director Jenn Paez.

The two mental-health professionals shared a few moments of "shop talk" on what ThriveNYC will next be rolling out, what the city OMH can help Hamaspik with—and what Hamaspik can help the Dept. of Mental Health with, according to Mr. Solomon.

Of specific mutual interest was helping Brooklyn's Yiddish-speaking Jewish communities better access mental-health services.

With its grassroots origins in those very communities, Hamaspik has long been seen by those communities as the go-to authority for all things services-related.

"There's a lot that can be done in the area of mental health, especially with the stigma," Mr. Solomon later told the *Gazette*. "You could have regular people, successful people, who just need a little help with anxiety"—and who do not tell anyone they need professional help for fear of losing jobs, or of being passed on personal introductions in the marriage-heavy community.

Those are but two examples of the toll of the oft-unreported and oft-untreated mental illness in Hamaspik's primary communities.

It's a toll that reflects contemporary New York City statistics that cut across every demographic, regardless of income, social status, or personal background.

But it's also a toll that, with support now coming from Gracie Mansion on down, will hopefully cost decreasingly less.

Job *Opportunities*

Hamaspik HomeCare in Borough Park is currently seeking individuals for **multiple office positions**, as well as an **individual to do home visits** (this position requires a Driver's License). Candidates should be **organized** and have **strong socials skills**. No degree required. Send your resume to **mwolhendler@hamaspikcare.org**

HAMASPIK NEWS

"Graduating" with Arts and Letters at Hamaspik's STARS Program

Alphabet-themed Season Culminates with "Commencement" Activity

On Thursday, Aug. 3, 2017, students at Hamaspik of Rockland County's STARS program "graduated."

The graduation-themed activity was yet another in a string of arts and crafts and other activities themed by the letters comprising the word "Hamaspik."

But more importantly, it was an activity that the STARS students chose themselves.

And bringing to life the theme of "School" (as in, graduation from school), it not only began with the "s" in "Hamaspik," but also brought to life the notion of a real graduation—so much so that STARS Director Mrs. Esty Schonfeld is now weighing the real deal for the students.

After all, with each new life skill that STARS students have acquired in recent months, they have graduated—moved up to greater independence, and the greater self-confidence and self-esteem that comes with that greater independence.

For one student, who very much wanted to be the activity's featured speaker (a.k.a. valedictorian), the "graduation" was particularly exciting, despite her vision difficulties.

The student wasn't about to let a seeing impairment get in the way of her reciting a "commencement address" from the podium—and a friend, a fellow student, was with her all the way.

Of her own volition, that fellow student "jumped up with an idea," Mrs. Schonfeld reports—to personally type up the speech on a computer, and then print it out in extra-large typeface.

In no time at all, with her staff's help, that was done.

With cheering staff looking on, the STARS student body looked radiantly resplendent in their purple robes and tasseled black caps, thoroughly enjoying the school-themed activity from start to finish.

Besides a colorfully-bedecked welcome table for guests, the highlight of the activity was the "valedictorian's" speech—which, though being a facsimile of an authentic commencement address, spoke to the very real gains that STARS participants achieved throughout the year.

"Today we have become Hamaspik graduates," the speech began.

"Each of us had our own unique experience at Hamaspik," the speaker continued. "Times of laughter and joy; times of triumph and tears; times we got to master so many skills: cooking, baking, art, home economics, organizing skills."

"Today marks the end yet another extraordinary chapter in our lives. The end of this journey is truly ours, a day in which reminisce upon and celebrate our success—sweet moments and yes, even tears went into the hard work that brought to our success today," the speech concluded. "So let's all throw up our caps! Congratulations and hatzlacha [success] on the future!"

The air was shortly filled with flying ceremonial headgear.

"It was amazing seeing the ladies with all smiles and feeling so accomplished," the STARS Director says—adding, "Grads 2017, it was great!"

It may not have been a real graduation. But for the young women participating, all decked out in caps and gowns, the activity—and milestone after milestone mentioned in the commencement address"—was real enough.

COMMENCING NEW THINGS: AT THE START "GRADUATION" EVENT, CLOSING OUT THE YEAR, AND STARTING THE NEXT ON A HIGH NOTE, WAS ON THE TABLE

HEALTH NEWS

Lightning, Fishing, Foolhardy Guys and Farmers

Lowest-ever U.S. Lightning Deaths Still Striking Outdoorsy Men Most

"When thunder roars, go indoors!"

That's the first of several reasons less Americans die nowadays of direct hits by lightning bolts: storm safety, slogans and all, has been increasingly popular in recent decades.

A recent report says that only 13 U.S. lightning fatalities occurred in 2017 so far—compared to the 1940s' yearly average of 300-plus.

Modern medicine has also made great strides in saving strike patients, including greater public prevalence of defibrillators and more CPR-trained bystanders. Today's ERs also focus more on treating nerve damage in lightning patients, not burn damage.

Another cause behind the happy new statistics is simply less outdoor time.

More Americans are spending more time indoors or in cars, especially when there's lightning, the report says—with fatalities dropping 40-fold since the '40s and despite a still-growing population.

But a good part of the drop nowadays is an unintended upside of a U.S. demographics downside: less farmers nowadays.

Fewer U.S. farmers today means fewer Americans outdoors in flat open fields where lightning strikes the tallest object, too often a farmer—in turn meaning fewer Americans hit by lightning.

But the report found that men are four times likelier than women to die in U.S. lightning strikes.

It also found that most of 2006-2016's 352 lightning victims were fishing, camping, beachside or otherwise outdoors near water during storms, when cooler heads headed indoors.

Blend those two stats and you get a profile of the risk-taking, intractable weekend warrior—and the suggestion that, despite lightning deaths still fading, the tough-guy persona isn't.

THE WRONG "FIELD" TO BE IN: IN YEARS PAST, THE MOST STRIKE-PRONE AMERICANS WERE FARMERS

The Autism Update

News and developments from the world of research and advocacy

SYMBOL STUDY QUESTIONS LONG-STANDING AUTISM "PUZZLE"

Madison, WI — For whatever reasons, the ordinary puzzle piece has symbolized autism since the 1960s. Puzzle piece images are used by the Autism Society of America, Autism Speaks and others.

But now, a study of 400 random members of the general public found that people associated the image of a puzzle piece with such negatives as incompletion, uncertainty and being missing.

According to a report on the study in disability news outlet *Disability Scoop*, many people with autism disdain the puzzle piece, feeling that it paints them as "mysterious, disconnected and needing to fit in."

The joint study by the University of Wisconsin-Madison, Ursinus College and the University of Kentucky was published in the journal *Autism*.

"If an organization's intention for using puzzle-piece imagery is to evoke negative associations, our results suggest the organization's use of puzzle-piece imagery is apt," the study authors wrote. "However, if the organization's intention is to evoke positive associations, our results suggest that puzzle-piece imagery should probably be avoided."

MRI SCANS FIND AUTISM BRAIN ABNORMALITIES IN BABIES

Montreal, Canada — Ongoing research by the Infant Brain Imaging Study (IBIS), a collaborative effort by investigators at the Montreal Neurological Institute and four U.S. sites, detected abnormalities in MRI brain scans of infants ages 6 to 12 months who were at risk for autism.

The brain scans of 260 children found communication delays in the hearing centers of the six-month olds. With older study participants, brain areas involved in processing of vision and touch, as well as sound and language, also showed such a relation between inefficiency and symptom severity.

STUDY FINDS ONLINE FAMILY TRAINING PROGRAM EFFECTIVE

Detroit, MI — A new study finds scientific evidence that an online family training program works. The program teaches parents and siblings to better communicate with loved ones with special needs.

The innovative training program, created by Michigan State University researcher and former special education teacher Sarah Douglas, significantly improved family members' ability to communicate with children affected by disability.

The new findings were published in *Communication Disorders Quarterly*.

ESDM INTERVENTION COSTS OFFSET IN TWO YEARS: STUDY

Philadelphia, PA — Research by the University of Pennsylvania School of Medicine found that the Early Start Denver Model (ESDM) paid for itself in two years by virtue of sparing parents more costly interventions and treatments later in their young children's lives.

The ESDM is an expensive early-intervention regimen designed for children with autism ages 12 to 48 months. It includes a developmental curriculum and a set of teaching procedures that are delivered by therapy teams and parents either in a clinic or the child's home.

The university's earlier randomized trial of 48 children between 18 and 30 months of age who were diagnosed with ASD found that those getting ESDM had better cognitive and behavioral outcomes than children who received community treatment.

The new study used data that was collected during that trial and for two years after the trial was completed.

ARE YOU A GAUCHER PATIENT?

THE NGF INVITES YOU TO A FREE LUNCHEON AND EXPERT PRESENTATIONS ABOUT GAUCHER DISEASE.
GLATT KOSHER CATERING - FIVE STAR CATERERS

SUNDAY, OCTOBER 29
11:30AM - 3:00PM

Museum of the City of New York
1220 Fifth Avenue
New York, New York 10029

KEYNOTE ADDRESS:
Gaucher disease and Inflammation: Potential New Approaches to Putting Out the Fire
GREGORY A. GRABOWSKI, MD Professor Emeritus • Department of Pediatrics • University of Cincinnati, Cincinnati, OH • Chief Scientific Officer • Kiniksa Pharmaceuticals, LTD, Wellesley, MA

GAUCHER DISEASE IN WOMEN ACROSS THE LIFESPAN: Pregnancy and Osteoporosis
HEATHER A. LAU, MD Assistant Professor, Child Neurology • Director, Lysosomal Storage Disorders Program • Division of Neurogenetics • Department of Neurology • NYU Langone Medical Center

PRESYMPTOMATIC CHILDREN WITH TYPE 1 GAUCHER DISEASE:
the Mount Sinai experience
AMY C. YANG, MD Associate Professor • Genetics and Genomic Sciences
Mount Sinai Medical Center

INTERACTIVE PANEL Q & A MODERATED BY: PRAMOD MISTRY, MBBS, PHD, FRCP
Professor of Medicine and Pediatrics • Yale School of Medicine • Director of Yale Lysosomal Disease Center • Gaucher Disease Treatment Center

RSVP by Friday, October 20, 2017
www.gaucherdisease.org/patientmeeting
This event is for Gaucher patients and their families.
Contact Noreen Layne with any questions, noreen@gaucherdisease.org or 301-900-1050
**Separate seating upon request with RSVP.

GAUCHER AWARENESS MONTH 2017

To learn more about Gaucher disease, visit:
Gaucherdisease.org
Meeting supported by educational grants from Sanofi Genzyme, Shire Human Genetic Therapies, Inc. and Pfizer.

Refinished Floors, Redecorated Rooms at Fosse

Hamaspik of Rockland County's Fosse Shvesterheim IRA, like 38th also a women's group home, likewise saw action this past August—only indoors, not outside.

Beginning August 8th, professional crews were hard at work resurfacing Fosse's well-worn wooden main floors—restoring them to a state of shiny newness that looked like they'd only been installed yesterday.

And as if that wasn't good enough (and for Fosse Manager Mrs. Landau and her DSP team, "good enough" is never quite good enough), Fosse's bedrooms have been subjected to a long-overdue makeover, too.

Beds, dressers and other furniture were pulled back from walls and decked in protective plastic as professional painters roamed the rooms, roller brushes in hand, refreshing walls in bright new colors.

Once that was done, the picture was completed with the replacement of existing linens, bedspreads and the like with brand-new threads.

Updating the home's living room—which, like the kitchen, was also repainted—were brand-new couches, which arrived Aug. 10 to replace the current worn-out seating.

Fosse has always been a home filled with life and color. It now has the shades, hues and furniture to match.

Concord "Lion" Around Quebec

This photo isn't "lion"—that's a real lion!

And one that was all too happy to pose with a visiting Joel, he of Concord Briderheim fame, for a photo whose visual impact is as clear as the see-through panels containing it.

Joel opted to travel all the way to Quebec, Canada to spend the August 7-10 summer days visiting family in the rural town of Tosh.

But while in Quebec, Joel also wanted to see the sights—picking out such destinations as Montreal's famed Biodome indoor facility featuring several faithfully-recreated world ecosystems, native wildlife included.

Accompanied by Concord Direct Support Professional (DSP) Jacob Weisz, the young man also went for a gondola ride up Quebec's Whiteface Mountain—and also enjoyed a visit to the popular Parc Safari... where this decidedly wild photo was snapped.

Foam Fun at 38th

Residents at the 38th St. Shvesterheim residence were positively foaming with fun this past July 16—as a rented foam machine filled their backyard with chin-deep suds!

And making it all the more fun was the welcome participation of guests from Hamaspik of Kings' South 9th residence—38th's very own sister Shvesterheim.

Foam machines were the heart of several summertime backyard activities at other Individualized Residential Alternatives (IRAs) across the Hamaspik universe this season, too, with residents and staff of Hamaspik of Rockland County's Concord Briderheim IRA and others enjoying the fun.

The ensuing lighthearted romp through the fluffy foam lasted all afternoon, as residents and staff alike blazed their own trails through the insubstantial substance—with impromptu rounds of Hide and Seek, Tag and other outdoor playground games filling the yard.

HAMASPIK NEWS

Tri-County Care Preps for OPWDD's Five-year Transformation Plan

Disability Supports' Shift to Care Coordination Organizations (CCO) Looms with 1,000 attending Aug. 7 Family Webinar; Hamaspik Speaks at National Industry Conference; Sept. 25 Hearing to be Held Statewide; Memo: CCOs Going Live Next July

« CONTINUED FROM COVER

From June through September, New York's disability supports agency fielded a family webinar, took public comments, issued guidance to prospective CCOs on how to apply, and hosted a statewide hearing.

The state agency also hosted live webinars for non-profit providers. A thorough FAQ based on those webinars' feedback was posted online.

And in a series of memos, Acting Commissioner Kerry A. Delaney kept the public apprised throughout.

What's more, a four-hour public hearing in Albany on the Statewide Comprehensive Plan is slated for Sept. 25—with live conferencing bringing the event to eight other locations statewide. Topics to be covered include increased individual choices under managed care; disability mainstreaming; disability housing; and additional suggested positive changes.

The recent actions all center on the Statewide Comprehensive Plan for Services 2018-2022—the full title of the OPWDD's five-year overhaul of its supports for people with disabilities.

According to an August 16 memo from the Acting Commissioner, that transformation "aims to create a system of services and supports that is even more person-centered, outcome driven, measurable and sustainable."

It's been dubbed People First Care Coordination. And according to an FAQ posted July 28, 2017, the comprehensive new vehicle delivering that transformation called the CCO will be operational come July of 2018.

CONFLICT-FREE COORDINATION

So what exactly is a CCO? Well, that's why the *Gazette* is here!

The Care Coordination Organization is a new entity to be opened across New York State over the coming months. And to create choice and boost accessibility for people needing the soon-to-be-enhanced disability supports, a good number of CCOs will be opening across the state.

The CCOs will take over existing Medicaid Service Coordination (MSC) services.

Medicaid Service Coordinators will work for CCOs, not their current agencies. All MSCs will transfer to CCOs. Everyone getting MSC services will also be transferred to CCOs.

That means that the capable, trustworthy and caring Hamaspik MSC—with whom you've built up a relationship over months if not years—will no longer be working for Hamaspik.

But not to worry! Your MSC will still be working for you.

As a new employee of the new CCO, your MSC will now be called a Care Manager. Your MSC (er, Care Manager—sorry!) will be doing everything that he or she used to be doing.

Tri · County Care

CENTER OF PERSON-CENTERED: HAMASPIK OF ROCKLAND COUNTY'S MSC OFFICES, SOON TO BE EVEN MORE INDIVIDUAL-ORIENTED AND MULTIFACETED THAN EVER

Plus a whole lot more.

The CCOs are being created to coordinate many more services, not just disability services. And the new Care Managers will be coordinating all those services.

But the CCOs will only be coordinating services—not providing them. Being transferred to a CCO does not mean that you will lose any services.

All it means is that you will now have an independent, conflict-free Care Manager who will help you keep and get the services that are best for you—regardless of which agency provides them.

What's more, Hamaspik is working hard on developing a CCO called Tri-County Care—allowing your Hamaspik MSC to seamlessly transfer to Tri-County Care with no inconvenience to you.

Indeed, reflecting that work, and industry authority, Hamaspik Choice Executive Director Yoel Bernath was one of the select few New York disability leaders presenting at the Aug. 27-31 National Home and Community Based Services (HCBS) Conference in Baltimore, Maryland.

BREAKING NEW GROUND

It was two years ago that OPWDD leadership, from Acting Commissioner Delaney on down, took "a step back," as Ms. Delaney said in a recent interview.

That step back planted the seeds of the OPWDD's Transformation Panel—a group of parents, providers, and caregivers who collected and distilled the best ideas for the agency's future.

Over the ensuing months, Panel members embarked on a statewide listening tour—talking one-on-one with parents, caregivers and individuals alike on their very real experiences.

"One of the things that come through loud and clear was that people want creativity in our service system," the Acting Commissioner reported. "They want flexibility. They want to be able to customize their services."

The result was the *Life Plan*—a dramatically enhanced and personalized new version of the current Individualized Service Plan (ISP).

The ISP is essentially a multi-page paper form specifying the personal goals of each new OPWDD services applicant—and the disability-related services that will realize those goals.

The existing ISP is limited to OPWDD disability services. The Life Plan fundamentally expands the ISP to include health care, behavioral care and OPWDD in one coordinated service plan.

But acting on the Life Plan required a vast amount of background work; incorporating disability supports, medical and behavioral care in one plan required teamwork between OPWDD and other state agencies.

In turn, the state entities had to work—and continue to work—with federal authorities with Medicaid, the state/federal healthcare system.

The expanded and fundamentally retooled ISP known as the Life Plan would require an expanded and fundamentally retooled services delivery system, though.

Enter People First Care Coordination.

Under People First Care Coordination, it's not just how services are coordinated (by Care Managers at independent CCOs). It's also which services are coordinated. People First Care Coordination simply gives individuals more services.

The main change of People First Care Coordination over the current system is its addition of healthcare and behavioral health supports.

Under People First Care Coordination, the individual getting, say, Day Hab or other disability supports from a disability non-profit will also get healthcare and behavioral health supports from a healthcare provider—all coordinated by the Care Manager of the new CCOs.

By this time next year, New York State services and supports for people with disabilities will have changed in a major way. And if all goes according to plan, we'll all be the better for it.

Public Health And Policy News

EPIPEN MAKER FINALIZES $465M SETTLEMENT

Washington, D.C. — EpiPen maker Mylan agreed on Aug. 17 to pay the U.S. government $465 million to resolve claims it had mislabeled its lifesaving injection device as a generic drug—so that it wouldn't have to pay Medicaid's higher rebates for brand-name drugs, alleged the DOJ.

The company first agreed to the nearly half-billion-dollar settlement with the Department of Justice (DOJ) last October, but officially signed the agreement in August. Neither Mylan nor its two subsidiaries that the lawsuit actually targeted, Mylan Inc. and Mylan Specialty L.P., have admitted wrongdoing.

Under the Medicaid Drug Rebate Program, branded medications are subject to larger rebates than generics. The Department of Health and Human Services (HHS) estimated it lost out on $1.3 billion worth of rebates between 2006 and 2016 because of Mylan's EpiPen classification.

INJECTION OF JUSTICE: MYLAN PAYS MILLIONS TO SETTLE CLAIMS, BUT ADMITS NO ACTUAL WRONGDOING

MEASLES WARNING FOR EUROPE TRAVEL: CDC

Washington, DC — Over 14,000 cases of measles have been reported in Europe since January 2016, according to the CDC—which recently issued travel notices for Belgium, France, Germany, Italy and Romania. Be sure you and your family have the measles vaccine before visiting those countries, the CDC says.

In other vaccine-related news, the FDA recently allowed the usage of French-made yellow fever vaccine Stamaril to fill in for the temporary unavailability of YF-VAX, the standard vaccine.

WITH HUGE IMPLICATIONS, FDA TO RULE ON 'SMOKELESS CIGARETTES'

Washington, DC — Over the next two months, the FDA is expected to internally decide whether to allow the IQOS "smokeless cigarette" product into the U.S. market—and issue a ruling in early 2018.

And because of the huge change in public health that IQOS could introduce, it's a huge decision.

If IQOS is indeed far less toxic as its maker claims, IQOS is a healthier alternative to smoking. But if IQOS is equally as toxic, or more toxic, it could introduce new generations to tobacco—and the resulting long-term public health problems.

Only one independent study has tested IQOS thus far. Earlier this year, according to the *Washington Post*, Swiss academics found that "although IQOS generated many toxic chemicals at lower rates, some were much higher than Philip Morris claimed. It also found that IQOS produced 295 percent more of one hazardous compound than traditional cigarettes."

The IQOS device consists of a tube that gently heats, not burns, tobacco in the form of insertable HeatSticks. Maker Philip Morris, which has invested billions in IQOS and is hoping for an FDA approval, says that IQOS eradicates up to 95 percent of toxic compounds in cigarette smoke because no combustion is involved.

WHERE THERE'S NO SMOKE, THERE'S NO FIRE: THE IQOS 'SMOKELESS CIGARETTE,' BIG ABROAD, MAY BE COMING HERE

The FDA currently bars IQOS from sale in the United States.

Currently, IQOS is sold in 25 countries outside the U.S. In Japan in particular, it has not only become very popular and successful, but has—according to Philip Morris—prompted 72 percent of Japan's smokers to quit cigarettes and switch to IQOS.

SOUTH CAROLINA SUES DRUGMAKER OVER OPIOIDS

Columbia, SC — South Carolina has become the latest state to accuse a drug manufacturer of exacerbating its opioid drug crisis by using deceptive marketing, the AP recently reported.

PRESCRIPTION FOR PUBLIC-HEALTH DISASTER: SOUTH CAROLINA TAKES ACTION AGAINST BIG PHARMA

The suit accuses Purdue Pharma of failing to comply with a 2007 agreement it signed with South Carolina and dozens of other states over allegations of its promotion of its OxyContin. That case had accused the company of encouraging doctors to prescribe OxyContin for unapproved uses.

Since that time, according to Attorney General Alan Wilson, the company has continued to mislead doctors about the risks of addiction, by saying that patients who appeared addicted actually needed more opioids, and that opioid drugs could be taken in even higher doses.

FIREHOUSE AIR POLLUTION UPS FIREFIGHTER CANCER RISK

Boston, MA — When the Boston Fire Dept. approached Harvard University about young firefighters falling ill, researchers took air samples from four city fire stations, looking for tiny cancerous particles.

Airborne particles in the diesel exhaust of idling firetrucks, and particles carried from fires back to stations on firefighters' gear, were in higher concentration in truck bays, Harvard found.

Tiny airborne particles can be inhaled into lungs, where they can lodge. Such particles in diesel exhaust, or those released from burning trash, wood and gas, carry cancer-causing chemicals.

The study found that better exhaust ventilation, better washing of gear after fires, and better separation of living areas resulted in better firehouse air quality.

The study was published Aug. 2 in the *Journal of Occupational and Environmental Medicine.*

UBER SUED FOR FEW NYC ACCESSIBILITY VEHICLES

New York, NY — Ridesharing pioneer Uber was sued in August by disability rights groups for allegedly violating New York City human rights laws due to having too-few accessible vehicles.

The class-action complaint accuses Uber of "pervasive and ongoing discrimination" because people in wheelchairs can use only a few dozen of its more than 58,000 vehicles in the city.

NOT ACCESSIBLE ENOUGH: A BROOKLYN DISABILITY NON-PROFIT IS TAKING THE RIDESHARING GIANT UBER TO COURT

Status Report

Happening In Hospitals Today

U.S. HOSPITALS SET RECORD FOR FAST HEART ATTACK CARE

Denver, CO — U.S. hospitals have set a record for how quickly they open blocked arteries—averaging less than one hour for the first time since these results have been tracked, according to new research at the University of Colorado.

The study says that over 93 percent of patients now have their arteries opened within the recommended 90 minutes of arrival. The sooner blood flow is restored, the less chance of permanent damage.

Patient risk of dying goes up 42 percent if care is delayed even half an hour beyond the 90 minutes that U.S. guidelines say patients should be treated after arrival.

The study reviewed records from about 85 percent of U.S. hospitals that do the artery procedure called *angioplasty*, in which a tiny balloon flatten the clog blocking the artery, then leaving behind a mesh tube called a stent to keep it propped open.

In 2005, this "door-to-balloon" time averaged a dismal 96 minutes. By 2014, the report found it down to 59 minutes.

WITH DOCTOR NUMBERS DROPPING, U.S. HOSPITAL "FREELANCE DOCTOR" USAGE SOARING

Coppell, TX — The number of U.S. doctors working freelance has nearly doubled to 48,000 since 2002, according to a survey from Staff Care, a Texas-based freelance physician staffing company.

Doctors freelancing instead of working fulltime is known as "locum tenens" (Latin for "to hold a place") in the hospital industry. And some health care recruiters predict that number will double again in the decade to come.

Doctors going the locum tenens route were once stigmatized; patient data suggested freelance doctors weren't as skilled as those with more stable careers. Today, though, the skills gap seems to have closed as more and more doctors opt for the flexibility of contract work—and more and more hospitals, desperate to fill staffing shortages, bring them on board.

A JOB, NOT A CAREER: A GROWING NUMBER OF DOCTORS ARE WORKING FREELANCE, HELPING HOSPITALS MEET THEIR INCREASINGLY STRAINED STAFFING NEEDS

INDUSTRY SURVEY: HOSPITALS NOT MAXIMIZING EHR POTENTIAL

Bethesda, MD — According to results from a recent nationwide hospital survey by the American Medical Informatics Association (AMIA), adoption of electronic health record (EHR) systems by hospitals has come a long way in recent years—but is not fully where it should be.

The survey of 3,538 U.S. hospitals found that almost 81 percent of hospitals are now using at least a basic EHR system.

But the survey also found that only 38 percent of hospitals are using at least eight of ten EHR data points to measure and improve in-house performance. It likewise found that only 42 percent of hospitals are using at least eight EHR data points to measure and improve patient engagement.

STUDY: HOME ANTIBIOTIC IVS AS SAFE AS HOSPITALS

Melbourne, Australia — Intravenous (IV) injections of antibiotics for kids with severe infections are just as safe given at home as they are in hospitals, a review of previous studies now confirms.

According to the review by the Royal Children's Hospital and the Murdoch Childrens Research Institute, home-based treatment is not riskier than hospital care. Families also prefer to treat children at home, partly because it cuts costs, according to the review. The study was published in *The Lancet Infectious Diseases*.

HOSPITALS BRACE FOR LOWER REIMBURSEMENTS

Washington, D.C. — Ongoing healthcare proposals from Capitol Hill and the White House's proposed federal budget have hospitals nationwide bracing for possible lower reimbursements.

Hospitals are primarily concerned with possible cuts to Medicaid—especially safety-net facilities whose patient majorities typically consist of members of Medicaid.

Many safety-net hospitals depend critically on income from federal Medicaid reimbursements to stay financially alive; further cuts to Medicaid could drive them closer to going out of business.

These hospitals are equally concerned that proposed cuts to Medicaid could leave millions without healthcare. About 11 previously-uninsured people got healthcare through the Affordable Care Act (ACA), with many of those getting their new healthcare at local safety-net hospitals.

CALL FOR TESTING OLDER DOCTORS TRIGGERS INDUSTRY DEBATE

Seattle, WA — A new study in *JAMA Surgery* has elicited strong opinions across the spectrum of the medical industry—calling as it does for healthcare organizations to test older doctors for competence.

According to the study—a review of existing literature on aging physicians, really—physicians should tested for mental competence and physical health at some as-of-yet undetermined age.

Much of the ensuing debate dwells on the study's ostensible ageism—calling discriminatory its premise of some to-be-decided age as a cut-off age for mandatory testing or worse, retirement.

On the other hand, others point out that age-related decline is wide-ranging—with one surgeon in full command of mental and fine-motor faculties at 81 and another in decline at age 62.

But many do agree that older doctors should be tested regularly. However, the big questions remain: What should doctors be tested for? And at what age—if at any age?

The study, interestingly, was led by University of Washington surgery professor Dr. E. Patchen Dellinger, active at 73.

THE DOCTOR IS (STILL) IN

MEET DR. BILL FRANKLAND, WHO AT AGE 105 IS THE OLDEST ACTIVE PHYSICIAN IN GREAT BRITAIN, AND PROBABLY THE WORLD.

DR. FRANKLAND IS KNOWN IN HIS COUNTRY AS THE "GRANDFATHER OF ALLERGY," HIS SPECIALTY.

IT WAS FRANKLAND WHO CHAMPIONED THE VIEW THAT AN ALLERGIC REACTION IS DUE TO A MALFUNCTIONING IMMUNE SYSTEM.

DR. FRANKLAND HAS RECEIVED TWO CARDS FROM THE QUEEN FOR REACHING SUCH A GRAND OLD AGE, STILL CONTRIBUTES TO JOURNALS AND, CONTINUES CONSULTING PEOPLE ABOUT THEIR ALLERGIES.

HE EVEN REQUIRES A SECRETARY TO RUN HIS BUSY DIARY AND HE ONLY GAVE UP DRIVING IN 2004.

DURING THE SECOND WORLD WAR, HE JOINED THE ROYAL AMY MEDICAL CORPS AND WAS SENT TO SINGAPORE.

HE NOW HAS A NON-PAID CONSULTANCY ROLE AT GUY'S HOSPITAL, WHERE HE RESEARCHED PEANUT ALLERGIES. HE CONTINUED TO SEE PATIENTS AS A PRIVATE CONSULTANT INTO HIS LATE 90S.

AFTER ALL HIS HARD WORK, HE RECEIVED HIS MBE, AGED 103, IN 2015.

In the Know

ALL ABOUT... MUSCULAR DYSTROPHY

Hamaspik thanks Eli S. Neiman, DO, ABONP, FACN, PC of the Airmont, New York-based Advanced Neurology Center for critically reviewing this article.

INTRODUCTION >>

Muscular dystrophy is a group of at least 30 related genetic diseases that cause progressive weakness and loss of muscle mass.

In muscular dystrophy, genetic mutations interfere with the production of proteins needed to form healthy muscle.

There are many different kinds of muscular dystrophy. Symptoms of Duchenne muscular dystrophy (DMD), the most common variety, begin in childhood, primarily in boys. Other types don't surface until adulthood.

After Duchenne, the most common forms of muscular dystrophy are Becker muscular dystrophy, myotonic dystrophy (Steinert's disease), facio-scapulohumeral dystrophy (FSHD), congenital dystrophy, and limb-girdle dystrophy.

Some people with muscular dystrophy will eventually lose the ability to walk. Some may have trouble breathing or swallowing.

Tragically, there is no current cure for muscular dystrophy, but medications and physical and occupational therapy can help manage symptoms and slow the course of the disease.

DEFINITION AND SYMPTOMS >>

Definition and symptoms of muscular dystrophy depend on the type.

The main symptom of muscular dystrophy is progressive muscle weakness. Specific signs and symptoms begin at different ages and in different muscle groups, depending on the type.

Duchenne muscular dystrophy (DMD)

About half of people with muscular dystrophy have this variety. Although girls can be carriers and mildly affected, Duchenne typically affects boys.

About one-third of boys with Duchenne don't have a family history, possibly because the gene involved may be subject to sudden abnormal change (spontaneous mutation).

Duchenne symptoms typically appear between the ages of two and three. They typically include:

- Frequent falls
- Difficulty getting up from a lying or sitting position
- Trouble running and jumping
- Waddling gait
- Walking on the toes
- Large calf muscles
- Muscle pain and stiffness
- Learning disabilities

Becker muscular dystrophy

Symptoms are similar to those of Duchenne, but are typically are milder and progress slower. Symptoms generally begin in the teens but may not occur until the mid-20s or even later.

Myotonic dystrophy (Steinert's disease)

Steinert's is characterized by an inability to relax muscles at will following contractions. Steinert's is the most common form of adult-onset muscular dystrophy. Facial and neck muscles are usually the first to be affected.

MAXIMUM MOBILITY: MUSCULAR DYSTROPHY PATIENTS ARE COMMONLY USING WHEELCHAIRS BY FULL ADULTHOOD

Facioscapulohumeral dystrophy (FSHD)

Muscle weakness typically begins in the face and shoulders. The shoulder blades might stick out like wings when a person with FSHD raises his or her arms. Onset usually occurs in the teenage years but may begin in childhood or as late as age 40.

Congenital

Congenital dystrophy affects boys and girls and is apparent at birth or before age two. Some forms progress slowly and cause only mild disability, while others progress rapidly and cause severe impairment.

Limb-girdle

In limb-girdle dystrophy, hip and shoulder muscles are usually the first affected. People with this form may have difficulty lifting the front part of the foot and so may trip frequently. Onset usually begins in childhood or the teenage years.

COMPLICATIONS >>

The complications of progressive muscle weakness include:

- Inability to walk. Some people with muscular dystrophy eventually need to use a wheelchair.
- Shortening of muscles or tendons around joints (contractures). Contractures can further limit mobility.
- Breathing problems. Progressive weakness can affect the muscles associated with breathing (the diaphragm and the intercostal muscles). People with muscular dystrophy may eventually need to use a breathing assistance device (ventilator), initially at night but possibly also in the day.
- Curved spine (scoliosis). Weakened muscles may be unable to hold the spine straight.
- Heart problems. Muscular dystrophy can reduce the efficiency of the heart muscle.
- Swallowing problems. If the muscles involved with swallowing are affected, nutritional problems and aspiration pneumonia may develop. Feeding tubes may be an option.

DIAGNOSIS >>

See a doctor if signs of muscle weakness are seen in a child, like increased clumsiness, falls and/or waddling gait.

The doctor is likely to start with a medical history and physical examination. After that, the doctor may recommend:

- Enzyme tests. Damaged muscles release enzymes, such as creatine kinase (CK), into the bloodstream. In a person who hasn't had a traumatic injury, high blood levels of CK suggest a muscle disease—such as muscular dystrophy.

> **"TRAGICALLY, THERE IS NO CURRENT CURE FOR MUSCULAR DYSTROPHY, BUT MEDICATIONS AND PHYSICAL AND OCCUPATIONAL THERAPY CAN HELP MANAGE SYMPTOMS AND SLOW THE COURSE"**

- Electromyography. An electrode needle is inserted into the muscle to be tested. Electrical activity of the muscle fibers is measured as the patient relaxes and then gently tightens the muscle. Changes in the pattern of electrical activity can confirm a muscle disease.
- Genetic testing. Blood samples can be examined for mutations in some of the genes that cause different types of muscular dystrophy.
- Muscle biopsy. A small piece of muscle can be removed through an incision or with a hollow needle. Analysis (biopsy) of the tissue sample can distinguish muscular dystrophies from other muscle diseases.
- Heart-monitoring tests (electrocardio-graphy and echocardiogram). These tests are used to check heart function, especially in people diagnosed with myotonic muscular dystrophy.
- Lung-monitoring tests. These tests are used to check lung function (pulmonary function testing and vital capacity measurement).

CAUSE >>

Certain genes are involved in making proteins that protect muscle fibers from damage. Muscular dystrophy occurs when one of these genes is defective.

Each form of muscular dystrophy is caused by a genetic mutation particular to that type of the disease. Many of these mutations are inherited. But some occur spontaneously before birth and can be passed on to the next generation.

People with a family history of muscular dystrophy are at higher risk of developing the disease or passing it on to their children.

TREATMENT >>

Unfortunately, there are no specific treatments or cures today that stops or reverses any form of this genetic disorder. But treatment can help prevent or reduce problems in the joints and spine to allow people with muscular dystrophy to remain mobile as long as possible.

Treatment options include: medications, physical/occupational/speech therapy and assistive devices, and surgical and other procedures.

Proper nutrition is also a vital part of any long-term muscular dystrophy treatment plan.

Medications

- Corticosteroids, such as prednisone, which can help improve muscle strength and delay the progression of certain types of muscular dystrophy. But prolonged use of these types of drugs can cause weight gain and weaken bones, increasing fracture risk.
- Heart medications like as angiotensin-converting enzyme (ACE) inhibitors or beta blockers may be prescribed if muscular dystrophy damages the heart muscle.
- Anticonvulsants may be prescribed to control seizures and some muscle activity.
- Immunosuppressants may be prescribed to delay some damage to dying muscle cells.
- Antibiotics may be used as needed to fight respiratory infections.
- Because respiratory infections may become a problem in later stages of muscular dystrophy, it's important for patients to be vaccinated for pneumonia and the latest flu strains.

Therapy

Physical, occupational, and/or speech therapy, along with assistive devices as necessary, can improve quality and sometimes length of life in people with muscular dystrophy, including:

- Range-of-motion and stretching exercises. Muscular dystrophy can restrict the flexibility and mobility of joints. Limbs often draw inward and become fixed in that position. Range-of-motion exercises can help to keep joints as flexible as possible.
- Exercise. Low-impact aerobic exercise, such as walking and swimming, can help maintain strength, mobility and general health. Some types of strengthening exercises also might be helpful. But it's important to talk to the doctor first because some types of exercise might be harmful.
- Braces. Braces can help keep muscles and tendons stretched and flexible, slowing the progression of contractures. Braces can also aid mobility by providing support for weakened muscles.
- Mobility aids. Canes, walkers and wheelchairs can help maintain mobility and independence.
- Breathing assistance. As respiratory muscles weaken, a sleep apnea device may help improve oxygen delivery during the night. Some people with severe muscular dystrophy may need to use a ventilator, a machine that forces air in and out of the lungs.

> **ABOUT HALF OF PATIENTS HAVE DUCHENNE. ALTHOUGH GIRLS CAN BE CARRIERS, DUCHENNE TYPICALLY AFFECTS BOYS**

Surgery

Surgery may be needed to correct a spinal curvature that could eventually make breathing more difficult.

Spinal contractures may be helped with a variety of surgical procedures as well.

Nutrition

Dietary changes haven't been shown to slow the progression of muscular dystrophy. But proper nutrition is essential because limited mobility can contribute to obesity, dehydration and constipation. A high-fiber, high-protein, low-calorie diet may help.

PROGNOSIS >>

The prognosis for people with muscular dystrophy varies according to the type and progression.

Some cases may be mild and progress very slowly over a normal lifespan, while others produce severe muscle weakness, functional disability, and loss of the ability to walk. There is no cure.

A prognosis of muscular dystrophy can be extremely challenging. To cope, patients should:

- Find someone to talk with. A patient may feel comfortable discussing your feelings with a friend or family member, or might prefer meeting with a formal support group.
- Learn to discuss a child's condition. If a child has muscular dystrophy, ask your doctor about the most appropriate ways to discuss the progressive condition with him or her.

HAMASPIK NEWS

Spending Summer Time with a Beloved Teacher and Classmates at Round Top

Hamaspik of Orange County's Men's Day Hab Visits Countryside Complex

Everyone remembers the kids they went to school with.

And the teachers who taught them.

For individuals with various disabilities, that's all the more true—what with many of them boasting phenomenally atypical memories that trounce everyone else's by their sheer magnitude.

But for many of the young men supported daily by Hamaspik of Orange County's Day Habilitation (Day Hab) program, those childhood school memories include one specific school and one specific paraprofessional.

For those young men, born-and-bred natives of Orange County's Village of Kiryas Joel as they are, elementary school consisted of the Kiryas Joel Union Free School District.

That school system, one of a handful of its kind in the nation, is geared towards accommodating the village's substantial population of students with special needs.

In operation for years now, it's also seen quite a few children grow up and move on to services and supports geared for young adults—including quite a few of the gentlemen from Day Hab.

But being an alumnus of the KJ School District doesn't just mean that you've got old friends in disability support programs other than Hamaspik—it also means that among your beloved former teachers is Rabbi Chaim Hersh Weiss.

Rabbi Weiss is a veritable pillar of Kiryas Joel's special-needs education scene, having been with the School District since its inception, and involved in disability schooling before that.

And just as the recollection powers of individuals with special needs are commonly well above typical, so too is their love for former teachers all the greater.

Needless to say, the gentlemen who benefit from Hamaspik of Orange County's Day Hab all but jumped at the chance to spend a day with their beloved Rabbi Weiss.

And on one fine Thursday morning this past month, the gentlemen found themselves heading upstate to do just that.

The exciting day began at their Day Hab center with the usual morning routine: Morning prayer services per community-of-origin mainstreaming followed by nutritious breakfast.

After that, it was anything but routine.

Boarding Hamaspik's vehicles, the young men soon found themselves heading up Route 32 into the heart of the Catskills. Destination? Round Top—a sprawling multi-acre summer-camp and bungalow complex just outside rural Cairo, New York.

And upon arrival about an hour later, the fun began—and the nostalgic memories flowed.

Rabbi Weiss personally greeted the men at the door of his summertime bungalow, warmly welcoming the excited bunch.

Once settled down, the veteran special-needs educator, ever his finger on the room's emotional pulse, led his former students in one easy-to-sing song after another—all of which they readily remembered from their school days with Rabbi Weiss.

The atmosphere was shortly filled with joy—a joy only amplified by the presence of several other KJ School District alumni passing the summer at the camp.

United with classmates and beloved teacher's aide, the gentlemen found themselves transported back in time to that familiar place of bonding and friendship.

After that exhilarating high, it was time to cool down a bit—and what better way to do that than a dip in the pool?

Supported by their trained Direct Support Professionals (DSPs), whose ranks include a certified life guard, the gentlemen next

CONTINUED ON PAGE 15 >>

EXTRACURRICULAR CAMARADERIE: RELIVING DAYS GONE, HAMASPIK VISITORS REVEL IN SCHOOL SPIRIT WHILE VISITING THEIR TEACHER IN UPSTATE NEW YORK

THE GOOD OLD DAY ARE BACK: AS FORMER CLASSMATES AND CURRENT STAFF LOOK ON, TWO FORMER STUDENTS ARE GREETED BY THE BELOVED RABBI WEISS (L)

The Senior Care Gazette

News from the World of HamaspikCare and Senior Health

Yisrael Kristal
World's Oldest Man and Holocaust Survivor, 1903-2017

Mr. Yisrael Kristal, the world's oldest man and oldest Holocaust survivor, passed away on August 11, 2017. He was 113.

Mr. Kristal, who graced the *Gazette*'s front page five months ago, overcame astonishing adversity to live a remarkable and record-breaking life.

Born in Poland in 1903, he was bereft of his mother at age 7 and denied his remaining parent at age 10 when his father was drafted for four years into the Russian military. Young Yisrael rode out WWI living with an uncle.

As a young man, Yisrael Kristal moved to Lodz, Poland, where he took up the art of making candy and chocolate—a craft that earned him authority in the interwar years, and which saved his life when the WWII Nazi occupiers of the Lodz Ghetto put him to good use.

The Ghetto's rampant disease robbed him of his two sons, and his August 1944 trip to Auschwitz at the Ghetto's liquidation shortly robbed him of his first wife.

Surviving the death camp and post-liberation malnutrition, Yisrael Kristal returned to Lodz to resume candymaking and ultimately meet his second wife, a survivor who'd lost her husband and son. They married in 1947 and moved to Haifa in 1950.

Yisrael Kristal worked in the sweets industry until his 1970 retirement, banking a career in which he rose from apprentice confectioner to independent business owner and master artisan.

He spent the next 40-plus years surrounded by his dutiful son and daughter, their own children, and many great-grandchildren, remaining as physically active as possible and mentally acute throughout.

Upon certification by Guinness World Records as the world's oldest Holocaust survivor in 2014, and the world's oldest man in 2016, Yisrael Kristal simply said that the secret to long life lay in Heaven's hands.

A religious man throughout his life, Yisrael Kristal never lost his faith, inspiring family, friends and admirers the world over alike with his strength. May his memory be a blessing and his legacy an inspiration.

Son Calls HamaspikCare with Thanks for Late Father's Care

Monsey, NY — It was an ordinary busy day for HamaspikCare Director of Patient Services Rena Milgraum, R.N. the morning of August 16 when the phone rang again.

But this was no ordinary call.

On the other end was a gentleman who'd surely wish he was calling for better reasons—but had reason enough for his call.

His father had been a home-care patient with HamaspikCare. Sadly, his time had come. And now, a grieving son reached out in gratitude to the agency that had filled his father's last days with professional care.

The man specifically praised HamaspikCare Field Nurse Leah Lichstein, R.N. "for going above and beyond her call of duty," also singling out Field Nurse Iryna Kysylytsa, R.N. for her efforts.

He also expressed his appreciation for HamaspikCare's meticulous ensuring that long overnight and daytime shifts were not only covered, but covered by the kind of people who "choose to care," a message the agency's field uniforms proudly carry.

Indeed, one of those caring kinds of people who work for HamaspikCare, agency home health aide (HHA) Beatrice Pierrseme, personally visited her late patient's family to pay a condolence call.

It was just another way that, when it comes to truly caring for people, HamaspikCare always makes the right call.

HAMASPIK NEWS

Mental Health Services

CONTINUED FROM PAGE 3

by First Lady Chirlane McCray, wife of New York Mayor Bill de Blasio, on the city's ThriveNYC initiative (see "Helping NYC Thrive," page E5), where Mr. Solomon built his professional network.

And now, with its new HARP program and a keen eye on providing ever-more mental-health services, Hamaspik furthers its position as a catchall communal social-services resource.

Says Mr. Solomon: "We're ready to open the doors."

If you or a loved one have received a HARP participation letter for Rockland County, please call Kathleen Clay of Hudson River Healthcare at 914-734-8513 or Noel Sander of Hudson Valley Care Coalition at 914-502-1435.

For any questions on Hamaspik support services for HARP beneficiaries, please contact Mrs. Pearl Spira, LMSW in Rockland County at 845-503-0247, or Mrs. Yehudis Heimfeld in Brooklyn at 718-408-5405.

A Teacherly Visit to Round Top

CONTINUED FROM PAGE 14

spent a good hour or two in Round Top's giant outdoor pool along with their old school buddies, with each safely enjoying the water under their DSPs' vigilant one-on-one supervision.

Splashing about in the pool was followed by a round of outdoor games on Round Top's spacious grounds. Race after race took place, with the gentlemen competing against one another—less to see who could finish first but more to just have fun.

The races were followed by lunch.

By the time the midday meal was over, served as it was well after midday, it was already time to go home. By 4:30, then, Hamaspik's vehicles were pulling up to 1 Hamaspik Way, the agency's towering multipurpose building at the gateway to Kiryas Joel.

"It was a lot of fun" for the former KJ School District students visiting Round Top, later reported one Hamaspik DSP.

But for the gentlemen who still fondly remember Rabbi Weiss and their classmates, it was so much more than just that.

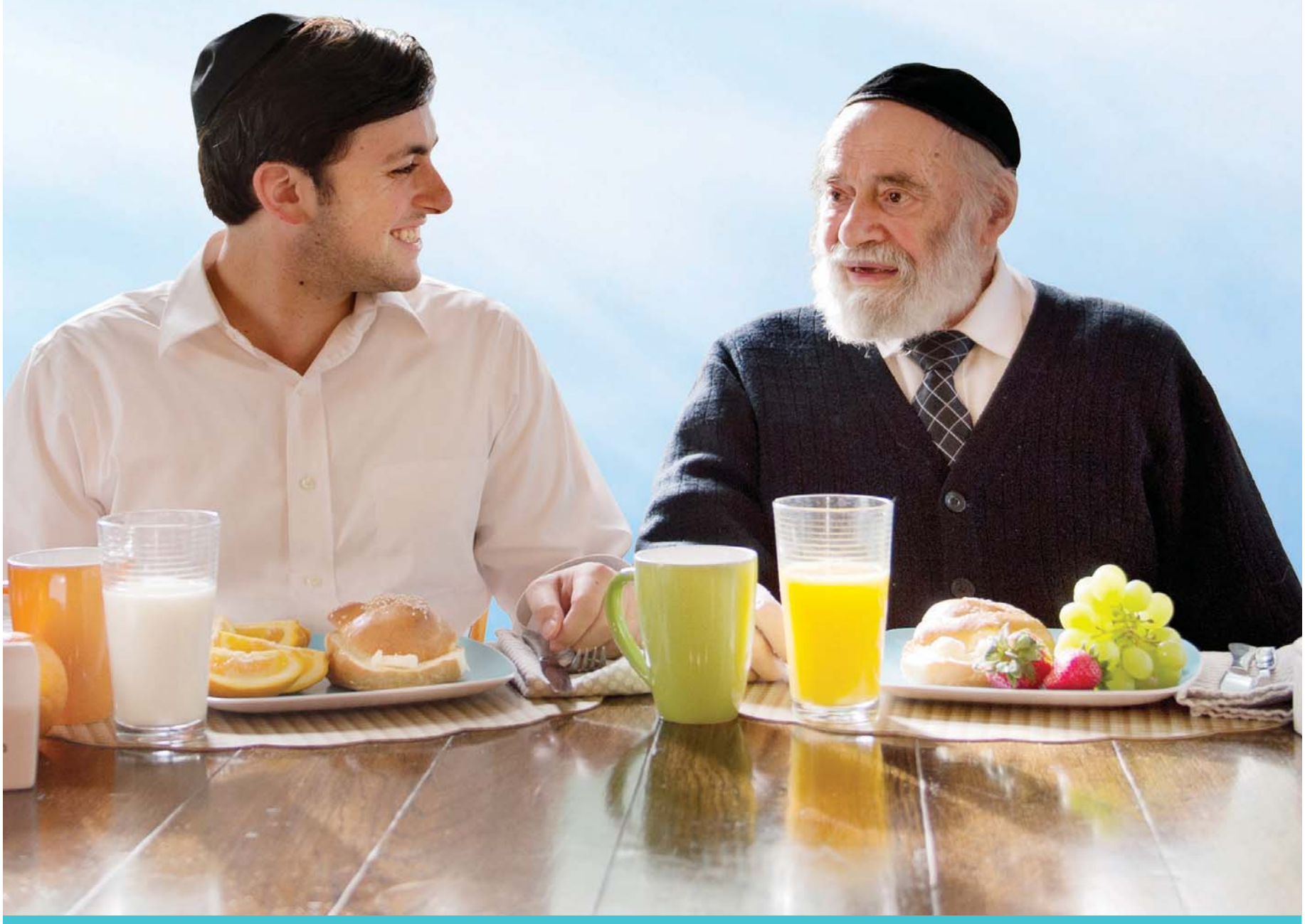
HamaspikCare

Legendary Support, Extraordinary Care

NEED AN AIDE?

WHY NOT HIRE SOMEONE YOU ALREADY LOVE?

Through HamaspikCare, your family member can become a paid caregiver.



1.855.HAMASPIK(855.426.2774)

NYC | LONG ISLAND | UPSTATE NY