



# The Hamaspik Gazette

News of Hamaspik  
Agencies and  
General Health

AUGUST '17 • ISSUE NO. 151



## GAZETTE SURVEY

The GAZETTE asks YOU:

**DO YOU REGULARLY MONITOR YOUR BLOOD PRESSURE?**

A: YES; B: NO

Respond to: [survey@hamaspik.org](mailto:survey@hamaspik.org)



## HEALTH STAT

### WHY DOCS SHOULD TEXT PATIENTS

	Text	Email
Average response time	90 secs	90 min
Read rate	98%	22%

Source: June 29 report by medical practice consultant SolutionReach



## HEALTH QUOTE

“IF IT IS GOING TO PASS, THE BILL IS GOING TO HAVE TO MAKE MEANINGFUL STEPS TO REDUCE PREMIUMS.”

—Texas Republican Sen. Ted Cruz, explaining his rejection of the current Senate healthcare bill.



## HEALTH TIP

### LET HAPPINESS SHINE

Walk or sit in direct sunlight for at least a few minutes daily: sunlight stimulates serotonin, the body's “happiness hormone” known to also ease pain.

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WANNAMAKER BRIDERHEIM RESIDENTS MOISHY AND DUDI, DELIVERING A GIFT TO A FRIEND RECOVERING AT HOME, HAVE GOT THE SUMMER'S SPIRIT FIGURED OUT “FUR” SURE



## DISABILITY NEWS

### America's First Water Park for Kids with Special Needs Opens

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## HAMASPIK NEWS

### Hamaspik Leaders Headline 'CCO Summit' on Big State Changes to Disability Industry

OPWDD Acting Commissioner Delaney Keynotes; Hamaspik Choice CEO Bernath Tops Panel

First it was “People First.”

Now it's “People First Care Coordination.”

The former, implemented in recent years, reflects New York State's official philosophy towards people with intellectual and developmental disabilities. It reflects the ongoing national abandonment of phrases like “disabled people,” emphasizing humanity first and disability an increasingly-distant second.

The latter, a project spearheaded by New York State OPWDD Acting Commissioner Ker-

ry A. Delaney, builds on that positive proactivity with progress of its own—by integrating and aligning the parallel paths of disability service coordination and health and wellness coordination.

In a state whose agencies repeatedly make history, New York State's disability public-service bodies are poised to do it again—with the impending launch of People First Care Coordination.

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

# 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

## HEALTH NEWS

# Cholesterol 'Vaccine' Works in Mice, First Human Tests Soon

Sounds a bit far-fetched—but if the imagination of researchers bears ideal fruit, then high cholesterol may be permanently preventable one day with a simple injected vaccine.

Vaccines work by “teaching” the body’s immune system to kill specific viruses. They do this by introducing dead viruses which the immune system then “learns” how to kill without the patient getting the disease.

Scientists are now trying to “teach” the immune system to attack a mechanism in the body’s cholesterol-making process—essentially creating a vaccine against high cholesterol.

To test this concept, researchers at European biotech firm AFFiRiS developed a “vaccine” called AT04A. The vaccine (actually a molecule) was given to a group of lab mice.

Over an 18-week period, the vaccinated mice

showed lower cholesterol and less fatty build-up damage to their blood vessels than did a comparison group of unvaccinated mice.

The vaccine worked by making the mouse immune systems attack PCSK9, an enzyme that helps make “bad” LDL cholesterol. High LDL levels cause heart disease, the top cause of U.S. deaths.

With the mouse experiment successful, AFFiRiS—which believes immunotherapy could potentially prevent chronic disease, and is also working on a Parkinson’s vaccine—is now planning a Phase I clinical trial to test its experimental cholesterol-lowering vaccine in humans.

That trial could be complete by the end of 2017, according to the company.

The mouse study was published June 19 in the European Heart Journal. ★

## PUBLIC HEALTH AND POLICY NEWS

# Gov’t funds 42 Centers for Excellence in Developmental Disabilities

Five-year federal grants were awarded in early July to 42 University Centers for Excellence in Developmental Disabilities (UCEDDs) across the U.S., including New York’s Albert Einstein College of Medicine and Westchester Institute for Human Development.

The UCEDDs will receive a total of \$22,974,000 a year for the next five years

to address issues, find solutions, and advance research in order to improve the lives of people with developmental disabilities and their families.

The grants were awarded by the Administration for Intellectual and Developmental Disabilities, a division of the federal Administration for Community Living. ★

# Job Opportunities

## Great opportunity

Hamaspik men’s group home is looking to hire a devoted, warm house couple, 1-2 children maximum, as live-in couple. (Live on premises, separate apartment.)

Requirements: To be on-duty staff every Shabbos and Yom Tov, and one night each week.

Good benefits for the right couple. Must be able to drive, speak English. Call: 845-494-1796.

■

Monroe Day Habilitation is looking to hire a responsible girl to fill the position of a DSP. MUST have a driver’s license. Benefits package included. Please call 845-774-0349.



●► PUBLIC POLICY NEWS

# Hamaspik Leaders Headline 'CCO Summit' on Big State Changes to Disability Industry

*OPWDD Acting Commissioner Delaney Keynotes; Hamaspik Choice CEO Bernath Tops Panel*

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And to understand how the vast new watershed change will affect their beneficiaries and staff, hundreds of disability support industry leaders and other professionals from across New York State met June 13 at Manhattan's Radisson Martinique on Broadway for an empowering, informative day-long summit.

The conference's keynote address was delivered by Acting Commissioner Delaney, and a key panel discussion was led by professionals from Hamaspik.

## WHAT'S MANAGED CARE?

Entitled "Navigating the Future: How Coordination Changes Care," the event saw industry authorities from New York's public and private sectors walk guests through the next big thing.

That big thing, of course, is the advent of People First Care Coordination—specifically, the care coordination organization (CCO) that is both its vehicle and engine under the hood.

When People First Care Coordination—currently in its earliest planning stages—eventually goes live, New York's coordination of supports for individuals with intellectual and developmental disabilities will have shifted to CCOs.

To explain: In New York State, Medicaid Service Coordination (MSC) is the axis of the numerous disability supports currently provided statewide by non-profits like Hamaspik.

For decades, Medicaid Services Coordinators (MSCs) have been the heart of the OPWDD system, whether employed by Hamaspik or directly by the state—answering questions, providing support and otherwise advocating for each individual getting disability-related services.

Under People First Care Coordination, MSCs will do the same for health services, too.

For starters, MSC staff working for non-profits will be transitioned to work for CCOs, independent new non-profits that only provide Medicaid Care Coordination so as to avoid conflicts of interest. There will be a one-year transition period during which MSCs can be contracted through their existing non-profit agency.

As independent, conflict-free employees of the new CCOs, MSCs will then be empowered by the new OPWDD initiative to preside over each individual's Life Plan.

The Life Plan is basically a document detailing each individual's basic information, personal life goals, and OPWDD services—with the critical new addition of physical, behavioral health and



VOICE OF AUTHORITY: HAMASPIK CHOICE EXECUTIVE DIRECTOR BERNATH AND CROWD LISTEN AS DIRECTOR OF STRATEGIC PLANNING BOB MANLEY, R.N. SPEAKS

other healthcare/wellness services as provided through Medicaid.

The Life Plan will significantly expand upon the Individualized Service Plans (ISPs) currently used in the OPWDD community—supported by improved information technology and allowing multiple providers to share important informa-

tion, according to the Acting Commissioner.

"People First Care Coordination will retain the best of the current system of Medicaid Service Coordination," Ms. Delaney wrote in a June 30 letter, "while building upon it to offer individuals and families a more comprehensive way of managing their services and supports."



A PLACE AT THE TABLE: BONADIO'S THANK-YOU MESSAGE TO SPONSORS, BACKED BY REFRESHMENTS COURTESY OF TRI-COUNTY CARE

The CCOs are a primary vehicle for the OPWDD's plans to change to managed care. New York State has established a five-year goal for that transition.

What is managed care? Put plainly, disability and health services provided by OPWDD partner non-profits like Hamaspik and other health care providers are largely paid for by Medicaid. That state-federal program pays the services bills by Hamaspik or other providers on a unit-of-service basis—or "fee for service" in industry jargon.

Under managed care, though, managed care organizations are allotted a monthly allocation for each individual enrolled in their plans.

Under reforms implemented by Gov. Andrew Cuomo's Medicaid Redesign Team (MRT),

the cost-cutting, care-enhancing payment model is already in use with most Medicaid-insured individuals without disabilities, and with managed long-term care (MLTC) plans—specialized healthcare plans for dual Medicaid members needing nursing-home levels of care at home.

## MEETING OF MINDS

Hosted by The Bonadio Group, a Rochester-based CPA and consulting firm, the event brought together disability non-profit executives and program directors, industry experts and OPWDD Acting Commissioner Delaney for insiders' insights on embracing coming change.

After morning registration and continental breakfast, Bonadio Group CEO and Managing Partner Thomas Bonadio welcomed the crowd and introduced the event's objectives.

Arthur Webb, owner of the eponymous Webb Group, Ltd., next shared "Confessions of an Optimist," the title of his take on "Making Sense of Managed Care and Care Coordination."

Because a critical part of transitioning to CCOs is the moving of MSCs to said CCOs, effectively closing down MSC departments at providers statewide, a panel discussion on that transition—and how to best strategize for it—was held next.

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## Hamaspik Gazette

Published and Copyrighted July '17 by:  
NYSHA, Inc. 58 Rt. 59, Suite 1, Monsey, NY 10952  
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Mail Postmaster: Return service requested  
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# Happening In health Today

## FLU VACCINE PATCH PROMISING

Atlanta, GA — An experimental flu vaccine patch with dissolving microneedles appears safe and effective, a preliminary study of 100 participating adults shows.

The patch has 100 solid, water-soluble and painless microneedles that are just long enough to penetrate skin. The microneedles, which release the vaccine, dissolve within a few minutes.

Users merely apply the patch for a few

The NYU researchers say that the primary problem with home dosing is that measuring tools are not the exact size of prescribed amount, frequently forcing parents to do math and miscalculate.

“This study supports system-wide changes in the design of medication labels and provision of dosing tools that would help reduce medication errors in children,” said lead researcher H. Shonna Yin, M.D., M.S.

However, the study is limited in that it may not accurately reflect how parents actually dose at home. Participants had been asked to demonstrate dosing abilities at

helps the body heal, it can sometimes be harmful.

Finding a new approach to treatment is important because current medicines fail to help nearly a third of OCD patients. Up to two percent of teens and adults have the anxiety disorder.

The study was published June 21 in *JAMA Psychiatry*.

## STUDY PROBES SMARTPHONE-CARPAL TUNNEL LINK

Hong Kong, China — People who spend lots of time on their smartphones may be scrolling, tapping and swiping their way to carpal tunnel syndrome, a painful wrist and hand disorder, according to a small study at the Hong Kong Polytechnic University.

The study of 500 students found a link between extended use of hand-held electronic devices and a greater likelihood for experiencing the telltale wrist and hand pain of the syndrome.

The study found that 54 percent of students using devices for five or more hours a day reported musculoskeletal pain and/or discomfort, compared with 12 percent among less intensive users.

But researchers did not prove that heavy usage actually causes carpal tunnel syndrome, and at least one expert says that very few people in the real world use devices that heavily.

## RAPID BACTERIA TEST BEING DEVELOPED

Boston, MA — Boston University researchers are currently developing a new bacterial infection test that drastically reduces diagnosis time from several hours to around 20 minutes.

Serious bacterial infections are commonly treated at hospitals with so-called broad-spectrum antibiotics, which kill a range of common bacteria.

While mostly effective, broad-spectrum antibiotics also play a big part in the growing problem of antibiotic-resistant bacteria.

With the prototype new test, doctors may eventually be able to quickly deter-

mine the exact bacteria causing an infection, freeing them from having to resort to broad-spectrum antibiotics.

## AMERICAN OVER-“D”-VOTION

Minneapolis, MN — Study after study has extolled the health virtues of vitamin D. But now, a study indicates that a growing number of Americans are getting too much.

The University of Minnesota reviewed 1999-2014 public health survey data on nearly 40,000 Americans. Researchers found that 0.2 percent of Americans were taking over 4,000 international units (IUs) of vitamin D daily in 2007-2008. But that figure rose to 3.2 percent by 1999-2014.

The recommended daily amount is 600 IUs for adults 70 and younger.

One reason some people may be taking so much extra vitamin D is concern about getting too little, according to researchers. Vitamin D is crucial for good bone health—but is one of the most advertised vitamins.

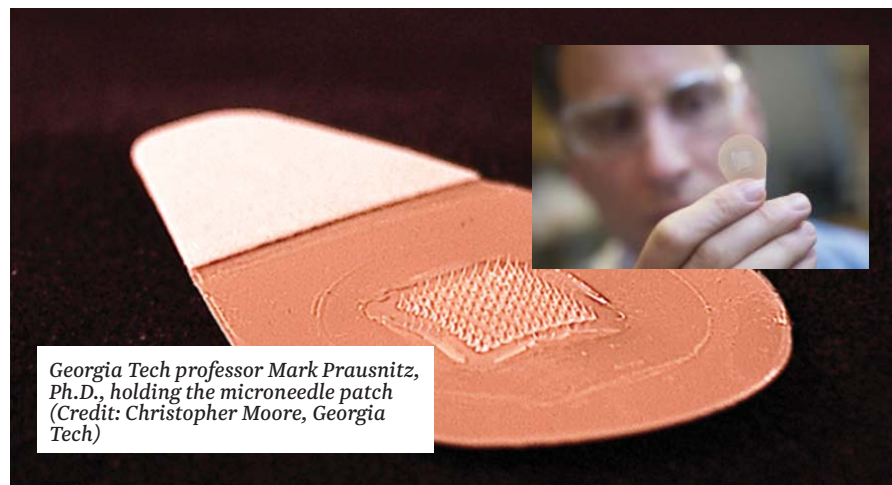
## SCIENTISTS FIND RARE GENETIC CAUSE OF CONSTANT COLDS

Washington, D.C. — Scientists now say they know why one young child was constantly getting severe colds: a rare genetic mutation.

According to new research at the National Institute of Allergy and Infectious Diseases (NIAID), a mutation in a gene called IFIH1 explained why the girl's immune system was not detecting and destroying rhinoviruses, or common cold viruses—leading to repeated infections early in life. The child's immune system has since matured and now healthily fights off ordinary colds.

“By investigating this unique case, our researchers not only helped this child,” said NIAID Director Anthony S. Fauci, M.D., “but also helped answer some important scientific questions about these ubiquitous infections that affect nearly everyone.”

Adults average two or three colds a winter, the CDC says. The Global Burden of Disease Study estimates that rhinoviruses cause 18 billion upper respiratory infections worldwide a year. ★



minutes, then remove and dispose it.

Researchers at Georgia Institute of Technology and Emory University say it could offer a pain-free, convenient alternative to flu and other shots. Trial results appeared June 27 in *The Lancet*.

## MOST PARENTS IN NYU LANGONE STUDY MID-DOSE KIDS' MEDS

New York, NY — Most participating parents in a recent randomized trial by New York's very own NYU Langone Medical Center made at least one large error in measuring liquid medications for their children—indicating that current labeling and instructions may be confusing for a lot of parents out there.

According to the study, 83.5 percent of nearly 500 parent participants dispensed too much or too little prescription medication. Some 12 percent of such errors involved overdoses.

three clinics nationwide.

## STUDY OF OCD FINDS PATIENTS' BRAINS INFLAMED

Toronto, Ontario — A small study is being hailed by its researchers as “one of the biggest breakthroughs” in understanding the underlying causes of obsessive-compulsive disorder (OCD).

The comparison study of 40 volunteers, 20 with and 20 without OCD, found that OCD patients had 32 percent higher inflammation in six OCD-related brain regions that those without OCD.

“Our research showed a strong relationship between brain inflammation and OCD,” lead researcher Dr. Jeffrey Meyer of the Centre for Addiction and Mental Health told outlet *HealthDay News*.

The finding “may lead to the development of new treatments,” he said.

Inflammation or swelling is the body's response to infection or injury. While it



● ► HAMASPIK NEWS

# As 'Managed Care' Looms on Horizon, Hamaspik's NHTD/TBI Programs Still Deliver

*Agency's Niche Service Brings the Caring Literally Home across Brooklyn and Upstate*

The Nursing Home Transition and Diversion (NHTD) Waiver Program is designed to help people in nursing homes come back home—or never move into a nursing home from home.

The Traumatic Brain Injury (TBI) program shares that mission. It helps people who've suffered complex brain damage to leave nursing homes, or to live as typical a life as possible at home.

And in effectively delivering both, Hamaspik's teams of trained professionals are right at home.

## TRANSITIONING TO A BETTER LIFE

With Hamaspik of Rockland County since 2011, social worker Mrs. Tzivia Frommer, LMSW has been leading the agency's NHTD/TBI programs since 2013.

Under the department head's direction, social workers Ms. Miriam Klaczowski, Mrs. Aviva Salamon and Mrs. Pearl Spira better lives daily: advocating, supporting and otherwise championing each individual as the worthy cause that he or she is.

For people needing nursing-home levels of care, staying (or coming back) home can be involved.

That's why the NHTD program offers a wealth of targeted supports. And that's why Director Frommer and team find themselves busy each day navigating and delivering those supports.

Among those supports is their very work itself—a service dubbed Service Coordination (SC).

But in serving as SCs, the Hamaspik professionals also help their NHTD clients get in-home aides as needed to actively assist and monitor them for up to 24 hours a day as authorized.

“

**THE TBI PROGRAM AT HAMASPIK IS ESSENTIALLY PROACTIVE IN NATURE, NOT REACTIVE**

”

That provision is known as Home and Community Support Services (HCSS) and is by far the program's most popular and in-demand service, Mrs. Frommer notes.

At Hamaspik of Rockland County, helping people on the NHTD program also involves securing them Assistive Technology (AT)—and advocating tirelessly when initial requests for said items are occasionally turned down.

Assistive Technology refers to health-related home equipment whose costs are typically covered on a per-case basis—like the specialized, much-needed stationary bicycle that the Hamaspik team recently pushed for and secured for an older gentleman who has progressing Parkinson's.

But the Hamaspik Rockland team not infre-

quently draws upon other supports in NHTD's stable of services.

Among these are Community Transitional Services (CTS), which covers the direct costs of

home basics for people moving from nursing homes into unfurnished homes.

Another popular support is Environmental Modifications (E-mods)—a veritable staple in many of the active cases in Hamaspik's files.

Said home renovations revolve around disability accessibility, and typically consist of walk-in (or roll-in) showers or bathtubs, non-slip floor surfaces, and the ubiquitous wheelchair ramps. A fairly wide range of additional modifications may be made to the home of the individual in question—all depending on the person's specific needs.

## HELPING HEAL INVISIBLE WOUNDS

The other half of NHTD/TBI is, of course, the Traumatic Brain Injury Waiver program.

At Hamaspik of Kings County, seasoned staffer Mrs. Silberman has presided over a growing number of TBI clients in recent years—unfortunate but unavoidable growth resulting in the agency taking on new social workers to serve exclusively as SCs for the NHTD/TBI programs.

That growth has also resulted in the experienced SC's promotion to NHTD/TBI Supervisor.

Under the knowing leadership of Mrs. Silberman, SCs Mrs. Surie Katz and Mrs. Sara Lowinger devote their daily time at Hamaspik wholly to the agency's NHTD population, while SC Mrs. Chava Laufer works with NHTD and TBI clients as well.

Considering the involvement and nuance of traumatic brain injury, it's understandable that Hamaspik would dedicate a single SC to working just with that population.

Besides being difficult to diagnose, traumatic brain injury is an involved condition for another tragic reason: the significant, long-term and too-often permanent negative changes in personality and temperament that such injuries cause in their victims.

That very fact is the reason New York State created its TBI program in the first place—to give suffering families much-needed long-term support as they weather the changes in their loved one and do their best to adjust to a trying new normal.

Traumatic brain injury is tragically known for making easygoing, loving and independent people irritable, fearful, unreasonable and oth-

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RIGHT AT HOME: WITH ENVIRONMENTAL MODIFICATIONS (E-MODS) PROVIDED BY HAMASPIK, LIKE THIS MONSEY HOME'S NEW WALK-IN TUB, CARE CAN STAY IN-HOUSE

► HAMASPIK NEWS

## As 'Managed Care' Looms on Horizon, Hamaspiik's NHTD/TBI Programs Still Deliver

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erwise incapable of self-care—putting agonizing strain on relationships between husbands and wives, or parents and children.

If there's anywhere that help is needed, it's here—which is where the social workers of Hamaspiik come in.

Working directly with both the TBI patient and his or her family, Hamaspiik's TBI program specialists work towards the program's mission of keeping the individual who needs a nursing-home level of care out of nursing homes. And to accomplish that, Hamaspiik's TBI SCs deploy a program toolbox that can provide, among other things: housing, medical equipment and supplies, independent living skills training, and even transportation.

### UNCHANGED PRESENT, CHANGING FUTURE

The NHTD and TBI programs are delivered by qualified non-profits like Hamaspiik under the auspices of the New York State Dept. of Health (DOH).

Both are funded by Medicaid, the state/fed-

eral healthcare program for the poor.

Both are also Waiver programs, so dubbed for their waiving of various standard Medicaid regulations. What that means is that to obtain either program, one first must secure membership in Medicaid. Once that's done, the individual



**GIVING LIFE A LIFT: (L) A BRAND-NEW BACKYARD WHEELCHAIR RAMP CUSTOM-CONSTRUCTED BY HAMASPIK; (R) AN ELECTRIC STAIR LIFT INSTALLED BY THE NHTD/TBI PROGRAM ALLOWS A SENIOR TO EASILY NAVIGATE THIS STAIRCASE**

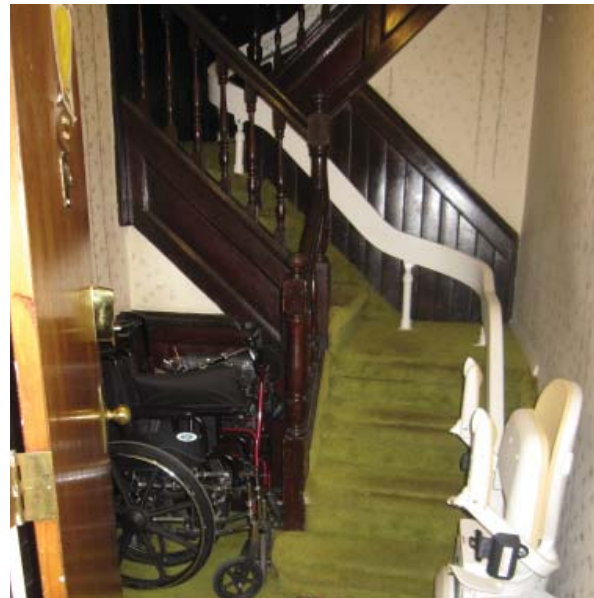
need only meet either program's requirements to begin obtaining services and supports.

Like several New York State Medicaid-fund-

ed programs, both are also slated for transition to managed care, a new payment model now being piloted by Medicaid in other programs.

As far as tangible benefits are concerned, it remains unclear what changes if any managed care will usher in. Regardless, any changes will only be first kicking in on January 1, 2019—and in the meantime, provider advocates are working to ensure that both remain as intact as possible.

Another big change coming to NHTD/TBI is Conflict-Free Case Management (CFCM). In plain English, that means that your SC can't work



What's more, according to insiders, the exact nature of that change is also in constant change.

For now, and until at least January of 2019, both programs remain in full force exactly as is.

Tending to those affected by traumatic brain injury remains a front of vital importance to Hamaspiik's ongoing mission of providing community human services.

That community need for TBI services is underscored by a June 12 study in the *American Journal of Preventive Medicine*—a study that found that people with TBI are also at the highest risk of adverse outcomes.

That fact, long known to New York health officials and policymakers, is one of the key reasons behind the state TBI Waiver program's initial creation—and also one of the reasons that Hamaspiik has long offered the effective program.

However, the TBI program at Hamaspiik is essentially proactive in nature, not reactive, notes Mrs. Frommer. Service Coordinators helps each TBI beneficiary focus on the positive, with the SCs "tapping into participants' individual strengths and encouraging them to become more independent."

But for now, regardless of what the future brings,

Hamaspiik's NHTD/TBI teams are carrying on—bringing a full regimen of Hamaspiik's trademark caring home. ★

## Hamaspiik Leaders Headline 'CCO Summit' on Big State Changes to Disability Industry

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Panelists were: Bonadio Group partner Gerald Archibald; Donna Colonna, President/CEO of Services for the UnderServed; Anna Keith, VP of IDD Product Development and Implementation at LifeShare; and the OPWDD's Katherine Marlay, Deputy Director of Person Centered Support and Director of its People First Waiver Implementation Unit.

The hour-long panel was moderated by Stephen Freeman, President of the Stephen Freeman Group, LLC.

But with the new services delivery model will come a new Person Centered Individualized Service Plan (ISP), the critical document that details the specific wishes, needs, goals and more of each individual getting OPWDD services and supports.

The ISP is typically prepared by the individual, with support primarily by the MSC, and backed by his or her caregivers and family members (who are often the same people). But with MSC services now to be absorbed into CCOs as part of managed care, the OPWDD will be deploying the revamped Life Plan ISP documentation.

Helping participants understand how the Life Plan works was Consultant Dr. Jan Abelseth and Chief of Care Coordination Karleen Haines, both of the Partners Health Plan and CareDesign NY.

The CareDesign NY presentation was followed by a networking luncheon for presenters and participants alike.

Acting Commissioner Delaney of the OPWDD took the floor following lunch for a birds-eye view of Care Coordination.

Her presentation, reflecting the former disability attorney's record of innovation since assuming state-agency leadership, conveyed not just the whats and whens but the whys of the changes, too—giving listeners first-hand knowledge of exactly what to expect.

Hamaspiik Choice was up at bat next.

In a panel discussion entitled "Back to the Future," agency mainstay Yoel Bernath and colleagues presented on how their collective century-plus of experience allowed an agency "with OPWDD roots" to transition "from provider to payer," and the lessons learned on the way.

Mr. Bernath, currently serving as Executive Director of the successful and growing Hamaspiik Choice managed long term care (MLTC) plan, was flanked at the dais by Director of Clinical Management Chaya Back, R.N., Director of Strategic Planning Bob Manley, R.N. and Regional Manager of Business Development Maureen White.

In their 30-minute discussion, the MLTC contingent talked about Tri-County Care, the CCO sponsored by the New York State Hamaspiik Association (NYSHA)—and how the collective industry experience and authority behind it culminates in an agency perfectly poised to realize the OPWDD's newest transition mission.

Framed against the bigger picture, Bernath and colleagues touched upon non-profits' continuity of care for beneficiaries and job retention for staff as they gear up for the transition—as well as on CCOs that share their philosophy, mission and vision.

In a timely presentation that followed, Bonadio Group Principal Brett Coburn discussed "Data Security in a World of Change"—talking, among other things, about the massive "ransomware" attack that hit Great Britain's healthcare system recently, and how providers here could prevent similar attacks.

Steven Vernikoff, Executive Director of the Center for Family Support and Board President of the Advance Care Alliance (ACA), spoke next

about provider collaboration—how providers can not just survive but thrive under the waves of coming industry changes.

"Care Coordination Organizations—Transition to a Managed Care Environment" was the conference's closing session.

Presented by Bonadio Group principal Gerald Archibald, the session recapped the day's proceedings and laid out a vision of what the near future would be. That final session was followed by a 20-minute Q&A.

### LOOKING TO THE FUTURE

In a May 5th letter this year about CCOs to the entire OPWDD community, Acting Commissioner Delaney wrote that her agency "will continue to support providers and the MSCs throughout this process."

And in her June 30th missive, the Acting Commissioner wrote that "with your support and insight, we can move into the future under a framework that offers more flexibility and choice and preserves the great gains made for New Yorkers with developmental disabilities over the past forty years."

But her personal presentation to the industry's movers and shakers, that process and framework—made more understandable by presenters like Hamaspiik Choice's Tri-County Care—is now less daunting. ★



# The Autism Update

*News and developments from the world of research and advocacy*

## Tourette, Autism Symptom Similarities Drive Autism Misdiagnoses: Study

San Francisco, CA — It's not that over 20 percent of children who have Tourette syndrome also have autism—it's that the Tourette symptoms in kids are often quite similar to those of autism.

That's what's indicated by new research, University of California, San Francisco researchers say.

Tourette's is a neurological disorder characterized by involuntary movements, sounds and other so-called tics. Typical such tics include repetitive throat-clearing, blinking or grimacing.

According to national statistics, percentages of the U.S. child population

with Tourette's or autism are close: up to one percent for Tourette's and about 1.5 percent for autism.

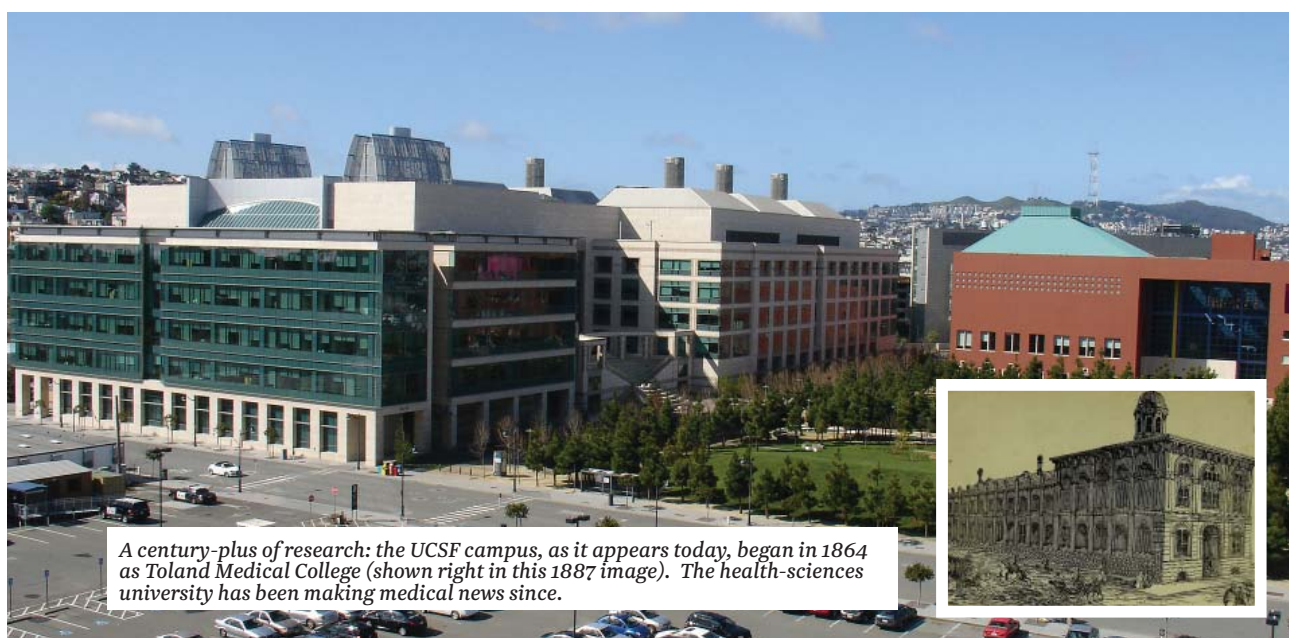
It would therefore follow that only one percent of kids with autism should also have Tourette's.

However, the UCSF study of 535 children and adults with Tourette's found that nearly 23 percent of participating children met cri-

teria for autism. Around nine percent of adults did, too.

The finding supports the idea that the two conditions' similar symptoms may explain why participating kids were likelier to test positive for autism, researchers said.

"Although autism diagnoses were higher in individuals with Tourette's, some of the increase may be due to autism-like symptoms," explained UCSF psychiatry professor Sabrina Darrow to *HealthDay News*. ★



A century-plus of research: the UCSF campus, as it appears today, began in 1864 as Toland Medical College (shown right in this 1887 image). The health-sciences university has been making medical news since.

## Parents Can't Record Son's School Day: Jury

Portland, ME — In a verdict that may have national repercussions for disability education, a jury decided that the parents of a child with disabilities have no right to have their son wear a recording device while at school.

According to the decision, issued by the U.S. District Court in Portland, Maine, such an arrangement is not protected under the First Amendment.

The Topsham, Maine couple had sued School Administrative District 75, their local district, arguing that the device was needed since their son's autism and a neurological syndrome left him largely unable to communicate. Without recording each school day, they argued, they couldn't learn from their son how his schooling had gone and if he was progressing in his education.

But the jury sided with the school district.

The district had argued that allowing the parents to record each full school day of their son, now 17, might violate confidentiality of other students and teachers.

They also claimed that such an arrangement violates both school district policy and its teachers' contract, and could also run counter to a state anti-voyeurism law.

According to school district lead counsel Daniel A. Nuzzi, a key argument was the unanimous opinion of district officials and teachers that recording the school day would have a chilling effect on the relationship between teachers and the student, and possibly affect other students and teachers in the special education classrooms as well.

Teachers and other students should be free to interact without being concerned that their activities are being recorded, Mr. Nuzzi said.

But plaintiffs' attorney Richard O'Meara said his clients were "weighing their options for appeal."

The parents have said that school district officials have restricted their access to records concerning their son. They have also argued that allowing them to record their son's days in school would help them find out more about their son's education without "filtering" by school officials.

The case was considered a novel attempt to extend free speech rights under the U.S. Constitution's First Amendment to the use of a recording device in schools. The American Civil Liberties Union (ACLU) had joined the suit on behalf of the parents. ★

## Portland Teen with Autism Will Make U.N. Trip After All

Portland, OR — Earlier this spring, as reported in the *Gazette*, Portland high-schooler Niko Boskovic had an invitation to attend the United Nations Pilgrimage for Youth in July denied because he has autism.

Young Mr. Boskovic, 15, finished first in an essay contest sponsored by North Portland's Peninsula Odd Fellows Lodge. As the winner, he was given the opportunity to join 300 other winners from around the world for next month's 10-day United Nations Pilgrimage for Youth in New York City and Washington, DC.

But shortly after winning, Niko's invitation to attend the event was withdrawn by

U.N. authorities overseeing the trip. A national outcry ensued. After his family worked with Disability Rights Oregon to advocate for his inclusion, the trip is back on.

Since having the trip initially denied, mom Loreta Boskovic says the family has been overwhelmed by support received.

In addition to visiting New York City and Washington, there's a side trip to Gettysburg, Pennsylvania.

Niko will be accompanied on the trip by his mother, who will assist with his communication. Niko was diagnosed with autism when he was three years old, and uses a letter board to communicate. ★



The United Nations' world headquarters on New York City's East Side, where it has stood since 1952.



● ► HAMASPIK NEWS

# Happenings Around Hamaspik

## Community Service Appreciation in Monsey

Ever-community-minded Hamaspik mainstay Eliezer “Lazer” Friedrich, long a resident of Hamaspik’s Forshay Briderheim residence in Monsey, made sure that proper appreciation was shown at the 50th anniversary celebration of another community mainstay.

The full-day community indoor fair and carnival of sorts, marking the Spring Hill ambulance corps’ five decades of local service, was thus visited per personal request Mr. Friedrich—who was also accompanied by his fellow Forshay residents, too.

“We had a massively great time as

they showed us around,” said Pinchos Knopfler, devoted long-time director of the men’s division at Hamaspik of Rockland County’s Day Hab program.

Besides interacting with the establishment’s EMTs, who were happy to show the gentlemen the ambulance garage and the vehicles’ interiors, “an extra bonus was meeting and greeting the higher-ups,” Mr. Knopfler added.

Those local leaders included Ramapo Police Chief Brad R. Weidel and Aron Wieder, Rockland County Legislator and Hamaspik Director of Public Affairs & Government Relations. ★

## Putting Plants in "Pot"-spective

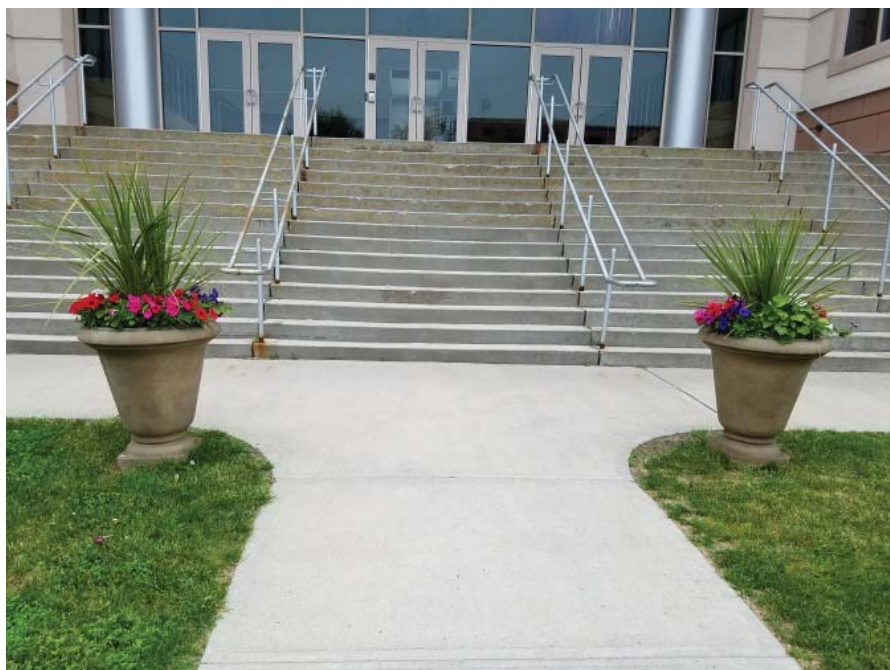
Plenty of person-centered perspective was pushed this past mid-June by the young women regularly attending Hamaspik of Orange County’s Day Habilitation (Day Hab) program.

That’s because, on June 14, the beneficiaries of that person-bettering program bettered the building that houses their program by outfitting its main

walkway with two giant flower pots.

Flanking the primary entranceway to 1 Hamaspik Way, address of the Orange County agency’s Admin and Day Hab Building, the two pieces of outdoor furniture significantly enhance the big picture—which, come to think of it, is what Day Hab does, too.

The pots had no comment. ★



ON THE FRONT LINES: LAZER FRIEDRICH TAKES IN AN AMBULANCE INTERIOR (T), ENJOYS THE ATMOSPHERE (L) AND MEETS RAMAPO P.D. CHIEF WEIDEL (R)



GETTING OUT AND ABOUT: THE GENTLEMEN OF HAMASPIK OF ROCKLAND COUNTY’S DAY HAB PROGRAM ENJOY CROTON DAM PARK



● ► HAMASPIK NEWS

# Dozens of Kids from Hamaspik ‘Family’ Enjoy Agency’s 4th Children’s Respite Shabbaton

## Popular Weekend Getaway Event Meets Underserved Needs of Community Families

If you happened to have been a guest at Stamford, Connecticut’s Crowne Plaza Hotel this past June 23-25 weekend, you may have noticed quite a few kids scampering all over the place.

But you’d have also noticed a one-on-one counselor diligently shadowing each all over the place.

That’s because you’d have stumbled upon Hamaspik’s weekend respite event for the youthful beneficiaries of its Respite program.

From their Friday afternoon arrival to their Sunday afternoon departure, the boys and girls were free to choose from the colorful variety of available on-site activities (or non-activities, as the case may have been).

The rainbow of choices brought the contemporary value of “person-centeredness” down to their level—granting them the liberty of making their own decisions.

And where said decisions were unreasonable, unsafe or otherwise not in their own best interests, the counselors—all trained in supporting kids with special needs—fell back on the technique of offering positive alternatives.

Choice, after all, was the underlying theme of the entire weekend—allowing participants to have fun, relax, recreate and otherwise self-direct all Shabbos long.

The event really began with departure on Friday, June 23, when two school buses and three vans, all equipped with wheelchair lifts, scooped up around several dozen pairs of children and one-on-one staff and whisked them off to the Crowne Plaza.

With grateful parents waving goodbye

behind them, the kids gleefully looked forward to the fun weekend before them, with the trip punctuated with summer-camp-like songs all the way.

No sooner had the children gotten off the buses and vans a little about an hour later than they were greeted by the genuine smile of Hamaspik’s very own Mrs. Brenda Katina, who was happily waiting for them in the Crowne Plaza’s lobby.

From behind a table laden with welcome packages, Special Events Coordinator Katina made sure that each young attendee was made to feel like the special guest that he or she was.

Once guests were settled in their rooms with their assigned counselors, they enjoyed an afternoon of pre-Shabbos indoor games and activities of their choice, all arranged and led by Mrs. Katina.

As Shabbos was ushered in around 8:00 p.m., the children gathered in the dining room, washed and dressed in their Shabbos best. A proper Shabbos meal was served—punctuated with lots of interactive singing games led by designated counselors.

More games and activities followed the meal, with most of the younger ones heading off to bed at their leisure at earlier hours and most of the older ones stayed on for late-night socializing with their peers—with counselors at their sides all along.

The long Shabbos day began early for some and later for others, with all taking breakfast whenever they got up. (The buffet-style breakfast was available for several hours.)

The central Shabbos afternoon meal had all the guests congregate as one in the dining room—not just for lunch but for more camaraderie and exciting games presided over by Mrs. Katina.

For the rest of the afternoon, the children read, played, explored or simply napped, all under their counselors’ watchful eyes.

On duty throughout was Mrs. Esty Schonfeld, Director of the Women’s Division of Hamaspik of Rockland County’s Day Hab program and a key event coordinator. Mrs. Schonfeld supervised staff and children, ensuring that guests and counselor were properly paired at all times.

Most critically, Mrs. Schonfeld deftly juggled the numerous last-minute and real-time changes that came up, as always happens with any logistically-involved event with numerous “moving parts.”

Also on duty throughout was Hamaspik Medicaid Service Coordinator (MSC) Mrs. Goldy Holczler, whose day job includes working with many of the Respite program’s youthful participants and their involved and caring parents.

Mrs. Holczler’s roving presence gave the young guests yet another familiar face, helping them feel even more comfortable for the duration of the weekend—especially since the Shabbaton’s on-duty and equally-roving EMT was Mr. Abe Holczler. The husband-and-wife team provided that necessary extra measure of safety and security, medical and otherwise. (Fortunately, no adverse events transpired.)

A weekend highlight was the post-Shab-

bos live music sing-and-dance-along.

With the ballroom lights darkened and exciting lighting set up, a one-man-band keyboardist and accompanying professional vocalist shifted the atmosphere into high gear.

With popular tunes pouring from a PA system, children and staff were soon bouncing to the beat—and, all wearing Kangoo spring-loaded exercise shoes, quite literally, too.

Making the musical bash even bouncier were the tiny trampolines set out for the Shabbaton’s tiniest guests. Those children, particularly those with autism, especially enjoyed the repetitive sensory stimulation provided by the combination of light, sound and movement.

All went to bed tired but thoroughly happy.

Following Sunday-morning breakfast and more games and activities, guests and staff boarded their buses and vans and returned to Monsey, where loving parents waited with open arms.

For those fathers and mothers, the weekend event hadn’t just been a much-anticipated getaway for their kids but a desperately-needed weekend break for them, too—a veritable vacation from the duties of constant special-needs care and supervision.

“Thank you so, so much!” said one grateful mother in a voice mail left after the weekend with Hamaspik of Rockland County Director of Day Services Shlomo Kornbluh.

“It really meant a lot to us as a family!”

And that, of course, is just one of the many reasons Hamaspik is here. ★



A KALEIDOSCOPE OF CHOICES (L-R): A FRIDAY-AFTERNOON INDOOR MINI-CARNIVAL, COLORING WORKSHOP, FRESH HEALTHY SNACKS, WELCOME PACKS



# Public Health And Policy News

## LOCAL HEALTH CENTERS CUT KIDS' HEALTHCARE COSTS

St. Louis, MO — New research by George Washington University finds that community health centers (CHCs) reduce the costs of children's healthcare—a significant finding amid the current debate over lowering the overall cost of healthcare.

According to the research, yearly healthcare costs for kids getting the majority of care at CHCs were about 35 percent lower than kids getting the majority of care elsewhere. Care at CHCs was also associated with lower costs for ambulatory care and prescriptions.

Some 70 percent of all CHC patients have incomes below the federal poverty level—qualifying the vast majority of kids seen at CHCs for the state/federal Medicaid healthcare program.

According to the June 20 research paper, federally-funded CHCs delivered primary healthcare in 2015 to 7.6 million children under age 18, or nearly four in ten low-income children nationwide.

## NEW YORK NONPROFIT GETS RIVER BLINDNESS VACCINE FUNDS

New York, NY — The New York Blood Center (NYBC), a global blood-medicine leader headquartered in Manhattan, was recently given a \$3.6 million, five-year grant by the National Institutes of Health (NIH) to invent a vaccine that protects against river blindness.

River blindness is a tropical disease caused by infection with the parasitic worm *Onchocerca volvulus*.

Among its symptoms is vision impairment or loss.

Occurring mostly in sub-Saharan Africa and in some South and Central American countries, it's virtually unheard of in the U.S.

## NEW CAPITOL HILL MOVEMENT FOR FULL FUNDING OF 'IDEA'

Washington, D.C. — When the federal Individuals with Disabilities Education Act (IDEA) first passed over 40 years ago, the government promised to pay 40 percent of education costs for students with disabilities.

Now, a recently introduced bipartisan bill seeks to ensure that Congress keeps that pledge.

A bill introduced in the U.S. House of Representatives in June has the support of both parties, and would increase federal funding for IDEA over the next decade to reach what is called full funding.

Currently, federal funding stands at just 15.7 percent, with states and localities paying the rest.

The new bill calls for incrementally raising that percentage each year until reaching the 40 percent threshold by 2027.

"No child should ever be denied a quality education, or be kept from reaching their full potential, because they have a disability," said Rep. Jared Huffman (D-Calif.), one of the bill's sponsors.

The House bill is also sponsored by Rep. John Katko (R-New York), among others. A companion bill is expected in the Senate.

## FDA NODS EPIPEN ALTERNATIVE

Washington, D.C. — On June 16, the FDA approved Symjepi, another alternative to EpiPen, the popular epinephrine autoinjector device dominating the market.

The newly-approved Symjepi device, which comes as two pre-filled, 0.3 mg dose syringes of epinephrine, is indicated for Type 1 allergic reactions, including anaphylaxis



INJECTION OF COMPETITION: THE NEW SYMJEPI EPINEPHRINE DEVICE

due to bug bites, foods or other drugs. It's made by Adamis Pharmaceuticals.

Other existing epinephrine devices on the market include Auvi-Q, which costs \$4,500 out of pocket but \$360 for families earning less than \$100,000 a year, and Adrenaclick, normally \$365 apiece but available at CVS for about \$110.

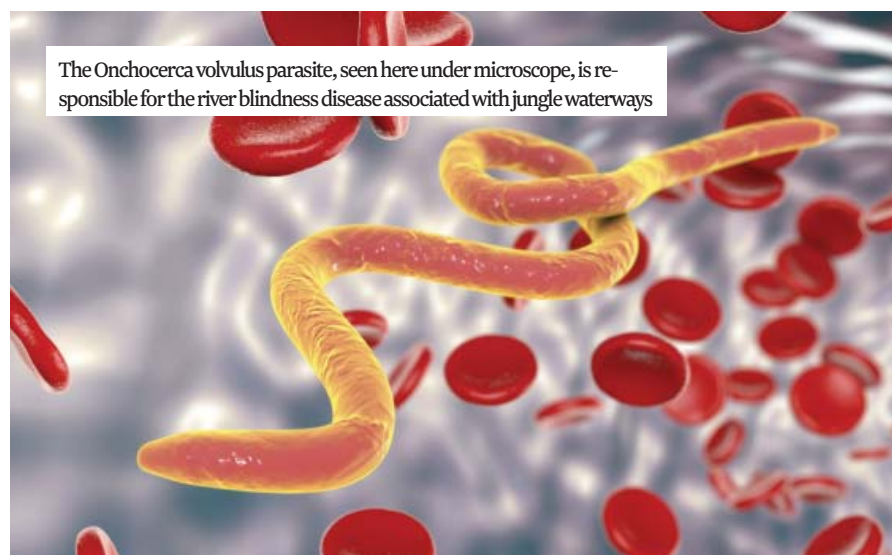
The company plans to launch the product in the second half of this year, and is gearing up to file another New Drug Application (NDA) for a "junior" version.

## MOST NEW PROVIDER-SPONSORED HEALTH PLANS NOT PROFITABLE: REPORT

Princeton, NJ — A new Robert Wood Johnson Foundation report found that only four of 42 recently formed provider-sponsored health plans were profitable in 2015. Some reported significant losses; five went out of business.

The study found that many of the new plans are not using clinically integrated networks and accountable care organizations (ACOs) to cut healthcare costs. Both are relatively new cost-of-care-cutting industry innovations. Instead, plans are cutting healthcare costs by paying providers less.

The study says that the new health plans must provide high-quality care at lower cost to succeed—but most have not, with only a few making progress in that area. ★



The *Onchocerca volvulus* parasite, seen here under microscope, is responsible for the river blindness disease associated with jungle waterways

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## Status Report



# Happening In Hospitals Today

## Teladoc Spends \$440M for Consultation Firm Best Doctors

Purchase, NY — New York-based telemedicine company Teladoc will be acquiring Boston-based medical consultation firm Best Doctors for \$440 million.

The acquisition will add Best Doctor's network of 50,000 specialists to Teladoc's 3,100 physicians and therapists. It also brings analytics, cognitive computing and pa-

tient-centric capabilities to support Teladoc's telehealth platform—giving Teladoc a global footprint.

The Purchase-based purchase reflects the robustly-growing field of telemedicine, with providers seeking to increase remote patient monitoring and improve population health while reducing overall healthcare costs. ★

## Hospitals See Dramatic Increase in Opioid-Related Visits

Washington, D.C. — According to data released in late June by the federal Agency for Healthcare Research and Quality (AHRQ), inpatient and emergency room visits for opioid-related issues increased substantially from 2005 to 2014.

Emergency-room visits were up by nearly 100 percent, while inpatient visits increased

by 64 percent. Women are now just as likely as men to seek care at a hospital.

The hospital visits varied widely by state. Maryland topped the list at 404 admissions per 100,000 residents while Iowa had a rate just under 73 per 100,000.

Opioid addiction often begins at doctors' offices and emergency rooms. ★

## America's First Water Park for Kids with Special Needs Opens

Morgan's Inspiration Island, a fully-accessible splash park in San Antonio, Texas, opened to the public for the first time on June 17, 2017. Individuals with special needs may visit for free.

The splash park, the first of its kind nationwide, is designed from the ground up to accommodate children and adults with various special needs.

The \$17 million water park features five play areas with pools, geysers, jets, water cannons and other elements, as well as a five-minute jungle-themed riverboat ride with twists and turns.

The new park is adjacent to Morgan's Wonderland, a fully-accessible 25-acre theme park that opened in 2010.

"Like Morgan's Wonderland, Morgan's Inspiration Island is not a special-needs park; it's a park of inclusion," said Gordon Hartman, the philanthropist behind both. "Both were designed with special-needs individuals in mind and built for everyone's enjoyment."

According to Mr. Hartman, the tropical-themed park was built with water park consultants from Texas, Arizona and Canada—

and the input of doctors, therapists, special educators and families.

Morgan's Inspiration Island is entirely

wheelchair-accessible, and even offers visitors air-powered waterproof wheelchairs invented just for the park—disability news in their own right.

Morgan's Inspiration Island also offers high-tech tracking wristbands for visiting parents to easily locate their children.

Morgan's Wonderland was inspired seven years ago by Mr. Hartman's daughter Morgan, 23, who has cognitive and physical challenges. Since opening over seven years ago, Morgan's Wonderland has had over a million visitors from around the nation and globe. ★



GATEWAY TO INCLUSION: INSPIRATION ISLAND'S MAIN GATE AND CUSTOM-MADE WATERPROOF PNEUMATIC WHEELCHAIRS

# In the Know

## ALL ABOUT... ANOREXIA

The Gazette thanks Rabbi Dovid Goldwasser, noted community Torah leader and international eating disorder consultant, for critically contributing to this article.

If you associate anorexia with women, and primarily young women (as did this very writer, honestly), you're about to learn something: eating disorders like anorexia can strike anyone.

The fact is that anorexia (pronounced an-uh-RECK-see-uh), a type of eating disorder in which people are terrified of eating, can strike any age, any gender, and any background.

Anorexia is a complex disorder whose solution is the opposite of its "simple" problem: "Well, if he isn't eating, just make him eat!" one may think. But treating it is hardly just about "food police."

Understanding and treating the involved issues underlying anorexia and other eating disorders is anything but simple.

According to those in the know, eating disorders, including anorexia, are a huge challenge, of which everyone should have sensitive awareness, but without overreacting.

In other words, while eating disorders are here, readers need not fear and start suspect eating disorders everywhere.

Instead, informed and empowered by the basics of this article, readers should let the facts speak for themselves, and approach trusted community doctors or professionals for further questions.

### DEFINITION >>

Before defining anorexia, it's important to look at the big picture: There are several kinds of eating disorders, each with a specific medical definition. Anorexia is just one of them.

While this article is officially about anorexia, it's about eating disorders as a whole—a much broader designation that addresses the entire community, not just those affected by anorexia.

That is why much if not all of the underlying causes of anorexia, as well as its treatment, also fully apply to the general category of eating disorders (including bulimia) as a whole.

Anorexia's full medical name is anorexia nervosa.

It's a type of eating disorder in which people develop an intense fear of weight gain, severely limiting their eating and resulting in poor health.

In many cases, the person's anorexia is successfully hidden, at least for some time. But in many other cases, the patient becomes dangerously underweight and thin, even

needing hospitalization.

Anorexia may look like a physical problem, but it's actually a psychological problem. It is defined by the patient thinking about food, dieting, and weight all the time.

The anorexia patient will have a distorted body image—he or she will see an overweight body in the mirror no matter what positive or negative things people say about their appearance.

Anorexia usually starts in the teen years and, as mentioned, is much more common in females.

If you think that someone you know may have anorexia (including that good person in the mirror!), it's okay to call out for help! No



trained professional will hurt your feelings. It may be painful to admit that there is a problem—but it will be easier to face and

“**IF YOU THINK THAT SOMEONE YOU KNOW MAY HAVE ANOREXIA, IT'S OKAY TO CALL OUT FOR HELP**”



treat it sooner than later. The longer it goes, the less easy it will be to solve—so call a trusted doctor today!

The good news is that with time and the right treatment, a person with anorexia can feel better about herself or himself, recover from anorexia, and regain a healthy—and happy—weight.

### SYMPTOMS >>

Anorexia symptoms consist of three things: One, specific feelings, which cause, two, specific behaviors and then, three, specific negative physical symptoms in the body.

#### Feelings

- “Distorted body image”; basing self-

esteem on personal view of body weight and/or shape

- Seeing one's body as overweight despite actually being normal or underweight
- Refusal to remain at normal weight
- Intense fear of gaining weight
- Obsessive feelings (and/or thoughts/statements) about food, weight, and dieting
- Suicidal feelings: people with anorexia can sometimes feel suicidal.

If someone shows warning signs, don't leave him/her alone—and call professional help immediately.

#### Behaviors

- Restricting food or types of food, like foods containing any kind of fat or sugar
- Exercising too much, even when sick
- Being secretive around food
- Denying, not recognizing or not wanting to talk about an eating or weight-loss problem
- Binge eating followed by forced vomiting
- Using laxatives or diuretics to lose weight

The behaviors category of anorexia symptoms also includes

food rituals, which are defined as unhealthy ways of preparing and handling food. These may include:

- Having special ways of eating food
- Hoarding food
- Collecting recipes
- Preparing elaborate meals for other people but not eating those meals themselves
- Spending a lot of time cutting and rearranging food on plates to make it look like you ate
- Hiding or secretly disposing of food during meals (usually to make it look like you ate)

#### Physical symptoms

- Low (and still-dropping) body weight
- Severe belly pain
- Vomiting up blood
- Discoloration and breakdown of tooth enamel due to acid of repeated vomiting
- Thinning hair, dry skin, and brittle nails
- Constipation and slow emptying of the stomach
- In children or teens, losing or not gaining weight during growth spurts
- Constantly feeling cold and/or having a low body temperature
- Low blood pressure, increasingly feeling faint, and/or increasing fainting spells
- Pounding heartbeat, skipped heartbeats, or slower-than-normal heart rate

Anorexia almost always begins with a plan to follow a strict weight-loss diet. Over time,

SEE PAGE 13 >>



that severely-limiting “diet” leads to unhealthy weight loss and malnutrition. With increasing weight loss and malnutrition, the person’s brain and metabolism

“IT MAY BE PAINFUL TO ADMIT THAT THERE IS A PROBLEM—BUT IT WILL BE EASIER TO FACE AND TREAT IT SOONER THAN LATER

change—limiting appetite, changing body food usages, and reducing clear thinking and good decisions. As the anorexia gets worse, unhealthy behaviors begin, like making irrational rules about food, or making oneself vomit for fear of gaining weight—leading to starvation and malnourishment. Starvation and malnourishment from anorexia can cause osteoporosis (brittle bones), irregular heartbeat, other conditions, and mental health conditions like depression or suicidal thoughts.

CAUSE >>

Anorexia is complex and has several causes. Experts don’t fully know what primarily causes it. The general consensus is that anorexia is a self-esteem problem caused by any combination of the following risk factors: genetics, family behaviors, social factors, and/or personality.

RISK FACTORS >>

- Family history of anorexia
- Family/cultural/social pressures related to thinness, high achievement, or perfection
- Job or sport that stresses body size, shape and physical appearance
- Personality that tends towards worry, perfectionism or a sense never being good enough
- Stressful life events like divorce, relocation or loss of loved one

DIAGNOSIS >>

There is no single “anorexia test.” But all too often, anorexia can be diagnosed just by its visible effect the patient’s health and eating habits. Professionals who can reliably diagnose anorexia, and even be part of the patient’s anorexia treatment team, include: nurse practitioners, physician assistants, registered dietitians, psychologists, psychiatrists, social workers and other licensed mental health counselors. You don’t necessarily need a regular M.D. to diagnose a case of anorexia. But a standard

doctor can confirm the suspicions of other professionals. To diagnose or confirm suspicion of anorexia, a doctor will compare the patient’s weight with the expected weight for his or her height and age. The doctor will also check the patient’s heart, lungs, blood pressure, skin, and hair to look for problems caused by not eating enough. Blood tests or X-rays may also be ordered. The doctor may ask questions about how the patient feels emotionally. It is common for a treatable mental health problem like depression, anxiety or OCD to occur along with anorexia.

TREATMENT >>

It is critical to understand that anorexia is a symptom of an underlying cause. Anorexia can only be treated by addressing that underlying cause—and with sensitivity, love and non-judgement. Because anorexia is an emotional/psychological problem whose symptom is extreme fear of

eating, anorexia is best treated by a team of doctor, mental-health counselor and dietitian. Also, because each individual case is different, each case needs treatment that’s different. Specific treatment will depend on factors like severity, age, behaviors and background. Virtually everyone with anorexia will need understanding, extensive and long-term therapy from a psychologist, social worker or other mental-health counselor who’s well-versed in anorexia. **Short-term:** A person with anorexia whose weight has dropped dangerously will need immediate treatment at a hospital or inpatient center that specializes in treating life-threatening anorexia. **Long-term:** If the situation is not life-threatening, the diagnosed anorexia patient will still need a quality long-term treatment/recovery care plan. That long-term plan begins with an initial professional consultation. For the teen with anorexia, family therapy

is a key part of treatment. Family therapy helps parents (and siblings) support the recovering young person, both emotionally and physically. It should be mentioned that siblings of young patients need support, too! Make sure they’re not ignored in the process; see to it that their feelings are also professionally addressed. Effective long-term treatment may last several years, including occasional hospitalizations if and when needed. Treatment typically includes regular counseling (i.e. weekly sessions). All people with anorexia need treatment. Even if there are only a few signs of anorexia, please... don’t fear getting help now! The earlier the treatment, the quicker the recovery.

Summary

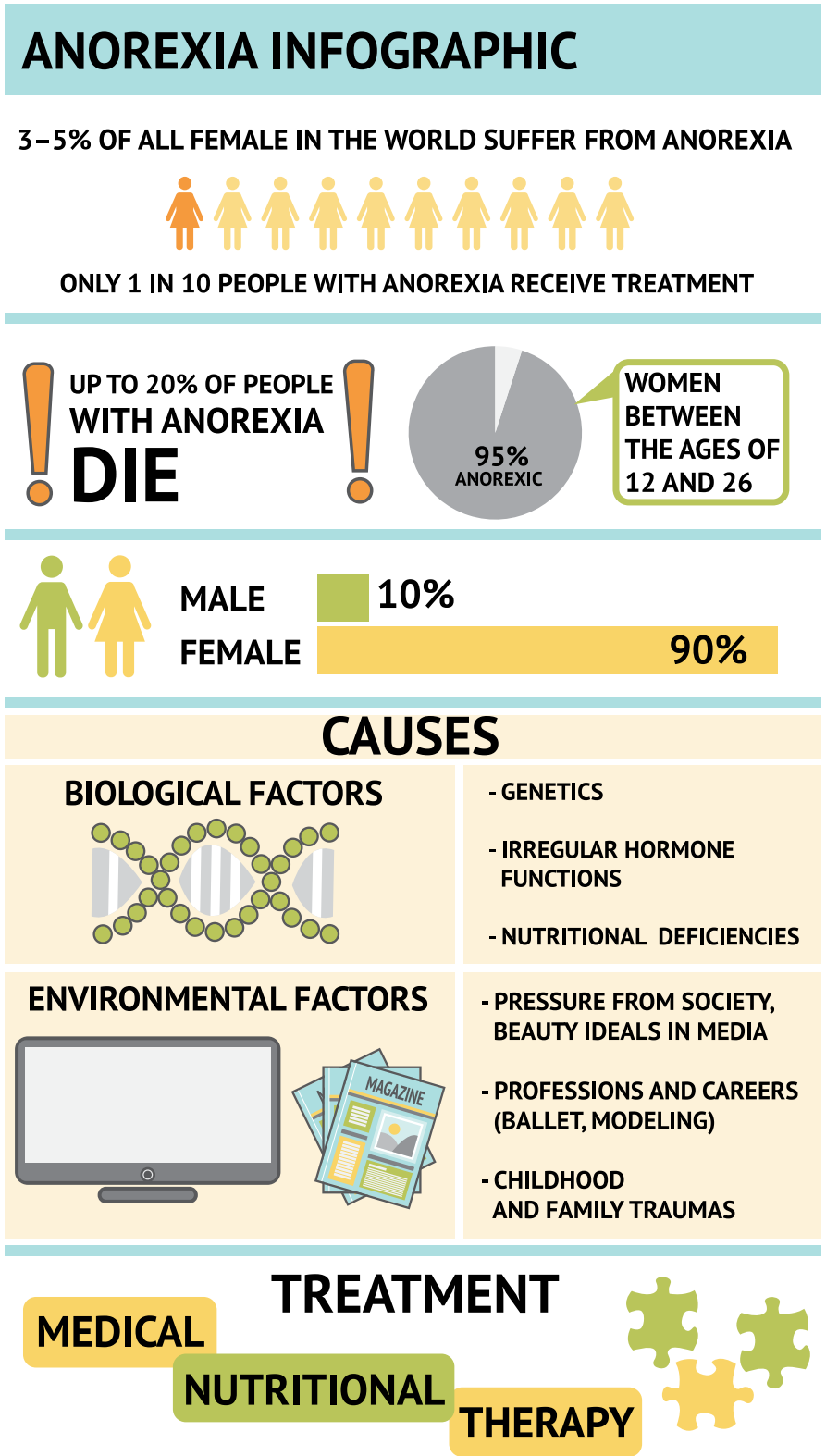
- Immediate emergency intervention, including hospitalization, if and when needed
- Medical treatment by a doctor for the physical symptoms caused by the malnutrition or starvation of anorexia, like osteoporosis or heart problems
- Therapy from a mental-health counselor to address and treat the emotional reasons behind anorexia, like unhelpful beliefs about food and weight, negative self-beliefs, and/or stress
- Nutritional counseling and rehabilitation by a registered dietitian to learn (or re-learn) healthy weight control, healthy eating patterns and a good understanding of nutrition
- Long-term treatment goals: Taking control of eating habits, learning emotional self-care, and building trust in people who are trying to help

PREVENTION >>

While there is no scientifically proven way to prevent anorexia, the best “don’t”—by very far—is simple yet powerful: **Never, ever speak negative words about a child’s or loved one’s body!** Comments like, “You’re too fat!” or, “You’re going to get engaged with that body?!” are *absolutely out*. Even the slightest comment can send a person into a tailspin that lasts years! Conversely, the best “do” is equally simple yet powerful: Speak positive words that boost your child or loved one’s self-esteem. Don’t just eliminate “body shaming”—trade it for esteem building.

PROGNOSIS >>

- Encourage a healthy view of self and others
- Teach children to take good care of their bodies
- Eliminate comments linking being thin to being popular or beautiful
- Don’t punish—or even reward—children with food (junk or even healthy food)
- Be a good role model for healthy eating and exercising. ★





# The Summer Safety Gazette

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## WATER SAFETY >>

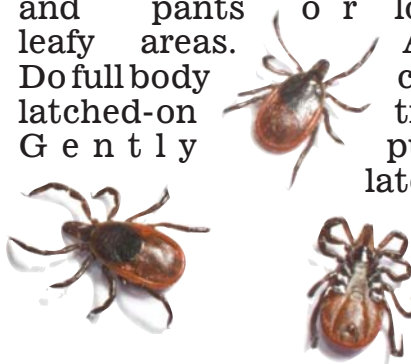
Prevent drowning, dangerous infections, or sunburns at pools, lakes, oceans, rivers or even water parks and rides: Always wear life jackets on boats. Never let kids (or adults) swim alone, or in bad weather. Learn CPR. Give kids swimming lessons. Some water bodies breed the rare deadly N. Fowl-eri bug—never inhale water through nose! (The bug can't infect the brain through the mouth.) Use plenty of sunscreen.



## TICKS AND LYME DISEASE >>

Ticks are seed-sized insects living in grassy/leafy areas that commonly carry the Lyme disease bacterium. Prevent Lyme disease by preventing tick bites—wear long sleeves, long socks and pants or long skirts when in grassy/leafy areas. Apply bug spray.

Do full body check of kids and self for latched-on ticks after such hikes. Gently pull off (don't twist) any latched-on tick with tweezers. Make sure pincers don't break off in skin.



## BARBECUES, CAMPFIRES AND OUTDOOR COOKING >>

Fuel: always store gasoline, kerosene, lighter fluids and other poisonous/flammable fuels out of kids' reach.

Food temps: keep hot foods hot and cold foods cold. Use food thermometer to see if it's fully cooked.

Wire grill brushes: bristles can shed when scrubbing, be swallowed in food and cause problems. Use carefully.



## ULTRAVIOLET (UV) SUNLIGHT >>

To protect your eyes from UV rays, experts recommend wearing large wraparound UV-absorbing sunglasses whenever you're outdoors—especially in sunny summer.



## EMERGENCY NUMBERS:

Hatzolah:

New York City:  
718-387-1750

Monsey:  
845-425-1600

Catskills:  
718-387-1750

North Jersey: 973-773-9988

Lakewood: 732-370-3600

Poison control: 800-222-1222





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## BITES AND STINGS >>

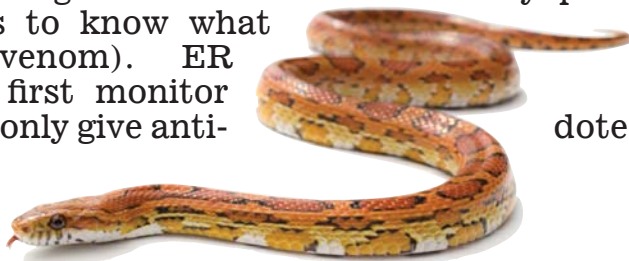


Most bites and stings hurt but are otherwise harmless—but do watch closely for any allergic reactions! To repel biting/stinging bugs, apply bug spray to campers’ and children’s hands, necks and other exposed areas before outdoor activities, especially in fields or woods.

For face and behind ears, spray palms and rub on. Avoid eyes. Use only sprays for people containing DEET. Wash thoroughly once back inside.

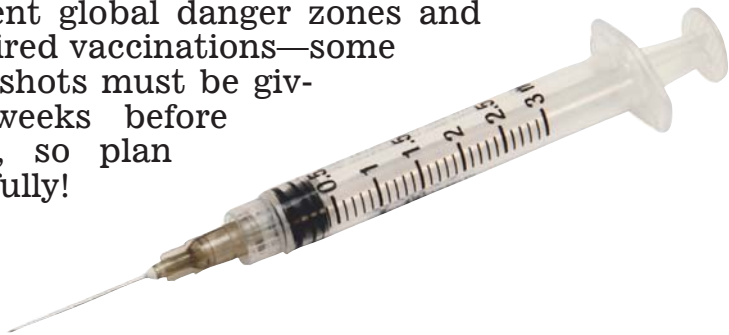
## SNAKEBITES >>

Stay calm! U.S. fatalities are extremely rare (under ten yearly) today. Most snakes (and snake-bites) aren’t poisonous—and even those “dry bite” sometimes. Don’t apply tourniquets, ice or “venom extractor kits” to bites. Call Hatzolah or rush to nearest ER right away. Take pics—don’t try catching it!—if safe-ly possible for docs to know what kind (of venom). ER docs will first monitor patient and only give anti-dote if need-



## PRE-TRAVEL VACCINATIONS >>

Double-check your vaccinations with your doctor’s office before any out-of-country summer trip. Check with the CDC for any current global danger zones and required vaccinations—some new shots must be given weeks before trips, so plan carefully!



## TRAUMATIC BRAIN INJURIES (TBIs) >>

Prevent long-term brain damage from summer sports and wheeled activities: Wear a helmet when biking, skateboarding, rollerblading or off-roading. Never dive into shallow pools—or run around wet pool areas.



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