



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

AUGUST '19 • ISSUE NO. 172



GAZETTE SURVEY

The GAZETTE asks YOU:

**ARE YOU CURRENTLY ON ANY
TYPE OF DIET?**

A: YES; B: NO



HEALTH STAT

GUARD YOUR LIVES!

Average no. of U.S. drownings in swimming pools
or natural water in July alone, 1999-2017.

Source: National Vital Statistics System, 1999-2017



HEALTH TIP

SCREEN OUT CHEMICAL SUNSCREENS:

FOR ADEQUATE PROTECTION WITH NONE OF THE HEALTH
CONCERNS OF CHEMICALS, USE MINERAL-BASED SUNSCREENS
MADE WITH MUCH-FAFER ZINC OXIDE AND TITANIUM DIOXIDE.

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speaks mental "speech" in words

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is flight attendant for day

► HAMASPIK NEWS

CUTTING THROUGH A RIBBON OF RED TAPE

A FULL LINE OF ELECTED OFFICIALS, PUBLIC SERVANTS, COMMUNITY ACTIVISTS AND HAMASPIK
LEADERS JOIN FORCES FOR THE GALA GRAND OPENING AND RIBBON CUTTING OF HAMASPIK'S
NEWEST GROUP HOME: THE 49TH ST. SHVETERHEIM, IN THE HEART OF BOROUGH PARK



FROM GREEN LIGHT
TO RED RIBBON: THE
ENTIRE 49TH STREET
SHVETERHEIM PROJECT,
FROM CONCEPT THROUGH
CONSTRUCTION AND
FROM STAFF HIRING TO
FINISHING INTERIOR
TOUCHES, TOOK JUST
OVER 12 MONTHS—IN
TYPICAL HAMASPIK STYLE

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Services Provided by NYSHA AGENCIES

OPWDD

COMMUNITY HABILITATION (COM HAB)

Providing: One-on-one personal aides to help individuals achieve valued outcomes by means of helping them improve their activities of daily daily living (ADL) skills and long-term life goals

HOME-BASED RESPITE

Providing: Relief for parents of individuals with special needs

AFTER-SCHOOL RESPITE

Providing: A respite program for after school hours and school vacations

DAY HAB PROGRAM

Providing: A day program for adults with disability

SUPPLEMENTAL DAY HAB PROGRAM

Providing: An extended day program for adults with disability

CAMP NESHOMAH

Providing: A day program for children with disability over summer and winter school breaks

INDIVIDUALIZED 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 MODIFICATIONS

Providing: Home accessibility additions

SUPPORTED EMPLOYMENT (SEMP)

Providing: Coaching and support for people with disabilities to get and keep suitable jobs

ENHANCED SUPPORTED EMPLOYMENT

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

COMMUNITY PRE-VOC PROGRAM

Providing: One-on-one employment preparation day program for high-functioning individuals

PATHWAY TO EMPLOYMENT

Providing: One-on-one employment discovery program for high-functioning individuals

CARE COORDINATION

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

FAMILY CARE PROGRAM

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

INTERMEDIATE CARE FACILITY (ICF)

Providing: A facility for medically involved individuals who have developmental disability

INTENSIVE BEHAVIOR SERVICES (IBS)

Providing: Interventional services for people with behavioral issues and their family members

PLAN OF CARE SUPPORT SERVICES

Providing: Support for families of individuals with special needs

FAMILY SUPPORT SERVICES

Providing: Reimbursement for qualifying items or services not covered by Medicaid

PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

SELF DIRECTION

Fiscal Intermediary (FI) — providing: Accounting and billing for vendors supporting 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 aides ·therapy · respite · medical supplies · adaptive technology · service coordination

EARLY INTERVENTION (EI)

Providing: Full evaluations · home-based, community-based and center-based services · parent/child groups · ongoing service coordination · therapy (PT, OT, SLP, vision, nutrition, play, etc.) · special ed · social work · family training/counseling · bilingual providers

NURSING HOME TRANSITION AND DIVERSION (NHTD) PROGRAM

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 PROGRAM

Providing: Service Coordination · independent living skills training · day programs · rent subsidies · medical equipment · E-mods · transportation · community transitional services · home/community support services

CHILD AND 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

ADULT HEALTH HOME CARE MANAGEMENT SERVICES (HHSA)

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

LHCSA - HAMASPIK HOMECARE

PERSONAL CARE AND SUPPORT SERVICES

Providing: Home health aides · personal care aides · housekeepers · HCSS aides

COUNSELING SERVICES

Providing: Diet/nutrition counselors · social workers

REHABILITATION SERVICES

Providing: Physical therapy · speech therapy · occupational therapy

PACE-CDPAS

Providing: Personal care aides for people in need

SOCIAL AND ENVIRONMENTAL SUPPORTS

Providing: Minor maintenance for those qualifying

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

Providing: A managed long-term care plan (MLTCP) approved by New York State

HCR

ACCESS TO HOME

Providing: Home modifications for people with physical disabilities

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 · nutrition

TRAINING SESSIONS

Providing: SCIP · CPR and first aid · orientation · MSC CORE · AMAP · annual updates · Com Hab/ Respite · Family Care · Supported employment

CENTRAL INTAKE

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

THE HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper keeping the community up-to-date on all major news in medicine, public health, disability, hospitals, senior care, and general Hamaspik news

OMH

HARP/HCBS

HCBS COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT

CPST services are intended to help engage individuals with mental health and/or a substance use diagnosis who are unable to receive site-based care or who may benefit from community based services

HCBS FAMILY SUPPORT AND TRAINING

A person-directed, recovery oriented, trauma-informed approach to partnering with families and other supporters to provide emotional and information support, and to enhance their skills so that they can support the recovery of a family member with a substance use disorder/mental illness

HCBS PSYCHOSOCIAL REHABILITATION

Rehabilitation counseling including recovery-oriented activities and interventions that support and restore social and interpersonal skills necessary to increase or sustain community tenure, enhance, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment such as home, work, and school

HCBS EMPOWERMENT SERVICES-PEER SUPPORT

Peer Support services are peer-delivered services with a rehabilitation and recovery focus. They are designed to promote skills for coping with and managing behavioral health symptoms while facilitating the utilization of natural resources and the enhancement of recovery-oriented principles (e.g. hope and self-efficacy, and community living skills). Peer support uses trauma-informed, non-clinical assistance to achieve long-term recovery from a behavioral health disorder

HCBS HABILITATION

Is designed to teach Communication, self-care, relationship development and other skills necessary for community living

HCBS INTENSIVE SUPPORTED EMPLOYMENT

Intensive Supported Employment services assist recovering individuals with MH/SUDs to obtain and keep competitive employment. These services consist of intensive supports that enable individuals to obtain and keep competitive employment at or above the minimum wage

HCBS NON-MEDICAL TRANSPORTATION

Non-medical Transportation services are available for Individuals to access authorized behavioral health home and community based services and destinations that are related to a goal included on the individual's plan of care

HCBS PREVOCATIONAL SERVICES

Pre-vocational services are time-limited services that prepare an individual for paid or unpaid employment. This service specifically provides learning and work experiences where the individual with mental health and/or disabling substance use disorders can develop general, non-job-task-specific strengths and soft skills that that contribute to employability in competitive work environment as well as in the integrated community settings

HCBS TRANSITIONAL EMPLOYMENT

This service specifically provides learning and work experiences where the individual with behavioral health and/or substance use disorders can develop general, non-job-task-specific strengths and soft skills that contribute to employability in the competitive work environment in integrated community settings paying at or above minimum wage

CHILDREN’S WAIVER HCBS DOH

Available to children 0-21 with two chronic health issues and or one qualifying mental health diagnosis such as ADHD, Anxiety, Etc. that a professional attests that they need those skill building support

HCBS COMMUNITY SELF-ADVOCACY

TRAINING AND SUPPORTS

Provides family and caregivers with techniques and information not generally available so that they can better respond to the needs of the participant related to their disabilities

CAREGIVER/FAMILY SUPPORTS AND SERVICES

Teaches skills to caregiver/family's that will enhance their ability to care for the child/youth in the home and/or community

HCBS COMMUNITY HABILITATION

Community Habilitation covers face-to-face services and supports related to the child's acquisition, maintenance, and enhancement of skills necessary to perform Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and/or Health-Related Tasks delivered in the community (non-certified) settings. Self-care, Life safety, Medication and health management, Communication skills, Mobility, Community transportation skills, Community integration, Appropriate social behaviors, Problem solving, Money management

HCBS DAY HABILITATION

Provides assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills including communication, and travel that regularly takes place in a non-residential setting, separate from the person's private residence or other residential arrangement

HCBS SUPPORTED EMPLOYMENT

Supported Employment services are individually designed to prepare youth with disabilities (age 14 or older) to engage in paid work. Supported Employment services provide assistance to participants with disabilities as they perform in a work setting

HCBS NON-MEDICAL TRANSPORTATION

Non-Medical Transportation services are offered for individuals to access authorized HCBS and destinations that are related to a goal included on the child/youth's Plan of Care

HCBS PREVOCATIONAL SERVICES

Prevocational Services are individually designed to prepare a youth (age 14 or older) to engage in paid work, volunteer work, or career exploration. Prevocational Services are not job-specific, but rather are geared toward facilitating success in any work environment

HCBS ADAPTIVE AND ASSISTIVE EQUIPMENT

This service provides technological aids and devices identified within the child's Plan of Care (POC) which enable him/her to accomplish daily living tasks that are necessary to support the health, welfare, and safety of the child

●► NYSHA NEWS

Explosive Expansion: Tri-County Care Now Servicing 25 Counties Statewide

First Anniversary of Agency Marked by Multiple Downstate, Mid-Hudson, Upstate Offices



SQUARELY SITUATED: THE NEW BROOKLYN OFFICES



BRINGING CHANGE TO ALBANY: OFFICES UPSTATE



CENTRAL HUB: TRI-COUNTY'S FIRST, AND MAIN, OFFICE

On July 1, 2018, it was “3... 2... 1... liftoff!” for Tri-County Care, the Care Coordination Organization (CCO) sponsored by the New York State Hamaspik Association (NYSHA).

One year later, Tri-County remains one of only seven CCOs in operation statewide—and the fastest-growing one by far.

Tri-County opened with one Monsey-based office servicing Orange, Rockland and Westchester Counties. Over ten Tri-County regional offices support people with special needs in 25 counties today.

Those offices range as far north as Albany to as far south as the Brooklyn neighborhood of Williamsburg.

Between those points, Tri-County maintains sizable footprints in Long Island City, the Bronx and the Five Towns. And further upstate, Tri-County boasts an office in Kingston, supporting the farther-flung local disability communities of Ulster County.

The most recent of these are Tri-County's contemporary digs at Brooklyn Square, a trendy new corporate complex in the heart of the borough. Also recently added are Tri-County's offices in Hauppauge, Long Island, supporting the people with disabilities across Suffolk County—as well as a newly-established (and rapidly-growing) presence on Staten Island.

“We’ve got the map covered,” quips Yoel Bernath, Tri-County's CEO.

With a year under its belt, Tri-County is now focusing on channeling its collective learning experience—it boasts close to 500 employees statewide, all freshly hired over the past 12 months—to enhance quality of existing services for beneficiaries and retain and fortify its workforce, Bernath says.

But wouldn't that mean that Tri-County is putting the human touch on the back burner?

Hardly, Bernath insists. “We’re not sitting in some remote corporate office,” he says. Driven by a regional presence that is 100-percent local in each

locality, Tri-County boasts deep human intelligence on “the unique challenges and needs of every community”—with micro-managed re-sources surgically allocated to each.

“We understand what it takes to get someone services,” he says.

The secret sauce there, Bernath elaborates, is the human component—a grassroots-driven ethos that puts people on the street, paying home visits, scoring real connections.

And that helps explain why over 50 percent of the 4,000-plus new enrollees in New York's seven existing CCOs (including Tri-County), were enrolled by Tri-County. ★

●► PUBLIC HEALTH AND POLICY NEWS

Showcasing Industry Complexity, Care Center Serves as Hospital but Takes No Insurance

Las Vegas, Nevada — According to Nevada state authorities, it's a hospital—or at least officially licensed as one.

Elite Medical Center, located in Las Vegas, also has no accreditations from the federal Center for Medicare and Medicaid Services (CMS). Neither does it have any business relationships with any private health insurance companies—of which it accepts none.

Under Nevada state law, it neither needs CMS accreditation nor to take private insurance. It has no contract with any payers—federal or free-market.

Some experts say that the acute-care facility's operations are most similar to a freestanding 24/7 emergency room (ER)

facility.

The facility's existence is a good example of the complexity of the modern hospital industry, and its ever-evolving relationship with payers—whether the taxpayer-funded CMS or private insurance companies large and small.

The center's own website states, “This facility is not a participating

provider in any health benefit plan provider network”—which commonly leaves patients to pay the infamous “out-of-network” costs levied by insurance companies, or just paying out-of-pocket cash in the first place.

Still, under the ACA, health insurance companies are required to process claims for ER visits at in-network benefit levels—meaning that for emergency visits to Elite, the federal Affordable Care Act (ACA) does have patients covered, despite the center's no-insurance stance. ★

●► NYSHA NEWS

NEWS FLASH:

The NYSHA Clinic is changing its name to Hamaspik Theragen: Therapy Centered around You—along with more services, better care, and a whole new approach to community disability supports. An article with full details on this exciting change will appear in the next Gazette. Watch for it! ★

Hamaspik Gazette

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The Hamaspik family cares for yours

Wondering what's available for your special needs loved one? From in home services, community or site based programs to reimbursements that will support your loved one and empower your family. Best of all: we will walk you through the process of getting the care they deserve.

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HAMASPIK
CENTER FOR HUMAN SERVICES
המספיק
מרכז עזרה לצרכי הציבור

- Community Habilitation (Com Hab)
- Home Based Respite
- After School Respite
- Family Support Services (Reimbursement)
- Prevocational Services
- Self Direction
- Day Habilitation
- Achosainu Academy
- ISS Apartments

Unsure if your loved one is eligible for services? **Call 718.387.8400**

Boro Park:

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Fax: 718.599.3261

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295 Division Avenue
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Rockland County:

58 Route 59, Suite 1
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Orange County:

1 Hamaspik Way
Monroe, NY 10950
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Fax: 845.774.0500

email: intake@hamaspikkings.org

● ► HAMASPIK NEWS

Home (New) Sweet Home! Hamaspik Kings Opens New Women's Residence

Elected Officials, Community Leaders Attend Gala Ribbon-cutting Event



IT TAKES A VILLAGE: FROM LEFT TO RIGHT, HAMASPIK FOUNDER AND NYSHA EXECUTIVE DIRECTOR MEYER WERTHEIMER; NEW YORK CITY COUNCIL MEMBER KALMAN YEGER; NEW YORK STATE ASSEMBLY MEMBER SIMCHA EICHENSTEIN; NEW YORK CITY COUNCIL MEMBER BRAD LANDER; HAMASPIK OF KINGS COUNTY EXECUTIVE DIRECTOR HERSHEL WERTHEIMER

It was a bright Tuesday morning in July as numerous elected officials and dignitaries gathered at 1471 49th St. in Borough Park—joining staff, beneficiary families and well-wishers alike for the gala grand opening and ribbon-cutting for Hamaspik of Kings County's brand-new 49th St. Shvesterheim IRA.

It was over a year ago that Gov. Andrew Cuomo had authorized dozens of new IRAs statewide for non-profit agencies, including Hamaspik of Kings County. Hamaspik got right to work.

After a painstaking interview process, Director of Residential Services Chezkel Fisher found the perfect Home Manager in Mrs. Chaya Gross. Mrs. Gross recruited Assistant Manager Mrs. Malky Porges; in turn, both hired a team of Direct Support Professionals (DSPs).

And after nearly 12 months of site selection, reconstruction, architectural and interior-design appointments, and hiring of handpicked staff, a new group home now stood ready for opening.

Public servants were on hand to help the agency celebrate its newest milestone.

Albany's "Simcha Caucus" was once again in town—in the form of State Senator Simcha Felder and State Assembly Member Simcha Eichenstein.

New York City Council Members Kalman Yeger and Brad Lander were welcome guests, respectively representing the city's 44th and 39th District homes to many Hamaspik constituents.

Brooklyn Community Board 12 Chairman Yidel Pearlstein and District Manager Barry Spitzer also attended.

Also present was Aron Wieder, Rockland County Legislator and Hamaspik Director of PR and Governmental Relations, whose upstate district's communities are likewise substantially supported by Hamaspik.

Activists Avi Greenstein, CEO of the Borough Park Jewish Community Council



MEETING OF MINDS: PUBLIC SERVANTS SHARE ONE TABLE OF COMMON CELEBRATION



RIGHT AT HOME: COUNCIL MEMBER YEGER GETS A FIRST-HAND LOOK AT THE RESIDENCE

(BPJCC), and Yeruchem Silber, former BPJCC CEO and current Director of New York Government Relations at Agudath Israel of America, were both guests.

A good number of Hamaspik "top brass" was on hand, including executive directors, and directors and managers of services, programs, and group homes.

Symbolizing Hamaspik's long-running alliance with the New York State Office for People With Developmental Disabilities (OPWDD) was the presence of Sharon Joseph of the OPWDD's downstate Brooklyn office. Ms. Joseph was critical in creating the new IRA.

A good few parents of residents were also on hand, getting a richly-deserved look at their daughters' new home.

The event began with public servants fully touring the property. They then lined up outside for a formal ribbon-

cutting, with Sen. Felder, Hamaspik of Kings County Executive Director Hershel Wertheimer, dignitaries and staff looking on as Council Member Yeger, Assembly Member Eichenstein, and Mr. Meyer Wertheimer literally cut through the red tape. Following the high moment, the crowd broke into cheers.

Various guests were then honored with installing mezuzah scrolls on the home's doorways.

A gala luncheon followed at the local Khal Chasidim social hall.

Serving as emcee, Hamaspik's very own Mutty Solomon opened the event with a few words on the dedication of Hamaspik's staff (which, for the record, includes one Mutty Solomon). He then introduced NYSHA Executive Director Meyer Wertheimer.

Mr. Wertheimer first noted that the

49th St. home is Hamaspik's largest group home to date, then segued into the effort-filled acts of caring that drove its creation and completion.

While it is public servants who ostensibly are being honored at the event at hand, said Council Member Kalman Yeger, speaking next, it is really Hamaspik that is being honored, with such events indicating its standing.

State Assemblyman Eichenstein followed with a few words on his relationship with Hamaspik, which began with the NYSHA Article 16 Clinic—the Brooklyn-based special-needs therapy center now flourishing in several locations. He concluded with his personal congratulations.

New York City Council Member Brad Lander waxed personal about a beloved close family member whose placement in a lackluster group home long ago contrasted somberly to the positive, proactive support provided at all times at all Hamaspik group homes.

Community Board 12 Chairman Pearlstein spoke of his organization's relationship with, and support for, Hamaspik.

Hamaspik stalwarts Naftali Tessler and Chezkel Fisher then shared their own words of thanks and inspiration, hailing staff and their own spouses alike for standing by them throughout.

Hershel Wertheimer wrapped up the event in noting that any new non-profit construction project is typically shaped by three variables: speed, quality and low cost—with any two of those negating the third.

But with the 49th St. Shvesterheim, he said, the project was completed in record time—and without sacrificing low cost or job quality, reflecting the Hamaspik ethos of getting things done.

For the agency that never sleeps, it was an exciting day—and a new dawn for the people who now have new beds in a home of their own. ★

● ► HAMASPIK NEWS

“First Time Since the Baby Was Born that I Really Thanked G-d for This Child”

After Hamaspik Weekend Retreat, Grateful Parents Return Home Changed People



PUTTING IT ALL ON THE TABLE: IN THE MAIN DINING HALL, SHOWN SET HERE ON FRIDAY, FOOD FOR HEART AND SOUL WAS AS AMPLE AS THE FINE CATERING SERVED ALL SHABBOS



ENTRANCING ENTRANCE: GUESTS ARE GREETED



PACKAGE DEAL: WELCOME KITS FOR ALL



REGAL SETTING: A MEAL BEFITTING ROYALTY AWAITS

Only another mother or father who's been there knows what it's like.

But those first moments after a doctor's diagnosis, when all that is sweetness and light comes crashing down on your head, it's just too much.

The feelings tear at you. Guilt, shame, fear, pain—and all so sudden. So strong. So overwhelming.

What will Mommy say? What will my cousins and neighbors think? Is there something wrong with me? With us?

Why do I deserve this? What did I do wrong?

The clock ticks on. The first day passes, and the next. Another week. More doctor appointments. The reality sets in. Numbness gives way to weary resignation.

But whatever the reaction to becoming the parent of a child with intellectual or developmental disability, it's all okay. It's all good.

And when you get together with other parents of children with disabilities, and you hear that it's all okay and it's all good—very good, in fact—you come away a different person.

That's the message, the theme, the *raison d'être* of the annual parents'

getaway weekend, hosted every year for years now by Hamaspik for the tried-and-true parents whom it supports.

And at this past event, a young couple who requested anonymity joined their ranks for the first time—telling the *Gazette* that they departed as different people than those who had arrived.

SETTING THE STAGE

Guests arriving the afternoon of Friday, June 21 at Stamford, Connecticut's Crowne Plaza Hotel were warmly greeted by our very own Mrs. Brenda Katina, Hamaspik's longtime Special Events Coordinator—and her stalwart husband and life partner, Chaim Mendel Katina.

As the proud parents of several children with special needs, the Katinas have been there themselves in so many ways.

That fact came through in every wordless smile from Mrs. Katina to arriving mothers—sister to sister, soul to soul. *I know.*

Ditto for every warm handshake from Mr. Katina to arriving fathers—brother to brother, eye to eye. *I get it.*

Upon entering the lobby and

encountering the Katinas at a welcome table, each guest received not just that spiritual greeting but a tidy little welcome package, too.

But that was just the tip of the iceberg, a tiny symbol of the cruise-liner-sized package of inspiration that guests over the weekend would receive.

Pre-Shabbos food samplings were laid out on tables, followed by an Emotional Freedom Technique (EFT) session for women and a little self-care for the guys in the form of professional shoeshines.

Guests also enjoyed a virtual-reality 3D headset tour of the Beis Hamikdash, the ancient Holy Temple in Jerusalem.

Shortly after 8:00 p.m., the women-folk gathered at a vast table covered with miniature candles. Hundreds of little lights were soon aglow, bathing the room in warmth and ushering in the imperceptible spirit of the Day of Rest—a spirit all the more enhanced by the sense of belonging and unity.

THROUGH THE NIGHT...

Shabbos formally began with the Minchah afternoon services at 8:30 p.m. With hundreds of men and women

in attendance, noted personality and event chairman Rabbi Yonason Schwartz formally opened the weekend. He then introduced Rabbi Yosef Chaim Greenwald, the first of several inspirational speakers who would charge and uplift crowds over the weekend.

Shortly before 9:00 p.m. and the Friday-night services in the ballroom's temporary synagogue, the first inspirational lecture for women was delivered by noted speaker Mrs. Shoshana Kay.

The entire guest body reconvened at 10:00 p.m. for Friday-night dinner, a repast crowned with an inspirational talk by Rabbi Aryeh Royde.

A bit later in the evening, the women retreated to the State Ballroom for an uproariously funny and critically-therapeutic comedic performance by two talents who go by “The Sisters.” The men repaired to the Gazebo for a freewheeling group conversation and singing led by Rabbi Schwartz and the Shira Choir men's ensemble.

But as the evening's scheduled events wound down, the weekend's real power came silently roaring to life—as guests were seen clustered together in twos

and threes across the hotel's nooks and crannies. Sister to sister and brother to brother, whispered words were shared and more than a few tears shed as hearts were bared, souls shone bright and the truest of bonds were forged in the crucible of shared pain and redemption.

...TO THE LIGHT OF DAY

An early-bird minyan (group prayer service) and breakfast commenced shortly after 8:00 a.m., setting the tone and providing spiritual and physical food for the long but energizing day ahead.

With guests having enjoyed full good night's sleep (many for the first time in a very long while due to the demands of special-needs parenting), the official minyan began at 9:30 a.m. At the same time, a leisurely breakfast remained served until 11:30 a.m. for late risers.

Following the morning minyan, the perennially popular men's get-together took place in the State Ballroom. That event was led by Rabbi Mordechai Hirsch Spitzer and Rabbi Yisroel Fuchs, founder and director of the Baltimore-based JEWELS inclusive school. They led attendees in a discussion on all things disability-related—an informal group therapy session whose shared wisdom and experience has made it a

highlight across the years.

The women first enjoyed their own refreshments at the hotel's gazebo—followed by simultaneous lectures, respectively in English and Yiddish, by Mrs. Shoshana Rieber and Mrs. Chana Zelda Samet. Both shared their own trials and triumphs, inspiring listeners by personal example.

More of that inspiration followed over a 2:00 p.m. luncheon, with popular speaker Rabbi Yaakov Weiss delivering a message of hope.

Inspiration resumed at 6:30 p.m., with study sessions in Ethics of the Fathers, a classic work, led by Rabbi Eliyahu Glick for men and Mrs. Chaya Frank (in English) and Rebbetzin Fradel Laufer (in Yiddish) for women.

At 8:30 p.m., concurrent talks in English and Yiddish were delivered by Rabbis Greenwald and Royde. A separate English-language speech for the women was delivered by Mrs. Kay.

Shabbos ended at 9:43 p.m. But the heights of reinvigoration were yet to be reached.

USHERING IN FRESH ENERGIES

A special one-hour Q&A session was hosted by staff of Hamaspiik HomeCare and the NYSHA Clinic. The former provides in-house aides and therapy

to those in need; the latter exclusively provides medical and therapeutic care to people with special needs—and both are particularly useful to parents of children with special needs, which was why both agencies were there.

After the HomeCare/NYSHA info session, a grand post-Shabbos dinner was served, marked by world-renowned mental-health speaker and author Dr. David Lieberman, Ph.D.

Dr. Lieberman's words of inspiration were followed by an equally buoyant delivery of another variety: the humor of comedian Yoely Lebowitz.

Taking inspiration to a climax, a live band struck up one lively tune after another, and the crowd let their hearts follow their feet.

Although the band stopped playing around 2:00 a.m., the bonding continued, with some guests staying up to connect with friends old and new till the wee hours of the morning—not unusual for Hamaspiik weekend guests, and no different this year, either.

TAKING IT HOME

The aforementioned young couple has an infant born with disability.

They have been getting in-house support from Hamaspiik HomeCare, and Early Intervention (EI) services

from Hamaspiik of Rockland County, for several months. They attended the weekend for their first time.

Upon being interviewed, neither could single out any part of the weekend as “most enjoyable”—to them, it was “all good!”

But asked for the hardest part of special-needs parenting and how the event helped them, they had plenty to say.

For the proud young mother, her precious bundle went from burden to privilege—“to look at this child and always be happy,” she says, encapsulating her takeaway message. Today, she feels that “I’m lucky to have this child.”

Her husband confesses that at the weekend, he wept profusely for his child for the first time in his life—finally finding that safe space to release months of pent-up anguish.

But that pain gave way to his identifying with others—as the young father found, after speaking to other fathers, that “I’m not alone.”

Across the weekend, he found himself sharing difficulties, hearing advice... and harvesting trust in the One Above.

“It was the first time since the baby was born that I really thanked G-d for this child,” he says.

He certainly wasn't the only one. ★



AS ONE MAN WITH ONE HEART: A MUSIC-FUELED HIGH MOMENT OF UNITY AND INSPIRATION BRINGS THE FELLOWS TO THEIR FEET



LIGHT IT UP: THE HAVDALAH CEREMONY



YOUR MOMENT TO SHINE: AN EXTRA TOUCH OF ATTENTION FOR FATHERS WALKING THE EXTRA MILE



VIRTUALLY INSPIRING: GUESTS ENJOY A 3D HEADSET PRESENTATION OF THE HOLY TEMPLE OF JERUSALEM



CHECK OUT THE CHARCUTERIE: A CURATED DELICATESSEN STATION GIVES GUESTS A GOOD TASTE OF WHAT'S TO COME

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HEALTH NEWS

Literally Reading Minds: Brain-scanning Computer System Turns Mentally ‘Spoken’ Words into Speech

Berkeley, California — For most of us, it may sound like pure science fiction. But for people with ALS or other diagnoses rendering them unable to speak, it may be a dream come true.

It’s a groundbreaking biotechnology project at the University of California, where researchers now have shown that their brain-scanning system can largely tell what a person is thinking—and then speak those thoughts using a computer-generated voice.

Researchers first implanted *neural decoders*, or small electrode patches, directly on the brains of five volunteers—patients who were about to get surgery for their severe epilepsy. They then read test sentences aloud.

The neural decoders recorded the signals that their brains generated—*motor command* signals that control the muscles of the lips, jaw, tongue and larynx that together create speech.



SPEAKABLY PROMISING: UC BERKELEY’S BRAIN SIGNAL-READING TECH, LIKE THE SYSTEM DEPICTED HERE, BOASTS PROFOUND PROMISE FOR ‘LOCKED IN’ PATIENTS

Next, a complex computer program called a *machine learning algorithm* processed those recorded signals. By piecing together signals like a puzzle, the program was able to “translate”

those signals into words which were then spoken aloud by a computerized speaking voice.

Researchers then ran the test again—this time having patients

“speak” the test sentences silently in their minds, not speaking them aloud.

The neural decoders again recorded the motor command signals that their brains generated, and the algorithm translated them into words, speaking them aloud with a computerized speaking voice.

According to the researchers, when the computer-generated voice spoke those basic sentences aloud, transcribers were able to identify the words with 69 percent accuracy.

Existing technology allows patients with ALS or other speech-robbing conditions to “speak” by using eye trackers to select letters and words from computer screens. These result in a robotic tone that can “speak” up to ten words a minute. But the new technology not only sounds more human, but also matches the 150-word-per-minute average rate of natural speech. ★



CABBAGE

<div><div>EASY</div><div>YIELDS: 6-8 SERVINGS</div><div>READY IN: 0:05</div><h3>Coleslaw Salad</h3><p>SIMPLE BUT DELICIOUS!</p><p>INGREDIENTS:</p><ul style="list-style-type: none">• 1 bag coleslaw mix• 1 cup sugar• 1/2 cup mayo• 1/2 cup vinegar• 1 teaspoon salt<p>DIRECTIONS:</p><ul style="list-style-type: none">• Toss all ingredients together!<div><div>CHEF’S TIP:</div><p>When buying fresh cabbage, there are a few things to keep in mind: look for heads with plenty of outer leaves; check bottom to ensure that leaves are not pulling away from stem; purple or green cabbage should be tightly compacted; and when you lift a cabbage head, it should feel heavier than it looks.</p></div><p>BENEFITS: Cabbage is an excellent source of Vitamin C and Vitamin K, as well as magnesium, manganese, and folate. Cabbage can also help reduce LDL “bad” cholesterol.</p></div>	<div><div>MEDIUM</div><div>YIELDS: 12 PIECES</div><div>READY IN: 0:30</div><h3>Cabbage Patties</h3><p>INGREDIENTS:</p><ul style="list-style-type: none">• 1 onion, diced• 1 cup shredded purple cabbage• 2 cup shredded green cabbage• 1 tablespoon oil for sautéing• 3 eggs, beaten• 1/2 cup matzo meal• 1 teaspoon salt• 1/2 teaspoon pepper• 3 tablespoons oil<p>DIRECTIONS:</p><ul style="list-style-type: none">• Sauté onion till golden• Add cabbage and sauté for 3 minutes• Remove from heat; transfer to a mixing bowl• Mix in rest of ingredients• Form patties• In a large skillet, heat oil• Fry for five minutes, then flip and fry for another 2-3 minutes</div>	<div><div>EASY</div><div>YIELDS: 8-10 SERVINGS</div><div>READY IN: 1:30</div><h3>Cabbage Soup</h3><p>HEAVENLY VEGETABLE SOUP WITH CABBAGE</p><p>INGREDIENTS:</p><ul style="list-style-type: none">• 1 onion, diced• 2 tablespoon olive oil for sautéing• 4 cloves garlic• 2 carrots• 2 sweet potatoes• 1 green squash• 1 knob celery• 2 roots parsley• 1 bag green cabbage• 1 can tomato sauce• Salt to taste• Water<p>DIRECTIONS:</p><ul style="list-style-type: none">• In a large pot, sauté onions till golden• Shred all vegetables and add to onions. Cook for a few minutes• Stir in tomato sauce• Fill with water, just about to cover the vegetables• Season with salt• Bring to boil; simmer for an hour</div>
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● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



Clowning Around



THE VERY PICTURE OF LEVITY: HAMASPIK OF KINGS COUNTY MEN'S DAY HAB PROGRAM IN A THOROUGHLY UN-SERIOUS POSE AT THE BROOKLYN MUSEUM OF ART

Capital Gains



THE DIPLOMAT: ELIEZER "LAZER" FRIEDRICH, HERE WITH FRIENDS PRESENTING A MEMENTO TO STATE SEN. GUSTAVO RIVERA, RECENTLY TOOK ALBANY BY STORM

The Art of Integration: Hamaspiik Visits Brooklyn Museum

Under the leadership of energetic manager Simcha Einhorn, the gentlemen who form a high-function group at Hamaspiik of Kings County's Day Habilitation Program not only gain life skills, but progressively internalize the art of mainstream integration, too.

Pun definitely intended.

Because if art—and the enjoyment of, and appreciation for, art—is part of life in the mainstream, then these gentlemen, and their support staffer, Mr. Ari Klar, are quite solidly established in the mainstream.

As such, the “boys” and Direct Support Professional (DSP) Klar found themselves recently visiting Brooklyn's landmark Brooklyn Museum.

The group took sometime browsing, pondering and otherwise internalizing the numerous works of art on display—in particular, a collection depicting the visual arts in modern era.

The collection specifically featured the history of the contemporary image—from century-old camera and motion-picture recording devices to

screen-based computer games.

Also on display was a wide range of colorful pieces of art, themselves in a range of sizes. The Hamaspiik contingent particularly enjoyed the artistic placement of a vintage movie camera in a large, blue-hued empty space—an art installation that spoke volumes via its absence of detail.

The group also took in life-size displays of iconic stuffed-animal characters from modern American lore, and scrutinized mannequin-mounted samples of wardrobes from eras bygone.

Throughout it all, they mingled with crowds of contemporary art-loving New Yorkers, sharing their appreciation for higher things and the many media of self-expression and creativity.

In fact, daily activity at Hamaspiik's Day Hab revolves around learning new skills and opening the world to new experiences.

So it was only natural that, in a repository of New York's best creativity, the gentlemen felt right at home. ★

Hamaspiik's Eliezer “Lazer” Friedrich Visits Albany

If you've been a public servant in Rockland County anytime over the past decade and you haven't met Lazer Friedrich, you very well may have been living under a rock.

That's because Hamaspiik of Rockland County's very own Eliezer “Lazer” Friedrich, long a resident of our Forshay Briderheim Individualized Residential Alternative (IRA), has long been interested in public service.

He's met with former Rockland County Supervisor Scott Vanderhoef at the latter's office. Mr. Vanderhoef's staff also personally visited him at Forshay at at least one occasion.

Lazer is also a not-infrequent sight at Ramapo Town Hall or the Rockland County Office Building, both local seats of political power.

But his interest isn't limited to the local level. In recent years, Mr. Friedrich has journeyed more than once to the State Capitol in Albany, where he's met with elected

officials and even toured the historic Governor's Mansion.

This past mid-June, Lazer visited Albany again.

An entire itinerary of meetings with public servants was arranged by the good offices of Aron Wieder, Rockland County Legislator and Director of PR and Government Relations with the New York State Hamaspiik Association (NYSHA).

With longtime Hamaspiik Direct Support Professional (DSP) Chezky Levy behind the wheel and then by his side, Mr. Friedrich drove up to Albany, then spent several hours in on-site office conversations with several public servants and their staff.

Lazer came away feeling heard, having discussed a number of issues pertaining to disability, the economy and other areas of personal interest. And the public servants came away with first-hand sensitivity towards the needs and concerns of New York State's disability community. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

DSS Deputy Commissioner John Fella Visits Hamaspik Rockland Men's Day Hab

If you're an official with the Department of Social Services (DSS) of your county, it would follow that part of your job—in spirit if not in writing—would be to keep first-hand tabs on the social state of as many people as possible who reside in your county.

Or, it could be that you just like being nice.

Either way, the men's division of Hamaspik of County's Day Habilitation (Day Hab) program hosted Rockland County DSS Deputy Commissioner John J. Fella this past late June.

Deputy Commissioner Fella was accompanied by lieutenant Mr. Moshe Gross, a respected member of the Monsey Jewish community and a longtime DSS employee himself.

The twosome attended the Day Hab's regular "Shabbos Party" event, weekly festivities that almost always are marked by the celebration of someone's birthday or lifecycle occasion, a special guest visitor (or two)—or both!

After a warm welcome to the multipurpose room where weekly festivities are held, Messrs. Fella and

Gross made their way to the head of the table, where they were practically feted like royalty.

Deputy Commissioner Fella first addressed the crowd present, sharing a few simple words of encouragement to the individuals and stressing the importance of self-care and feeling good.

"In the past we've always been there for each other, and you are aware that I'm always happy and ready to help you out in any possible way," he said, according to Day Hab Manager Pinchos Knopfler.

"It was a message we had heard from him before, and one we were grateful to hear again with such enthusiasm," Mr. Knopfler added.

The reference to the past referred to the fact that the Day Hab gentlemen have been regular visitors to the Deputy Commissioner's offices over the past few years—popping in before various holidays to deliver small tokens of appreciation and good cheer.

The Deputy Commissioner was now responding with a reciprocal visit of his own. ★

Making That Patriotic Connection

Hamaspik's Yossi Katina Greets Visiting West Point Service Members

Bet they weren't trained for this!

But when two U.S. military service members out of the West Point Military Academy were most pleasantly ambushed by our very own Yossi Katina, son of Hamaspik's very own Mrs. Brenda Katina, they reacted with the grace under fire and abundant good cheer you'd expect from products of one of America's finest military institutions.

Turns out that not only were both "members of the tribe," a.k.a. of Jewish heritage, but even could bandy about a word or two in Yiddish, Yossi's language of birth. They even proudly shared their Jewish first names!

Young Mr. Katina made his sense of connectedness to both officers and gentlemen abundantly clear—reciprocating their friendliness and sensitivity by simultaneously conveying his love for fellow Jew, and

patriotic appreciation for service, with a double handshake all his own. "Yossi was beaming!" Mrs. Katina later reported.

The dual encounter occurred in the parking lot of Brier's, a local eatery in the upstate community of Kiryas Joel, where Yossi had been out dining. Besides being his own hometown, Kiryas Joel (or "KJ" as it's colloquially and locally known) is also "home base" to Hamaspik of Orange County.

Accompanying him at the time was Hamaspik of Orange County's very own Moshe Berkowitz, Direct Support Professional (DSP)—the trained staffer who works with Yossi at Hamaspik's local Day Habilitation (Day Hab) program for men.

The two service members had popped in to grab some kosher fast food—but, like Yossi Katina himself, came away with a lot more than that. ★

A Jolly Good Fella



IN THE HOUSE: YIDI SHOWS THE DISABILITY CAREER PUBLIC SERVANT TO HIS SEAT



TAKING A STAND: DEP. COMMISSIONER FELLA SHARES A FEW KIND WORDS



A FRIEND IN THE COMMUNITY: MR. GROSS SPEAKS FROM THE HEART

Makes the Point



BRIDGING THE MILITARY/CIVILIAN DIVIDE: HAMASPIK'S VERY OWN YOSSİ KATINA, PATRIOTICALLY WELCOMING SERVICE MEMBERS TO TOWN AS ONLY HE ARTFULLY CAN

In the Know

ALL ABOUT... BONE FRACTURES

Information sources: Mayo Clinic, American Academy of Orthopaedic Surgeons, Medical News Today, WebMD, Cleveland Clinic

Broken bones are one of those things that everyone gets, or knows someone who's had one—a subject that's more of a harmless event than a serious condition. In fact, the average person gets two fractures in his or her lifetime.

But still, in the interest of public awareness and information, the *Gazette* thought we'd take a crack at it—pun definitely intended. Do read on to learn about what modern medicine refers to as bone fractures.

DEFINITION

There are quite a few kinds of bone fractures. But before we get to most common ones and their basic definitions, let's start with medically defining the word “fracture.” So: A *fracture* is a broken bone. A fracture can occur in any bone of the body.

More scientifically and medically speaking, a bone fracture is a medical condition where the continuity of the bone is broken.

While the word “break” is commonly used by non-professionals, doctors generally use the term “fracture.”

Now, a bone may be completely fractured or partially fractured in a number of ways: crosswise, lengthwise, in multiple pieces, or just in a thin “hairline” fracture that doesn't quite separate the bone into divided pieces. And that's just for starters—there are more types beyond those.

So for now, we'll just list and define the most common bone fracture types:

- **Stress (or hairline):** Commonest among athletes, this fracture results from repeated stresses and strains. It's often small, thin and hard to detect on standard x-rays
- **Stable:** This fracture has two broken ends lining up and being barely out of place
- **Transverse:** This fracture is defined by a horizontal fracture line
- **Oblique:** This fracture is defined by its angled pattern
- **Comminuted:** In this fracture, the bone breaks into three or more pieces
- **Avulsion:** When a muscle or ligament fractures a bone by pulling on it
- **Greenstick:** Bone breaks on one side and bends on the other, like a moist twig; happens most with kids
- **Compound:** Generally regarded as the worst type, this typically results from serious accidents and involves broken skin, or worse

A significant percentage of bone fractures occur because of impact or stress due to falls or accidents. But bone fractures may also be result of some medical conditions—for example, osteoporosis, some cancers, or osteogenesis imperfecta (also known as brittle bone disease).

SYMPTOMS

Symptoms of a bone fracture can vary wildly depending on the affected region and severity. The signs and symptoms of a fracture vary according to which bone is affected, the patient's age and general health, as well as injury severity.

Many fractures are very painful and may prevent movement of the injured area. Other common symptoms include:

- Swelling, tenderness, discoloration and/or bruising around the injury site
- Deformity: a limb may look “out of place” or bent in an unusual shape
- Pale face and/or clammy skin
- Feeling dizzy, faint and/or nauseous
- Inability to put weight on the injured area
- A grating sensation in the affected bone or joint

CAUSE

Most human bones are surprisingly strong and can generally stand up to fairly strong impacts or forces. However, if that force is too powerful, or there is something wrong with the bone, it can fracture.

As a person ages, the bones withstand less force. As such, aging alone is a serious fracture risk, and for two reasons: weaker, thinner bones that come naturally with age, and the heightened risk of falling that comes with age.

As for children and their tendency to break bones more frequently than adults, this is simply because they tend to run and play more than adults. But because their bones are more elastic and flexible (kind of like a bendable plastic ruler), their fractures they tend to be different, too. Children also have areas of growing bone called *growth plates* at the end of their bones which may sometimes be damaged.

Regardless of age or life stage, the most common causes of bone fractures are:

- **Trauma:** falls, car accidents, or sports injuries
- **Osteoporosis:** this disorder weakens

bones and makes them likelier to break

- **Overuse:** repetitive motion can tire muscles and place more force on bone, resulting in stress fractures

DIAGNOSIS

In the immediate aftermath of injury or accident resulting in significant pain to the area affected, it does not require much more than common sense to diagnose a bone fracture.

What does take a medical professional (and professional equipment), though, is determining exactly what type of bone fracture it is—which will dictate exactly what treatment will be needed.

Upon arrival at the emergency room or doctor's office, a doctor will carefully assess the patient's overall condition in general and the extent of the injury in particular. The doctor will ask the patient about how the injury occurred, any and all symptoms, and medical history.

If the patient cannot communicate properly, a doctor will ask friends, relatives, or witnesses about circumstances that caused the injury.

The most common way to diagnose a fracture is with x-rays, which provide clear bone images. The X-rays are essentially used to verify and confirm any previous common-sense diagnoses of bone fractures. The X-rays can show if, and to what if any extent, a bone is broken—as well as the precise type(s) and location(s) of fracture(s).

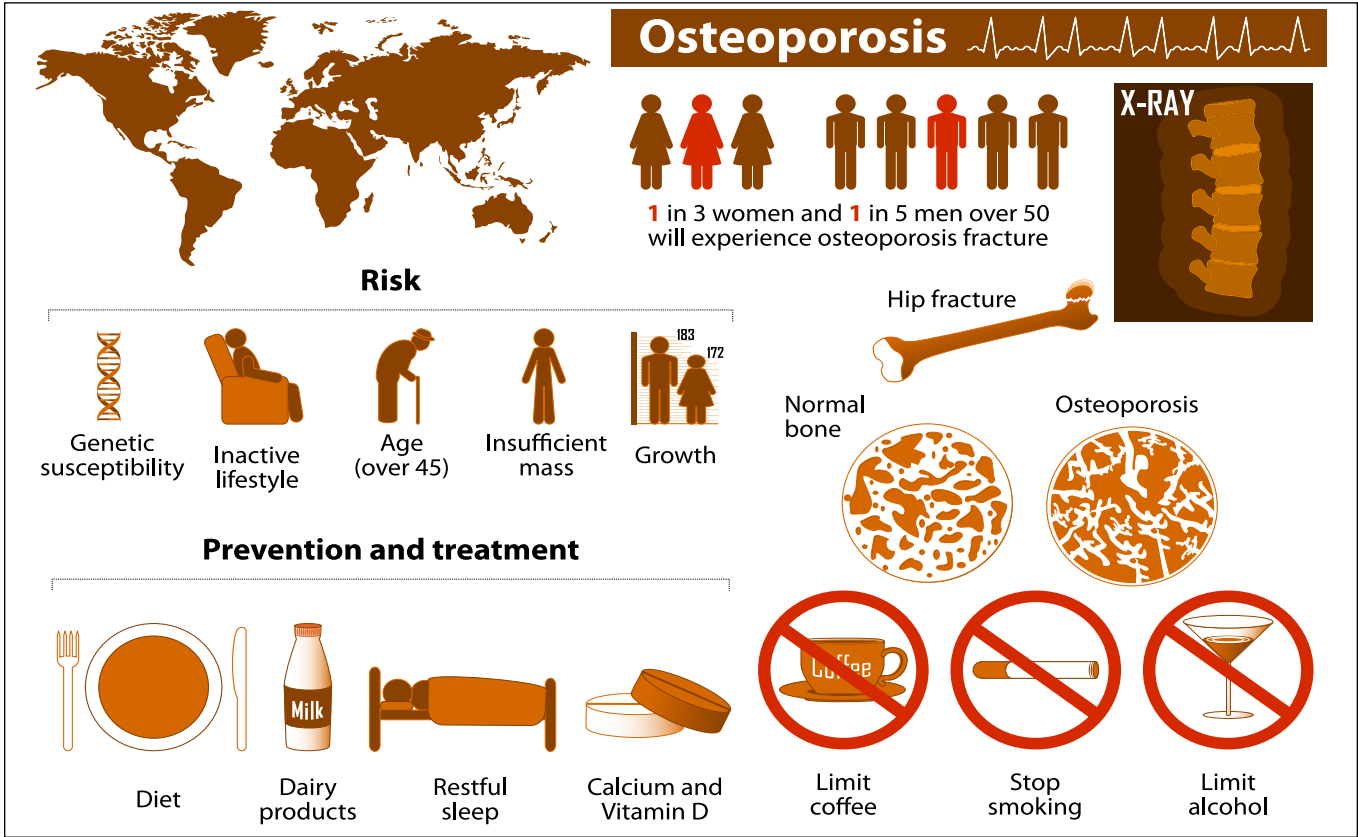
In some cases, an MRI or CT scan may also be ordered.

TREATMENT

If possible, do not move a person with a broken bone until a healthcare professional is present and can assess the situation and, if required, apply a splint. If the patient is in a dangerous place, such as in the middle of a busy road, one sometimes has to act before the emergency services arrive.

Bone fracture treatment essentially depends on how bad and/or how complex





the fracture is.

What's more, because bone healing is a natural process, treatment largely revolves around giving the bone the optimum conditions and time that it needs to heal itself.

For simple, straightforward fractures like stress (hairline) fractures, treatment can be simple and straightforward, involving little more than a cast or splint to immobilize the affected bone and allow it the time and dormancy needed to heal.

For the natural healing process to begin in more significant fractures, the ends of the broken bone need to be lined up. This is known as *reducing the fracture*. The patient is usually asleep under a general anesthetic when fracture reduction is done.

Fracture reduction may be done by manipulation, closed reduction (pulling the bone fragments), or surgery.

For complex, multi-part fractures, especially where skin is broken and bone is fractured in several places, major surgery is commonly required.

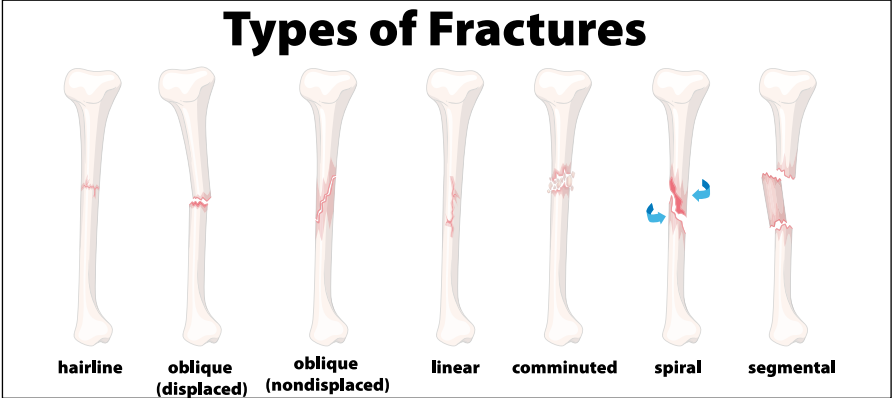
Such surgery is followed by carefully planned immobilization of the limb(s) involved, so as give the affected bone(s) the time and dormancy needed to heal.

Cast immobilization

A cast made of plaster—or, more recently, fiberglass—is the most common type of fracture treatment, because most broken bones can heal successfully once they have been repositioned and a cast has been applied to keep the broken ends in proper position while they heal.

Functional cast or brace

The cast or brace allows limited or “controlled” movement of nearby joints. This treatment is desirable for some, but not all, fractures.



Traction

Traction is usually used to align a bone or bones by a gentle, steady pulling action.

External fixation

In this type of operation, metal pins or screws are placed into the broken bone above and below the fracture site. The pins or screws are connected to a metal bar outside the skin. This device is a stabilizing frame that holds the bones in the proper position while they heal.

In cases where the skin and other soft tissues around the fracture are badly damaged, an external fixator may be applied until surgery can be tolerated.

Open reduction and internal fixation

During this surgical operation, the bone fragments are first repositioned (reduced) in their normal alignment, and then held together with special screws or pins, or by attaching metal plates to the outer surface of the bone. The fragments may also be held together by inserting rods or pins down through the marrow space in the center of the bone.

Fixation of femur with intramedullary nail

In certain cases of a fracture of the femur (thighbone), a specially designed metal rod called an *intramedullary nail*,

provides strong fixation and gives the femur time and support to heal.

Ultrasound therapy

Low-intensity ultrasound is applied to the affected area daily. This has been found to help the fracture heal. Studies in this area are still ongoing.

Bone grafts

In cases where a fracture does not properly heal, natural or synthetic bones are transplanted to stimulate the broken bone.

PREVENTION

So, how do you keep bones from breaking in the first place?

Safety

It goes without saying that safety is a foremost priority for all ages—by reducing hazards both indoors and out, you greatly reduce the likelihood of breaking a bone over such hazards. Such safety measures include protective sports equipment like helmets, protectors for knees, elbows, shoulders and wrists, and shin guards.

Diet

Proper diet is key to helping

preventing fractures. A diet rich in calcium and Vitamin D is vital in promoting bone strength.

Because the human body needs adequate supplies of calcium for healthy bones, milk, cheese, yogurt, and dark green leafy vegetables are recommended, as they are great natural sources of calcium.

Likewise, the body needs Vitamin D to absorb calcium—exposure to sunlight, and eating eggs and oily fish, are good ways of getting vitamin D.

Exercise

Weight-bearing exercise helps keep bones strong. In particular, they more weight-bearing exercises and physical activity one does the stronger and denser his or her bones will be. Examples include skipping, walking, running, and dancing—any exercise where the body pulls on the skeleton.

Because aging not only results in weaker bones but less physical activity, too, it is especially important for older adults to stay physically active.

PROGNOSIS

Depending on the extent of the injury and how well the patient follows the doctor's advice, as well as the age and health of the patient, fractures can take as much as several months to heal (particularly for seniors), or as little as a few weeks (particularly for children).

Usually, the fractured bone area is immobilized for 2-8 weeks. The duration depends on which bone is affected and whether there are any complications, such as a blood supply problem or an infection.

Pain usually stops long before the fracture is solid enough to handle the stresses of normal activity.

Doctors will typically also prescribe plenty of rest, in which the patient is to stay off the affected limb until you cleared to bear normal weight, as well as ice, in which cold packs are placed on the affected area to reduce swelling and relieve pain, up to three or four times a day for 15 minutes at a time.

Even after any cast or brace is removed, the patient may need to continue limiting his or her movement until the bone is solid enough for normal activity.

Recovery usually also involves some loss of muscle strength in the injured area.

As such, once the patient has any cast removed *and* no longer needs to limit movement of the affected limb, the patient will typically be prescribed a regimen of physical therapy (PT) and/or occupational therapy (OT)—in which specific exercises will help restore normal muscle strength, joint motion, and flexibility. ★

Status Report

Happening In Hospitals Today



THREE-FOURTHS OF ERS CONTAMINATED AFTER MRSA PATIENT VISIT: STUDY

St. Louis, Missouri — A new study by Washington University School of Medicine finds that a single ER patient carrying Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria is highly likely to contaminate the ER with MRSA at his or her next visit.

The study enrolled 42 people currently visiting the ER, all of whom had had MRSA infections within the previous year. Bacteria samples were collected from their bodies.

Following that, the ER they had visited was sampled for bacteria in 16 different locations. Researchers

found that most ER samples matched those taken from the patients. They also found that 19 of the 25 sampled ERs, or 76 percent of them, had at least one site contaminated with the same strain of MRSA carried by the patient.

Research concluded that improved disinfection of environmental surfaces may help reduce transmission of MRSA to ER professionals and patients.

HIRED DOCS NOW OUTNUMBER SELF-EMPLOYED IN U.S. FOR FIRST TIME: AMA

Chicago, Illinois — According to a new study by the influential American Medical Association (AMA),

employed physicians outnumber self-employed physicians for the first time in U.S. history.

The study finds that in 2018, hospitals employed 47.4 percent of physicians while 45.9 percent were working for themselves.

Self-employed physician rates have dropped seven percent since 2012, according to the AMA—while employed physician rates have increased six percent since then. What's more, notes the organization, self-employed physician rates have been dropping since the late 1980s.

MAINE HOSPITAL ERROR JEOPARDIZES MEDICARE CONTRACT

Lewiston, Maine — Patients covered by Medicare, the federal healthcare plan for seniors, comprise a good percentage of patients at hospitals coast to coast.

To ensure that those Medicare patients are receiving quality care, the federal Centers for Medicare and Medicaid Services (CMS) regularly audit those hospitals. Under a complex system of measures and scores, CMS rates hospitals' performance—and imposing penalties, including reduced

compensation for care provided to Medicare patients.

A recent example of that are three CMS reviews of the Lewiston, Maine-based Central Maine Medical Center in early 2019—finding several deficiencies related to an October 2018 nursing error that injured one patient, and failure to ensure accurate medical records.

The hospital has said that some claims are “unsubstantiated”—but that it is working to correct all stated deficiencies by CMS deadline set for June 30.

PATIENT BILLED \$142 FOR EXTRA CONVERSATION WITH DOCTOR; HOSPITAL CEO RESPONDS

Grand Rapids, Michigan — An anonymous patient at the Grand Rapids, Michigan-based Spectrum Health recently saw her personal doctor for an annual physical—during which she also briefly discussed certain issues.

She was shortly billed an additional \$142.

In a following complaint to Spectrum Health, the patient wrote that she was told by the hospital's billing dept. that she was charged for an additional consultation because issues she discussed during her annual exam were not considered preventive.

But following negative coverage by local media, Spectrum Health—specifically, hospital President and CEO Tina Freese Decker—directly reached out to the patient for rectification.

“We agree with you that a more transparent process is necessary,” Ms. Freese Decker e-mailed to the patient in an email response cited by local media.

The hospital also announced that it would be looking at other hospitals nationwide to determine best practices to prevent such future snafus. ★

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SURPRISE BILLING OF A SURPRISING SORT: SO-CALLED “SURPRISE BILLING” USUALLY INVOLVES BILLABLE PROCEDURES, NOT CONVERSATIONS LIKE ONE HELD HERE



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Jobs and More: Investing in a Community's (Special) Needs

Hamaspik HomeCare's New Bronx Office Now in Full Swing

It was quite the scene at the grand opening of Hamaspik HomeCare's new Bronx office located at 1749 Grand Concourse.

A front door tent manned by Director of Business Development David Foster drew in passersby with balloons and cold water bottles.

Inside, inquirers were greeted by with the agency's trademark mix of professionalism and good cheer. Intake Coordinator Elizabeth Cordero, HR Coordinators Mariel Martinez, Suany Mendez and Crystal Rivera, HR Manager Devora Nass, and Scheduling Coordinator Melissa

Pierre left no question unanswered, and Executive Director Asher Katz and COO Mordechai Wolhendler offered expertise and advice.

Rounding out the crew were IT/Maintenance Director Simcha Klagsbrun, Business Development Execs Mushka Grunblatt and Sam

Rosenberg, QA Director Esther Henny Jaroslawicz, and Executive Assistant Mimi Hoffman.

With today's diverse New York represented, staff could respond in Creole, French, German, Spanish or Yiddish!

Also attending was legendary community activist Sidney Flores.

Following posting mezuzah scrolls on doorways, staff gathered at the main door for a ceremonial ribbon cutting.

Numerous guests signed up for services, including home visits by home health aides (HHAs), personal care aides (PCAs), therapists and even nurses. The new office also specializes in kids, people with disabilities, and traumatic brain injury (TBI).

And thanks to its partnership with Archcare, a Workforce Investment Organization (WIO), the new office even offers free HHA and PCA training—giving middle-aged local moms workforce reentry, and the chance to give back locally. ★

For more information and/or to obtain Hamaspik HomeCare's wide range of supports and services, please call 1-855-HAMASPIK (1-855-426-2774).



A LINE OF SUPPORT (L-R): BUSINESS DEVELOPMENT EXEC. SAM ROSENBERG, IT/MAINTENANCE MANAGER SIMCHA KLAGSBRUN, EXEC. DIR. ASHER KATZ, SIDNEY FLORES, COO MORDECHAI WOLHENDLER, DIR. OF BUSINESS DEVELOPMENT DAVID FOSTER



OPENING DOORS: EXECUTIVE DIRECTOR ASHER KATZ



IN FULL OPERATION: COO MORDECHAI WOLHENDLER



REPORTING LIVE: GAZETTE EDITOR MENDY HECHT



WHEREVER YOU ARE, WE'VE GOT YOU COVERED.

From the 5 Towns to the 4 Corners, Hamaspik HomeCare is always close. Even in the summer, we are right beside you and your family. That's why we are happy to announce that once again, we will be providing homecare services in **Rockland, Orange and Sullivan** counties.



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