



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:

DO YOU OR ANYONE IN YOUR FAMILY HAVE CARPAL TUNNEL SYNDROME?

A: YES; B: NO

Respond to: survey@nyshainc.org • 845-655-0667



HEALTH STAT

LIGHT AT THE END OF THE (CARPAL) TUNNEL

No. people affected each year	8 million
No. corrective surgeries performed each year	230,000

Source: National Institute of Neurological Disorders and Stroke (NINDS)



HEALTH TIP

TO TREAT CARPAL TUNNEL, (DON'T) GET A GRIP!

While debate on carpal tunnel causes continues, symptoms are undebatable—and treatable (at least partially) with simple non-use of the hands. So, don't hold objects in the same way for too long, and—if repetitive hand activities are unavoidable—take frequent breaks.

Sources: CDC, DispatchHealth

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MAKING THE HISTORIC WEST POINT MILITARY ACADEMY EVEN MORE HISTORIC WAS ANOTHER VISIT BY HAMASPIK OF ROCKLAND COUNTY'S DAY HABILITATION PROGRAM TO THE SITE'S MILITARY MUSEUM, WHOSE PREMISES ARE FULLY DISABILITY-ACCESSIBLE



THE MUSEUM'S OLMSTED HALL HOME TELLINGLY INVOKES THE U.S. SUPREME COURT'S 1999 OLMSTEAD RULING, STATING THAT “PUBLIC ENTITIES MUST PROVIDE COMMUNITY-BASED SERVICES TO PERSONS WITH DISABILITIES...”

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Services Provided by NYSHA AGENCIES

OPWDD SERVICES

INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

A supervised residence for individuals who need out-of-home placement.

INDIVIDUALIZED SUPPORT SERVICES (ISS)

Paid housing expenses and support for individuals who can live independently.

HOME FAMILY CARE (HFC)

Places individuals with developmental disabilities into private homes to care and support the individual.

DAY HABILITATION (DH)

A day program for adults with disabilities designed to develop skills, greater independence, community inclusion etc.

Site Based: Day Habilitation Service delivered in an OPWDD certified facility.

Without Walls: Day Habilitation Service delivered in a community-based setting.

Stars Day Program: Day Habilitation Service delivered in an OPWDD certified facility for higher-functioning individuals.

COMMUNITY HABILITATION (CH)

Working one-on-one with individuals in their home or in the community to achieve valued outcomes by helping them develop daily living skills and achieve long-term goals.

COMMUNITY PRE VOCATIONAL

Working with individual to prepare them for paid community employment- Teaching individuals job skills and other related social skills to enhance their ability to obtain employment in the future.

SUPPORTED EMPLOYMENT (SEMP)

Working with individual to support and provide them with necessary coaching so they can successfully engage in paid competitive employment.

FAMILY SUPPORT SERVICES (FSS)

Support for the individual's family by reimbursing them for certain qualifying items or services, otherwise not available to them.

INTENSIVE BEHAVIORAL SERVICES (IBS)

Short-term interventional services for people with behavioral issues and their family members.

RESPITE:

Home and Community-based respite services to provide a relief for the individual's caregiver and family.

At-Home: Respite services delivered in the home of the individual.

After School: Respite program provided every day after school hours.

Sundays: Respite program provided every Sunday.

Legal Holidays: Respite program provided on all legal holidays when school is not in session.

Summer Break/Camp Neshomah: Full day respite program during the summer break weeks.

Stars Night Program: Respite services delivered in the evening hours to high-functioning individuals by taking them out in the community and doing recreational and stimulating activities with them.

Weekend Getaway: A weekend retreat for individuals receiving respite services.

Hamasmid: After-School program for mainstreamed individuals engaging in recreational activities.

SELF-DIRECTION

The Individual or their advocate takes direct responsibility to manage their services and self-direct their budget.

Fiscal Intermediary (FI): Assists individual or their advocate in implementing their Individual Support Agreement and to manage financial accountability and employer responsibilities.

Brokerage: Assisting individuals or their advocate in creating and managing their budget.

PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

DOH

EARLY INTERVENTION (EI)

Providing a range of services to help young children (ages birth-3) who have a specific delay in their development.

Group Development Model (GDM): Providing Early Intervention services in a group-setting.

Therapy: Providing OT, PT, SLP, Vision, Nutrition, Play, Special Education, Family Training etc. to help the child develop appropriately.

Evaluations: Providing full evaluations to assess child's skills and development.

NURSING HOME TRANSITION AND DIVERSION (NHTD)

Waiver services to help individuals who need nursing-home level of care safely remain home and avoid nursing home placement.

Service Coordination (SC): Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

Community Transitional Services (CTS) / Moving Assistance (MA): Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

Environmental Modifications (EMODS): Provides Internal and external physical adaptations to the individual's home, that are necessary to assure the health, welfare and safety of the individual and avoid institutionalization.

Vehicle Modification (VMODS): Modifications to a vehicle that is used to improve the individual's independence and access to services and supports in the community.

Assistive Technology : Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

TRAUMATIC BRAIN INJURY (TBI)

Waiver services to help individuals who had a traumatic brain injury.

Service Coordination (SC): Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

Community Transitional Services (CTS) / Moving Assistance (MA): Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

Environmental Modifications (EMODS): Provides Internal and external physical adaptations to the individual's home, that are necessary to assure the health, welfare and safety of the individual and avoid institutionalization

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Assistive Technology : Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

SENIOR DINING/SOCIAL DAY PROGRAM (SHNOIS CHAIM)

Providing: Daily onsite lunches and social/educational activities for community seniors (Orange County only). Meals funded by NYSOFA, Orange County OFA and the Administration of Aging.

HAMASPIK CHOICE

MLTCP:

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

HMO/INSURANCE

ABA

Behavior modification services for children with autism.

Social Group: ABA service delivered in a group setting.

One on One: ABA service delivered on a one-on-one basis in the child's home or community.

HAMASPIK HOMECARE

LHCSA

Licensed HomeCare Services Agency .

Personal Care Services

Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, and screened, and are supervised by RN.

Support Services

Our HCSS Certified Aides assist those enrolled in the NHTD or TBI Medicaid Waiver Programs with oversight and supervision, in addition to personal care services.

Nursing Services

Providing: skilled observation and assessment - care planning - paraprofessional supervision - clinical monitoring and coordination - medication management - physician - ordered nursing interventions and skilled treatments.

Training

Providing: free PCA training and competency testing for those interested in a home care career.

CDPAS/CDPAP

As an alternative to traditional homecare, this program empowers the client to hire, train, and set the schedule of their personal assistants (PA). The PA's may be family members and can even live in the same home.

NYC HCR

ACCESS TO HOME

Providing home modifications for people with physical disability.

NYSED SERVICES

ACCESS VR

Assist individuals to achieve and maintain employment and to support independent living through training, education, rehabilitation, and career development.

PATHWAY TO EMPLOYMENT

Employment planning and support services that provide assistance for individuals to obtain, maintain or advance in competitive employment or self-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

ADULT HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for Adults with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

CHILDREN HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for children with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

ADULT HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible adults over the age of twenty one.

Community Psychiatric Support and Treatment: Support and treatment to achieve functional improvement and stability, while working to attain the personal goals in a community setting.

Family Support and Training: Family training and support to engage the family in the treatment planning process and provide them with emotional and informational support to enhance their skills to assist in the recovery.

Psychosocial Rehabilitation: Assists with rehabilitating functional deficits and interpersonal or environmental hardships associated with the behavioral health condition.

Empowerment Services-Peer Support: Peer-delivered services designed to promote skills for coping with and managing behavioral health symptoms, while utilizing recovery-oriented principles.

Habilitation: Assist to acquire and improve skills such as: communication, self-care, socialization, mobility, etc. to successfully reside in home and community-based setting.

Intensive Supported Employment: Assists to obtain and keep competitive employment.

Prevocational Services: Prepares for employment, developing strengths and soft skills that contribute to employability.

Transitional Employment: Strengthens the work record and skills toward the goal of achieving assisted or unassisted competitive employment.

Ongoing Supported Employment: Ongoing follow-along support when holding down a job.

CHILDREN HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible children from birth to twenty one.

Prevocational Services: 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.

Caregiver Family Support 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.

Community Self Advocacy Training and Support: Provides family and caregivers with techniques and information not generally available so that they can better respond to the needs of the Individual related to their disabilities.

Community Habilitation: Provides assistance with learning social skills, daily living and health related duties by working with the individual on goal-oriented tasks.

Supported Employment: Designed to prepare youth with disabilities (age 14 or older) to engage in paid work.

Planned Respite: Provides short-term relief for the individual's family/caregiver while supporting the individual's mental health, substance use and/or health care goals.

Day Habilitation: Provides assistance with learning social and daily living skills in a certified agency setting.

► TRI-COUNTY CARE NEWS

Exemplifying Efficient Daily Operations, Care Manager Rapidly Secures Client's Surgery

Hard-Working Tri-County Care Employee Cuts Through Red Tape to Ensure Individual's Successful Surgical Procedure

Planning a surgery is something generally left for surgeons.

But that's not the kind of surgery we're referring to here.

Precision cutting of the red-tape variety was the order of the day recently at Tri-County Care as a dedicated Care Manager (CM) secured the scheduling and execution of a long-overdue surgical procedure for one of the many recipients of his care and devotion otherwise known as individuals.

He's a surgeon, all right—but of a different kind. And one that's a cut above, too. (Pun most definitely intended.)

It all began back in January, when the individual in question was slated for a minor surgical procedure revolving around the removal of an encapsulated tumor. But as things turned out, due to circumstances beyond the control of all parties involved (surgeon, individual, caregiver and family), things needed to be rescheduled.

A good month later, the surgery was put back on the front-burner for a go-ahead, but the ambulatory surgery center needed updated medical information. Among other things, they needed a recent electrocardiogram (ECG), blood



work, and the results of another up-to-date visit with the individual's primary care physician (PCP).

All of that would require a number of appointments, themselves depending on various professionals' earliest availabilities.

Things now looked like they would take weeks. The Care Manager got it all pulled off in one.

"It was a difficult case," proudly attests one Care Manager Supervisor at Tri-County Care (and himself no slouch). "There were a lot of things he didn't have to do, but he did them," the Care Manager Supervisor says. "And in one week!"

For starters, instead of shlepping the individual to a medical center to receive a new ECG test, the Care Manager had the test—in the form of a volunteer and equipment-equipped community paramedic—come to him. The paramedic, well versed in the deployment and usages of the ECG device, was all too happy to invest in the community's grassroots health and do a good deed while he was at it. With a single home visit by that paramedic lasting less than 30 minutes, the ECG was done.

Item No. 1 on list: Check!

Likewise did the Care Manager

proceed down the checklist.

Beginning with an ordinary workaday Monday, he plowed through reams of paperwork required for the upcoming surgery, assembling the needed documents from several different providers.

Over the next several days, a full physical—provided by a competent M.D.—was arranged, as well as a hastily-arranged visit to a blood lab, where all necessary samples were obtained and results delivered to the individual's PCP and surgical center ahead of time.

With all the necessary groundwork deftly squared away, the individual's doctor—himself fairly flabbergasted at the speed of unfolding events, and perhaps more than a little—gave the surgery the green light.

Perhaps needless to say, the surgery proceeded as planned without any further delay, and the prognosis—quite expectedly, one might add—was good.

The hardworking employee has been a Care Manager with Tri-County Care for just over one year. But if his recent accomplishment in the space of one week is any indication, it's got to have been a flurryingly busy one. ★

► HEALTH NEWS

Japanese Researchers Chemically Assemble Anti-Cancer Drugs Inside Live Mice

Ingredients Injected Into Lab Animals Blend Once in Bloodstream to Create Internal On-site Treatment

Wako, Japan — If injecting patients with anti-cancer drugs at the site of unwanted growth is good, then injecting patients with substances that only turn



BUILDING BLOCKS: EXPERIMENT USES BENZENE TO BUILD CANCER DRUG IN MICE

into drugs once they are inside the body at the site of growth is better.

So the thinking went at the Riken Institute, Japan's rough equivalent of America's legendary RAND or DARPA research entities.

Scientists there now report that they have successfully treated cancer in mice using metal catalysts that assemble anti-cancer drugs together inside the body.

Most anti-cancer drugs are built around microscopic rings of benzene,

an otherwise highly-toxic chemical found in nature and manufactured products. Riken researchers artificially synthesized benzene inside the bodies of live mice using non-toxic chemicals, and only in the vicinity of cancer cells.

This study is reportedly the first case of therapeutic *in vivo* synthetic chemistry used to generate anti-cancer substances where they are needed simply by injecting their ingredients into veins.

The technique is especially notable because it helps avoid the indiscriminate tissue damage all-too-often occurring with chemotherapy. Besides its less-than-perfect effectiveness in killing cancer cells, chemotherapy is also problematic due to its toxic side effects on the body; chemo drugs that attack cancer cells can also damage non-cancerous cells.

In addition to benzene, Riken researchers hope that their technique will eventually enable a variety of other molecules to be synthesized inside the body, possibly ushering in a new form of chemotherapy.

The research was published in the scientific journal *Nature Communications*. ★

Hamaspik Gazette

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EXECUTIVE DIRECTOR: Meyer Wertheimer

WRITER: Mendy Hecht

TEL: 845-655-0613

FAX: 845-655-5613

MAIL: Hamaspik Gazette, 58 Rt. 59, Suite 1, Monsey, NY 10952

Happening in Health Today

NEW WAY TO MEASURE BLOOD PRESSURE, OTHER VITALS WITH CUSTOMIZED FINGER CLIP

Columbia, Missouri — The regular monitoring of a person's blood pressure can help healthcare professionals detect high blood pressure (and various other health problems) before it strikes, because it has no warning signs or symptoms.

But many things can throw off accurate blood pressure readings, including the “white coat syndrome” anxiety due to seeing a doctor, which is well-documented as raising numbers without reflecting actual health of the cardiovascular system.

That is why researchers are now customizing a commercial finger clip device which will allow patients to measure and monitor their own blood pressure on their own.

The device can also measure heart rate, blood oxygen saturation, body temperature and respiratory rate.

Researchers at the Missouri University (MU) College of Engineering have jerry-rigged an existing device to record a patient's blood pressure within five seconds.

The customized device uses optical sensors on the fingertip that measure the amount of light reflected off the blood vessels below the skin.

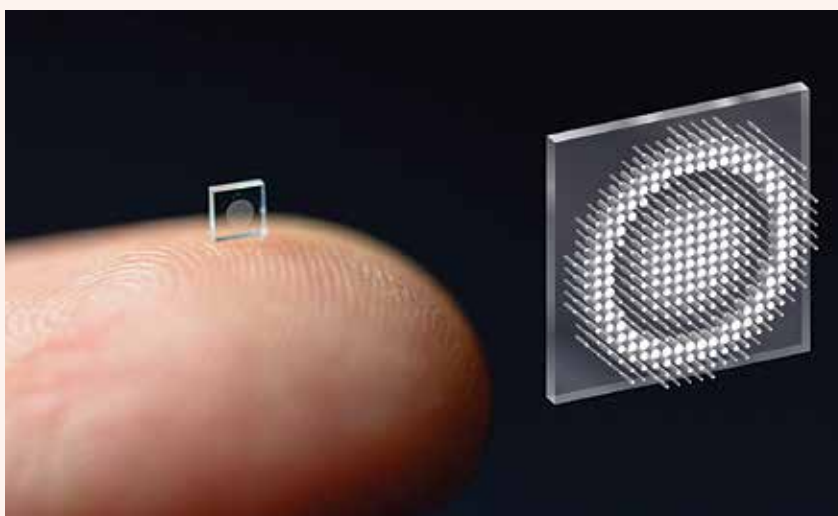
RESEARCHERS CREATE HIGH-RESOLUTION CAMERA THE SIZE OF A SALT GRAIN

Princeton, New Jersey — Bet you didn't think they could shrink a working camera down to *that* size! But researchers at the Engineering School at Princeton University have now done just that.

The experimental new ultra-compact camera—the size of a coarse grain of salt—can produce crisp, full-color images that can compete with your standard normal-sized camera.

The tiny new device, just half a millimeter wide, relies on a technology called a metasurface which can be produced much like a computer chip. The metasurface is studded with 1.6 million microscopic cylindrical posts. Each post has a unique geometry, and functions like an optical antenna.

Each post's unique reaction to



SMALL DEVICE, BIG VISION: PRINCETON'S TINY CAMERA HAS HUGE MEDICAL POTENTIAL

light is first recorded and analyzed by a powerful computer algorithm, which then combines the data to produce high-quality images.

Researchers hope the system could eventually enable minimally invasive endoscopy to diagnose and treat diseases. ★

RESEARCHERS USE BIOACTIVE SIGNALS TO REPAIR SEVERE SPINAL CORD INJURIES IN MICE

Evanston, Illinois — Northwestern University has developed an injectable therapy that has enabled paralyzed mice with severe spinal cord injuries to regain the ability to walk.

Researchers administered a single injection of *bioactive signals*, which redirect molecular behavior, to tissues surrounding injured spinal cords.

By triggering cells to repair and regenerate, the breakthrough therapy dramatically improved severely injured spinal cords in five key ways:

- The severed extensions of neurons, called *axons*, regenerated;
- Scar tissue, which can create a physical barrier to regeneration and repair, significantly diminished;
- *Myelin*, the insulating layer of axons that is important in transmitting electrical signals efficiently, re-formed around cells;
- Functional blood vessels formed to deliver nutrients to cells at the injury site; and
- More motor neurons survived.

SYNTHETIC TISSUE MAY REPAIR VOCAL CORDS

Montreal, Quebec — Combining chemistry, physics, biology, and engineering, scientists at McGill University have now developed a biomaterial tough enough to repair damaged vocal cords.

The new material is a major advance in regenerative medicine.

The team developed a new injectable wound-repair *hydrogel*: a type of biomaterial that provides room for cells to live and grow.

Once injected into the body, the biomaterial forms a stable, porous structure allowing live cells to grow or pass through to repair the injured organs.

The scientists then tested the durability of their hydrogel in a machine they developed to simulate the extreme biomechanics of human vocal cords.

Vibrating at 120 times a second for over six million cycles, the new biomaterial remained intact while other standard hydrogels fractured into pieces, unable to deal with the stress of the load.

The innovation also opens new avenues for other applications like tissue engineering.

CHILDREN'S SEIZURES REDUCED BY ADULT EPILEPSY TREATMENT

New Brunswick, New Jersey — Research by Rutgers University has found that a surgical treatment commonly used to reduce epileptic seizures in adults also is effective and safe for children.

The study is among the first to investigate the *responsive neurostimulation system* (RNS), a device similar to the heart-charging pacemaker but in this case for the brain, for use on children.

The RNS delivers targeted electrical stimulation directly to the brain when needed.

Up to 40 percent of people who suffer from epileptic seizures do not respond to medication.

But the RNS device, implanted in the brain to monitor unusual brain electrical activity that can lead to seizures, also delivers small pulses of stimulation to help those brainwaves return to normal.

Researchers looked at 35 RNS patients ages three through 25 with drug-resistant epilepsy.

They found that 84 percent had a reduction in disabling seizures, including 18 percent with a reduction of over 90 percent.

SCIENTISTS SEEK TO TARGET CANCER WHILE SPARING HEALTHY CELLS WITH BIOLOGICAL “COMPUTER”

Zurich, Switzerland — Synthetic biologists at ETH Zurich have developed a biological “computer” to help tackle one of cancer medicine's most enduring problems: defining a cell marker that defines only cancer cells and clearly avoids healthy cells.

Medicine's current problem is that nearly all cancer drug targets are also found on many healthy cells, which can lead to off-tumor toxicity—which in plain English means the treatment hurts the patient.

But now, researchers at ETH Zurich inserted a programmable genetic circuit into an engineered virus.

The genetic circuit uses multiple targets to build a profile of a cancer cell.

The nanoscopic biological “computer” roams through the body, executing a program that seeks to recognize and kill cells matching that cancer profile, but spares healthy cells that don't fit all the criteria.

The biological “computer” is a genetic circuit that can make simple computations, similar to how silicon transistors in smartphones and laptops carry out calculations. ★

בס"ד

~~"A picture is worth a thousand words"~~

Sometimes, a few words are needed to get the full picture!

Progress Notes 9/6/21

Note#000789

Supervisors and Care Managers discussed the obstacles to help client's family receive services for their **children**. Client is struggling with her **mental health** and is frustrated that she isn't receiving more assistance with her children and household. An action plan was developed to ensure that children receive appropriate services and Care Manager will reach out to client to continue developing rapport and encourage her to consider **therapy**.

Actual notes* of the work our **CARE MANAGERS** do with our **clients** daily

(* with slight modifications to protect client identity)

Note#000588

Client is continuing to respond well with Suboxone treatment post **detox**. The **hoarding** issue has reached a serious level where hygiene is threatened. Care Manager was able to connect with a government assistance **resource** providing mold remediation and access-to-home modifications which will help with the above as well with client's difficult **mobility** issues.

Note#000298

Client expressed that he has no extended family support—coming from a **dysfunctional family**. Client isn't an American citizen, and his green card will expire in one year, and he would like assistance reapplying, or help with gaining citizenship. Client isn't satisfied with his current **therapist** and would like to find someone new. Additionally, client is struggling financially, and would like assistance finding a **new job**. Client noted his **strength** of "I live in the moment. I'm happy, and I can take care of shopping and arranging things." Care Manager will assist client with his citizenship, therapist, and job.

Note#000752

Care Manager called **psych-hospital** to check in with client. Client was pleased with the call. Client sounds a lot better; it seems that the medication reset was helpful. Client expressed sadness with his inability to engage in **prayers** properly since he's there. Care Manager arranged for the Chaplain visit him on Friday. Client was very thankful to meet the Chaplain and be able to pray properly.

Care Management is available **FREE** to all adults with NYS Medicaid who are battling mental illness

UPSTATE 845-503-0444
Intake@IntegratedHealthRC.org
www.IntegratedHealthRC.org


INTEGRATED
HEALTH

BROOKLYN 718-387-8400 ext 13
intake@hamaspikings.org

● ► HAMASPIK NEWS

Hamaspik of Orange County and New OPWDD Leadership Usher in New Era

Newly-Confirmed OPWDD Commissioner Kerri E. Neifeld Tours Hamaspik in Enriching Familiarization Visit

It's not just the ever-bettering weather.

With daily temperatures inching higher and infection levels ever lower, a new spirit sure seems to be blowing in the air across New York State, with winds of hope and renewal buoying all.

That spirit was almost palpably in the air one recent crisp spring afternoon, as Kerri E. Neifeld, recently confirmed as Commissioner of the New York State Office for People With Developmental Disabilities (OPWDD), paid her first official visit to Hamaspik.

From front-line Direct Support Professionals (DSPs) in Hamaspik's Day Habilitation (Day Hab) and Individualized Residential Alternative (IRA) group home programs to Care Managers with the flourishingly successful Comfort Health and Integrated Health behavioral supports divisions, the accomplished, articulate staff comprising the face of Hamaspik

left an upbeat impression.

MEETING AND GREETING

Commissioner Neifeld arrived mid-afternoon accompanied by OPWDD Director of Communications Jennifer O'Sullivan and Assistant Public Information Officer Nicole Weinstein. Already on hand was OPWDD Hudson Valley Regional Director and longtime Hamaspik friend Joan Volpe, who had arrived earlier.

The long-awaited visit to Hamaspik of Orange County both cemented and cultivated that body's long-running positive relationship with the OPWDD's Albany leadership.

Greeting the OPWDD contingent were Meyer Wertheimer, founder of Hamaspik and Executive Director of NYSHA (New York State Hamaspik Association); Hamaspik of Orange County Executive Director Moses Wertheimer; Yoel Bernath, Executive

Director of Tri-County Care and Hamaspik Choice; Joel Freund, Executive Director Hamaspik of Rockland County; Hershel Wertheimer, Executive Director of Hamaspik of Kings County; and Asher Katz, Executive Director of Hamaspik HomeCare.

The OPWDD entourage was then ushered inside the grand building.

Inside the double doors of the looming three-story headquarters structure, Commissioner Neifeld and company first passed through an elegant lobby to make their first "meet-and-greet" stop: the men's Day Habilitation program.

Set up in state-of-the-art activity rooms lining one long hallway, that program caters daily to dozens of young men with a wide range of intellectual/developmental disability (I/DD). Ms. Neifeld was personally shown about by Hamaspik stalwart and longtime Special Events Coordinator Brenda Katina, who introduced the Commissioner to staff and, of course, to their beloved charges, and by first name.

In the first of those rooms, the Commissioner personally met individual Yossi Katina, Mrs. Katina's son, who took a break from his work at hand to greet the OPWDD leader in his own way.

Making their way down the hall, the OPWDD group took in a musical expression group, percussion instruments and all, and rooms geared specifically for individuals with low function.

Commanding a mirroring hallway along the length of the building's other side, the women's Day Hab program was the Commissioner's next stop.

Welcomed to that world by Day Hab Manager Mrs. Malky Jabra, Commissioner Neifeld took the time to say hello to the women populating that program.

One of the young women formally welcomed the new Commissioner with a statement of greeting, expressing the agency's honor at her visit and wishing her the best. The Commissioner delightedly reciprocated.

Having covered both sides, the Commissioner was shown to the floor's

central multipurpose room, where groups of individuals were busy with various skills-building activities. The Commissioner, as she had been doing in touring the rooms, took the time to circle the tables to personally take in individuals' handiwork.

The Commissioner was next shown to the second floor, where she toured Hamaspik of Orange County's "Article 16" therapy clinic for people with special needs under Article 16 of New York's mental-health law. The clinic provides physical, occupational and speech/language therapy, as well as mental-health care and counseling, to the Orange County disability community.

In touring the clinic facility, the Commissioner engaged in probing discussion with Hamaspik of Orange County Executive Director Moses Wertheimer, who was only too happy to apprise Ms. Neifeld of the facility's preparedness to add additional disability community services, including an onsite dental clinic, as soon as clearance is obtained.

Following the clinic tour, Commissioner Neifeld was shown the onsite Early Intervention (EI) facilities. Toddlers with developmental delays are provided with critical and life-improving therapeutic regimens by the state's EI program as provided by Hamaspik in three counties. "I think you guys make such a difference in the way kids grow up," the Commissioner was heard commenting.

Commissioner Neifeld then toured the third floor, out of whose numerous offices and cubicles operate dozens of staffers at all levels. The Commissioner was greeted by program managers, directors and frontline support staff alike, with each happy to answer a few questions and forge a sense of direct professional connection with the new OPWDD leader.

It was then time for that ultimate mainstay of professional acquaintance-making: doing lunch.

WORDS THAT EXIT THE HEART...

Repairing to an onsite conference room on the 3rd floor, the OPWDD

CONTINUED ON PAGE 7 >>

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●► HAMASPIK NEWS

Hamaspik of Orange County and New OPWDD Leadership Usher in New Era

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contingent and Hamaspik leadership took their seats at the head table. Hamaspik top brass found their places around the tables before them.

Serving as luncheon emcee was Brenda Katina. Mrs. Katina immediately won the crowds' hearts by noting that the day coincided with World Down Syndrome Day—and how she had personally taken in a newborn with that condition whose doctors' prognosis had been thoroughly grim.

Today, she went on, that girl is 11 years old. That girl, Yittel, then made a personal appearance, immediately winning the Commissioner's heart in a most memorable and tender moment.

Next up at the podium was Moses Wertheimer. He first thanked Commissioner Neifeld for coming—then noted that it was “no coincidence” that the day was World Down Syndrome Day. Invoking a photographic analogy, he framed (pun intended) the past two years, saying that when things aren't good,

“You develop from the negatives—and take another shot.”

The Master of Ceremonies then introduced Meyer Wertheimer.

In remarkably personal and powerful comments, Mr. Wertheimer advocated for expanded community housing for children with special needs who require 24/7 supervision and care, then segued into a brief history of Hamaspik.

“With a new Commissioner and a new era,” he concluded, “We can open the door to more such families.”

Emcee Katina then called upon Commissioner Neifeld to share a few words.

...ENTER THE HEART

“I am very moved by being here,” began the Commissioner. “I am moved by how your community supports individuals, and by what the individuals give back.”

Invoking that same new era mentioned earlier, Commissioner Neifeld pledged the New York State OPWDD's commitment to the “continuum of services” that address

the entire life spectrum of individuals with disabilities. She also thanked DDRO Director Volpe for her part in helping agencies like Hamaspik in the Hudson Valley access those services.

The Commissioner concluded her words by presenting Hamaspik—in the name of New York Gov. Kathy Hochul—with a proclamation honoring World Down Syndrome Day.

Next highlighting one of Hamaspik's several community-oriented programs was Mrs. Devorie Spielman, Pre-Employment/Employment Coordinator with Hamaspik of Orange County's impressively-successful Prevocational (Prevoc) program. That effort, which coaches high-functioning people with disabilities in internalizing employability skills, continues to land jobs in the community for its clients, both in the Village of Kiryas Joel where it's ensconced and in the greater region beyond.

Following the luncheon, the OPWDD entourage descended to the building's basement to be greeted by the dozens of excited, bouncy children

who comprise KidClick, Hamaspik of Orange County's ever-growing After-School Respite (ASR) Program. That program occupies several state-of-the-art activity rooms geared for all levels of function.

Bringing to life a critical part of the life “continuum of services” previously referenced by the Commissioner, the little boys and girls regaled Ms. Neifeld with their irresistibly cute antics as they benefited from the vital and therapeutic program.

The Commissioner responded in kind by spending a full half-hour surrounded by the innocent little angels, invoking her own inner child in joining them in informal play and even their musical singalongs.

The event ended in the mid-afternoon, with a heady feeling of friendship, camaraderie and unity of mission all around. “We can't go to another visit,” quipped the Commissioner after lunch filled with inspiring presentations. “We'll just be disappointed!”

Following farewells, the OPWDD group stepped out into the fresh springtime air under a glorious blue sky.

But there was more in the air than the pleasant breeze. ★

●► HEALTH NEWS

Bioengineered Food Law Now in Full Effect

Mandatory Federal “Disclosure Standard,” Created by Congress in 2016, Requires Consumer Information on any Genetically Modified Materials; Few Items Affected

Washington, D.C. — In an indicator of how government often works, a federal law passed by Congress over five years ago—only to then undergo several stages—has finally gone into effect.

In plain English, the National Bioengineered Food Disclosure Law means that any food item that contained bioengineered ingredients must say so on the label.

Bioengineered is defined as foods that “contain detectable genetic material that has been modified through certain lab techniques and cannot be created through conventional breeding or found in nature,” according to the federal U.S. Department of Agriculture (USDA).

The National Bioengineered Food Disclosure Law was originally passed by Congress in July of 2016.

One of the first things it did was require the federal government to define



MODIFIED FOOD, MODIFIED LABEL: THE NATIONAL BIOENGINEERED FOOD DISCLOSURE LAW, FIRST PASSED IN 2016, NOW REQUIRES NEW LABELS ON A FEW GENETICALLY-MODIFIED ITEMS

“bioengineering,” because genetically modifying food items like apples or even live salmon can take many forms.

That effort first bore fruit over two years later, when then-Secretary of Agriculture Sonny Perdue announced

the National Bioengineered Food Disclosure Standard in December of 2018.

As of this past January 1, 2022, compliance by all food manufacturers is mandatory.

However, according to the USDA, there are currently only 12 items—all raw produce—requiring the bioengineered (BE) food designation. They are: Alfalfa, apples (only the trademarked Arctic varieties), canola, corn, cotton, eggplant ((BARI Bt Begun varieties), papaya (ring-spot virus-resistant varieties), pineapple (pink varieties), potatoes, soybeans, and summer squash.

However, since those items are also ingredients in many processed foods, any cereal or other item containing those ingredients will also need to declare itself a BE food.

Also making the list is the AquAdvantage brand of fresh salmon. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



Taking an Improvement Stand



BACKING THE BACKERS: LEARNING HOW TO BE BETTER CARE MANAGERS, STAFFERS WITH COMFORT HEALTH (BELOW) LISTEN AS SHLOMO BINETH, PHD, LMHC (ABOVE) INSTRUCTS

Giving Parents the Gift of Hope

Nishmoiseini Hotline Inspires and Uplifts

Hamaspiik's Nishmoiseini hotline was launched in August, in response to the request of parents of children with special needs, in need of *chizuk* on a day-to-day basis. The hotline, which operates in both Yiddish and English, is updated daily with speeches, questions and answers, and other resources such as medical and service-related information.

The response has been staggering. In just 6 months, Nishmoiseini hotline has received well over 50,000 calls, including close to 2,000 from abroad. And the messages left by listeners attest to its impact: parents share that the hotline has changed their lives, given new hope in the bleakest situations, and served as a source of inspiration and support at times when the parents had nowhere else to turn.

"We opened the hotline for the public because we want everyone to be able to access this support," Mr. Yoel Landau, Nishmoiseini's manager, says. "That's also why we set up international numbers. Because Nishmoiseini's mission is to give, no matter who you

are."

From the feedback received, it's clear that people facing all different struggles find the hotline's content moving and inspirational. The popular weekly boosts of *chizuk*, the speeches delivered by world-famous orators, the Q&A opportunities, songs, and above all, the personal stories from other parents 'in the trenches' resonate across the world and across the spectrum of challenges that the listeners face.

"Nishmoiseini is filling a unique need in our community," Mr. Landau concludes. "And the hotline is just the beginning. We are currently launching an app and website, as well as a monthly newsletter, so everyone can access the content in the way that's easiest for them. Our one and only goal is to keep spreading the *chizuk* further!" ★

Draw a wealth of chizzuk and guidance on the Nishmoiseini hotline: 1718-759-1111 or call the Yiddish hotline: 1718-760-1111 Israel 972-72-370-1821 London 443-30-325-1266 Canada (438) 228-2500

Staff Trainings Lend Aid to Comfort

Ongoing Pro Workshops Take Care Quality to Next Level for Comfort Health's Care Managers in Upstate Kiryas Joel

Hamaspiik's Comfort Health behavioral-health supports program pairs under-21 youth with *Care Managers*—personal support staff working to ensure that young clients, mainstream in every way despite behavioral/emotional-health and medical diagnoses, access everything they need through the supports and resources of this state-funded program.

Comfort Health supervisors in Kiryas Joel realized that the more knowledgeable Care Managers were in behavioral/emotional health intricacies (youth struggles are rarely superficial), the better quality of services provided to individuals. So to enhance knowledge base and quality of care, Comfort first hosted Hershel Sabel, LMSW, a well-known Rockland County social worker and speaker, and Director of Therapy at Mount Resources in Brooklyn, to add perspective on behavioral and emotional health.

The veteran pro instructed staff on

how to ask the right questions and best understand and identify underlying problems—leading to struggle-specific, highest-quality referral and care for clients.

But without coping skills, intimate familiarity with clients' real problems is overwhelmingly stressful. (Just ask any mental-health professional.) So Comfort next tapped veteran counselor Shlomo Bineth, PhD, LMHC to empower staff with stress-management skills particular to pros in the emotional/behavioral health field. Dr. Bineth taught them how to cope with distressed (or distressing) clients and work with peers for optimal client results.

The workshops are interspersed with meetings at which Care Managers maximize lessons, trade tips and share accomplishments. Says Care Manager Supervisor Jacob Steif: "Comfort Health always strives to be the gold standard of care"—for clients and staff alike. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

A Point in World and U.S. History

Hamaspik of Rockland County's Men's Day Hab Visits Museum at New York's West Point Military Academy

The garrison commanding the west bank of the Hudson River has seen quite a bit of history since its establishment during the American Revolution. Home to America's most prestigious military academy, West Point is the oldest continuously occupied military post in the United States—and the alma mater of an ongoing list of U.S. presidents and other leaders.

West Point is also home to an impressive museum of U.S. and world military history—a repository of historical proportions that the gentlemen of Hamaspik of Rockland County's Day Habilitation (Day Hab) Program visited lately.

"They like exploring," notes Day Hab Director Pinchos Knopfler. And in touring the museum housed in West Point's Olmstead Hall building, the young men explored historic artifacts and depictions of warfare from ancient times to the modern era.

Among the several artifacts most catching their attention were a copy of

the document signed by the Japanese Empire to formally surrender to the U.S.-led Allies and close WWII's Pacific Theater, a life-size replica of the atomic bomb that drove that surrender, and an authentic tank from World War I.

The gentlemen also sat to take in a brief big-screen documentary video on West Point shown regularly on the premises.

Being West Point, the museum emphasizes America's contribution to the world, primarily via the World Wars, and the resulting victory of democracy and freedom for the United States, Europe and ultimately, the entire world.

But equally tellingly, the facility is also marked by an exterior wheelchair ramp and interior elevator—granting its guests with disabilities, including those with Hamaspik, full accessibility.

In leaving the museum, that message of liberty and justice for all was not lost on the visitors. ★

At "Mommy and Me" Outing, Mothers Find Their Own "Click"

Peer-Supporting Outing at TurtleBoo Family Fun Center Hosted by Hamaspik Orange's Exciting KidClick Program

For mothers of little children with special needs, there's no better place to click than at KidClick: What better way to bond with peers than over lunch while your children play?

Therapeutic support for and by other special-needs parents was the mission of the KidClick program's first "Mommy and Me" outing, KidClick Manager Mrs. Schnitzer tells the *Gazette*. With typical parents less able to relate, she notes, the social luncheon "was very comforting."

And so one fine recent winter day, mothers and children rode buses from the village of Kiryas Joel to the TurtleBoo family fun center in Nanuet, New York.

Planned primarily by Hamaspik of Orange County's Mrs. C.M. Landau, the enriching outing was also abetted by Manager Schnitzer and Day Services Director Joseph Grunbaum.

At TurtleBoo, arriving mommies

were gleefully greeted by all-familiar faces: their previously-arrived beautiful children, along with smiling staff proudly boasting brand-new KidClick uniforms. They first received ride token cards, then joined the crowd to enjoy the slides, rides and all. Prizes won by parents were happily passed to excited children.

That free-play time—straight out of your typical Mommy and Me—was followed by two catered lunches: pizza for children and staff, and an enriching "get-to-know-you" for mothers.

"The conversation and private time with other parents, the bonding," says Mrs. Schnitzer. "That was the point of it: to share similar experiences."

After an event lasting six hours, mothers and children finally boarded charter buses to head back home, smiles on their faces. ★

Getting the Point



"TANKS" VERY MUCH! HAMASPIK VISITORS OBSERVE A VINTAGE RENAULT M1917 TANK, AND SEVERAL DRESS UNIFORMS WORN BY AMERICA'S FINEST DEFENDERS OVER THE YEARS

"Well, We Just Clicked..."



BUILDING BLOCKS AND BONDS: (CLOCKWISE) A YOUNG BENEFICIARY OF HAMASPIK'S NEW 'KIDCLICK' PROGRAM PLAYS; REFRESHMENTS AWAIT GUESTS AT A WELL-APPOINTED LUNCH

The Autism Update

News and developments from the world of research and advocacy

AGE AT AUTISM DIAGNOSIS, FIRST INTERVENTION DROPS TO JUST-BELOW THREE, STUDY FINDS

College Park, Maryland — Across the U.S., growing numbers of children with autism are receiving diagnoses of the condition before age three, a new study finds.

According to the study, conducted by the University of Maryland, College Park, children getting an autism diagnosis a decade ago were typically diagnosed years later, and only after they had begun receiving services.

The selected participants were split into three age-based groups. The oldest, aged 12 to 17 at the time of their parents' survey, had been diagnosed at about age 5.5 on average. Their first intervention or developmental service occurred at around age five. By contrast, the youngest cohort, aged two to five, had been diagnosed at about age 2.5 and started their first intervention or developmental services at roughly the same age.

The study was published recently in *Child and Adolescent Psychiatry and Mental Health*.

GENETIC CLUES TO AUTISM MIGHT BE FOUND IN CUTTING-EDGE 3D FACIAL SCANS

Joondalup, Australia — Researchers at Edith Cowan University (ECU) in Joondalup, Australia used high-tech 3D facial scans, capable of analyzing 5,000 tiny points on the average human face, to painstakingly measure the facial asymmetry of parents whose children are on the autism spectrum. (*Facial asymmetry* refers to how much one side of the face is *not* the mirror image of the other.)

In previous work, researchers at ECU found that children on the autism spectrum were likelier to have greater facial asymmetry than children without ASD.

In their new research, ECU scientists compared the facial asymmetry of 192 parents of autistic children to 163 adults with no known history of autism—finding that parents of children on the autism spectrum had more asymmetric faces than other adults of a similar age.

“These findings suggest there could be a link between the genes which affect the likelihood of an individual having greater facial asymmetry and autism,” said Dr. Syed Gilani, ECU School of Science Research Fellow.

STRESS VULNERABILITY IN MICE PRIMED BY AUTISM-LINKED GENE

Baltimore, Maryland — According to a new study by Johns Hopkins University, stressful situations induce social deficits in mice with a mutated copy of the gene SHANK3, which is known to be linked to autism.

The research also found that eliminating a stress-related protein that regulates SHANK3 restores typical social functioning in the animals.

Researchers say that the connection may help to explain why new environments and social interactions can be uniquely stressful for people with SHANK3 mutations.

The SHANK3 gene encodes a protein that serves to scaffold other proteins at synapses. One such protein is named HOMER. It helps to tether receptors for the signaling molecule glutamate.

But a shorter form of HOMER called HOMER1A is expressed only during stressful experiences and other select circumstances. The new study shows that it reduces SHANK3 protein levels at synapses. Removing both copies of the gene that encodes HOMER1A from mice that are missing SHANK3,

however, partially restores SHANK3 levels at synapses.

CASE REPORT OF UNPROVEN STEM CELL THERAPY MARRED BY ETHICAL ISSUES

Vienna, Austria — A study published recently in *Pediatrics*, which covered a potentially promising treatment of children with autism by using their own bone-marrow stem cells, has serious ethical issues, now says a recent report.

According to bioethicists cited by *Spectrum News*, problems include several undisclosed financial conflicts of interest, as well as a lack of proper clearance. The study also didn't undergo ethical review and approval by an institutional review board (IRB), a critical step for research involving human participants.

What's more, the study investigators did not disclose their ties to an Austrian clinic that sells the unproven therapy, reported *Spectrum*. “Nor did they disclose that the four children's families paid to receive the injections—possible financial conflicts of interest.”

An unrelated 2019 study of an unproven stem cell therapy for autism

was retracted last week after similarly failing to disclose that its participants had paid to receive the treatment.

MOST DOCTORS UNFAMILIAR WITH WHAT PRIME DISABILITY LAW REQUIRES OF THEM: SURVEY

Boston, Massachusetts — The watershed Americans with Disabilities Act (ADA) was supposed to usher in a new era of disability inclusion—which in many ways it did. But a Harvard survey published in *Health Affairs* found that over one-third of U.S. physicians report knowing little or nothing about their legal responsibilities to patients with disability under the ADA.

The ADA's primary mandate is “reasonable accommodations” for people with disabilities, including medical patients. However, researchers found that 35.8 percent of physicians reported knowing little or nothing about their legal responsibilities under the ADA. Overall, 71.2 and 20.5 percent of the physicians, respectively, answered incorrectly about who determined reasonable accommodations and incorrectly identified who pays for these accommodations. ★

STUDY FINDS AUTISM MAY CAUSE UNUSUAL GUT BACTERIA, NOT THE REVERSE



DOWN-UNDER STUDY ON WHAT'S INSIDE: UNIVERSITY OF QUEENSLAND (ABOVE) RESEARCH SAYS AUTISM CHANGES THE MICROBIOME

Brisbane, Australia — The *microbiome*—the population of “good” bacteria that lives in the human digestive system—has been increasingly studied in recent years. Various studies have at found at least some suggestions of a connection between the microbiome and mental-health conditions like anxiety,

depression, schizophrenia and even autism.

Specifically, studies found that microbiomes of children with autism were notably different than those without autism—suggesting that bacterial profiles might have a part in causing autism.

However, recent lab research by

the Brisbane-based University of Queensland found that the opposite may actually be the case: Children with autism have atypical microbiomes because their autism causes them to have atypical diets. In other words, they have unusual microbiomes because their autism limits what they eat. ★

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● ► HAMASPIK NEWS

Hamaspik on Your Bookshelf: Gazette Compiles Years of Health Info in Print

“GezintTips,” Three-Volume Health “Encyclopedia,” Covers Real-Life Questions and Answers on 370 Medical Subjects

When it comes to medical information, no one is more reliable—besides your doctor—than a family member you trust.

But when your entire community is like family you trust, your entire community—your family—is your most reliable source of information.

After all, when a beloved uncle, aunt, cousin or neighbor tells you that their child had the very same diagnosis as your child—and that the only thing that worked was such-and-such, you know what you’re going to do next.

That’s why the *Leiners’ Gazette*, a long-running feature in the *Hamaspik Gazette*’s Yiddish edition, has also been its most-popular feature—and by far.

Spread across several full pages, the *Leiners’ Gazette* (Yiddish for “Readers’ Gazette”), brims every month with fascinating real-life questions from readers on a veritable rainbow of medical topics.

Making it even more colorful are the real-life responses: genuine answers, from real people just like you, who are happy to share with earlier writers what they know to be true from personal experience—about everything from arthritis to zoonotic disease.

Together, the *Leiners’ Gazette* has functioned for years now as an informal community medical forum—a veritable town hall or public square where people may come forward to ask if anyone knows anything about, say, persistently recurring pediatric ear infections—and which, if any, alternative treatments have been found to help when mainstream medicine was unsatisfactory.

Alternatively, readers might write in to share successful and otherwise-positive experiences with particular doctors, clinics or specialists—happily sharing with the brothers and sisters of their extended family how

Physician A or Hospital B was an oasis of hope in a desert of futility where a succession of standard doctors and specialists failed to resolve an issue.

“I’d like to respond to Letter #7240, whose writer was looking for advice on chronic cellulitis which keeps coming back very few weeks.

something over your sheets so they don’t get stained.) Do this diligently every night for a good stretch of time, and then you can taper off a bit and start putting it on only every second night. In my case, it worked, and I want to recommend it to others.

As you might imagine, hundreds of questions over dozens of issues spanning over a decade creates quite the database of raw, real-life medical information.

Now, that goldmine is available in print: Introducing “GezintTips”—the book form of the *Leiners’ Gazette*.

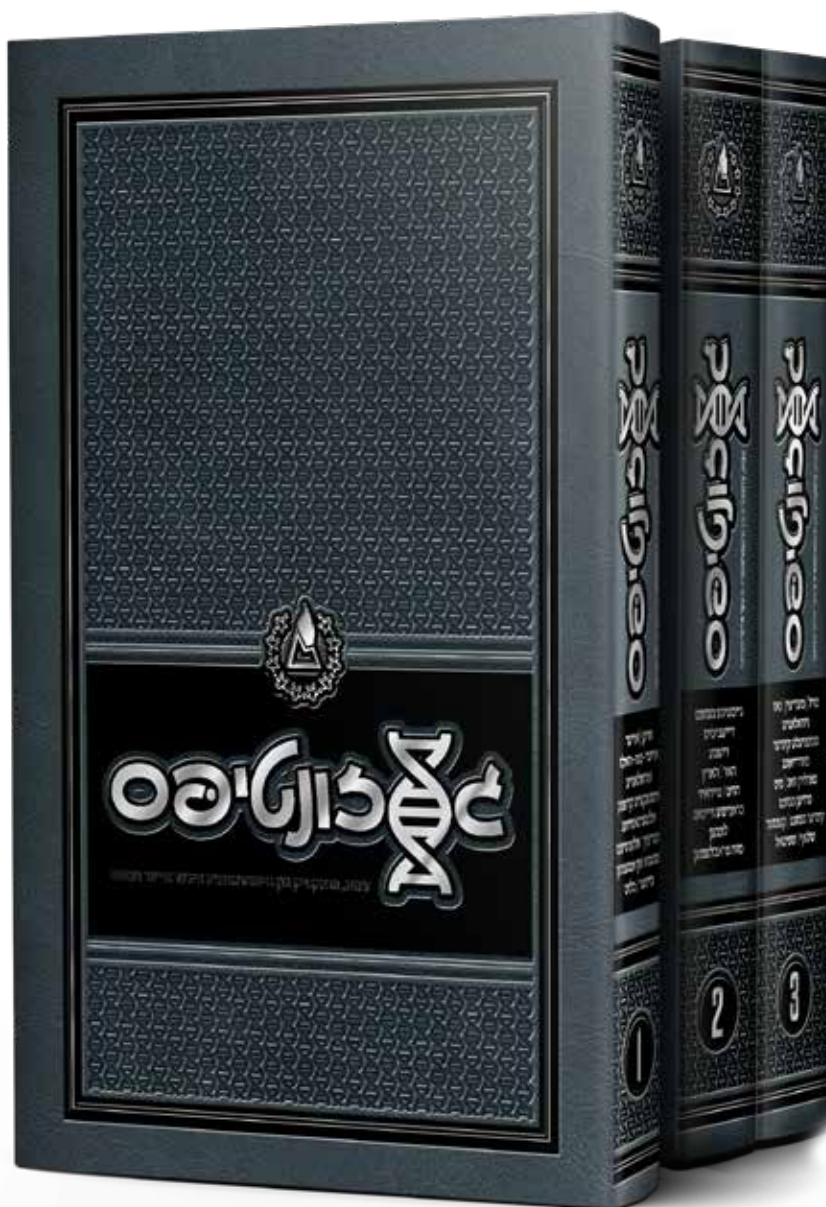
Now on bookshelves in every major Jewish community supported by Hamaspik, the Yiddish-language *GezintTips* comes in three volumes.

Spanning some 370 contemporary medical subjects, *GezintTips* is centered first and foremost around the questions and answers faithfully submitted by *Gazette* readers over many years.

Coming from personal experience as virtually all of them are, the organized letters ring with the voice of sincerity, honesty and authenticity—collectively conveying a message of reliability, authority and trust that you’re not going to get anywhere else.

The “encyclopedia” of medical information is augmented and underscored by dozens of full-color illustrations accompanying specific subjects—helping the readers understand the subject matter being referenced by the letters, and framing the information in a clear bigger picture.

Diagnoses common and rare alike, as well as superlative community doctors and unusually-successful specialists (who for some reason are commonly out of town, too!), mark the pages of *GezintTips*—sure to make the three-volume set a most-welcome and frequently-referenced necessity in many Yiddish-reading homes across the Hamaspik universe and beyond. ★



Of equal defining significance is the fact that writers often write in not to pose public questions or share medical success stories but to directly respond to specific inquiries with vital information of their own.

That phenomenon typically looks like this (and yes, this is an actual excerpt):

I suffer from the same thing; every once in a while, I get a flare-up. I want to share a simple remedy which, with G-d’s help, helped in my case: Rub extra-virgin coconut oil [on the infected foot] every night.

Make sure make sure to apply it to the entire sole of the foot, including between the toes. (You can put

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Public Health and Policy News

ENVIRON-"MENTAL" PROBLEMS: REPORT RAPS PERSONAL DOWNSIDE OF GLOBAL CLIMATE ACTIVISM

Kansas City, Kansas — A recent report highlights the mental-health downside of a career in "environmentalism" and "climate crisis" activism—a still-growing popular trend, especially among younger people, which entails personally undertaking major lifestyle changes that ostensibly reduce factors that contribute to "pollution," "climate change" and other such charged phrases.

According to the report, young men and women involved in the cause of "saving the planet" commonly report depression, burnout and other forms of mental overwhelm at what they see as a hopeless future. Tragically, some have even lost their lives directly due to such heavy emotional involvement in the environmentalism cause.

The good news, though, is that new groups such as the Kansas City-based The Resilient Activist have been organized to address activists' mental-health woes due to what's being called "eco-anxiety."

HOSPITAL DOC GROUP: NC BLUE CROSS "ABUSING" HIGH-BILL BAN TO PAY DOCS TOO LITTLE

Schaumburg, Illinois — North Carolina's recently-passed No Surprises Act is meant to reduce "surprise bills" from hospitals to patients—bills that are often for astronomical fees.

In other words, the new law—which went into effect this January—keeps hospital-based doctors from charging way too much. But now, a national doctors' association is saying that one health insurance company is "abusing" the law to pay its members too little.

According to the Illinois-based American Society of Anesthesiologists (ASA), Blue Cross Blue Shield of North Carolina is using the new law to essentially bully anesthesiologists and other doctors into accepting low reimbursement for their professional work. Blue Cross, the ASA claims, has been threatening contract termination unless the physicians agree to payment reductions of up to 30 percent.

NATIONWIDE MEDICAL LABS UNDERSTAFFED AND CLOSING DUE TO FLEEING WORKERS: REPORT

Washington, D.C. — The ongoing blight of American workers quitting their jobs during and after the pandemic across many industries has particularly struck the public health laboratory industry.

From California to New York, public health labs at the city, county and state levels are struggling to remain adequately staffed and operating.

Such labs routinely collect and test samples of drinking water, raw foodstuffs like meat and fish, and fresh foods at restaurants to help protect the public against dangerous bacteria.

But two primary factors are now working against labs' ongoing efficiency: Lab employees, especially those collecting field samples and/or performing lab tests, generally require higher-level college degrees, and lab salaries for such credentialed candidates are often far overshadowed by better-paying jobs elsewhere.

STUDY FINDS NEARLY TWO IN THREE LOW-INCOME PARENTS SKIPPED MEDICAL CARE

Washington, D.C. — Chronic poverty doesn't just affect social class or standard of living—it can directly affect children's health, too.

That fact may seem obvious.

But now, research by the Urban Institute has looked at the numbers—and found that low-income parents, defined as those at or below 138 percent of the federal poverty level, are three times likelier to forgo some sort of medical care when compared to parents at 400 percent of the federal poverty level.

The study surveyed 9,067 adults, 2,864 of whom identified as parents with at least one child 19 years old or younger living with them.

The study describes lower-income families as younger and making approximately \$30,000 annually for a family of three. Those families are also disproportionately families of color. Specifically, the study found that 61.5 percent reported that costs, difficult work schedules, transportation and family obligations forced them to skip medical care.

ELECTRONIC HEALTH RECORDS GIANT CERNER TO BE BOUGHT FOR \$28.3 BILLION BY ORACLE

Austin, Texas — In a national business decision sure to affect millions of medical patients at hospitals and doctors' offices, Texas-based Big Data



DOWN: HARD TIMES FOR PUBLIC LAB WORK

powerhouse Oracle will be purchasing Cerner, the electronic health records (EHR) titan.

The plan is significant because Cerner is one of the top competitors of Epic, the EHR company that currently dominates the industry. Epic boasts some 31 percent of the field, followed by Cerner at 25 percent.

By joining forces with Oracle, Cerner stands to gain ammunition in its business battle against Epic—as well as from fresh EHR entries like Google, Amazon, Apple and Microsoft. At the same time, new companies are entering the EHR market with fresh twists on consumer medical records, like Commure's plan to leverage patient health data to drive better outcomes.

Oracle will be paying Cerner for \$28.3 billion in one of the biggest deals of 2022 so far.

LAWS SHIELD U.S. HOSPITALS FROM HOSPITAL-ACQUIRED PANDEMIC LAWSUITS BY SURVIVORS

Washington, D.C. — A wide-ranging and lengthy recent report by Kaiser Health News (KHN) details how many surviving family members believed their lost loved ones contracted COVID while being treated for other things in hospitals—but that, because of extensive lobbying driving a range of rules—they are left without recourse against those hospitals, legal or otherwise.

Throughout the pandemic, lawmakers from coast to coast have passed laws, declared emergency orders or activated state-of-emergency statutes that severely limited families' ability to seek recourse for lapses in COVID-related care.

Under such liability shields, legal advocates say, it's nearly impossible to seek the legal accountability that can pry open information and drive systemic improvements to the infection-control practices that make hospitals safer for patients. ★



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In the Know

ALL ABOUT... HOARDING DISORDER

Sources: Mayo Clinic,
American Psychiatric
Association (APA)



“But... I just *can’t* get rid of *that!*”

That sentiment, and endless variations thereof, are at the heart of *hoarding disorder*: a definable, diagnosable mental-health condition in which a person suffers from an unhealthy need to keep items in his or her possession without ever disposing of them—regardless of whether one actually needs them or not. Worsening matters, a person with hoarding disorder will also keep adding new—and typically-unneeded—items to the collection of stuff cluttering the house.

The good news is that hoarding disorder can be treated. With patience, persistent therapy, and lots of love, the patient can be gently nursed long-term back to a healthy relationship with “stuff.” Read on to be... in the know.

DEFINITION

Here’s how the vaunted Mayo Clinic defines hoarding disorder: “Hoarding disorder is a persistent difficulty discarding or parting with possessions because of a perceived need to save them. A person with hoarding disorder experiences distress at the thought of getting rid of the items. Excessive accumulation of items, regardless of actual value, occurs.”

The resulting clutter disrupts the ability to use living spaces.

The overall prevalence of hoarding disorder is approximately 2.6 percent, with higher rates for people over 60 years old and people with other psychiatric diagnoses, especially anxiety and depression. The prevalence and features of hoarding appear to be similar across countries and cultures. The bulk of evidence suggests that hoarding occurs with equal frequency in men and women. Hoarding behavior begins relatively early in life and increases in severity with each decade.

Hoarding ranges from mild to severe, across five specifically defined

levels. In some cases, primarily level 1 and some cases of level 2, hoarding may not have much impact on the patient’s life, while in other cases (levels 3 and up) it seriously affects functioning on a daily basis.

Hoarding often creates such cramped living conditions that homes may be filled to capacity, with only narrow pathways winding through stacks of clutter. Countertops, sinks, stoves, desks, stairways and virtually all other surfaces are usually piled with stuff. And when there’s no more room inside, the clutter may spread to the garage, vehicles, yard and other storage facilities.

People with hoarding disorder may not see it as a problem, making treatment challenging. But intensive treatment can help people with hoarding disorder understand how their beliefs and behaviors can be changed so that they can live safer, more enjoyable lives.

Now you may be thinking, “What’s so terrible about holding on to stuff? Doesn’t everyone do that?”

Indeed they do, in fact. Rare is the individual who doesn’t retain a trinket or two, or a collection of old photos, for sheer sentimental value. (This writer has kept a baby sweater in a drawer for about two decades; it was knitted for him by his grandmother at his birth over 49 years ago.)

As the American Psychiatric Association (APA) explains, “Hoarding is not the same as collecting.”

The APA literature goes on to elucidate that “Collectors typically acquire possessions in an organized, intentional, and targeted fashion. Once acquired, the items are removed from normal usage, but are subject to being organizing, admired, and displayed to others. Acquisition of objects in people who hoard is largely impulsive, with little active planning, and triggered by the sight of an object that could be owned. Objects acquired by people with hoarding lack a consistent

theme, whereas those of collectors are narrowly focused on a particular topic. In contrast to the organization and display of possessions seen in collecting, disorganized clutter is a hallmark of hoarding disorder.”

In worst-case scenarios (level 5), people with hoarding disorder have homes filled with undisposed garbage, rotting food and other organic matter, and often a large number of animals kept as pets, which are usually not well cared-for, either. Living spaces are filled with clutter, windows and doorways are seriously blocked or cramped, and the entire home presents an immediate health and fire hazard.

SYMPTOMS

Getting and saving an excessive number of items, gradual buildup of clutter in living spaces, and difficulty discarding things are usually the first signs and symptoms of hoarding disorder, which often surfaces during the teenage to early adult years.

As the person grows older, he or she typically starts acquiring things for which there is no immediate need or space. By middle age, symptoms are often severe and may be harder to treat.

Problems with hoarding gradually develop over time and tend to be a private behavior. Often, significant clutter has developed by the time it reaches the attention of others.

Signs and symptoms may include:

- Excessively acquiring items that are not needed or for which there’s no space
- Persistent difficulty throwing out or parting with your things, regardless of actual value
- Feeling a need to save these items, and being upset by the thought of discarding them
- Building up of clutter to the point where rooms become unusable
- Having a tendency toward indeci-

siveness, perfectionism, avoidance, procrastination, and problems with planning and organizing

Excessive acquiring and refusing to discard items results in:

- Disorganized piles or stacks of items, such as newspapers, clothes, paperwork, books or sentimental items
- Possessions that crowd and clutter your walking spaces and living areas and make the space unusable for the intended purpose, such as not being able to cook in the kitchen or use the bathroom to bathe
- Buildup of food or trash to unusually excessive, unsanitary levels
- Significant distress or problems functioning or keeping yourself and others safe in your home
- Conflict with others who try to reduce or remove clutter from your home
- Difficulty organizing items, sometimes losing important items in the clutter

People with hoarding disorder typically save items because:

- They believe these items are unique or will be needed at some point in the future
- The items have important emotional significance — serving as a reminder of happier times or representing beloved people or pets
- They feel safer when surrounded by the things they save
- They don't want to waste anything

When to see a doctor

If you believe a loved one has symptoms of hoarding disorder, talk with a doctor or mental health professional as soon as possible. Some communities have agencies that help with hoarding problems. Check with the local or county government for resources in your area.

As hard as it might be, if your loved one's hoarding disorder threatens health or safety, you may need to contact local authorities, such as police, fire, public health, child or elder protective services, or animal welfare agencies.

DIAGNOSIS

Many people with hoarding disorder also experience other mental disorders, including depression, anxiety, attention deficit/hyperactivity disorder or alcohol use disorder.

In addition to the core features of difficulty discarding and clutter, many people with hoarding disorder also have associated problems such as disorganization, indecisiveness, perfectionism, procrastination, and distractibility. These associated features can contribute greatly to their problems with functioning and the

overall severity.

Some individuals with hoarding disorder may recognize and acknowledge that they have a problem with accumulating possessions; others may not see a problem.

Diagnosing hoarding disorder typically begins with an assessment by a psychiatrist. An assessment for hoarding may include questions such as:

- Do you have trouble parting with possessions (such as discarding, recycling, selling or giving away)?
- Because of the clutter or number of possessions, how difficult is it to use the rooms and surfaces in your home?
- To what extent does your hoarding, saving, acquisition and clutter affect your daily functioning?
- How much do these symptoms interfere with school, work or your social or family life?
- How much distress do these symptoms cause you?

Mental health professionals may also ask to speak with friends and family to help make a diagnosis or use questionnaires (rating scales) to help assess level of functioning.

CAUSES

It's not clear what causes hoarding disorder. Genetics, brain functioning and stressful life events are being studied as possible causes.

Risk factors

Hoarding usually starts around ages 11 to 15, and it tends to get worse with age.

Hoarding is more common in older

adults than in younger adults.

Risk factors include:

- Personality. Many people who have hoarding disorder have a temperament that includes indecisiveness.
- Family history. There is a strong association between having a family member who has hoarding disorder and having the disorder yourself.
- Stressful life events. Some people develop the disorder after a stressful life event that they had difficulty coping with, such as the death of a loved one, divorce, eviction or losing possessions in a fire.

Complications

Hoarding disorder can cause a variety of complications, including:

- Increased risk of falls
- Injury or being trapped by shifting or falling items
- Family conflicts
- Loneliness and social isolation
- Unsanitary conditions that pose a risk to health
- A fire hazard
- Poor work performance
- Legal issues, such as eviction

Hoarding disorder can cause problems in relationships, social and work activities, and other important areas of functioning.

Potential consequences of serious hoarding include health and safety concerns, such as fire hazards, tripping hazards, and health code violations.

Hoarding can also lead to family strain and conflicts, isolation and loneliness, unwillingness to have anyone else enter the home, and an inability to perform daily tasks, such as cooking and bathing in the home.

Other mental health disorders

Many people with hoarding disorder also experience other mental health disorders, such as:

- Depression
- Anxiety disorders
- Obsessive-compulsive disorder (OCD)
- Attention-deficit/hyperactivity disorder (ADHD)

TREATMENT

Treatment can help people with hoarding disorder to decrease their saving, acquisition, and clutter, and live safer, more enjoyable lives.

Randomized controlled trials have established cognitive behavioral therapy (CBT) for hoarding disorder as an effective treatment. During CBT, individuals gradually learn to discard unnecessary items with less distress—diminishing their exaggerated perceived need or desire to save these possessions. They also learn to improve skills such as organization, decision-making, and relaxation.

Despite the effectiveness of CBT for hoarding disorder, a substantial number of hoarding disorder cases remain clinically impaired by their hoarding symptoms after treatment.

PREVENTION

Because little is understood about what causes hoarding disorder, there's no known way to prevent it. But as with many mental health conditions, getting treatment at its first sign may help prevent hoarding from getting worse.



● ► HAMASPIK NEWS

Fit With Freinds



Geared for: High-functioning teenage girls and adult women with special needs

Ages: 17+

Location: Leasing new space. Stay tuned for details.

Hours of Operation:

Monday-Thursday

Fit with Friends Master Chef: 5:00-7:00 p.m.

Fit with Friends: 7:00-8:30 p.m.

To enroll

Call: 718-387-8400 ext. 5218

Email: Hlang@hamaspikings.org

Dancing. Music. Grins all around. It's Fit with Friends, a unique after-school program for high-functioning young adults with special needs that motivates them to exercise and get moving while making friends.

The girls get together for amazing Zumba classes, where the music, dance moves, and good spirits make fun inevitable. Following the dance instructor's movements closely, they work hard to execute the distinctive dance steps, while the fast, syncopated beats make it feel more like a party than working out in a gym.

While Fit with Friends originally started out as Zumba classes exclusively, tap dancing and karaoke classes are now on the schedule as well. The girls love wearing their tap shoes, and tap

dancing gives them a special outlet that's exercise, yet fun all the same.

At karaoke classes, a soundtrack of a popular song is played and the lyrics are displayed on a screen. Holding a mike, the girls get to perform the song on a custom stage equipped with lights and special equipment. It helps them learn songs, and keep a tune. Needless to say, they all love being in the spotlight.

Since the dancing classes run into the evening hours, and only twice a week, many Fit with Friends girls requested the program begin right after school. That's when Fit with Friends—Master Chef started.

Straight after school, Monday through Thursday, the girls have a chance to become master chefs! With personalized recipe books to record

each recipe, as well as custom chef coats and hats, the girls approach cooking very seriously.

Each day, there's a different menu from which each girl can choose what she wants to create. They get the recipe, assemble the ingredients, cook the food, and then enjoy dinner together. Twice a week, they enjoy a fleishig meal and twice a week they enjoy a milchig meal, giving them a well-rounded training in various styles of cooking.

Through a full rotation system, each girl has a part in the process of creating a culinary masterpiece. Some sit by the table with their personalized recipe book and copy the recipe, some carefully prepare the ingredients, some cut up the vegetables, while others stand by the frying pans and

Betty Crockers cooking the food. Throughout it all, the atmosphere is lively and pleasant.

Recently, the girls chose to make grilled, marinated chicken. They prepared the chicken, marinating it and setting it to grill. But here's where creativity kicked in. While cutting up the vegetables for salad, some girls decided to grill the vegetables. Adding their own twist to the recipes they choose to create makes the cooking so much more enjoyable and colorful! Always encouraging independence, Fit with Friends enables them to create delicious suppers independently.

Between the regular exercise and exposure to healthy cooking, the girls are seeing real results in their fitness goals. Fit with Friends it is! ★

Interview



A unique program, Fit with Friends is fueled by the never-ending energy of Ms. Henny Lang. Infused with spirit, she motivates the girls to do their best and have fun while they're at it. Always focused on what the girls can truly attain, she constantly encourages their independence. Hear from her what goes into running the program.

How did you found Fit with Friends?

I was a ComHab worker for a girl with special needs, and she really wanted to join an exercise class. The problem was, that most gyms weren't appropriate for her, and those that were were not giving her the individual attention she needed. Seeing how desperately she wants it, I decided to start my

own exercise class.

I rented a space, and started running a group. At that time, I was a DSP in Hamaspik's day hab, and when they heard that I run such a group in the evenings, they offered me to join, and have Fit with Friends under Hamaspik. It was such a relief. They provided transportation, getting the girls to and from the program, taking

a huge load off my head and the mothers.

What were the challenges in the beginning?

It took time to figure out what the girls wanted, and what dances they'd enjoy. Additionally, finding volunteers to help out was a struggle at first. Baruch Hashem we no longer have that challenge

by now, as many girls want to join us, excited by what they hear.

What part of Fit with Friends didn't you expect to turn out this way?

Honestly, the smoothness of it all.

Every one of our girls receives transportation to and from the program—a huge bonus for our parents, and all the classes are

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Interview

<< CONTINUED FROM PAGE 18

working out beautifully. People are hearing about our program, and it's growing more each day.

What do the girls and parents appreciate most about Fit with Friends?

The girls love the fact that they're integrated in our community. So many of their siblings, friends, and relatives, get to exercise, and now they too can get fit, while creating new friendships.

The parents are grateful that their children get to work out, and are not just sitting around after school. They're getting up and moving, and even put up a dance performance at the end of the year. They're understanding portion control, gaining confidence, and coming out of their shell.

What was the most meaningful moment?

Dancing has a unique power. When girls master dance steps,

they're self-confidence increases as well. There's also the fact that we involve them so much, that gives them the extra boost. From choosing the songs, to having girls prepare their own dances, to coming up in front of the room for a solo dance, the girls really get a chance to feel special and successful.

Whenever I see a girl's face light up, it's a meaningful moment. More specifically, I remember one individual, when she started

attending our classes. Standing at the back of the room each day, she almost didn't move a muscle. Surprised, I spoke to her mother and asked her why she doesn't cooperate, and if she's not interested in dance, why does she keep joining? Her mother responded that she enjoys the classes, but is painfully shy.

It's incredible to watch how over time, she started participating—dancing, laughing, and even cracking jokes. She came out of her shell completely, and keeps showing off to all who care, what she learned at Fit with Friends.

I think that's incredible. ★



Bonei'ich



Geared for: High-functioning boys and bachurim with special needs

Ages: 9-20

Location: Temporarily at 4102 14th Street (Boro Park)

Hours of Operation: Sunday-Thursday 6:00-8:00 p.m.

To enroll: Call: 718-387-8400 ext. 222

Email: seinhorn@hamaspikings.org

In the “bigger picture” ads, we all saw Eli cooking up a storm for Shavuot. What we didn't see, though, were the countless times Eli and his friends cooked food, baked delicacies, and developed their talents at their after-school program.

Preteen and teenage boys with special needs are exploding with youthful zest and can pose a challenge for their families if they don't have a way to fill their time. Now, boys ages 9 and up, have the opportunity each day to expend their energy in a healthy, enjoyable fashion. Uniquely, the program is literally created by the boys themselves, allowing them to fully

express their talents and enjoy their hobbies.

Upon their arrival after school, the boys are served a delicious supper, followed by calm activities that give them the opportunity to unwind from a full day. Creating projects, working on puzzles, and racing remote control cars, the boys' earnestness while engaged in each activity is a sight to behold.

The boys fully immerse themselves in each project, as they were the ones who requested it be included in the schedule. They know that whatever activity they ask for will usually appear on the program within the next few

days. Be it animal therapy, a magic show, a clown, a musician with multiple instruments, or a balloon-maker, it's the boys' wishes actualized.

After a calm hour, the boys regain their energy and they're ready for some serious fun. Whether it's dancing to music, playing musical chairs, or singing together, the vibe is joyous and merry.

A personal trainer comes down biweekly and guides the boys in doing all sorts of exercises. From simple exercise to trampoline dancing to bouncing balls and more, they get to work out while having a rollicking good time.

But it's not only in the building that they have a good time. Every second week, the boys go on a trip to a local attraction. From Kids 'N' Action to bowling and more, the boys look forward to each outing.

The program is always open, even when the boys are off from cheder. In the two weeks between cheder and camp, the boys went on a major trip every single day, visiting places like Six Flags Safari, Luna Park, the aquarium, Fun Farm USA, Adventureland, Build-A-Bear, and Dave and Busters.

The boys look forward to it and relish each activity, as it's all personalized to them. ★

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Interview



Bonei'ich not only provides a much-needed and fantastic after-school program, but allows the boys to build the program themselves! Hear from Mr. Simcha Einhorn, Bonei'ich director, as well as Mr. Yumi Menzer, Bonei'ich coordinator, and be inspired by the individualized attention, constant warmth, and never-ending giving that happens daily.

How was Boneich founded?

Mr. Einhorn: Parents of boys with special needs, ages 9 and up, were desperate for an after-school program. At that age and stage, the boys demand entertainment and need constructive ways to fill their time. Seeing the tremendous need, Hamaspik decided to step up to the plate and offer an after-school program for them.

Mr. Menzer: I was at one of the Hamaspik Shabbatons, which all the day habs attended. I was conversing with Mr. Einhorn, when he told me about the various requests Hamaspik had received from parents to create a program for boys ages nine and up. After Shabbos, he called me to say that he was actually setting up the program and asked if I'd like to assist. I found the venture inspiring and started helping out. We started with five kids, and their mothers spread the word. Soon enough, we hired more staff and now, Baruch Hashem, it's a full-fledged program.

What were the challenges in the beginning?

Mr. Einhorn: Our biggest challenge was finding volunteers. Baruch Hashem, we managed

to find great counselors and we constantly treat them to show our appreciation. From a special supper to a trip to a barbeque, we've taken them to multiple places in the short time since we opened.

Mr. Menzer: Being that we were determined from the very beginning to create a program centered around the boys' hobbies and talents, we found it challenging to figure out each boys preferences, and how to run a program that provides the unique activities the boys requested, but is a fun program for everyone. By now, we have a pretty good picture of what the boys go for.

It's not hard to deal with a bunch of boys after a whole day?

Mr. Einhorn: We were in contact with the people who deal with the boys throughout the day, such as their rebbeim, menahalim, and so on; this helped us figure out what makes each boy tick and avoid challenging behaviors. Additionally, rather than working to relax their energy, we work on redirecting it to things they enjoy. The boys arrive each day with loads of energy, so we have an exercise instructor and various activities

that help them release their energy in a healthy, positive way.

Mr. Menzer: It's definitely challenging, but we provide so much fun that they love spending time here. Some may arrive in a bad mood, but no one ever leaves in a bad mood. There's a lot of energy in the air, with spirited music constantly going. Additionally, we truly care about each boy, and that comes through in every interaction.

What do the boys/parents appreciate most about Boneich?

Mr. Einhorn: The fact that the kids are out of the house is a really big thing for the parents. Some of our boys are very wild and if they're not properly occupied, they can overturn a place quickly. Many of the parents said their evenings have become so much more manageable since Boneich started. They're really grateful that their children are enjoying their evenings in a fun-filled environment.

Mr. Menzer: They appreciate everything about the program. When we pick them up in the van, they all jump out and run in with excitement. It's hard to pinpoint what part they like best, but I can tell you one story that demonstrates

how much they love the program. On isri chag, one individual called me screaming why there's no program, expressing his deep disappointment. He innocently asked if we can run the program only for him, as he enjoys it so much.

What do the boys enjoy most about the program?

Mr. Einhorn: They enjoy our unique activities and the way we constantly cook up new ideas to satisfy them. From decorating pizza to distinctive entertainment, we're always coming up with something new that will excite the boys. But what they love most is the fact that they get to "build" our program—hence the name Boneich. Our schedule is a product of their imaginations. We take their requests and ideas and create fabulous activities from them.

What was the most meaningful moment?

Mr. Menzer: When we dismissed the kids one day, one started crying hysterically, "I don't want to go home. I want to sleep here until tomorrow."

That short, yet poignant sentence told me a whole lot. ★





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The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

What Does Hamaspik HomeCare do? And how do I get Those Services?

Plain English on what we help with and how to get that help

If you're like a lot of people, you're still not sure what Hamaspik HomeCare does. So we'll just explain it to you right here, plain and simple.

Hamaspik HomeCare is a New York State Licensed Home Care Services Agency, or LHCSA (pronounced LICK-suh). There are a lot of LHCSAs in New York.

Medicaid is government health insurance for poor people or people with disabilities. Medicare is government health insurance for people 65 and up. In New York, Medicaid and Medicare pay for a lot of different care-related services, like home health aides, therapists, nurses

and medical supplies at home for people with disabilities and seniors. These are provided to income-eligible people and seniors by LHCSAs. The LHCSA provides the services and bills Medicaid or Medicare, and the insurance reimburses them.

So, there are two kinds of home care: short-term and long-term. Short-term means anything less than 120 days in a row. Long-term means anything more than 120 days in a row. Hamaspik HomeCare provides both.

Here's how a senior can get short-term services:

1. The senior must first have had a recent medical episode like a

procedure, hospitalization or injury. Episodes can make a senior eligible for home care services. These services are easiest to get through Medicare.

2. Next, a doctor needs to recommend these services and request them in writing, including notes from a recent visit, details on recent episode(s) and why they need these specific home care services.

3. The home care agency will submit the paperwork to the insurance and arrange approval for home care services.

Here's how a senior can get long-term services:

1. First, understand that long-term services is not for people who had a recent medical episode—it's for people who need long-term help with personal care and daily tasks in general.

2. Next, the best way for seniors to get long-term services is through Medi-caid—not Medicare. Seniors can be eligible for Medicaid if they have real long-term care needs—even if they aren't income-eligible to otherwise qualify for Medicaid.

3. Once the senior is on Medicaid, he or she gets assessed by Maximus (a company that assesses seniors

CONTINUED ON PAGE 23 >>

Senior Signs of Multiple Sclerosis

Recognizing the Signs of Late-Onset Multiple Sclerosis (LOMS) is Key to Getting the Most Effective Treatment

Multiple sclerosis (MS), a condition of the nervous system affecting about one million Americans nowadays, most often occurs in women from their 20s through their 40s. While men can develop MS too, and it typically strikes when patients are younger, it can also appear when patients (again, mostly women) are age 50 or older.

In such cases, it's known as late-onset multiple sclerosis (LOMS).

But regardless of age, MS symptoms can easily be confused with several other medical conditions. That's why that initial diagnosis can be challenging—and also why it's important to report all symptoms to your doctor, even if they don't seem connected. A doctor who knows all your symptoms is likelier to connect the dots and suspect MS, and then refer you to a specialist.

DEFINING MS FOR SENIORS

Modern medicine currently sees MS as an autoimmune disease, in which the immune system attacks various parts of the body. In asthma, for example, it

attacks the lungs. But in MS, it attacks the nerves.

More medically speaking, in MS, the immune system attacks the myelin "sleeves" that cover nerves in the central nervous system. When that happens, nerve signals between the brain, spinal cord and the rest of the body get interfered with—resulting in various debilitating symptoms.

But in seniors, symptoms of LOMS are often mistaken for signs of normal aging. They typically include fatigue, muscle weakness, changes in vision and decline in cognitive ability like memory trouble or having a hard time focusing.

Other changes related to LOMS that might affect seniors involve motor skills. Such symptoms include bladder and bowel problems, tremors, stiffness, balance and coordination problems, and trouble walking.

DIAGNOSIS AND TREATMENT

An MS specialist will ask about all your symptoms, and then do a physical exam to determine whether the problem

originates in the brain/spinal cord or elsewhere in the body. The doctor may also order an MRI, a spinal tap, or blood tests.

Once diagnosed, LOMS can be treated—and the ability to treat MS has improved dramatically in recent years with an explosion of treatments, primarily involving medication and rehab. The good news is that there is

a large and growing number of people today who have MS and you would never know it! ★

Contact Hamaspik HomeCare's Intake Department at 845-503-0700 to see if you or your loved one qualifies for a home health aide (HHA). Having an HHA aide can help seniors regularly take their medications and improve overall quality of life for you or your loved ones.

**WHY STRUGGLE ALONE
WITH CARING FOR YOUR
ELDERLY LOVED ONES?**

*Call today to see if they qualify
for home care!*

*Call Hamaspik HomeCare's
Intake Dept. directly at*

845-503-0700





Status Report

Happening In Hospitals Today

AS HOSPITAL CYBERSECURITY THREATS, RESPONSES EVOLVE, INDUSTRY DEBATES RESPONSIBILITY

Washington, D.C. — Industry outlet *MedTechDive* outlines the ongoing battle between America's hospitals, manufacturers of computerized medical devices, and the FDA.

Since hackers discovered hospital computer systems, hospitals have spent millions securing systems. Most such attacks consist of *ransomware*, in which hackers hold hospital files for ransom. But hackers are now also attacking, or trying to attack, a growing number of the thousands of computerized devices used by hospitals, like CAT and MRI scanners.

In short, hospitals say that device makers are responsible for ongoing patient info security and ongoing device updates, just like automakers are legally responsible for car safety updates. Makers say that hospitals are responsible once the devices are sold



WHO'S RESPONSIBLE FOR HOSPITAL DEVICE SECURITY? THE INDUSTRY DEBATE IS ONGOING

and within hospital walls. And the FDA, for its part, is only offering guidance, not regulatory enforcement—so far.

LESS MALPRACTICE LAWSUITS FILED THANKS TO LESS PROCEDURES DURING PANDEMIC LOCKDOWN: STUDY

New York, New York — Well, here's at least a little bit of good news indirectly if not directly related to the pandemic—

at least if you ask doctors.

According to *Malpractice Report* 2021, an annual analysis by industry outlet *Medscape*, U.S. physicians saw a decline in malpractice lawsuits during the pandemic, likely the result of performing fewer procedures during lockdown.

Indiana led the nation as the state with the most malpractice lawsuits, followed by New York, Pennsylvania and Illinois.

The *Medscape* member survey, conducted from May 21 through Aug. 28 of this year, polled some 4,350 physicians across 29 specialties to arrive at its conclusions—specifically, that 52 percent of primary-care doctors were sued in 2019 but only 42 percent were sued in 2020. At the same time, 62 percent of specialists were sued in 2019—but only 56 percent were sued in 2020.

DOCTORS EARN (A LITTLE) LESS WHEN PRACTICES BOUGHT OUT BY HOSPITALS

Santa Monica, California — Given that in years 2014-2018 alone, ownership of U.S. doctors' practices by hospitals and health systems grew from 24 to 46 percent—an 86-percent increase—one would surmise that doctors' incomes would likewise balloon.

But if anything, the opposite is the case—at least a little bit.

Research by the famed RAND Corporation “combined national survey data on physician practice ownership with data on physician income to examine whether hospital or health system ownership of physician practices was associated with differences in physician income.”

However, the research found that “vertical integration with hospitals or health systems was associated with, on average, 0.8 percent lower income.”

So much for that.

The findings contrast with evidence that hospital systems' profits tend to increase as prices and spending rise after integration of physician practices.

NO LINK TO HOSPITAL PATIENT RECORDS FOR MOST U.S. EMS SERVICES: REPORT

Boston, Massachusetts — Think “hospital” or “emergency room” and many people will think, “Ambulance!”

Given their critical part in today's U.S. healthcare ecosystem, ambulance crews would have access to their patients' hospital electronic health records (EHRs)—or so you'd think.

But according to a recent report by *STAT News*, a Boston-based health industry outlet, very few ambulance services—whether municipal, county, volunteer, private, or hospital-owned—get access to hospital EHRs.

This means that emergency personnel who regularly rush patients to hospital emergency rooms cannot access existing patient EHRs while at emergency scenes or en route to hospitals. Neither can they later follow up on hard-fought-for patients. Such field-connected, real-time health information systems generally do not exist.

According to *STAT*-cited experts, that gap “will continue to hold back a field we increasingly rely on.”

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What Does Hamaspiik HomeCare do?

◀ CONTINUED FROM PAGE 22

for New York State) to qualify for long-term assistance: needing help for at least two tasks for at least 120 days in a row like dressing, bathing, walking, cooking, going to the doctor, or transportation.

4. If Maximus approves, Hamaspiik HomeCare will refer the senior to one of many Managed Long Term Care (MLTC) plans. The MLTC will then assess the senior for level of help needed—like how many daily/weekly hours needed for aides, therapists, nurses, medical supplies/equipment, home-delivered meals, or transportation.

Although it's best to get long-term home care services from Medicaid, Hamaspiik HomeCare will also work with private-pay patients and private insurance to secure maximum authorization for services. Medicaid is also the only insurance that offers the Consumer Directed Personal Assistant Services (CDPAS) program, in which seniors can choose anyone to be their paid personal aide(s)—including friends or close relatives—instead of a certified aide from a LHCSA.

Additionally, for seniors already approved for homecare services from an MLTC but who need more hours

plus additional oversight/supervision, Hamaspiik HomeCare can help with enrolling them in a specialized program for people who need 'round-the-clock home health aides (HHAs). It's called the Nursing Home Transition and Diversion (NHTD) program. It's designed to help seniors (and others) with nursing home-levels of care in the comfort of their own homes and communities.

Because each case is unique, it's best to call our Intake Dept. at 855-426-2774 ext. 700. We'll be happy to walk you through the entire process! ★

For more information about NHTD, please call our dedicated NHTD line at 888-503-8777 and our experienced rep will guide you through the entire process.

בס"ד

"Thank You, Hamaspiik HomeCare"

- The Homecare Agency that keeps me safe 24 hours a day -



Hamaspiik HomeCare
Legendary Support, Extraordinary Care

1.855.HAMASPIK (426.2774)

INFO@HAMASPIKCARE.ORG

WWW.HAMASPIKCARE.ORG

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☆ **MONSEY** / 5 PERLMAN DRIVE - SPRING VALLEY, NY 10977

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