



# The Hamaspik Gazette

News of Hamaspik  
Agencies and  
General Health

SEPTEMBER '22 • ISSUE NO. 204



## GAZETTE SURVEY

The GAZETTE asks YOU:

**DO YOU HAVE ANY KIND OF ARTHRITIS?**

**A: YES; B: NO**

Respond to: [survey@nyshainc.org](mailto:survey@nyshainc.org) • 845-655-0667



## HEALTH STAT

### AMERICA'S THREE MOST-COMMON TYPES OF ARTHRITIS

Type	Est. no. U.S. patients
1. Osteoarthritis	32.5 million
2. Psoriatic	1.5 million
3. Rheumatoid	1.3 million

Sources: CDC, Journal of Clinical Medicine, Johns Hopkins



## HEALTH TIP

### OSTEOARTHRITIS (OA) PREVENTION IS A JOINT EFFORT

We can't quite prevent OA, because it's a result of using our joints every day—and the older we get, the more we use them—and the more they wear down. But here's how we can best maintain our joints: Keep a healthy body weight; control blood sugar; be active every day; prevent joint injury; and pay attention to pain.

Source: EatingWell.com

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## HAMASPIK NEWS

### OPENING ACCESSIBILITY'S DOORS, ACTIVITY'S GATES

WITH APPROVAL FOR NEW DISABILITY FACILITIES BY THE VILLAGE OF THOMPSON PLANNING BOARD, THE HAMASPIK RESORT IN UPSTATE ROCK HILL, NEW YORK IS PLANNING SEVERAL ADDITIONS, INCLUDING THIS MULTIPURPOSE THERAPY/ACTIVITY CENTER

THE SPACIOUS FACILITY IS JUST ONE OF SEVERAL ENHANCEMENTS TO THE GROUNDS, INCLUDING A FULLY-ACCESSIBLE OUTDOOR PLAYGROUND, A HUGE NEW OUTDOOR POOL, AND SEVERAL NEW ACTIVITY ROOMS ON THE PREMISES



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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.

### 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.

### RESPIRE:

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:** Full day respite program during the summer break weeks.

**Respite 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 Getaways:** A weekend retreat for individuals receiving respite services.

### 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.

### ARTICLE 16 CLINIC

Provides medical, diagnostic, and therapeutic services for persons with developmental disabilities. Such as: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nutrition

### PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

### EMOD, VMOD AND ASSISTIVE TECHNOLOGY

Individuals who are eligible and approved for OPWDD services who reside in non-certified home and community-based settings may qualify for AT, E-Mod, and V-Mod services funded through the OPWDD HCBS Waiver.

**Assistive Technology :** Any device, item, equipment, product, or system that is used to increase, maintain, or to improve an individual's functional capabilities and/or independence in performing activities of daily living (ADL).

**E-Mods:** Physical adaptations to an individual's home, like ramps, lifts and grab bars, needed to ensure his or her health, welfare and safety and to maximize independence and reduce need for institutionalization and/or more restrictive, costly living arrangements.

**V-Mods:** Physical adaptations to the individual's vehicle that are necessary to ensure the health, welfare, and safety of the individual or that enable the individual to function with greater independence.

## DOH

### EARLY INTERVENTION (EI)

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

**Group Development Model (GDM):** Provides Early Intervention services in a group-setting

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

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

**Ongoing Service Coordination (OSC):** Provides ongoing support for families of children enrolled in the Early Intervention Program.

### 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.

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### SOCIAL DAY PROGRAM

A comprehensive structured program providing functionally-impaired adults an array of services in a protective daytime setting. Each individual participant receives services in accordance with an Individualized Service Plan (ISP) based on a personalized assessment.

### SENIOR DINING PROGRAM

Serves balanced nutritious meals to older New Yorkers up to five days a week in a variety of settings. Eligible to seniors age 60 and up, as well as to spouses younger than 60 and individuals with disabilities residing in eligible seniors' homes..

## 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.

**Home Health and Personal Care Services (HHA/PCA):** Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, screened and supervised by a RN.

**NHTD/TBI Home & Community Support Services (HCSS):** 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 (RN):** Providing skilled observation and assessment - care planning - paraprofessional supervision - clinical monitoring and coordination - medication management - physician - ordered nursing interventions and skilled treatments.

**HHA/PCA Training:** Free PCA/HHA training and competency testing offered for those interested in a home care career.

### CDPAS/CDPAP: CONSUMER DIRECTED PERSONAL AIDE SERVICES/PROGRAM

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.

## NYS HCR

### ACCESS TO HOME

Providing home modifications for people with physical disability.

### RESTORE

Providing emergency repairs for low incomes homeowners over the age of 60.

## US AND NYS AGRICULTURE

### CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Provides federal reimbursements for the costs of nutritious meals and snacks which are served to eligible children and adults at participating daycare centers, after-school programs, or shelters.

## 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

### 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 Hamaspiik news.

### MAMTAKIM

A summer camp for individuals approved for OPWDD services.

## BOE

### THE HAMASPIK SCHOOL

Private chartered school for kids age 5 - 10 with developmental disabilities, taking education to heart and teaching them in a way they can learn thru an individualized plan, Including ABA, OT, PT, SPL and Multi-sensory hands-on learning.

### KINDERVILLE

A summer camp for individuals approved for OPWDD services.

## OMH

### SIPUK, ARTICLE 31 CLINIC

Mental Health-licensed behavioral health, Article 31 Clinic, servicing all ages.

## OMH/DOH

### 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 ages 0-21 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

# Beating Back the Tide of Paperwork

*A Resilient Care Manager Rides out Two Years' Waves of Waiting to Bring Family to Benefits Harbor*

"This story," wrote one Tri-County Care staffer in e-mailing the *Gazette*, "is a true example of the concept well-known in TCC: No roadblocks, dead ends, obstacles or barriers stops a devoted Care Manager from advocating and working tirelessly to support individuals."

The saga began in June of 2020 when Mrs. Shani Staple, then a Care Manager (now Care Manager Supervisor) with Tri-County's Long Island office, assisted a client (and that client's family) in applying for Social Security benefits.

Had the client's profile been average, her federal benefits application—and resulting routine approval—would have been average, too. But here began a trail (or is that trial?) of paperwork-powered limbo that stretched on for over two years.

The first hurdle on that trail materialized thusly: after a medical and financial review, the Social Security Administration (SSA) responded that the client's financial

resources disqualified her from benefits. But with those resources consisting of a trust fund exempt from SSA consideration, Mrs. Staple quickly filed a request for review. Officials at SSA accepted the request—but at the same time determined that the trust fund in question warranted further scrutiny to verify its exempt status.

Meanwhile, the client's medical review was cleared by the SSA, leaving only the trust-fund review pending. Then the pandemic struck.

With much of society radically shifted into a work-at-home world, months went by—but not without Mrs. Staple regularly calling her live contact at the regional SSA office to ensure that her client's paperwork, as she put it, "would not be lost at the bottom of a pile." She was repeatedly informed that "the trust was in review" and that the family would be notified of any updates.

A few months after that, with no prior notification or explanation,

the client began receiving Social Security payments. A bemused Shani Staple was told that Social Security had elected to provisionally begin payments while the trust fund was still being probed—but that, should it be ultimately deemed a disqualifier, refunds would be demanded.

More months went by. Limbo persisted. Care Manager Staple loyally worked the phones, resolutely and repeatedly calling Social Security, Social Security's Revenue Support Field Office, and even the vaunted New York Legal Assistance Group (NYLAG). Finally, an SSA verdict arrived: the trust fund was legit—but just needed a technical tweak or two. The client's family immediately reconfigured the trust fund and resubmitted paperwork.

Now another months-long waiting period ensued, with Mrs. Staple doggedly keeping the issue on the front burner.

But that period came to an end when an SSA letter showed up in the

mail. It did not clarify whether or not the client's trust fund disqualified her from benefits. It did demand return of all benefit monies paid to that point—payments that could not be returned now, simply because the client's family had spent them on their beloved daughter's needs.

The family reached out to Mrs. Staple once again, and the ever-diligent Care Manager stalwartly submitted the specialized paperwork required to request a waiver for those demanded refunds. Thankfully, that request was ultimately decided in the family's favor.

Ultimately, after nearly two years, the family was notified by SSA that their daughter had cleared medical and financial review. The family was extremely grateful for their Care Manager's tireless pursuit of every avenue until the issue was finally resolved.

Care Manager Shani Staple, for her part, simply rowed back out to sea. Other clients were waiting. ★

● ► HEALTH NEWS

# Dallas-area Walgreens Now Delivering Prescriptions, Purchases Via Drone

*Partnership with Google Division Wing Marks High-Tech First for U.S. Retail Industry*

**Dallas, Texas** — High-tech progress is literally in the air.

At least when it comes to the blend of retail pharmacy and online technology.

That's because, if you live in the greater Dallas-Fort Worth area, you can now have your Walgreens pharmacy prescriptions, and that handful of over-the-counter items you'd also grab, delivered to your door via drone.

That's right—a small flying machine will physically carry a bag containing your purchases from a Walgreens parking lot and drop it off in front of your house.

Drones, or small remote-controlled flying machines, have been in the news for years now, primarily in military and recreational capacities. But now, a U.S. drone technology company called Wing (a sister firm to Google) has developed and won approval for the country's first commercial drone delivery service.

While Walgreens and Wing initially ran a small pilot program in a small Virginia town in 2019, the Dallas-Fort



**DRONING ON:** WALGREENS' PARTNERSHIP WITH DRONE COMPANY WING MEANS DALLAS-AREA CUSTOMERS CAN NOW GET PRESCRIPTIONS DELIVERED STORE-TO-DOOR VIA DRONE Worth project—serving the country's fourth-largest metro area—is the first mainstream usage of drone technology in America's massive retail pharmacy market. (Retail behemoth Amazon announced airborne delivery as far back

as 2013, but its problem-plagued drone program has yet to deliver.)

The system works via online app, which users use to place orders. The order is received and filled at a Dallas Walgreens location, where workers place items in a small bag. The bag is then hooked onto a line dangling from a hovering drone. The line retracts to snugly secure the bag. The drone then uses GPS technology to fly to the user's address, where it unspools the line and releases the bag on the ground.

Wing is also working with three other Dallas-area entities to delivery their goods—including small first-aid kits from Texas Health's north central Dallas hospital facility. ★

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# Happening in Health Today

Researchers at the Children's Hospital Colorado in Aurora found that LGS patients getting fenfluramine had reductions up to 58 percent in frequency of seizures

By comparison, study participants not getting fenfluramine actually had an increase in seizures.

## FIRST COMMERCIAL BRAIN-COMPUTER INTERFACE ENTERS HUMAN TRIALS

**New York, New York** — The New York-based Synchron Inc. has now enrolled its first patient in the first U.S. clinical trial for a practical brain-machine interface, putting the company's brain-reading implant system on a path toward possible regulatory approval for wider use in people with paralysis.

The clinical trial, actually an early feasibility study, is also being funded by the National Institutes of Health (NIH). It will evaluate the safety of the device, known as the Stentrode, and assess how effective the Stentrode is in helping patients control digital devices hands-free.

Brain-computer interfaces could empower millions of paralyzed people to more easily communicate and engage in modern life.

## NEW RESEARCH MAY EXPLAIN UNEXPECTED EFFECTS OF COMMON PAINKILLERS

**New Haven, Connecticut** — Sure, Advil and Motrin have been around for decades. As brand names of common non-steroidal anti-inflammatory drug (NSAID) *ibuprofen*, they have the same main ingredient and do the same thing: reduce pain and inflammation.

Yet the relatively identical drugs, even in relatively identical doses, are known to have different effects on the same diseases and conditions. Scientists at Yale believe they now know why.

Until now, the anti-inflammatory effects of NSAIDs were believed to spring solely from the drugs' inhibition of certain enzymes. But that mechanism does not explain why some NSAIDs help prevent heart disease while others actually help cause it. The research showed that only *some* NSAIDs activate a protein called NRF2, which (among many actions) triggers anti-inflammatory processes in the body.

With further research, NSAIDs might be more effectively prescribed, with NRF2-activating (or non-activating) NSAIDs applied to diseases they're likeliest to treat. ★

## GENETICS RESEARCHERS FILL IN GAPS TO TRULY COMPLETE HUMAN GENOME SEQUENCE

**Bethesda, Maryland** — First, from 1990 to 2003, they did it. But now, in 2022, they've *really* done it.

When they did it, it was truly historic—"it" being the Human Genome Project, the world's first complete "map" of the human genome.

In plain English, that means that they labeled, organized and catalogued all the estimated 20,000-25,000 genes in the human *genome*, or sum total of human DNA.

But actually, they had only done 92 percent of the genome—now the remaining eight percent has been completed.

With funding by the National Institutes of Health (NIH), researchers at the University of California, Santa Cruz; and the University of Washington, Seattle compiled the world's first complete and gap-free



**A CATALOG THAT FINALLY CUTS IT:** THE HUMAN GENOME PROJECT IS NOW REALLY DONE

sequence of the human genome.

The Human Genome Project now has a full catalog of the roughly

three billion bases (or "letters") that form the 20,000-25,000 genes comprising human DNA. ★

## EXISTING ARTHRITIS DRUG ALLEVIATES DUPUYTREN'S SYMPTOMS, RESEARCH FINDS

**Oxford, England** — Dupuytren's disease, a.k.a. Dupuytren's contracture, is an abnormal thickening and hardening of the skin of the palm at the base of the fingers, often resulting in curled fingers and significantly reduced usage of the affected hand. Treatment is also limited to steroid shots and/or surgery once the condition advances.

But now, researchers at Oxford University's Kennedy Institute have found that an existing arthritis anti-inflammation drug, adalimumab (sold under brand names Amjevita, Humira and Hyrimoz), showed long-term reductions of nodules, or hard lumps, in patients with early-stage Dupuytren's.

The Phase II clinical trial had some 70 patients get four monthly adalimumab shots, while another 70 got placebo shots. The trial found that patients getting adalimumab had softened and reduced nodules after nine months.

## WITH OWN RESEARCH, OHIO STATE UNIVERSITY JOINING WEARABLE-SENSOR FIELD

**Columbus, Ohio** — As previously reported in the *Gazette*, researchers at the University of California at Los Angeles (UCLA) are developing an ultra-thin, electronics-laced flexible "Band-Aid" that one day could be placed right on the skin to collect health information. The experimental UCLA technology is currently hoped to eventually be able to take a patient's vitals.

But now, researchers at The Ohio State University (OSU) are also working on their own wearable biomedical sensor.

In their latest research, published the journal *PLOS One*, OSU scientists argue that wearable sensors may one day be able to detect metabolic disorders, like heart disease or diabetes, by detecting tiny levels of the gas *acetone* released by the skin.

The final product of the team's research would be a small device a

person could wear on low-perspiration body locations, like behind the ear or on the nails, according to OSU researchers.

## FEN-PHEN IS GOOD FOR LENNOX-GASTAUT SEIZURES, FINDS STUDY

**Aurora, Colorado** — If you were around in the mid-90s, you may remember that the drug *fenfluramine*—branded as Fen-Phen—was all the rage as an appetite-suppressing obesity-buster. Problem was, Fen-Phen created toxic heart problems. The FDA shortly booted it.

However, fenfluramine was effectively revamped as a seizure-reducer years later, winning FDA re-approval as such for the treatment of Dravet, a particularly severe form of epilepsy.

Now, epilepsy researchers have found that fenfluramine works quite well in reducing seizures in people with Lennox-Gastaut syndrome (LGS), another severe form of the brain disorder.



# Driven by You



When we saw you needed a hand, we arranged the services you needed to get through it. When you had a question, we found answers. And when you're going through challenging times, we're right there with you.

*Yours, truly.*

Boro Park: 4102 14th Avenue  
Williamsburg: 44 Lee Avenue  
Five Towns: 75 Columbia Avenue  
718-387-8400 // [HamaspikKings.org](http://HamaspikKings.org)



HAMASPIK  
CENTER FOR HUMAN SERVICES  
המספיק  
מרכז עזרה לצרכי הציבור

● ► HAMASPIK NEWS

# In Upstate Planning Board Move, a Vote for Disability Supports, Community Integration

## Town of Thompson Approves Hamaspiik Resort for Huge New Playground, Shul and Outdoor Pool

This late July, the Planning Board of the upstate Town of Thompson—with jurisdiction over the smaller Rock Hill—approved the Hamaspiik Resort’s plans. Meyer Wertheimer, Executive Director of NYSHA and Hamaspiik founder, was on hand immediately after that vote to personally thank Board members and the municipality for their “passion and understanding.”

“They are the best,” Mr. Wertheimer said. “They want to see a good product which will enhance the community and make them proud to be housing people with special needs and the community at large.” That goal will now be achieved with the facility serving ten months out of the year as a hotel for people with special needs and the typical population, and for two summer months as a camp for individuals with special needs.

When it comes to advocating for the best possible options for people with special needs, Hamaspiik never gives up—even if it takes time working with local authorities.

That was the case in the upstate village of Rock Hill, New York, home to the Hamaspiik Resort complex—a



**GROUNDS FOR INTEGRATION:** AN ARTIST’S RENDITION OF THE EXPANSIVE PLANNED OUTDOOR PLAYGROUND THAT WILL FULLY ACCOMMODATE CHILDREN WITH SPECIAL NEEDS

former hotel currently the home base of Hamaspiik’s Mamtakim summer overnight camp program.

Working with local authorities, Hamaspiik had advocated the various changes required for the realization of the agency’s dreams for the property: the addition of a giant outdoor playground, a spacious onsite

synagogue doubling as a modular activity center, and an outdoor pool.

Attorneys Steve Barshov and Charles T. Bazydlo were especially instrumental, with their hard work very much appreciated as they legally address all challenges and hurdles that came up as the project proceeded. Likewise instrumental in seeing the



**POOLING RESOURCES:** WHAT THE NEW ONSITE MIKVAH ROOM WILL LOOK LIKE

project through was Mr. Joel Kohn of JK Expediting.

The approval represents a major achievement for the Hamaspiik Resort in particular—and the greater Hamaspiik agency and family and its overall mission of helping special-needs families in general.

“It means that if there’s a real will, there’s a way,” says Hamaspiik Resort Manager and longtime agency stalwart Eliezer “Lazer” Appel, asked what the great news means to him. “Even if things take time, you don’t give up and keep trying!” ★

# Making Cross-County Friends Over Food

## In Start of New Hamaspiik Tradition, Brooklyn, Monsey Women’s Group Homes Get Together at Backyard Barbecue

Here’s the basic news: the residents and staff of Hamaspiik of Kings County’s South 9th Shvesterheim traveled upstate to Monsey to meet their peers at Hamaspiik of Rockland County’s Fosse Shvesterheim for the first time in person and to enjoy a barbecue, fun and games together.

But the real story started well before that.

Originally, one Direct Support Professional (DSP) at Fosse had been in contact with a fellow DSP who works at

South 9th. Because their charges only see themselves and/or the (non-residential) girls who go to their Day Habs, they decided, “Why don’t we get our girls to meet each other?” And so a “pen pal” project was born.

From there, longtime Fosse Manager Mrs. Esty Landau got to talking with Mrs. Toby Walter, Assistant Manager of South 9th. They decided to have a joint event in person. Now, instead of just having a pen-pal system, in which each resident of Fosse would be paired with the South 9th

resident whose personality and ability most matched hers, they’d also meet each other live.

Next, both leaders agreed that both groups of residents should meet over a barbecue event in the backyard of Fosse. South 9th would provide a professional dance therapist, so that the joint group of girls would have a joint activity to do together, while Fosse would supply the food.

On the day of the well-planned event, it was raining all morning. But that didn’t

stop Hamaspiik!

Fosse residents and staff merely regrouped by setting up their barbecue meal indoors. Tables were set prettily with colorful disposable tablecloths, plates, and cutlery.

As South 9th was arriving by vans, the two groups were communicating about whether to do anything in the backyard, too, which didn’t look likely due to the ongoing rain.

In thus communicating with Mrs. Landau, Mrs. Walter passingly mentioned that the day was also her birthday. So, unbeknownst to her, Fosse fixed a most delicious surprise for Mrs. Walter: a birthday cake which was presented to the Assistant Manager later after dessert.

At the same time, plenty of burgers, hot dogs, chicken and more were barbecued on Fosse’s backyard grill, set up now on the awning-covered back porch. Also prepared were a variety of

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# Taking Ability to a Totally New Stage

*Shining at Live Unprecedented Community Performance, Individuals with Disabilities at Hamaspik of Orange County Day Hab Win Hearts, Change Perceptions and Explode Expectations*

Anyone with a loved one with disabilities, or who has worked with individuals with disabilities, will agree with this: Adults with disabilities tend not to change much.

But that notion is sometimes wrong—and wow is that notion sometimes wrong.

“Wow” is meant quite literally here, too, given the earth-shattering applause still rippling and rumbling across an entire community in the aftermath of a groundbreaking play.

Because this wasn’t any play—this was a live stage production whose entire cast consisted of women with intellectual/developmental disabilities (I/DD).

It was a first for Hamaspik of Orange County, the agency behind the production, and very possibly a first for any disability-supports agency in New York—or even outside New York.

But more than making history for individuals with I/DD, the event was all the news within the Orthodox Jewish community of Kiryas Joel and beyond—and an absolute game-changer in the



**ALL PROPPED UP:** PERIOD-PERFECT ITEMS LIGHT UP THE RABBI’S DESK



**A PLACE FOR EVERYONE:** ROWS OF SEATS AWAIT A CAPACITY CROWD

lives of its most-delighted individuals with disabilities, now also veterans of the stage.

## CREATING A NEW STAGE IN LIFE

“Individuals at Day Hab don’t graduate,” begins Mrs. Chaya Miriam Landau, longtime Hamaspik of Orange County fixture.

Mrs. Landau is officially Day Services Coordinator, a title borne by the agency’s Shnois Chaim social day program for the community’s venerable seniors.

But given Hamaspik’s family-style corporate culture, which translates to “everyone helps everyone,” Mrs. Landau is involved in many things besides her job duty—including Day Hab.

That’s why, when the *Gazette* asks her about the play’s origins, Mrs. Landau first notes the conventional wisdom: Once individuals with disabilities reach a certain age, they tend—for better or for worse—to remain at the same plateau, without typical lifecycle events like school graduation, career launch and marriage.

“So I was thinking out of the box about something that would allow all their talents to come out,” she continues—“something different than basic art.”

And so, with a single phone call, a seven-month process began.

That call from Hamaspik went to Mrs. Hindy Ausch of the Brooklyn-based Harmonies Productions. Mrs. Ausch, long a producer of exclusive stage productions common to her community’s plethora of girls’ schools, was brought on board to stage a spectacle like no other.

Mrs. Ausch first invested considerable time visiting, meeting, interacting with and otherwise just hanging around with the women supported by the Day Hab—internalizing their personalities, quirks, likes and dislikes alike, and working then those profiles into a rudimentary plot that would not just work for all parts and players, but also be painstakingly mainstream and impressively competitive, too.

Critically facilitated by devoted Day Hab Manager Mrs. Malky Yabra and Direct Support Professional (DSP) staff, hour-long practice sessions and rehearsals at least twice a week soon became the norm at the Hamaspik of Orange County Day Hab facility. “The

staff really gave it their all,” says Mrs. Landau.

Let’s just say the play, dubbed *Kishronos* (translating to *Talents*), lived up to its theme by effectively expressed talents both innate and newly-implanted.

## SETTING THE STAGE

The venue was the Vayoe Moshe social hall located on Kiryas Joel’s Forest Road central artery.

On an early July evening, some 600 mothers and sisters, grandmothers and aunts, nieces and cousins, family friends and Hamaspik staff alike converged on the hall for a very special evening.

All had received personal invitations, what with set allotments of professionally-designed-and-printed tickets and playbills provided to each performer for distribution to selected guests.

Said guests had come from as near as around the corner to as far as Montreal, Canada. And now, the evening so long in waiting was here, with magic in the air.

Inside the social hall, a large stage occupied the front of the room. Behind it was a giant screen whose scintillating images and graphics served as a dramatic backdrop throughout the performance. To one side stood a staircase complete with railings, hastily custom-built by Hamaspik’s maintenance team mere minutes before showtime. Hundreds of chairs were quickly filled.

At around 6:30 p.m. with a capacity crowd brimming with excitement, Chany—the first of nearly two dozen performing “Day Habbers”—took to the stage amid robust cheers. Her opening welcome was as short as it was sweet: “Good evening! I’d like to thank you for joining us tonight. Sit back and enjoy!”

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## HAMASPIK NEWS

# Taking Ability to a Totally New Stage

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The room burst into applause as several members of the Day Hab assembled on stage. Arranged primly in a two-row checkerboard, backed by their own pre-recorded vocals and band, they delivered the show's theme song, "Kishronos"—a lean, lively affirmation of ability. Chaya Ruchy delivered the evening's second speech. The choir next sang "Shabbos iz Die Beste Matuna" ("Shabbos is the Greatest Gift"), a contemporary Yiddish community hit.

Ratcheting up excitement, Director Ausch then addressed the audience on the story behind the event. Herself the creative force behind the production, Mrs. Ausch revealed the true driving force to have been Mrs. Landau's dream. "She taught me one thing," Mrs. Ausch declared. "When there's a will, there's a way. Tonight, you will hear people who couldn't speak, sing a solo, and see those who couldn't hold their hands straight, dance evenly!"

That first act of speeches and songs closed out with a rousing number composed by Mrs. Ausch herself, in

dedication to the Wertheimer family and their wonderful directors and staff especially for the occasion: "Hamaspik," an anthem on everything to which the agency aspires.

## THE PLAY, PLAY-BY-PLAY

Backed by professional props, musical score and choreography, the event's highlight—a short dramatic play—went live. In dialogue, song and dance, the play conveyed the story of an Orthodox Jewish family in Communist Russia struggling and ultimately triumphing to keep their faith, especially the sacred Shabbos.

From the strident dictates of the ominous opener "Mother Russia" through Malky evoking a distraught daughter as soldiers take Tatteh (Father) away, to "Ani Ma'amin" ("I Believe"), the audience was thoroughly smitten.

Upon visiting a Rebbe for spiritual solace and strength, Tatteh's family members were assured in dialogue that doubling down on Shabbos observance would save the day. Two Shabbos songs followed. The daughter's Shabbos-

keeping was exposed in a climactic Communist schoolroom showdown, as actress Malky was torn between a heartless teacher and KGB gendarme stage right and the Rebbe stage left, choreographically pulled by opposing forces—yet ultimately prevailing. When Tatteh then came home and the family reunited, the audience literally wept for joy. They wept again when the Rebbe, flanked by a grateful clan at his Shabbos dinner table, reminded them that Shabbos keeps you when you keep Shabbos.

The play closed with the final songs "Shreitsheh, Yiddelach: Git Shabbos!" (perhaps best translated as "Let Shabbos Ring!") and an encore of "Kishronos." With Pearl then declaring, "Thank you for coming!" it was curtains.

The immediate aftermath of the play was a prolonged moment of glory for the performers as they basked in the limelight of adulation. It was not unlike the prevailing atmosphere at the U.S. Capitol immediately after a presidential inauguration. Furthering that healthiest of attention were the

personal gifts bestowed on each by no less than the Satmar Rebbetzin herself, consisting of pink leather-bound and embossed volumes of Tehilim (Psalms). Homemade cookies with the Kishronos theme icon baked in were likewise distributed to the young women by Mrs. Wertheimer, wife of Hamaspik founder Mr. Meyer Wertheimer, as well as to all family members, guests and visitors alike.

## THE NEXT STAGE

"People are talking about it everywhere," Mrs. Landau told the *Gazette*. "We're still hearing about it wherever we go."

Reaction within and without the Hamaspik world was superlative. In-house memos from agency leadership to producers, from Hamaspik of Orange County Executive Director Moses Wertheimer on down, brimmed with emotion and praise. Letters from parents poured in—with this passage, written by a thoroughly floored and grateful mother, being the typical excerpt: "If I hadn't seen it with my own eyes, I would have never believed such a thing was possible."

The impossible shown doable, the dream had now been realized. ★

# Making Cross-County Friends Over Food

<< CONTINUED FROM PAGE 6

salads, ices, fresh sliced fruit, and one very special dessert birthday cake.

Once the South 9th contingent did arrive, filled with excitement, the two sets of individuals were paired up with their assigned personal "pen pals" for their first time.

Most are high-functioning enough to verbally converse with others, Mrs. Landau notes. Still, the Manager explained that staff were on hand support them with social icebreakers: "So, which singer do you like listening to?" In turn, that was followed by staff coaching that individual's conversation partner to respond properly: "Hudis, tell Dasi what singer do you like!"

It was a first for the young women—but one which they internalized amazingly quickly. "We literally saw the difference between Hour One and Hour Two," proudly reports Mrs. Landau.

Most providentially, the rain then stopped—so both groups were now able to enjoy Fosse's glorious backyard.

South 9th's dance therapist had brought large square rubber mats shaped like puzzle pieces—with the first names of all residents written on each. In the amusing ice-breaking social game that ensued, a resident of one home would

pick out her named mat and stand on it. With staff assistance, she'd then offer an item she liked—say, popular children's singer Uncle Moishy. Staff from the other home would then submit a resident liking the same thing—and the two residents would then physically connect their two "puzzle piece" mats, symbolically connecting with one another.

"Community integration with people in our neighborhood is good," comments Mrs. Landau, "but with peers, they really can relate and have a level-to-level conversation. We're the only Hamaspik girls' home in Rockland, so this get-together was really vital and therapeutic for them."

When the event was over, the new friends exchanged postcards of sorts with each other bearing their initials, so as to stay in touch.

"It was the most unreal experience!" continues Mrs. Landau. "When they left, they were saying, 'I have a friend!' with such excitement! It was beautiful!"

Mrs. Landau reports that the residents of both homes are now regularly phoning each other.

"Our goal is that they will it keep up; eventually, we will do a Shabbaton together," she reports. "It was a new idea, and it worked out amazing!" ★



**FOOD FOR REAL FRIENDSHIP:** BURGER BUNS, SALADS, AND ALL THE WORKS AWAIT THE DUAL CROWD FROM GROUP HOMES IN BROOKLYN AND MONSEY, MEETING FOR THEIR VERY FIRST TIME



# The Autism Update

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

## DEMAND FOR BCBAS JUMPS 38% IN JUST ONE YEAR—AND 5,800% SINCE 2010: REPORT

**Littleton, Colorado** — If you've heard of applied behavior analysis (ABA), the still-exploding treatment trend for children with autism spectrum disorder (ASD), it's for good reason: The ABA industry has basically exploded today to nearly 60 times its size back in 2010.

A report released recently by the Colorado-based Behavior Analyst Certification Board says that demand for board-certified behavioral analysts (BCBAs)—who provide ABA to children with autism—increased 38 percent from 2020 to 2021 alone.

With demand highest in high-population states like Florida and Texas, the Board reported 34,000 in 2020 online U.S. job postings for certified BCBAs—and nearly 47,000 in 2021.

What's more, and staggeringly so, is the report's finding that overall demand for certified BCBAs in the United States increased by over 5,800 percent since 2010.

## STUDY SUGGESTS EARLY SELF-AWARENESS OF AUTISM LEADS TO BETTER QUALITY OF LIFE

**Portsmouth, England** — Never mind autism: Anyone with any condition is going to do better if they embrace that condition at an earlier age—and learn how to live and thrive with it.

But now, a study by England's University of Portsmouth has found that individuals with autism who learn that they have autism when they are younger may have a heightened quality of life and sense of well-being as full-grown adults.

Researchers directly investigated whether learning that one has autism at a younger age is associated with better adult outcomes. They surveyed 78 students with autism, asking when they learned of their autism, and how they felt about it—then and now.

The new study also found that those who learned of their autism as adults reported more positive emotions (especially relief) about autism when first learning that they had autism.

## NEW RESEARCH DETAILS BRAIN-CELL COMMUNICATION, MAY HELP EXPLAIN AUTISM

**Bonn, Germany** — The average human brain is made of some 100 billion nerve cells called neurons. And like some unimaginably huge event or conference, they're all "talking" to each other at any given moment.

Researchers at the University of Bonn have now further broken down the microscopic, lightning-quick process of two neurons talking to one another.

To simplify a very complex chain of events, each such conversation needs a protein called RIM1.

(In unrelated previous research, RIM1 has been associated with autism, epilepsy and schizophrenia—specifically, when the brain has certain levels of RIM1).

The new research has pinpointed and dissected the several steps in the production of RIM1 each time one neuron signals the one next to it. It found that if that process is disrupted, the signal is weak. The research may mean that this disrupted process may be a cause of autism.

## NEARLY ONE IN FOUR WOMEN WITH AUTISM HOSPITALIZED FOR PSYCH ISSUES BY AGE 25

**Solna, Sweden** — Research by Sweden's Karolinska Institutet has found that over 22 percent of women with autism have been hospitalized for a psychiatric condition by the time they reach age 25.

The research reviewed data from several public health registries which cover about 1.3 million people born in Sweden from 1985 to 1997. It found that by age 25, over 60 percent of women with autism (and about 45 percent of men with autism) had been diagnosed with a psychiatric condition. Conversely, women and men without autism had respective rates of about 14 percent and nine percent.

Of those women with autism and psychiatric diagnoses, just over 22 percent of them—or about one in every four—had been hospitalized at least once for one of 13 specific disorders, including anxiety, depression and sleep disorders.

The findings were presented at the 2022 International Society for Autism Research (INSAR) annual meeting.

## RESEARCH LINKS SOCIAL, MUSICAL EMPATHY, UNDERSCORING AUTISM SENSITIVITY



**I HEAR YOU:** A NEW STUDY FINDS A CONNECTION BETWEEN SENSITIVITY TO OTHERS' EMOTIONS AND SENSITIVITY TO MUSICAL EMOTION

**Eugene, Oregon** — People with autism-associated verbal disability are often noted for heightened sensitivity towards sound and music—as if lower verbal ability is counterbalanced by higher musical sensitivity.

Now a study of the general population by the University of Oregon has underscored that

notion. The research found "positive associations" between understanding and feeling others' emotions and better understanding and feeling music-contained emotions.

"These findings provide initial evidence of a relation between behaviorally assessed empathic processes across social and musical

domains," researchers wrote.

Because people with autism, especially those verbally limited or non-verbal, tend to be more emotionally attuned, the study may help explain why people with autism are sometimes better than typical people at discerning emotions expressed by music. ★

## AMAZON SUED FOR ALLEGEDLY VIOLATING FEDERAL "REASONABLE ACCOMMODATIONS" DISABILITY LAW

**Albany, New York** — A new discrimination complaint has been filed against online retailer Amazon by the New York State Division of Human Rights on behalf of an employee.

According to the complaint, announced by New York Gov. Kathy Hochul, the company failed to offer reasonable accommodations to a worker with disabilities.

"My administration will hold any employer accountable, regardless of how big or small, if they do not treat their workers with the dignity and respect they deserve," Hochul said in a statement.

The complaint document alleges that an employee was forced by Amazon into indefinite unpaid leave after requesting a modified work schedule because of a documented disability.

That disability necessitated a specific sleep schedule, and the worker submitted supporting medical documentation along with the request, according to the complaint. ★



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## My Shtetl is Your Shtetl



**THE ROAD TO DISABILITY INTEGRATION:** MOSHE HERSH BERKOWITZ (TOP, 2ND FROM LEFT), IS HAPPILY SURROUNDED BY HIS EQUALLY-CHEERFUL “BOYS” AS THEY MAKE THEIR WAY DOWN KIRYAS JOEL’S BRAND-NEW AUSTRA PARKWAY, LATER POPPING INTO A ROOMY NEW SHUL, WHERE, OF COURSE, THEY JUST HAD TO DANCE TO MARK THE INAUGURAL OCCASION

## A Camp Like No Other

Kinderville, Hamaspik of Kings County’s sleepaway camp for children with special needs, is back for its second summer—and is already proving itself to be better than ever.

Kinderville is unique, even among the camps geared to the special needs population, in that it runs with the highest standards in all areas: from the care and devotion of the one-on-one counselors, to the exciting and yet educational program, to the impeccable standards of *ofkashrus* and the fun, *yetruchniyus*-focused night program for the counselors and staff.

In order to create and maintain these high standards of *ruchniyus*, Kinderville’s directors hire expert *mechanchos*, under the guidance of R’ Berel Tauber, to lead the program for the counselors and ensure that it is a summer of growth as well as fun. Aside from the times set aside for *davening* and *shiurim*, Shabbos at Kinderville is an incredibly uplifting *ruchniyus* experience, with singing, special *shiurim*, and an atmosphere that cannot be matched. Every staff member, from the counselors themselves to the families, abides by the camp’s guidelines *intznius* and technology, with every detail carefully considered so that Kinderville is a place of the highest standards in all areas.

In terms of the campers themselves, counselors and therapists work with every child to ensure not only that they don’t lose the year’s learning over the summer break, but that they actually progress. To this end, they collaborate with the teachers and paras from the school year, so that they come to Kinderville with a clear understanding of each child’s goals—and that they can work towards building their skills even further, while enjoying an action-packed and lively camp program.

“Our goal last year was that the children should go back to school on a higher level than before—and *baruch Hashem*, we met that goal,” says Mr. Spangelet, the camp administrator.

And if last summer’s program was a resounding success, this year is proving to be even better, with a year of planning and renovating to enhance the premises, upgrade the program, and raise the already-high standards to new heights.

“When you build something totally unique, there’s bound to be obstacles—but Mr. Spangelet and his team overcame them with great success,” says Mr. Hershel Wertheimer, Hamaspik of Kings County’s Executive Director. “As anyone who visits Kinderville in action can attest, the resulting program is truly something special.” ★

## Mainstreaming a New Neighborhood

*Hamaspik Orange Men’s Day Hab Warmly Welcomed While Checking out Their Town’s Latest Development*

Drive down upstate Nininger Rd. to County Rt. 105, make a brief right and then a left onto Bakertown Rd., and you’re in the Village of Kiryas Joel, home to Hamaspik of Orange County.

But now, instead of that left onto Bakertown, you can also turn right onto the newly-named Austra Parkway—and right into Kiryas Joel’s newest neighborhood.

The new residential tract boasts several well-planned innovations.

Considering its faith-based demographics, two synagogues were baked into the blueprints, ensuring short walks for residents on car-free Saturdays (the Jewish Sabbath) and countering the historic trend of Orthodox Jews only building conveniently-located shuls (synagogue) after moving into new areas. Likewise does the neighborhood include several outdoor children’s parks already in blessedly frequent use, as well as roads laid flat (not hilly) and wider to preempt vehicular bottlenecks.

The development, built to accommodate Kiryas Joel’s growing population, is already home to dozens of young families—including Hamaspik’s very own Moshe Hersh Berkowitz, a Men’s Day Hab Direct Support Professional (DSP) who included the gentlemen of his program in formally dedicating his new home.

But while they were in town anyway checking out the Berkowitz residence, they also took a walking tour of several hours to check out the new neighborhood, too.

In doing so, they walked those new roads, took in a new playground, and popped into one of the new shuls where they were warmly greeted by its new rabbi.

It was ultimately a sign of disability mainstreaming in the Chasidic community—how a newly-opened neighborhood now slowly filling is already seeing people with disabilities openly feeling right at home. ★



● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

## At Hamaspiik Orange's Camp Neshumah, Current Theme has Every Season in Season

It's one thing to perfunctorily mark the holidays sprinkled across the calendar year.

It's another thing to live them.

Cramming the sights, sounds, tastes and even textures of a year's worth of Jewish holidays is the theme of the day—and all day, every day, mind you—at this year's Camp Neshumah program.

That program, a long-running staple of Hamaspiik of Orange County's After-School Respite (ASR) program, gives parents of schoolchildren with disabilities substantial down-time breaks while their precious bundles get healthy stimulation and attention while class is out. For years now, it's been a pillar of Hamaspiik's suite of communal supports to parents and children alike.

But for Mrs. Schnitzer, long Director of Hamaspiik Orange's ASR program, and her staff, it's not just a job but a way to bring little hearts and souls to life. And what better way than to bring the holidays their community celebrates to hands-on life?

Aligning neatly with existing faith-based guidance issued by the New York State Office for People With Developmental Disabilities (OPWDD), Hamaspiik's public-sector partner, the "curriculum" for the current session of Camp Neshumah consists of walking, talking, jumping, playing, reenacting and otherwise reenacting the holidays—universal to the world Jewish community and unique the Satmar Hasidic community alike—that pepper the 12 months of the Jewish religious calendar.

All the children connect personally to their faith of origin, says Mrs. Schnitzer. "It sparks something in them—so we're trying to bring that vibe in, to get them into that mode. It's very exciting."

For example, she elaborates, the Passover festival in their innocent young minds is associated with Hamaspiik's grand family outing to Connecticut's Quassy amusement park. And so to bring the Passover spirit home, Camp Neshumah brought a veritable amusement park to Hamaspiik of Orange County's parking lot.

Passover also revolves around the classic Seder, the time-honored ritual meal held in every Jewish holiday household that is the centerpiece of the festival. Also, no "leavened" food products—which, to simplify things, means no bread or baked goods—is eaten on Passover. And so, Camp Neshumah kids found Seder-themed

tables decorating their classrooms these session, as well as got the opportunity to eat fresh pizza outdoors because "we're cleaning the house for Pesach [Passover—ed.]"

Further furthering the Passover theme were staff leading their tiny tykes through reenacting recitals of the Mah Nishtanah, the classic "Four Questions" text read at every Seder. They even "searched for chometz [risen dough—ed.]" with flashlights in darkened rooms, squealing with delight each time a faux Danish or cookie (placed by staff, of course) was discovered.

"They did what they're used to doing in that situation; it had a very big effect on them," proudly recounts Mrs. Schnitzer. "The way they connected to it was very inspiring and uplifting."

Ditto for the holidays of Purim, Rosh Hashanah, and even the 21st day of the Jewish-calendar month of Kislev—a day when, during WWII, Satmar Grand Rabbi Joel Teitelbaum (1898-1979) was rescued by train from the horrors of the Holocaust. Trains figure prominently in teaching that historic day as such, with Camp Neshumah enjoying "train rides" one day.

Serving as a mascot of sorts is a roughly three-foot-tall and decidedly childproof cutout figure named Shimileh. Appearing like your average five-year-old boy on the Kiryas Joel street, smart sidelocks and all, Shimileh is seen standing outside the building as the children arrive each morning on buses. Staff will also strategically place him wherever the action is taking place, either inside a classroom, next to the outdoor pools the children frolic in every day, and more-than-occasionally in the water, too. (Not to worry—made of durable plastic, Shimileh is drown-proof.) He'll also ride the buses with the children to and from local trips.

These and more themed have been superimposed upon a daily schedule starting with 10:00 a.m. arrival and breakfast through daily swimming and splashing to naptime, indoor games, fine-motor activities, lunch, wash-up and preparation to go back home.

So, what kind of feedback are you getting from parents?

Parents don't have their children what they did each day, Mrs. Schnitzer proudly reports. "I keep getting message: 'My kids don't want to go back to school—they want to go to Camp Neshumah!'" ★

## Graded on a Sliding Scale



**WHEN DOWN IS UP:** IT'S THE SMILINGEST OF SLIPPERY SLOPES AT A LOCAL PARK FOR THE GENTLEMEN OF HAMASPIK OF ORANGE COUNTY'S DAY HAB PROGRAM ONE SUMMER DAY

## Spicing it Just Right



**CRAFTING WITH A GRAIN OF SALT (AND PEPPER):** AT HAMASPIK OF ORANGE COUNTY'S CAMP NESHUMAH PROGRAM, BOYS DECORATE VITAL TABLETOP ACCESSORIES BY HAND



# Public Health and Policy News

## FEDERAL DISEASE-PREVENTION AGENCY LAUNCHES FEDERAL DISEASE-PREVENTION AGENCY

**Atlanta, Georgia** — Despite it already existing (among other things) for the purpose of forecasting and analyzing disease outbreaks, the U.S. Centers for Disease Control (CDC) is planning to launch a new internal division that will forecast and analyze disease outbreaks.

According to an official press release, the CDC's newly-launched Center for Forecasting and Outbreak Analytics (CFA) will “enhance the nation's ability to use data, models, and analytics to enable timely, effective decision-making in response to public health threats.”

The new division's goals are “to improve outbreak response using infectious disease modeling and analytics and to provide support to leaders at the federal, state, and local levels,” read the release. It will also “develop a program to provide insights about infectious disease events to the public to inform individual decision making—the equivalent of the National Weather Service for infectious diseases.”

## TWO RECOMMENDATIONS ISSUED BY CDC FOR MONKEYPOX PROTECTION

**Atlanta, Georgia** — While the threat remains low, given the U.S. population of 300 million and just a handful of cases, the U.S. Centers for Disease Control (CDC) has issued two recommendations for prevention of infection by a category of virus known as orthopoxviruses.

The orthopoxviruses include smallpox and monkeypox, which—contrary to typically-sensational and deliberately-frightening media reports—are not deadly diseases and in fact are mild.

According to the CDC's new recommendations, caregivers caring for patients with smallpox or monkeypox may administer either ACAM2000 or Jynneos.

Both are effective in preventing either disease, or at least rendering infections milder.

The finalized recommendations come from the CDC's Advisory Committee on Immunization Practices (ACIP).

## WITH PENDING DECISION ON ALS DRUG, “CAN'T WIN” SCENARIO FOR FDA LOOMS

**Washington, D.C.** — If the FDA says no, withering popular criticism of the “biomedical establishment” is sure to be forthcoming. If the FDA says yes, equivalent criticism of the FDA as discarding scientific objectivity to bow to populist mobs is sure to ensue.

In short, it's a “can't win” situation for the U.S. Food and Drug Administration (FDA), the federal body that has the final say on whether a new drug can or cannot be used in treatment.

Perhaps nowhere is the issue more poignant than in treating currently-terminal illnesses like amyotrophic lateral sclerosis (ALS), which slowly robs patients of the ability to move.

An experimental drug by biotech Amylyx, AMX0035, is being raucously touted by ALA patient groups. But in a 6-4 vote, an FDA-appointed independent panel has already turned it down for no proven effectiveness; the FDA—to advocates' chagrin—is expected to follow their lead.



**A SHOT AT PREVENTION:** TWO DRUGS ARE BEING RECOMMENDED BY THE CDC NOW

## SLIGHT MEDICAID CHANGE BOOSTS OBSCURE HEALTH PLANS IN NEW YORK, MINNESOTA

**Baltimore, Maryland** — Everyone knows about the sizable range of “exchange” health insurance plans created in the majority of states by the landmark Affordable Care Act (ACA).

But not everyone knows that in addition to exchange plans, the ACA also allowed states to create a Basic Health Program (BHP) for its poorest residents—and that only two states, Minnesota and New York, actually did so.

According to Medicaid, which administers ACA plans, the BHPs “offer health coverage for individuals with family incomes between 138 and 200 percent of the Federal Poverty Level (FPL), and for individuals with family incomes below 138 percent FPL who are lawfully present in the United States but do not qualify for federally financed Medicaid due to their immigration status.” New York's BHP, the four-level Essential Plan, has existed since 2005.

Now, Medicaid has proposed a slight change to BHPs which would increase estimated state funding to \$603 million in 2023.

## FEDERAL HEALTH IT OFFICE ASKS CONGRESS FOR “INFORMATION BLOCKING” DECISION POWERS

**Washington, D.C.** — Pretty much

every healthcare provider, from your personal doctor to huge hospital systems and insurance companies, uses electronic health records (EHRs) nowadays—meaning, all your medical info is now on computer systems.

Most EHR software systems are provided by a handful of huge companies.

And under the 21st Century Cures Act of 2016, EHR software cannot cause “information blocking,” or making provider-users unable to share patient medical info with each other.

The Office of the National Coordinator for Health IT (ONC), a small department within the federal Dept. of Health and Human Services (HHS), is responsible for laying down the tech rules of the Cures Act. After years of industry questions, the ONC is now asking Congress for legally binding power on info-blocking regulations to help EHR providers and caregivers comply.

## ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH (ARPA-H) OFFICIALLY LAUNCHED

**Washington, D.C.** — While it was spearheaded anew in recent years by President Joe Biden, various public servants had advocated for it for years—and now, it's finally a reality.

The Advanced Research Projects Agency for Health (ARPA-H) is now the federal government's medical-research equivalent of the Defense Advanced Research Projects Agency (DARPA), the legendary military equipment laboratory.

The new ARPA-H effort will ostensibly do for medicine's most vexing challenges what DARPA does for military problems—solve them with the most radical out-of-the-box thinking.

Curiously enough, ARPA-H's newly-appointed leader, scientist Adam H. Russell, is a DARPA veteran. The new entity will be an independent entity with the existing National Institutes of Health (NIH), a division of the U.S. Dept. of Health and Human Services (HHS).



**LET US LAY DOWN THE LAW:** FEDERAL IT OFFICE ASKS CONGRESS FOR TEETH ON EHR SHARING



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# In the Know

At first glance, *seborrheic dermatitis* is a head-scratcher—and not just when it comes to pronouncing the phrase. (By the way, it's: seb-o-REE-ik dur-muh-tytis.)

Seborrheic dermatitis is defined by the Mayo Clinic as “a common skin condition that mainly affects your scalp,” causing “scaly patches, red skin and stubborn dandruff.” Hence, seborrheic dermatitis—at least when it strikes the scalp—is just “medicalese” for dandruff. It also can be head-scratching itchy.

And, yes, seborrheic dermatitis is also the same thing as *cradle cap*: a phrase you may have heard because a lot of babies get it. Cradle cap is “baby dandruff,” or a case of seborrheic dermatitis on an infant’s head.

But Mayo also points out that the condition can also affect parts of the body where the skin secretes certain natural oils, such as the face, sides of the nose, eyebrows, ears, eyelids and chest.

So, let’s get beneath the surface of this otherwise-superficial and basically harmless condition.

## DEFINITION

*Seborrheic* is defined by the Merriam-Webster Dictionary as “of, relating to, marked by, or characteristic of seborrhea.” In turn, Merriam-Webster defines *seborrhea* (seh-b-or-REE-uh) as “abnormally increased secretion and discharge of sebum.” And *sebum*, the skin’s natural oil, is defined by Harvard Health Publishing as “a complex mixture of fatty acids, sugars, waxes, and other natural chemicals that form a protective barrier against water evaporation.”

*Dermatitis*, according to Merriam-Webster, is simply “inflammation of the skin.”

So, *seborrheic dermatitis* is when the skin produces too much sebum, causing inflammation of the skin. That inflammation takes the form of oily appearance of the skin and the formation of greasy scales.

Seborrheic dermatitis is also

sometimes known as *seborrheic eczema* or *seborrheic psoriasis*.

The American Academy of Dermatology (AAD) takes a far-more plain-English approach on its official information page—answering the question, “What is seborrheic dermatitis?” with, “This is a very common skin disease that causes a rash.”

## SYMPTOMS

In adolescents and adults, signs and symptoms of seborrheic dermatitis include:

- Skin flakes (dandruff) on the scalp, hair, eyebrows, beard or mustache
- Patches of greasy skin covered with flaky white or yellow scales or crust on the scalp, face, sides of the nose, eyebrows, ears, eyelids, chest, armpits or other areas
- Red skin beneath scaly patches of skin
- Itching, especially on the scalps and sometimes in the ear canal, too
- A burning sensation

In infants having cradle cap, symptoms generally consist of:

- Yellow, greasy scales on the scalp
- Thick layer of scales covering the entire scalp
- Scales that are often yellow to brownish in color
- Scales becoming flaky and easily rubbing off with time

According to the AAD, seborrheic dermatitis also can form on the face of infants, usually on a baby’s eyelids, around the nose, or ears. It also forms in the diaper area. In a few babies, seborrheic dermatitis covers most of the body. Most infants seem unbothered by seborrheic dermatitis. Cradle cap sometimes itches.

The good news according to the AAP, however, is that cradle cap usually goes away on its own within a few months. In fact, “it tends to permanently disappear between six months and one year of age,” the AAP states.

Symptoms may be more severe

when one is experiencing stress. Symptoms also tend to increase during cold, dry seasons.

## CAUSES

In introducing possible causes of seborrheic dermatitis, the AAD makes it clear from the outset that the condition is *not* caused by poor hygiene—despite its appearance fueling such an assumption. Neither is it caused by an allergy nor does it harm the body, the AAD adds.

According to the Mayo Clinic, modern medicine doesn’t yet know what exactly causes of seborrheic dermatitis. It may be related to a yeast (fungus) called *malassezia* that is in the oil secretion on the skin, Mayo says, or it may be an irregular response of the immune system.

Here’s what the AAP says about causes of seborrheic dermatitis: “Researchers are still studying what causes this common skin disease. From what they have learned, it appears that the cause is complex. Many factors seem to work together to cause seborrheic dermatitis. These factors may include the yeast that normally lives on our skin, our genes, living in a cold and dry climate, stress, and a person’s overall health.”

However, adds both Mayo and the AAP, a number of factors increase risk of developing seborrheic dermatitis. These include:

- Neurologic and psychiatric conditions like Parkinson’s, epilepsy, depression or eating disorder
- A weakened immune system, such as seen in organ transplant recipients, people with alcoholic pancreatitis or patients of some cancers
- Recovery from stressful medical conditions, such as stroke or heart attack
- Skin conditions like acne, rosacea, or psoriasis
- Certain medications like interferon, lithium or psoralen

According to the AAD, the people most at risk for seborrheic dermatitis are infants from birth up to three

## ALL ABOUT... SEBORRHEIC DERMATITIS

Sources: Mayo Clinic,  
American Academy of  
Dermatology (AAD),  
Harvard Health Publishing





months old and adults ages 30 to 60.

## DIAGNOSIS

Seborrheic dermatitis is commonly diagnosed by *dermatologists*, or licensed MDs who specialize in the care and treatment of skin.

Because seborrheic dermatitis is both a common skin condition and can also look like psoriasis, eczema, or an allergic reaction—each of which requires a different treatment—it's best to see a dermatologist if one thinks one has seborrheic dermatitis.

The dermatologist will first review the patient's medical history, and then closely examine affected skin.

The dermatologist may scrape off skin cells for examination and/or tests to rule out conditions with symptoms similar to seborrheic dermatitis. These include:

- *Psoriasis*, which causes dandruff and red skin covered with flakes and scales. In cases of psoriasis, though, the patient usually has more scales which are silvery-white in color, unlike the flaky white or yellow scales of seborrheic dermatitis.
- *Atopic dermatitis*, a.k.a. *eczema*, which causes itchy, inflamed skin in the folds of the elbows, on the backs of the knees or on the front of the neck.
- *Tinea versicolor*, a rash that appears on the trunk but usually isn't red like seborrheic dermatitis.
- *Rosacea*, a condition that usually occurs on the face and causes very little scaling.

## TREATMENT

First, the good news: Seborrheic dermatitis often goes away by itself. Now, the bad news: Treatment cannot cure seborrheic dermatitis. In fact, according to the AAP, when an adult gets seborrheic dermatitis, the condition can come and go for the rest of the person's life—with flare-ups common in cold and dry weather, or in reaction to stress.

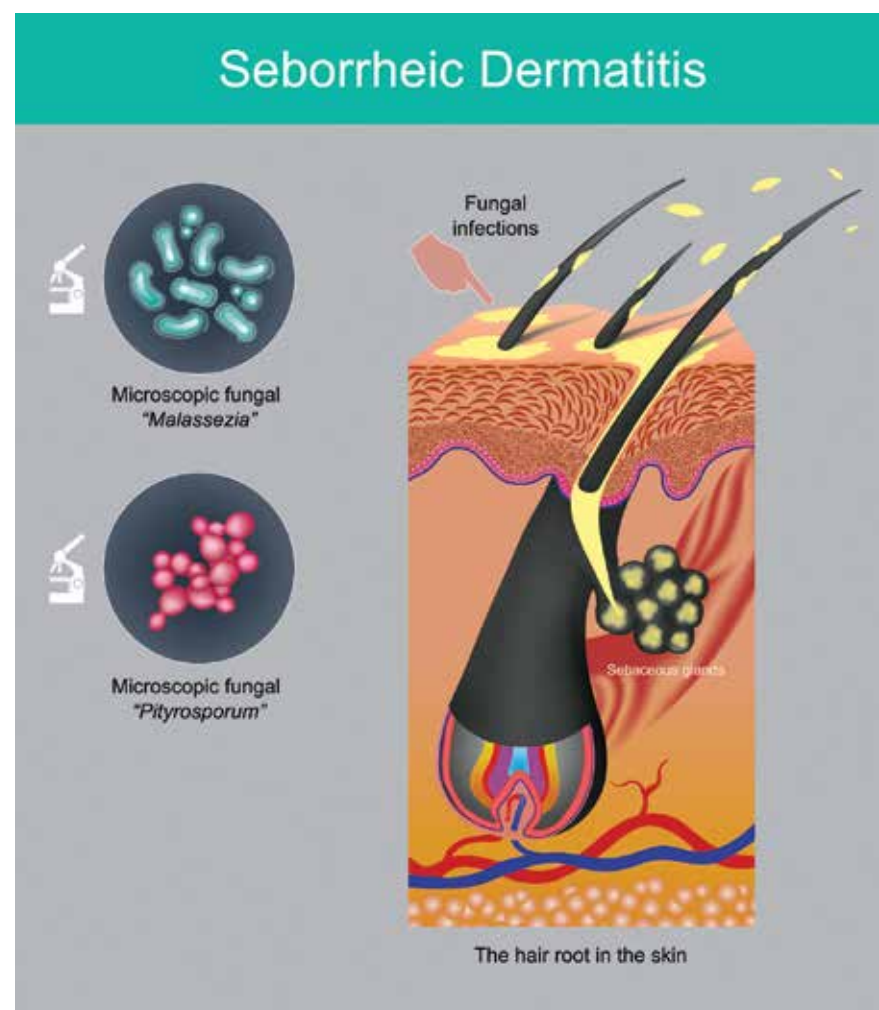
But now, back to more good news: Treatment can greatly help—by loosening and removing scales, preventing skin infections, and reducing swelling and itch. So let's get started!

First, seborrheic dermatitis may be able to be brought under control with lifestyle changes and home remedies. Many of these are available in over-the-counter forms. Different products, or combinations thereof, may be needed before the condition improves.

The best approach depends on skin type, severity of condition, and whether symptoms affect the scalp or other areas of the body. But even if the condition clears up, it is likely to come back at

some point. Watch for the symptoms—and resume treatment when it recurs.

The type of treatment for seborrheic dermatitis needed depends on the patient's age, as well as where on the skin the seborrheic dermatitis appears. Medicated shampoos, creams and lotions are the main treatments for seborrheic dermatitis.



Over-the-counter dandruff shampoos are classified according to the active ingredient they contain:

- Pyrithione zinc (Dermazinc, Head & Shoulders)
- Selenium sulfide (Selsun Blue)
- Ketoconazole (Nizoral A-D)
- Tar (Neutrogena T/Gel, DHS Tar)
- Salicylic acid (Neutrogena T/Sal)

Use one such product daily until signs and symptoms begin to subside, and then use it one to three times a week as needed. However, notes the AAD, shampoo containing tar can discolor light-colored hair, so other products may need to be considered.

If one type of shampoo works for a time and then seems to lose its effectiveness, try alternating between two or more types. Be sure to leave the shampoo on for the full recommended time—allowing the ingredients to work. These shampoos may be rubbed gently on the face, ears and chest and rinsed off completely.

If no home-based treatment(s) work, it's time to see a dermatologist.

The dermatologist will likely recommend home remedies like over-the-counter dandruff shampoos before suggesting prescription items.

## Infants

For infants with cradle cap on their scalp—if treatment is necessary because it didn't go away on its own—a dermatologist may recommend:

- Shampooing the baby's scalp daily with a baby shampoo
- Gently brushing away the scales once they start to soften

desonide (brand names Desowen, Desonate). These are all *corticosteroids* that you apply to the scalp or other affected area.

According to Mayo, they are effective—but should be used sparingly: "If used for many weeks or months without a break," the Clinic states, "they can cause side effects, such as thinning skin or skin showing streaks or lines."

Creams or lotions containing *calcineurin inhibitors* like tacrolimus (brand name Protopic) and pimecrolimus (brand name Elidel) may be effective and have fewer side effects than corticosteroids. But, warns Mayo, "they are not first-choice treatments because the FDA has concerns about a possible association with cancer." Tacrolimus and pimecrolimus also cost more than the mild corticosteroids more-commonly prescribed.

Depending on the affected area and the severity symptoms, the Mayo Clinic continues, a dermatologist may prescribe antifungal gels, creams or shampoos alternated with other medications. These may include products containing two percent ketoconazole (brand name Nizoral) or one percent ciclopirox (brand names Loprox and Penlac).

If the condition still doesn't improve with other treatments, the dermatologist may prescribe an antifungal medication in pill form. However, warns Mayo, "These aren't a first choice for treatment because of possible side effects and drug interactions."

Alternative home remedies also include:

- Soaking hair in mineral oil or olive oil for an hour, then combing/brushing it and washing it out
- Avoiding harsh soaps (use moisturizing soaps instead).
- Avoiding styling products like hair sprays and gels, especially those containing alcohol, which can cause flare-ups.
- Shampooing facial hair regularly, because seborrheic dermatitis can be worse under mustaches and beards.
- Gently cleaning eyelids with baby shampoo and cotton swabs, along with arm or hot compresses

The Mayo Clinic also reports that the following alternative therapies, although scientifically "inconclusive," "have helped some people manage their seborrheic dermatitis." These are:

- Tea tree oil, which may be used on the affected area either alone or in a shampoo. However, notes Mayo, "Some studies suggest that tea tree oil may trigger an allergic reaction."
- Fish oil supplements, which contain omega-3 fatty acids said to aid against the condition.
- Aloe vera, which can be applied in gel form to the affected area—or even directly from a cut leaf of the plant. ★

- Applying a medication to the infant's scalp
- Seborrheic dermatitis on an infant's skin beyond the scalp will usually clear on its own—including that of the diaper area, which is not-uncommon and which also is often mistaken for diaper rash. If it does not clear on its own, a dermatologist may prescribe a medicine that can be applied to that skin, too.

## Adolescents and adults

According to the AAP, seborrheic dermatitis in full-grown humans usually does not go away without treatment. That's why the dermatologist will consider many factors before creating a treatment plan, so as to secure the best possible results. Adult seborrheic dermatitis treatment plans may include:

- Dandruff shampoos
- Medicine to apply to the skin for short periods of time
- Barrier-repair cream

These prescription creams, shampoos or ointments control inflammation, elaborates the Mayo Clinic. These items include hydrocortisone, fluocinolone (brand names Capex, Synalar), clobetasol (brand names Clobex, Cormax) and

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נשמויזינו



# A WORLD OF SUPPORT



**Nishmoiseini.** The word has become synonymous with Hamaspik's incredible hotline for parents of children with special needs—but the project is so much more than that. The Nishmoiseini hotline sparks hope, gives chizuk and energy to continue on, and provides valuable resources and information. With the upcoming launch of the Nishmoiseini app, website, newsletter, and more, it's clear that this is a program that will keep on reaching further to change lives for the better.



## NAVIGATING THE HOTLINE

The Nishmoiseinu hotline operates in both Yiddish and English. Each one has a full array of chizuk, hashkafah, advice, and support. The hotline is organized into 9 options:

1

### Updates and new content.

Unlike most hotlines, where the only option to hear new lectures and updates is by each section separately, Nishmoiseini offers listeners the option of just dialing #1 each time they call in. Every lecture, song, and regular speaker can be heard on this option, together with medical updates, news on services, and so on. Whatever we put on the hotline goes here as well.

Nishmoiseini receives a lot

of feedback about this feature, including from other hotlines who call for tips and advice on how to implement something similar! Listeners find it time-efficient and helpful. Instead of trying to remember strings of numbers—was it #2221 or #221 or #2211?!—they can simply press 1 and listen to the most recent recordings. By pressing #, they can skip to the next most recent recording, and so on. In total, there are about 400 recordings on option 1!

3

DEF

### Personal stories.

This option is divided for men and women and contains powerful messages from parents, to parents, as they share their journeys with each other. This section of the hotline is perhaps the most popular: parents find it incredibly validating and inspiring. Here, the speakers candidly relate stories of medical challenges,

difficult diagnoses, and journeys to acceptance, and openly share what gave them the strength and fortitude to overcome their nisyonos.

As one listener said, in response to the story shared by Mrs. Rachel Kaplan: "If this was the only story on the entire Nishmoiseini hotline, the entire investment would have been worth it!"

2

ABC

**Lectures.** Some speakers are featured weekly, including the popular "Weekly Boosts" from Mrs. Shoshana Kay and Mrs. Shaindy Kleinman. Others are one-off lectures by world-renowned speakers such as Rav Ari Eisenberg on the Yiddish line and Rabbi Y. Y. Jacobson on the English line. Topics vary: from dealing with shame and embarrassment around a child with special needs to encouraging positivity with themes like hakaras

hatov and inner strength.

Option 2 on the Yiddish line (coming soon on the English one, too!) includes playbacks of inspiring songs as well, which are selected especially for the chizuk they provide. One example is the popular "A Yiddishe Mamme," giving strength and inspiration for the mothers. It's a popular feature, and one that receives a lot of feedback. Truly, music can speak to the heart!

4

GHI

### Coffee room.

This part of the hotline is private—only those who sign up are admitted, which ensures it remains private and confidential for parents of children with special needs. Participants—who currently number over 300—can leave messages about anything they'd like, such as ideas or suggestions, recommendations for doctors or services, or a private interview, and others can listen and respond. It's like a chat group but with voice

messages only.

The goal of the coffee room is to create an interactive forum for parents; the challenge here was to get the conversation started. Once the first question was asked, the conversation began. Reaching 20 messages took time; getting from 20 to 40 was a whole lot quicker! Now, the chats buzz with conversation and action, as parents discuss different points and share ideas with each other.



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# SERVICE FROM THE HEART

## Compassion And Care At OPWDD HCBS



Visit the OPWDD-HCBS (Home- and Community-Based Services) department at Hamaspik of Kings County, and you'll discover a hub of teamwork, dedication, and genuine compassion for every single client—because this is a department for whom going the extra mile is a daily occurrence. Here's what the HCBS coordinators do with their days—and how they combine providing services with giving support and hope to people going through challenges so they can lead a fulfilling, productive life.

"The HCBS department is at the core of Hamaspik's services," Mr. Joel Lefkovits begins. "We provide home- and community-based services for individuals, both to offer them goal-oriented and recreational opportunities and to give respite to their families."

The two main types of services provided through the HCBS department are Com Hab and Respite. "Com Hab is where the individual will work on specific goals or skills, while respite is simply to give them and their families a break," Mrs. Chava Laufer explains.

The individual also has the option of utilizing their hours to attend various programs or activities, including Hamaspik's ASR (after school respite) programs: Ahavas Golda, Achievers, Boneini, Bonei'ich, Haktanim, Fit with Friends, and Playhouse.

"The child could have DSPs (Direct Support Professionals) taking them out, they could attend Hamaspik programs, or they could join a contracted program—it's all about what's best for them," Miss Chayala Wertheimer emphasizes. "One very important thing for many individuals is having enough hours to go to camp in the summer."

"The programs we contract with have great experiences working with Hamaspik," Mr. Lefkovits shares. "Thanks to our fantastic team of coordinators, the process is very smooth. In fact, many programs are so happy with the services we provide that they actively recommend parents to obtain services through Hamaspik."

But that isn't all. HCBS coordinators take care to ensure that parents are aware of all the options available for them at Hamaspik, such as the Stardust support groups and the wealth of chizuk on the Nishmoiseini hotline. Whatever a parent struggles with becomes the coordinator's concern.

"What sets Hamaspik apart is the focus on compassion and going the extra mile," Mrs. Laufer says. "Whether it's directly HCBS-related or something that's not exactly part of the job description, the coordinators will do everything they can to help—or to guide the family to someone else who can help them out with the particular issue."

Compassion is a theme that repeats itself again and again throughout conversations with the regional managers.

"Every day, our coordinators go the extra

### BIOS:

**Mr. Joel Lefkovits** is the OPWDD-HCBS Director, drawing on his expertise in the field to lead a dynamic team with an ever-growing caseload, empowering them to consistently raise the bar when it comes to giving the best possible service to clients.

**Mrs. Chayala Rubin** is the OPWDD-HCBS regional manager for the Williamsburg team. Thanks to her dedicated leadership, her team excels in getting things done, all the way and with constant compassion and care.

**Mrs. Chava Laufer** is the OPWDD-HCBS regional manager of Hamaspik's new Five Towns location, and she was instrumental in its opening. Her staff exemplifies Hamaspik's core value of Adaptability, working with the Five Towns community from within their own culture and norms.

mile for our clients," Miss Wertheimer says. "For example, one Erev Shabbos, when a client called desperately that she needs a worker as an emergency came up, a coordinator stepped in to do the job herself, when we couldn't find someone. Needless to say, it wasn't part of her job at all!"

"I'm amazed by the way the coordinators go above and beyond to help our families," Mr. Lefkovits says. "When I speak to the clients, they each insist that they have the 'best, most dedicated' coordinator. One mother said she feels like the only client—that's how much care and individual attention she receives from her coordinator."

Considering every HCBS coordinator has a caseload of dozens of clients, that sentiment is incredible.

"Because the coordinators forge excellent relationships with the parents or caregiver, they become the go-to person when the client needs any kind of help," Mrs. Laufer says. "And they'll always try to do what they can to help out."

"There's one mother who has a hard time coming into the office for paperwork, so the coordinator personally delivers and collects it for her," Miss Wertheimer shares. "Another mother is embarrassed that her child needs services from Hamaspik—she tries to hide his condition. So we make sure all birthday or Yom Tov gifts are delivered in a nondescript bag."

"One coordinator was working hard on

Erev Sukkos—when everyone else was at home preparing for Yom Tov—trying to find a way to get a ticket for the Chol Hamoed trip delivered to her client's door," Mr. Lefkovits says. "That's a typical example of the attention a coordinator will give to every detail of their client's needs. And of course, there's the day-to-day examples: a client needs practical help with daily functioning (for adult individuals who live independently), more hours, or a new worker. The coordinators will expend every effort until they find what the individual needs."

Finding workers, or DSPs, for each individual can be a daunting task, but as Mr. Lefkovits says, "We do our best and Hashem does the rest." The coordinators generally start by asking the client for their own suggestions, and then reach out to the recruitment department, which might reach out to other DSPs for ideas or seek new workers through advertising. Mrs. Ruchy Weiss, lead recruiter, works tirelessly at finding and hiring new workers to provide HCBS services.

"When the family thinks of someone who's already in their circle of support, it's ideal on many levels," Mrs. Laufer says. "It's usually a great fit and works well in the long run. Otherwise, we do our best to match a new worker with the right individual."

"The coordinators understand the client's wants and needs, and they follow up on everything to make sure it all works out," Mr. Lefkovits says. "The follow-up is an important part of the job, because every client has different needs and we want to make sure these needs are always met."

"The parent has to be happy," Miss Wertheimer says. "We have the workers meet with the clients first, to check that they both feel it's a good match."

And of course, when one coordinator is looking for a worker, the team comes through for them.

"We have a super team, so caring and so united," Miss Wertheimer says. "It's amazing to see how they help each other find what they need."

"The coordinators are constantly advocating for their clients," Mr. Lefkovits adds. "Many times, they'll come to me with questions like, How can this be done? How can we accommodate this specific request?"

Mrs. Laufer concurs with this point. "What makes my team happy is when they can get approval for more services. When an individual

CONTINUED ON PAGE 20 >>

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5

JKL

**Q&A.** Parents send in questions, which are answered by Rabbi Shimon Gertner, whose experience in dayanus, chinuch, and marriage counseling gives him the knowledge and understanding to deal with all sorts of halachic and hashkafic topics. Questions include whether a parent should put in efforts that a son with special needs should don tefillin,

and whether it's permitted to do therapy on Shabbos (where it doesn't involve actual melachah).

Rabbi Gertner aims to answer every single question, but if something comes up that isn't appropriate to answer in public, he generously offers listeners to call him in person with the question. No parent should be left unanswered!

8

TUV

**Events.** This section hosts live events, including the incredibly successful initial event in which R' Elimelech Biderman addressed parents with words of chizuk and

inspiration, and a recent live event by Rabbi Y. Y. Jacobson. These attracted thousands of callers in a single day and received a tremendous amount of feedback.

6

MNO

**Interviews.** This option includes interviews with parents, therapists, lecturers, and so on. People enjoy

listening to the back-and-forth of interviews; it's a different style to the flow of a single lecture.

7

PQRS

**Service section.** Compiled with Hamaspiik of Kings County's intake coordinators, parents can hear about services they might be entitled to—not only from Hamaspiik, but including

anything provided by the state. Additionally, there are lectures on special education, various therapies, and so on. Clearly laid out, parents don't have to struggle to access the information that they need!

9

WXYZ

**Messages.** Any listener can share their comments, questions, or suggestions here. And they do—Nishmoiseini receives dozens of messages weekly, demonstrating the vital need we're filling and the gratitude the parents feel to have this valuable resource and connection. There are also private mailboxes for the regular speakers.

Some examples of feedback recently left on the line:

- The hotline is amazing, unbelievable, out of this world! The speakers, one by one, are each so

real, so powerful, and so energetic—they give me so much chizuk. Thank you so much!

- Nishmoiseini hotline continues to be a great source of inspiration! Not surprisingly, the English line keeps up with your high standards, being very professionally run and a pleasure to listen to. I especially enjoyed Mrs. Shavy Grossberg's story, the panel of women speakers, and Rabbi Fishel Schachter's speech, to name just a few. Keep up your amazing work!

<< CONTINUED FROM PAGE 19

needs something and we can help them get it, it's the greatest feeling! And being able to tell parents that their child has been approved for more hours—and they'll receive more desperately-needed help—is so exciting. It's what we're here for!"

While this is clearly a highlight of the job, the coordinators rise to the occasion even when their position demands a lot of them.

Aside from communicating with clients, the coordinator remains the address for anything that comes up for the Com Hab and Respite workers themselves, as well. From overseeing billing to addressing challenges with clients, each coordinator is available for the DSPs just as she is there for the clients and families.

"We work hard to successfully overcome any obstacle that stands in our way," Mr. Lefkovits says. "One example was initiating the EVV system at the beginning of 2021. Instead of using paper timesheets, every worker had to be trained to clock in and out in real time. That was a huge undertaking for the coordinators, but they accomplished it with great success."

Upgrading systems and making the process even smoother for clients is par for the course for the HCBS department. A great example of that is

the recent addition of an office in the Five Towns. "Until now, Five Towns clients were getting services through the Boro Park office, where coordinators weren't necessarily familiar with the local resources or demographics," Mrs. Laufer says. "For example, if a client needs a worker on Shabbos, you have to be familiar with the neighborhood to know who lives nearby and can help them out."

The fact that the Five Towns office is staffed by Five Towns residents, who are intimately familiar with the locale and culture, is another factor that helps people feel at home at the new location, as well as the feeling of being 'present' for the parents. "The parents are in a familiar area, they can come by and meet us in person, it helps them feel cared for," Mrs. Laufer says.

This care for the feelings and needs of every parent is true across the board of the HCBS department. When Mr. Lefkovits has the opportunity to speak to a parent, he'll ask how they find the services. "They're always very happy and thankful," he says. "I recently spoke to a parent who told me that although she's never met the coordinator, she just feels the smile coming through the phone. And that could be said for every one of our coordinators."

Mrs. Laufer receives amazing feedback about her team members. When one coordinator was giving

up some of her caseload, the mother protested, "You can't take her away from me, we love her."

Mrs. Laufer told her, "Don't worry, you'll love the next one, too." And she does.

Additionally, Hamaspiik has developed a reputation in the Five Towns for having all the answers. "I was on a neighborhood chat where a parent was asking a question about a specific issue. One mother replied, 'Call Hamaspiik, they'll have the answer.' I don't have all the answers, but the parents often think so because when we don't know something, we don't just turn down the request—we try to find someone who does know the answer."

"I feel privileged to be a part of this fantastic team," Mr. Lefkovits says. "In fact, my appreciation for them sparked the Hamaspiik staff nights out at The Loft—I wanted to treat the team to something special, and thought of a special dinner in appreciation of the way they work together and support each other. After that, it became a trend for every department."

Mrs. Laufer sums up the work of the department: "We're completely focused on Hamaspiik's mission. When questions arise, I refer to the mission statement to give us clarity on how to move forward. It's a guidepost for us and for the entire agency."





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## Status Report

# Happening In Hospitals Today

### CHINA-MADE CONTRAST DYE SHORTAGE HOLDING UP U.S. SURGERIES

**Shanghai, China** — So here's an example of how the increasingly-interlinked global economy is affecting healthcare—especially the U.S. hospital industry: contrast dye.

Patients needing an MRI or CT scan that also requires an injection of contrast dye, which allows doctors to better see blood clots or unwanted growths before performing surgeries, now may have to wait a bit—because the Chinese factory that manufactures the majority of the contrast dye used by U.S. facilities had been shut down for a while.

Many hospitals across the nation are postponing scans used to diagnose cancer and other diseases due to the shortage, various media outlets have been reporting of late. The lack of dye in exams can make it more difficult to diagnose cancer or monitor the progress of treatments. U.S. physicians are also reported to be delaying some cardiac catheterizations as a result.

### END OF RELIEF AID PRESSURES SAFETY-NET HOSPITALS, UNINSURED

**New York, New York** — During the pandemic, American hospitals were grateful recipients of timely federal largesse that helped keep many of them financially afloat—particularly so-called “safety-net” hospitals that care for the uninsured without recompense.

However, with the ending of several federal funding programs, financially struggling safety-net hospitals—as well as uninsured patients who delayed care—are under new pressure.

Under the Provider Relief Fund, hospitals collected tens of billions in direct funding, while the COVID-19 Uninsured Program funded over \$20 billion in reimbursements to about 50,000 hospitals, clinics and other providers.

That funding has now dried up.

Although hospitalizations are tapering off, safety-net hospitals are



**DYE-TIED:** IMAGES LIKE THIS MAY BECOME SCARCER IF SUPPLIES OF CHINA-MADE CONTRAST DYE BECOME HARDER TO PROCURE DUE TO A PROLONGED FACTORY SHUTDOWN OVERSEAS

now getting an influx of patients who delayed care for other conditions.

### INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) RELEASES PATIENT SAFETY REPORT

**Boston, Massachusetts** — Collaborating since mid-2018, representatives of 27 healthcare-related organizations have now recently released *Safer Together: A National Action Plan to Advance Patient Safety*.

The report, spearheaded by the Boston-based Institute for Healthcare Improvement (IHI), makes 17 key recommendations.

These include: committing resources to advance safety; engaging patients and families in the co-production of care; a healthy work environment fostering health-care workforce joy; and shared goals for safety across the care continuum.

“Despite substantial effort over the past 20 years, preventable harm in health care remains a major concern in the United States,” reads the plan’s executive summary.

“Reducing preventable harm requires a concerted, persistent, coordinated effort by all stakeholders, and a total systems approach to safety.”

### FIVE U.S. HEALTHCARE GROUPS JOIN FORCES TO TACKLE HOSPITAL NURSE SHORTAGE

**Silver Spring, Maryland** — Despite a recent increase in nurses, the number

of registered nurses (RNs) working in U.S. hospitals is still dropping due to vast numbers leaving their hospital jobs.

The Nurse Staffing Task Force, a five-group team, is now working on reversing this shortage by addressing its causes.

According to the group, key reasons include an aging workforce, nurse burnout, family obligations, and workplace violence.

The team’s recommendations include: a healthier work environment; more scheduling flexibility; addressing the nurse wellbeing continuum; innovating care delivery models; and more responsive compensation.

“Hospitals can add all the rooms, beds and equipment they want,” said Beth Wathen, president of the American Association of Critical-Care Nurses, “but none of that matters without nurses there to take care of sick patients.”

### U.S. SURGEON GENERAL WARNS ON NATIONAL HEALTHCARE BURNOUT

**Washington, D.C.** — Healthcare provider burnout—a problem affecting not just nurses but doctors and other medical professional, and not just during the pandemic—has gotten to the point that even the U.S. Surgeon General is warning against it.

In an advisory, Surgeon General Dr. Vivek Murthy sounds a fairly dire alarm—but lays out a cautiously optimistic, hopeful road map for the industry to pull out of its slump.

The advisory recommends that employers enact policies encouraging and rewarding staff for getting mental health treatment, among other things.

Burnout is characterized by feelings of emotional exhaustion, depersonalization and a low sense of accomplishment at work. Over half of public health workers reported symptoms of at least one mental health condition, including anxiety, according to March-April 2021 data from the CDC.

### DOCTORS, PUBLIC HEALTH EXPERTS CALL FOR MAINSTREAM METHADONE ACCESS

**Washington, D.C.** — A drug called methadone is commonly prescribed to help individuals with opioid use disorders recover and return to healthy lives.

However, under a law first enacted in 1972, methadone may only be provided to such patients at licensed opioid treatment program (OTP) facilities—in turn often necessitating travel to such facilities.

Such required travel is often cited as one reason why middle-class and/or suburban demographics have easier access to methadone, while poor and/or urban demographics—often minorities—have harder access.

In an editorial in health-news outlet *Health Affairs*, a group of physicians and public-health professors call for the passage of the Opioid Treatment Access Act of 2022. The bill would allow pharmacy-based dispensing and office-based prescribing of methadone outside of OTPs by doctors board-certified in addiction medicine. ★



**AN INJECTION OF COMMON SENSE, PERHAPS:** IN AN EDITORIAL, SEVERAL PROFESSIONALS CALL FOR MORE PUBLIC ACCESS TO METHADONE, AN OPIOID OVERDOSE-TREATING DRUG





# The Senior Care Gazette

News from  
the World of  
Hamaspik  
HomeCare and  
Senior Health

## Supporting a Patient's Supportive Family

*Wife, Children of Post-Stroke Patriarch Backed by Hamaspik HomeCare's Team With Fast Response, 24-Hour Pro Aides*

What a world of difference a supportive family makes.

When a beloved husband, father and grandfather must weather the ravages of post-stroke recovery at home, on top of preexisting dementia, an intuitively-giving soulmate and life's partner of a wife, duty-bound sons and daughters and children-in-laws, and spunky grandchildren are everything.

But sometimes, even that isn't quite enough.

"This patient has several conditions that he is dealing with right

now, including difficulty walking and swallowing and eating," explains Esther Hoffman, RN, medically supervising that case as one of Hamaspik HomeCare's several superb staff nurses. "He is very lucky to be surrounded by a loving and supportive family, generating a very positive atmosphere during his convalescence," she continues. "He was very functional before this incident, but for a man of his age, recovery can be more challenging."

So Esti Stern sent in Olga Adam, of course.

As a Coordinator for Hamaspik HomeCare's many trained in-home care staffer, Ms. Stern was assigned the case on a Thursday morning, not long after the aforementioned patient had been discharged by the hospital. Being bed-bound, he qualified for 24-hour at-home care.

The capable staffer quickly shuffled two staff shifts and within several hours, Ms. Adam, a veteran Hamaspik HomeCare personal care aide (PCA), was covering the case. "Ms. Stern is extremely dedicated and always going the extra mile to assist patients," adds

longtime Director of Coordination Rivky Bodner.

Why Olga Adam? "She's previously covered for a lot of other cases," proudly notes Ms. Stern—including those involving the sometimes-hostile, always-unintentional yelling and other adverse behaviors of dementia patients. "Somehow, she always manages."

You have a hard job, the *Gazette* reminds Ms. Adam. "What keeps you motivated?" "It makes me feel good," she replies. "I'm doing the good for them that I would want for my own grandma."

Doing smaller shifts along with lead aide Adam came capable PCAs Marie Amboise, Keldy Dama, Marie Toupuissant and Guilene Pierre-Louis, all as proud of their Haitian background as they are of their Hamaspik HomeCare brand.

As such, in a grateful letter from the patient's son and his wife to Hamaspik HomeCare, said aides were shortly described as *terrific*, *understanding* and *patient*. "They have been respectful and sensitive regarding Shabbos and Yom Tov," specified the daughter-in-law. "They are respectful to my mother-in-law even when situations are challenging. Home run to the Hamaspik team!"

And a winning team it is indeed. ★

### ► HEALTH NEWS

## Key Senate panel wants to axe in-person requirement for virtual mental health services

Washington, D.C. — Seniors on Medicare will continue benefiting from virtual mental-health care and not be limited to in-person-only visits—if a U.S. Senate group has its way.

Under policies made permanent during the pandemic, Medicare

members were able to get their telehealth mental-health visits covered fully—but only if said seniors had had an in-person visit with that provider in the previous six months. The bipartisan Senate group is working to do away with that restriction.

For some virtual-only telehealth companies that gained a foothold during the pandemic in the senior mental health care industry, relaxing the in-person visit requirements would be good news.

The proposal would also require reports on telehealth usage, which has been a point of contention as lawmakers have debated the guardrails around telehealth use. ★

## Prototype "smart socks" to detect distress in people with dementia, alert caregivers

Bristol, England — Instead of putting sensors that track heart rate, sweat levels and motion on the wrists of people with dementia, why not build them into their socks?

Sounds funny, but something serious is afoot at a three-person British startup called Milbotix, which has now invented "smart socks": sensor-equipped cloth footwear that sends real-time information to smartphone apps used by caregivers—alerting them

when loved ones may be getting aggressive, allowing real-time care interventions.

Milbotix was dreamed up by British inventor Zeke Steer, PhD, who sought to help aid his great-grandmother ailing from dementia.

According to Dr. Steer, the socks look and feel like their conventional counterparts, do not need charging and can be washed in a machine. The inventor hopes to bring them to market in 2023. ★

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