



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:

HOW OFTEN DO YOU GET HEARTBURN?

A: FREQUENTLY; B: SOMETIMES; C: NEVER

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



HEALTH STAT

A BURNING ISSUE FOR U.S. CITIZENS

Frequency of symptoms:	Number of Americans:
At least once monthly	over 60 million
Daily	over 15 million

Sources: MedlinePlus; National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); American College of Gastroenterology (ACG)



HEALTH TIP

CHEW AWAY THAT HEARTBURN!

Sounds strange, but chewing gum stimulates production of saliva—which buffers against acid. Plus, chewing gum makes you swallow more often—pushing those acids out of the esophagus. But just make sure your gum is sugar-free (i.e. good for your teeth).

Source: WebMD

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HAMASPIK NEWS

A RIDE FROM THE PAST FORMS A HAPPY PRESENT

THE GENTLEMEN OF HAMASPIK OF ORANGE COUNTY'S ACRES BRIDERHEIM RESIDENCE ARE ALL SMILES AS THEY ENJOY THE GIFT OF EQUESTRIAN EQUITY AROUND THE NEIGHBORHOOD, THE MAGIC OF A BYGONE ERA TRANSPORTING THEM TO A HAPPY SPACE



EQUESTRIAN THERAPY TAKES MANY FORMS, FROM THE PROFESSIONAL TO THE INFORMAL AND MANY POINTS BETWEEN. INDIVIDUALS SUPPORTED BY HAMASPIK HAVE BENEFITED FROM ALL OF THEM OVER THE YEARS.

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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.

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

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

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

Clothing Clients With the Mantle of Dignity

In Record Time, Care Manager Arranges Brand-New Wardrobe for Teen From Single-Mom Family

“Everyone on my caseload needs help,” says the Care Manager, “but this case touched me.”

The *Gazette’s* talking to Mrs. Rivka Mirakova, a credentialed and experienced special-ed teacher who’s also been a Care Manager at Tri-County Care for some three years now.

She is sharing about how, not long ago, she got a distraught after-hours call from a client’s mother, practically frantic over her daughter not having a decent wardrobe with which to start the season.

Care Manager Mirakova was moved. So in a matter of a few hours, she simply got her client a whole new wardrobe.

TAKING THE CALL

It was 6:00 p.m. and Mrs. Mirakova had already wrapped up another day working from home (lingering post-pandemic routine, you know) when the phone rang. On the other end was a woman in tears.

The caller, the single head of a sizable-enough household, was the mother of one of her clients, a 14-year-old girl with a raft of personal challenges. Mom is as equally devoted as she was at the moment overwhelmed—and, shall we say, she is very devoted. Out of near-desperation, never mind temporary unemployment and not even having a car, she now called her daughter’s TCC Care Manager.

What had happened was that the girl had been accepted into a local youth program at the last minute—and, adds the Care Manager, the program was actually starting the very next day.

“The daughter was going through a lot,” she continues. “She needs a lot of help. It’s a single-mom household, there are a bunch of girls in the house, Mom is not working, so I said, ‘Let’s at least help them financially—it’ll be one less thing to stress about.’ So we got that covered.”

By “covered,” the Care Manager means starting the evening literally not

knowing what your beautiful daughter will be wearing the next day (other than a visibly well-worn outfit)—but coming back home mere hours later with arms loaded with loads of new clothes.

Here’s how that happened.

MAKING THE CALL

Care Manager Mirakova called a local *gemach*—a phrase usually referring to a volunteer community moneylender but, when modified, referring to any number of goods or services. Here, the *gemach* being called dealt in clothes, not cash.

With the lady at the first clothing *gemach* unable to help for whatever reason, Mrs. Mirakova promptly called a second, where a gentleman, strapped for options, referred her to a third. It was there that, at 7:00 p.m., a kindly woman readily rushed to reopen her doors given the situation.

With an Uber sponsored by a caring community member, the mother and her special-needs daughter arrived

at 9:00 p.m. at the clothing *gemach* located on Brooklyn’s central Bedford Ave. The *gemach* manager was waiting.

As a beautiful bonus of sorts, the woman is also a *shadchan* (matchmaker), so thanks to Mrs. Mirakova’s magnanimity, an older single sister accompanying the family to the *gemach* was inducted into the *shadchan’s* “database” for possible future introductions.

Shortly after 10:30 p.m., they walked out with bags of all the new clothing they needed, and even new shoes—and all, as *gemachs* go, totally free of charge.

So with the whole story, what is the Care Manager proudest about? What gives her the most satisfaction?

For starters, the fact that the family was helped, and the speed with which they were helped, she first notes—bothered as she was that a family might have gone without help.

“I’m happy,” she says, “that the family got what they needed.” ★

● ► HEALTH NEWS

Marching to the Beat of Health Improvement

Study Demonstrates Measureable Benefits of Drum Lessons for Youth with Autism, Affirms Vast Existing Research on Music-Health Link

London, England — Cursory research on the subject reveals a vast pool of existing literature on the health benefits of music.

From playing pretty much any instrument, never mind the drums, to simply singing out loud on a regular basis, scientific research over the past several decades continues to demonstrate marked and in many cases permanent improvements in physical health as a result of making music. Links between good senior brain health and music has been especially noted.

In fact, a number of research institutes at U.S. schools of higher learning variously continue to explore the link between mental, neurologic, cardiac or general health and regular musicianship.

Now, all of that—the notion that playing an instrument improves your health—comes to the fore yet again. Now, a study out of King’s College London links drum lessons with measureable mental-health improvement in teenagers who have autism spectrum disorder (ASD).

Researchers at the school’s Institute of Psychiatry, Psychology and Neuroscience first divided 36 volunteer teens on the spectrum into two groups. Half were randomly chosen to get two weekly drum lessons over two months, while the other half didn’t.

Volunteers also underwent brain scans and neuropsychological testing both before and after the study.

Built around a standard electronic drum kit program, the research was designed to track each teen’s motor performance and timing accuracy. The lessons themselves consisted of learning to perform a series of repetitive rhythm patterns.

By study’s end, caregivers and drum tutors reported better ability to make eye contact, needs verbalization and



POUNDING AWAY AT PROGRESS: DRUM LESSONS BENEFIT TEENS WITH AUTISM, SAYS STUDY

emotional regulation in the drumming students than in the non-drummers. Better self-esteem and fewer angry outbursts were also reported.

So, want to improve pretty much anyone’s overall wellbeing, never mind youth with ASD? Get playing! Music, that is. ★

Hamaspik Gazette

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Happening in Health Today

“GLOW-IN-THE-DARK” CANCER SENSORS NOW CAN BE PLACED DEEPER IN THE BODY

Cambridge, Mass. — Advanced biomedical technology known as *fluorescing nanosensors*, which basically means glowing cells, allow doctors to cause cancer cells or other cells to literally light up under certain lights so that doctors can better see and treat them. (Sounds pretty futuristic, doesn't it?)

However, fluorescing nanosensors could only be “installed” so far inside human tissue—put them in too deep and the cells simply won't light up.

But now, biomedical researchers at the Massachusetts Institute of Technology (MIT) have found a way to dramatically improve the signal emitted by fluorescing nanosensors. They showed that they could implant sensors as deep as 5.5 centimeters in tissue and still get a strong signal.

The advance allows the particles to be placed deeper within biological tissue, which could aid with cancer diagnosis or monitoring.

GLOBAL INFECTION-FIGHTING NONPROFIT SCORES MILLIONS IN FUNDING FROM U.S. GOV'T

Boston, Mass. — Health-related headlines have dwelt over the past two years on far more sensational (and hence more profitable) stories on outbreaks and viruses.

But meanwhile, a Boston-based global health charity called Wellcome has been quietly writing one of the biggest real stories in modern healthcare: effectively combating antibiotic-resistant infections.

These infections, most commonly striking hospital patients, are responsible for over 35,000 annual deaths and over \$4.6 billion in annual spending in the U.S. alone.

To help fight these ongoing infections, Wellcome has been running its Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X).

The CARB-X program supports early-stage therapies and diagnostics

for antibiotic-resistant infections.

To date, CARB-X has spent \$503 million to advance 92 such products. And now, it has secured another \$300 million from the U.S. Dept. of Health and Human Services for the next decade.

READING TO CHILDREN ALOUD MAKES THEM SMARTER, RESEARCH CLAIMS

Trento, Italy — According to researchers at Italy's University of Trento, reading out loud to children

ages six through 12 for at least an hour a day in school can boost their intelligence.

An experiment was conducted on over 600 children across 32 Italian elementary schools. In one group of students, teachers read age-appropriate fiction aloud to students for an hour a day—while a second control group continued their regular activities.

At the start of the experiment and again after four months, students were tested with the industry-standard Wechsler Intelligence Scale

for Children (WISC-IV) and Cognitive Assessment System Scale (CAS2). Children who were read to an hour a day showed a “markedly stronger increase on measures of intelligence,” according to the study.

STUDY FINDS TEEN SCHOOL EXERCISE RATES IMPROVE WITH SCHOOL MORALE

Athens, Georgia — New research from the University of Georgia (UGA)'s College of Public Health finds that improving a school's *climate*, or overall psychological atmosphere and morale, can increase physical activity among adolescents.

The research was based on a data from a statewide survey of over 360,000 Georgia high school students that included questions about physical activity levels and school climate.

That survey queried young respondents on eight characteristics of climate: school connectedness, peer social support, adult social support, cultural acceptance, physical environment, school safety, peer victimization (bullying) and school support environment.

The study found that students were more physically active when school climate was perceived to be positive across most measures.

The study was published recently in the *Journal of Adolescence*.

DANCE-PROMPTING MUSIC ALSO IMPROVES THINKING ABILITY IN LISTENERS' BRAINS

Tsukuba, Japan — So now, it's not just music in general that benefits the mind. Music with that specific upbeat “groove” that moves listeners to physically dance, Japanese researchers now say, specifically enhances the brain's executive function.

In the study, published recently in *Scientific Reports*, researchers defined dance-inducing music in musical details too technical for this brief report.

However, using *functional near-infrared spectroscopy* (fNIRS) brain tests before and after listening to such music, researchers found that participants' brains showed improved *executive function*. This refers to a set of mental skills including working memory, flexible thinking, and self-control.

Participants also performed a color-word matching task before and after listening to carefully selected tracks of upbeat music.

According to researchers, the study may help better explain the positive benefits of dancing in general.

CHICKEN DELIVERS MORE PROTEIN THAN PLANT-BASED DIETS



POULTRY POWER: CHICKEN-BASED PROTEINS ARE BETTER DIGESTED, SAYS RESEARCH

Washington, D.C. — Vegetarian, vegan and other non-meat-based diets are largely popular nowadays, with consumers opting for a number of reasons to obtain their diet's intake of protein from non-animal sources.

Protein is the human body's primary building block; it builds and repairs muscle and other tissue, as well as bone and cells themselves. The National Academy of Medicine recommends that adults eat about seven grams of

protein every day for every 20 pounds of body weight.

But according to new research by the American Chemical Society (ACS), proteins in a model plant-based substitute were not as accessible to cells as those from chicken—meaning that chicken-based protein was absorbed by the body better than plant-based protein. Lab tests conducted by the ACS now show that proteins in substitutes don't break down as well as those from meats.



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: 76 Columbia Avenue
718-387-8400 // HamaspikKings.org



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מרכז עזרה לצרכי הציבור

● ► HAMASPIK NEWS

At Hamaspik's Concord Briderheim, a Different Kind of Continuing Education

Staff, and Residents, at Rockland Group Home Enjoy Informative, Enriching Daily Talmud-Study Session

The Concord Briderheim Individualized Residential Alternative (IRA) is one of Hamaspik's dozen-plus group homes for people with disabilities across greater New York.

It's also one of several otherwise-ordinary single-family houses operated by Hamaspik which house and otherwise service the disability population of Rockland County alone.

Situated like most on a bucolic suburban plot, fronted by a picturesque lawn and backed by a spacious yard, the Concord IRA blends perfectly into mainstream suburbia, as in fact intended.

Its resident body, limited to the maximum capacity of eight under New York State rules, consists of young men with intellectual/developmental disability (I/DD) from the Chasidic community.

In short, it's your perfectly average Orthodox Jewish household in the suburban reaches of greater New York—in this case, in the Concord neighborhood of the upstate enclave of Monsey.

And now, in fact, even the daily religious studies timelessly hallowed by Orthodox Jewish community members right in their homes is also a regular feature of the Concord Briderheim.

It all started a good few months ago, when effervescent, energetic manager Zalman Kepetch and other staffers hatched the idea of daily Talmud study right in the dining room of the group home.

Reviewing the text of the Talmud (a.k.a. the Gemara), the magnum opus of Jewish law (or any of the endless volumes of Jewish religious literature, for that matter) is a staple of Jewish life.

But most such study is undertaken by community members in the early morning hours before work, or in the late evening hours after a day's work. Concord's work schedule obviated both.

So Mr. Kepetch thought of a simple, commonsensical workaround: make that daily study session part of his Direct Support Professionals' (DSPs') daily onsite work!

As a result, the Concord DSPs now show up for afternoon shifts and get working by first learning.

While they do have to be present, as they are, before the gentlemen



A HOME OF STUDY: THE CONCORD BRIDERHEIM'S SUBURBAN SETTING FORMS THE PERFECT VESSEL FOR PLOWING THE TALMUD'S ENDLESS SEAS

arrive back home from Hamaspik's Day Hab program for men, that's just to ensure that the house is set up for them.

The study session that said gentlemen encounter upon arrival, though, is cut from a different logistical cloth, and one that serves two purposes, elucidates Mr. Kepetch.

Firstly, of course, staff must be present to receive the daily returnees should they immediately require any support. But vastly more significant is to essentially turn the home into a study hall.

The ubiquitous *beis medrash* (study hall)—that library-like study in high-traffic, book-centric interior design—is part and parcel of the communal culture home to Hamaspik here.

Assuch, blending both faith-based community integration and as much mainstreaming into the surrounding community as possible, the study session makes the individuals feel right at home.

"It makes them feel that they are in *beis medrash* over a Gemara," Mr. Kepetch explicates. "Instead of bringing them to *beis medrash*, we bring the *beis medrash* to them!"

That Gemara study usually kicks off about one hour before the "boys" get home. When launched, two staffers participated; now all four DSPs join to digest, discuss and debate the text.

According to Mr. Kepetch, on an



PUTTING IT ON THE TABLE: A VOLUME OF THE TALMUD'S WISDOM AWAITS ITS DAILY PROBING

average day, two or more residents will join the session for about ten minutes on average. "It introduces a good environment at home," he points out.

Apparently, the daily afternoon staff Torah-study group onsite is a first for any Hamaspik group home—never mind the Concord home or other Hamaspik of Rockland County group homes.

Tongue in cheek, Mr. Kepetch gravely intones to the *Gazette* that full and indisputable credit for the group belongs to him, hence necessitating that this report be exclusively all about him.

But, waxing serious, the Manager agrees with the notion that at Concord, they not only care for residents but also for the spiritual health of staff. Declares he: "They feel more Jewish!" ★

בס"ד



INTEGRATED HEALTH IS LOOKING TO HIRE CASE MANAGERS

This is a highly clinical program with a greater focus on person-centered care than on boring paperwork. **Join our fun team and grow personally and professionally.**

DO YOUR INTERNSHIP WITH US! We have several programs for interns in addition to care management



Enjoy weekly **team meetings**, direct **clinical supervision**, and ongoing mental health **trainings**.



Great work environment with great **camaraderie** and **monthly outings**.



Make a true **difference** in **people's lives**



BA/Yeshiva Degree or equivalent mental health experience a must. Must have a car.
Email resume to Jobs@Integratedhealthrc.org

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



A Feast of Floridity



WHERE FLOWERS SET UP SHOP: PRECISE PICKINGS PREPARED FOR PLANTING (BOTTOM RIGHT); RUSTIC POTS STAND READY FOR FILLING WITH FRESH EARTH AND COLOR-RICH ARRANGEMENTS (BOTTOM LEFT), LIKE (TOP) A GRAND BOUQUET THAT'S ALL READY TO GO

A Shabbos to Remember

Hamaspiik of Kings County treats individuals to memorable Shabbatons throughout the year

It's something that every individual of the afterschool programs looks forward to. Their very own Shabbaton. Action-packed and warm, each Shabbaton is something that the individuals relish, long after the Shabbaton.

Twice a year, each program of Twilights, Hamaspiik of Kings County's afterschool programs, gets their own Shabbos away in the beautiful Hamaspiik Resort, allowing for a personalized program that is a perfect fit for the age and stage of the individuals of that program. With so many programs, Hamaspiik of Kings County ends up hosting a Shabbaton almost every other week!

Directed by Mr. Yehuda Spangelet, Director of Day Services at Hamaspiik of Kings County, each Shabbaton is masterfully orchestrated down to the tiniest detail. Logistics, such as food, table setup, and transportation are custom planned according to the needs of the individuals. Medical arrangements are made in advance and EMTs, as well as a RN, are on-hand at all times. The actual program is planned by the program directors, with an emphasis on giving the children an unforgettable time, all the

while maintaining the highest standards of ruchnius and fun for the counselors. From beautifully arranged welcome packages, fun games, and exciting oneg Shabbos, the individuals are kept safe and entertained the entire time.

"It's never the same Shabbaton, despite the fact that we do it so often," says Mr. Spangelet. "Firstly, we're always upping our standards, striving higher, looking to make things better and better. Secondly, the details are always changing, based on the needs of each program."

While the individuals look forward to the Shabbaton for months, these special Shabbosim serve another important purpose: they enable parents to enjoy a calm Shabbos at home, having a break while their child is having a great time. Knowing that their child is in good hands, they can truly relax and focus on what they don't always have time for.

"The counselors are unbelievable," attests Mr. Hershel Wertheimer, Executive Director at Hamaspiik of Kings County, who attends almost every Shabbaton. "Each and every one comes to the Shabbaton with a full heart and goes above and beyond to help each child have the most amazing time!" ★

A Day Hab Program Grows—and Flowers

Hamaspiik Rockland Women's Division Does Floral Arts Hands-on

Not only are the individuals supported by Hamaspiik growing—their handiwork is growing, too, and in this case, quite literally.

That's because the girls and young women supported by Hamaspiik of Rockland County's day programs for girls and women convened to spend an afternoon putting together and then selling lovely floral arrangements.

The event was conceived and organized by Hamaspiik of Rockland County's Day Services division.

In attendance was the Women's Division of the Day Hab program, as well as those participating in Hamaspiik of Rockland County's Strive Seminary and Neshima programs. Younger girls who regularly attend the UpClub After-School Respite (ASR) program were also present.

The event was held at the Hamaspiik Terrace. That's the onsite ballroom on the premises of Hamaspiik of Rockland County's headquarters complex at the

Monsey Hub, in the heart of Monsey.

The workshop was led by a local florist who also does flower workshops for girls schools and programs.

With tables bedecked by plastic tablecloths, several dozen women and girls—aided and supported by their devoted, doting one-on-one Direct Support Professionals (DSPs), followed the leader's step-by-step instructions on creating beautiful bouquets.

First, they were each given empty flower pots. Then they stuffed squishy water-holding foam blocks into the pots. They then poked individual stems of various flowers and leaves into those blocks, slowly assembling lovely collections of rich organic color, one addition at a time.

Within just about 30 minutes, empty pots were brimming with fantastically arranged arrangements looking like they had been assembled professionally—which, if you think about it, they were. ★

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For Disability Day Jobs, Hamaspik Rockland's SEMP Works Nights

Supported Employment Program (SEMP) Coordinators are in Perpetual Search-and-Employ Mode

"Our goal is to find the right jobs for the right people, especially in our community," says Nate Brown, a Coordinator with Hamaspik of Rockland County's Supported Employment (SEMP) program team. "We find good jobs for our individuals."

The SEMP program is operated by the New York State Office for People with Developmental Disabilities (OPWDD). Under SEMP, qualifying individuals with intellectual/developmental disabilities (I/DD) are placed with local employers. The program gives them extended on-site coaching, from how to perform the job's required tasks to even how to take the bus to/from the job. It also gives financial stipends to employers.

Together with OPWDD, Hamaspik of Rockland County has been providing SEMP for years now—not just matching individuals with local businesses but with major retailers, too. In fact,

Hamaspik of Rockland County has long had a relationship with an area Lowe's Hardware where Hamaspik participants have been placed; the agency is also currently "playing phone tag" with a local Costco about getting another individual hired there.

"Anyone who needs a job," Mr. Brown declares, "We give them the right fit."

Towards that end, it was no less than 1:00 a.m. when, up late at home, Nate Brown was browsing a local ad circular when several business ads caught his eye. He almost-involuntarily tore out several pages for further scrutiny back at the office the next day, then processed that initial reaction—the businesses were likelier to hire individuals with disabilities after a friendly Hamaspik "sales visit."

Given that SEMP Coordinators live and breathe disability employment, it's unremarkable that they're always on the job. ★

The Play of the Day at Hamaspik

Popular Community Theatrical Troupe, Including Gentle-Giant of an Actor, Pops Into Orange County Program

When you're one of the 30 or so members of Neuhaus Productions, a stage performance troupe catering primarily to the Chasidic Orthodox school world, chances are youths will recognize your face as you perambulate that world.

That was certainly the case for Sholom Meir Hecht, a volunteer actor from Brooklyn whose imposing 5' 9" physique somehow always has him playing the antagonist.

One fine day a few months ago found him in an elevator at Hamaspik of Orange County's main building in upstate Kiryas Joel. Also riding was Volvi, a longtime Men's Day Hab regular. The gentleman immediately knew who he was looking at and proceeded to recount Mr. Hecht's several appearances in thorough detail, down to specific lines.

"They know the plays better than we do!" cheerily says Hecht, relating that with Neuhaus' not-infrequent performances for children, those with special needs have the most exacting

memories.

One could only imagine Volvi's ecstasy when Mr. Hecht, accompanied by Joel Brown and Abba Vinkler, now appeared on stage at Hamaspik of Orange County for an exclusive—and utterly unscripted—live skit for individuals of its Day Hab and After-School Respite programs. "He knew me!" Hecht, still astonished, exclaims. "I was his 'friend from the elevator!'"

The skit consisted of the methodical madness of improvisation, with the three players riffing off each other to reduce the Day Hab crowd of dozens to fits of laughter. "The kids had a great time," Hecht reports. In fact, says Day Hab Manager Yidel Kleinman, one boy who usually can never stay in one place remained seated throughout.

Like good sports, the trio stayed after their one-hour play to hang out with the crowd. And the best part of it all? "Making them happy," he declares. "Seeing the smiles on their faces." ★

On the Jobs Job



COMPUTING EMPLOYMENT: SHLOMO HOROWITZ, MR. BROWN'S PROGRAM SUPERVISOR, WORKS A BUSY WORKSTATION IN THE DUTY OF GETTING PEOPLE WITH DISABILITIES WORK

Staging a Scene



THEATRICAL THERAPY: MESSRS. BROWN, HECHT AND VINKLER TAKE ON THE CROWD (TOP); HECHT AND VINKLER "CONFRONT" EACH OTHER (C-LEFT); VOLVI AND FRIENDS EXULT AT THE ACTORS' ANTICS (C-RIGHT); A CAPTIVATED AUDIENCE LOOKS ON, RAPT

The Autism Update

News and developments from the world of research and advocacy

APPLE ANNOUNCES DOOR-DETECTING APP FOR USERS WITH VISION DISABILITIES

New York, New York — Individuals with disabilities may benefit from a suite of new smartphone apps recently introduced by tech giant Apple.

For example, one of the new accessibility-oriented apps is a door detection tool. It uses sensors in iPhones or iPads to help people with vision disabilities find their way when arriving at a new location.

The suite of new software features will be introduced later this year, the technology giant confirmed.

The door detection tool will be available to users with newer models of the iPhone and iPad Pro which house the firm's Lidar scanner, which will be used alongside the device camera to spot doors when a user arrives at a new location.

It will also describe its attributes so the user knows how to open it, as well as read signs and symbols around the door to provide further information like building or office numbers—with the aim of helping those who are blind or have low vision.

APPROVAL FOR EYE-SCANNING AUTISM DETECTOR FROM FDA

Decatur, Georgia — EarliTec Diagnostics Inc., a Georgia-based biotech firm, has developed a software/hardware system that detects and diagnoses autism in tiny tots by watching their eyes.

The system, dubbed EarliPoint Evaluation, is touted by the company as an “evaluation tool”; EarliTec says its system can diagnose autism spectrum disorder (ASD) in children as young as 16 months.

Now, the system has been approved by the U.S. Food and Drug Administration (FDA).

EarliTec's technology captures a child's moment-by-moment looking behavior that is imperceptible to the human eye. Conducted by a trained technician, EarliPoint involves a child watching a brief series of video scenes depicting social interactions between children.

Eye tracking technology monitors the child's focus and responsiveness. Using patented analysis technology, it then compares that data with age-expected norms to determine if the child is missing key moments of social learning.

AUTISM “FEVER EFFECT” RESEARCHERS DISCOVER BRAIN'S FEVER-TRIGGER



THE HEAT (RESEARCH) IS ON AT HARVARD: BIOMEDICAL RESEARCHERS AT HARVARD'S DULAC LAB HAVE LINKED IMMUNE-DETECTING MOUSE BRAIN CELLS WITH FEVERS

Cambridge, Massachusetts — Parents have long reported noticeable decreases of symptoms when children with autism come down with fevers—as if brain temperature going up causes autistic behaviors to go down.

In fact, no less than Harvard University had been researching the “fever effect” recently—when it discovered not the connection between reduced autism symptoms and fever, but the specific area of the brain that triggers fever.

In research on lab mice,

Harvard's Dulac Lab pinpointed about 1,000 previously unidentified neurons (brain cells) in the *hypothalamus*, the part of the brain keeping the body in a healthy state.

These neurons, unlike most other neurons, can detect signals from the immune system in response to infection. They then induce such common symptoms as fever, chills and fatigue.

Still, for now, the connection between fever and autism symptoms remains unknown. ★

autism in their children compared with controls.

EARLY BRAIN MRI PHENOTYPES OF AUTISM TIED TO FAMILIAL ASD TRAITS

Chapel Hill, North Carolina — If one is the first in the family to be diagnosed with autism spectrum disorder (ASD), younger siblings later diagnosed with ASD are likely to have the same specific profile of ASD.

According to a study by the University of North Carolina at Chapel Hill, the autism traits found in *probands* (people who are the first to exhibit or inquire about specific diagnoses in a family) are commonly found in younger siblings, too.

Specifically, researchers found significant similarities between probands and young siblings in such brain variables as a certain kind of cerebrospinal fluid called *extra-axial*. The researchers also found that in siblings who developed ASD, greater levels of proband ASD traits were associated with larger total cerebral volume and surface area.

The study was published in the *American Journal of Psychiatry*.

DEEP BRAIN STIMULATION (DBS) IMPLANT STOPS INJURIOUS BEHAVIOR IN GIRL WITH AUTISM

Toronto, Ontario — A loving father and mother who'd practically spend their entire day holding their precious daughter down are now breathing the greatest sighs of relief.

Nine-year-old Ellie Tomjanovic of Barrie, Ontario was born with a severe form of autism called Pitt-Hopkins syndrome. Its primary symptom is uncontrollable physical outbursts. As a result, young Ellie would involuntarily attack, resulting in a history of injuries to herself and others. Medications ultimately didn't help.

But just under two years ago, Ms. Tomjanovic had an experimental DBS “brain pacemaker” surgically implanted. The device sends an electric current deep into her brain. According to recent reports marking her progress, her extreme behavioral symptoms have all but disappeared. Dr. George Ibrahim, the Toronto pediatric neurosurgeon who implanted the device, says his team is looking for additional young candidates. ★

NEW STUDY LINKS CHILDREN'S AUTISM TO PARENTS' INFLAMMATORY BOWEL DISEASE (IBD)

Stockholm, Sweden — Inflammatory bowel disease (IBD) is a condition caused by dysregulation of the immune system. It is surprisingly common among children who have autism—with rates far higher than those among their typical peers.

In fact, children with autism are 47 percent likelier than children without autism to have Crohn's disease, one

of two primary forms of IBD. What's more, they are a whopping 94 percent likelier to have ulcerative colitis, IBD's other primary form.

But what if *parents* have IBD? Does it make their children likelier to have autism?

The answer is yes, according to new research by Sweden's Karolinska Institutet.

Reviewing years of public-health data on some 2.3 million Swedish children, Karolinska researchers found that IBD in mothers is associated with a 32 percent increased chance of

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● ► HAMASPIK NEWS

Driving Acres' Buggy, White Steeds Carry the Day

Carriage-Carting Workhorses Deliver the Magic of a Bygone Age to Individuals and a Neighborhood

Typical children have fun. Individuals with disabilities should be treated like typical children, no? Therefore, individuals with disabilities, who belong in the mainstream, should have fun.

So went the thinking of Mr. and Mrs. Lipa Laufer, the ageless team managing Hamaspik of Orange County's Acres Briderheim since its inception.

And so one fine day, Mrs. Laufer had a couple of horses come up from the Bronx to clip-clop up and down her residential street lugging a classic carriage brimming with laughing boys.

Because... because! Because individuals are supposed to be subjected to happy experiences, that's why. And what could be more fun than not one but two larger-than-life beasts of burden?

"They loved it! It was so exciting!" exults Mrs. Laufer, asked by the *Gazette* how the young men liked old-fashioned transportation. "It's a pity I don't have a video just to show you!"

Add to that the fact that the only thing more pristinely snow-white than the elegant spoke-wheeled vehicle being pulled by those horses was those horses, and you've got the fun rolling.



THE HORSE IS THE SOURCE, OF COURSE, OF COURSE: ASKED TO ENDORSE A FINE-LOOKING HORSE, DAVID IS HAPPY TO KEEP RIGHT ON COURSE

INTUITIVELY KNOWING NEEDS

Mr. and Mrs. Laufer have not let a decade-and-a-half of living onsite at the Acres Briderheim change them, even when they've since moved on from Acres a short hop up to Highland Mills. There, they've taken up fresh residence on the picturesque and most aptly-named Country Hollow Road.

By day, of course, their bodies, hearts, minds and souls can be found at 121 Acres Rd., the IRA on Kiryas Joel's northern

edge, where the residents of the Acres Residents receive their ministrations.

Part of that intuitive, finely-honed attentiveness includes a sixth sense of sorts—a non-verbal, almost subliminal radar that picks up each resident's vibes and responds accordingly.

If you're a New York State-trained Direct Support Professional (DSP), as quite a few *Gazette* readers are, then you'll know what it means to know what your individual needs just like that.

The Laufers are like that, and have been for close to two decades. And so having made the move to a new home, they took their person-centered intuitions with them. Experience now called.

HORSE SENSE

A phone call shortly went out from Acres to the Bronx Equestrian Center. With a reservation made, a horse trailer with two friendly neighborhood purebred Boulonnais horses headed north.

A good 60 minutes-plus later, the multi-vehicle entourage pulled up in front of 14 Country Hollow in a brochure-worthy Orange County enclave. Fairytale carriage and horses alit.

A handful of crew members, including a professional carriage driver in a perfectly-matching white shirt, bustled about attaching the show horses to their wheeled load.

For the next three hours, it was pure bliss as the individual residents of the Acres Briderheim, who had been transported to Highland Mills earlier in a horseless carriage, rode the carriage in twos and threes.

Each ride made its way up the lovely street, itself a closed loop with one entry/exit point connecting to nearby roadways, completing a circuit to

disgorge its occupants and load more.

In like manner, the gentlemen all got at least one turn to take a trip around the neighborhood in a way most of us will never travel, though our ancestors surely did: in a timeless horse-and-buggy.

OF HORSES AND HAMASPIK

Countless tales are told of the inscrutably noble horse—the bold battle beast of antiquity, the brave black stallion of legend, the red pony of coming of age.

But contemporary times have spawned new takes on the bonds between man and horse—a gray expanse broad enough to pass muster by the scientific method, if only indirectly, while also tipping its hat to the collected lore of yore.

Until the catchall rubric of equine assisted activities and therapies (EEAT), that expanse expands upon a span of standard equestrian disciplines so as to treat, ameliorate, heal or otherwise embrace individuals with a disparate range of therapeutic needs.

Since the 1970s, when EEAT rose in popularity, individuals with cerebral palsy have been turning ordinary horseback riding into rigorous muscle-toning regimens, sometimes with impressive long-term results. Children with gross-motor delays have enjoyed a subset of therapeutic riding all their own. And, in more recent years, horses have been incorporated into the mental-health arts; under simultaneous guidance of therapist and groomer, a patient might grapple with nightmares whilst gripping a mare's reins, or take that brave first step towards facing down fears by lifting up a horse's foot.

And at a growing number of therapeutic equestrian centers nationwide, individuals with intellectual

CONTINUED ON PAGE 13 >>

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● ► HAMASPIK NEWS

Driving Acres' Buggy,

<< CONTINUED FROM PAGE 12

disabilities—who also tend to be affected by physical disabilities—can find finely-honed programs, and sedulously selected steeds, that cater almost exclusively to them.

Thus is Hamaspik nowadays weaving its own salubrious horse tales.

In the greater Monsey area, Hamaspik of Rockland County has for years been regularly patronizing Camp Venture, an indoor/outdoor equestrian venue where individuals have benefited from its trained beasts. Further west, in the rural Warwick, New York home of the Hamaspik Estate, a nearby horse ranch has likewise been visited by Hamaspik individuals.

Years ago, one Hamaspik Day Hab Direct Support Professional (DSP) told the *Gazette* he'd witnessed an individual talk to a horse while visiting Camp Venture. That would have been no big deal—had the individual not been generally non-verbal. But in playing a round of a self-explanatory “talk to the

horse” game, EEAT helped him overcome a key social deficit in a non-threatening setting, significantly improving his communications skills.

But can horses tell special-needs individuals from typical peers?

“Horses do have a sense of when there is a person with special need mounted on them,” Camp Venture supervisor Ken Freson told the *Gazette* in December of 2012. “Therapeutic horses display more patience with individuals with special needs.”

In fact, because of that heightened, peculiar sensitivity to others, equine or human, horses have long been favored as beasts of unburdening. (Think old cowboy, on slow mounted stroll, talking to his old mount.) As prey animals, horses are remarkably keen to nuance, expressed or not, able to handily sense tension, giddiness or anything between—and react accordingly.

Horses' natural gifts of non-verbal communication make them natural for a relatively recent discipline: equine



THE HORSE IS THE SOURCE, OF COURSE: OF DAVID'S CONTEMPORANEOUS HAPPINESS, THAT IS

psychotherapy, often also dubbed equine growth and learning.

And apparently that kind of horsing around works wonders—even if it's just a ride down the street in a carriage.

TAKING MAINSTREAMING TO THE STREET

Once the “boys” were done with their magical journey around the block, not to mention back in time, it was time to share the joy with the entire block—a gaggle of children already out in force.

The neighborhood children of much

of Country Hollow had been in utter rapture, gazing at the glorious beasts as they majestically went by.

So now, with the mainstreaming integration of fun out of the way for their charges, the Laufers opened up the carnival-like atmosphere to the youthful crowd at large. Now they got to ride!

What with typical kids personally witnessing the fun being had by individuals with disabilities, and then desiring said fun for themselves, too, one might even call it reverse mainstreaming. ★

● ► HEALTH NEWS

Tongue-Stimulating “Pacemaker” for Sleep Apnea Helps Youths with Down Syndrome

Implanted Device Dramatically Reduces Sleep Disruption in Pediatric Patients; Phase I Clinical Trial Successful

Minneapolis, Minnesota — Sometimes the best solution to a medical problem isn't to create a new solution but to just repurpose an existing one.

When it comes to pills and drugs, this phenomenon is known as “off-label usage”—using, say, a drug that stops seizures to treat asthma. (Doctors are legally permitted to use their discretion to prescribe drugs “off-label.”)

Now, how about using a surgical implant that treats typical adults with obstructive sleep apnea (OSA) to treat children with Down syndrome who have OSA?

Well, that's exactly what Dr. Hartnick did.

In 2007, the Minneapolis-based Inspire Medical Systems biotech firm was launched around the idea of building and marketing a device called a *hypoglossal nerve stimulator*. The small device, implanted in the chest like an ordinary heart pacemaker, runs a direct line to the tongue—stimulating it to move throughout the night while the patient sleeps to keep the patient's

airway open.

Obstructive sleep apnea, or sleep disruptions due to breathing disruptions, is typically treated with the common CPAP machine worn by patients at night. About 80 percent of children with Down syndrome also have OSA.

So back in the early 2010s, Dr.

Christopher J. Hartnick, MD, MS, the Director of Pediatric Otolaryngology at the Boston-based Massachusetts Eye and Ear hospital network, realized that Inspire's then-experimental device could possibly help his young Down's patients.

By 2015, Dr. Hartnick and several colleagues had a small national clinical

trial going. Some 42 children with Down syndrome had Inspire's device implanted for a years-long study. The results of that study were published recently in *JAMA Otolaryngology—Head & Neck Surgery*.

According to the study, the device cut mid-sleep breathing interruptions by an average of 50 percent. ★



WHEN WAGGING TONGUES ARE GOOD: BOSTON'S EYE AND EAR HOSPITAL (SHOWN HERE) REPURPOSED THE EXISTING HYPOGLOSSAL NERVE STIMULATOR DEVICE TO SUCCESSFULLY TREAT CHILDREN WITH DOWN SYNDROME WHO ALSO HAVE CASES OF OBSTRUCTIVE SLEEP APNEA (OSA)

Public Health and Policy News

INAPPROPRIATE ANTIBIOTICS FOR NON-HOSPITALIZED CHILDREN COST AT LEAST \$74 MILLION

Philadelphia, Pennsylvania — Pediatricians prescribing antibiotics too liberally has long been considered one of the causes behind the ongoing rise of antibiotic-resistant bacteria. The so-called “superbugs” continue to be an especially-problematic concern in hospitals.

Now, a new study nails down some hard numbers associated with said excessive prescribing.

According to a new study by the Philadelphia-based Pew Charitable Trusts, children who were prescribed



EXPENSIVE: OVERPRESCRIPTIONS OF ANTIBIOTICS CAUSE \$74 MILLION IN MORE COSTS

antibiotics inappropriately were likelier to develop complications like diarrhea and skin rashes than children who were treated according to medical guidelines. The study says that this misuse of antibiotics resulted in at least \$74 million in excess health-care costs in the U.S. in 2017. Antibiotics kill bacteria, not viruses, but doctors still frequently prescribe antibiotics for viral infections.

HIGH COST OF CANCER CARE IN THE U.S. DOESN'T REDUCE MORTALITY RATES

New Haven, Connecticut —

A new analysis of existing public-health cancer data by researchers at Yale University and Vassar College finds that the U.S. spends twice as much as the average high-income country on cancer care, but only has slightly better mortality rates.

“There is a common perception that the U.S. offers the most advanced cancer care,” said lead author Ryan Chow, an M.D./Ph.D. student at Yale. “Our system is touted for developing new treatments and getting them to patients more quickly... We were curious whether the substantial U.S. investment on cancer care is indeed associated with better cancer outcomes.”

The U.S. spends roughly \$600 per person on cancer care in comparison to an average of \$300 per person across other high-income countries, according to the research. “Are we getting our money’s worth?” asked one researcher.

The results were published in *JAMA Health Forum*.

SURVEY FINDS HIGHEST MELANOMA RATE IN RESPONDENTS EATING THE MOST FISH

Providence, Rhode Island — Research has found a link (but not direct cause) between long-term eating of fish and higher occurrence of melanoma.

Researchers at Brown University reviewed data collected by a joint survey conducted by the National Institutes of Health (NIH) and the American Association of Retired Persons (AARP).

The NIH-AARP Diet and Health Study conducted a tracking survey of over 491,000 participating seniors over 15 consecutive years. But in reviewing that



SOMETHING FISHY ABOUT MELANOMA: RESEARCH FOUND A CORRELATION BETWEEN THE HIGHEST CONSUMPTION OF FISH AND THE HIGHEST LEVELS OF MELANOMA OCCURRENCE

data, Brown found that respondents who ate the most fish also had a 22-percent higher risk for malignant melanoma over people whose diets had the lowest total fish intake.

So now the question is: What is the connection between eating more fish and having more melanoma? Is there something that fish-eaters do (besides eating fish) that may independently cause melanoma? Researchers don’t know.

BROOKLYN, HUDSON VALLEY HEALTH CENTERS GET FEDERAL FUNDING FOR MORE PSYCHIATRISTS, DOCTORS

Brooklyn, New York — Among the 72 teaching health centers countrywide to recently get federal funding for more psychiatrists and doctors in needy communities were several in New York States.

These included the Manhattan-based, 30-location Institute for Family Health medical clinic network and New York’s very own Sunset Park Family Health Center at NYU Langone—55th Street.

The \$155 million in government funding is for primary-care medical and dental residency programs that include high-need specialties such as psychiatry. As such, NYU’s 55th St. location will be getting \$480,000 for training in newly-minted psychiatrists—a shortage of which remains a nationwide problem.

Additionally, primary-care clinics run by the Institute for Family Health in the mid-Hudson Valley locations of Ellenville, Kingston and New Paltz will be receiving close to \$2 million in training in new doctors.

U.S. SUPREME COURT RULES 9-0 ON REVERSING OPIOID DOCTORS’ CONVICTION

Washington, D.C. — For all the talk of political division in America today, it’s daresay a good sign when no less than the U.S. Supreme Court is unanimous

about something.

In this case, that something was an “innocent” verdict handed down by the high court in the case of two doctors facing decades in prison for prescribing opioids without “legitimate” medical purpose.

The issue before the court was whether Drs. Xiulu Ruan and Shakeel Kahn were “authorized” to prescribe the powerful painkillers, misuse of which are at the heart of America’s opioid crisis. Lower courts had convicted them of violating the Controlled Substances Act, which makes it a crime to knowingly or intentionally distribute or dispense controlled substances.

The verdict declared that, “the Government must prove beyond a reasonable doubt that the defendant[s] ... acted in an unauthorized manner.”

TOP U.S. CANCER DOCS GET MILLIONS FROM BIG PHARMA, RESEARCHERS FIND

Kingston, Ontario — Call it what you will. But one thing you can’t call it is unquestionable.

According to recent research by Dr. Christopher Booth, Professor of Oncology and Public Health Science at the Ontario-based Queen’s University, revenue from pharmaceutical oncology drugs has increased by 70 percent from 2012 to 2022.

At the same time, Dr. Booth’s research found that in 2018 alone, 139 U.S. medical oncologists—representing one percent of all U.S. oncologists—got over \$100,000 in general payments from cancer drug makers.

Those payments—totaling \$24.2 million—included consulting fees, speaking fees, honoraria, and travel expenses.

Additionally, Dr. Booth and team identified a total of 52,441 physicians who received modest payments (median \$109) related to oncology drugs from 2016 to 2018.

“The findings identify a risk for perceived and real conflict of interest,” Dr. Booth wrote. ★

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In the Know

ALL ABOUT... OSTEOPETROSIS

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

No, it's not osteoporosis—you, like this writer, probably heard of that. Osteoporosis is the fairly common condition (or at least not-rare condition) in which bone density thins out, creating brittle and otherwise all-too-easily breakable bones. It's a condition largely associated with seniors.

But here, we're talking about osteopet-rosis—a slight change of spelling, but the completely opposite meaning.

Osteopetrosis, which translates essentially to “bones of stone,” describes a range of rare genetic diseases in which the density of bones is *increased*, not *decreased*. That's why it's also known as marble bone disease.

Osteopetrosis results from problems in formation or function of *osteoclasts*. These are cells which live inside the body's bones.

In typical individuals, osteoclasts dissolve solid bone so that it can be rebuilt and reshaped during growth—or repaired after injury. This is medically known as *bone reabsorption*. It is actually a process that goes on throughout life, but especially during the childhood and adolescent growth phase.

But when the osteoclasts have a genetic flaw that impairs their normal functioning, the body's bone reabsorption doesn't function normally. This leads to accumulation of bone with defective architecture, making them brittle and susceptible to fracture. In some cases, this is also accompanied by skeletal abnormalities.

In relatively recent research, osteoclasts also have been found to help regulate movement of certain stem cells from the bone marrow to the bloodstream, and also participate in immune-system responses.

In the most severe forms of osteopetrosis children are diagnosed soon after birth, but in others diagnosis may only be made when an X-ray is taken to investigate a broken bone as an adult.

DEFINITION AND SYMPTOMS

Here's how the American Academy of Family Physicians (AAFP) defines osteopetrosis: “Osteopetrosis is a rare hereditary bone disorder that presents in one of three forms: osteopetrosis tarda, osteopetrosis congenita and ‘marble bone’ disease. Osteopetrosis tarda, the benign form, presents in adulthood, while the two more malignant variants, osteopetrosis congenita and marble bone disease, present in infancy and childhood, respectively.”

The National Organization for Rare Diseases (NORD) sums it up as follows: “Osteopetrosis is characterized by overly dense bones throughout the body. Symptoms include fractures, low blood cell production, and loss of cranial nerve function causing blindness, deafness,



and/or facial nerve paralysis. Affected individuals may experience frequent infections of teeth and the bone in the jaw.”

To preface, bones are constantly being reshaped throughout life. This serves three functions:

1. Staying strong but light so as to best resist stresses and to heal fractures;
2. Growing as a child grows
3. Housing the bone marrow

In osteopetrosis, these functions are impaired at some level.

More specifically, the human skeleton is completely regenerated every ten years. In this context, osteoclasts are essential for the bone turnover (replacement of old bone by new bone), bone remodeling, as well as micro-fracture repair.

Medically speaking, there are actually four subtypes of the condition, according to NORD:

- Osteopetrosis, autosomal dominant; adult type (ADO)
- Osteopetrosis, autosomal recessive; malignant infantile type (ARO)
- Osteopetrosis, intermediate autosomal (IAO)
- Osteopetrosis, X-linked recessive (XLO)

Here, listed in approximate order of severity beginning with the mildest, are the various forms of osteopetrosis.

Transient infantile osteopetrosis

This is the least reported form; it resolves without intervention.

Autosomal dominant osteopetrosis (ADO)

This is the most common form. It occurs in two forms: Type I, which typically thickens the dome of the skull, and Type II, in which the spine has a striped appearance and the pelvic bones contain *endobones*, or dense, hard bones. It is overwhelmingly benign, and typically appears for the first time in adulthood.

The most common symptoms are an increased risk of fracture, back/bone pain, headache and osteomyelitis (infection of the bone). Problems due to nerve compression (deafness, visual loss and facial nerve paralysis) occur much

more rarely than in the severe infant forms, affecting only approximately one in six patients. Some 80 percent of patients develop clinical problems due to the disease. Fractures develop in almost all patients; these are often slow to heal. Osteomyelitis of the jaw or other bones affected approximately one quarter of those affected.

Carbonic anhydrase type II (CAII) deficiency

This rare genetic-caused deficiency of enzyme CAII affects bones, as well as kidneys and brain; primarily affects Mediterranean children.

This form usually causes symptoms in the first few years of life although X-rays are normal at birth. X-ray appearances often improve again in later life. Approximately three fifths of children develop nerve compression where nerves pass through the skull: this most commonly causes blindness, but can also result in hearing loss and facial palsy. Unlike malignant infantile osteopetrosis described below blood problems tend to be minor or absent.

Pycnodysostosis

Pycnodysostosis (pronounced pick-NO-diss-oh-STOW-sis) is an autosomal recessive disease resulting from deficiency of an important enzyme in osteoclasts called cathepsin K. It causes short stature, short bones at the ends of the fingers (called distal phalanges) and delayed closure of the soft spot (fontanelle) on the top of the skull.

Pycnodysostosis can be easy to confuse with other types of osteopetrosis in young babies when some of the most characteristic X-ray changes have not developed. It is not generally thought to be treatable by stem cell transplantation.

Malignant infantile osteopetrosis (MIOP)

This is the most common of the severe forms of infantile osteopetrosis and is caused by faults in at least seven different genes. Most children develop severe nerve damage early in life and—without stem-cell transplant treatment—two-thirds of affected children die by the age of six.

Neuronopathic osteopetrosis

This is the most severe form of osteopetrosis. It is a particularly common form of the disease in among Bedouin Arab clans, especially in the Kuwaiti population. It causes severe progressive cerebral deterioration which seems to be due to abnormal underlying biochemistry in the brain, not dense bones. Tragically, this form is currently incurable; children born with this very rare condition have an average life expectancy of one to two years.

Approximately eight to 40 children are born in the United States each year with the malignant infantile type of osteopetrosis. In the general population, one in every 250,000 individuals is born with this form of osteopetrosis. Higher rates have been found in specific regions of Costa Rica, the Middle East, Sweden and Russia. Males and females are affected in equal numbers.

The adult type of osteopetrosis affects about 1,250 individuals in the United States. The incidence is about one in every 20,000 individuals. Males and females are affected in equal numbers.

General symptoms

In descending order of severity, the most common general symptoms of the condition are:

- Sniffles: Nasal congestion and discharge start very early in life and are generally constant. This is caused by overgrowth of the upper nasal bones.
- Impaired vision: This is the most common symptom leading to medical diagnosis and is typically apparent by the second to fourth month of life.
- Disproportionately large skulls; especially forehead prominence
- Irritability: This may be due to one of the following: Undetected bone fractures, low blood calcium, headache due to increased pressure of the blood vessels inside the skull, and central nervous system deterioration.
- Bone fractures: Fractures are found in the majority of children if X-rays of all of their bones are carefully examined.
- Symptoms of low calcium levels, such as jitters: If calcium levels drop significantly, children become irritable and jittery, especially if food intake is poor.
- Blood problems like anemia and thrombocytopenia

CAUSES

Osteopetrosis is usually an inherited genetic disease.

In about 50 percent of osteopetrosis cases in young children, a mutation in the gene TCIRG1 is the cause. In another 15 percent of cases, a mutation in the

gene CLCN7 is responsible. Finally, in another two to four percent of cases each, mutations of the genes SNX10, OSTM1, TNFRSF11A and TNFSF11 causes the condition.

Autosomal dominant osteopetrosis (ADO)

The gene responsible for most cases of ADO2 has been pinpointed as the CLCN7 chloride channel gene. This is the same gene that causes severe osteopetrosis in approximately 15 percent of children with osteopetrosis.

Neuronopathic osteopetrosis

Many children with this form have a mutation of the gene OSTM1.

TREATMENT

There are two main forms of treatment: Drugs, and peripheral blood stem cell (PBSC), cord blood or bone marrow transplantation (BMT).

Drugs are designed to reduce symptoms. Stem cell transplantation, however, is intended to cure the disease. Unfortunately, this treatment is not thought to be appropriate in adults with autosomal dominant osteopetrosis.

Drugs

Prednisolone: This steroid drug has been used at both high and low doses. The main beneficial effects are on blood consumption by the enlarged spleen so that anemia and thrombocytopenia may be improved. Low dose steroids,

however, have far fewer side effects yet may reduce transfusion requirements. They can be considered in a child who is not a candidate for stem cell transplantation.

Interferon-(gamma)1b: Interferon-1b is used as an injection under the skin (subcutaneous) three times per week. No serious side effects have been reported. This therapy has been widely trialed, especially in the U.S., because it is so much safer than stem cell transplantation.

According to the Mayo Clinic, Interferon gamma-1b injection is used to slow down the progression of severe, malignant osteopetrosis (SMO). Interferon gamma-1b is a man-made version of a substance naturally produced by cells in the body to help fight infections and tumors.

However, many families have eventually opted to stop treatment because of the need for repeated injections and the fact that the disease is only partially alleviated.

Stem-cell transplantation

Many of the forms which cause osteopetrosis in babies are curable via blood or marrow stem cell transplantation. Unfortunately, in cases where osteopetrosis develops later in life, a condition medically known as autosomal dominant osteopetrosis, or ADO, no cure has yet been developed.

Genetics

Currently, gene sequencing for the purpose of stem-cell transplantation

only works with the MIOP form of the condition. While it can completely prevent further progression of the disease in most children, the bones do not respond in a small percentage of cases.

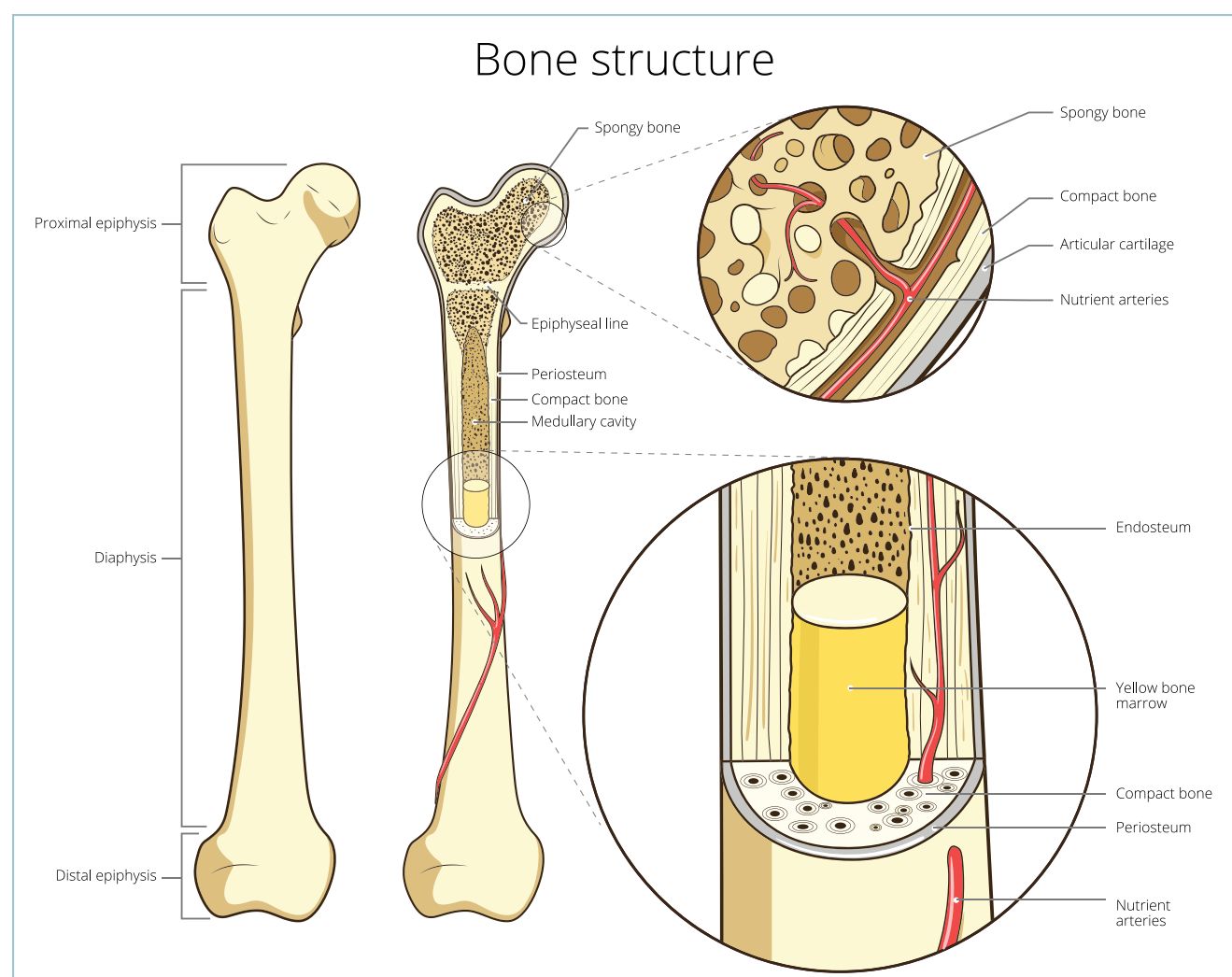
Sequencing the gene responsible in each child has previously been a protracted process, especially in those who do not have mutations of either TCIRG1 or CLCN7. Fortunately it is now possible to sequence all of these genes simultaneously, as well as many other genes which cause osteosclerosis, by a technique called Next Generation sequencing or Massive Parallel Sequencing.

Additionally, “ultra-fast” gene-sequencing technology is now available at the San Diego, California-based Rady Children’s hospital and elsewhere; however, it is highly expensive.

PROGNOSIS

The outlook for children with untreated malignant infantile osteopetrosis (MIOP) is poor as only 30 percent survive until the age of six years and almost all will die by their mid-teens—without treatment.

Sources: Guide by Dr. Colin Steward (ret.), Bristol Royal Hospital (Bristol, UK), for the Osteopetrosis Support Trust; National Library of Medicine (NLM); National Organization for Rare Diseases (NORD); Mayo Clinic; AAFP



● ► HAMASPIK NEWS

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 PROCESS

Curious what the OPWDD-HCBS coordinator does from beginning to end? Here's the step by step:

1. An individual is approved for services (Com Hab, Respite, or both), and an HCBS coordinator is assigned to the case.
2. The coordinator contacts the family/caregiver and care manager to find out all relevant information and get to know the needs of the individual.
3. The coordinator sets to work finding staff to fill the individual's allotted hours. These workers, or DSPs, work with the individuals one on one to provide Com Hab or Respite services. Additionally, the coordinator will contract with various programs the individual wants to attend, so their hours are maximized and filled with the things that they love best. At the same time, coordinators share with the parents information on all the available programs and support

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.

available for them at Hamaspik, from ASR programs to Shabbatons and support groups for parents.

4. When a suitable worker is found—either by the family themselves or by the coordinator or recruiting department—they're trained in by the coordinator. If the worker is new to the family, the coordinator will arrange a meeting or trial session to ensure it's a good match for the individual.

5. The individual now has a worker in place, but the coordinator's job isn't over. It's an ongoing process of communication between DSPs, parents, and care managers; attending Life Plan meetings; overseeing that the workers clock in and out correctly using the EVV system; and ensuring that the individuals receiving Com Hab services are working toward their goals. The coordinator remains the address for anything that the parent or DSP needs, so that the services provided by Hamaspik continue to be the highest quality, and the best support possible.

A RECRUITER'S REFLECTIONS:

Interview with Mrs. Ruchy Weiss, HCBS Lead Recruiter for Hamaspik of Kings County and Comfort Health

WHAT EXACTLY IS YOUR ROLE?

Due to the ever-growing need for high-quality DSPs at Hamaspik of Kings County and Comfort Health, recruiting workers (which includes interviewing, checking references, hiring, onboarding, and matching them with clients) has become a responsibility on its own! Our goal is to create an amazing DSP experience so that our services are efficient and effective.

WHAT'S YOUR FAVORITE PART OF THE JOB?

Since Hamaspik of Kings County caters to such a diverse community of clients, we recruit workers from many different walks of life. One minute, I'll be interviewing a chassidishe yungerman from Boro Park who'd like to learn with an older bochur, and the next, I'll pick up the phone to a sports trainer in Far Rockaway who

wants to work with teens.

But the best part of my job is definitely when I receive a call from an HCBS coordinator saying the client is happy with the new worker and the worker will be signing up! So much work goes into finding the right match for a client that when the shidduch is complete, the nachas is complete.

CONTINUED ON PAGE 20 >>

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● ► HAMASPIK NEWS

<< CONTINUED FROM PAGE 18

WHAT CAN YOU TELL US ABOUT THE OPWDD-HCBS DEPARTMENT?

Dealing with the HCBS coordinators on a daily basis allows me a glimpse of the wonderful work they do and what they accomplish every single day. Their responsibility, teamwork, and compassion are truly remarkable.

Since I'm mainly focused on the DSPs, I mostly get to see the coordinators in the context of finding and communicating with workers. Getting workers for the clients isn't easy but the coordinators work tirelessly to ensure the clients receive the quality workers and services they deserve.

HOW DO YOU KNOW IF SOMEONE IS A GOOD CANDIDATE FOR A DSP POSITION?

With the help of Hamaspiik of Kings County's software department, we've created an amazing program in Enterprise that helps us to match available workers to open positions. At the work opportunities page, we enter all the applicant's information, including their location, availability, preferences, qualifications, and much more. (We get this information either from an online application or from talking to them on the phone.) When the need for a worker arises, we can run a search by filtering the fields according to the client's needs, generating a report of all possible options for workers. Notes get added

to the employee's profile each time there's any update or interaction (call, email, etc.) so we can keep track of what's going on and where we're up to with their application. And if any Hamaspiik employee comes across an existing DSP who's available to take on another case or has more hours available, they can be directed to the recruitment department so they can be part of the work opportunities database and eventually matched to the right client. This is especially helpful if a DSP is offering to teach a specific talent like music or art. Sharing the information means that they just might be able to bring smiles to more clients!

After all, that's what the OPWDD-HCBS department is really all about.

A View from the DSPs



While the HCBS coordinators extend themselves in every way to coordinate services for Hamaspiik's clients, it's the DSPs who actually go to the homes and provide those services "on the ground." Below, two of Hamaspiik's dedicated DSPs share their view of this incredible organization and particularly, the amazing HCBS department.

MALKE SINGER

I've been with Hamaspiik of Kings County for five years, working for a family that has twins with special needs. I love what I do, and I feel so blessed to work for this amazing family, who are so effusive in their appreciation!

Besides that, I'm grateful to work with the fabulous HCBS coordinator, Mrs. Malky Honig. Her patience is endless! Especially when it comes to helping me with the new billing system after we moved over from paper timesheets... I always appreciate her help and assistance.

And of course, it's always such a pleasure to work with Hamaspiik of Kings County. I don't know how many organizations really look out to make everyone happy, including the workers. And the little details they think of, like letting each client choose their presents, are such a nice added touch.

Being a DSP is not an easy job; it takes a lot of patience and compassion. Not everyone can do it. But within Hamaspiik, anyone I speak to makes it clear they're in the field out of love for the people they service. No matter who I speak to, I feel the same level of dedication. I've never seen another organization like this!

PINCHAS YAKOBOW

I've been working with the same individual for over 15 years, long before either of us knew Hamaspiik existed. Originally, I just spent time with him to help out his parents, doing projects together and having fun. When the parents signed up to receive services through Hamaspiik of Kings County two years ago, they asked me to be his worker—and I agreed with the greatest of pleasure!

I always say that as much as I do for my client, he does for me. He loves construction, fixing, and putting together complicated things like bicycles and motorcycles. Creative handiwork is where he excels, and it keeps me on my toes. I need to be ready and willing to try new things.

I've had the opportunity to communicate with several HCBS coordinators since I began working with Hamaspiik of Kings County. It's incredible how they're always looking to push the envelope, to do more and give more. You can tell they're on a mission and that everything that they do is truly from the heart.

Being a DSP is not an easy job; it takes a lot of patience and compassion. Not everyone can do it. When I try to help recruit new workers for this job, many people say no—it's just not for them. But within Hamaspiik of Kings County, anyone I speak to makes it clear they're in the field out of love for the people they service. No matter who I speak to, I feel the same level of dedication. I've never seen another organization like this!



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Status Report

Happening In Hospitals Today

GLOBAL HOSPITAL SURVEY FINDS ROOM FOR HYGIENIC IMPROVEMENT

Geneva, Switzerland — Despite all the progress made in recent years in hospital hygiene and infection control, especially after the coronavirus pandemic, hospitals around the world apparently still have a ways to go.

According to the results of a new global pilot survey, almost all responding hospitals reported some deficit in protocols for sterilizing all surfaces of regularly-used hospital rooms.

The survey, published in the *American Journal of Infection Control*, queried infection-control officers in 51 responding healthcare facilities across 35 countries.

Forty-seven percent said their budget for cleaning and disinfection was adequate.

Only sixty-seven percent said necessary healthcare environmental hygiene (HEH) products and supplies were always available; conversely, six percent said they were rarely or never available.

FRESH PROFITS BEING DRIVEN BY ACQUIRED PATIENT RECORDS, SAYS REPORT

Boston, Mass. — According to an investigation by industry outlet *STAT News*, businesses have turned private

health records from GE Healthcare into a “lucrative portrait of patients.”

According to the report, the beneficiaries have been giant health data brokers like IQVIA (formerly Quintiles) and the owners of research database company MarketScan.

“Beyond the reach of the nation’s health privacy laws, companies are quietly trafficking in Americans’ health data without their knowledge or consent—part of a broad ecosystem that has only grown more vast in recent years,” *STAT* wrote.

Why would a company like IQVIA need details on how much it costs to care for patients? Because doing so would help them “in building a business case for new drugs and determining whether additional research and development was worth the investment,” the report said.

RURAL HOSPITALS NEED GOOD BROADBAND—AND MONEY—TO SURVIVE: EXPERT FORUM

Washington, D.C. — Follow the money, the old saying goes.

Or, in the case of rural hospitals serving America’s most sparsely-populated swathes, pursue it.

That was the gist of the collective response offered by a slate of experts convened recently for a panel hosted by the Bipartisan Policy Center. That

webinar, sponsored by the Washington, D.C.-based think tank, drove home the message that what rural hospitals need most to survive is: money.

According to Joan Hall, president and CEO of Nevada Rural Hospital Partners, that difficulty distills down specifically to procuring cost-based reimbursement from Medicare Advantage plans.

Additionally, according to a good number of chief financial officers (CFOs) at rural hospitals, many such hospitals are not expanding the telehealth programs common at other hospitals simply because their regions lack broadband infrastructure.

HOSPITAL SURGICAL-SUITE SAFETY (NOT) GOING UP IN SMOKE

Trenton, New Jersey — About the last place you want smoke, and hence fire, is in the operating room (OR) of your hospital. But OR fires, often involving device malfunctions, are not unheard of.

In recent years, however, led in part by industry groups like the Association of periOperative Registered Nurses (AORN), at least nine U.S. states have enacted or are working on legislation requiring hospital ORs to install *surgical smoke evacuators*.

These devices, ranging from handheld mini-vacs not unlike computer mice to bulky overhead systems not unlike restaurant hoods, remove the thin plumes of smoke generated by electrosurgical procedures.

According to AORN and other groups, such smoke presents long-term health dangers.

In 2020, surgical smoke evacuation legislation was introduced in nine states: Connecticut, Georgia, Kentucky, Illinois, Iowa, New Jersey, Oregon, Tennessee, and Utah. Most recently, New Jersey’s A256 bill is awaiting passage.

REPORT: FACEBOOK COLLECTS SENSITIVE MEDICAL INFORMATION FROM HOSPITAL WEBSITES

Boston, Massachusetts — An investigation by journalists with health-news outlet *STAT* has found that the

websites of 33 of 100 top U.S. hospitals were collecting patients’ sensitive health information, including details about their medical conditions, prescriptions, and doctor’s appointments.

That data collection was being done by a website-visitor tracking tool called Meta Pixel. The tool is a product of social-media giant Facebook.

According to Facebook, the Meta Pixel is “a piece of code that you put on your website that allows you to measure the effectiveness of your advertising by understanding the actions people take on your website.”

However, according to the investigation, Meta Pixel was sending Facebook a packet of data, mostly personal, whenever a website visitor clicked a button to schedule a doctor’s appointment.

MEDIA REPORT BLAMES UNPROFITABILITY IN CHRONIC HOSPITAL DRUG SHORTAGE

New York, New York — It’s not that too many patients are needing them—it’s simply that manufacturers don’t earn enough to keep making them.



PROBLEMATIC PILLS: FOR SOME MAKERS, CRITICAL DRUGS AREN’T WORTH MAKING

“Them” are the roughly 300 life-saving specialty drugs that hospitals commonly need, but which a recent report found that have been limited or stopped because they generate too little profit.

The report by CBS News, which came after months of investigation, says that by the time reimbursements for such drugs flow back through layers of middlemen to manufacturers, with each exacting a fee, manufacturers are left with little profit. “Many have simply stopped making the least profitable drugs,” the outlet reported.

“Year after year, the government stays on the sidelines as companies take drug production offline, and doctors worry the shortages are compromising patient care,” the report dramatically claimed. ★



A RECORD OF UNWANTED DATA HARVESTING: AN INVESTIGATION FINDS THAT A FACEBOOK WEBSITE TOOL IS ACTUALLY COLLECTING PATIENT INFORMATION FROM HOSPITAL WEBSITES



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

For One Hamaspik HomeCare Patient, Extremely Rapid Rehab-to-Home Care Transition is More Norm, Less Exception

It was extremely rapid, indeed.

But the speed our headline refers to was the hyper-condensed time frame in which a senior went from being a patient at a rehabilitation and nursing center to being a well-cared-for Hamaspik HomeCare patient in the comfort of his own home—and signed up with the health insurance that he needed to be covered short- and long-term.

Three business days, to be exact.

The patient in question originally had Medicare, the government health insurance program for seniors. Back in 2018, he had received home-care

services from Hamaspik HomeCare for a short time after having had a “medical episode,” which in turn qualifies one for short-term services covered by Medicare.

Now, he had been ensconced in Friedwald for a sizable stint of long-term care—but the time came for him to progress back to long-term home-based care.

Enter Hamaspik HomeCare.

First, a family member contacted the agency, informing them that the gentleman would be discharged from Friedwald within a week.

Hamaspik HomeCare staffers re-

sponded judiciously by working with Friedwald counterparts to secure all necessary discharge papers, reports and other documentation needed to secure insurance approval once again for short-term home care services.

That family’s choice of Hamaspik HomeCare was thanks to their previous positive experience with the agency, says Berel Leifer, Hamaspik HomeCare’s Director of Intake. “They were very happy with our short-term services.”

The man’s current requirement for coverage by Medicare for short-term services was driven by his need for

home-based supports in the arena of activities of daily living (ADL) skills. The gentleman would need aides to assist him in personal care and hygiene needs, as well as getting around the house.

Hamaspik HomeCare was initially contacted on a Thursday. The man was officially discharged and sent home the following Monday.

But waiting for him was not just the contingent of HomeCare’s trained aides lined up to support him in shifts, but also the Medicare and Medicaid membership that he’d need to cover his ongoing care, short-term and long-term. ★

► HEALTH NEWS

Study Links Lower Dementia Risk to Seven Healthy Habits in At-risk Seniors

Jackson, Mississippi — Research now finds that seniors with genetic risks for dementia—and by extension, those without those risks—may have

lower risk of the debilitating condition if they maintain seven healthy habits and lifestyle factors.

The seven cardiovascular and

brain health factors, known as the American Heart Association’s Life’s Simple 7, are: being active, eating better, losing weight, not smoking, maintaining a healthy blood pressure, controlling cholesterol, and reducing blood sugar.

The research, conducted by the Jackson-based University of

Mississippi Medical Center, was published recently in *Neurology*.

The research combed through data from a 30-year tracking study of over 10,000 participants starting around age 54. Researchers found that people with the highest scores in the lifestyle factors had a lower risk of dementia across all five genetic risk groups. ★

Younger-Feeling Seniors do Better in Rehab, Says Study

Basel, Switzerland — Apparently, “You’re only as old as you feel” is more than a mere expression—if a study published recently in the journal *Gerontology* is true.

According to the study, feeling young can increase the chances of successful rehabilitation, even in old age.

The study tracked 194 adult patients aged 73-84 undergoing rehabilitation from osteoporotic fractures or stroke in several rehab facilities.

Patients were interviewed several

times throughout rehab, asked about their subjective age (how young they felt), feelings and experiences. Their functional independence was assessed at admission and at discharge with the Functional Independence Measurement (FIM) test.

Patients who felt younger at admission showed better functional independence at discharge approximately one month later. Researchers also found that those feeling younger rehabilitated better because they were more optimistic. ★

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