



The Hamaspik Gazette

News of Hamaspik Agencies and General Health

FEBRUARY '23 • ISSUE NO. 208



GAZETTE SURVEY

The GAZETTE asks YOU:

HAVE YOU EVER EXPERIENCED A PINCHED NERVE?

A: YES; B: NO

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



HEALTH STAT

PINCHED-NERVE POPULARITY

No. U.S. adults affected yearly by pinched nerves	85 out of 100,000
People likeliest to get pinched nerves	Ages 50 and older

Source: The Cleveland Clinic



HEALTH TIP

PREVENTION POINTERS FOR PINCHED NERVES

Various age-related conditions like arthritis are not necessarily a prescription for pinched nerves—here are several things you can do to reduce that risk: 1. Don't lie or sit in any one position for too long; 2. Incorporate strength/flexibility exercises into your daily routine; and 3. Maintain a healthy weight.

INSIDE

HEALTH

03 The entire world of adults talks to babies the same way—no matter language or culture, says study

04 Heart condition PSVT successfully treated by experimental nasal spray

13 In small trial, rare form of cancer treated “100%” by Memorial Sloan-Kettering Cancer Center’s new drug

HAMASPIK

08 Upstate Comfort Health hosts low-key, high-benefit retreat for mothers of medically-involved children

09 In weekly outdoor outings, veteran Day Hab director Pinchos Knopfler shows how recreation’s done right

HOSPITAL NEWS

22 Quieter operating rooms (ORs), less-fussy recovery for toddlers after non-emergency surgery

AUTISM

10 Why didn't we see that? Existing eye test could be repurposed to detect autism, finds research

HAMASPIK NEWS

FEEDING HEALTHY FAMILY BONDING OVER FOOD

NOTHING SAYS “MAINSTREAM” MORE THAN CONNECTING WITH THE CLAN FROM YOUR PLACE AT THE FAMILY DINNER TABLE. THAT’S WHY MAKING TAKE-HOME SHABBOS FOOD HAS BEEN A WEEKLY RITUAL AT HAMASPIK’S DAY HABS FOR YEARS NOW.



HAMASPIK OF ORANGE COUNTY DSP MOSHE HERSH BERKOWITZ FACILITATES PRODUCTION OF FRESH, SPOT-HITTING RICE KRISPIES TREATS FOR THE GENTLEMEN TO SHARE WITH THEIR FAMILIES FOR SHABBOS-MEAL DESSERTS.

TRI-COUNTY CARE NEWS

Making Advocacy a Vocation, Care Manager Really Gets It

SEE PAGE E3 >>

HAMASPIK NEWS

Hamaspik of Orange County’s Shabbos Getaway for Men’s Day Hab Program Energizes Individuals With Chance to Bask in Limelight

SEE PAGE E12 >>

HEALTH NEWS

Shocking Results! In Study, Seniors’ Memories Improve After Small Zaps to Brains

SEE PAGE E23 >>

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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

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.

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.

NYS ED 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 Hamaspik 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

From Accessible Backyard Hardware to Seizure-Warning Software, Care Manager Equips Clients for Life

Upstate Tri-County Care Staffer Leaves no Stone Unturned in Advocating for Every Caseload Individual with Special Needs

Contacted by the *Gazette*, the Care Manager expresses preference for anonymous coverage, demurring when asked for basic bio facts. But her professional story since becoming a Tri-County Care (TCC) advocate for individuals with intellectual/developmental disability (I/DD) remains compelling—like pretty much every other TCC Care Manager and the extraordinary work they do.

For starters, she got one client approved for mental-health counseling out-of-pocket—arranging for the individual to receive therapy from one of the many well-regarded professionals who do not accept health insurance. Said therapists are usually booked up appointment-wise well in advance, largely because they are among the best, resulting in demand being high and availability being sparse. Our Care Manager didn't

let that stop her.

But that's not what this article is about.

It's not even about the seizure-alert device she's in the process of procuring for another client, a young teenage girl with intellectual disability and a monstrous case of largely uncontrolled epilepsy (and that's even with medication). The precocious young lady, who suffers several attacks daily, benefits from the critical ministrations of 'round-the-clock supervision, in which the alert aide on hand is present to respond to each episode as medically prescribed. The only thing is, one never knows when the next seizure will strike, making the aide's overnight shift quite the labor of love. To drastically mitigate and ameliorate that hours-long and unpredictable task, the Care Manager applied with a charitable epilepsy foundation for a seizure-alert

system. The system, a sensor-laced mattress pad synced with a smartphone app, alerts the smartphone user when the neurological rumblings of an approaching seizure are detected—largely eliminating the need for a constant bedside vigil.

Rather, this article is about the care and compassion that drives her as a veteran TCC Care Manager to go the extra mile for each and every client on her caseload—from healthcare benefits provided by huge national corporations headquartered in other states right to concrete life-bettering items right in her beneficiaries' very backyard, and quite literally so.

That's because, she also got a beneficiary approved for her very own accessible backyard playground set.

The beneficiary in question, a young child, also has serious chronic heart condition (besides her intellectual

disability) which qualified her for a much-appreciated and magnanimous gift from no less than the legendary Make-A-Wish Foundation.

Once that equipment arrived and was set up in the girl's upstate Orange County backyard, she could join her family members in feeling squarely in the mainstream, the caring Care Manager reports. The equipment is centered on an accessibility swing in the center of its swing set, allowing riders of all abilities to swing together equally. "She was really happy, playing outside with all the siblings," she informs the *Gazette*. "She doesn't sit on the side!"

But what does it mean to the Care Manager that she was able to obtain that backyard play set?

"I'm very happy about it. I feel accomplished about it," she confesses. But then, tellingly, she adds this caveat: "I'm happy that it benefits *her*." ★

● ► HEALTH NEWS

World Peace, Through the Ears of a Child

Study Finds That Adults of All Global Languages, Countries and Culture Speak the Exact Same "Baby Talk" to Babies

New Haven, Connecticut — When it comes to talking to babies, pretty much every human being on the face of the earth—despite all hailing from radically different cultures—does the same thing: switch to a higher-pitched singsong.

As in, "Ohh, *heeelloo*, you're *baaybee!*" as lead researcher Dr. Courtney Hilton of Yale University described.

A group of scientists first gathered and analyzed over 1,600 recordings of parents speaking to either infants or adults. The recordings came from 410 parents speaking 18 different languages in 21 different societal settings, from urban to tribal, on six continents.

Once those recordings of "parentese" (a.k.a. "baby talk") were sorted and organized, an online

computer game named "Who's Listening?" was constructed by The Music Lab, a research organization run by Dr. Hilton.

Some 50,000 players, representing 199 languages across 187 countries, ultimately tried the game—in which an adult is heard singing or speaking, and the player must then pick whether it's to an adult or a baby.

In the study, which was recently published in the journal *Nature Human Behaviour*, the sounds of parentese

were found to differ from adult talk around the world in 11 distinct ways.

But most fascinatingly, the results showed that in every represented language, country and culture, the way parents spoke to their infants were similar from group to group. Researchers found that listeners were able to tell with about 70 percent accuracy when adults were talking to babies—even when they didn't know the vocalizing adult's native language, country or culture. ★



UNIVERSAL: "BABY TALK" CUTS ACROSS ALL CULTURES AND LANGUAGES, FINDS STUDY

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Happening in Health Today



MUSIC—AND YOUR SONG CHOICE(S), STUDY NOW FINDS—RELIEVES PHYSICAL PAIN

London, England — It is old news that listening to music can make you physically feel better.

It may also be old news that listening to your specific song choice(s) in music can make you physically feel better. (Would you really listen to music that you *don't* prefer?)

But now, a careful study of 286 adult chronic-pain patients finds that those who felt they had some control over a song that they were provided experienced stronger pain relief than other volunteers who did not.

For the study, participants were split into two groups. One was given the impression that they had some control over the musical qualities of the song they were asked to listen to. The other group simply listened.

The study found that the music-control group experienced stronger pain relief. Researchers also found that those who engaged more actively with music in their day-to-day life enjoyed even better pain relief. ★



STRIKES A HEALTHY CHORD: PERSONAL MUSIC CHOICE RELIEVES MORE PAIN, SAYS STUDY

JAPANESE CHILDREN WALK DIFFERENTLY THANKS TO HEALTHIER NATIONAL DIET

Nagoya, Japan — Japanese children have a measurably healthier gait than young natives of other countries simply because the average national Japanese diet is healthier, says a new study.

Japanese cuisine largely consists of the staple food of rice, which is water-rich when cooked, fluffy, and much lower in calorie density than bread or pasta. According to scientists at Japan's Nagoya University, all that belly-filling rice in Japanese children might also displace less healthy foods, reducing the overall number of calories eaten and lowering national obesity rates—which shows in their gait.

The study is based on 424 pupils recruited from two primary schools. It found patterns differed by age. There was an increase in cadence, the number of steps performed in one minute,

among 11- and 12-year-olds compared to six- to eight-year-olds.

STUDY: POST-MIDNIGHT ACTIVITIES BAD FOR BRAIN, WHICH IS WIRED FOR SLEEP

Boston, Massachusetts — According to researchers, staying awake late during the biological circadian night—which is the middle of the night for most people—triggers neurophysiological changes to the brain. In turn, these cause people to view the world more negatively than they do during the daytime.

“The basic idea is that ... your internal biological circadian clock is tuned towards processes that promote sleep, not wakefulness, after midnight,” said senior researcher Dr. Elizabeth Klerman of Boston's Mass General Research Institute.

Klerman is hoping the hypothesis will lead to further studies on how day-night differences in circadian rhythms

impact human behavior, decision-making, and job performance. The results could be important for people who have to stay awake over midnight, including police officers, pilots, and health care workers.

EXPERIMENTAL NASAL SPRAY HELPS RESTORE NORMAL HEART RATE IN PSVT PATIENTS: STUDY

Montreal, Quebec — An experimental nasal-spray medicine acted quickly to treat people experiencing episodes of a rapid but non-fatal heart rate.

The Canada-based Milestone Pharmaceuticals announced positive results from Phase 3 of its RAPID Clinical Trial for its experimental nasal-spray drug, etripamil.

Participants in the double-blind trial, which enrolled 706 patients across North America and Europe, received the drug or a placebo. Participants getting the sprays returned to a normal heart

rhythm at over twice the rate as those getting a placebo.

Etripamil is meant to treat people with *paroxysmal supraventricular tachycardia* (PSVT), a condition characterized by episodes of rapid heartbeat that suddenly start and stop. While the condition is not life-threatening, it can be disruptive, causing palpitations, shortness of breath, lightheadedness, and anxiety.

REDUCING CARBS REDUCES BLOOD-SUGAR LEVELS IN PREDIABETES, FINDS STUDY

New Orleans, Louisiana — People with prediabetes on a low-carbohydrate diet were better off after six months than those not, finds a comparison study of 150 people by Tulane University's School of Public Health and Tropical Medicine.

Prediabetes is defined as blood sugar level that is higher than normal, but not high enough to be considered Type 2 diabetes. A low-carbohydrate (low-carb) diet reduces intake of foods with substantial carbs, such as baked goods, pasta and cereal.

Study participants—all with higher blood-sugar levels—were split into two groups. One received standard dieting advice. The other was given detailed carb-reducing instruction and support.

After six months, the “low-carbers” were found to have lower levels of hemoglobin A1C (HbA1c), a blood component whose levels indicate blood sugar levels.

SCAN-BASED STUDY UNCOVERS MORE DIFFERENCES BETWEEN MEN'S, WOMEN'S HEART HEALTH

Calgary, Alberta — A joint study by the University of Calgary and the University of Hong Kong finds that women's lean body mass, composed mostly of skeletal muscle, correlates with a better-functioning heart, while men's do not.

The study, recently published in the journal *Science Translational Medicine*, found that women with more muscle in the arms and legs also tended to have hearts with larger inside diameters, which gives their hearts an advantage in the amount of oxygenated blood they can pump out to their bodies.

Men were not found to have that lean body mass/heart health correlation—even though men have significantly more lean body mass than women.

The study was based on ultrasound scans of participants' hearts while they pumped bicycle pedals while lying on their backs inside pressure-controlled chamber—the only way to obtain the needed precise images. ★

בס"ד

☎️ Caller @ 4:45 PM

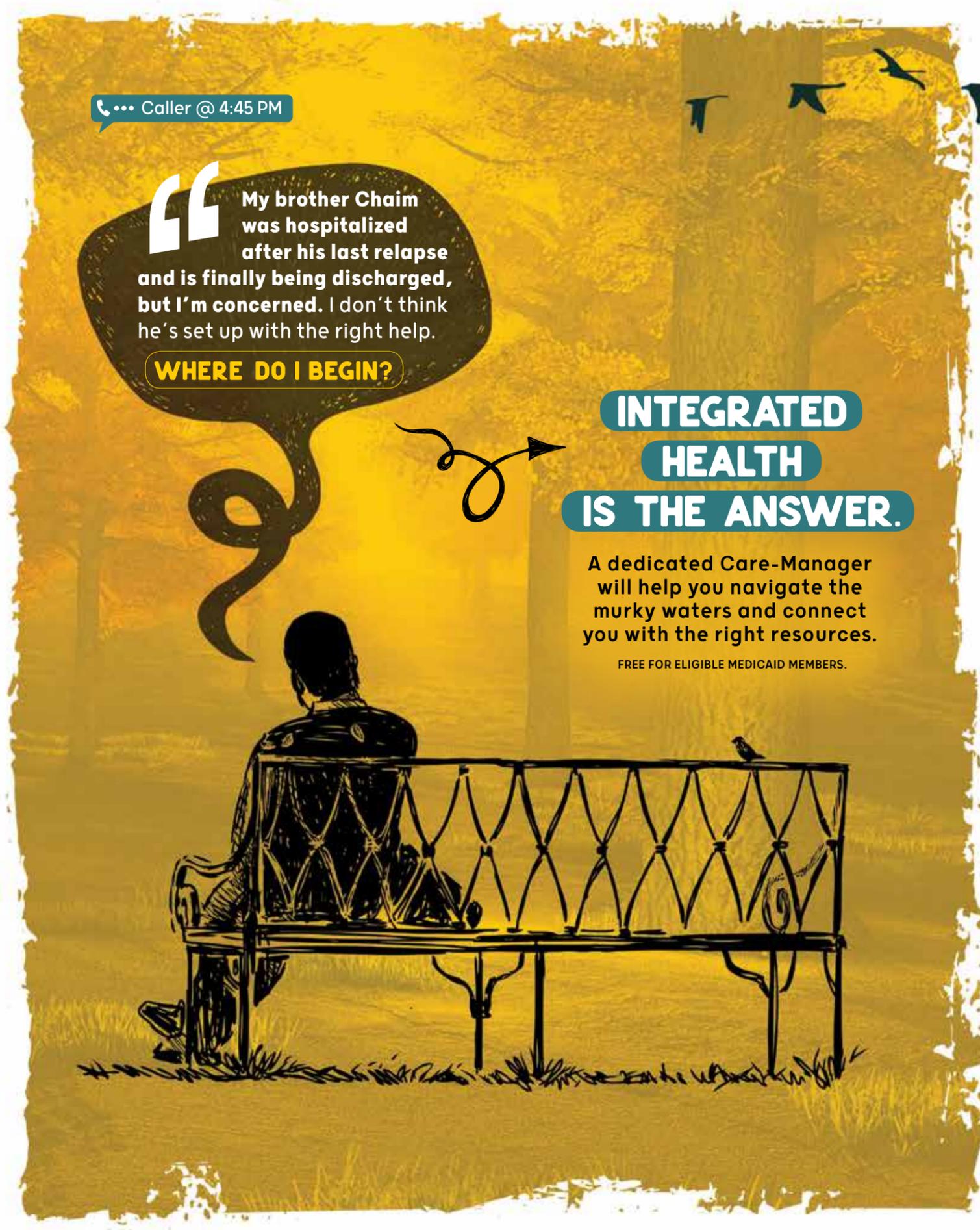
“ My brother Chaim was hospitalized after his last relapse and is finally being discharged, but I’m concerned. I don’t think he’s set up with the right help.

WHERE DO I BEGIN?

**INTEGRATED
HEALTH
IS THE ANSWER.**

A dedicated Care-Manager will help you navigate the murky waters and connect you with the right resources.

FREE FOR ELIGIBLE MEDICAID MEMBERS.



INTRODUCING



INTEGRATED
HEALTH

A Hamaspik initiative.
Available to mainstream Medicaid members, 21+ years, with chronic medical or behavioral conditions.

MEDICAL BEHAVIORAL PSYCHIATRIC ADDICTIONS

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

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

● ► HAMASPIK NEWS

Mainstreaming Around Food and Family

For the Men of Hamaspiik Orange's Day Hab, Friday Fresh-Food Prep Turns Into Shabbos Feasts of Belonging

Pick your occasion: Shabbos, Yom Tov or even a family lifecycle celebration. Picture your family sitting around the dining room table.

Seated at the table are father, mother and siblings of all ages and stages. A grandparent or two. Perhaps some uncles and aunts. A cluster of cousins. A smattering of neighbors.

Filling practically every square inch of the table is a veritable farmer's market of fresh food, with bowls, trays and receptacles of all the classics straight from the kitchen and straight from the heart.

Who wouldn't want to be there?

The banter rollicks. The aroma is irresistible. Siblings, parents, grandparents, uncles and aunts and cousins and friends are all eating, talking and laughing together. Platters and pitchers of favorites fly back and forth across the table, along with plenty of jokes and running commentary on everything that makes life, *life*, but especially the homemade cuisine.

In the middle of several concurrent conversations, somebody cuts in with, "David, this is sooooo good! Did you make this?"

Who wouldn't want to hear that?

If you're David, or Volvi, or any of the gentlemen regularly attending the Men's Division of Hamaspiik of Orange County's Day Hab, you certainly will regularly hear that.

Because every Friday, after Day Hab, you'll come home not just with your weekly newsletter all about everything you did that week in Day Hab for your family to consume. You'll also come home with a tub of freshly made jalapeno dip, or marble cake, potato kugel, or olive spread, noodle kugel, gefilte fish or even grape juice, for you to joyously present to your family and warmly bask in the accolades come Shabbos when they heartily enjoy it.

In the Orthodox community catered to by Hamaspiik, a thriving culture around cooking and food has existed for centuries—with generations of mothers and daughters, and yes, fathers and sons, parents and children, bonding and growing closer not just over the Shabbos table but over the food that graces that table.

It's all part of the ritual of Shabbos, with family members chatting and connecting over table and kitchen counter alike, sharing recipes and

family anecdotes.

Given that Hamaspiik's mission—especially its Day Hab—is to render its supported individuals as mainstream as possible, and more importantly, to *feel* as mainstream as possible, Hamaspiik of Orange County's Men's Day Hab program has its gentlemen produce a rich variety of different Shabbos foods and Shabbos-table contributions each Friday afternoon.

The concept is that just as daughters, and sons, are part of the Shabbos meal—and the making of the food for the Shabbos meal—so too are the individuals at the Day Hab also part of their families' Shabbos meals, including making and contributing to their families' Shabbos meals.

For the past several years, the individuals regularly attending the Men's Division of the Day Hab program at Hamaspiik of Orange County have been whipping up a rich range of food items.

The activity starts each Friday morning at 11:30 a.m.

Before that, staff first come up with an idea—meaning, the specific food item that is to be prepared that day. They will have also purchased and otherwise assembled all the ingredients necessary for the gentlemen to prepare it.

Each week something else is made, says Day Hab Manager Yidel Kleinman, "so if you count up the weeks, you'll have the number of items we've done." Here's a short list of examples: Olive dip, tomato dip, jalapeno dip, coffee cake, marble cake, herring, peanut chews, and, of course, kugel.

Tables are set up in the main dining room/activity room of the Day Hab building and covered in disposable plastic tablecloths. The gentlemen

don disposable plastic gloves, aprons and hair covers and then take their places around the tables.

An assembly line of sorts is formed as the gentlemen are basic kitchen tasks like peeling and/or cutting vegetables (safely, of course—only gentlemen capable of safely handling blades do this) or mixing raw ingredients into large bowls. They also spoon ready-to-eat items (like sliced peaches in syrup) into disposable plastic containers, and even carry and insert trays of uncooked or unbaked food into the ovens of the onsite kitchen.

Mr. Kleinman, who has been Manager for a few years, says that it was happening before his time.

But he explains that while it takes place every week (on Friday), it only is done when the Friday afternoons are long enough to give everyone enough time to make the food—primarily from after the late-spring Shavuot holiday, then through the summer, and onto about Sukkos time in early fall. The winter's shorter days leave no time for cooking and baking, Mr. Kleinman elaborates.

Regardless of whether it's in season

or not, it's a regular program that's been part of the Day Hab experience for many years.

What is the best part of it?

Mr. Kleinman cites regular compliments from parents to the tune of, "It was delicious!"

But more than that, he reports that parents and the public alike ask for their recipes, as they all proudly bear the prominent-displayed label: Made by Hamaspiik of Orange County. ★



YUM! HERSHY STARTS WITH PEANUT BUTTER



CHEW ON THIS: VOLVI (L), HERSHY (T) AND AVRUMY (R) MAKE SHABBOS RICE KRISPIES TREATS



SOMETHING FISHY'S IN THE AIR: VOLVI ADDING SPICE TO THE FRESH HERRING (L), WHICH MOISHY AND AVRUMY (R) HAPPILY PACK TO TAKE HOME

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● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



Happenings around Hamaspik

A Favorite Uncle in Town



A SHOW OF HANDS: EVERYTHING'S LOOKING UP AS UNCLE MOISHY (L) WORKS THAT CROWD; AVRUMY (R) MOST POSITIVELY GIVES A TOOT; THE HAMASPIK DAY HAB REACTS (B)

Grandly Simple: When Nothing Can Better Just Getting Together

For Comfort Health's Mothers of Medically-Involved Children in Orange County, One-Day Support Retreat is Grassroots Stimulation High-Inspiration

Sometimes lavish extravagance and opulent regality are desirable and beneficial. But sometimes it's the casual, the organic, the rustic and the real that inspires for real.

The dozens who attended Comfort Health of Orange County's recent 24-hour support retreat for mothers of children with medical-involvement issues would most emphatically agree.

A few weeks after word was spread only by word of mouth, full buses rolled up to the Hamaspik Resort—a former hotel and conference center in the rural Catskills town of Rock Hill that has hosted numerous Hamaspik-affiliated events since it joined the Hamaspik universe.

For the next day, the women enjoyed a wealth of simple activities that rejuvenated and refreshed, embodying the age-old saying that less is more.

With a therapeutic art session, strokes of color across blank slates of

canvas allowed them to brush away negative feelings and fill their vision with positive hues.

An interactive group dancing session was particularly therapeutic, as guests all donned headphones linked to a sound system that had them all dancing together with enthusiasm.

Most importantly, there were plenty of informal round-table discussions throughout the event, with mothers discovering that they were not alone in their unique parenting challenges.

"Our goal is to support parents," one of the two organizers said. "The amount of support coming from it, the going home with chizuk [morale—ed.], is very special."

Comfort Health is a growing program for mainstream children under 18 with both medical and behavioral diagnoses. It is professionally offered to the community by Hamaspik across several counties. ★

Hero of Innumerable Childhoods, Uncle Moishy Thrills Crowd at Hamaspik Orange

Jewish Children's Music Legend Brings Inspiration to Life at Private Concert for Agency's Day Habilitation Program

Uncle Moishy's songs of faith, Jewish identity, Jewish holidays, and even good health and hygiene are simplified messages that every one of his young listeners readily internalizes—and is all too excited to express and share along with him at his live performances.

The veteran educator—which is what he really is—deeply understands what his messages mean to his innocent audiences. When he calls out, "Who loves their Jewish name?" mid-song, music pounding, the sincerest of responses rising from the young crowd can almost be felt.

All of the above set the stage as Uncle Moishy himself made his roughly-annual personal appearance recently at Hamaspik of Orange County's Day Habilitation (Day Hab) program.

If it were anywhere else, it might have been what your typical live concert looks like with Uncle Moishy. But this was Hamaspik, the

community's premier resource for all things disability-related. And the concert was by none other than Rabbi Moshe Tanenbaum, the ageless and multigenerational Jewish children's entertainer known as Uncle Moishy.

For a good hour, Uncle Moishy worked the Hamaspik crowd of individuals with intellectual/developmental disability (I/DD), as their souls shone forth to belie that disability.

A live concert by Uncle Moishy is therapeutic, notes one Hamaspik staffer, in that its interactive format helps the individuals with emotional expression and the following of simple instructions.

But more important than that, notes Men's Day Hab Director Yidel Kleinman, is that Uncle Moishy gives them energy. "He dances and sings with them," he says. "They wait a whole year for him!" ★

●► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Imbibing Venues of Nature, Rockland Men's Day Hab Keeps up on Getting Out

Devoted Longtime Director Pinchos Knopfler Shares Tips for Successful Outings

At Hamaspik's Day Habs, men and women get healthy stimulation and education to the greatest possible extent, with caring staff supporting them through daily faith-based routines, nutritious meals, and visiting professionals providing one-on-one therapy. But healthy getting-out is not left out!

A recent example is the Rockland Men's Day Hab's outing to the Teatown Lake Reservation, a nature center just across the Hudson in Westchester County. The gentlemen spent about 90 minutes taking in its rustic visitor center, walking its outdoor trails, enjoying its relaxing outdoor seating, and then lunch. Taking advantage of unusually-lovely weather, the Day Hab also recently hit several other outdoor venues, including Westchester's Muscote Farm and Untermyer Gardens, and rural north Rockland County's Perkins Memorial Tower and historic

nearby Hessian Lake.

Pinchos Knopfler, Day Hab's legendary Director, reveals the methodical process for selecting such suitable trip venues.

The Hamaspik veteran will peruse community family publications for ideas. But, locations can't be too far, or too near—doesn't feel like a trip, he notes. Under an hour's distance is best. Location must also be wheelchair-accessible, non-"locals only," shadier in summer, and sunnier in fall.

Wintry months have the "boys" hitting bowling alleys and other indoor family fun centers.

At Hamaspik of Rockland County's Men's Day Hab, Director Knopfler puts in no small amount of daily effort ensure that each day is an enriching one at Day Hab.

Including having long since designated each week's Thursday as "Trip Day." ★

A Place Like Home

A Visitor's Perspective of a Group Homes

"Recently, I visited one of Hamaspik of Kings County's group homes. The smell of supper hit me upon entry. At the same time, I was enchanted by the sounds of laughter coming from down the hall. I immediately felt surrounded by warmth and togetherness.

The main room, where everyone had gathered, was filled with chatter and laughter. The table was set elegantly and the food plated perfectly, a feast to the eyes as well as the palate.

While supper was served, I began my tour in the kitchen. Stainless steel appliances, marble countertop, custom cabinetry - it was a room right out of Architectural Digest. Planned with the most generous space design, it had a marble island large enough for 12 people to stand around, a detail I pointed out to Mr. Fisher, director of residential services, who led the tour. "Of course," he said, "It's got enough

space for everyone to help cook and bake."

On the second floor, the bedrooms are set up just as in a regular family home. Each of the rooms have two beds made up with beautiful, classy linen, pillows fluffed and in place with stuffed animals sitting up against them, organized closets that I must admit looks neater than the one I had growing up, and freshly-swept and mopped hardwood floors. What a beautiful place to call home!

The tour over, I rejoined the individuals in the recreation room, where their weekly dance instructor was leading a fun tap dancing activity.

By the time I left the group home, the gray skies outside barely registered. There could have been a wild blizzard for all I knew, but inside the group home, the sun was shining bright. ★

A Trip of a Healthy Nature



OUT OF THE BOX: ARI, PINCHAS AND YOSHI TAKE IN REPTILE ENCLOSURES (TOP), A RELAXED AVI FINDS REALISTIC TAXIDERMY RATHER BEARABLE (R), AND ARI (L) "MOOSSES" AROUND

Making a Play



STORYTIME! YIDEL, BORUCH, SHULEM, AVRUMY AND VOLVI (TOP L-R) OF HAMASPIK ORANGE'S DAY HAB PUT ON A SHOW; LONE SCHOLAR BORUCH (L); AVRUMI AND SHULEM MAKE PEACE (R)

The Autism Update

News and developments from the world of research and advocacy

HIGH-RESOLUTION “MAP” OF BABIES’ CEREBRAL CORTEX CREATED FOR FIRST TIME

Chapel Hill, North Carolina — Scientists at the UNC School of Medicine have mapped the surface of the cortex of the young human brain with unprecedented resolution, revealing the development of key functional regions from two months before birth to two years after.

The cortex is a sheet of brain cells that wraps around much of the rest of the brain. The most advanced brain

region, it is responsible for higher functions including language abilities and abstract reasoning. Disruptions to cortical thickening and expansion in early childhood have been linked to autism.

The new cortical development mapping, reported in the *Proceedings of the National Academy of Sciences*, represents a valuable resource for further research on brain development and offers a powerful new approach to the study of brain-development conditions such as autism.

HUGE AUTISM STUDY FINDS MANY NEW GENES ASSOCIATED WITH AUTISM

New York, New York — About 20 percent of known cases of autism are caused by autism-associated genes which are inherited by children with autism from their parents.

However, over 70 percent of the remaining cases involve genes that are in fact *associated* by previous research with autism—but which are *not* inherited by children with autism from their parents.

Researchers analyzed 19,843 participants with autism, along with one or both of their biological parents, to arrive at their conclusions. They used data from the SPARK (Simons Powering Autism Research) research cohort, which was created to advance understanding of the complex genetics of autism and includes genetic data from nearly 43,000 people with autism.

The findings were published in a series of articles in the journal *Nature Genetics*.

“We have now identified a group of genes associated with autism, that can include inherited variants,” said lead author Pamela Feliciano, Ph.D., “which begin to explain a different part of the autism spectrum.”

to peers without autism, who have an average of four out of every 100.

OVER HALF OF CHILDREN WITH ASD NOT GETTING EARLY INTERVENTION, SAYS RESEARCH

New Brunswick, New Jersey — Research has long shown that children with autism do better long-term with early intervention (EI)—and the earlier the better.

But now, a study by the Rutgers School of Public Health finds that only 47 percent of qualifying children under age three in four New Jersey counties were getting those vital EI services.

Under the Individuals with Disabilities Education Act (IDEA), EI services are available nationwide to children with disabilities from birth through age two at no cost.

The study was based on data collected between 2006 and 2016 by the Rutgers New Jersey Medical School.

Combing through records for 23,441 eight-year-olds in New Jersey’s Essex, Hudson, Ocean and Union counties, researchers found that 4,050 qualified for an autism diagnosis—but only 1,887 got EI before turning three.

STUDY FINDS COMMON EYE TEST MIGHT ALSO SCREEN CHILDREN FOR AUTISM

Pullman, Washington — A number of established tests exist to formally establish that a child does, or does not, have autism spectrum disorder (ASD). In recent years, a number of unconventional tests have moved further into the mainstream, including various tests of the eyes.

But now, an existing medical test that measures how the eyes’ pupils change in response to light, the *pupillary light reflex*, could potentially be used to screen for

autism in young children.

According to research at Washington State University, children with autism showed significant differences in the time it took for their pupils to constrict in response to light. Their pupils also took longer to return to their original size after light was removed.

Researchers say that equipment that performs the pupillary light reflex could be tweaked to test for autism as well. ★



THE NEXT NOT-SO-BIG THING: EXISTING EYE TESTS COULD “SEE” AUTISM, SAYS STUDY

CHILDREN WITH SEVERE BEHAVIORAL DISORDERS INCREASING LIVING IN MINNESOTA ERS

Minneapolis, Minnesota —The *Star Tribune*, Minnesota’s largest newspaper, reports that a growing number of children with severe behavioral disorders are essentially living in hospital emergency departments across the state because they have nowhere else to live.

The article cited Waconia, Minnesota’s Ridgeview Medical Center, where a ten-year-old boy with severe autism and aggression has been confined for months on end now.

“Foster and group homes can’t handle him, so county guardians keep sending him back to the ER,” the paper reported. “Without schooling or specialized therapy, the boy and staff are stuck in a cycle of confrontation.”

According to the paper, “ERs are the dumping ground by default because of a federal law—the Emergency Medical Treatment & Labor Act, or EMTALA—that requires them to screen and stabilize any patients who show up at their doors.” ★

HIGHER RISK FOR ANXIETY, DEPRESSION, SLEEP DISORDERS IN YOUNG WOMEN WITH AUTISM: STUDY

Stockholm, Sweden — A large review of public health data now finds that young women with autism have a higher risk for psychiatric disorders than do young men with autism. Common psychiatric disorders are such diagnoses as anxiety, depression or sleep disorder.

The analysis of a large sample of the population of Sweden was conducted by the Stockholm-based Karolinska Institutet and published recently in *JAMA Psychiatry*.

According to the data analysis, 77 out of every 100 women with autism ages 16 to 25 got at least one psychiatric diagnosis, while only 62 out of every 100 men that same age group did.

Additionally, the review also found that both groups with autism had an overall higher risk for any psychiatric disorder—with an average of 25 out of every 100 being diagnosed, compared

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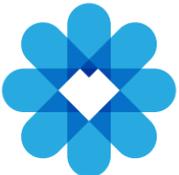
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► HAMASPIK NEWS

On the Weekend, Boys Will Be Gentlemen

Hamaspik of Orange County Gives Group of Young Men an Attention-Centered Shabbos Occasion to Rise



SINGALONG: VOLVI FINDS HIS OWN VOICE



PUTTING IT ON THE TABLE: IN THE MAIN DINING HALL, A FRIDAY-NIGHT MEAL IS READY TO GO



JUGGLING RESPONSIBILITIES: NUSSI AT IT

Close to three dozen boys and young men of Hamaspik of Orange County's After-School Respite (ASR) and Day Habilitation (Day Hab) programs recently enjoyed a private Shabbos weekend getaway at the upstate Hamaspik Resort in Rock Hill, New York.

Under the remarkable and devoted joint leadership of Hamaspik's very own Day Services Director Shmaya Spitzer,

Special Events Coordinator Mrs. Brenda Katina, Day Services Coordinator Mrs. Chaya Miriam Landau, and Director of Community Services Joel Greenfeld, a top-notch team was put together in the days leading up to the event.

Culled from the community's ranks of part-time yeshivah students, who maintain footprints in both the halls of Torah learning and the modern workplace's offices, the volunteer staff

put their heart into their commitment to the community and its most vulnerable members in a way that no compensated job could ever command.

In the week running up to the event, Mr. Spitzer was witnessed working long and hard hours every night to ensure that his volunteer team consisted of the best hand-picked candidates—in addition to overseeing and planning every logistical detail of the multifaceted weekend event.

Serving as a counselor of sorts to that group of volunteer staff was Rabbi Meir Berkowitz, the Rosh Yeshivah [dean—ed.] of the Koritz Yeshivah in Kiryas Joel. Rabbi Berkowitz is also the proud older brother of Hamaspik of Orange County's very own Moshe Hersh Berkowitz, a devoted Men's Day Hab employee. Not-coincidentally, most of the aforementioned volunteers hail from that yeshivah's halls.

While the event was the first of its kind for the Jewish-calendar year, there had been two such events last year, making this one the third such Shabbos Hamaspik.

SETTING THE PACE

The event officially began on a Friday afternoon at 1:30 p.m., as guests arrived to fresh pre-Shabbos food set out in the dining room and a live DJ spinning up Jewish music in the lobby.

A big part of the Shabbos—before and after Shabbos, that is—was the attendance and resulting entertainment of professional juggler and illusionist Nussi Friedman. Mr. Friedman did five events over the weekend—one at 2:45 p.m. Friday afternoon before Shabbos and three interactive play sessions over Shabbos, followed by his last show—a LED-light spectacular in the dark—on

Motzoei Shabbos [Saturday night—ed.].

How was the Hamaspik crowd different than other special-needs crowds? "When I come to Hamaspik, the joy is infectious," he says, "and you can just tell that each and every kid is loved."

Shabbos day was marked by breakfast at 9:00 a.m., Shachris morning services at 9:30 a.m. and the grand Shabbos lunch at 12:00 p.m.—followed by afternoon free time. The later afternoon was marked by a Shabbos-appropriate activity for the guests at 3:00 p.m., followed by a Shabbos party marked by pastries and fruit at 4:00 p.m.

The post-Shabbos Havdalah ceremony in the lobby at 6 p.m. was followed by an exciting and delicious dinner at seven centered on a spectacular in-the-dark light show by Nussi. There was also dancing with DJ MRM again, and the boys got the chance to take to the microphone.

Buses took the guests home at 10:30.

So, what kind of reaction did Hamaspik get from parents once their sons came back home? One staff member quotes one delighted mom, who reported, "My son came home like a new guy! Fresh energy!"

A WEEKEND FILLED WITH OPPORTUNITIES

The idea of the Shabbos is to help the parents of these boys and young men by giving them that vitally-needed respite break from the rigors of constant special-needs parenting.

"After the last two years of such a nice Shabbos, the individuals kept on asking when the next one would be," explains Mr. Spitzer. "We did it for the individuals to have a good time—and for the parents to know that their kids were enjoying themselves."

CONTINUED ON PAGE 13 >>

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● ► HAMASPIK NEWS

On the Weekend

<< CONTINUED FROM PAGE 12

Planning for this particular weekend began last year—in fact, right after the previous successful Shabbos Hamaspiik for the gentlemen. Once plans were laid and the event approached, Community Liaison Mrs. Indig professionally handled all applications and reservations.

The guests were tended to by Hamaspiik staff and volunteers, including excellent Day Hab employees Moshe Hersh Berkowitz, Yossi Braver and Mendel Klein, along with Assistant Manager Moshe Schwartz. Men's Day Hab Manager Mr. Yidel Kleinman was likewise present throughout, ensuring that all guests were cared for. A small number of spouses and children of said staff also came along.

Also attending was Hamaspiik's very own Mr. and Mrs. Shlomo Spielman. Mr. Spielman, a volunteer Hatzolah EMT, was joined by his better half in ensuring that everything was medically under control and that all guests got their medications promptly and professionally.

Experienced longtime Hamaspiik event coordinator Mrs. C.M. Landau, along with counterpart Mrs. Indig, put in hours of pre-event office to ensure its success as in past events. (Mrs. Landau and family also attended the event for an additional measure of coordination and support.)

Mrs. Brenda Katina, along with Hamaspiik of Orange County Program Director Mr. Joel Greenfeld, worked out the program's schedule.



GIFTED: HERSHY WITH HIS TAKE-HOME BAG

Here's how Mr. Berkowitz responds to the *Gazette's* question, "What was different or unique about this Shabbos event?"

"Okay, so my focus was to give attention to each individual," he begins. "So Friday night [at the meal], everyone got a chance to speak—everyone [in the crowd] was quiet and each one got to speak. We sang and ate together."

He then humbly points out that the Friday-night meal took five hours, because each of the over-30 guests was given the floor for a good five-ten minutes—but he and his staff were patient throughout, encapsulating Hamaspiik's legendary five-star care and love for each individual.

For example, one individual named Yiddel shared from the podium how he generally doesn't like to sing together with everyone—but that now, at the Shabbos, it was his first time that he



HORNING IN (IN A GOOD WAY): A LIVE TROMBONIST AND SINGER ROUND OUT THE DJ'S MUSIC

was together with his friends, and that it really feels good. Another individual, Lazer, also spoke well. (In fact, adds Mr. Berkowitz, some were at their first such Hamaspiik Shabbos event.)

Besides granted opportunities to speak freely at night, they also spoke at the Shabbos day meal.

THE BOTTOM LINE

What did you like about the event the most? "The smiles all Shabbos, and the thanks and speeches from all the individuals," says Mr. Spitzer. "After Shabbos was the punch line," he adds, "to see how much they enjoyed the Shabbos until the end."

As for what the guests most liked, Mr. Spitzer says it was the "beautiful" meals—along with the shows by Nussi Friedman on Friday, Shabbos and after Shabbos.

What positive feedback did Mr.

Spitzer hear from parents? They were so happy with the smiles with which the guests came home, he says—along with the extra benefit that every individual had gotten the chance on Shabbos and Motzoei Shabbos to express their talents by singing, speaking, dancing and more. (Guests also went home with fun-filled Chanukah packages for their families.)

What was the goal in hosting this event, and what positive feedback did Hamaspiik hear back from parents once guests came back home?

"Parents were delighted seeing the smiles on the face of their loved ones," says Moses Wertheimer, Executive Director of Hamaspiik of Orange County. "The reason for hosting something like this, and anything like it, is to give the individuals the most we can to give them," he adds: "a sense of importance, an acknowledgement of their presence and of what they give back to society." ★

● ► HEALTH NEWS

Small Drug Trial at Memorial Sloan-Kettering 100-Percent Successful on 14 Patients with Specific Rare Cancer Form

New York, New York — Cancer doctor-researchers at New York's very own Memorial Sloan-Kettering Cancer Center (MSKCC) can safely boast that their drug-delivered new genetic trick works 100 percent of the time, because it does.

In the case of people with a specific form of rectal cancer called *mismatch repair-deficient, locally advanced rectal cancer*, that is.

The 14 patients, who all had tumors with a specific genetic mutation, are now in remission 12 months after last detected presence of the cancer, according to a press release from MSKCC.

Their breakthrough drug, Jemerli (medically known as dostarlimab), uses a genetic technique called *programmed death 1 (PD-1) blockade*.



CHECKPOINT: A NEW DRUG FROM MSKCC (BASKING RIDGE, NJ SITE SHOWN) HITS ITS MARK

Jemerli works by "outsmarting the outsmarter," so to speak.

In the cancer at hand (as well as

other forms), the immune system sends its T-cells to attack the cancer cells, but the cancer cells present

certain proteins to fool the T-cells into not attacking.

With Jemerli's PD-1 blockade function, those proteins are circumvented, allowing the T-cells to attack and eradicate the mismatch repair-deficient, locally advanced rectal cancer tumors.

Further good news is the fact that less than eight percent of rectal cancer patients have this form of rectal cancer in the first place. As such, with over 40,000 new cases of rectal cancer in the U.S. each year, somewhere between 2,000 and 5,000 of those people can expect to benefit from Jemerli.

Jemerli is one of an existing class of drugs known as *immune checkpoint inhibitors* already in use for colon cancer, lymphoma, and several other forms of cancer. ★

Public Health and Policy News

STATES WOULD REPORT MEDICAID, CHIP PROGRAM QUALITY TO GOVERNMENT UNDER NEW RULE

Baltimore, Maryland — If the federal Centers for Medicare and Medicaid Services (CMS) has its way, states administering the Medicaid and Children's Health Insurance Program (CHIP) will be required come 2024 to standardize quality compliance and submit annual quality reports.

Under the new rule, which right now is only being proposed, three core sets of quality measures will be required. They will cover health homes and behavioral health for adults under Medicaid, and children's health under both Medicaid and CHIP.

The proposed rule is significant because the number of Americans covered by Medicaid and CHIP spiked during the COVID-19 pandemic, with those two programs covering a record one in four Americans in 2021.

Requiring states to evaluate and report on care quality will help CMS assess how well Medicaid and CHIP are doing in their mission, according to the agency.

STUDY FINDS MOST SELF-CARE DISABILITY, FEWEST PERSONAL CARE AIDES, IN AMERICA'S RURAL SOUTH

Washington, D.C. — How many people with disabilities live in each U.S. state and region? And how many personal care aides are available to support those people in state and region?

To answer those questions, the D.C.-based *Health Affairs* public-policy journal conducted a data review.

"Using 2013-17 data from the American Community Survey and the Office of Management and Budget, we analyzed potential need for personal care aide services among adults and the supply of aides across the U.S.," read the final report.

"Areas with the highest percentages of adults with self-care disability were mainly in the South, and the gap between the potential need for personal care aide services and the aide supply was greatest in southern states," *Health Affairs* found. "Within states, there were fewer personal care aides per 1,000 adults with self-care disability in the more rural and most rural areas than in the least rural areas."

CANCER CARE NOW NO. 1 EXPENSE FOR EMPLOYER-BASED HEALTHCARE, SAYS BIG BUSINESS SURVEY

Washington, D.C. — Unwanted growths are a cancer eating away at American employers, almost quite literally—at least according to a national employer survey recently released.

The Business Group on Health, a D.C.-based "preeminent advocate for large employers in health care policy," recently released its annual



CANCER COSTS: EMPLOYER-COVERED PLANS NOW HAVE A NEW NUMBER-ONE EXPENSE



WHAT YOU'LL SEE LEAST DOWN SOUTH: HOME-AIDE SCENES LIKE THIS ARE MOST SPARSE IN THE MOST RURAL OF U.S. STATES, PRIMARILY THE DEEP SOUTH, FINDS PUBLIC-HEALTH MEDIA OUTLET

survey of large employers.

The newest survey, which asks large U.S. businesses about their employee healthcare benefits design, cost management, and other healthcare strategies, reports that cancer has overtaken musculoskeletal conditions as the biggest driver of U.S. employer health costs.

Thirteen percent of surveyed employers reported more late-stage cancers among employees, with another 44 percent expecting similar increases in the near future. That trend is likely a lingering result of COVID-19 increasing delays in care and preventive services.

TOBACCO GIANT PHILIP MORRIS CREATES LATEST BIOTECH FIRM TO FURTHER "BEYOND NICOTINE" PLAN

New York, New York — Vectura Fertin Pharma is a merger-based new company that blends the Denmark-based Fertin Pharma and the England-based Vectura into one unit. Fertin is a biotech specializing in oral and intra-oral drug delivery systems, while Vectura's expertise is in inhalation devices.

But Vectura Fertin Pharma is also owned by Philip Morris International (PMI), the global tobacco company whose cigarettes are currently sold in 180 countries.

After negotiations that had been underway for close to two years, PMI quietly incorporated Vectura Fertin Pharma this September.

The developments "better position PMI to create growth opportunities in adjacent business areas that go beyond tobacco and nicotine," according to a PMI press release. "Indeed, PMI's 2025 goal is for at least USD \$1 billion in net revenues to be generated from 'Beyond Nicotine' products, such as self-care wellness, and inhaled and oral therapeutics."

MEDICAID HOUSING INTERVENTION PROGRAM IN ARIZONA APPROVED BY HHS

Washington, D.C. — A Medicaid intervention program in Arizona that

targets drivers of health outcomes, with a focus on housing insecurity, has now been approved by the U.S. Dept. of Health and Human Services (HHS). It's the latest so-called *1115 demonstration* approval from the agency, following others in Oregon and Massachusetts that aim to expand access to coverage and addressing nutrition and housing needs.

Toward those ends, Arizona State's new program will focus on ensuring Medicaid beneficiaries have adequate housing—along with resources that help them transition to more stable housing.

The intervention will provide support for community and transitional housing for those with unique needs or for people transitioning out of institutionalized care. It will also help provide rent or temporary housing for up to six months for those transitioning out of congregate settings or homeless shelters.

ANNUAL CHECKUPS FOR CHILDREN AGES 8-18 SHOULD INCLUDE ANXIETY SCREENING, SAYS U.S. PANEL

Rockville, Maryland — Writing recently in the *Journal of the American Medical Association* (JAMA), the U.S. Preventive Services Task Force—an independent, volunteer panel of 16 national experts in prevention and evidence-based medicine—recommended for its first time that children and adolescents between ages eight and 18 should be routinely screened for anxiety.

The novelty of the new recommendations is that they address children and teens seen in primary care settings who are currently not presenting any symptoms.

"If a child is presenting with symptoms, or a parent is concerned about symptoms, that is not a screening issue, that is a care issue," Martha Kubik, a task force member and a professor of nursing at George Mason University, told industry outlet *STAT News*.

The recommendations follow findings from the 2018-19 National Survey of Children's Health, which found that nearly eight percent of youth ages 3-17 had a current anxiety disorder. ★

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In the Know

Before we get into varicose veins, a word about the word *varicose*.

Varicose is one of those words that just do not stand alone without their seemingly-inseparable companions, although, given its definition, it grammatically or at least technically can. In this case, the companion would be the word *veins*, as in the phrase “varicose veins.”

See, *varicose* is an adjective defined by the Merriam-Webster dictionary as “abnormally swollen or dilated.” But when one reads or hears “varicose,” one thinks “veins,” the same way when one hears “preconceived,” one thinks “notions,” or when one hears “conventional,” one thinks “wisdom.” (That preconceived notion is just the conventional wisdom, isn’t it?) In other words, when was the last time you read about a varicose eye or a varicose opinion?

Anyhow, as far back as the 1730s, the English language has virtually exclusively been associating “varicose” with “veins”—creating the compound phrase *varicose veins*: a condition in which the body’s blood vessels, mostly in the legs, inflate, swell and twist abnormally.

So now, a few words about this compound word.

DEFINITION AND SYMPTOMS

Varicose veins, reads Johns Hopkins Medicine’s information page, are defined as “swollen, twisted veins that lie just under the skin and usually occur in the legs.”

The Mayo Clinic adds the word “enlarged” to its definition—also noting that “any vein that is close to the skin’s surface can become varicosed.”

Symptoms of varicose veins, first and foremost, are primarily the condition’s trademark visible veins. These are usually just below the surface of the skin on the legs.

While sometimes painless and not causing any symptoms, varicose veins can still cause embarrassment and mental/emotional discomfort—reasons enough for getting them treated.

But just as commonly, varicose veins can cause:

- Dark purple or blue veins
- Swelling and/or bulging veins, often appearing like cords on the legs
- Aching or heavy feeling in the legs and feet
- Itching around one or more of the veins
- Changes in skin color around a varicose vein
- Worsened pain after sitting or standing for a long time
- Nighttime leg cramps

For many people, varicose veins are simply a cosmetic concern. For other people, varicose veins can cause aching pain and discomfort. Sometimes varicose veins can lead to more-serious problems.

Varicose veins can also sometimes limit activities. Symptoms may worsen upon sitting, or upon standing for long periods. Conversely, they may also improve when lying down or putting the feet up.

Varicose veins can sometimes form in other parts of the body. Hemorrhoids are a type of varicose vein that develops in the rectum, but are generally considered a separate diagnosis with its own available treatments. Varicose veins can also develop in the esophagus, stomach or liver. Another form of varicose veins is called a *varicocele*. It exclusively affects about 15 percent of men, according to Johns Hopkins Medicine—but is harmless and requires no medical treatment in 80 percent of them. That means that 12 percent of men have harmless varicoceles.

Other vein problems that affect smaller blood vessels are *telangiectasia* and *spider veins*, a mild variation.

CAUSES

Varicose veins are caused by a domino effect of factors:

- The first factor is pregnancy, constipation, tumors, excessive weight or obesity—essentially, any condition that causes...
- The second factor: increased blood pressure.
- Increased blood pressure then weakens or damages the valves and walls of the veins.
- In turn, those weak or damaged vein valves and walls cause varicose veins.

Here’s a more specific and detailed breakdown of the process involving vein valves, combining basic information from Johns Hopkins Medicine and the Mayo Clinic.

- Arteries send blood from the heart to the rest of the body.
- Veins return blood to the heart from the rest of the body.
- Blood flowing in veins in the legs must work against gravity (remember, the blood has to flow up!)
- To do so, leg muscles squeeze the veins, pumping blood up.
- Inside these veins are tiny one-way valves. They open to let blood get squeezed up, but then they close to keep that blood from flowing back down. (When that happens, it’s called reflux.)
- Varicose veins occur when these valves become weak or damaged. Blood then pools in the lower veins, making them inflate, stretch or twist.

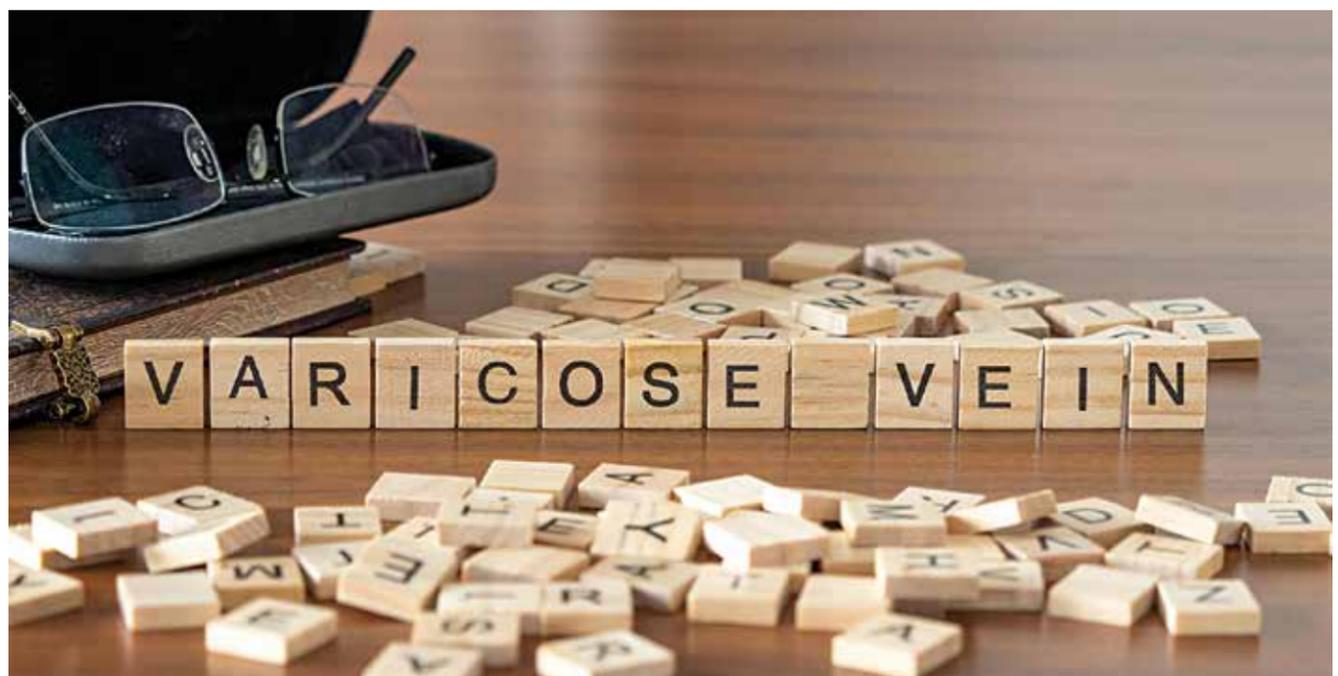
The Mayo Clinic adds that varicose veins typically strike the legs “because standing and walking increase the [blood] pressure in the veins of the lower body.”

Risk factors

People may be at increased risk for varicose veins if they are older, sit or stand for long periods, have an inactive

ALL ABOUT... VARICOSE VEINS

Sources: National Heart, Lung and Blood Institute (NHLBI), Mayo Clinic, NYU Langone Health, Johns Hopkins



lifestyle, have overweight or obesity, or have a family history of varicose veins or *deep vein thrombosis*, another condition. Women are also likelier to develop varicose veins.

Complications

According to the Mayo Clinic, complications of varicose veins are rare. Still, they can include:

- **Ulcers**, which can form on the skin near varicose veins, particularly near the ankles. A discolored spot on the skin usually begins before an ulcer forms.
- **Blood clots**, in which veins deep within the legs occasionally become enlarged and might cause leg pain and swelling.
- **Bleeding**, in which veins close to the skin occasionally rupture. Although this usually causes only minor bleeding, it requires medical attention. (If bleeding is significant, go to the emergency room immediately.)

DIAGNOSIS

To diagnose varicose veins, a doctor will first conduct a physical exam and ask the patient about symptoms, family history, activity levels, and lifestyle. The doctor will also check for swelling by examining the patient's legs while the patient is standing. The doctor may also ask the patient to describe any leg pain or aching.

The doctor may then assess the health of the leg veins by running an ultrasound or other imaging test, like X-ray or computed tomography (CT) scan.

Venous Doppler ultrasound

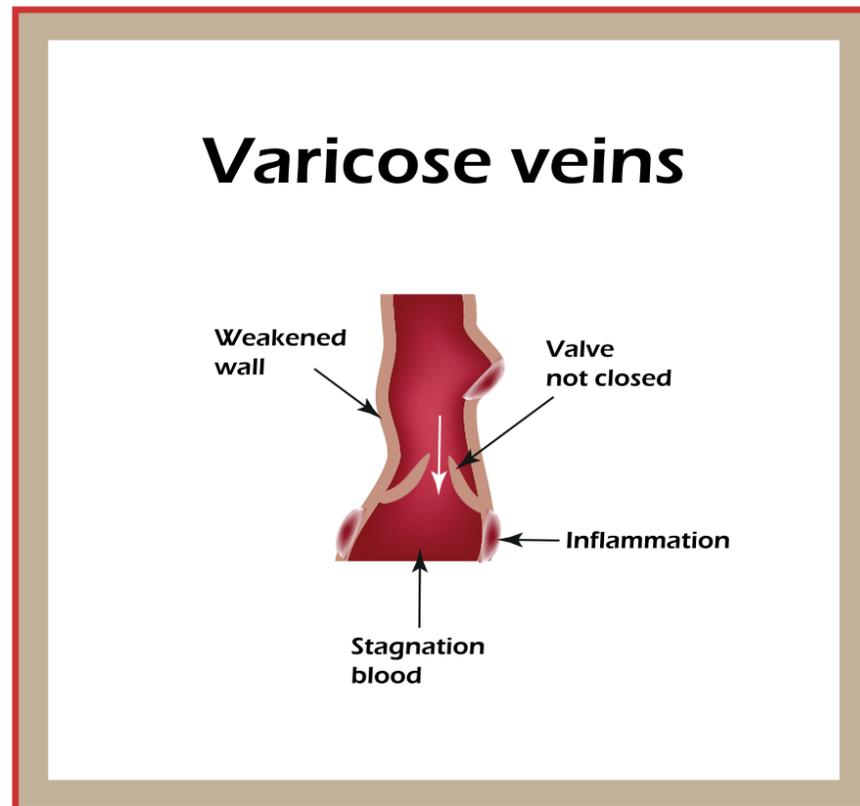
To diagnose varicose veins, a doctor might recommend a test called a *venous Doppler ultrasound* of the leg. This is a noninvasive test that uses sound waves to look at blood flow through the valves in the veins. A leg ultrasound can also help detect any underlying blood clots.

In this test, a health care provider moves a small hand-held device (transducer), which is about the size of a bar of soap, against the skin over the body area being examined. The transducer transmits images of the veins in the legs to a monitor, which displays the results.

TREATMENTS

The goals of treatment are to relieve symptoms, improve appearance, and prevent complications like serious skin ulcers or sores, deep vein thrombosis, skin color changes, and bleeding.

Because varicose veins are sometimes harmless, a doctor may recommend



no treatment at all. Conversely, varicose-vein patients may develop *new* varicose veins *after* the treatment of the *old* varicose veins. Or, they may need treatment a second time or more because the varicose veins become a chronic condition.

Treatment of varicose veins depends on specific symptoms. In the meantime, here are the primary avenues of varicose-vein treatment.

Lifestyle changes

For many cases, especially cases that are milder and/or primarily involve appearance, an intervention consisting of lifestyle change may be all that is needed. In other words, your body is telling you that something unhealthy has to change—so listen to your body! Here's what NYU Langone Health recommends:

- **Elevate the legs:** Elevating legs when sitting can pressure off leg veins and increase blood flow. Use a footstool, Ottoman or reclining chair. Also, avoid crossing your legs.
- **Exercise regularly:** If your doctor deems it safe, increasing activity level to improve circulation in the legs—like walking or cycling for 30 minutes up to five days a week—may help. Exercises like weightlifting, running, and yoga may actually stress the veins and lead to a backup of blood, so a doctor may advise restricting or avoiding those.
- **Avoid long periods of sitting or standing:** In the same vein (pun intended), sitting or standing for long periods can cause blood to pool in leg veins and may lead to or worsen symptoms of varicose veins. It is advisable to at least get up and move around a good bit if you can't exercise outright; conversely, if you

stand a lot, to try to sit down and/or elevate the legs more often.

- **Reduce salt intake:** Cutting sodium (salt) from your diet to the extent possible is advisable, because salt can cause the body to retain water and contribute to varicose veins, because excess fluid in the legs can cause swelling and put pressure on veins. (Never mind that salt also raises blood pressure, leading to heart disease.)
- **Maintain healthy weight:** Being overweight or obese can put pressure on pelvic and leg veins, leading to varicose veins.
- **Avoid restrictive apparel:** Any items that compress various body parts too snugly can restrict blood flow from the legs to the heart, causing it to pool. Such items include high heels, elastic knee socks, girdles and even belts tightened too tightly.
- **Keep skin moist:** Because skin protects the body, including veins in the legs, a daily application of moisturizer can heal dry or cracked skin, thus improving leg health.

Compression stockings

Compression stockings are also known as *compression therapy*. These often resolve pain or heaviness in the legs due to varicose veins. They are also often the first thing doctors will prescribe. Compression stockings work by squeezing the legs, helping veins and leg muscles move blood more efficiently. Different types and brands of compression stockings provide different compression strengths—meaning, how tightly they squeeze.

Most retail pharmacies and medical-supply stores readily sell compression stockings over the counter. Depending on what your doctor recommends,

prescription-strength stockings also are available; these may also be covered by insurance if the varicose veins are severe enough to be causing symptoms.

Removal or closure procedures

Procedures to remove, close or otherwise treat varicose veins are often done as an outpatient procedure, which means you usually go home on the same day. Note: It's important to ask your insurer if varicose vein treatment is a covered expense. If treatment is only being done for cosmetic (not medical) reasons, insurance may not cover it.

Surgical procedures to treat varicose veins are usually only done if and when lifestyle changes and/or compression stockings don't work. Here are the most common procedures:

- **Sclerotherapy**, in which a health care provider injects the varicose veins with a solution or foam that scars and closes those veins, which should fade in a few weeks. The same vein might need injection two or more times. This procedure doesn't require anesthesia and can be done in a doctor's office. It's also the most common procedure.
- **Laser treatment**, in which strong bursts of light are fired onto the vein, making it slowly fade and disappear. No cuts or needles are used.
- **Catheter-based procedures**, which are the preferred treatment for larger varicose veins. A thin tube (catheter) is inserted into an enlarged vein, and the tip is then heated using either radiofrequency or laser energy. As the catheter is removed, the heat destroys the vein by causing it to collapse and seal shut. This procedure is also known as *thermal ablation*.
- **High ligation and vein stripping**, in which a vein is tied off before a juncture to a deep vein, and then removed through small cuts. The deep veins handle the "extra traffic" caused by the absence of the now-removed vein.
- **Ambulatory phlebectomy** (fluh-BEK-tuh-me), in which a doctor removes smaller varicose veins through a series of tiny skin punctures. Only the parts of the leg that are being pricked are numbed in this outpatient procedure, and scarring is generally minimal.

PREVENTION

Varicose veins are basically caused by any combination of higher blood pressure, lack of regular exercise or movement, excessive weight, sitting for too long in unhealthy positions, or wearing tight clothing—thus, preventing varicose veins means doing their opposites: lose weight, exercise more, move about regularly, sit with legs up, and wear looser apparel. ★

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Only the Best Will Do

Yom Tov in the group homes is just like Yom Tov in any other Yiddishe home —but with the Hamaspik difference



So Much More than a Job

The View from a Yom Tov DSP

We arrive on Erev Sukkos afternoon, suitcases and all. We're here for two days and two nights, a long haul, and for the next 48+ hours, this is our home.

We're greeted in the hallway by excited individuals. They knew we were coming; our names are up on the staffing calendar, so that everyone in the home knows what to expect and when.

"Come see the decoration I made!" Sury* cajoles me.

"Look at my new Yom Tov dress," Chaya* says.

"I got new shoes!"

"Me, too!"

The excitement in the home is contagious. By the time we stow our suitcases in the staff bedroom, and relocate to the kitchen to get organized, I'm feeling the atmosphere as well: everything sparkles, the food smells and looks incredible, and the girls flit around in their new Yom Tov attire, feeling like princesses.

"One hour until *licht bentschen*," my husband announces. It could be a typical scene in any household on Erev Yom Tov afternoon: the father plugging in the *blech*, the mother organizing rows of foil containers, the rest of the family dancing around in excitement. And that's just what it is: the Hamaspik of Kings County group homes pride themselves on the fact that they give the individuals a Yom Tov just like they would enjoy at home.

I glance through the menu; here's one thing that I definitely wouldn't have in my own home. Restaurant-style catering, packaged and delivered to perfection, so many dishes for each meal, and every meal different. I check the fridge; it's perfectly organized. The counters gleam, the floors shine. It's an hour until Yom Tov and everything is ready.

My husband leaves for shul after assuring the girls that he wouldn't be away for too long. They linger near the door, relishing the feeling of having

a Tatty in the home. I *bentsh licht* and slowly, we all move over to the comfortable sofas, where we schmooze and sing until it's time to eat.

The sukkah is magnificent, a testimony to the devoted maintenance team. I admire the decorations, making sure to compliment each girl. Their beaming faces are worth the effort; they blossom in the attention.

"Kiddush!" calls my husband. The girls stand straight and proud, excited for the Yom Tov experience to truly begin.

"Who would like to help serve the fish?" I ask, as we head inside to wash.

"Me!"

"I will!"

There's no shortage of offers, testimony to the great teamwork in the group home, and the way in which the individuals learn to take responsibility for each other and for the smooth running of their home. I take the first two offers, assuring the others that they'll help out next time, and together, we bring out the salmon, elegantly plated on a bed of greens.

With the seudah in full swing, we go around the table, asking the girls to share something they've learned about the Yom Tov. Their faces reflect the passion and joy that they have for Yiddishkeit, the excitement of these special days—something that all of us can learn from!

Welinger at the table, soup, main course, dessert. My husband tells over a short *dvar Torah* and the girls schmooze with me about recent activities and special programs that they've enjoyed.

The meal ends late. We tidy up together, leaving the sukkah fresh and clean for tomorrow, and slowly, we drift off to bed.

Yom Tov morning dawns, and the atmosphere is peaceful and relaxing. My husband goes to shul, some of the individuals will go later for a short time,

the others daven here. We sing Hallel together; a real highlight for them. Then I do any last-minute preparations for the seudah, ably assisted by a few of the girls.

The meal is a culinary delight, but it's the atmosphere that makes it even better: the excitement, the camaraderie, the way the girls delight in all the special new things they've received for Yom Tov. We have no set program on Yom Tov; it's a chance for the individuals to make their own choices how they'd like to keep busy, and an opportunity for them to self-entertain. Still, we offer them ideas: let's go for a walk, how about a board game?

Some of the individuals opt for a walk in the park, accompanied by one of the staff. The others sit and schmooze, sing, or relax. Later, we look through the closets packed with games and choose a few to play together or in small groups. It's comfortable, familiar, just like home. Just like it should be.

By the second day, the girls are beginning to talk about their Chol Hamoed plans. Each day has its own program: mostly trips arranged by the managers, and one day, they'll join the grand Hamaspik trip.

"So much to look forward to," is the general sentiment, as we nosh on leftover cake and enjoy one last kumzitz.

The sun sets; Yom Tov is drawing to a close. After havdalah, there is lots to do, including paperwork that reminds me that this is not exactly a regular home, despite the homey Yom Tov feeling. I'll have to pack up, report to the manager, prepare for the transition to the next staff.

As I look around, at the girls' happy faces, at the way they socialize and play and learn new skills and communicate with each other, I think: *This is just like Yom Tov in a regular home — and at the same time, it's so much more than that.* ★

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Only the Best Will Do

So Much More than a Job



Behind the Scenes Part I

What it takes to make it

Behind every magnificent Yom Tov in a Hamaspik of Kings County group home is an entire team who've worked hours and hours to make the beautiful experience possible.

And it starts months in advance of the Yom Tov itself. At the time when we began interviews for this article, towards the end of July, many of the interviewees such as Mr. Kellner, Hamaspik of Kings County IRA operations manager, and Mrs. Steinfeld, the cook, as well as the group home managers, were all already in the thick of planning for Yamim Noraim and Sukkos—real-life evidence of the weeks and months of preparation that go into giving the individuals the most amazing and special Yom Tov experience.

"It's not just about Yom Tov," says Mr. Moskovits, 61st Street group home manager. "Our approach to everything related to the group homes is that these individuals deserve to live in a home setting, as close as possible to a regular home with a family. We have a couple move in every Shabbos, and of course every Yom Tov. The vibe, the passion, is the same throughout the year. Of course, by Pesach we get the best matzos, and *mehudar* Erev Pesach matzos for the Seders. Of course, on Sukkos, the sukkah is beautiful, *mehudar*, decorated. Of course on Shavuot we provide the most incredible *milchige* delicacies. They shouldn't have any less of a Yom Tov than anyone in their own home."

Preparing for Yom Tov on such a high standard isn't without time and effort. And the most time-consuming, and often complicated, part of the planning? Staffing.

"Every Yom Tov, in every one of our five group homes, we have one or two couples moving in, in order to create a true homey Yom Tov atmosphere," Mr. Fisher, Hamaspik of Kings County's director of residential services, says. "This makes our job harder—because finding suitable and available staff is not an easy task—but we do it because it means so much to the individuals, to celebrate Yom Tov with a Mommy and a Tatty in the home."

With the couple acting as stand-in "parents," the atmosphere in the home becomes even more like a family. The "Tatty" goes to shul, and comes home to a beautifully-set table, ready to make

Kiddush. In fact, Mr. Fisher himself was a Yom Tov DSP in the 38th Street group home for many years, before taking on his current position.

"The individuals would ask me, 'When are you coming home from shul?'" he remembers. "It gave an atmosphere and a structure to the days of Yom Tov. One of the individuals would call me 'Tatty.' It meant so much to them to have a father figure in the home over Yom Tov."

In order to have these incredible couples move in for Yom Tov—especially when there are several Yamim Tovim in a row, like the Tishrei season—the group home managers work months in advance on the staffing.

"It's not like you can come to Erev Yom Tov and start looking for staff," Mr. Kellner says. "In Chodesh Av they're calling around, looking for couples to cover each of the Yamim Tovim in Tishrei. We need many couples willing to staff Rosh Hashanah, Yom Kippur... and then each of the days of Sukkos. People have plans for Yom Tov, so we need to work in advance. And we can't just hire anyone—they have to be fully trained and qualified

to work with our individuals."

Mrs. Walter, South 9th Street group home assistant manager, adds that there are many other factors involved in getting the Yom Tov staffing just right. "We work very hard that the process doesn't become 'commercial,' even when there are so many Shabbos and Yom Tov shifts, like it falls out in Tishrei this year," she says. "We look for ones who will be the right fit for each Yom Tov, who will be able to create a beautiful *simcha'dik* atmosphere over Sukkos. We try to ensure that no one has too many shifts so that they don't become burned out by the end... there's so much thought and effort involved. And we are lucky that we have staff who make the job personal—they're completely tuned in to the individuals' needs and preferences, from who likes which seat at the table to which dessert is each one's favorite."

While the managers and assistant managers of the group homes are working tirelessly on staffing, Mrs. Steinfeld is hard at work in her domain: the group home kitchen, which, prior to Yom Tov, relocates to a commercial kitchen to accommodate the huge quantities of food that she and her team cook for the individuals and staff.

"We start far in advance of Yom Tov, with the menu," she says. "For Tishrei, I start in the summer, two to three months before. I'll check the calendar: when do the days of Yom Tov fall in the week? When are the 'Ereves,' when the fresh food needs to be prepared? I plan the menu—what will be served each day—and then the schedule for the cooking: which days will we be preparing the meats, the kugels, the sides? We work out which days we'll need the commercial kitchen, and Mr. Kellner makes the arrangements.

"After that, I plan the orders. Orders have to be made in good time to get the ingredients that we need on time for the cooking schedule. There are lots of logistics involved!"

Mr. Kellner hires extra kitchen staff for the busy days before Yom Tov—four workers, in place of the usual two. After all, preparing Yom Tov food for 80 people is no small task!

And, according to every group home manager

CONTINUED ON PAGE 20 >>



The Shofar Blast That Lasted All Year

The couple at 44th Street group home don't generally go to shul, but last Rosh Hashanah, the very special Yom Tov staff encouraged them to do it, and accompanied them to shul for shofar blowing. It was a huge milestone—and had long-term ramifications, because after they'd done it once, Shmelke realized he enjoyed it, and it wasn't as difficult as he'd thought. Since then, he's gone to shul every single week!

-Mrs. Kellner, 44th Street group home manager

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Behind the Scenes

<< CONTINUED FROM PAGE 19

interviewed for this article, the results of Mrs. Steinfeld's hard work are absolutely worth it.

"The group homes get a very special menu for Yom Tov," Mr. Fisher says. "We've had times when an individual doesn't want to go to their family for Yom Tov because they liked the special Yom Tov food so much!"

"The cook goes above and beyond to make the Yom Tov food special," says Mrs. Kellner, 44th Street group home manager. "Even at my group home, where the couple has extremely limited diets for medical reasons, Mrs. Steinfeld works so hard to make a beautiful and delicious menu."

"Every single meal is different!" Mrs. Gross, 49th Street group home manager, adds. "The menus are so appetizing and thought-out, and Mrs. Steinfeld will always keep in mind the special requests of individuals."

It's not just the food that is so elegant, but the presentation, too. "Before Yom Tov, we choose tablecloths, matching napkins, and beautiful centerpieces to make the table look special. The girls take special pride in setting the table for each meal," Mrs. Gross says.

"Yom Tov here is done on a level that most people would say, wow, even we don't have that," Mr. Moskovits says. "The meats, the sides, the amazing menus that get sent out before Yom Tov... literally restaurant standard food, but with the taste of home."

While the regular weekly menu at the group home is pretty standard, Mrs. Steinfeld explains how she creates the Yom Tov one each year. "I never stop working on Yom Tov, because all throughout the year I'm looking out for and clipping special recipes to try for Yom Tov," she says. "I'm constantly adding to and refreshing the menu based on feedback from the individuals and staff, and new ideas that we have."

The kind of recipes she looks for are ones that

are sophisticated but manageable for cooking in large quantities. "I found a great recipe for broccoli wontons, but it just couldn't be done in bulk, so I had to skip it," she says. "On the other hand, we do lots of meat dishes, even meat soups, all different compotes, several sweet side dishes... while a regular supper has a soup, main, side, and two vegetable dishes, a Yom Tov menu includes an elegant fish course, a second side dish, plus a sweet kugel on top of all of that."

As it gets closer to Yom Tov, the preparations intensify—just as they do in every Yiddish home. And one major part of that is, of course, the shopping!

"The girls in the group homes always get brand-new robes, shoes, clothing, accessories... whatever they need, plus extras so that they should feel good," Mrs. Gross says. "There's no detail too small or irrelevant—Hamaspik takes care of everything, and our goal is that every individual looks and feels amazing when Yom Tov comes in."

"We want the individuals in our home to feel great and look great," Mrs. Walter says. "We get the greatest nachas when people stop us and ask where we shop for the girls in our home. "And since Yom Tov time is when the seasons are changing, we use the opportunity to take a full inventory and see what each individual needs. They want to look good and they help us with the process, showing us what they've outgrown, what doesn't fit right anymore, and so on."

The group home staff schedule in days to take the individuals shopping—but it's not just shopping. "It's a learning experience, where we try to teach them to individualize, express their own taste, work out what looks good on them... and over time, they really develop those skills," Mrs. Walter says. "Even when they choose the same outfit, they'll wear it on different days. And the excitement in the days leading up to Yom Tov, as the girls excitedly ask when they can wear their new outfits already... it's so special to see."

While the managers work on the Yom Tov wardrobes, the Hamaspik of Kings County

maintenance team under the direction of Mr. Kellner and Mr. Lowy are preparing the homes themselves.

"Before Pesach, we *kasher* the kitchen in each home, and before Sukkos, we're building beautiful sukkahs, complete with the lighting and heating that's needed," Mr. Kellner says. "We have to coordinate the timing that the kashering is done after the home is clean, and with enough time for the individuals to prepare something nice for Pesach if they'd like—and we build the sukkah with enough time for the individuals to decorate it."

Everything is prepared to the highest standards, with every detail thought of—big and small. We do it this way in the group homes, just as the typical family prepares the best for their Yom Tov.

Mr. Lowy explains: "We make sure that everything that is needed for Yom Tov is taken care of in the best way possible. We buy new Pesach'dig appliances, and after Yom Tov is over we make sure that everything is cleaned properly and stored away neatly for next year Pesach. On Sukkos, we build beautiful sukkahs with a *schlock* for each of the group homes, and then we buy all the necessary items like Shabbos clocks, extension cords, tables, and chairs."

Another major logistical operation that takes place much closer to Yom Tov is the distribution of all the food, from the central location to each home.

Mrs. Steinfeld describes the process: "After weeks of intensifying—but satisfying and fun!—preparations, we're ready to pack up the food to go. We organize the containers for each home together with a menu, and everything's labeled which meal it's intended for: first night, second day, and so on. On Erev Yom Tov, or the day before, a driver will deliver the food to each home. Some of it has just been made fresh—like the salads and fish. Some of it is frozen, like kugels and sides. Everything has to be unloaded and arranged in the group home's kitchen, so it's ready to be plated and served on Yom Tov." ★

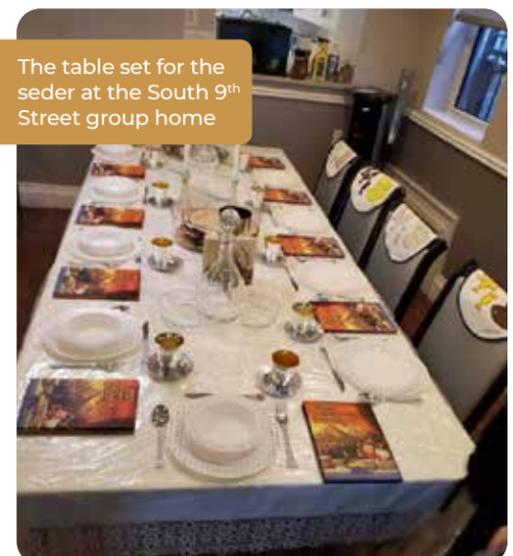
To be continued



Honey exhibition, a pre-Rosh Hashanah activity



A Chanukah party to remember!



The table set for the seder at the South 9th Street group home



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Status Report

Happening In Hospitals Today

TO HELP WITH WAITING PATIENTS, OVERWHELMED ER NURSE CALLS IN LOCAL FIRE DEPT.

Silverdale, Washington — As trained pros, two firefighters with Washington State's Central Kitsap Fire and Rescue have several functions. Hospital emergency-room (ER) staff is probably not one of them.

But that's exactly what recently happened, according to local reports, when an ER nurse at the St. Michael Medical Center called, reportedly saying, "we're in dire straits, we need the fire department to help, can somebody come up here and help us?"

Reports said the ER waiting room had over 45 patients but only five nurses at the time—adding that two firefighters soon arrived to clean ER rooms and beds, move patients, and take vitals.

The hospital later blamed the patient surge on a ransomware attack. But veteran ER nurses, doctors and others, reacting to the story in public forums, largely blamed a profit-driven, cost-cutting hospital industry for the reported situation.

ARTIFICIAL INTELLIGENCE COLONOSCOPY SYSTEM "SEES" BETTER THAN DOCTORS TO FIND GROWTHS

Bay Shore, New York — South Shore University Hospital (SSUH) is now one of the few hospitals in New York offering the GI Genius intelligent endoscopy module, an artificial intelligence (AI) diagnostic tool.

The computer system compares patient scans of the colon against a database of 13 million colon images, checking for possible polyps, or potentially dangerous growths that can become cancerous.

The AI-based system, which can "see" the insides of the colon far better than even experienced doctors, uses an algorithm similar to facial recognition to identify possible lesions in the colon. It then highlights them on a screen with a green square.



PASSING THE PORTAL OF IMPROVED HOSPITAL SECURITY: SEVERAL MAIN ENTRANCEWAYS AT NORTHWELL FACILITIES NOW HAVE LOW-KEY SCANNING TECH TO HELP BAR UNWANTED ITEMS

Colon cancer is the second-most-common cause of cancer deaths in the United States. But if caught early, the chance for survival can be as high as 90 percent.

LESS-NOISY ORS HELP KEEP CHILD PATIENTS HAPPIER, SAYS RESEARCH

Columbus, Ohio — If you want happier children recovering from hospital surgery, then make the operating room (OR) quieter, says a new hospital study.

The study was conducted on 64 preschoolers getting non-emergency treatments in hospital ORs, like removal of tonsils or various dental procedures.

Half of them were subjected to a "reduced noise" setting with muted communication devices, reduced OR personnel and ambient lighting. The remainder had standard OR noise levels.

Before each child's procedure, researchers first went down a checklist that measures adverse behavior and anxiety. After each child's procedure, parents were asked to complete a questionnaire on days one and five after surgery.

The research found that, in the days following surgery, children in the reduced noise group had fewer tantrums, were less fussy about

eating, and more interested in happenings around them.

THIRTEEN U.S. HOSPITALS GET \$21 MILLION FROM GOV'T TO PREP FOR 'NEXT EMERGING PATHOGEN'

Washington, D.C. — The U.S. Department of Health and Human Services (HHS) recently awarded \$21 million to 13 medical centers across the U.S. to improve regional preparedness for emerging special pathogens (plain-English translation: dangerous viruses).

The breakdown of funds included \$1.2 million for each of ten healthcare facilities previously established as Regional Emerging Special Pathogen Treatment Centers (RESPTCs). These include well-established facilities like Boston's Massachusetts General Hospital and L.A.'s Cedars-Sinai Medical Center. The RESPTCs are hospitals with greater infectious disease care capabilities that act as regional hubs for the National Special Pathogen System.

Also included in the awards was New York City's Bellevue Hospital Center, Baltimore's Johns Hopkins Hospital, and, of course, Omaha's Nebraska Medical Center.

EMPLOYEE SHORTAGE IS MAKING HOSPITALS MORE VULNERABLE TO CYBERATTACKS

San Francisco, California — Apparently it's not just nurses that U.S.

hospitals are struggling to stay well-supplied with—it's IT professionals, too.

Hospitals coast to coast shed about one percent of their employee bodies over the past two years, largely due to the coronavirus pandemic.

As a result, hospitals are now short-staffed when it comes to healthcare workers who can proactively monitor hospital ever-networked fields of computers and electronic medical devices—all of which are constantly under threat by a still-rising wave of ever-clever and ever-determined cybercriminals.

According to business technology media outlet VentureBeat, the recent loss in healthcare staff has increased current staff's fatigue and burnout, in turn causing frustration and lack of vigilance on the part of employees—ultimately making facilities more susceptible to attack.

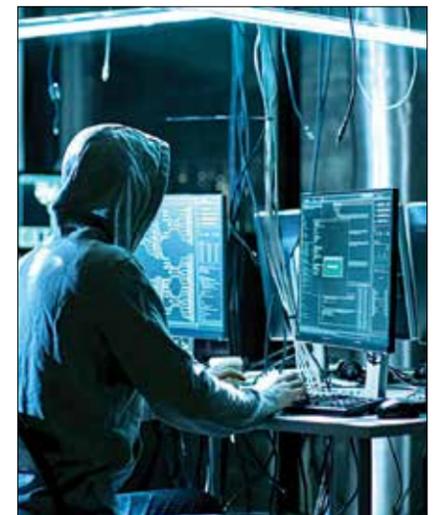
NORTHWELL HEALTH SYSTEM IMPLEMENTS NEW SCREENING TECHNOLOGY AT HOSPITALS' MAIN DOORS

Great Neck, New York — Three hospital facilities in Northwell Health's network now have technology at their main entrances that screen visitors for undesired items on their persons.

The touchless scanning and detection technology, which has entrants pass through high-tech but low-visibility arches, has been installed thus far at the entrances of Long Island Jewish Medical Center in New Hyde Park, South Shore University Hospital in Bay Shore and Lenox Health Greenwich Village in Manhattan.

The state-of-the-art, guard-monitored and walk-through Evolv Express system is part of Northwell's effort to bring the technology to all hospitals in its health system.

Made by Massachusetts-based Evolv Technology, the screening process is immediate and designed to avoid bottlenecks and slow lines associated with older screening processes. ★



IT-WEAK HOSPITALS HACKED MORE: REPORT



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Getting Bigger Means Working Better

A Look at Hamaspik HomeCare's Ever-Growing Machine—and the Ever-Improving Systems Keeping it Running Smoothly

It takes a Hamaspik HomeCare employee to come up with a small improvement—and then run with that ball to turn it into the agency's next positive Big Thing.

But that's exactly what Hamaspik HomeCare's very own Tracy Surkis, Compliance Administrator at the agency's upstate Spring Valley office, undertook when she noticed that agency-wide paperwork needed an efficiency upgrade: She created and executed that improvement herself.

For years now, Hamaspik HomeCare's offices in several counties have been a hub of growing foot traffic—with ever-increasing numbers of hopeful and current employees, primarily

home-care aides, filling out paperwork for mandatory background checks, orientations, state trainings, refreshers and updates.

With the agency's explosive expansion well beyond its original Rockland County base, that human trickle grew to a robust river—but one which, in recent months, began rising. To facilitate the correct filling—and better yet, seamless filing—of paperwork, and resulting completions of employee training, a more efficient and effective process was needed. And so the Compliance Administrator stepped up.

A few months later, a brand-new electronic system emerged.

Centered on computer touch screens, not paper forms, Hamaspik HomeCare's HR and training offices now deploy an innovative system accessible by all necessary staff agency-wide. The networked software behind those screens track all caregivers in real time as they sign in upon visiting for any of many reasons.

The new system saves the agency tons of time, as Ms. Surkis and her teams track and complete all necessary caregiver trainings (including live remote attendance) in real-time. Annual Health Assessments, Electronic Visit Verification (EVV) trainings, corporate compliance and other state mandates are now streamlined across Hamaspik

HomeCare.

Also included in those mandates is annual flu-shot documentation for all caregivers and programs encouraging caregiver flu-vaccinations.

Under the new system, Hamaspik HomeCare's HR team across the agency's six greater New York City region offices is meeting the ever-growing paperwork challenge head-on, now being more connected than ever.

"We have made it a priority to utilize the time our caregivers are spending in the office," elaborates Adina Bodlander, RN, a Hamaspik HomeCare Field Nurse in its Spring Valley office. "Our goal is that no one leaves with any missing requirements." ★

► HEALTH NEWS

Tiny Electric Shocks to Brains Give Seniors Month-Long Memory Boosts

Participants in Experimental Treatment Showed Significant Improvement in Ability to Recall Things

Boston, Massachusetts — It may invoke the unethical experiments of even recent medical research. But if the evidence is any indicator here, subjecting the brains of seniors to controlled electrical bursts not only doesn't hurt but actually helps.

In a clinical trial on 150 adults ages 65 to 88, two groups of volunteers received mild electric shocks to the brain lasting 20 minutes for four days in a row while a third group received a placebo "dummy" treatment.

Researchers at Boston University's Cognitive and Clinical Neuroscience Laboratory were trying to determine if targeted brain zaps improve short- and long-term memory in healthy seniors.

They apparently do.

Study volunteers were healthy seniors not diagnosed with Alzheimer's disease. Most were experiencing normal aged-related memory declines.

In the experiment, each volunteer donned a shower cap with embedded electrodes and attached to a brain stimulation device. The cap then

emitted weak electrical currents. Participants were subjected to four days of sessions, one per day. Each session lasted 20 minutes.

While their brains were receiving the low-level stimulation, participants were asked to listen to and then immediately recall five lists of 20 words.

For comparison, other volunteers did the same while the cap and device did nothing.

Participants who received the brain stimulation recalled more words with each passing day, and the benefits lasted a month, according to lead researcher Dr. Robert Reinhart, the Laboratory's director. "They improved by 50 to 65 percent roughly at day four relative to the sham/placebo group," he said, "which is equivalent to four to six more words recalled."

Scientifically speaking, the harmless low-level currents targeted two specific areas of the brain with two different *stimulation frequencies*, or levels of electrical current. One group

of participants had one level of current targeting the brain's *inferior parietal lobule*, which stores what is called *working memory*. Those participants were better able to remember words from the end of the list.

The other group got another level of current targeting the brain's *prefrontal cortex*. Those participants

were better able to remember words from the start of the list, reflecting long-term memory.

Brain cells communicate using both chemical and electrical signals; the new technology apparently works because it electrically stimulates parts of the brain where large groups of cells have lost their rhythm, sort of like an orchestra not playing together.

What's more, study volunteers with the lowest cognitive performance at first showed the greatest benefits from the experiment.

The findings were published in the journal *Nature Neuroscience*. ★

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