



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

JUNE '23 • ISSUE NO. 211



GAZETTE SURVEY

The GAZETTE asks YOU:

HAVE YOU EVER BROKEN A BONE?

A: NO; B: ONCE; C: MORE THAN ONCE

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



HEALTH STAT

FRACTURES TREATED IN 2020 AT U.S. ERS

TYPE	PERCENTAGE TOTAL
Forearm	16.4%
Shoulder/upper arm	15.2%
Wrist, hand and fingers	13.7%
All other bones	54.7%

Source: U.S. Centers for Disease Control and Prevention (CDC)



HEALTH TIP

BREAK WITH THE PAST: PREVENTING FUTURE FRACTURES

After enduring a painful bone fracture, you don't want it happening again—so here are the best strategies for keeping those bones strong: Follow a diet rich in calcium and vitamin D, maintain an adequate daily intake of protein, monitor your sodium intake, and get plenty of exercise.

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RAMAPO TOWN SUPERVISOR MICHAEL SPECHT (R), HAMASPIK ROCKLAND DIR. OF SUPPORTED EMPLOYMENT YAAKOV GRUNWALD (C) AND HAMASPIK ROCKLAND EXEC. DIR. JOEL FREUND ARE ALL SMILES OVER SHARED COMMUNITY-BUILDING EFFORTS



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HAMASPIK OF ROCKLAND COUNTY'S NUMEROUS LOCAL PROGRAMS SUPPORT THE EVER-GROWING SOCIAL AND DISABILITY NEEDS OF THE TOWN OF RAMAPO'S DIVERSE COMMUNITIES, INCLUDING EMPLOYMENT AND AFTER-SCHOOL RESPITE SUPPORTS

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HEALTH NEWS

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Services Provided by NYSHA AGENCIES

OPWDD SERVICES

INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

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

INDIVIDUALIZED SUPPORT SERVICES (ISS)

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

HOME FAMILY CARE (HFC)

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

DAY HABILITATION (DH)

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

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

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

COMMUNITY HABILITATION (CH)

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

COMMUNITY PRE VOCATIONAL

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

SUPPORTED EMPLOYMENT (SEMP)

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

FAMILY SUPPORT SERVICES (FSS)

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

INTENSIVE BEHAVIORAL SERVICES (IBS)

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

RESPITE:

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

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

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

Sundays: Respite program provided every Sunday.

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

Summer Break: 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.

NYSED SERVICES

ACCESS VR

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

PATHWAY TO EMPLOYMENT

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

NYSHA

THE HAMASPIK GAZETTE

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

MAMTAKIM

A summer camp for individuals approved for OPWDD services.

BOE

THE HAMASPIK SCHOOL

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

KINDERVILLE

A summer camp for individuals approved for OPWDD services.

OMH

SIPUK, ARTICLE 31 CLINIC

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

OMH/DOH

ADULT HEALTH HOME CARE MANAGEMENT SERVICES

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

CHILDREN HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for children ages 0-21 with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care

ADULT HCBS SERVICES

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

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

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

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

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

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

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

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

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

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

CHILDREN HCBS SERVICES

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

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

Caregiver Family Support and Services : Teaches skills to caregiver/family's that will enhance their ability to care for the child/youth in the home and/or community.

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

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

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

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

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

► TRI-COUNTY CARE NEWS

With Lots of Advocacy, a Girl with “Disability” Becomes an Adult with a Master’s and Career in Special Education

Our story here really isn’t one specific achievement or act of success.

Rather, it’s the big picture—going now on 15 years—of constant advocacy by a Care Manager (CM) with Tri-County Care (who had been working with one individual before there even was such a thing as a Care Manager), along with relentless devotion by that individual’s mother.

The saga begins with our individual at age six, growing up in a large family in Brooklyn’s Borough Park neighborhood. Her non-visible, very-high-function disability qualified her for supports from Hamaspiik of Kings County, including the Medicaid Service Coordinator (MSC) service that existed at the time. The MSC function was later moved by the state into independent care coordination organizations (CCOs) like Tri-County Care, where her MSC—now a Care Manager—stayed with her.

The then-MSC first got her young charge transferred from the special-

needs elementary school she had been attending to one suiting her better.

As those years progressed, the schoolgirl’s mother fought like a lioness to ensure that her precious daughter would have the most typical life possible. Backed at every step by her MSC, she insisted that her daughter be given every possible resource and opportunity to shine, grow, improve and mainstream. Towards that end, the now-CM testifies that she spent literally thousands of dollars on personal aides, music lessons, and all sorts of individualized resources that drove home the message to the girl that “we’re not letting your diagnosis or condition define or limit you.”

And so, throughout her elementary-school years, the girl’s mother would simply not let her precious daughter get away with adverse behaviors and simply blame her label or disability for them. “They spent money to teach her social skills,” recounts the CM. “The

family made it a priority. They spent a lot of money to give her everything. We worked hard. Thanks to her mother’s tough love, she got through it.”

Now, the girl came of high school age after finishing elementary school—at which point the Care Manager “advocated relentlessly,” as her own supervisor puts it, “until she got this girl into a well-established mainstream high school.”

Furthermore, for two summers, the CM also advocated to get her into a mainstream girls camp where she worked in the camp’s canteen.

The girl kept on progressing wonderfully.

Today, she is 20 years old and has actually earned a Master’s degree in Special Ed. She currently lives at home with her parents and family and works in schools providing one-on-one special-ed tutoring.

Her Care Manager says that in that capacity, she is “a life saver to so many

people—so devoted and good with the girls!” Her students like her—because she really gets them. She knows what it’s like to be that shy little girl with social challenges in the corner.

“Her mother wants us to see the nachas,” resulting from all the years of hard work now paying off, reports the Care Manager.

The *Gazette* asks the Care Manager: “Would you say the story here is that Tri-County—namely, yourself—took a struggling young woman and made a life success story out of her?”

“With the help of her mother,” the Care Manager defers. “The whole story took 14 years.”

But then she adds the best part: “But the story is not over yet!”

And indeed, somewhere in a classroom in a Borough Park school, where a Special-Ed teacher is having a special heart-to-heart with a student everyone else wrote off, the saga continues... ★

► HEALTH NEWS

Youngest Children in Class Likelier to be Prescribed Medications for ADHD

Torgarden, Norway — Students in elementary school, high school and even college who are also the young students in their classes have a 80-percent higher risk of being prescribed medications for attention deficit-hyperactivity disorder (ADHD), finds a Norwegian study.

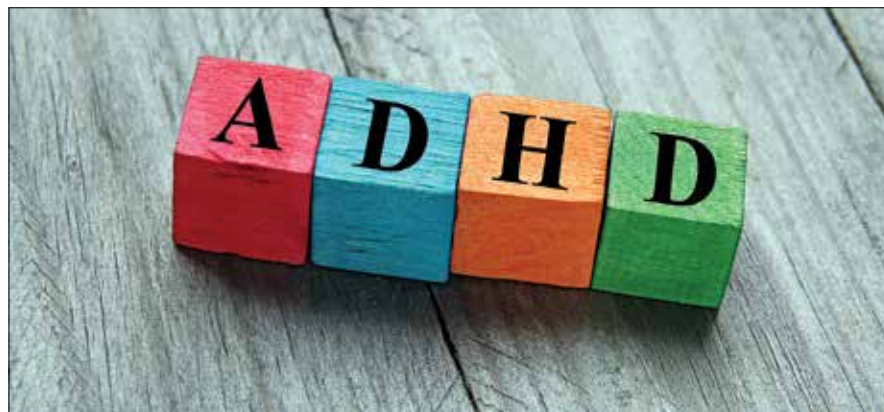
The research, conducted at the Norwegian University of Science and Technology (NTNU) in Torgarden, scrutinized public data on some 488,000 Norwegian youngsters ages ten through 23.

Data on the individuals, all born between 1989 and 1998, was specifically combed through for those who had been prescribed ADHD medications.

That data was then sifted into two groups: those born in November or December and those born in January or February—in other words, students youngest in their class or the oldest.

Prescription rates of ADHD drugs for the two groups were then compared.

The NTNU study found that students whose birthdays were in November-



BUILDING BLOCKS OF HYPERACTIVITY: STUDY LINKS CLASS YOUNGEST WITH MOST “HYPER”

December, making them their classes’ youngest, were far likelier to be medicated for ADHD than those whose birthdays were in January-February.

“Put simply, it looks like we’re medicating the most immature children because we’re comparing them to their oldest classmates, who are a whole year

older,” said pediatrician Dr. Christine Strand Bachmann, the study’s lead researcher.

According to Dr. Bachmann, the increased ADHD medication for the youngest children owes to the way school systems are organized—which puts children and young adults in the same grade or class roughly based on age, although two young people in the same grade or class can be on measurably different maturity levels due to the months-wide difference in birthdays.

“Of course, we can’t stop diagnosing ADHD and giving medicine to those who need it,” said Dr. Bachmann in a press release. “But what we see here is something else.” ★

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Happening in Health Today

YET ANOTHER STUDY LINKS EVEN A LITTLE DAILY EXERCISE WITH LONGER LIFE

Sydney, Australia — If you didn't want to look locally for studies linking daily physical activity with higher chances of longer life, now you can go all the way to Australia.

There, a study by the University of Sydney has now found that even short bouts of physical activity in an otherwise sedentary lifestyle were associated with a significantly lower risk for dying.

The research looked at records on over 25,000 older adults who didn't regularly exercise. It found that those who engaged in an average of just three short bursts of vigorous activity per day, even if each was a maximum of two minutes, had a 39-percent overall lower risk of earlier death compared to those who engaged in no daily physical activity at all.

Engaging in just a few minutes of vigorous intermittent activity throughout the day was also protective against cardiovascular disease-related mortality.

DOCTORS ACTUALLY LISTEN TO DOCTORS LESS THAN NON- DOCTORS, SAYS STUDY

Cambridge, Massachusetts — “Do as I say, not as I do.”

That wry, world-weary expression comes to mind on the heels of a study by none other than the respected Massachusetts Institute of Technology (MIT), that finds that while non-doctors frequently disregard medical instructions from doctors, said medical instructions are even more disregarded by... other doctors.

The study reviewed public data in Sweden on some 5.9 million citizens, including about 150,000 doctors or their close relatives, and how well they adhered to guidelines for 63 medications.

According to MIT's findings, published recently in the *American Economic Review*, non-doctors tend to not adhere to medication guidelines about 46 percent of the time.

The same study found that doctors,

and immediate family members of doctors, don't adhere to medication guidelines about 50 percent of the time.

TOUGH-TO-TREAT BLADDER CANCER NOW HAS NEW FDA- APPROVED GENE THERAPY

Silver Spring, Maryland — Until recently, people with a form of bladder cancer called *high-risk non-muscle-invasive bladder cancer* (NMIBC) had only one basic option—a treatment

called Bacillus Calmette-Guérin (BCG). That treatment is a vaccine normally used for tuberculosis.

About 75 to 80 percent of newly-diagnosed bladder cancers have grown through the lining of the bladder but not yet invaded the muscle. Treatment typically involves removing the tumor and using BCG to reduce the risk that the cancer will recur.

However, the FDA recently approved a gene therapy called Adstiladrin. It is for patients whose

cancer is unresponsive to BCG.

The approval was based on a clinical trial of 157 patients, 98 of whom had BCG-unresponsive disease that hadn't spread.

New Adstiladrin patients will receive the treatment once every three months via injection.

MASSIVE U.S. GENETICS STUDY BENEFITING VOLUNTEERS WITH PERSONAL DNA INFO

Bethesda, Maryland — It may not cover all of us, but “All of Us” is already reaching, including and even helping a good chunk of us.

“All of Us” is an ambitious national genetics research project by the National Institutes of Health (NIH). Among other goals, it gives each of its participants—so far, over 155,000 volunteers—personalized DNA profiles that tell them if they are at higher risk for various health conditions. The project's goal is to ultimately reach at least one million Americans—hence the project's name—in an effort to accelerate medical breakthroughs.

The program's Hereditary Disease Risk report includes 59 genes and variants associated with serious health conditions, including specific cancers, heart conditions and blood disorders. About two to three percent of people in the study will receive a result that shows a disease-causing variant.

NEW DYE-BASED CT SCAN DETECTS AND CURES COMMON CAUSE OF SECONDARY HYPERTENSION

London, England—*Secondary hypertension* is high blood pressure caused by underlying conditions other than years of rising blood pressure (primary hypertension). Researchers at Queen Mary University in London have now figured out how to detect and cure one of the most common causes of secondary hypertension.

In many cases, secondary hypertension is caused by nodules on the adrenal gland which produce aldosterone, a hormone that raises blood pressure. Treatment of such cases involves locating and removing those nodules—but until now, the technology to locate and remove them was scarce and tedious.

Queen Mary researchers discovered that a dye called *metomidate* sticks only to aldosterone-making adrenal glands for a short time—enabling detection by CT scan and the speedy follow-up of surgical removal of the specific affected gland. The result was normal blood pressure. ★

SHOCKING THE HEART DIFFERENTLY SEEMS TO SAVE MORE LIVES, FINDS RESCUE FIELD TRIAL

Toronto, Ontario — So, you're a paramedic who works for an ambulance service—you're the one responding to people collapsing from *cardiac arrest*, or sudden heart stoppage.

Such people are often saved with *defibrillators*, devices that start hearts again with electric shocks, as used on patients by paramedics.

Defibrillators normally apply shock pads to the front and side of the patient's chest. But now, a field study of a new method seems

to indicate that applying the shock pads to a patient's front and back—not front and side—gets more electricity to the heart, hence saving more patients.

The field study also found that when paramedics applied *four* shock pads to patients—two front/side, and two front/back—they got even more electrically running through the heart, hence saving even more patients.

The study was conducted by field paramedics in Canada. ★



SHOCKING STUDY: MORE PADS, HIGHER SURVIVAL RATES, IN CARDIAC-ARREST CASES

בס"ד



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A HAMASPIK PROJECT FOR THE MAINSTREAM COMMUNITY
POWERED BY HAMASPIK'S 25 YEAR EXPERIENCE AND COMMITMENT TO SERVE THE COMMUNITY.



● ► HAMASPIK NEWS

Ramapo Town Supervisor Michael Specht Visits Hamaspiik of Rockland County

Lower Hudson Valley Leader Gains Personal Familiarity with Staff and Community-Benefiting Programs at Agency's Central Administrative Hub in Heart of Monsey

If you're the chief executive of the Town of Ramapo, you're going to want to know everything major going on in Ramapo.

So if you want to know what's happening with the largest and highest-profile disability non-profit in town, you're going to visit Hamaspiik—which is exactly what Ramapo Town Supervisor Michael Specht did.

Mr. Specht serves as the No.1 elected official of Ramapo, the historic Lower Hudson Valley town that comprises some 20 villages and hamlets across nearly 62 square miles.

With Ramapo's still-growing population comes a proportional growth of its population of individuals with disability, as well as of people with mental and behavioral health needs. And with growth of those populations comes growth of Hamaspiik of Rockland County.

Operating out of a state-of-the-art office complex on Monsey's central Rt. 59, Hamaspiik of Rockland County's dozens of supports and services cater to the community's wide array of special needs. Now, on hand to personally meet the staff powering those supports and services was Town Supervisor Michael Specht.

Greeting him at the front door were agency veteran and Hamaspiik of Rockland County Executive Director Joel Freund, flanked by lieutenants Shlomo Kornbluh and Yaakov Grunwald, respectively Director of Operations and Director of Employment Services.

Upon entering the main hallway, the entourage stopped by a scale-model diorama of Hamaspiik properties across three counties. Supervisor Specht spent some time admiring the various models, recalling his previous stint as a town attorney during which he successfully assisted the agency in a frivolous lawsuit against a then-new Hamaspiik group home in Monsey.

The Supervisor first visited a large room filled with over two dozen cubicles, each manned by an employee of Hamaspiik Rockland's Self-Direction program. That innovative initiative by the New York State OPWDD grants higher-functioning individuals with disabilities the ability to manage and fund their own services and supports.

Down the main hall, Mr. Specht



TAKING IT FROM THE TOP: MR. SPECHT IS GREETED BY EXECUTIVE DIR. JOEL FREUND, EMPLOYMENT DIR. YAAKOV GRUNWALD, AND DIR. OF OPERATIONS SHLOMO KORNBLUH



MEETING OF THE MINDS: SUPERVISOR SPECHT SAYS HELLO TO AGENCY PSYCHOLOGIST DR. ALAN BLAU, PH.D., CLINICAL SUPERVISOR OF NUMEROUS HAMASPIK PROGRAMS



GETTING TO KNOW YOU AND WHAT YOU DO BEST: WITH TOWN OF RAMAPO SUPPORTING SEVERAL HAMASPIK PROGRAMS, ITS CHIEF EXECUTIVE MEETS THE PEOPLE BEHIND THEM

next stopped by the offices of several department heads, including Day Services Oversight Manager Mrs. Schonfeld, Director of Intake and Office Manager Mrs. Koth, as well as the teams manning the Finance, HR and Intake Departments.

Further inside the complex, the guest was introduced to staffers

providing long-running "Traditional" OPWDD services like At-Home Respite, After-School Respite and Community Habilitation (Com Hab). Workspaces used by Hamaspiik's Family Care Nurse, the Applied Behavior Analysis (ABA) team, and Home and Community-Based Services (HCBS) employees were additionally visited.

Mr. Specht was then greeted by the staff of the Integrated Health adult behavioral-supports program and its Director of Behavioral Health and Clinical Services, Mordechai Neuman, LCSW. He also met agency psychologist Dr. Alan Blau, Ph.D.

Serving as guide all along, Mr. Grunwald then introduced the Supervisor to his own Supported Employment (SEMP) program team, and longtime Director of Residential Services Moshe Sabel.

In the front wing of the building, Mr. Specht visited Hamaspiik's massive Comfort Health behavioral-supports program for youths under 18, meeting its numerous Care Managers (CMs) and Supervisors. He also said hello to the staff of the Early Intervention (EI) program.

After that 30-minute tour, Mr. Specht joined agency top brass for lunch.

Over freshly-catered food, the Supervisor and hosts chatted about issues pertaining to public safety and life quality within Ramapo's confines, especially the quality work demonstrated in recent times by the town's Police Department.

Executive Director Joel Freund shared a few words of formal greeting, thanking Mr. Specht for proven friendship to Hamaspiik in years past and expressing hope towards future work together in the best interests of Hamaspiik's target demographics.

Director of Operations Shlomo Kornbluh followed from the podium, likewise thanking the Supervisor for his visit and interest in Hamaspiik's work. He thanked him for increasing wheelchair accessibility in the town, and appealed for more.

Closing words came from Town Supervisor Specht himself.

The public servant reciprocated the thanks for his visit, expressing appreciation for the opportunity to personally meet Hamaspiik of Rockland County and its administrative staff.

The luncheon broke up with a buoyant feeling in the air all around, and Mr. Specht—accompanied by Mr. Freund and Mr. Grunwald—made his way to the exit, where a new day for Ramapo and Hamaspiik surely awaited. ★

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Spheres of Influence

An Experience for the Soul

Nishmoiseini Hotline Brings Mothers Together for Incredible Overnight

“For the mothers, by the mothers.” That was the key behind the incredible success of the recent overnight experience prepared by, and for, mothers on the Nishmoiseini hotline “coffee room” for parents of children with special needs, under the auspices of Hamaspik Hotlines.

The program, start to finish, was organized by a group of mothers led by Mrs. Sarah Greenfield, while Mr. Joel Landau, Nishmoiseini hotline manager, took care of logistics.

Over 100 mothers came together for the experience, which took place in the Hamaspik Resort. The program included lavish meals, an icebreaker, therapeutic painting workshop, games, and several presentations.

Each and every aspect was led by various mothers, and with only members of the coffee room present, connections formed deeply and quickly. One mother spoke about her amazing personal story, and another shared the beautiful songs she

composed about her son. Two presented a comedy performance — true “laughter therapy” and a real highlight.

And of course, the conversations continued long after the program ended.

The feedback following the event was unbelievable. Women shared how validated and understood they felt, and how this was an opportunity to connect with other mothers like never before.

The Nishmoiseini overnight wasn’t just an event or a retreat; it was an immersive and transformative experience designed to give mothers support to take home with them. Bonding, connecting, and sharing deeply with other women means that those who previously hadn’t posted many messages on the coffee room now feel comfortable opening up, and can access this haven of support every day of the year. ★

For chizzuk and hope call: Nishmoiseini Yiddish Hotline: 718.760.1111, Nishmoiseini English Hotline: 718.759.1111



A DIFFERENT SORT OF FILM SHOWING: MR. MOORE MAKING HIS ROUNDS (TOP L-R); A SPECTACULAR SOAPY CYLINDER (BOTTOM LEFT); (R) SURE HAS GOT HIS HANDS FULL

Bursting the Bubble of Routine with Wonder and Stimulation

Hamaspik of Orange County’s After-School Respite (ASR) Program Treated to Exhilarating, Interactive Bubble Show

It’s a good idea to get out from time to time—to escape your routine and do something new.

Mr. Moshe Schwartz, Hamaspik of Orange County’s Boys Division Director of the After-School Respite (ASR) program, is explaining to the *Gazette* why the following activity couldn’t have been held on Hamaspik’s premises in upstate Kiryas Joel: “It’s better than staying indoors.”

Even if that means exiting your bubble of daily routine only to find yourself literally surrounded by yet another bubble.

Physically surrounded by just one such bubble was how various individuals found themselves as they enjoyed a bubble show by performer Rick Moore.

The boys were part of Hamaspik Orange’s ASR. The event in question was their visit to that agency’s Hamaspik Estate property in rural Warwick, New York.

There, for a good hour-plus, Mr.

Moore put on a show that was part science, part illusion and all fascination and stimulation.

Decked out in lighted footgear and sporting a wireless headset microphone, the children’s performer repeatedly reached back to his table of accessories to produce a range of bubbles of all sizes. (Fun fact: bubbles will always form spheres no matter what shape they’re blown from.)

But most fun for all was the opportunity to stand inside a cylindrical wall of film.

Standing on a large round pad, volunteers were awed as the performer lifted a liquid-soaked hoop from its perimeter. As it rose, it left a “bubble wall” behind, encasing them in a veritable (albeit very temporary) new world.

Sometimes life involves bursting someone’s bubble, or even your own. And sometimes, it involves creating new ones. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Massive Indoor-Outdoor Venue Hosts Rides, Games, and Entertainment for Children with Special Needs From Across Greater Rockland County

Pesach (Passover) was decidedly in the air this year, what with the Jewish calendar allowing for three consecutive non-formal days traditionally marked by fun family outings—and the weather cooperating most perfectly, too.

Among the spiking crowds at Tri-State venues large and small were Hamaspiik's thousands of individuals with special needs—and their beloved families. Among the most impressive of those was the Hamaspiik event at the Nickelodeon Universe indoor theme park—waves of fathers, mothers and children from across the Orthodox Jewish Tri-State spectrum filling that park's lines for every ride, as Hamaspiik of Kings County hosted private access to the entire place for the day.

There, and across the rest of the Hamaspiik universe, it was perhaps symbolic of the Biblical Exodus from Egypt—a living reenactment today of the ancient miracle of a people united and freed to live higher.

PASSPORTS TO PESACH FUN

Instead of bringing the crowds to the fun, Hamaspiik of Orange County this year brought the fun to the crowds, by delivering a “passport”—a pre-loaded credit card—to the home of each supported individual. Making the traditional Hamaspiik family outing personal for each, the cards opened gates of Pesach fun at any regional venue taking plastic.

HITTING IT OUT OF THE PARK

Pesach was in the air, and not just because there was a man dangling upside down by his ankles.

That otherwise-alarming scene was the climax of the live shows put on by the Zabo Circus, a performance troupe—and just one of the many things to enjoy at Hamaspiik of Rockland County's annual Pesach family outing, held this year at the Joseph T. St. Lawrence Community Center in Hillburn, New York.

The first of two outings, on a lovely Sunday, was geared for individuals who have intellectual/developmental disabilities (I/DD). The second day featured the same, only for a crowd of

individuals with Hamaspiik's Comfort Health behavioral-supports program for children experiencing emotional, behavioral, and mental health challenges.

A huge indoor carnival occupied the large air-supported white dome on one side of the field. Staff stood by to man each of the many booths while entertainers dressed as friendly animals interacted with children of all ages.

Just outside that dome, Rockland public servants were on hand to demystify the people they serve most: children. Hence, a Ramapo Police Dept. squad car was on hand to educate, as was a Monsey Fire Dept. firetruck, ambulance from Hatzolah of Monsey, and the Chaveirim volunteer public-safety group's emergency mobile command center.

On the far side of the field were several giant inflatable “bounce houses,” and a sizable petting zoo boasting llamas, donkeys, goats, sheep and even two cows.

On the other side of the field, inside the complex's main building, a basketball court was now an activity center. Just inside its entrance, a children's performer thrilled little ones. Face-painting and balloon-sculpting tables drew long lines. Along one side of the giant room, kosher-for-Pesach foodstuffs were on hand, while the center was filled with tables and benches—including person-centered smaller ones for our tiniest tots—at which guests painted ceramics or threaded bead art.

Past that building were a cluster of outdoor carnival rides.

In keeping with Hamaspiik's mission, all attractions were disability-accessible.

But the main event, which had guests filling the bleachers and sitting on grass alike, was the Zabo Circus show. Professional clown Zabo opened with feats of juggling and balancing—followed by Jumping Joe, who maneuvered a bicycle around various obstacles with incredible ease, as well as Alexander Firestone, a man who

CONTINUED ON PAGE 11 >>

Field of Family-Fun Dreams



AN AIR OF BUOYANCY: A LINE OF INFLATABLE ATTRACTIONS KEPT CHILDREN HOPPING



FIERY EXCITEMENT: RED-HOT HANDIWORK



FUN LOOKING UP: A STROLLING JUGGLER



THE CHAIRMAN TAKES HIS SEAT: ZABO FURNISHES THE CROWD WITH A BALANCED ACT



A POSITIVE SPIN ON THINGS: FAUX HORSES DELIVER REAL FUN FOR CARNIVAL-GOERS

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On Wings of Eagles All Shabbos Long

Hamaspiik Parental Support Weekend Takes off on a Friday; Lands Sunday Morning with Parents Flying High



TIME TO TAKE OFF: A THEME-FURTHERING PROP HELPS SET THE STAGE



ELEVATION: PLUCKED STRINGS AND DRAWN BOWS LIFT ARRIVING LISTENERS TO THAT HIGHER PLANE BEFORE TAKEOFF

The theme of the most recent Hamaspiik Shabbos event was “Hamaspiik International Airlines,” turning the entire lobby and atrium of Stamford, Connecticut’s Armon Hotel into an airport.

Yes, you read that right—from the realistic-looking “VIP Lounge,” “Duty Free Shop” and even low-flying aircraft sound effects on the sound system, the airport theme was literally in the air.

Amidst the convincingly and delightfully effective theming all around,

shortly after arriving Friday afternoon, the *Gazette* asked Hamaspiik stalwart Chaim Mendel Katina how his flight was proceeding.

“I don’t want to land,” he jovially replied.

And indeed, given the non-stop service of spiritual elevation for the next 48 hours, none of the thousands of guests wanted to either.

CHECKING IN, CHECKING OUT

At both Shabbaton events, held on

two consecutive weekends, the airport theme was on full display.

Guests checking in first had to pass through “security” to receive their “tickets” (room numbers and names printed on ticket-mimicking slips), then proceed to “airport check-in” (the hotel’s front desk) to collect their “passports” (event schedules) and their room keys—plus welcome care packages disguised as small carry-on suitcases.

Past that, there was a huge spread of food tables of all sorts, each manned by waiters dressed as flight attendants in keeping with the theme of air travel.

The flawless theme and décor, down to food carts featuring “ads” for “Hamaspiik International Airlines,” transported guests to another world. There was even a wall featuring sixteen round analog clocks, each labeled and set to the local time of another major international city—including, of course, Kiryas Joel.

Once guests were checked in, they checked out of their daily lives—which is exactly the weekend’s restorative idea.

AN ATMOSPHERE OF INSPIRATION AND SUPPORT

Friday afternoon featured a therapy session for women by Hamaspiik’s very own Joy Stimmel in one private conference room, and facial spa therapy/treatment for the womenfolk in another. At the same time, the women (and later, the men), had swim time in the hotel’s pool.

All weekend long, the *Gazette* took the time to strike up organic, hearty one-on-one conversations with attending parents—to access and then convey the grassroots need for, and appreciation of, the powerful annual event.

One guest, a long-time attendee, attests that speakers are always “next-level.” “I come here for the chizuk

[inspiration—ed.],” he said—meeting with other parents on how to solve various problems.” The same gentleman also spoke the next day at the uber-popular Shabbos afternoon Kiddush, exhorting his peers in saying, “Don’t be shy! Reach out to others!”

He added that, in his opinion, the domestic friction problems of 20 years ago resulting from special-needs parenting are largely mitigated nowadays because of the Hamaspiik Shabbaton.

Another parent talking to the *Gazette* Friday afternoon reveals that his first exposure to Hamaspiik was when his child with special needs began getting Hamaspiik ABA services. Cindy, the ABA aide visiting their home, is “very good,” he reports. As for the Shabbaton, he says it functions to him as a “very big break” from special-needs parenting. “It’s wonderful!”

The next parent chatting with the *Gazette* opened up about his first Shabbaton (this was his second). What do the Shabbatons give him? “A sense of not being alone.”

Another guest, also not experiencing the weekend event for the first time, commented that the “creativity” of the theme and the event overall is “in another league—down to the toothbrush” included in every suitcase-themed guest care package.

He also noted the “friendliness” of all the hotel workers: “We are really happy to have you here!” is the message he got from them.

A key member of that staff is the hotel’s Israeli security chief, Eyal, a veritable fixture for years now and a familiar friendly face to guests of every event.

“You meet friends, you meet people,” comments another parent to the *Gazette*. “I like the atmosphere.”

CONTINUED ON PAGE 11 >>

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REACHING NEW HEIGHTS: THE SOARING VOICES OF A MEN'S CHORAL GROUP RAISED MORALE



STEPPING UP: A WELL-EARNED SHOESHINE

Parent Weekend

<< CONTINUED FROM PAGE 10

Another parent, a father of five children with special needs, reports coming to the Shabbaton for six years now. The first time, he says, he didn't really know anyone and didn't know what to make of it. "This year," he said, "after meeting so many people, it's still amazing."

SPEAKING TO (AND FROM) THE HEART

That amazing atmosphere, from that first step onto hotel grounds Friday afternoon to departing Sunday morning, was punctuated and bolstered by the roster of the Orthodox Jewish community's most popular and powerful speakers who addressed the crowds throughout.

Across the weekend, Master of Ceremonies Yoel Fuchs masterfully introduced such powerhouses as Rabbi Yosef Chaim Greenwald, Rabbi Shimon Zev Meisels, Rabbi Mordechai Schiff, Rabbi Moshe Dwek and Rabbi Yisroel Majeski. Each moved their audiences with their gripping, uplifting and oh-so-real messages of hanging in there—to not just maintain faith but to trust it, despite the very real pain of special-needs parenting.

For the men's better halves, the

family anchors that are their wives and the mothers of their precious children, the events featured no shortage of inspirational programming. From speakers who shared the most wrenching and tear-jerking personal trials and triumphs to the private performance of a girls' choir, the women heard from their sisters in pain and victory—from women who have truly *been there...* who *know...* who *get it...* to their peers whose hearts (and vocal cords) sang to theirs in joyous abandon and yes, judicious measures of healthy levity.

It can be safely said that no guest left the same.

NOURISHING BODIES AND SOULS

No one went hungry throughout the events' 48 hours.

Food was amply on hand, from the Friday-afternoon arrival buffet through the three lavish formal Shabbos meals—and no shortage of salads and snacks, health food and beverages, coffee and tea throughout.

But the food for the soul was equally plentiful.

Besides the events' informal anchor for years now, the Shabbos afternoon Kiddush at which peers open up to peers, the Shabbatons were marked by their usual one-on-one conversations happening everywhere you looked, at all hours of the day and night—brother to brother, sister to sister, special-

needs parent to special-needs parent, soul to soul.

Asked if the Hamaspiik Shabbos is more vacation or more inspiration, one parent simply posited that it's both. Insightfully, he added that besides the uplifting speeches and supercharging personal moments, the creature comforts themselves are inspirational.

Further fortifying parents was a post-Shabbos "Meet Your Hamaspiik Professional" event at which guests could, and did, familiarize themselves with agency staff across multiple counties helming a bevy of disability supports and services—many of which they may have not been aware.

The event's grand finale was the usual Melaveh Malka ["Queen's Entourage"—ed.] meal that ushers Shabbos out Saturday night. With vast dining hall regally set, a full band fronted by top singers Beri Weber and the Berko Brothers filled the air with

ebullience and infectious positive energy.

TAKING IT HOME

On Sunday morning, a Hamaspiik employee struck up a conversation with a Hamaspiik father.

The father confided that his first Shabbos had left him and his wife feeling that most other Hamaspiik Shabbos guests were parents of Down-syndrome children, in contrast to their own child with epilepsy. Now at their second Shabbos, and despite having made one or two friends in fellow epilepsy parents, they still felt disconnected.

But somewhere, a Controller was presiding over the air traffic of the universe, as the father discovered that the Hamaspiik employee was also a father of a child with epilepsy. Their wives soon connected, their flight paths forever overlapping as they found themselves passengers on the same plane. ★

Massive Venue

<< CONTINUED FROM PAGE 9

literally breathes fire.

At the end of the performance, the ringmaster had himself restrained in a straitjacket and hoisted into the air. As a spellbound crowd watched, he wriggled

his way out to wave his arms free.

Guests went home via a main exit point, which had been capably manned throughout by Hamaspiik Rockland staff members led by Project and Event Coordinator Avrumi Markowitz, with "goodbye packages"—and a spirit flying as high as that escape artist, a symbolic way to end the celebration of "the Season of our Freedom." ★

The Autism Update

News and developments from the world of research and advocacy

STUDY FINDS AUTISM BRAIN CHANGES FAR MORE SWEEPING THAN PREVIOUSLY KNOWN

Los Angeles, California — According to a new study, changes to the brain caused by autism are comprehensive throughout the cerebral cortex rather than just in particular areas thought to affect social behavior and language.

The study, led by researchers at the University of California at Los Angeles (UCLA), is the most comprehensive effort yet to study how autism affects the brain at the molecular level.

While neurological disorders like Alzheimer's or Parkinson's have well-defined pathologies, autism has a lack of defining pathology, making it difficult to develop more effective treatments.

The new study finds brain-wide changes in virtually all of the 11 cortical regions analyzed, regardless of whether they are involved in functions like reasoning, language, social cognition and mental

flexibility, or are merely sensory regions.

AUTISM COMMUNITY DEBATES PLANNED FEDERAL SWITCH TO "NEUTRAL" AUTISM LANGUAGE

Washington, D.C. — Made of 60-plus government officials and private-sector autism community leaders, the government's Interagency Autism Coordinating Committee (IACC) advises the U.S. Secretary of Health and Human Services (HHS) on autism-related issues.

The IACC is now debating moving to "neutral, strengths-based" language in all official U.S. government documents and websites related to autism. The change in wording would officially reduce or remove usage of words like "severe," "challenging," or "disorder" in said texts.

But the proposed change has divided the autism community.

Some advocates reject those phrases as disabling labeling. But others, like the National Council on Severe Autism, argue that stripping words will merely "sanitize" the realities many families

face—insisting that they're necessary for factual reality.

RESEARCHERS DISCOVER AUTISM BRAIN FUNCTION DURING LIVE BRAIN SCAN OF PAIRED VOLUNTEERS

New Haven, Connecticut — People with autism spectrum disorder (ASD) tend to have difficulty making eye contact while speaking to others. Yale University scientists wanted to better understand why—and more specifically, what brain mechanisms operate while people with autism make (or don't make) eye contact with one another.

Using innovative technology that enables imaging of two individuals during live natural conversation, the researchers identified specific brain areas in the brain's *dorsal parietal* region associated with the making of social eye contact.

Specifically, investigators found that during eye contact, participants with ASD had significantly reduced activity in the dorsal parietal cortex compared

to those without ASD. What's more, the more severe the overall social symptoms of ASD, the less activity observed in that brain region.

NEW STUDY FINDS TYPICAL YOUNG BRAINS JUST AS "NOISY" AS AUTISTIC YOUNG BRAINS

Davis, California — Conventional wisdom says that people with autism have "noisier" or more-active brains—hence presenting with the symptoms of overstimulation commonly associated with autism. That hypersensitivity is said to trigger strong reactions when subjected to too much input, like images or sounds that wouldn't faze typical people.

But now, a study at the University of California at Davis (UC Davis) found that "neural noise" in children with and without autism was equal. "Autistic and non-autistic participants did not differ," the study stated. "The vast majority of the statistical tests examined in this study yielded no significant effects. These results appear inconsistent with the neural noise account."

The results suggest "diminished (rather than elevated) neural noise in autism," the study concluded.

NEW YORK AMONG WORLD'S TOP TEN "MOST ACCESSIBLE CITIES": SURVEY

Davos, Switzerland — The Big Apple has it all in so many ways—and now, it's got world-class disability accessibility, too.

According to a survey recently released by the Valuable 500, a disability inclusion trade group, no less than three U.S. cities are among the world's most accessible for people with

disabilities. Besides New York City, the tourist destinations of Florida's Orlando and Nevada's Las Vegas made the list. The results came from a survey of 3,500 travelers with disabilities globally.

The international cities of Amsterdam, London, Paris, Shanghai, Singapore, Sydney and Tokyo rounded

out the list.

The Valuable 500 is a group of CEOs from major companies including Apple, Google, Coca-Cola and Procter & Gamble that have committed to disability inclusion. The collective of business leaders first formed at the 2019 World Economic Forum Annual Meeting in Davos, Switzerland. ★

IMMUNITY-LINKED GENES EXPRESSED DIFFERENTLY IN BRAINS OF PEOPLE WITH AUTISM

Syracuse, New York — According to a new study that examined thousands of brains, genes involved in immune system function have atypical expression patterns in the brains of people with some neurological and psychiatric conditions, including autism.

Of the 1,275 immune genes studied, 765 of them showed elevated or reduced expression in the brains of adults with one of six conditions: autism, schizophrenia, bipolar disorder, depression, Alzheimer's disease or Parkinson's disease.

According to researchers at Upstate Medical University in Syracuse, New York, the expression patterns suggested that there are distinct "signatures" for each one.

The research found that brains in people with autism had an average of 275 genes with expression levels that differed from those of controls. What's more, that pattern more closely resembled neurological, not psychiatric, conditions. ★



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Public Health and Policy News

PRIVATE-EQUITY OWNERSHIP OF HEALTH, DENTAL CLINICS GROWING ACROSS COUNTRY: REPORT

Washington, D.C. — In Wall Street lingo, *private equity* refers to money invested in companies that in turn use that money to buy and restructure financially weak companies.

According to a lengthy report by *Kaiser Health News* (KHN), private equity has been rapidly moving over the past several years to reshape retail healthcare in America.

Year 2021 was a banner year in particular for private equity and healthcare, in which several deep-pocketed firms plowed \$206 billion into over 1,400 health care acquisitions, KHN reported.

Seeking quick returns, these investors are buying into eye care clinics, dental management chains, physician practices, hospices and thousands of other companies that render medical care.

But as private equity extends its reach into health care, evidence is mounting that the penetration has led to higher prices and diminished quality of care, the KHN investigation found.

SUPERBUG LEGISLATION: DEBATE SWIRLS OVER HELPFULNESS OF PROPOSED PASTEUR ACT

Washington, D.C. — Bipartisan lawmakers and infectious disease specialists are scrambling to pass a bill aimed at spurring the development of new antibiotics to combat drug-resistant bugs.

Capitol Hill's PASTEUR Act, as it currently exists, would provide \$6 billion in federal funding over several years to give drugmakers incentive to develop and manufacture lifesaving medications for the small but growing number of infections that highly resistant to antibiotics.

A range of supporters in the health care and drug sectors say the measure would fix the "broken market" for antibiotics by providing stable funding for the industry.

But the measure also has staunch critics in the medical community who deride it as a multibillion-dollar giveaway to Big Pharma. They argue it won't solve the longer-term problem of relying on profit as the primary motive to discover and develop antibiotics.

COUNTRY'S TRENDY NEW OBESITY TREATMENT CENTERS OFTEN OFFER LITTLE MORE THAN PILLS

New York, New York — While many Americans turn to the latest big idea to lose weight—trendy diets, fitness crazes, herbs and pills, or surgery—they frequently do not help much if at all.



PILLS ARE THE PROBLEM: ONE OF AMERICA'S NEWEST DIET FADS, GLP-1 AGONISTS, ARE BEING OFFERED BY CLINICS NATIONWIDE... THAT DON'T OFFER MUCH OF ANYTHING, SAYS RESEARCH

Most recently, a wave of startups coast to coast have been offering access to a new category of drugs coupled with intensive behavioral coaching online. But concerns are already emerging.

These startups, spurred by hundreds of millions of dollars in funding from blue-chip venture capital firms, have signed up well over 100,000 patients and could reach millions more. Patients pay hundreds, if not thousands, of dollars to access drugs called *GLP-1 agonists*, along with online coaching to encourage healthy habits.

But while doctors and patients are intrigued by the new model, some customers complain that reality is short of the buildup: They say they get canned advice and unresponsive clinicians—and some report that they can't even get the newest drugs.

GOVERNMENT PUBLICIZES OWNERSHIP INFO OF NATION'S MEDICARE-CERTIFIED HOSPITALS

Washington, D.C. — If the hospital that you and/or your partners own is certified to provide care to patients with Medicare, the federal health plan for seniors, your info is now public.

For the first time, the federal U.S. Dept. of Health and Human Services (HHS), which oversees Medicare, publicly released ownership data on over 7,000 U.S. hospitals that treat Medicare patients.

According to the HHS, the information will be a one-stop-shop for up-to-date hospital ownership for researchers, reporters and the broader public, as many hospitals across the country belong to larger health systems.

The HHS says that releasing the data is part of a larger bid to increase transparency in healthcare. The data will be updated monthly.

The move comes after the HHS last year released ownership information on 15,000 U.S. nursing homes, as well as data on mergers and acquisitions in healthcare.



FOOD FOR FAMILY FUNCTION: CHILDREN IN TANF-BENEFIT FAMILIES DO BETTER: STUDY

STUDY ASSOCIATES MORE FOOD STAMPS (TANF) BENEFITS WITH LESS MALTREATMENT OF CHILDREN

Lawrence, Kansas — A more financially-stable home would equal a more socially stable home, one might think. When parents are more able to put food on the table, the result might be less maltreatment of children, and even less need to place children in foster homes.

Now, scrutiny of several publicly-available sets of data—including state-by-state levels of families getting Temporary Assistance for Needy Families (TANF) food-stamp benefits—seems to indicate an association of more social-welfare benefits with less maltreatment of children and less foster-home placements.

A study by the Institute for Policy & Social Research at the University of Kansas "found that increases in TANF caseloads were associated with significant reductions in numbers of neglect victims and foster care placements."

The federal TANF program was established in 1996.

HONEST RESEARCH ENCOURAGED BY POPULAR NEW GOV'T-FUNDED PROGRAM

San Diego, California — At the Society for Neuroscience's recent annual conference, the Community for Rigor booth was quite popular, reported autism outlet *Spectrum News*—seeing "a nonstop stream of conference-goers."

The Community for Rigor (C4R), run by the University of Pennsylvania, promotes rigorous scientific research by teaching researchers how to research. It does so by sharing its curriculum on how to design and conduct scientifically rigorous studies.

Studies are long known to be affected by personal biases like researchers' desires for career advancement—status for major discoveries—over reporting boring-but-honest results.

The C4R project is the recipient of some \$20 million in funding from the National Institute of Neurological Disorders (NINDS) to "create an educational platform containing various training modules covering different aspects of scientific rigor." ★

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In the Know

ALL ABOUT...

RAYNAUD'S DISEASE

Sources: National Library of Medicine, Cleveland Clinic, Mayo Clinic, National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), National Heart, Lung, and Blood Institute (NHLBI)



French doctor Auguste Gabriel Maurice Raynaud (1834-1881) was a Paris physician and medical lecturer who led quite an active academic life. He conducted research with the famous Louis Pasteur, who pioneered the pasteurization process still used to sterilize milk today.

But Dr. Maurice Raynaud also became famous for researching a relatively rare condition in which one or more of the fingers but sometimes the toes, lose some blood flow, resulting in affected parts turning white and then blue and/or feeling coldness, numbness or pain.

In the process, he became one of the still-relatively-few doctors to have a disease named after them. Read on to learn all about Raynaud (pronounced ray-NOH).

DEFINITION

Raynaud's disease, also known as Raynaud's syndrome or even Raynaud's phenomenon, is a rare disorder of the blood vessels. This disorder is characterized by episodic spasms, called *vasospastic attacks*, which cause small blood vessels to constrict (tighten or close) in response to temperature extremes, certain occupational exposures, or excitement.

As mentioned, it usually strikes the fingers and toes. It causes the blood vessels to narrow when a person is feeling cold or stressed. When this happens, blood can't get to the surface of the skin and the affected areas turn white and blue. They also are known for getting cold as a result. When the blood flow returns, the skin turns red and throbs or tingles. In severe cases, loss of blood flow can cause sores or tissue death (known as gangrene).

There are two types of Raynaud's: primary and secondary. Most cases are primary. The secondary form tends to be more serious and to need more aggressive treatment.

People in colder climates are more likely to develop Raynaud's. It is also more common in women, people with

a family history (suggesting a genetic link), and those under age 30 (often starting in the teen years).

A person with primary Raynaud's has no other diseases or associated medical problems that may cause Raynaud's symptoms. About 75 percent of all cases of primary Raynaud's are diagnosed in women between ages 15 and 40.

CAUSE

Primary Raynaud's happens on its own, and its cause remains unknown.

Scientists do not know exactly why Raynaud's disease develops in some people, but they do understand how attacks happen. When a person is exposed to cold, the body tries to slow the loss of heat and maintain its temperature. To do so, blood vessels in the surface layer of the skin constrict (narrow), moving blood from vessels near the surface to those deeper in the body.

In people with Raynaud's disease, blood vessels in the hands and feet react to cold or stress, narrowing quickly and staying constricted for a long period. This causes the skin to turn pale or white, then bluish as the blood left in the vessels becomes depleted of oxygen.

Many factors, including nerve and hormonal signals, control blood flow in skin, and Raynaud's disease happens when this complex system gets disrupted.

Emotional stress releases *signaling molecules* that cause blood vessels to narrow, which is why anxiety can trigger an attack.

More women than men are affected by primary Raynaud's disease, suggesting that estrogen may play a role in this form. Genes may also be involved: The risk of the condition is higher in people with a relative who has it, but the specific genetic factors have not yet been definitively identified.

In secondary Raynaud's disease, damage to the blood vessels from certain diseases, such as lupus or scleroderma, or work-related exposures likely underlies the condition.

Signs and symptoms of secondary Raynaud's usually appear around age 40, later than they do for primary Raynaud's.

Factors that have been linked to secondary Raynaud's disease include:

- **Medications.** Medications used to treat high blood pressure, migraines, or attention-deficit/hyperactivity disorder (ADHD) may cause symptoms similar to Raynaud's or make underlying Raynaud's worse.
- **Work-related exposures.** Repeated use of vibrating machinery (such as a jackhammer), or exposure to cold or certain chemicals.

However, secondary Raynaud's is typically caused by other conditions or diseases—especially diseases like lupus, scleroderma, inflammatory myositis, rheumatoid arthritis, and Sjögren's syndrome.

Conditions like certain thyroid disorders, clotting disorders, and carpal tunnel syndrome have also been linked to the secondary form.

Exposure to cold is the most common trigger, such as grabbing hold of a glass of ice water or taking something out of the freezer. Sudden changes in ambient



ABOUT 75 PERCENT OF ALL CASES OF PRIMARY RAYNAUD'S ARE DIAGNOSED IN WOMEN AGES 15-40



temperature, such as when entering an air-conditioned supermarket on a warm day, can lead to an attack.

Emotional stress, cigarette smoking, and vaping can also trigger symptoms. Parts of the body besides the fingers and toes, such as the ears, nose or even lips may be affected as well.

DIAGNOSIS

There is no single test to diagnose Raynaud's disease.

Doctors usually diagnose it based on symptoms, in particular, on a description of a typical attack upon exposure to cold. A doctor will likely also take a medical history and perform a physical exam.

The doctor may perform additional tests to distinguish between the two forms of the condition. These include:

- **Nailfold capillary microscopy:** During this test, the doctor uses a magnifier to look at the base of the fingernails for signs of changes in capillaries (extremely small blood vessels), a sign of secondary Raynaud's disease.
- **Blood tests:** If the doctor suspects that a patient has the secondary form, they may order blood tests that may indicate one has a disease that has been linked to Raynaud's disease, such as lupus or scleroderma. One of the more common of these tests is the antinuclear antibody (ANA) test.

SYMPTOMS

For many people, especially those with the primary form of Raynaud's disease, the symptoms are mild and not highly troublesome. People with the secondary form tend to have more severe symptoms.

Raynaud's disease is a condition that causes the blood vessels in the extremities to narrow, restricting blood flow. The episodes or "attacks" usually affect the fingers and toes.

In rare cases, attacks occur in other areas such as the ears or nose.

A typical attack progresses as follows:

- The skin of the affected part of the body turns pale or white due to lack of blood flow.
- The area then turns blue and feels cold and numb, as the blood that is left in the tissue loses its oxygen.
- Finally, as the patient warms up and circulation returns, the area turns red and may swell, tingle, burn, or throb.
- Only one finger or toe may be affected at first; then, it may move to other fingers and toes.
- The thumbs are less likely to be affected than the other fingers.

- An attack may last a few minutes or a few hours, and the pain associated with each episode can vary.
- Skin ulcers and gangrene: People with severe Raynaud's can develop small, painful sores, especially at the tips of the fingers or toes. In rare cases, an extended episode (days) of a lack of oxygen to tissues can lead to gangrene (cellular death and decay of body tissues).

TREATMENT

Raynaud's is primarily treated by rheumatologists, or doctors who treat

attacks and keeps symptoms under control. There are simple things that Raynaud's patients can do themselves, including:

- Soaking hands in warm water at the first sign of an attack
- Keeping hands and feet warm in cold weather—or not stepping out in the first place when it's cold outside
- Avoiding triggers like certain medicines and stress

In severe cases, repeated attacks lead to skin sores or gangrene (death and decay of tissue).

If this happens, a patient may need to be admitted to the hospital for a few days and receive intravenous



BECAUSE STRESS CAN BRING ON AN ATTACK, LEARNING HOW TO MANAGE IT IS IMPORTANT. MEDITATION, DEEP BREATHING, OR OTHER RELAXATION TECHNIQUES MAY HELP.



diseases of the joints, muscles, and bones.

Rheumatologists are also specialists in autoimmune diseases. They treat Raynaud's disease because it sometimes occurs in association with rheumatic diseases, like lupus.

Other specialists who may be involved in Raynaud's care include:

Cardiologists, who specialize in treating heart and blood vessel problems.

- Dermatologists, who specialize in conditions of the skin, hair, and nails.
- Mental health professionals, who can help people cope with difficulties in the home and workplace that may result from their medical conditions.

- Primary care doctors, such as family physicians or internal medicine specialists, who coordinate care between the different health care providers and treat other problems as they arise.

- Surgeons, including hand specialists, who may be orthopedists, plastic surgeons, or vascular surgeons.

The goals of treatment for Raynaud's disease are to reduce number of attacks, make attacks less severe, and prevent tissue damage.

For most people with Raynaud's disease, avoiding getting cold prevents

medications to rapidly improve blood flow and to treat infection.

In rare cases, a patient may need surgery to remove dead tissue.

As such, treatment depends on how serious the condition is and whether it is the primary or secondary form. In these cases, medications and, in some cases, surgical procedures can help keep the blood vessels open and thus prevent additional attacks.

Secondary Raynaud's disease is more likely to be serious and to need more aggressive therapy.

If one has the secondary form, he or she may need to seek treatment for an underlying condition, if they have not already done so.

Treatments

- **Medications:** While there are no medications approved by the FDA for Raynaud's disease, medications that have been approved for other conditions are routinely used to treat it.

- **Surgery:** In cases of severe Raynaud's, a doctor may recommend a procedure called a *sympathectomy* to destroy the nerves that trigger blood vessel narrowing in the affected areas. This is usually done by incision or injections. The procedure often relieves symptoms, but it may need to be repeated after a few years.

PREVENTION AND PROGNOSIS

General prevention

- **Keep warm.** Keeping your hands and feet, as well as your entire body, warm is important. It is often not enough to keep your hands and feet warm and you need to keep your "core body" (chest, abdomen, and head) warm, too.
- If it is cold outside, try not to go out.
- If you go out when it is cold, dress warmly, wearing several layers of clothing. Be sure to use a hat or hood, because you lose a lot of body heat through your head. Consider heated gloves or hand warmers.
- Protect your hands with gloves when you handle cold or frozen items.
- Bring a sweater or jacket if you go to an indoor setting that may be air-conditioned.
- If you smoke, talk to your doctor about making a plan to quit. Nicotine in cigarettes and some vaping solutions can cause blood vessels to narrow, increasing the chance of an attack. Smoking also may cause permanent damage to blood vessels, which is particularly dangerous for people with Raynaud's.
- Act quickly to end an attack. If an attack occurs, place your hands or feet in a warm place, such as under warm (not hot) water or under a heating pad. You can also warm your hands by whirling your arms in a windmill pattern or placing them under your armpits.
- Cope with stress. Because stress can bring on an attack, learning how to manage it is important. Meditation, deep breathing, or other relaxation techniques may help. Seek help from a mental health professional if these approaches do not work and you continue to experience high stress levels.
- Remember to visit your health care providers regularly and to follow their recommendations.

Medication

Some medications can bring on attacks, so talk to your doctor about those you take and before starting any new ones. Medications that can bring on attacks include:

- Decongestants that contain phenylephrine or pseudoephedrine.
- Appetite suppressants that contain pseudoephedrine.
- Beta blockers for high blood pressure.
- Migraine medications that contain ergotamine.
- Certain stimulant medications, such as methylphenidate, for ADHD. ★

● ► HAMASPIK NEWS

♥ Compassion Highlight

Compassion at the Core of Hamaspiik

Compassion Highlight

The NHTD (Nursing Home Transition Diversion) department is small in size but mighty in compassion. Led by Mrs. Shalva Sashitzky, NHTD/TBI supervisor, this department coordinates home services for people in need of full-time care. The team works with incredible care and devotion to ensure that every need of their clients and families is met.

Although the forms, benefits, and waivers might sound technical, at Hamaspiik of Kings County, nothing is simply cold paperwork. Each and every client is treated with care, with thought, and with heart.

Going the extra mile – literally – is what Hamaspiik is all about. And behind the scenes, so many players are committed to making miracles happen for the clients we serve

The proof is in the excitement with which Mrs. Miri Gantz, the benefits coordinator who works alongside the NHTD department, shares what the Intake Department was able to achieve for a recent

client in a complicated situation.

Sam* was a client under the NHTD/TBI (Nursing Home Transition Diversion/Traumatic Brain Injury) program, meaning that he was currently in a nursing home after suffering a brain injury, and entitled to benefits when he was ready to be discharged. Mrs. Gantz and Mrs. Dini Freund, Intake Director, were working on getting him approved for the benefits that would help with moving and setting up a new apartment.

The benefits were approved, but for these devoted women, the job wasn't complete. They worked tirelessly with Target and Bob's Furniture to obtain discounts and tax exemptions in order to maximize the benefits for the client. Each and every piece of furniture was considered, debated, and chosen with care together with the nursing home's service coordinator—they have long email threads with the store representatives to prove it!—so that the client would move into a beautifully furnished home at minimal cost.

After everything was ordered and arranged, they hit another snag: the landlord of the new apartment informed the team that he would have to delay the move-in date, due to repairs. Then he informed the service coordinator that he needed a check in order to hand over the key... and the furniture was scheduled to arrive that day! Without a key, no one would be able to go into the apartment and take care of the delivery and arrangement of the furniture.

Mrs. Freund and Mrs. Gantz sprang into action. First, they contacted Bob's Furniture, to ask them to delay the delivery. Bob's was incredibly accommodating, and agreed to hold off delivery free of penalty. Then Mrs. Freund arranged to expedite processing the check for the landlord, and Mrs. Gantz took it, drove to Far Rockaway, and hand-delivered it to the service coordinator.

With the key in hand, the service coordinator could begin scheduling the deliveries, and both Target and Bob's Furniture orders have now arrived, and will be set up to perfection for the client's move in date.

Going the extra mile—literally—is what Hamaspiik is all about. And behind the scenes, so many players are committed to making miracles happen for the clients we serve.



● ► HAMASPIK NEWS



Expanded Space, Expanded Hearts

Hamaspiik's New ASR Location

Expanded Space,

Expanded Hearts

Hamaspiik's new building at 1575 46th street allows ASR programs to grow their services... and give more support



Mr. Yehuda Spangelet, director of day services



Mr. Ari Klar, designer and director of maintenance for the day services



Mr. Nathan Steinmetz, IT manager, directed the planning and installation of all technical aspects of the new premises



Haktanim: Haktanim, one of the two after-school respite programs housed in the new building, is directed by Mrs. Yocheved Lerner and Mrs. Shaindy Wolf.



Ahavas Golda: Ahavas Golda, also in the new building, and directed by Mrs. Surie Moskowitz and Miss Tzivi Gruenwald, is a haven for high-functioning girls and women with special needs.

From Concept to Completion

How the creation of a new building happens at Hamaspiik

Mr. Steinmetz

When it comes to setting up a new building, the job of the IT department is not simply about plunking computers on desks. It begins far earlier than that — at the very beginning of the planning process.

The first thing we do, every time Hamaspiik of Kings County expands to a new location, is determine the best location for the IT closet. This crucial location serves as the hub for all switches in the building: all internet and phone jacks are connected to the router. Hamaspiik's locations all also have a filter box to ensure the internet can be used safely, and that is part of the IT closet as well.

There's a sonic wall for network security, the filter, the switches, the music system, camera server... at a Hamaspiik location, all systems have their base in the IT closet. Its location is very important, as we need to make sure all wires can be connected to this base, so it has to be in a central spot.

At the new location on 46th Street, each floor has its own IT closet. Deciding on the placement of those IT closets was our first job at the IT department.

Next up: internet service. As soon as the lease was signed, we began working on how the building would



get its internet service. Which ISP (internet service provider) works best in that area?

Ideally, we look for a service provider that uses fiber-optic wires, but when that's not available, we'll look into options that use antennae on the roof. And, as in every Hamaspiik location, we looked for two

networks: one as the main provider and one as the backup, so in case the internet connection fails, it will be picked up automatically by the other network.

When that was done, it was time for planning and ordering. The IT department takes care of:

Key cards and door access. In these buildings, there are several closets per floor — and each one is programmed to be accessed by specific employees. All classrooms and offices are accessed by key card as well. Each staff member receives a key card with their own unique combination of rooms and closets that they need to access.

Doorbells. These aren't just for the front entrance to a location — they're needed at the front, at the back, and often for the office as well. We plan how many are needed, where they'll be placed, and how they're opened.

Cameras. We created a plan to ensure that the entire building would be covered by the security system. After the cameras are installed, the office is fitted with a screen on which they can view the live footage at all times. An interesting IT challenge that arose with this location was that due to the fact

CONTINUED ON PAGE 20 >>

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Expanded Space, Expanded Hearts

Hamaspiik's New ASR Location

<< CONTINUED FROM PAGE 19

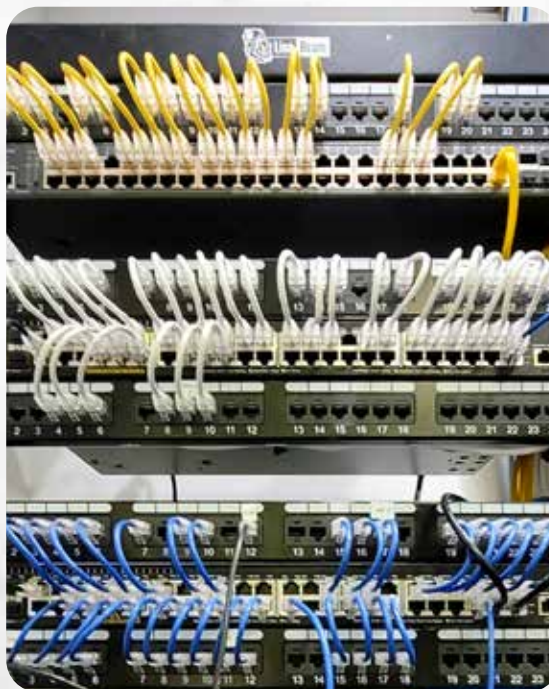
that we share the building with another tenant, we needed to share some of the external cameras — which meant integrating parts of their footage with the Hamaspiik camera system.

Phone jacks and phones. Each classroom has to have a jack for a wall phone, and the offices were set up to allow for multiple desk phones, as well as internet cables.

Printers. Which printers would be needed? Where would they be placed? Where would the jack go, to ensure each piece of equipment can be plugged in correctly? All that is part of the IT's planning job. Here, the ASR programs required the special large printer that schools use, so they could print in color, booklets, large papers, and wall posters — so that's what was ordered for their offices.

Punch-in machines. In some buildings we have punch-in machines by the main entrance, and in some we have separate ones on each floor. Since this particular building is shared with other tenants, we decided to place a punch-in machine on each floor, one for Haktanim, one for Ahavas Golda.

Music systems. Music plays a key role in the after-school programs. We planned and installed a cutting-edge system in which the office can control the music played, and the volume in each classroom. Inside the classrooms themselves, they can also control the volume if needed. This sound system is also used for announcements, and the sophisticated setup has the music fade out while an announcement is being made.



Large screens and computers. Various rooms in the new location needed to be fitted with big screens, either with computers, or just with a USB port. For the ASR programs, we needed a big screen for the counselors to show slideshows or videos.

THAT'S THE PLANNING STAGE.

Then comes implementation. When our plan is complete, we review it with the low voltage company (electrical contractors who take care of the wiring and electrical systems in a building) and the maintenance department, and begin ordering supplies.

After that, it's a well-coordinated dance between the construction crew and the low voltage company as each does the steps they need to do to actually build the building with all it entails.

The basic process is:

- The construction company puts up walls.
- The low voltage company installs all wiring.
- The construction company places sheetrock and completes the building work.
- The low voltage company installs the actual equipment.
- The IT department integrates everything into the Hamaspiik system: doors, wifi, bells, phones, and so on.

The maintenance department sets up furniture, and completes the actual move of equipment that's coming from another location.

The IT department installs the phones and computers as the final step.

Mr. Klar

We were ready to move in.

The maintenance department devoted their energy to ensuring that everything happened quickly and efficiently, and would be ready for the move-in date.

At this stage, Mr. Reich set up the sensory room with ball pits, fish tanks, and lighting — coming directly from Kinderville to make sure everything would be perfect.

We made a huge Amazon order: bottles of Purell, garbage cans, cleaning supplies, etc., so the building would be well stocked with everything needed.

We also installed the Hamaspiik signage for the outside of the building.

The IT department is usually the last to touch the building before the program's employees arrive: they set up the monitors and phones, and perform a final walk-through of all systems, to check that everything is working smoothly.

Mr. Steinmetz and his team left no stone unturned: they made sure the computers and keyboards were neatly aligned, the settings were correct, and that the entire place was set up in the most ideal way possible.





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Status Report

Happening In Hospitals Today



WHERE THE FLU FLEW THROUGH: U.S. HOSPITALS SAW MORE CHILDREN'S FLU THIS WINTER

WAVE OF CHILDREN WITH RSV, FLU HIT U.S. EMERGENCY ROOMS THIS WINTER

New Haven, Connecticut — Emergency rooms (ERs) at hospitals across the United States this winter were struck by a wave of children with serious infections of respiratory syncytial virus (RSV) or flu.

For example, at Corewell Health Helen DeVos Children's Hospital in Grand Rapids, the ER sees about 140 kids each day. But on one Tuesday this past mid-winter, the facility saw 253. Equivalent scenes were reported at ERs from Los Angeles to New York.

The good news, however, is that the overwhelming majority of pediatric RSV or flu patients respond positively to the range of treatments available at hospitals, especially those with specialized pediatric ERs—or standalone facilities geared from the ground up as children's hospitals.

According to some reports, though, the reports of ERs being filled to capacity or beyond with ailing children are actually due to U.S. hospitals downsizing their pediatric capacities.

U.S. HOSPITAL GROUP OPPOSES NEW TEXAS HOSPITAL, SAYS IT'S UNLAWFUL

Brownsville, Texas — Another

new hospital will be opening, this one in Texas.

But unlike other such endeavors, this planned new facility is running into opposition—by none less than the Federation of American Hospitals (FAH), a leading industry group. Here's why: Congress passed a law in 2010 banning physician-owned hospitals (POHs), and the planned new hospital would be a POH, at least according to the FAH.

That's because the planned new hospital, to be located in Brownsville, Texas, would be owned and operated by Doctors Hospital at Renaissance (DHR), a physician-owned hospital in Edinburg, Texas.

To move forward with their project, DHR secured an exception to the rule from the federal Centers for Medicare and Medicaid Services (CMS).

The FAH "is extremely disappointed by CMS' decision to weaken the law banning new physician-owned hospitals," read its official statement.

HOSPITALS' LOW-COST ERROR PREVENTION METHODS AWARDED AT INDUSTRY-GROUP CEREMONY

Las Vegas, Nevada — If you come up with a solution *before* there's any problem, and it's also low-cost and high-common-sense, you deserve an award.

That's been the thinking at the

Institute for Safe Medication Practices (ISMP), a Penn.-based non-profit. For the past 25 years, the ISMP has been bestowing its Annual Cheers Awards on "individuals, organizations, and companies that have set a standard of excellence for others to follow in the prevention of medication errors and adverse drug events."

This year's Cheers Awards ceremonies, in Las Vegas, honored the Calif.-based Sharp HealthCare system and Islamabad, Pakistan's Shifa International Hospital. Sharp was honored for innovatively reducing patient incidents involving IV lines, while Shifa was awarded for coming up with a computer-free chemotherapy tracking system that cost only \$915 U.S. dollars.

MORE HEALTH SYSTEMS CHARGING FOR MESSAGES VIA POPULAR MYCHART SOFTWARE

Chicago, Illinois — According to recent reporting, a growing number of health systems are starting to charge patients for asking for their physicians' advice through online patient portals like MyChart.

Reactions from patient advocates and providers are mixed.

Earlier this month, said the report, the Evanston, Ill.-based NorthShore University HealthSystem started billing patients for some types of messages sent over its patient portal—including those about new symptoms, medication adjustments, new prescriptions, flare-ups of chronic conditions and others that require extensive time reviewing a patient's medical history.

According to the health system, the fees will be billed to patients' insurance, with the out-of-pocket costs for people

on Medicare ranging from about \$3 to \$10. The cost for patients without insurance will be \$35.

U.S. HEALTHCARE INDUSTRY TO BE TURBULENT THIS YEAR, SAYS DELOITTE

London, England — Global accounting and professional services giant Deloitte says that America's hospitals and health systems are in for a bumpy ride.

In a poll of U.S. healthcare leaders conducted by the London-based firm, most (85 percent) responded that staffing would be a major challenge, while a majority (76 percent) said that inflation would be a significant factor.

Other adverse factors significantly cited by polled executives at health systems and insurance companies included healthcare affordability, shrinking profit margins and supply chain disruptions.

Tellingly, 23 percent of health insurance executives felt positive about this year 2023—but only five percent of health system executives reporting feeling the same. The good news, though, was that nearly 90 percent of respondents said investing in their workforce next year was important or very important.

RURAL HOSPITAL CLOSURES HAVE SPILLOVER EFFECTS FOR OTHER NEARBY FACILITIES, SAYS STUDY

Hershey, Pennsylvania — When your local rural hospital closes, it isn't just bad for people living nearest that hospital—it's also bad for the nearest rural hospital that's still open.

That's the conclusion drawn by a recent study in the *Journal of Hospital Medicine*.

The study, conducted by the Penn State College of Medicine, found visits to the emergency rooms of "bystander" hospitals increased by about ten percent after their nearest rural hospital closed.

The finding held true for hospitals up to 30 miles away from those closed hospitals, and for up to two years after the fact.

The Penn State review of 53 rural hospital closures between 2005 and 2016 also found that "bystander" hospital admissions also increased by 1.17 percent two years following a closure.

Two-thirds of the 53 qualifying rural hospital closures occurred within the Southern U.S., according to the researchers. ★



CHARTING A NEW COURSE FOR FEES: MORE PROVIDERS ARE NOW CHARGING FOR MYCHART



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Springing Safely Into Spring for Seniors

How Older Adults can Protect Themselves Against Allergies and Other Seasonal Threats

Spring usually evokes thoughts of blue skies, balmy breezes, and hope in the air. But for seniors, spring can also be the season of sneezing and slipping—due to increased allergens in the air and increased physical activity, both outdoors and inside. So here's how to make spring a season of senior safety.

Putting pollen in its place

1. Keep pollen out of the house by keeping windows and doors closed. Also, ensure your air conditioning filters are pollen-rated.
2. Before taking any antihistamines or other allergy medications, talk to your doctor first—to ensure that none have any known negative interactions with your current medication(s).
3. Upon returning home from outdoors,

wash the clothing that you were wearing so as to remove any pollen that may have landed on it before it can then spread around the house.

4. Pollen can be especially problematic for seniors and others who have chronic obstructive pulmonary disease (COPD), as pollen that gets into the lungs can trigger inflammation and otherwise exacerbate the effects of respiratory disease. If you suspect that your spring allergies are affecting your COPD, see your doctor.

Vitalizing vitamin D

For seniors, vitamin D is an absolute must!

Vitamin D is not just beneficial but critical to so many of the body's systems—especially the immune

system and the respiratory system. In fact, in a January 2021 editorial, former U.S. Surgeon General Richard Carmona noted that most Covid-19 patients (who were older adults in the first place) were vitamin D-deficient and had high rates of survival when hospitals administered vitamin D.

Primarily, vitamin D fortifies the immune system—helping it better fight off viral infections and preventing viruses from making people sick in the first place. Vitamin D also reduces risk of fractures by helping strengthen bones, and also reduces risk of heart attacks and strokes by helping lower blood pressure and even repairing heart damage caused by high blood pressure.

Now, how do you get vitamin D? First and foremost, by going outside and exposing the skin to natural sunlight.

When exposed to natural sunlight, the skin reacts by producing vitamin D, which is why vitamin D is also known as “the sunshine vitamin.” So in springtime, get outside! Otherwise, take supplements (ask your doctor how much).

General springtime health tips

Schedule a well visit. Because it's harder to get out in the winter, touch base with your health care team in the spring.

Review home safety. Check bathrooms for any new or replaceable grab bars; make sure tub floor is non-slip; and add automatic night lights. Post large emergency numbers near every phone. Clear floors of clutter. Secure rugs and mats. Line all stairs with handrails.

With these basic measures, seniors can put a healthy spring in their step! ★

► HEALTH NEWS

What it's Like to be (Inside) a Sandwich

Extensive Analysis of America's “Sandwich Generation” Children-Senior Caregivers Highlights Unique Challenges

Ann Arbor, Michigan — Adults simultaneously caring for children under 18 and their own aging parents have long been known as the “Sandwich Generation”—sandwiched between two sets of people who need their attention and devotion, along with their jobs, careers and communities.

But now, a comprehensive study of said “Sandwichers” gives readers a thorough look at the several of the key numbers and statistics involved—what being a member of America's Sandwich Generation actually looks like on a day-to-day basis.

The study, by the University of Michigan at Ann Arbor, estimates that there are at least 2.5 million such individuals in the United States today. Most are also female and of middle age.

The research began with scrutiny of two studies: the National Study of Caregiving and the National Health and Aging Trends Study. Data was culled from both to produce a total of 1,106 caregivers.

Of those, 912 reported caring for

senior parents only, while 194 reported caring for both senior parents and at least one child at home under the age of 18.

Comparing data on those 194 “sandwichers” to the 912 seniors-only caregivers yielded valuable additional information. Sandwich generation caregivers were over twice as likely to report financial difficulty—36 percent vs. 17 percent. They were also likelier—44 percent to 32 percent—to report substantial emotional difficulty.

Those in the middle of a caregiving sandwich also had a higher average score on a measure of overload than those with only older-adult caregiving duties. Both groups of caregivers had about the same average score on a measure of positive impacts of caregiving.

In addition to taking care of parents and kids, sandwich generation caregivers are also likelier than other caregivers to work for pay (69 vs. 54 percent). Yet both they and their parents are also much likelier to have Medicaid coverage, which is open to people with lower incomes (21

vs. 11 percent for dual caregivers, and 30 vs. 21 percent for senior parents).

The older adults who the sandwich generation caregivers took care of were more likely to be living in a setting other than nursing homes and assisted living centers (91 vs. 78 percent).

In all, about 60 percent of both caregiver groups were women, and the

groups had similar racial/ethnic, marital status, education, and income makeups. However, the sandwich generation caregivers were younger on average (46 vs. 56 years for non-sandwich caregivers, with 35 percent of sandwich generation caregivers under age 45 compared with only 9 percent of non-sandwich caregivers). ★

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