



Developmental Disabilities Supports Division (DDSD)

DECEMBER 2014

In this issue:

- Our Steady Signal 1 - 3
- 8th Annual Cookie Contest 3
- FIT Program Receives Top Rating 4
- Tribal Health Celebrations 4
- 22nd Annual UNMAAA Conference 5
- Shining Stars around New Mexico 6
- New Mexico – An Emerging Practices State 7
- The 2015 National Core Indicator Consumer Survey 8
- QM Summit Recommendations 2014 9
- Community Resource Column 10
- Protecting People with I/DD from Influenza 11
- DDSD Organization Chart 12
- DDSD Personnel Changes 12

Our Steady Signal

The Developmental Disabilities Supports Division (DDSD) is committed to clear and consistent communication that supports the leadership of the Division, the morale of our employees, and the positive momentum needed to fulfill our mission. To communicate this commitment, DDSD leadership developed the following Steady Signal message. The message includes key actions that describe where we are going, important principles to integrate into our work, and how we will behave with others. As a division of the Department of Health (DOH), this message aligns with DOH’s mission, vision, and values.



DDSD is VALUE-BASED. We will align our work with the Department of Health core values, the DOH Mission, and our DDSD Mission and Guiding Principles. This alignment will increase our ability to stick to DDSD priorities in a professional, respectful, competent, efficient and well-thought-out fashion.

DOH Mission: Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

DDSD Mission: To effectively administer a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community.

DOH CORE VALUES:

- Accountability
- Communication
- Teamwork
- Respect
- Leadership
- Customer Service

DDSD GUIDING VALUES:

- Stay Results Focused
- Work For System Simplicity, Accountability, Transparency
- Stay Person/Family Centered
- Use Information Wisely (Evidence-Based Practice)
- Work In Partnership
- Promote Choice
- Emphasize Prevention

Continued on page 2 —



"In the depth of winter I finally learned that there was in me an invincible summer."

-- Albert Camus

Our Steady Signal (continued)

Continued from page 1 —

DDSD WILL PUT OUR VALUES INTO ACTION WITH THESE BASIC STEPS:

Accountability... Honesty, integrity and honor commitments made

- Turn our mission and commitments into actionable priorities that we carry out with discipline.
- Develop and maintain transparency in our decision-making and our operations.
- Foster trust by being truthful, empathetic, and consistent.
- Work in partnership with stakeholders prior to decision making.
- Collect and analyze information and valid data that supports sound decisions, while being clear on what we are measuring and why.
- We will not pass on misinformation or accept the inappropriate use of information.
- We are accountable to those we work for and those we work with.
- We will balance a person-centered approach with effective and equitable use of resources.
- We will carry out responsible contract management.
- We will communicate clear expectations of ourselves, providers, and program participants.

Communication... Promote trust through mutual, honest and open dialogue

- Create forums for staff and external stakeholder input so that we can learn from each other.
- Listen well, communicate openly and honestly, and encourage others to do the same.
- Be authentic and courageous, aligning what we are saying with what we are thinking, feeling, and doing.
- Encourage each other as we face the challenges of addressing substantial needs with limited resources.
- Develop safe forums and respectful opportunities to address our differences and concerns constructively.

Teamwork... Share expertise and Ideas through creative collaboration to work toward common goals

- Effectively partner with individuals, families, and other key stakeholders to increase:
 - * Transparency – we will strive for accuracy and completeness, and
 - * Respect (differences are acknowledged and stated without speculation, blaming or gossip).
- Clarify DDSD's role 1st, then the role of each unit in that larger context.
- Support good job matches for staff and continually raise the professional competence of ALL employees via appropriate professional development, mentoring and supervision.
- Embrace the opportunity to improve our work together as a learning organization.

Respect... Appreciation for the dignity, knowledge, and contributions of all persons

- Encourage and value the contribution of each person, and make each person feel supported and empowered.
- Recognize the value of diversity and reach out to bridge differences with others.
- Treat others as we would like to be treated ourselves, relating so well with them that they actively seek to associate with us.
- Honor the lives and decisions that individuals with DD and their families choose.
- We will not interfere when natural versus paid supports are being used so that we don't micromanage the lives of individuals with DD and use 'keeping them safe' as an excuse.
- Work in partnership with providers to furnish the necessary environment, education, and tools to enable competent Direct Support Personnel to support skill/capacity building of individuals with DD versus just taking care of or doing for them.

Continued on page 3 —



Our Steady Signal (continued)

Continued from page 2 —

Leadership... Promote growth and lead by example throughout the organization and in communities

- Look beyond the challenges of the present and envision what is possible.
- Cultivate and reward innovation and intelligent risk-taking.
- Create a space in our day-to-day operations for all DDSD employees to engage in some work of their choosing that they care about.
- Embrace continuous learning and positive technological advancement.
- Address system complexity by using a clear, direct and understandable approach.
- Simplify the entire DD system by:
 - * Each unit will find at least one process that will eliminate paper without negatively impacting service.
 - * Help each other and our providers work smarter NOT harder.
 - * Each unit will identify and eliminate or simplify at least one process that is too time consuming, costly, or redundant.
 - * Avoid designing the system for the exception; but when course corrections are needed they will be done as close to the person or provider as possible with little or no new paper work.

Customer Service... Placing internal and external customers first, assure that their needs are met

- Put forth our professional and personal best, providing the highest level of service of which we are capable.
- Commit ourselves to continuous improvement.
- Keep our priorities in perspective: a quality system for the majority of those we serve is the top priority; litigation obligations can't be ignored, but we can keep them from driving our system in a negative direction.
- Deliver a superior experience for our customers, sensing their needs and exceeding their expectations.
- Make prevention and proactive efforts a priority in our planning and execution for:
 - * early intervention;
 - * wellness;
 - * appropriate clinical preventive services;
 - * young adult transition;
 - * skill building; and
 - * genuine inclusion.

8th Annual Cookie Contest

The Metro Regional Office held the 8th annual cookie contest on September 18, 2014. The cookie contest is intended to promote active participation in activities related to cooking and the fun of participating in the contest. This year was a record breaker for the number of contestants. Eighty-nine contestants provided a sample of their special homemade cookies. There were so many entries that the regional office invited other offices to participate in the judging. The metro master cookie crafters enter traditional cookies like peanut butter, chocolate chip, biscochitos and sugar. They also enter not so traditional masterpieces like chili chocolate fudge, Florentines, pumpkin oatmeal and gluten free pumpkin oatmeal chocolate chip.



The cookie contest is a lot of fun from beginning to end. Regional staff meet all the contestants as they deliver their cookies and engage in fun conversations with them about their experience researching for, deciding on, and making cookies. Staff who accompany the contestants are also engaged in the fun and looking forward to finding out who won.

This year there were two first place winners. One young man served by Great Living and Jeremy Pirkey shared the title this year. The young man won with a stuffed chocolate chip. Jeremy is a frequent contestant in the cookie contest. He is very thoughtful and imaginative with his entries. Last year he did not win with the "Beer and Bacon cookie" but it was a memorable experience. Jeremy won this year with his "Hamburger Cookie", a neatly packed dozen of tiny cookies that looked like hamburgers wrapped in red checked napkins. As winners, the young man and Jeremy walked away with a Master Crafter Cookie t-shirt designed by Ellen Hardman of the Metro Regional Office, tickets to Shrek and tickets to Lobo Football

Prizes are provided through donations from various businesses such as Adam Durant, Accounting Solutions Inc., Itz, Putt Putt, and Hinkle. This year we were able to give a prize to all contestants due to the generosity of donators. Cookies are popular!

Contributor: Kathleen Linnehan, Metro Regional Office Manager

FIT Program Receives Top Rating from Federal Government

The Family Infant Toddler (FIT) Program has worked hard to strive for the best quality and service. The FIT Program is federally required to set targets and collect corresponding data annually on key indicators that address both compliance and performance in the statewide early intervention system. This is referred to as the Annual Performance Report (APR). Using a similar format to the federal requirements, each FIT provider agency that is contracted through the FIT Program submits an APR with data for each indicator. If performance does not meet the target, which is often required to be at 100% compliance, FIT provider agencies must analyze data and develop improvement activities to ensure they reach compliance within one year. Noncompliance is strictly tracked through regular subsequent data collection until the agency demonstrates sustainable correction. A report card that includes the performance of each FIT agency on each of the indicators is required to be made available to the public. The latest APR Public Report / Report Card can be viewed at: http://archive.nmhealth.org/ddsd/nmfit/Documents/FIT_Reports.htm#Section1.

FIT Provider data is aggregated to illustrate statewide compliance/performance, and this data is submitted to the Office of Special Education Programs (OSEP). OSEP reviews this data and assigns a “determination” for the state, which is similar to a “grade.” The determination signifies the level of corrective action the state must take to ensure it meets federal requirements. The FIT Program has achieved the highest possible determination level “Meets Requirements” for four years in a row and no statewide corrective action has been necessary.

Contributor: Patti Ramsey, FIT Program Quality Assurance Manager

Tribal Health Celebrations

During the Month of October, the Department of Health, with the partnership of five tribal communities and other public and private health organizations, participated in Tribal Health Celebrations throughout the State of New Mexico.

For the last three years the Department of Health has made the commitment and initiative to reach every tribal community in the state promoting positive health and wellness. This partnership was made possible by many Tribal Leaders, public and private health providers, local Indian Health Providers Service, many Department of Health Employees, and programs including the Developmental Disabilities Support Division and the Family Infant Toddler (FIT) Program.



We had great success reaching community members including children, the elderly, and whole families to receive vaccinations and health related information; including DDSD and the FIT Program related resources. This year we reached the tribal communities of Nambe, Sandia, ZIA, Santa Ana, and Mescalero. In total we reached an estimated 1200 tribal community members.

Special Thanks to all of the dedicated Department of Health Staff for making this outreach opportunity a reality!

Contributor: Yvette Dominguez, FIT Program Regional Manager

22nd Annual UNMAAA Conference

Uniting New Mexicans Against Adult Abuse held its Annual Conference on October 21st & 22nd. They celebrated their 22nd Annual Conference and carried it on with the theme: Mind, Body, and Spirit – Nourish Your Knowledge. The All-Volunteer board of UNMAAA works year round to create this conference. The conference audience varies from Social Workers, Nurses, Therapists, Attorney's and Home Care Agency Professionals. These four topic tracks were presented - Medical, Cultural, Resources and Special Populations.

The conference started off with a keynote speaker. Honored this year was Michael Steven Quezada, a local celebrity known mostly for his long running role on Breaking Bad, and his comedic career. He started off the conference with some local humor, and talked about how beneficial laughter can be, especially to those who work in high stress fields. Most of his charitable work has been with the children of New Mexico, but he was honored to speak to this target audience and also spoke on the Behavioral Health system in New Mexico.

The Conference consisted of the four tracks running concurrently throughout the two days. The workshop speakers graciously donated their travel, time and talents by presenting at the UNMAA conference. This year some of DOH staff as well as DOH partners helped with workshop presentations. Some of those highlights included:

- Remembership: A Holistic Approach to Personal and Professional Growth, presented by Doug Wooldridge, David Espinosa and Juan Carlos Martinez from the DOH Training unit.
- Falls in the Elderly, Your Right to Die and Assisted Suicide, presented by Robin Swift from the Office of Injury Prevention.
- Water Color Painting, presented by Tony Fragua from the Division of Health Improvement.

UNMAAA is a non-profit and gives a special thanks to all of our presenters for giving their time and talents for the betterment of the conference participants. The new Board will be convening soon to begin planning for the 23rd Annual Conference. They hope to see new participants and speakers for the program next year.

Contributor: Suzanne Welch and Anysia Fernandez, Northeast Regional Office

"Laughter is the sun that drives winter from the human face."

-- Victor Hugo



Shining Stars around New Mexico

The Shining Star Portrait Project is designed to lift up the accomplishments of people working together toward a common purpose...creating meaningful lives for people with developmental disabilities in New Mexico by tapping into the good that is within people, their allies, and their communities.

Each portrait expresses the multi-dimensional ways that people are living their best lives and inspiring others through their community membership and accomplishment. Sixty people and their allies from throughout New Mexico have shared their wonderful inclusion stories which express community membership through work, civic and associational life, relationships, family, neighborhood life, the arts, fitness, spiritual belonging, travel, adventure, and overall personal development through self determination, personal autonomy, and quality support.

The Shining Stars stories express the beauty of lives well lived with resilience and determination. The stories also reflect the rich and varied fabric of the New Mexico communities in which people belong. Quality relationships; the commitment and passion of family members, direct support, and other allies also shine through each personal story.

Once people were chosen to be Shining Stars, they joined with others in a two day Shining Stars gathering created with care by DDS regional Inclusion and Supported Employment staff in each of the five New Mexico service regions. Beth Mount, regional and state DDS staff, direct support allies, and local artists guided participants through a process of describing their lives, making a 24 x 24 inch portrait, and telling their stories to others. Each event was uniquely colored by local inspiration, hospitality, food, art, and talent.



The finished story boards have been featured in local art exhibits and newspapers, and they will continue to travel to illustrate the rich ways that citizens with disabilities are woven into the rich culture and communities of New Mexico so that others might follow their example.

For more information regarding Shining Stars New Mexico, contact Juanita Salas at Juanita.Salas@state.nm.us. For information related to the Art of Social Change by Beth Mount, go to www.BethMount.org.

Contributor: Beth Mount, Shining Stars Portrait Project



New Mexico – An Emerging Practices State

In the May 2014 issue of National Core Indicators Data Brief, New Mexico was published as an example of quality improvement initiatives. Here is the excerpt from *NCI Data Brief: Behavior Support* —

Emerging Practices

In New Mexico, the Bureau of Behavioral Support (BBS), a bureau of the Developmental Disabilities Supports Division under the New Mexico Department of Health, has taken several steps to enhance and improve behavior support services. First, in the late 1990s, DDS established a dedicated behavior support team by the establishment of BBS that encompasses all 5 regional offices and comprises a total staff of 12. Second, they have made a commitment to Positive Behavior Supports. The BBS aims to encourage the use of positive behavior supports by disseminating resources to community providers and collaborating with them to increase their capacity to help people live productive and fulfilling lives. The team offers guidance to providers and recipients of Behavior Support Consultation, Socialization and Sexuality Education, Preliminary Risk Screening and Consultations, and Crisis Supports.

BBS also collaborates with the Trans-Disciplinary Evaluation and Support Clinic (TEASC) at the University of New Mexico School of Medicine to augment the availability of supports to manage challenging behaviors. TEASC performs comprehensive evaluations to establish the connection between the behavioral issues and any underlying medical, psychiatric, environmental and/or adaptive skill/cognitive factors. TEASC also runs an Adult Special Needs clinic which uses trans-disciplinary approaches to address co-occurring factors that contribute to challenging behaviors. The Continuum of Care Project, also at UNM School of Medicine, focuses on providing training to local medical practitioners and non-medical professionals regarding chronic condition management for individuals with ID/DD and Mental Illness. Finally, TEASC supports The Developmental Disability/Mental Illness Initiative works to support selected mental health providers to better serve the ID/DD and MI population. The Initiative provides tele-health based case consultations and disseminates resources about individuals with co-occurring disorders.

BBS conducts an annual review of behavior support effectiveness, establishing benchmarks of individual experience and perception to assess support effectiveness rather than provider performance criteria. BBS collects information through site visits, interdisciplinary team meetings, support staff and family interviews, and document review. BBS also looks at the use of emergency physical restraint, law enforcement intervention, and psychoactive medication within the context of the individual's overall support. Effectiveness of support is determined through the following five key indicators we have found correlate strongly with quality of life satisfaction and positive behavior change:

1. The individual has opportunities to engage in an expanding range of community experiences if they choose. Physical presence is an initial accomplishment, with authentic social integration being the eventual goal.
2. The individual's skill development and growth in adaptive domains, particularly communication and social skills, is an essential aspect of support and is pursued consistently. This may include specific skill substitutions that accommodate the perceived adaptive function of challenging behavior.
3. The individual's family and staff have an enhanced capacity to understand and observe factors contributing to positive learning opportunities and to potential behavioral episodes. Behavior is understood as one part of a larger medical, sensory, experiential, and social contextual ecology.
4. The individual's family and staff have enhanced capacity and confidence to respond to challenging behavior. This is rated independently of its impact on intensity, frequency, and event duration.
5. The individual's challenging behaviors are positively changing with respect to intensity, frequency, and event duration.

The review results are used first to assess the life satisfaction of each individual reviewed, and to inform future support considerations. However, the review also serves as a continuous quality feedback tool that guides future BBS and service provider activities.

To view the entire NCI Data Brief, please go to www.nationalcoreindicators.org.

Contributor: Cheryl L. Frazine, Bureau Chief, Bureau of Behavioral Support

The 2015 National Core Indicator Consumer Survey is coming soon and we want to hear from you!

The NM Department of Health, Developmental Disabilities Supports Division has contracted with Davis Innovations, a New Mexico consulting firm managed by New Mexicans with disabilities, to conduct the 2015 NCI Survey. Their NCI-trained surveyors will be contacting DD Waiver participants to complete the 2015 National Core Indicator (NCI) Survey.

The NCI Survey has been used by New Mexico since 2006 to assess the outcomes of services provided to individuals and families. This nationally recognized survey is currently used by over 40 states.

Participation in the survey is completely voluntary and all responses are confidential. It is your opportunity to provide your thoughts and ideas as we look at our DD Waiver services. What is working well? What needs improvement?

Davis Innovations surveyors will be contacting provider agencies and individuals beginning in February 2015 to schedule survey interviews for DD Waiver participants. (Survey participants are randomly chosen—not everyone will be contacted.) Participant interviews should take about one hour and can take place at your DDSO office or your home, depending on where you feel most comfortable.

Beginning in February 2015, we will also be mailing a survey to randomly selected guardians and family members of individuals on the DD Waiver. This survey will give family members an opportunity to express their level of satisfaction with how services are meeting the needs of their family members with disabilities.

For more information about the NCI Survey, please visit www.nationalcoreindicators.org. If you are a DD Waiver participant or a family member and you have any questions about the survey, or if you have any questions about your rights as a survey participant in this research project, please call Marcie Davis at 505-424-6631 or your regional DDSO office:

DDSD Office	Location	Telephone
DDSD-Central Office	Santa Fe	1-877-696-1472 or 505-476-8973
Metro Regional Office	Albuquerque	1-800-283-5548 or 505-841-5500
Northwest Regional Office	Gallup	505-863-9937 or 1-866-862-0448
Southwest Regional Office	Las Cruces	575-528-5180 or 1-866-742-5226
Southeast Regional Office	Roswell	575-624-6100 or 1-866-895-9138
Northeast Regional Office	Taos	575-758-5934 or 1-866-315-7123

Thank you for your valuable input and support as we work together to improve New Mexico's DD Waiver services!

Contributor: Marcie Davis, President of Davis Innovations



***"In seed time learn, in harvest
teach, in winter enjoy."***

-- William Blake

Quality Management Summit Recommendations 2014

The 2nd Annual Quality Management Summit was held on September 23, 2014 in Albuquerque. There were ninety-five participants on the day of the event. It was a day for everyone involved in social services to come together and share experiences, give opinions, and provide recommendations for an improved future.

Cathy Stevenson started the day with opening remarks. She was followed by an excellent eight person Panel of Advocates who set the pace and purpose of the event. They described their own personal stories and answered questions. Then a summary and outcomes of the QM Summit from the previous year were described by a trio of presenters – Jennifer Thorne-Lehman, Wendy Corry and Scott Good. The topics reviewed were individual choice, streamlining, reimbursement, communication, access, waiting list, SM 20, punitive/fear based environment, and celebrating successes.

Every participant in the event was able to contribute to the break-out sessions. Everyone answered the questions: 1) What is important to me? 2) How do we know when people are better off and reaching their full potential, and 3) What challenges need to be overcome for people to be better off? During lunch, the summit coordinators met and reviewed the answers given to the three questions. By grouping answers and concerns together, they came up with small group topics to explore and come up with recommendations.

How do we know if people are better off? Answer: More Self-determination. This group came up with many strategies and measures. A few strategies included assisting a person to identify steps to a large decision/goal, listing out resources to assist in accomplishments, having good information to make informed decision, using tools such as IEP and self assessments, and natural resources. A few measures included having successes to the challenges, “People tell us they like it”, defining own success and self assessment.

1. How do we know if people are better off? Answer: Ask them. This group came up with recommendations such as the NCI Survey process and direct participation/observation. They also noted many important things to consider such as age appropriate options, quality staff, family involvement and having clear expectations.
2. Culture of Over-Protection: Identify strategies to increase dignity of risk and support to try new things. This focus group had many recommendations such as asking the person what is comfortable for them, having services in place when a decision is made, service plan writing support, and understanding the risks.
3. Staff turnover and competence: Identify strategies to support staff success and reduce turnover. Recommendations included properly training staff, manager presence needed, empowering staff, increased access to information and improved salary/wages.
4. Too much paper, too complex, too many rules: List out paper and rules to delete and strategies to simplify. Paper/forms the group recommended to delete included supported employment/CCS quarterly report to the state, TSS, annual exams, and provider imposed tracking. Further recommendations included simplify the Mi Via plans, having one form for DCF/DIF, having a unified IDF and using one reporting system for incidents.
5. Lack of timely, accurate communication and information: Clarify what information needs to be shared, when and how. The group listed out several components of ‘what information’ need to be shared such as Standards updates, clarifying regional differences and realizing regions are not synonymous, planning and projection. The ‘when’ was now, before change happens. And the ‘how’ described various means such as ACT, DDSD, and DHI websites, email, regional office trainings, and community outreach.

Overall, the Quality Management Summit was a successful day of collaboration. Those who participated in the event had their recommendations and ideas heard. DDSD is working with some of these recommendations to make improvement in the next year.

Contributors: Sally Karingada, Community Network Coordinator, and Wendy Corry, DDSD Bureau Chief, Bureau of Systems Improvement

Community Resource Column

There are some wonderful resources for individuals with disabilities and their families in New Mexico. This regular column will continue to provide information regarding these organizations. Additionally, there are Community Resource Booklets available at the DDSD Regional Offices to assist people looking for resources in their community.

Benefits Connection Center at Adelante

3900 Osuna Rd. NE, Albuquerque, NM 87109
(505) 341-2000

Benefits Connection Center provides FREE benefits enrollment services to low income seniors (65+) and any person with a disability (21+) in New Mexico. Se habla Espanol. Assistance provided in accessing government benefits including, but not limited to the following:

- SNAP (Supplemental Nutritional Assistance Program)
- LIHEAP (Low Income Energy Assistance)
- Medicaid
- Medicare Savings Programs
- Medicare Part D
- SSI (Supplemental Security Income)

Wonder what benefits you might be eligible for? The Benefits Connection Center can help you find out with a Benefits Checkup and Screening. Call us at (505) 273-5222 or toll free at 1-844-266-2236 outside the Albuquerque metro area between 8:00am and 5:00pm Monday through Friday. When calling us, one of our benefits assistants will gather the necessary information from you such as Social Security number, proof of income, address and any other information needed to complete the screening process.

The University of New Mexico (UNM), Center for Development and Disability (CDD)

To speak with an Information Specialist at the UNM-CDD Information Network regarding disability related resources:

Call the Information Network at 1-800-552-8195 or 505-272-8549.

Or access the online Disability Resource Directory at <http://www.cdd.unm.edu/Infonet/index.htm>.

UNM/CDD Includes the following resources:

Library: The library contains a specialized collection of books, videos, DVDs, periodicals and journals available for check-out or on-site use by the public.

Information Network: The Information Network provides information to individuals with disabilities, families, and professionals on local, state, and national resources.

Resource Database: The Disability Resource Directory (DRD) is a database of New Mexico programs, agencies and organizations that provide services to persons with disabilities. You may search the database by category, service name or service type.

Autism Resources: The mission of The Autism Programs is to provide requested support to individuals with autism spectrum disorders and their families.

Early Childhood Home and Family Services Division: The Early Childhood Home and Family Services Division is dedicated to supporting strong communities through the support of children and families, working to promote positive futures and prevent delay, disability, and risk of disability.

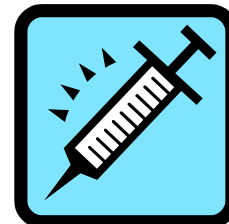
Early Childhood Learning Network: Early Childhood Learning Network offers training to Early Intervention Providers, Service Coordinators, Teachers, Home Visitors and Preschool Personnel around New Mexico.

Contributor: Lisa Storti, DDSD Office of Constituent Support



Protecting People with I/DD from Influenza: Moving Beyond the Myths about Flu Vaccines

Caregivers of people with I/DD go to great lengths to protect the health and safety of the individuals they support. Yet, some of these same dedicated caregivers don't take the crucial step of protecting themselves and those in their care by getting an influenza (flu) vaccine every year. For some, the major barrier may be misinformation about the flu and flu vaccination. Below are a few common myths that may be preventing some caregivers from reducing serious illness and possibly death in those they work so hard to support.



Myth #1: Only high risk individuals need to get the flu vaccine.

Reality: While flu vaccine is the best protection against flu and its complications, vaccination will not 100% protect someone from getting the flu. In fact, the same factors that place an individual "at high risk" for serious illness or death from the flu, such as chronic medical conditions or increasing age, can also lower the protection they receive from the flu vaccine. Surrounding high risk individuals with people who are also vaccinated and less likely to spread the flu provides a protective "cocoon" that will reduce their chances of contracting the virus.

Myth #2: I'm healthy and don't work with high risk individuals, so I don't really need a flu vaccine.

Reality: Flu vaccination is recommended for everyone 6 months of age and older. Even healthy people can get very sick from the flu and spread it to others. Importantly, many people with I/DD, even those who are younger than 65 and don't have chronic conditions like diabetes, asthma and heart failure, may still be at increased risk for flu complications. This is especially true for those with difficulties swallowing, challenges with coughing and excreting respiratory secretions, or musculoskeletal impairments (e.g., cerebral palsy, severe scoliosis). Individuals with I/DD who are in close contact with others, as well as those who exhibit challenges with hygiene measures, such as difficulties with hand washing or using tissues when coughing or sneezing, increased oral secretions, mouthing type behaviors, etc., may require additional protection and attention during flu season. Flu vaccines for individuals and caregivers provide important protection to both groups.

Myth #3: I've gotten sick from the flu vaccine before so I shouldn't get one again.

Reality: Unless you've had a rare life-threatening allergic reaction to the flu vaccine or its components (e.g., eggs, gelatin, latex, certain antibiotics) or developed Guillain Barre Syndrome (a very rare form of paralysis) within 6 weeks of getting a flu vaccine, there's no medical reason to avoid getting a flu shot. (Some additional restrictions apply to flu vaccine delivered by nasal spray.) There's even a new flu shot that contains no egg protein that can be safely given to adults with severe allergic reactions to eggs or egg-containing foods, although it's not always available. Check with your healthcare provider to determine what form of flu vaccine is best based on your age, medical history and caretaking duties. Because flu shots don't contain active flu virus, they will NOT cause you to get the flu. However, some people may develop the flu if they've been exposed to it shortly before being vaccinated or during the two weeks following vaccination before protection has developed. Other people may experience mild vaccine side effects for 1-2 days, such as fever, aches and fatigue; while not pleasant, this is much better than getting sick with the flu. Finally, some illnesses that are not caused by influenza virus are often mistaken for the flu. It's likely that one of these scenarios is what made you feel sick in the past, and that you should still get a flu vaccine every year to protect yourself and those you care for.

Myth #4: It's too late to get a flu vaccine for the current flu season.

Reality: While seasonal influenza outbreaks can happen as early as October, during most seasons influenza activity peaks in January or later. Since it takes two weeks to get protection from a flu vaccine, it's best to get vaccinated before flu begins spreading in the community. However, as long as flu viruses are circulating, it's not too late to get a flu vaccine, even in January or later.

So remember— with rare exception, everyone who helps support individuals with I/DD can play an important role in reducing serious illness and death by getting a flu vaccine every year. It's one of the most important gifts you can give to those in your care, as well as to yourself, your family and your co-workers.

References

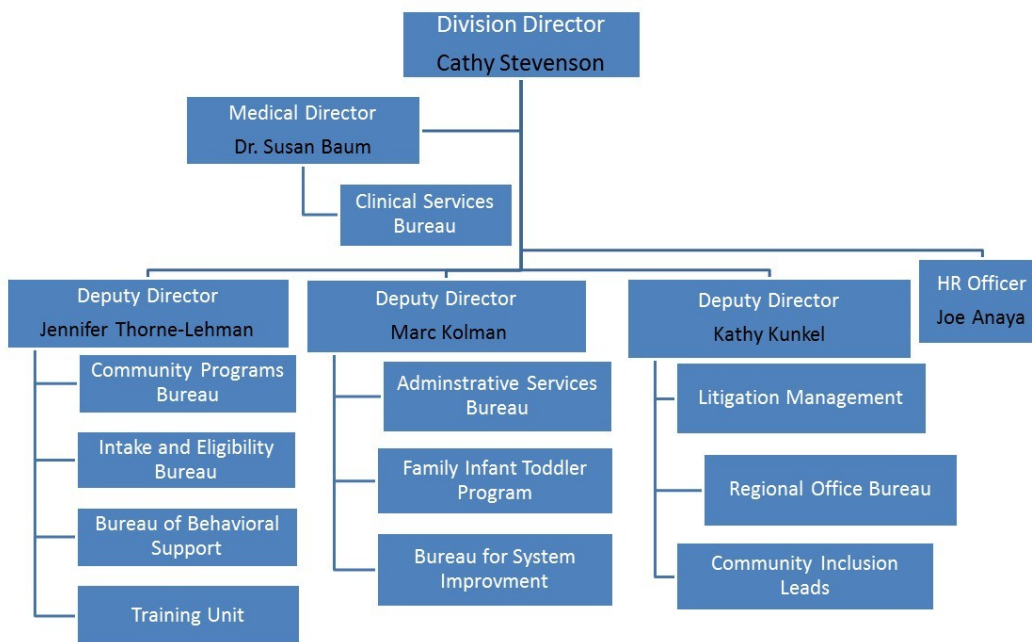
Centers for Disease Control and Prevention, "Key Facts About Seasonal Flu Vaccine", last reviewed October 22, 2014, accessed at: <http://www.cdc.gov/flu/protect/keyfacts.htm>.

Illinois Department of Human Services, "Protection Against the Flu: Advice for Caregivers of People with Disabilities", 2013, accessible at: www.dhs.state.il.us.

Contributor: Susan Baum, MD, MPH, Medical Director, DDS

DDSD Senior Management FY15 Organization Chart

DDSD has recently added two new senior management positions: Kathy Kunkel has joined the Division in a newly created Deputy Director position and Dr. Susan Baum, MD, MPH has filled the Medical Director vacancy. As a result of these two recent hires, DDSD has been able to re-organize several bureaus. Considerable discussion and numerous considerations were taken into account to make these changes which we are confident will help to improve service delivery and accountability. This organization chart shows the Division's re-organization and reporting relationships.



Contributor: Marc Kolman, DDSD Deputy Director

DDSD Personnel Changes

Thomas Truby was promoted to Registered Nurse Supervisor in the Albuquerque Metro office on November 22, 2014.

Tanisha Lujan started on November 22, 2014 as the Administrative Assistant on the 17th Floor in the Albuquerque Metro office.

Les Swisher was promoted to the Intake and Eligibility Bureau Chief in the Albuquerque office on November 22, 2014.

Dottie Kee will be starting on December 20, 2014 as the 17th floor Receptionist in the Albuquerque Metro office.

Marie Griego accepted a Financial Specialist position in the Santa Fe office and began on December 6, 2014.

Terry Ann Moore started on August 30, 2014 as a Community Inclusion Coordinator in the Albuquerque Metro office.

Melissa Acuna started on September 13, 2014 in the Roswell SERO office as the lead for State General Funds and Expedited Allocations.

Michael Driskell became a Generalist in the Albuquerque Metro office on October 11, 2014.

Fleur Dahl became a Generalist in the Albuquerque Metro office on November 10, 2014.

Edward Santiago started on September 13, 2014 as the SW Training Coordinator in the Las Cruces office.

Romelia Mendoza was promoted to Secretary of Intake and Eligibility Bureau on September 27, 2014 in the Albuquerque Metro office.

Angela Brooks started on October 11, 2014 as a Generalist within SWRO in the Las Cruces office.

Lynn Winters became a Regional Behavioral Specialist in the SWRO area. She started on October 11, 2014.

Carrie Weems started on October 11, 2014 in the Roswell SERO office as the lead for Processing Outlier Packets and Prior Authorization for Environmental Modifications.

Contributor: Joe Anaya, DDSD Human Resources

Mission Statements:

The Mission of the New Mexico Department of Health is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

The Mission of the Developmental Disabilities Supports Division is to effectively administer a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community.

ABOUT US:

The New Mexico Developmental Disabilities Supports Division is located at 810 San Mateo PO Box 26110 Santa Fe, New Mexico 87502-6110. Our website: <http://archive.nmhealth.org/ddsd/>
For Information Call: (505) 476-8973 or Toll Free: 1-877-696-1472 or email us at SANTAFEmailbox.ddsd@state.nm.us

DDSD Newsletter Staff:

Editor-in-Chief:
Marc Kolman
Assistant Editor:
Sally Karingada
Layout: Albert Ericson

If you would like to write an article for the next issue of the DDSD Newsletter, have suggestions or comments, please contact Sally Karingada, DDSD Newsletter Assistant Editor at 505-841-5823 or sally.karingada@state.nm.us