

New Jersey Department of Human Services  
Division of Mental Health and Addiction Services  
and  
Office of Program Integrity and Accountability

Incident Reporting for Licensed  
Substance Use Disorder Providers

October 2015

# TODAY'S GOALS:

Introduce a comprehensive system for incident reporting, including:

- Incident reporting standardization
- OPIA pilot
- DHS policies for incident reporting
- Understanding why we report
- Defining unusual/reportable incidents
- Initial reporting form and process
- Follow-up form and process
- Important DHS contacts



# COMPREHENSIVE INCIDENT REPORTING SYSTEM

- Department of Human Services' (DHS) commitment to align incident reporting for all its Divisions;
- Standardize the identification of reportable incidents;
- Merge incident reporting for Mental Health and Substance Use Disorder Providers;
  - ✓ Trained mental health service providers in September 2013 with an implementation date of October 1<sup>st</sup>, 2013.
  - ✓ Training for Substance Use Disorder Providers in October 2015 with an implementation date of November 1<sup>st</sup>, 2015.
- Ensure the immediate and appropriate response to reported incidents;
- Facilitate the analysis of trends and the identification of factors associated with the occurrence of unusual incidents.

# OFFICE OF PROGRAM INTEGRITY AND ACCOUNTABILITY (OPIA)

## ***MAY 2015 PILOT***

- Goal was to streamline and augment efforts already in place, build consistency, ensure accurate documentation and timely, structured follow-up;
- Aligned with long-standing, established processes in place for other DHS Divisions;
- Included the use of OPIA resources - Licensing/Special Operations (OOL/SO), Critical Incident Management Unit (CIMU) and Office of Investigations (OI);
- OPIA staff entered Substance Use Disorder incidents into the internal electronic system (Unusual Incident Reporting and Management System - UIRMS);
- 116 incidents entered to date.

# **OFFICE OF PROGRAM INTEGRITY & ACCOUNTABILITY (OPIA)**

## **Office of Investigations (OI):**

- Ensures that the most serious allegations and suspicions of abuse, neglect, and exploitation are investigated and closed;

## **Critical Incident Management Unit (CIMU):**

- Facilitates and oversees the appropriate tracking, management and organizational response to all reported unusual incidents;
- Administratively reviews individual agency reports involving abuse, neglect and exploitation not assigned to OI for closure;

## **Office of Licensing (OOL/SO):**

- Reviews and closes operational incidents;
- Conducts site visits if warranted.

# Who is required to report?

- ❖ Agencies providing Residential Services:
  - Short Term Residential Treatment
  - Long Term Residential Treatment
  - Halfway House
  - Extended Residential Care
  - Residential Detox (hospital and non-hospital based)
  
- ❖ Licensed, Ambulatory Services:
  - Partial Care
  - Outpatient (incl. contracted RCRP programs)
  - Intensive Outpatient (IOP)
  - Outpatient Ambulatory Detox (non-hospital)
  - Opiate Treatment Program





# DHS Incident Reporting Authority

DHS and its community partners  
operate under N.J.S.A. 30:1-11 et seq.,  
DHS Administrative Order 2:05  
(A.O. 2:05)

and the DHS/DMHAS Community Addendum  
for incident reporting, incident definitions/coding, management and  
follow-up/closure of unusual incidents/allegations.

Additional DMHAS Incident reporting requirements:  
N.J.A.C. 10:161A and N.J.A.C. 10:161B

The DHS/OPIA, Critical Incident Management Unit (CIMU) operates an electronic system called the Unusual Incident Reporting and Management System (UIRMS) - for entering and documenting incident information and follow-up action taken in response to incidents.

CY 2014: Over 58,000 incident reports were entered into UIRMS involving DHS individuals served.





# What is an Unusual Incident?



- Defined as an allegation or occurrence involving or affecting the care, supervision or actions of a DHS service recipient (service recipient = consumer/client/patient/individual served);
- May or may not have significant impact on the health, safety and welfare of the service recipient or others;
- May also involve the conduct of employees, while on or off duty, or others who may come in contact with service recipients.

*NOTE: Anyone can express/report concerns regarding suspected abuse, neglect or exploitation involving an individual served. This information is screened and may result in a DHS unusual incident report (UIR).*

# WHY DO WE REPORT?

- Shared responsibility to ensure the health, safety and well-being of individuals served;
- Best practice to create a documented record of identified allegations, events and/or concerns;
- Creates accountability and follow-up for making informed decisions;
- Information gathered allows for data analysis of individual/systemic patterns & trends;
- Data helps create policies and action steps at individual and systemic levels.

# Incident Reporting Involves Five Core Areas:

- ✓ Identifying/addressing incidents/allegations;
- ✓ Recording information;
- ✓ Reporting information;
- ✓ Investigation/analysis;
- ✓ Follow-up & closure



# Role of Unusual Incident Reporting (UIR) Coordinators:

- DHS/DMHAS liaison for issues/questions related to incident reporting.
- Receives initial incident reports from agency providers.
- Interacts with agency partners in gathering additional information, screening initial reports and in assigning appropriate code to the incident;
- Provides notification to the agency about the assigned incident number, incident code, and the unit involved for follow-up/closure;
- Works with Department staff as needed when questions/issues arise;
- Enters information into UIRMS regarding initial incident reports, additional information and follow-up as needed.

# WHERE DO I SEND INITIAL INCIDENT REPORTS?

E-Mail: [dmhs.incidentrept@dhs.state.nj.us](mailto:dmhs.incidentrept@dhs.state.nj.us)

Fax: (609) 341-2324



## UIR Coordinator Counties of Responsibility (effective 11/01/2015)

- **Izabel Galka (973-977-4397)**: Bergen, Hudson, Middlesex, Morris, Sussex
- **Vanessa Coquillo (609-984-9355)**: Hunterdon, Mercer, Monmouth, Somerset
- **Marcus Trinidad (609-777-0763)**: Burlington, Camden, Cape May, Ocean
- **Ebonik Gibson (609-777-0068)**: Atlantic, Cumberland, Gloucester, Passaic, Union
- **John Williams (609-777-1211)**: Essex, Salem, Warren

**Department of Human Services**  
**Division of Mental Health and Addiction Services**  
**Reportable Incident Categories Identified by Licensed SUD Treatment Facility**

<b>SUD Licensed Treatment Facility</b>	<b>Incident Categories Always Reportable to DHS</b>	<b>Incident Categories reportable when incident occurs at a SUD Licensed Treatment Facility or in the care of staff</b>
<p>Short Term Residential SA Treatment</p> <p>Long Term Residential SA Treatment</p> <p>Halfway House</p> <p>Residential Detox (Non Hospital &amp; Hospital)</p> <p>Extended Residential Care</p> <p>Partial Care SA treatment</p> <p>Outpatient SA treatment</p> <p>Intensive Outpatient SA treatment</p> <p>Outpatient Ambulatory Detox (Non Hospital)</p> <p>Opiate Treatment Program</p>	<p>Abuse-Physical, Sexual, Verbal/Psychological</p> <p>Neglect</p> <p>Exploitation</p> <p>Overdose</p> <p>Death-expected &amp; unexpected</p> <p>Suicide Attempt</p> <p>Criminal convictions or disciplinary sanctions imposed on staff, board members or representatives of the governing authority by licensing or credentialing boards</p> <p>Operational</p> <p>Media Interest</p>	<p>Physical Assault (major/moderate)</p> <p>Sexual Assault</p> <p>Sexual Contact (nonconsensual)</p> <p>Criminal Activity- consumer and/or agency staff</p> <p>Contraband drug/alcohol/weapon- involving a client and/or agency staff</p> <p>Medical</p> <p>Elopement/Walkaway</p> <p>Injury (major/moderate)</p> <p>Rights Violation</p>



Policy note: Incidents/allegations regarding physical abuse, sexual abuse, verbal/psychological mistreatment involving clients/consumers served are always reportable.

**Physical Abuse:** A physical act directed at a service recipient/consumer/client by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor that causes or may cause pain, injury, anguish and/or suffering.

**Sexual Abuse:** Acts or attempted acts such as rape, exposure of genital body parts, sexual molestation, sexual exploitation or inappropriate touching of a DHS service recipient/consumer/client by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor.

**Verbal/Psychological Mistreatment:** Any verbal or non-verbal acts or omissions by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor that distresses, invokes fear and/or humiliates, intimidates, degrades or demeans a DHS service recipient/consumer/client.

Any physical, verbal/psychological mistreatment or sexual act directed at a service recipient/consumer/client by a DHS employee, volunteer, intern, or an individual acting as a DHS service provider, consultant, counselor intern and/or contractor always =  
**ABUSE**

\* Counselor Intern shall mean either a “credentialed intern” or an “alcohol and drug counselor intern,” as defined in N.J.A.C. 13:34C-6.1.



# Incident Categories



Policy note: Incidents/allegations regarding neglect involving consumers served are always reportable.


**Neglect**: Failure of a caregiver or person responsible for the DHS service recipient/consumer/client's welfare, care, treatment and/or service to provide needed care, treatment, services and supports to ensure the health, safety and welfare of the individual. Includes intentional, unintentional or careless acts regardless of level of harm.

Example – including but not limited to: withholding client's ordered medications for failure to comply with facility rules or procedures, unless the decision is made to terminate the client.

Example – inappropriately discharging a client or terminating treatment without referring the client to appropriate services.

Example – not providing treatment services as clinically indicated by level-of-care assessment.

# Incident Categories


 Policy note: Incidents/allegations regarding exploitation involving consumers served are always reportable.

**Exploitation:** Any willful, unjust or improper use of a DHS service recipient/consumer/client or his/her property/funds, for the benefit or advantage of a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor;

Exploitation may involve condoning and/or encouraging the exploitation of the consumer by another person through actions including, but not limited to, inappropriate borrowing, or taking without authorization, personal property/funds belonging to a consumer or requiring him/her to perform function/activities that are normally conducted by staff or are solely for the staff's convenience.




# Incident Categories

 Policy note: All deaths of consumers under the supervision of the facility, including deaths known or suspected of resulting from misuse of medications prescribed or dispensed by the facility are always reportable.

**Unexpected Death:** Death of a service recipient that was not medically anticipated (suicide, homicide, accidental, other sudden/unexpected deaths).


**Expected Death:** Death of a service recipient due to the natural course of his/her underlying medical illness or known condition (i.e. person with diagnosed terminal cancer).

# Incident Categories

 Policy note: Incidents/allegations regarding suicide attempts, overdose and media interest are always reportable.


**Suicide Attempt**: Refers to an act to intentionally take one's life regardless if the act resulted in injury.

**Overdose**: The unintentional use or misuse of a drug that results in harm (this does not include intentional overdoses). Note: This is coded as accidental injury.

 **Policy Note**: “Harm” related to an overdose is dependent upon the seriousness of the medical complications and the care required, but for reporting purposes is generally defined as moderate or major. If the overdose requires emergency care but does not need medical stabilization (not just observation in the ED) it would be considered a moderate. If there is hospitalization or the use of Naloxone this would be considered major.

**Media Interest**: Refers to media or journalistic attention that was or is likely to be generated or intensified regarding any incident involving a consumer or staff.

# Incident Categories

 Policy note: The following incident/allegation categories are reportable when the incident occurs under the supervision and/or on site of a licensed SUD program:

**Elopement**: Involves only those consumers with a criminal status (KROL, IST, NGRI, Detainer, Sex Offender, Drug Court, Probation, or Parole) who leave the agency/program premises.

**Walkaway**: Refers to consumers who are **at risk** and leave the premises/program against medical advice and do not have a criminal status.

**Criminal Activity**: Refers to the alleged activity of a consumer or agency employee/staff and meeting the threshold of NJ Criminal Statute Title 2C (i.e., disorderly persons offenses, indictable offenses). The incident/allegation occurs on the agency premises or in the presence of agency staff, is media worthy, and/or involves any other reportable category.

# Incident Categories



Policy note: The following incident/allegation categories are reportable when the incident occurs under the supervision and/or on site of a licensed SUD program:

**Contraband**: Possession or use of CDS, alcohol or weapons by a staff or consumer actively involved in SUD treatment is reportable.

Follow facility policy on disposing of contraband and notification to outside authorities, i.e. drug court, parole, local law enforcement in accordance with federal and state laws and rules.

**Rights Violation**: Any act or omission that deprives a service recipient of human or civil rights, including those rights which are specifically mandated under applicable regulations e.g.: breach of confidentiality, termination of services without referral.



# Incident Categories

**Medical**: Refers to a wide variety of incidents that significantly impact or could potentially affect the general health, safety, and welfare of clients/consumers, including the following incidents/allegations:

- Disease/Illness-communicable with operational impact
- Bed bug infestation that requires relocation of consumers or has operational impact
- Medication/Treatment errors with potentially serious effect
- Missing controlled drugs
- Unplanned Medical/Psychiatric hospital admission - refers to unplanned hospital admissions of consumers when the incident leading to the hospital admission originates from the agency site or began in the presence of agency staff.

# Incident Categories

**Injury**: Refers to moderate and/or major injuries involving consumers when the injury occurs on the agency site or in the presence of agency staff.

**Moderate Injury**: Any injury that requires treatment beyond basic first aid and can only be performed by a medical professional at a physician's office, at a hospital emergency room, or by facility physicians.

Examples: laceration requiring sutures/derma-bond or a human bite breaking the skin, injury around the eye such as bruising, swelling or lacerations, fractured toe or finger.

**Major Injury**: Any injury that requires treatment that can only be performed at a hospital facility and may or may not include admission to the hospital for additional treatment or observation.

Examples: skull fractures, head injuries, concussion, injuries to the eye and broken bones requiring setting/casting and large lacerations.



# Incident Categories

**Physical Assault:** Refers to any act of someone other than agency staff/volunteer physical striking/injuring a victim to cause physical harm.

Assault may involve:

- Consumer to another consumer;
- Consumer to staff or other individual;
- Other (non-staff/caregiver) to consumer.

**Sexual Assault:** Refers to any act of non-consensual sexual activity (involving penetration) involving a consumer, as a perpetrator or a victim with an individual *[acts as identified in A.O. 2:05]*.

**NOTE:** See *Sexual Abuse definition if alleged perpetrator is agency staff.*

**Sexual Contact:** Refers to the intentional, non-consensual touching of an individual with the purpose of sexual arousal and/or gratification of the perpetrator (acts as identified in A.O. 2:05).

# Incident Categories

**Operational:** Refers to a wide variety of incidents that significantly impact or could potentially affect the general health, safety, and welfare of consumers or impacts on the daily operation of the facility or program. Subcategories include: fire, floods, disasters, property damage, operational breakdown, temporary facility/site closure, disruption of service, public safety issues, theft/loss and unexpected staff shortage.

All alleged or suspected crimes that endanger the life or safety of clients or staff or that jeopardize facility operations or fiscal stability are reportable.

Criminal convictions or disciplinary sanctions imposed on staff, board members or representatives of the governing authority by licensing or credentialing boards are reportable.

				Closure Responsibility DMHAS UIRs Only		
Type Code	Category	DHS Community Incident Category List	Reporting Level	Residential	Ambulatory Licensed	Other Non- Licensed
AB110	ABUSE	Physical - to SR / No injury	B	CIMU	CIMU	DMHAS
AB112	ABUSE	Physical - to SR / Minor injury	B	CIMU	CIMU	DMHAS
AB114	ABUSE	Physical - to SR / Moderate injury	A	OI	OI	DMHAS
AB116	ABUSE	Physical - to SR / Major injury	A+	OI	OI	DMHAS
AB310	ABUSE	Verbal / Psychological / Mistreatment	B	CIMU	CIMU	DMHAS
AB410	ABUSE	Sexual - to SR / sexual contact / other	A	OI	OI	DMHAS
AB420	ABUSE	Sexual - to SR / penetration / genital contact / oral sex	A+	OI	OI	DMHAS
AS114	ASSAULT	Physical - SR to SR / Moderate Injury	B	DMHAS	DMHAS	DMHAS
AS116	ASSAULT	Physical - SR to SR / Major Injury	A	DMHAS	DMHAS	DMHAS
AS124	ASSAULT	Physical - SR to Staff / Moderate Injury	B	DMHAS	DMHAS	DMHAS
AS126	ASSAULT	Physical - SR to Staff / Major Injury	A	DMHAS	DMHAS	DMHAS
AS134	ASSAULT	Physical - SR to Other / Moderate Injury	B	DMHAS	DMHAS	DMHAS
AS136	ASSAULT	Physical - SR to Other / Major Injury	A	DMHAS	DMHAS	DMHAS
AS314	ASSAULT	Physical - Other to SR / Moderate Injury	B	DMHAS	DMHAS	DMHAS
AS316	ASSAULT	Physical - Other to SR / Major Injury	A	DMHAS	DMHAS	DMHAS
CN110	CONTRABAND	Alcohol - SR - Possession / Use (SUD only)	B	SO	SO	DMHAS
CN120	CONTRABAND	Drugs - SR - Possession / Use (SUD only)	B	SO	SO	DMHAS
CN210	CONTRABAND	Alcohol - Staff - Possession / Use (SUD only)	A	SO	SO	DMHAS
CN220	CONTRABAND	Drugs - Staff - Possession / Use (SUD only)	A	SO	SO	DMHAS
CN310	CONTRABAND	Weapons - SR - Staff / Possession / Use (SUD only)	A	SO	SO	DMHAS
CR400	CRIMINAL ACTIVITY	Alleged criminal activity of SR or staff and/or other-on or off site in accordance with NJ criminal statute title 2C.	A	DMHAS	DMHAS	DMHAS

Residential: Residential, Supported Housing, RIST, SA-STR, SA-LTR, SA-Halfway House, SA-Extended Residential Care, & Residential Detox (hospital & non hosp).

Ambulatory Licensed: MH-Partial Care, MH-Outpatient, IOTSS, EISS, PACT, SA-Partial Care, SA-Outpatient, SA-IOP, OP-Detox (non hosp), Opiate Tx & SUD-Outpatient (C

Other Non-Licensed: Supported Employment, Supported Education, PATH, JIS, Partial Hospital, ICMS, PES, IOC, POST.

# Initial Incident Reporting Time Frames



Incidents are identified by priority level, using the incident category grid:

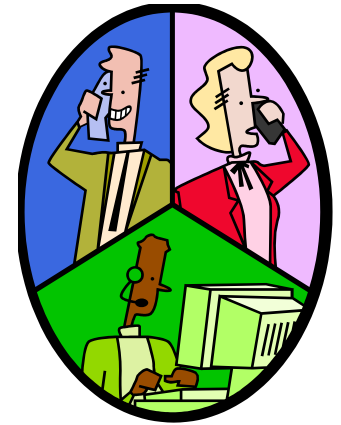
- ❖ **A+ Incidents**: report immediately by telephone to the DMHAS Unusual Incident Coordinator. Follow-up with a written incident report.
- ❖ **A Incidents**: submit a written incident report the same working day during normal working hours. If the incident occurs after regular working hours, forward the written incident report the next working day.
- ❖ **B Incidents**: submit a written incident report by the next working day.

## **Timeliness is important!**

- Report the incident to the corresponding UIR Coordinator based on the identified county where the incident occurred.
- Do not delay submission if information is missing.
- Agencies are required to establish internal policies for incident reporting to comport with DHS policies and regulations.

# Additional notifications may include:

- Local Law Enforcement
- New Jersey Department of Health
- Professional licensing boards
- CDC
- Joint Commission, CARF
- SAMHSA
- Department of Children & Family Services
- Adult Protective Services
- New Jersey Department of Environmental Protection



**NOTE:** DMHAS UIR Coordinator is available to guide the agency when additional notifications are necessary.



Initial incident report and follow-up report documents are confidential!

Contains protected health information.

Not permitted to be released to outside entities without a court order.



# Not Sure Something is Reportable?

- ✓ **Check Administrative Order 2:05, Incident Reporting Grid and/or other training materials.**

- ✓ **Contact your UIR Coordinator (effective 11/01/2015):**

Izabel Galka (973-977-4397): Bergen, Hudson, Middlesex, Morris, Sussex

Vanessa Coquillo (609-984-9355): Hunterdon, Mercer, Monmouth, Somerset

Marcus Trinidad (609-777-0763): Burlington, Camden, Cape May, Ocean

Ebonik Gibson (609-777-0068): Atlantic, Cumberland, Gloucester, Passaic, Union

John Williams (609-777-1211): Essex, Salem, Warren

- ✓ **Contact the Critical Incident Management Unit (effective immediately):**

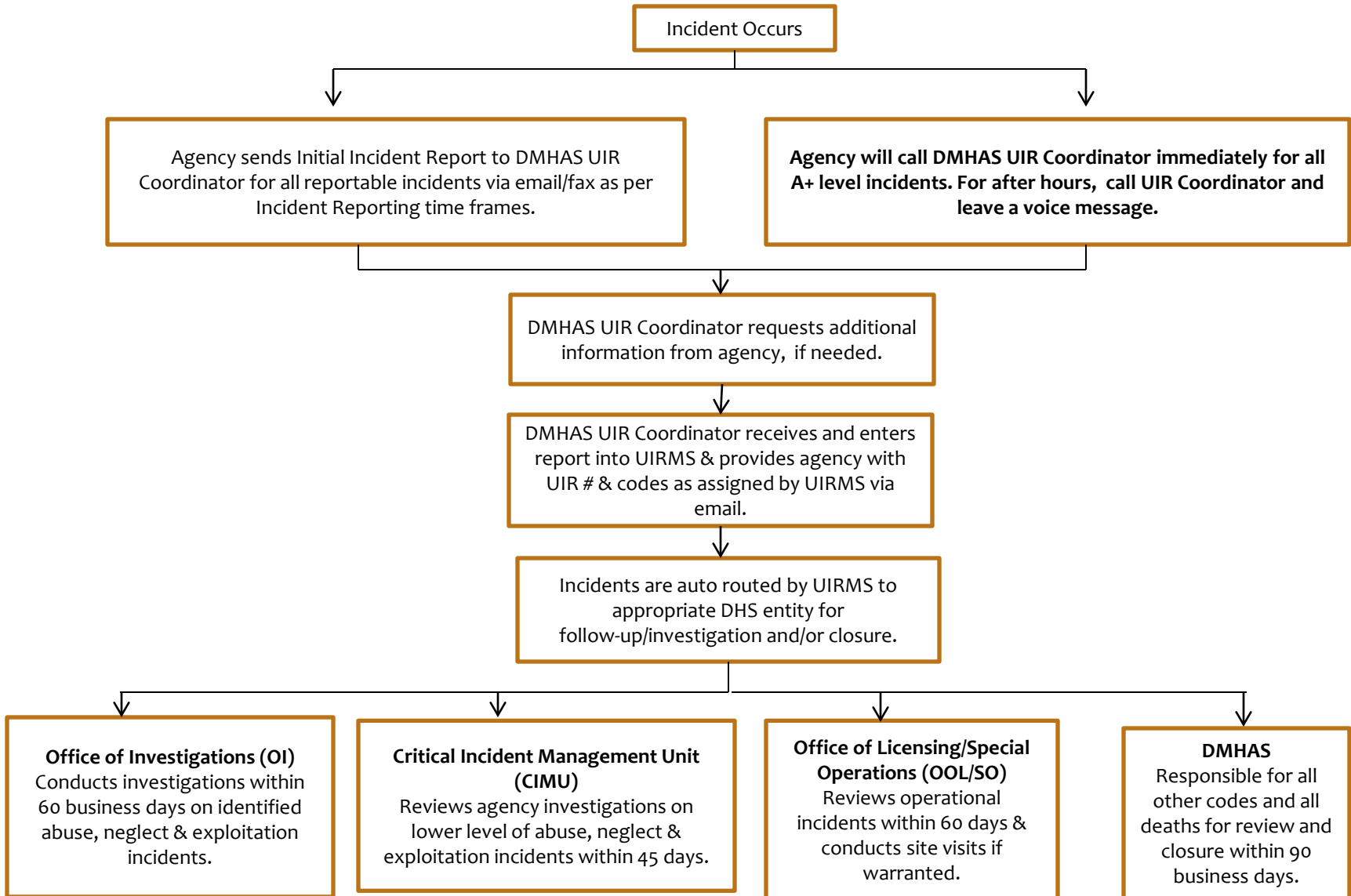
Miloni Bhatt (609-292-5735)

Mirka Kuba (609-292-5501)

- ✓ **Report**

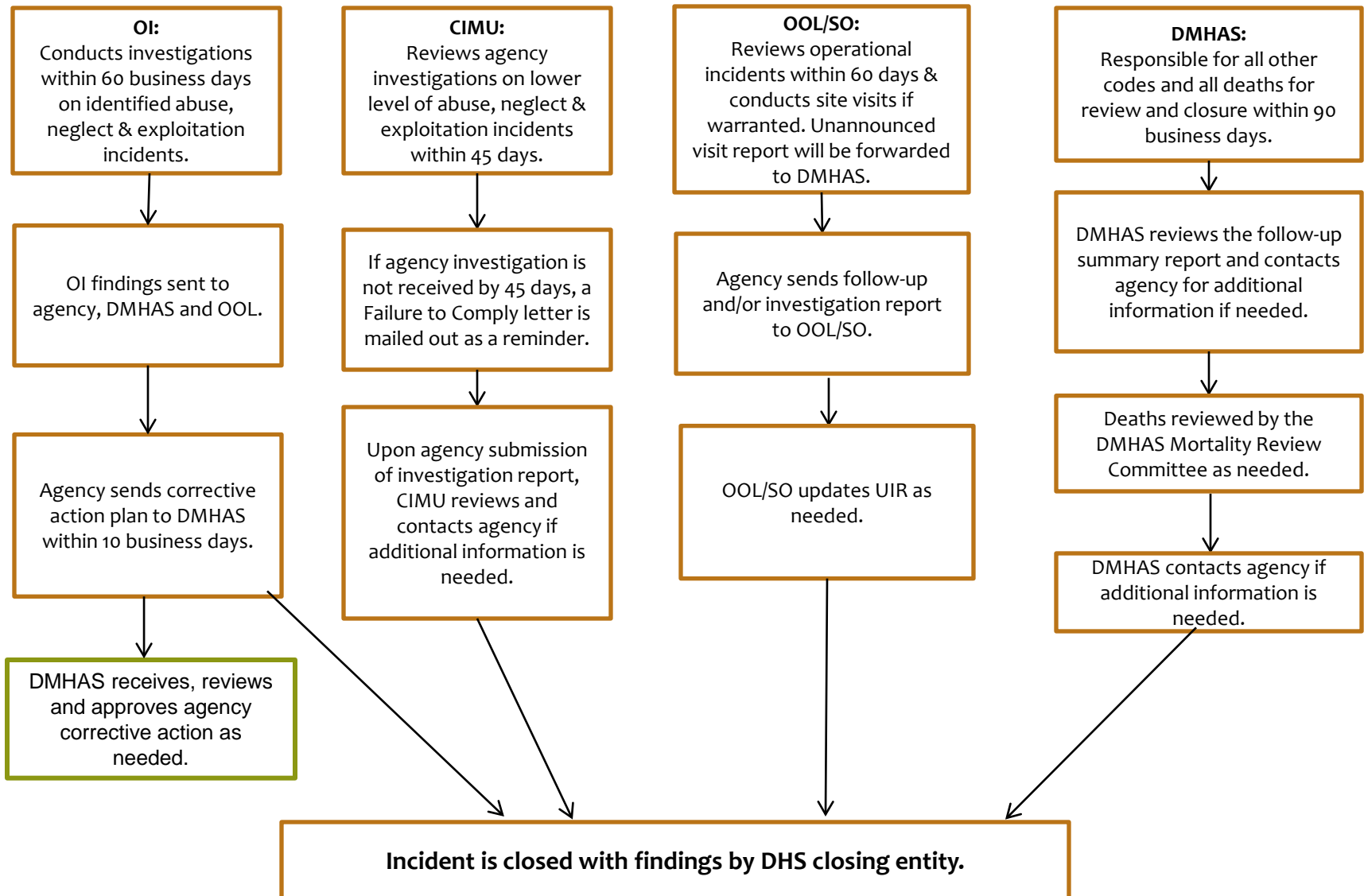


# DMHAS Community Unusual Incident Reporting Process





## DMHAS Community Unusual Incident Follow-up/Closure Process



# Before Filing an Incident Report.....

- Immediately report life-threatening emergencies by calling 911;
- Ensure victim is safe - alleged perpetrator cannot access alleged victim;
- Obtain medical/mental status assessment and/or medical treatment for the alleged victim for suspected, observed or possible injury;
- Ensure evidence is preserved;
- Follow all established DHS and agency policies for incident reporting;
- Make all other appropriate notifications - DHS, agency administration, guardian/family, other per DHS policy.

# INCIDENT REPORT FORMS

- Initial Incident Report Form – due the same business day or next business day depending upon incident category
- Follow-up Report Form – due within 45 days of incident first known to agencies
- Appendices 1, 2, 2a, 3, and 4 – applicable appendices are required to be completed, used to help guide the analysis/investigatory process, used for process/system improvements and are to be attached to the Follow-up Report Form
- **UIR Forms are available at:**  
<http://www.state.nj.us/humanservices/dmhas/forms/#11>

# Follow-up Reports



- Due within 45 calendar days
- Incidents which do not require follow-up reports:
  - Medical and Psychiatric Hospitalizations
  - Contraband
  - Elopement
  - Walkaway
  - Media Interest
  - Criminal Activity



Policy note: Operational incidents **REQUIRE** a follow-up report, but **do not** require the use of appendices.

# **FOLLOW-UP REPORTS and APPENDICES:** (continued)

## **Follow-up reports are to include:**

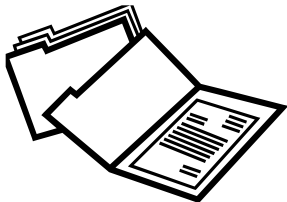
- \*Appendix 1 & 2 should always be completed; with the exception if Appendix 2a is used, Appendix 2 does not need to be completed.
- Appendix 2a is used in all cases when the consumer has overdosed or if there is suspicion of an overdose; including an accidental overdose which resulted in death.
- Appendix 3 is used for all sudden and unexpected deaths not identified as a suicide or an accidental overdose.
- Appendix 4 is used for all suicides and/or suicide attempts including intentional overdose.

**Use required Appendices to ensure thoroughness.**

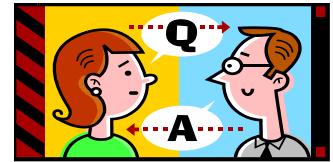
# Investigative Points



- Document and report steps taken in accordance with DHS policy;
- Ensure all investigations are conducted by administrative person not directly involved in the incident under investigation/related to the alleged perpetrator or victim;
- Begin an investigation of the incident within 24 hours of the incident unless otherwise instructed by the OI or another entity empowered by statute to investigate (local law enforcement/state police).
- Use the appropriate UIR Forms and Appendices available at: <http://www.state.nj.us/humanservices/dmhas/forms/#11>



# Incident Findings



**All incidents require one of the following findings prior to closure:**

- **Substantiated**: There is a preponderance of credible evidence that an allegation or a situation is true and/or occurred.
- **Unsubstantiated**: There is less than preponderance of credible evidence, facts, or information to support that the allegation or situation is true and/or occurred.
- **Unfounded**: There is no credible evidence, information or facts to support that the allegation or situation is true and/or occurred.

Preponderance of evidence: means that there is evidence sufficient to generate a belief that the conclusion is likely and more probable than not. It is the greater weight of credible evidence, the tipping of the scales.

A preponderance of evidence does not necessarily mean the largest amount of data or the largest number of witnesses. The focus is on the quality of the evidence.

# Role of Office of Investigations (OI)

- ✓ Assign a DHS OI investigator;
- ✓ Face to face and/or phone interviews of identified:
  - alleged victims
  - alleged perpetrators
  - witnesses
  - other collateral contacts as needed
- ✓ Document gathering and review;
- ✓ Review of evidence and information;
- ✓ Determine if there is a preponderance of evidence to substantiate allegation/incident;
- ✓ Issuance of an official DHS finding/notification to agency and alleged victim/perpetrator.





# Plan of Correction Required for Substantiated Incidents or Related Concerns

*An acceptable Plan of Correction must contain the following elements:*

- Underlying reason/cause identified for the deficiency cited.
- The plan for improving processes that led to the finding cited (including addressing systems improvements to prevent the likelihood of recurrence) including completion date.
- Monitoring/tracking procedures to ensure the plan of correction is effective and specific findings cited remain corrected and in compliance with the agency's policies and procedures and reflective of best practice.
- Include length of time to monitor and title of person responsible for implementing the plan of correction.
- Plan of Correction required if Substantiated or Related Concerns – Submitted to Office of Olmstead, Compliance, Planning, and Evaluation

# DHS Contacts

## **Critical Incident Management Unit (CIMU)**

Fax: 609-341-2260

Miloni Bhatt: 609-292-5735

Mirka Kuba: 609-292-5501

## **Office of Investigations (OI)**

Fax: 609-777-4812

Miguel Cartagena: 609-777-1460

Martin Temple: 609-633-0768

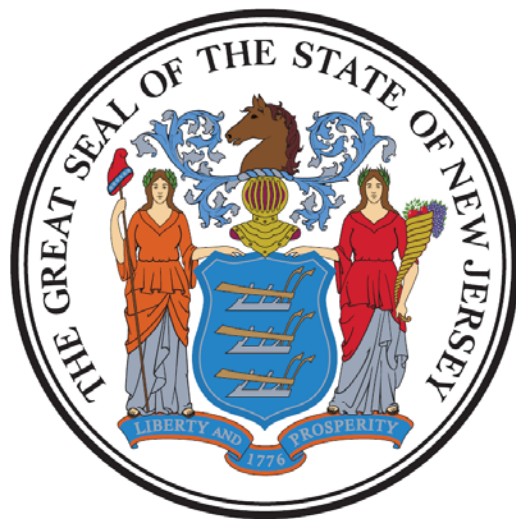
## **Office of Licensing/Special Operations Unit (OOL/SO)**

Barbara Burke-McAllister (SUD): 609-292-0519

Fax: 609-777-1229

Michele Clark (MH): 609-633-6932

Fax: 609-341-2256



Thank you for your cooperation and ongoing efforts in this important process