



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF MEDICAL EXAMINER
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Washington, D.C. 20024

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March 6, 2015

The Honorable Kenyan McDuffie
Chairman, Committee on the Judiciary
Council of the District of Columbia
The John A. Wilson Building
1350 Pennsylvania Avenue, N.W.
Washington, D.C. 20004

Dear Chairman McDuffie:

1. Please provide a complete, up-to-date organizational chart for each division within the agency including, either attached or separately, an explanation of the roles and responsibilities for each division and subdivision.
 - Please include a list of the employees (name and title) for each subdivision and the number of vacant positions.
 - a) Organizational Chart per Division, See Attachment A.
 - b) Explanation of the Roles and Responsibilities of Each Division

Offices of the Chief & Administration Division

The Office of the Chief is responsible for oversight of the operational and programmatic functions of the OCME. The Office of Administration program provides administrative services and support to the staff of the OCME. These services include personnel management (timekeeping, training and educational development, and labor relations); contracting and procurement; risk, fleet, property and financial management; information technology and legal services; communications; and agency performance management.

Death Investigation Division

The Death Investigation Division includes: a) forensic pathology; b) forensic investigation; c) anthropology and identification; d) histology laboratory; and e) mortuary services. Forensic pathology involves conducting decedent examination, certifying the cause and manner of death and providing that information to next of kin and law enforcement, as well as designated government entities and interested parties. Forensic investigation includes evidence gathering, medical interpretation and provision of information to aid in the determination of the cause and manner of death. The Anthropology and Identification Unit administers the agency's Decedent Identification Program ensuring that identifications are made in an accurate and efficient manner. The

histology laboratory processes samples toward the evaluation of tissue in support of cause and manner of death findings. The purpose of mortuary services is to provide body disposition and autopsy support to forensic pathology staff and the funeral industry.

Forensic Toxicology Laboratory Division

The OCME Forensic Toxicology Laboratory maintains standards of practice for the detection, identification and quantitation of alcohol, drugs and other toxins in biological specimens. The Laboratory provides scientific support services to OCME in order that the agency may provide accurate death investigation and certification information in a timely manner to next of kin, law enforcement agencies, legal counsel and the community when required. The Forensic Toxicology Laboratory Division also administers the District's Breathe Program.

Fatality Review Program Division

The Fatality Review program reviews the circumstances of the deaths of individuals within certain populations, including their interaction with District government services. The purpose of the reviews is to provide analysis and recommendations to the public and District entities serving defined populations, so they can address systemic problems, provide better services and be held accountable. The current Fatality Reviews include the Child Fatality Review Committee (CFRC), Developmental Disabilities Fatality Review Committee, and Domestic Violence Review Board (DVRB)

- Please provide a narrative explanation of any organizational changes made during the previous year.

The agency has added three Units to its organizational structure as follows:

Establishment of an Anthropology & Identification Unit and Laboratory

During the previous year, the agency began expansion of the agency's identification or case processing unit to an Anthropology & Identification Unit & Laboratory. The agency had previously outsourced the anthropology function and this expansion will enhance the services that the District can provide in-house. The Unit/Laboratory's function is to administer the agency's Decedent Identification Program ensuring that identifications are made in an accurate and efficient manner according to agency and District policies and procedures and utilizing principles of medicolegal death investigation and forensic anthropology. Moreover, the agency's public disposition process or "disposition of unclaimed remains" procedures are handled within this Unit. During FY14, the agency hired a Forensic Anthropologist to supervise the work of the identification and public disposition process of the agency. This is important in order to obtain and maintain accreditation in that the identification of remains is a function that a medical examiner's office is expected to perform with expertise and integrity. Additional functions include the research and process of unidentified remains via the dissemination of demographic information and photographs to media outlets and federally supported websites. Further, this Unit is working with the IT Unit on the implementation of technology for electronic fingerprint submission or digital scans.

Standup of Histology Laboratory

During FY14, laboratory construction for the agency's Histology Laboratory was completed (August 2014). The resources (i.e., equipment and consumables) for the start-up and maintenance of the laboratory were also purchased during FY14. Standard Operating Procedures for the laboratory are being completed and are to be reviewed for finalization. The laboratory will be fully operational in FY15 as led by a Medical Technologist.

Establishment of Fatality Management Unit

The agency began the establishment of its Fatality Management Unit with the hire of an expert in "mass fatality" disaster preparedness for support in evaluation of mass fatality and continuity of operations planning; emergency response standard operating procedures; local and regional planning and cooperation; and training and exercising. The agency will coordinate with regional entities, such as other local Medical Examiners, District agency stakeholders, funeral homes, universities and hospital, federal partners and other community stakeholders. As part of the fatality management operations, the agency has begun discussions on the development of an agency Fatality Management Operations Center which is to mirror the District's Emergency Operations Center (EOC). The agency will work with other District agencies during FY15 in the development of the FMOC which is based on the concept of the agency operating in an emergency situation and the necessity of the need for communications for up to date information as well as an area for assessment and situational awareness for the agency and other stakeholders during a mass fatality incident. The agency also plans to host an internal mass fatality exercise.

2. Please provide a complete, up-to-date position listing for your agency, which includes the following information:
 - Title of position
 - Name of employee or statement that the position is vacant, unfunded, or proposed
 - Date employee began in position
 - Salary and fringe benefits, including the specific grade, series, and step of position
 - Job status (continuing/term/temporary/contract)

Please list this information by program and activity.

See Attachment B.

3. Does the agency conduct annual performance evaluations of all its employees? Who conducts such evaluations? What steps are taken to ensure that all agency employees are meeting individual job requirements?

The agency conducts annual performance evaluations. The evaluations are conducted by the employee's supervisors per the District's Performance Management Program as outlined in the District Personnel Manual (DPM). The program includes performance planning, mid-year discussions and annual performance evaluations. Supervisors are provided annual performance management training regarding implementation of the three phases. The performance planning process ensures that the supervisor and employee work together to determine the performance expectations based on job requirements. The expectations are outlined as competencies, goals and individual development plans. All agency employees

undergo periodic discussions throughout the evaluation period, a mid-year discussion and an end-of-year review process with their supervisors. Such reviews and discussions provide the supervisor and employee an opportunity to determine whether individual job requirements are met and, if not, an opportunity to identify mechanisms and resources toward improvement.

The agency is pleased to report that 100% of its employee performance plans and evaluations were completed within the District's performance plan deadlines.

4. (a) For fiscal year 2014, please list each employee whose salary was \$110,000 or more. Provide the name, position title, and salary. Also, state the amount of any overtime and also any bonus pay for each employee on the list.

FY 2014 OCME (FX0) Employees with Salaries Exceeding \$110,000				
Employee Name	Position Title	Annual Salary	Overtime	Bonus Pay
Mitchell, Roger A	Chief Medical Examiner	\$253,000		
Pierre Louis, Marie Lydie Y	Medical Officer (Medical Examiner)	\$185,000	\$712	
Prashar, Sunil Kumar	Medical Officer	\$179,699	\$1,834	
Mourtzinos, Nikki	Medical Officer (Medical Examiner)	\$167,725		
Goslinoski, Lois R	Medical Officer (Medical Examiner)	\$167,708		
Mack, Michelle	Supervisory Medical Legal Investigator	\$135,449		
Zarwell, Lucas W	Chief Toxicologist	\$134,800		
Fields, Beverly A	Chief of Staff	\$133,183		
Lyles, Denise A	Lead Medicolegal Investigator	\$129,206	\$497	
Fogg, Peggy J	Management Services Officer	\$128,391		
Petrasek, Mary Beth	Medical Legal Investigator	\$123,170	\$3,538	
Harvin, Donell	Mass Fatality Response Coordinator	\$118,000		
Dixon, Leautry	Agency Fiscal Officer	\$117,454		
Fields, Leigh S	Medical Legal Investigator	\$113,453	\$1,787	

- (b) For fiscal year 2015, please list each employee whose salary was \$110,000 or more. Provide the name, position title, and salary. Also, state the amount of any overtime and also any bonus pay for each employee on the list.

FY 2015 OCME (FX0) Employees with Salaries Exceeding \$110,000				
Employee Name	Position Title	Annual Salary	Overtime	Bonus Pay
Mitchell, Roger A	Chief Medical Examiner	\$253,000		
Gorniak, Jan	Deputy Chief Medical Examiner	\$206,000		
Pierre Louis, Marie Lydie Y	Medical Officer (Medical Examiner)	\$194,477		
Prashar, Sunil Kumar	Medical Officer	\$193,502		
Mourtzinos, Nikki	Medical Officer (Medical Examiner)	\$180,608	\$3,170	
Goslinoski, Lois R	Medical Officer (Medical Examiner)	\$180,591	\$2,431	
Fields, Beverly A	Chief of Staff	\$150,890		
Zarwell, Lucas W	Chief Toxicologist	\$138,844		
Lyles, Denise A	Lead Medicolegal Investigator	\$133,082		
Fogg, Peggy J	Management Services Officer	\$132,242		
Petrasek, Mary Beth	Medical Legal Investigator	\$126,864	\$1,375	

Dixon, Leauty	Agency Fiscal Officer	\$125,818		
Love, Jennifer	Forensic Anthropologist	\$125,374		
Harvin, Donell	Mass Fatality Response Coordinator	\$121,540		
Fields, Leigh S	Medical Legal Investigator	\$120,192	\$2,116	
DeVillier, Mikelle L	Supervisory Attorney Advisor	\$116,452		

5. Please list in descending order the top 25 overtime earners in your agency in fiscal year 2014. For each, state the employees name, position or title, salary, and aggregate overtime pay.

FY2014 OCME (FX0) Top 25 Overtime Earners				
Rank	Employee Name	Position Title	Salary	Aggregate Overtime Pay
1	Lassiter, Kimberly A	Autopsy Assistant (Mortuary)	\$55,601	\$24,428
2	Jamison, Latoya R	Forensic Investigator	\$76,111	\$10,810
3	Pestaner, Joseph P	Medical Officer	\$183,892	\$10,279
4	Kurash, Lalynn G	Forensic Investigator	\$82,594	\$7,853
5	Betts, Elizabeth S	Supvy Forensic Pathologist's Assistant	\$79,306	\$7,220
6	Grosso, Katherine A	Forensic Investigator	\$76,111	\$6,814
7	Brown, Matthew B	Forensic Photographer	\$64,375	\$6,265
8	Waters, Lawrence K	Autopsy Assistant (Mortuary)	\$55,601	\$5,708
9	Kim, Katherine	Forensic Investigator	\$71,789	\$5,301
10	Pugh, Andrea	Medical Transcriptionist	\$48,010	\$5,126
11	Graves, Karon O	Staff Assistant	\$45,408	\$4,952
12	Smith, Melinda Delois	Intake Assistant	\$44,442	\$4,549
13	Tabron, Lisa M	Medical Transcriptionist	\$48,010	\$4,280
14	Petrasek, Mary Beth	Medical Legal Investigator	\$123,170	\$3,538
15	Park, Grace	Forensic Pathologists Assistant	\$64,375	\$3,330
16	Wood, Rebecca	Forensic Investigator	\$69,628	\$3,222
17	Becker, Stephanie M.	Forensic Investigator	\$69,628	\$3,191
18	Davis, Monica	Forensic Pathologists Assistant	\$68,371	\$2,763
19	Díaz, Carolina	Medicolegal Investigator	\$97,849	\$2,485
20	Jewell, Azalie S	Intake Assistant	\$43,200	\$2,445
21	Wright, Jerel K	Forensic Investigator	\$73,950	\$2,196
22	Allen, Deborah V	Autopsy Assistant (Mortuary)	\$55,601	\$2,179
23	Clingerman, Chelsea Nicolle	Forensic Pathologists Assistant	\$68,371	\$1,899
24	Prashar, Sunil Kumar	Medical Officer	\$179,699	\$1,834
25	Fields, Leigh S	Medical Legal Investigator	\$113,453	\$1,787

6. For fiscal years 2013, 2014, and 2015 (to date), please provide a list of employee bonuses or special award pay granted that identifies the employee receiving the bonus or special pay, the amount received, and the reason for the bonus or special pay.

FY2013 thru FY2015 OCME (FX0) Employee Bonuses or Special Awards				
Employee Name	Reason for Bonus/Award	FY2014 Bonus or Special Awards	FY2014 Bonus or Special Awards	FY2015 Bonus or Special Awards
N/A		None	None	None

7. For fiscal years 2014 and 2015 (to date), please list all intra-District transfers to or from the agency.

FY 2014 OCME (FX0) - Intra-District Transfers to Other Agencies (Seller)				
Selling Agency	Project Code	Description of Services Provided	Amount	FTEs Supported
FQ0	OVS001	Toxicological Services for Drug Facilitated Sexual Assaults (DFSA) Casework	\$25,000	
Total			\$25,000	
FY 2014 OCME (FX0) - Intra-District Transfers to Other Agencies (Buyer)				
Buying Agency	Project Code	Description of Services Provided	Amount	FTEs Supported
AS0	D308FX	Phones/Request for Telecommunications Service-OCME	\$30,000	
AS0	PC4FX0	P-Card Management	\$27,136	
KT0	N/A	Fleet Management Administration – Support, Procurement, Fueling, & Maintenance	\$39,000	
UC0	N/A	Access to City-Wide Radio and Radio Maintenance	\$1,268	
Total			\$97,404	-

FY 2015 OCME (FX0) - Intra-District Transfers to Other Agencies (Seller)				
Selling Agency	Project Code	Description of Services Provided	Amount	FTEs Supported
CG0	OFX15A	General counsel Support	\$144,175	1.00
FQ0	COVERD	Continuing Education for OCME Staff	\$31,515	
FQ0	OVS001	Toxicological Services for Drug Facilitated Sexual Assaults (DFSA) Casework	\$30,000	
FT0	1FXUA4	Mobile/Portable Digital X-Ray System (Part of DC ERS Submission)	\$200,000	
FT0	2FXUA4	Mass Fatality Mobile Unit (Work Processing and Relief Resource)	\$300,000	
HC0	HEPR15	PHEP/HPP Capability 5-Fatality Mgmt.	\$200,000	
KA0	DIDMVF	Toxicology Investigation of Drug Impaired Driving	\$100,000	1.00
Total			\$1,005,690	2.00
FY 2015 OCME (FX0) - Intra-District Transfers to Other Agencies (Buyer)				
Buying Agency	Project Code	Description of Services Provided	Amount	FTEs Supported
AS0	D308FX	Phones/Request for Telecommunications Service-OCME	\$10,000	
AS0	PC4FX0	P-Card Management	\$12,000	
KT0	N/A	Fleet Management Administration – Support, Procurement, Fueling, & Maintenance	\$46,439	
TO0	N/A	Build and Host SharePoint Premium Site	\$14,850	
UC0	N/A	Access to City-Wide Radio and Radio Maintenance	\$1,186	
Total			\$84,475	-

8. Please list all employees detailed to or from your agency, if any. Please provide the reason for the detail, the detailed employee's date of detail, and the detailed employee's projected date of return.

Name	Date of Detail	Date of Return
Kevin Allen	11/17/2014	5/17/2015
Claudette Berry	11/24/2014	5/24/2015

The agency has two employees, as noted above, detailed to the agency through the District's Return to Work Program administered by the Office of Risk Management (ORM). The Return to Work Program helps employees get back to work as soon as possible after a job-related injury or illness and the two employees have been detailed to the agency in jobs consistent with modified duty restrictions. In this instance, both employees are employed with Fire and Emergency Management Services (FEMS) and have been detailed to: 1) the agency's Records Management Unit to assist in the archiving of agency medical examiner case files and; 2) the Histology Laboratory Unit to assist in the archiving of histology slides. These projects are a coordinated effort in preparation of the agency's move toward accreditation of which archival record storage is a critical component.

9. Please provide the Committee with:

- A list of all employees who receive cellphones, personal digital assistants, or similar communications devices at agency expense

Deborah Allen
Stephanie Becker
Dennis Bell
Elizabeth Betts
Matthew Brown
Chelsea Clingerman
Michael Coleman
Kenneth Contee
Monica Davis
Carolina Diaz
Leautry Dixon
Beverly Fields
Leigh Fields
Peggy Fogg
Anna Francis
Savern Fripp
Lois Goslinoski

Jan Gorniak
Katherine Grosso
Esther Harris
Donnell Harvin
Viola Hiers
Latoya Jamison
Katherine Kim
Lalynn Kurash
Rachael Landrie
Kimberly Lassiter
Jennifer Love
Denise Lyles
Nikia Mason
Roger Mitchell
James Nolan
Nikki Mourtzinis
Marybeth Petrsek
Marie Pierre-Louis
Sunil Prashar
Andrea Pugh
Benita Rouse
Jennifer Runkle
Lisa Tabron
Samantha Tolliver
Tiffany Ware-Murell
Rebecca Wood
Jerel Wright
Lawrence Waters
Lucas Zarwell

- A list of all vehicles owned, leased, or otherwise used by the agency and to whom the vehicle is assigned

The following vehicles are owned by the agency:

Make	Model	Year	Department/Unit
Ford	Explorer (Sport Trac)	2005	Administration
Dodge	Grand Caravan	2007	Administration
Chevrolet	Uplander	2007	Administration
Ford	E-450	2003	Mortuary
Chevrolet	Van Express	2005	Mortuary

Chevrolet	Van Express	2005	Mortuary
Chevrolet	Van Express	2009	Mortuary
Chevrolet	Van Express	2009	Mortuary
Ford	Explorer	2002	Investigation
Ford	Explorer	2002	Investigation
Ford	Explorer	2002	Investigation
Dodge	Grand Caravan	2006	Fatality Review
Dodge	Grand Caravan	2005	Medical Records

- A list of employee bonuses or special award pay granted in FY14 and FY15, to date

FY2015 & FY2015 OCME (FX0) Employee Bonuses & Awards		
Payment Type	FY 2014	FY 2015
Total Awards	\$0.00	\$0.00
Total Bonus Pay	\$0.00	\$0.00
Total	\$0.00	\$0.00

- A list of travel expenses, arranged by employee

All employee travel must be authorized by the agency Chief and approved by the District's City Administrator. A detailed listing of travel is outlined in Question 24.

- A list of the total overtime and worker's compensation payments paid in FY14 and FY15, to date

FY2015 & FY2015 OCME (FX0) Employee Overtime & Workers' Compensation		
Payment Type	FY 2014	FY 2015
Total Overtime ¹	\$141,019	\$51,487
Total Workers' Compensation ²	\$69,241	\$732
Total	\$210,260	\$52,219

Notes:

(1) FY 2015 total overtime payments are from 10/01/14 - 02/07/15

(2) FY 2015 total workers compensation payments are from 10/01/14 - 12/16/14

10. Please provide a chart showing your agency's approved budget and actual spending, by division, for FY14 and FY15, to date. In addition, please describe any variance between fiscal year appropriations and actual expenditures.

Funds/ Program/ Activity	Titles	2014					
		Apv'd FTEs	Approved Budget	Budget Changes	Revised Budget	Spending	Variance
0100	LOCAL FUNDS	70.00	\$8,789,575	\$212,881	\$9,002,456	\$8,392,123	\$610,333
1000	AMP¹	16.00	\$1,848,060	\$197,241	\$2,045,301	\$1,550,339	\$494,962
1010	PERSONNEL	1.00	\$117,184	(\$79,427)	\$37,757	\$29,317	\$8,440
1020	TRAINING	4.00	\$321,442	(\$106,366)	\$215,076	\$209,410	\$5,666
1040	INFORMATION TECHNOLOGY	3.00	\$446,936	\$1,787	\$448,723	\$412,029	\$36,693
1070	FLEET MANAGEMENT	-	\$29,047		\$29,047	\$33,423	(\$4,376)
1085	CUSTOMER SERVICE	3.00	\$194,482	(\$28,989)	\$165,494	\$159,813	\$5,681
1090	PERFORMANCE MANAGEMENT	5.00	\$738,968	\$410,237	\$1,149,205	\$706,347	\$442,858
100F	OCFO²	1.00	\$111,788	(\$7,211)	\$104,577	\$100,923	\$3,654
110F	BUDGET OPERATIONS	1.00	\$111,788	(\$7,211)	\$104,577	\$100,923	\$3,654
2000	DIC³	40.00	\$5,338,841	(\$72,418)	\$5,266,423	\$5,010,178	\$256,245
2100	FORSENIC PATHOLOGY	10.00	\$2,271,683	(\$165,592)	\$2,106,091	\$1,967,504	\$138,587
2200	FORSENIC INVESTIGATIONS	18.00	\$1,958,291	\$19,425	\$1,977,716	\$1,905,883	\$71,833
2300	MORTUARY SERVICES	-	\$2,592	\$64,639	\$67,231	\$93,885	(\$26,654)
2301	FORENSIC SUPPORT SERVICES	12.00	\$1,106,275	\$9,111	\$1,115,386	\$1,042,907	\$72,479
3000	Fatality Review	3.00	\$318,327	(\$52,732)	\$265,596	\$308,602	(\$43,007)
3100	CHILD FATALITY REVIEW COMMITTEE	3.00	\$318,327	(\$52,732)	\$265,596	\$308,602	(\$43,007)
4000	Forensic Toxicology	10.00	\$1,172,559	\$148,000	\$1,320,560	\$1,422,081	(\$101,521)
4100	FORENSIC TOXICOLOGY LAB	10.00	\$1,172,559	\$148,000	\$1,320,560	\$1,422,081	(\$101,521)
0700	INTER-DISTRICT FUNDS	-	-	\$25,000	\$25,000	\$24,697	\$303
1000	AMP	-	-	-	-	-	-
1060	LEGAL	-	-	-	-	-	-
1090	PERFORMANCE MANAGEMENT	-	-	-	-	-	-
4000	Forensic Toxicology	-	-	\$25,000	\$25,000	\$24,697	\$303
4100	FORENSIC TOXICOLOGY LAB	-	-	\$25,000	\$25,000	\$24,697	\$303
Grand Total		70.00	\$8,789,575	\$237,881	\$9,027,456	\$8,416,820	\$610,636

Notes:

- (1) AMP – Administrative Management Program
- (2) OCFO – Office of the Chief Financial Officer
- (3) DIC – Death Investigations/Certifications

FY 2014 Appropriation / Actual Variance Explanations:

The surplus in FY 2014 was mainly due to savings for an anticipated settlement resulting from an employee PERB matter, as well as funds set-aside to perform security modifications and to fund a portion of the remodeling project to convert a section to its facilities into the Fatality Management Operations Center (FMOC). The actual settlement was much less than anticipated. The resulting savings from this and other miscellaneous positive variances were reprogrammed for security upgrades and the remodeling project. However, the proposed Pay-Go reprogramming for this project was not approved; resulting in the surplus.

Funds/ Program/ Activity	Titles	2015 as of 03.04.15							
		Apv'd FTEs	Approved Budget	FTE Chngs	Budget Changes	Rev FTEs	Revised Budget	Spending	Available Budget
0100	LOCAL FUNDS	70.00	\$9,518,949	1.00	\$16,123	71.00	\$9,535,072	\$3,629,148	\$5,905,924
1000	AMP	14.00	\$2,141,360	-		14.00	\$2,141,360	\$696,348	\$1,445,012
1010	PERSONNEL	1.00	\$92,669	-		1.00	\$92,669	\$36,258	\$56,410
1020	TRAINING	3.00	\$247,656	-		3.00	\$247,656	\$62,005	\$185,651
1040	INFORMATION TECHNOLOGY	3.00	\$456,545	-		3.00	\$456,545	\$194,203	\$262,341
1070	FLEET MANAGEMENT	-	\$46,439	-		-	\$46,439	\$33,423	\$13,015
1085	CUSTOMER SERVICE	3.00	\$141,532	-		3.00	\$141,532	\$91,410	\$50,122
1090	PERFORMANCE MANAGEMENT	4.00	\$1,156,520	-		4.00	\$1,156,520	\$279,048	\$877,472
100F	OCFO	1.00	\$113,901	-		1.00	\$113,901	\$54,435	\$59,466
110F	BUDGET OPERATIONS	1.00	\$113,901	-		1.00	\$113,901	\$54,435	\$59,466
2000	DIC	42.00	\$5,452,524	1.00	\$16,123	43.00	\$5,468,648	\$2,026,811	\$3,441,837
2100	FORSENIC PATHOLOGY	11.00	\$2,068,042	-	(\$17,882)	11.00	\$2,050,160	\$819,565	\$1,230,594
2200	FORSENIC INVESTIGATIONS	18.00	\$2,040,884	-		18.00	\$2,040,884	\$736,176	\$1,304,708
2300	MORTUARY SERVICES	-		-		-		(\$105,740)	\$105,740
2301	FORENSIC SUPPORT SERVICES	13.00	\$1,343,598	1.00	\$34,005	14.00	\$1,377,604	\$576,810	\$800,794
3000	Fatality Review	3.00	\$420,515	-		3.00	\$420,515	\$133,951	\$286,564
3100	CHILD FATALITY REVIEW COMMITTEE	3.00	\$420,515	-		3.00	\$420,515	\$133,951	\$286,564
4000	Forensic Toxicology	10.00	\$1,390,649	-		10.00	\$1,390,649	\$717,603	\$673,046
4100	FORENSIC TOXICOLOGY LAB	10.00	\$1,390,649	-		10.00	\$1,390,649	\$717,603	\$673,046
0700	INTER-DISTRICT FUNDS	1.00	\$144,175	1.00	\$822,879	2.00	\$967,054	\$296,314	\$670,740
1000	AMP	1.00	\$144,175	-	\$707,879	1.00	\$852,054	\$252,314	\$599,740
1060	LEGAL	1.00	\$144,175	-		1.00	\$144,175	\$47,302	\$96,873
1090	PERFORMANCE MANAGEMENT	-		-	\$707,879	-	\$707,879 ¹	\$205,011	\$502,867
4000	Forensic Toxicology	-		1.00	\$115,000	1.00	\$115,000	\$44,000	\$71,000
4100	FORENSIC TOXICOLOGY LAB	-		1.00	\$115,000	1.00	\$115,000	\$44,000	\$71,000
Grand Total		71.00	\$9,663,124	2.00	\$839,002	73.00	\$10,502,126	\$3,925,461	\$6,576,664

Notes:

(1) FY 2015 total Inter-District Funds includes \$500,000 from HSEMA not advanced into OCME's Budget

11. For fiscal years 2014 and 2015 (to date), please identify any special purpose revenue funds maintained by, used by, or available for use by your agency. For each fund identified, provide: (1) the revenue source name and code; (2) the source of funding; (3) a description of the program that generates the funds; (4) the amount of funds generated by each source or program; and (5) expenditures of funds, including the purpose of each expenditure.

The agency does not maintain any Special Purpose Revenue Funds.

12. Please list all memoranda of understanding (MOU) entered into by your agency during fiscal years 2013, 2014, and 2015 (to date). For each, indicate the date entered, and the termination date.

TYPE	Agency	Date Entered	Date Terminated	Description
MOU	Office of Unified Communications – OCME	10.1.2013	9.30.2014	City-Wide Radio System and Radio Maintenance
MOU	Office of Victim Services and OCME	10.1.2013	9.30.2014	OCME Tox Lab provides DFSA testing for DC SANE
MOU	Dept. of Human Resources – OCME	10.1.2013	9.30.2014	Background checks for 20 employees
MOU	Department of Health/IRB -- OCME	7.14.2014	4.28.2019	DOH's IRB will review all OCME's applicant's project proposal related to human research/testing
MOU	Department of Justice, International Criminal Investigative Training Assistance Program -- OCME	7.3.2014	7.3.2019	OCME assistance for international educational training in mortuary sciences for crime prevention/detection
MOU	DDOT – OCME	11.3.2014	9.30.2015	100K Grant for FTE/Supplies for Drug Impaired Driving Testing
MOU	Washington/Baltimore High Intensity Drug Trafficking Area and the OCME and MPD	12.2.2014	12.2.2019	Data Sharing Agreement – identified decedent related data provided to MPD for HIDTA use
MOU	Office of Unified Communications – OCME	10.1.2014	9.30.2015	City-Wide Radio System and Radio Maintenance
MOU	University of the District	3.20.2012	End FY15	OCME will provide 5

	of Columbia (Cadaver) and OCME	(option exercised 2014)		PDs per month to UDC for educational purposes
MOU	Department of Health (Mobile Mortuary Morgue Units) and OCME	7.1.2014	9.30.2015	4 mobile body storage units to be purchased with grant funds
MOU	Homeland Security Emergency Management Agency (Mass Fatality Mobile Unit/DC ERS) and OCME	9.1.2014	9.30.2016	300K to purchase Mobile Unit
MOU	Homeland Security Emergency Management Agency (Digital X-Ray) and OCME	9.1.2014	5.31.2016	200k to purchase a digital x-ray unit
MOU (pending OCTO signed copy)	Office of the Chief Technology Officer and OCME	10.1.2014	9.30.2015	Sharepoint agreement – OCTO to develop secure web-portal
MOU	Veteran Affairs Medical Center – OCME	5.7.2014	9.30.2014 (1 year option available)	VA allows use of Histology Facilities

13. Please provide, as an attachment, a list of all budget enhancement requests (including, but not limited to capital improvement needs), for fiscal years 2014 and 2015 (to date). For each, include a description of the need and the amount of funding requested.

In previous years, agency needs have been met by the Mayor’s Budget. Moving forward, we are working with the Mayor’s Budget Office and the Deputy City Administrator/Acting Deputy Mayor for Public Safety on developing our budget. We will be happy to share the Mayor’s FY 16 budget once it has been submitted to the Council.

14. Please list in chronological order every reprogramming in fiscal year 2014 and fiscal year 2015 (to date) of funds into and out of the agency. Include a “bottom line” – the revised, final budget for your agency. For each reprogramming, list the date, the amount, the rationale, and the reprogramming number.

FY 2014 and FY2015 OCME (FX0) Reprogrammings						
Fiscal Year	Fund	Fund Title	Date	SOAR Doc #	Description	Amount
2014	0100	Local			Starting Budget	\$8,789,575
			11/26/13	BJCOLAFX	Reprogrammed from UP0 to cover COLA	\$212,881
					Final Budget	\$9,002,456

2015	0100	Local				
						Starting Budget \$9,518,949
			02/25/15	BJCWR001	Citywide reprogramming of Comp 1&2 funds back to Workforce Investment Account	(\$17,882)
			02/26/15	BJDOFX01	Reprogramming from ORM for RTW Employee	\$34,005
						Final Budget \$9,535,072

15. (a) Please list each grant or sub-grant received by your agency in fiscal years 2014 and 2015 (to date). List the date, amount, and purpose of the grant or sub-grant received.

The agency sub-grants received in fiscal years 2014 and 2015 (to date) are outlined below. The funding for the sub-grants is provided to the agency via Intra-district transfer as outlined in Question 7.

Grant Name	Name of Grantor	Purpose	Total Grant Amount	Current Grant Balance	Dates
Mass Fatality Mobile Unit (DC ERS)	Homeland Security Emergency Management Agency (HSEMA)	The project involves purchase of a mobile incident command center to be used during a mass fatality incident to evaluate the incident, plan fatality operations, investigate the scene, transport and store field equipment, process data and paperwork, facilitate the use of electronics and interoperable communications and to provide a station for work relief for medical examiner staff.	\$300,000	\$300,000	September 30, 2015
Mass Fatality Portable Digital X-Ray Unit	Homeland Security Emergency Management Agency (HSEMA)	The project involves the purchase of a Mobile/Portable Digital X-Ray Unit to be used in either a fixed or field disaster morgue to rapidly process human remains following a mass fatality incident.	\$200,000	\$200,000	September 30, 2015
Healthcare Preparedness Program and Health	Department of Health, Health Emergency Preparedness and	The project involves the purchase of six refrigerated morgue trailers (storage of 20	\$200,000	\$ 200,000	September 30, 2015

Emergency Preparedness – Fatality Management (PHEP/HEP Capability 5)	Response Agency (DOH, HEPRA)	bodies each) for body storage and transport to be utilized as an agency incident command station/center during the process of death scene investigation and retrieval/transport and storage of remains.			
NIJ-Coverdell Forensic Science Improvement - Continuing Education	Justice Grants Administration	This grant is to be utilized for forensic pathology, death investigation, toxicology laboratory and mortuary unit staff trainings.	\$31,514.50	\$31,514.50	September 30, 2015
Driving Under the Influence of Drugs (DUID) Testing	DC Department of Transportation	<p>The Office of the Chief Medical Examiner provides DUID testing for law enforcement agencies that have arrested individual's suspected of impaired driving within the District of Columbia and the Washington Regional Area.</p> <p>Biological samples are obtained through the Metropolitan Police Department (MPD), United States Park Police (USPP), United States Capital Police (USCP), and the Central Intelligence Agency (CIA) and are submitted to OCME. Specimens are analyzed for ethanol and drugs of abuse and results are used to prosecute an individual in a court of law.</p> <p>The initiative has four objectives: a) provide comprehensive and timely forensic testing for law enforcement; b) issue reports to</p>	\$100,000	\$100,000	September 30, 2015

		<p>law enforcement for purpose of criminal investigation; c) provide expert testimony and discovery in a court of law; and c) identify what drugs are prevalent in the regional population for the purpose of awareness, treatment, and improved evidence collection. Under this initiative, OCME normally analyzes over 800 submissions a year for ethanol and drugs associated with impaired driving.</p>			
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(b) How many FTEs are dependent on grant funding? What are the terms of this funding? If it is set to expire, what plans (if any) are in place to continue funding?

There is one FTE dependent on grant funding as set forth above under the Driving Under the Influence of Drugs sub-grant from the DC Department of Transportation. The term of this funding is one year throughout FY15. The agency plans to reapply for the grant.

16. Please identify any special purpose revenue accounts maintained by, used by, or available for use by your agency during FY14 or FY15, to date. For each account, please list the following:

- The revenue source name and code
- The source of funding
- A description of the program that generates the funds
- The amount of funds generated by each source or program in FY14 and FY15, to date
- Expenditures of funds, including the purpose of each expenditure, for FY14 and FY15, to date

The agency does not maintain any Special Purpose Revenue Funds.

17. Please provide a detailed description for each open capital project (including, but not limited to projects within the master equipment lease and projects that are managed or overseen by another agency or entity), from fiscal year 2014, or prior. Please include the following:

- A description of each project
- The amount of capital funds available for each project
- A status report on each project, including a timeframe for completion
- Planned remaining spending on the project

The agency has no open capital project in FY2014 or prior.

18. Please provide a complete accounting of all federal grants received for FY14 and FY15, to date.

The agency has no direct federal grants for FY14 and FY15, to date. Federal funds received via sub-grants from District agencies are outlined in Question 15 utilizing Intra-district transfers.

19. Please list all capital projects completed in fiscal year 2014, including whether each project was completed on time and within budget.

The agency had no open capital projects in FY2014.

20. Please list all pending lawsuits that name the agency as a party. Please identify which cases on the list are lawsuits that potentially expose the city to significant liability in terms of money and/or change in practices and their current status. For those identified, please include an explanation about the issues for each case.

The agency has no pending lawsuits.

21. Please list and describe any ongoing investigations, audits, or reports of your agency or any employee of your agency, or any investigations, studies, audits, or reports on your agency or any employee of your agency that were completed during fiscal years 2014 and 2015 (to date).

The agency has no ongoing or completed investigations, studies, audits, or report of the agency or any employee of the agency during fiscal years 2014 and 2015 (to date).

22. Please list the following information in table format regarding the agency's use of SmartPay (credit) cards for agency purchases: individuals (by name) authorized to use the cards in fiscal years 2014 and 2015 to date; purchase limits (per person, per day, etc.); total spent in fiscal years 2014, and 2015 to date (by person and for the agency).

	TOTAL EXPENDITURES		PURCHASE LIMITS	
AUTHORIZED CARDHOLDER	FY 2014	FY 2015 to date (02/24/2015)	Daily	Monthly
Michael Coleman	\$10,060.11	\$ 3,415.88	\$5,000.00	\$20,000.00
SaVern Fripp	----	\$ 9,271.89	\$5,000.00	\$20,000.00
Viola Hiers	\$ 2,657.50	\$ 1,388.96	\$5,000.00	\$20,000.00
Michelle Mack*	\$ 5,038.95	\$ 25.30	\$5,000.00	\$20,000.00
Lucas Zarwell	\$15,533.41	\$ 6,792.73	\$5,000.00	\$20,000.00
FY 2014	\$33,289.97	\$20,894.76		

23. For fiscal years 2014 and 2015 (to date), what was the total cost (including, but not limited to equipment and service plans), for mobile communications and devices?

For fiscal year 2014, the total cost of all equipment and service plans for cellular voice and data devices is \$66,983.11 itemized as follows:

- Wireless Service: \$60,205.65
- Equipment: \$6777.46

Thus far in 2015, the total cost of all equipment and service plans for cellular voice and data devices is \$17,560.02 itemized as follows:

- Wireless Service: \$13,205.34
- Equipment: \$4,354.68.

The monthly recurring charge for *all* mobile phone plans (voice and data) is \$ 4,432.95.
The monthly recurring charge for iPad cellular data plans is \$ 34.99.

24. In table format, please provide the following information for fiscal years 2013, 2014, and 2015 (to date) regarding your agency's authorization of employee travel: (1) individuals (by name and title/position) authorized to travel outside the District; (2) total expense for each trip (per person, per trip, etc.); and (3) justification for the travel (per person).

The agency's authorized employee travel for fiscal years 2013, 2014 and 2015 (to date) is provided in table format below to include: individuals by name and title, total expenses per trip and the justification for the travel.

Fiscal Year 2013

Date	Traveler	Title	Description	Local	Grant	Other	Justification
05/05-10/2013	Scott Larson	Deputy Chief Toxicologist	Per diem, ground transportation	\$357.84			Xevo G2 Q-ToF Small Molecule Training , Beverly, MA
05/05-10/2013	Jonathan Moore	Toxicologist	Per diem, ground transportation	\$357.84			Xevo G2 Q-ToF Small Molecule Training , Beverly, MA
05/13-17/2013	Ciena Bayard	Toxicologist	Per diem, ground transportation	\$357.84			750000611 Xevo TQD Operation Training, Beverly, MA
05/13-17/2013	Jonathan Moore	Toxicologist	Per diem, ground transportation	\$357.84			750000611 Xevo TQD Operation Training, Beverly, MA
09/23-26/2013	Lucas Zarwell	Chief Toxicologist	Registration, air/ground transportation, lodging and per diem	\$1,547.80			Intoximeters Maintenance School, Intox EC/IR II (Breath Instrument) Training, St. Louis, Missouri
09/23-26/2013	Samantha Bashaw	Toxicologist	Registration, air/ground transportation, lodging and per diem	\$1,547.80			Intoximeters Maintenance School, Intox EC/IR II (Breath Instrument) Training, St. Louis, Missouri
Total				\$4,526.96	\$0.00	\$0.00	

Fiscal Year 2014

Date	Traveler	Title	Description	Local	Grant	Other	Justification
02/16-22/2014	Niki Mourtinios	Medical Examiner	Registration, transportation, lodging and per diem	\$2,566.76			2014 American Academy of Forensic Sciences (AAFS) Annual Meeting, Seattle, WA
04/20-22/2014	Roger A. Mitchell, Jr.	Chief Medical Examiner	Air transportation, lodging, and per diem	\$708.05			National Association of Medical Examiners (NAME) Inspection Site Visit, Jackson County Medical Examiner
06/01-04/2014	Michelle Mack	Supervisory Medicolegal Investigator	Ground transportation, tolls, and per diem	\$575.91			2014 Regional Brass Fatality Management Response System Training, Fort Hamilton Army Base, Brooklyn, NY
06/01-06/2014	Rebecca Wood	Forensic Investigator	Air/ground transportation, lodging, and per diem	\$1,618.42			Fatality Management Response System Training, Fort Hamilton Army Base, Brooklyn, NY
06/10-13/2014	Anna Francis	IT Specialist (Policy/Planner)	Ground transportation, lodging and per diem	\$863.92			Destruction of Medical Examiner Historical Records, Ashton, PA
07/18-26/2014	Roger A. Mitchell, Jr.	Chief Medical Examiner		\$0.00		DOJ	Bangladesh Death Investigation Seminar
07/27-29/2014	Roger A. Mitchell, Jr.	Chief Medical Examiner	Registration, air transportation, lodging, per diem and baggage	\$856.00			89th Annual National Bar Association Convention, Atlanta, GA
09/07-10/2014	Jennifer Runkle	QA/QC and Breath Program Manager	Registration, air/ground transportation, lodging and per diem	\$0.00		MPD	Intoximeters Training, St. Louis, MO
09/19-23/2014	Roger A. Mitchell, Jr.	Chief Medical Examiner	transportation, lodging, per diem and baggage	\$2,415.24			Medical Examiners (NAME) 2014 Annual Meeting, Portland, OR
Total				\$9,604.30		\$0.00	

Fiscal Year 2015 (as of 2/27/2015)

Date	Traveler	Title	Description	Local	Grant	Other	Justification
10/05-09/2014	Colleen Moore	Forensic Toxicologist	Registration, transportation, lodging and per diem	\$1,296.51			Intoximeters EC/IR II Training, Saint Louis, MO
10/09-12/2014	Kimberly Lassiter	Autopsy Assistant	Registration, ground transportation, lodging and per diem	\$480.30			Division of the International Association for Identification (IAI) Conference,
10/19-24/2014	Lucas Zarwell	Chief Toxicologist	Registration, air/ground transportation, lodging and per diem	\$2,157.08			Society of Forensic Toxicologists (SOFT) Annual Meeting, Grand Rapids, MI
11/20-21/2014	Mikelle Delliver	General Counsel	Registration	\$575.00			Law Institute 35th Annual Meeting
01/13-16/2015	Jennifer Love	Forensic Anthropologist		\$0.00		OSAC	OSAC Anthropology Subcommittee Meeting
01/22- 06/19/20	Roger A, Mitchell, Jr.	Medical Examiner	Registration	\$5,000.00			Joint Center for Political and Economic Studies
01//25-30/2015	Anna Francis	IT Specialist (Policy/Planner)	Registration, air/ground transportation, baggage fees, lodging and per diem		\$2,321.19		ISO 17025 Assessor Training Course, Emeryville, CA
01/26-01/30/20	Kiran Chopra	Forensic Toxicologist	Registration, ground transportation, lodging and per diem		\$2,632.72		Toxicology Course, The Fredric Rieders Family Renaissance Foundation, Philadelphia, PA
01/26-30/2015	Ciena Bayard	Forensic Toxicologist	Registration, ground transportation, parking, tolls, lodging and per diem		\$2,671.13		Postmortem Forensic Toxicology Course, The Fredric Rieders Family Renaissance Foundation, Philadelphia, PA
02/14-22/2015	Jennifer Love	Forensic Anthropologist	Registration, air/ground transportation, lodging and per diem		\$1,919.31		American Academy of Forensic Sciences 67th Annual Meeting, Orlando, FL
02/15-21/2015	Sunil Prashar	Medical Examiner	Registration, ground transportation and per diem		\$1,500.00		American Academy of Forensic Sciences 67th Annual Meeting, Orlando, FL
02/16-21/2015	Jan Gorniak	Deputy Chief Medical Examiner	Registration, air/ground transportation, lodging and per diem		\$2,052.77		American Academy of Forensic Sciences 67th Annual Meeting, Orlando, FL
Total				\$9,508.89	\$13,097.12		

25. What procedures are in place to track individuals or units assigned to possess mobile communications and mobile devices (including, but not limited to smartphones, laptops, and tablet computers)? Please include how the usage of these devices is controlled.

In order to track individuals and units assigned mobile communications and devices, the IT Unit utilizes Equipment Assignment Sheets, requiring that each employee in receipt of any type of mobile technology sign for said devices. The Equipment Assignment Sheets documents the item, serial number, condition of the item and the date issued to the employee. That same document is then updated upon the item's return, noting the current condition of the device at that time. This procedure also applies to the emergency response Motorola handheld radios issued by the Office of Unified Communications (OUC). Mobile devices such as laptops, smartphones, and tablets are only issued at the discretion of the agency Chief and only to employees for which the devices are necessitated by work-related responsibilities (emergency, 24/7, and essential personnel). The primary usage is for VPN access to the District Government network. VPN access is granted and governed by OCTO. Mobile devices such as tablets and cellular phones are governed by Verizon and AT&T, the two cellular carriers.

- (b) How does your agency manage and limit its mobile communications and devices costs?

The agency strives to determine the most cost effective cellular and mobile data plans available through the area's three primary vendors: AT&T, Verizon, and Sprint. All cellular plans include long distance, unlimited 3G and 4G data access, and compensate for potential overages for voice and data. Additionally, the agency participates in OCTO's buy-back program which allows the agency to recycle antiquated phones and mobile devices in exchange for credit toward new mobile hardware or the costs of voice and data plans. Further, the agency limits phone costs through the cell phone plan with a standard monthly rate. All employees are informed that they must maintain costs within the plan and are responsible for costs that exceed the standard monthly rate, unless the employee can demonstrate that all costs were work-related and justified. Agency management and the IT Unit receive and review the monthly statements.

- (c) For fiscal years 2014 and 2015 (to date), what was the total cost (including, but not limited to equipment and service plans), for mobile communications and devices?

For fiscal year 2014, the total cost of all equipment and service plans for cellular voice and data devices is \$66,983.11 itemized as follows:

- Wireless Service: \$60,205.65
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Thus far in 2015, the total cost of all equipment and service plans for cellular voice and data devices is \$17,560.02 itemized as follows:

- Wireless Service: \$13,205.34
- Equipment: \$4,354.68.

The monthly recurring charge for *all* mobile phone plans (voice and data) is \$ 4,432.95. The monthly recurring charge for iPad cellular data plans is \$ 34.99.

26. Does your agency have or use a government vehicle? If so, for fiscal years 2014 and 2015 (to date), please list these vehicles.

The agency uses government vehicles. The list for fiscal years 2014 and 2015 is provided below.

Make	Model	Year	Department/Unit
Ford	Explorer (Sport Trac)	2005	Administration
Dodge	Grand Caravan	2007	Administration
Chevrolet	Uplander	2007	Administration
Ford	E-450	2003	Mortuary
Chevrolet	Van Express	2005	Mortuary
Chevrolet	Van Express	2005	Mortuary
Chevrolet	Van Express	2009	Mortuary
Chevrolet	Van Express	2009	Mortuary
Ford	Explorer	2002	Investigation
Ford	Explorer	2002	Investigation
Ford	Explorer	2002	Investigation
Dodge	Grand Caravan	2006	Fatality Review
Dodge	Grand Caravan	2005	Medical Records

27. Please provide, as of January 1, 2015, the current number of WAE contract, and term personnel within your agency. If your agency employs WAE contract, or term personnel, please provide, in table format, the name of each employee, position title, the length of their term or contract, the date on which they first started with your agency, and the date on which their term or contract expires.

The agency has no WAE contract or term personnel within the agency.

28. Please identify all electronic databases maintained by your agency, including the following:

- A detailed description of the information tracked within each system

The agency utilizes several electronic databases to track medical examiner case file information on a twenty-four hour, day to day basis. The FACTS (Forensic Analytic Case Tracking System) has been the agency's case management system since 2003. It is a web-based application with a backend Microsoft SQL database. The decedent information for each accepted case is maintained in this application from initiation through case completion. The data collected across the many various input screens includes next of kin information, decedent demographics, addresses, and other specifics germane to each respective investigation. Additionally, during autopsies, other case related specifics are entered relative to the cardiovascular, nervous, and respiratory systems at the medical examiner's discretion. A detailed chain-of-custody is established using FACTS from the time of case initiation to the moment of release to funeral homes or public disposition.

Another database is maintained for the agency's PACS (Picture Archival Communication System), which is a long-term digital storage archive for radiographs. The PACS server is Microsoft Windows upon a Dell storage array and utilizes MS SQL. In addition to storage X-rays, the database maintains a minimal amount of decedent demographics, along with any other germane annotations at the medical examiners discretion. Upon the agency's transition to the Consolidated Forensic Laboratory facility in 2012, the PACS system was upgraded to entirely new hardware with the vendor's latest iteration of the WebIQ diagnostic software.

A recent database corresponds with the agency's newest implementation of the SurgiCare Inventory Management system. All consumable products procured by the agency are managed within the system affording exceptional reporting capabilities regarding costs, usage, and expiration of perishable commodities. This Microsoft SQL database is hosted on a dedicated Dell storage server.

- The age of the system and any discussion of substantial upgrades that have been made or are planned to the system

FACTS has been operational for the greater part of the last decade and has undergone two major upgrades to both the software and the server hardware over that time span. The most recent and the third of such upgrades is to the latest version of the vendor's proprietary software is currently underway and will incorporate improvements to various modules including the Toxicology and Mass Fatality modules, promising improved workflow and better management of citywide mass fatality events.

OCME's PACS platform has been in use for approximately six years, with the current iteration being online for thirteen months. No immediate upgrades are planned.

The Inventory Management database was initialized in the first quarter of FY'15 and is in the initial phases of implementation.

- Whether the public can be granted access to all or part of each system

Due to secure nature of the agency's datacenter, as with all District Government datacenters, access to all agency systems is restricted. Further, public access to certain data is restricted by District law and regulation and due to the confidential nature of the records maintained by the agency. As such, the public cannot be granted access to any part of agency systems.

29. What has the agency done in the past year to make the activities of the agency more transparent to the public? In addition, please identify ways in which the activities of the agency and information retained by the agency could be made more transparent.

The agency's transparency begins with its interaction with next of kin during the decedent identification process and when they meet or discuss cases with investigators or medical examiners. At this time, agency staff provides as much information as available at that time and invite the next of kin to follow-up at any time. Further, the agency's

Customer Service Representative contacts next of kin personally to provide case status. Further, the agency's website provides a wealth of information regarding the agency, publications, how to obtain information and contacting staff. The website also contains an electronic copy of the agency "pamphlet" which is provided to customers upon visiting the agency. Significantly, the agency participates in the FOIA Access Project and is in full compliance with all documents that are to be provided to the public. The agency also is consistent in its customer service policy of responding to all inquiries within 24 hours to ensure that constituent needs are met within District laws and regulations and agency protocols. Lastly, the agency annual reports provide a diverse amount of information regarding the activities of the agency and demographic mortality data. These reports are made available by hard copy and electronically by request and on the agency website.

30. Please identify any statutory or regulatory impediments to your agency's operations.

There are no statutory or regulatory impediments to the agency's operations.

31. How does the agency solicit feedback from the community? Please describe.

- What has the agency learned from this feedback?
- How has the agency changed its practices as a result of such feedback?

The agency solicits feedback on a day to day basis from next of kin and friends that come to the agency for the purpose of identifying decedents, to pick up records (i.e., autopsy reports, photographs, slides), or to meet with medical examiners regarding a case. Of critical importance to such customers is the ability to obtain autopsy reports with the details of the findings of cause and manner of death. Such reports are important for government benefits, burial benefits, insurance claims and other matters that family members are attempting to resolve during a challenging time period. Not only is this important in order to ensure that such reports are available to next of kin, but it is key checklist factor for NAME accreditation which requires 90% of all cases be completed within 90 days.

Over the past year, the agency has worked to complete autopsy reports in timely and efficient manner significantly raising the completion rate from 37% of all cases completed to approximately 75% (including a 2 month peak of 90%). Included in the autopsy report, are toxicology results, which the agency has also improved with an average 95% of positive and negative toxicology examinations completed within 90 days of case submission.

The agency maintains a District website wherein the public may submit inquiries and commentary. Per District protocol, any inquiries or commentary submitted is responded to within 24 hours. The agency also has customer feedback forms for clients to fill out subsequent to a visit with the office. These forms are evaluated for constructive improvements to operations or provided to managers for positive or performance improvement evaluations for individual employees.

The inquiries and commentary received from the public overwhelmingly focus on interest in touring the facility or in obtaining an internship with the office. The agency provides a

teaching environment for medical school students and pathology residents. The OCME also provides internship opportunities for university students in the fields of forensic pathology, medicolegal investigation, forensic science, toxicology and mortuary services. OCME staff also teach various courses to area medical school students and university students in forensic science programs. Recognizing the significant interest in forensics and the field of forensic pathology, the agency looks to expand its academic and internship programs.

A second area of public interest is in statistical data. The agency serves as a public health surveillance organization utilizing cause and manner of death findings; demographic data such as age, race and/or gender; and geographic distribution in the region (Geographic Information Systems (GIS) mapping) to identify emerging or chronic mortality trends toward prevention. The agency is developing a Data Fusion Center to focus on public health surveillance and has also developed key stakeholder group relationships with other District agencies, law enforcement, public health/prevention entities and universities to provide such surveillance data to mitigate risk factors that lead to preventable deaths.

32. Please provide your anticipated spending pressures for fiscal year 2015. Include a description of the pressure, the estimated amount, and any proposed solutions.

The agency does not anticipate any spending pressures for fiscal year 2015.

33. (a) Please provide, as an attachment, a copy of your agency's fiscal year 2014 performance plan. Please explain which performance plan objectives were completed and whether or not they were completed on time and within budget. If they were not, please provide an explanation.

OCME FY14 Performance Plan. See Attachment C. A copy of the agency's FY14 Performance Accountability Report is included as Attachment D. This report includes a detailed accounting of which performance plan objectives were completed and whether or not they were completed on time. If not, All objectives were completed within budget.

(b) Please provide, as an attachment, a copy of your agency's fiscal year 2015 performance plan as submitted to the Office of the City Administrator.

See Attachment E.

34. What are your top five priorities for the agency? Please provide a detailed explanation for how the agency expects to achieve or work toward these priorities in fiscal years 2015 and 2016.

a) NAME Accreditation

The agency's goal for accreditation is the first half of FY16. The agency is currently preparing for inspection and accreditation by the National Association of Medical Examiners (NAME). This includes conducting a needs assessments; revising Standard Operating Procedures (SOPs) to ensure compliance with federal and District laws, Mayoral orders, industry protocols and agency practices; conducting staff trainings on

SOPs; completing a self-assessment; applying for accreditation; and completing an initial inspection by NAME.

The first step to NAME accreditation is the completion of a needs assessment on the facility, training/education, staffing models, budget, inventory, data outcomes and key performance indicators. This process will include: a) gap identification and development of recommendations for improvement and short term goals; b) foundation building and implementation of recommendations and short term goals; and c) development of a longevity study focused on organizational framework. The purpose will be to develop a strategic plan outlining Strengths, Weaknesses, Opportunities and Threats (SWOT) to mirror the District's budget and performance planning.

The second step involves a revision to the Standard Operating Procedures (SOPs) of the agency to ensure compliance with federal laws, District statutes, regulations and Mayoral orders, industry protocols and regulations and agency practices. The agency then conducts subsequent trainings on revised SOPs. The agency has completed a first draft of the updated SOPs and will finalize and train on the SOPs by end of FY15..

The agency then performs a self-inspection by reviewing the NAME inspection checklist guidelines. This was completed in December 2014 and was followed up with a facility walk-through with self-inspection with the checklist in February 2015. Subsequent to the agency in-house self-assessment and cure of deficiencies, the agency will enlist an external independent audit as a pre-check who will perform a deficiency analysis and then apply for inspection by NAME. NAME will provide a report of deficiencies and/or provisional or full accreditation status.

b) Establishment of Data Fusion Center

The Data Analysis Fusion Center concept is a collaborative effort between agencies to provide and/or share data with the goal of "prevention," "detection," "law enforcement" or other types of evaluation or analysis, particularly in the areas of public safety or health. For example, the agency's mortality data is critical data that can be formatted in a manner that can provide key information to the Department of Health on various issues that can be formulated for various "prevention" messages. Further, the agency IT staff has been trained in GIS mapping wherein mortality data can be utilized by public safety cluster partners. Such data analysis used in a collaborative effort within a fusion center can play a vital role within the District in providing enhanced support services to District residents and visitors.

c) Fatality Management

The OCME is the agency that coordinates fatality management for the District. Moreover, accreditation standards require that the agency engage in fatality

management by having a mass fatality plan. As part of this plan, the agency must have a centralized location for disaster operations and coordination. As such, the agency plans to construct a fatality management operations center to include “emergency communications and office infrastructure.” The Fatality Management Operations Center (FMOC) would provide the agency with initial and ongoing situational awareness for pre-planned or emergency incidents; the ability to centralize operations, assess the situation and provide rapid response; provide appropriate staff preparedness on an ongoing basis; allow communication with other stakeholders (i.e., jurisdictional law enforcement, fire and rescue, emergency agencies and hospitals, as required by the accreditation standards); and provide a training center for staff for emergency preparedness. Build-out of an FMOC would support the agency’s mission. Fatality management also includes an increased focus on obtaining the necessary resources to operate during an fatality incident. The agency will focus efforts on grants management and collaborative partnerships with local, regional and federal partners toward mutual aid agreements to ensure that the District’s emergency preparedness strategy is sound in the fatality management arena.

d) Promulgation of Legislative & Regulatory Amendments

i) Amendment of OCME Statute/Regulations:

Based upon an OAG opinion, the agency must modify its fee schedule as listed in the regulations in support of document distribution for the agency. There may be additional clarifying regulations submitted upon adoption of any legislative amendment to the enabling statute for the agency. Further, agency will seek to clarify its statute to empower the toxicology laboratory to clarify the order of priority for the distribution of decedent remains and to situate the agency as the District’s mass fatality coordinator.

ii) Death Pronouncement:

The agency will continue to work with the Department of Health to publish a death pronouncement regulation under DOH’s authority to allow first responders to pronounce death at the time of termination of resuscitation. This regulation, if passed, will satisfy an Office of the Inspector General directive and will impact FEMS and the Board of Funeral Directors.

iii) Amendment CFRC Membership Requirements:

The agency will seek to amend government agency participation within the Child Fatality Review Committee by submitting a legislative amendment to the government membership section of the CFRC statute to potentially include relevant stakeholders, such as OSSE and the DC Housing Authority. Additionally, technical changes will be made to reflect proper agency designations such as the Office of the Attorney General versus Corporation Counsel. After consulting

e) Establishment of a Forensic Pathology Fellowship

The Office of the Chief Medical Examiner (OCME) will work with local university, beginning Spring FY15, to establish a Fellowship to train physician pathologist in the subspecialty of Forensic Pathology. The Fellowship will accept applicants for the 2016 Academic year.

35. Please identify any legislative requirements that the agency lacks sufficient resources to properly implement.

There are no legislative requirements wherein the agency lacks sufficient resources to properly implement.

36. Please list all regulations for which the agency is responsible for oversight or implementation. Please list by chapter and subject heading, including the date of the most recent revision.

- Office of the Chief Medical Examiner -- Title 28, "Corrections, Courts, and Criminal Justice", Chapter 50, "Medical Examiner"
Date of Most Recent Revision: October 7, 2005
- Child Fatality Review Committee – Title 28, "Corrections, Courts, and Criminal Justice", Chapter 51, "Child Fatality Review Committee"
Date of Most Recent Revision: December 30, 2005
- Breath Alcohol Testing Program (on behalf of DFS) – Title 28, "Corrections, Courts, and Criminal Justice", Chapter 28-37, "District of Columbia Breath Alcohol Testing Program"
Date of Most Recent Revision: June 27, 2014

37. Please list each new program implemented by the agency during FY14 and FY15, to date.

For each initiative please provide:

- A description of the initiative
- The funding required to implement to the initiative
- Any documented results of the initiative

Establishment of an Anthropology & Identification Unit and Laboratory

During the previous year, the agency began expansion of the agency's identification or case processing unit to an Anthropology & Identification Unit & Laboratory. One of the Unit's functions is to administer the agency's Decedent Identification Program. The new program consists of the standup of the Anthropology Laboratory which will be run by a newly hired Forensic Anthropologist which supervises the entire Unit. The agency had previously outsourced the anthropology function and this expansion will enhance the services that the District can provide in-house. This additional functions consist of the research and process of unidentified remains via the dissemination of demographic information and photographs to media outlets and federally supported websites. Further, this Laboratory is working with the IT Unit on the implementation of technology for electronic fingerprint submission or digital scans. The funding required to implement the initiative included: a) one-time startup costs for purchase of equipment, supplies and

consumables in the amount of \$68,000; and b) hire of a Forensic Anthropologist at a salary of \$121,722.

Establishment of a Data Analysis Fusion Center

The Data Analysis Fusion Center concept is a collaborative effort between agencies to provide and/or share data with the goal of “prevention,” “detection,” “law enforcement” or other types of evaluation or analysis, particularly in the areas of public safety or health. For example, the agency’s mortality data is critical data that can be formatted in a manner that can provide key information to the Department of Health on various issues that can be formulated for various “prevention” messages. Further, the agency IT staff has been trained in GIS mapping wherein mortality data can be utilized by public safety cluster partners. Such data analysis used in a collaborative effort within a fusion center can play a vital role within the District in providing enhanced support services to District residents and visitors. As a result of this initiative, the following statistical reports were published by the agency in FY14 and FY15 (to date) include GIS mapping, statistical graphs and demographic, circumstantial and manner of death data:

- District Homicides: 11 Year Overview
- Public Dispositions: Seven Year Trend Report
- Seizure Deaths: 5 Year Overview
- Infant Deaths/Co-Sleeping
- Child Deaths: 10 Year Overview
- Heroin Deaths: Multi-Year Review
- Elder Falls/Accidents Statistical Analysis

These reports have been utilized by local District agency stakeholders such as MPD, FEMS, HSEMA and DOH in public safety and health surveillance and policy setting, as well as national organizations such as the Police Executive Research Forum. , the statistical reporting on elder falls/accidents resulted in a public policy “Fall Prevention” campaign and television ad/commercial by the Office on Aging. The OCME provided statistical analysis on falls for elderly (> 65 years) which included information on the location of injury (i.e. residence, nursing homes) and ward maps.

The funding for this initiative includes costs to hire an Epidemiologist in FY15 in the amount of approximately \$110,000 and future training costs for staff.

Standup of Histology Laboratory

During FY14, laboratory construction for the agency’s Histology Laboratory was completed (August 2014). The resources (i.e., equipment and consumables) for the start-up and maintenance of the laboratory were also purchased during FY14 with costs approximately \$83,347. Standard Operating Procedures for the laboratory are being completed and are to be reviewed for finalization. The laboratory will be fully operational in FY15 as led by a Medical Technologist.

38. Please provide a list of all studies, research papers, and analyses (“studies”) the agency requested, prepared, or contracted for during FY14 and FY15, to date. Please state the status and purpose of each study.

“Retrospective Analysis of Synthetic Cannabinoid Metabolites in Urine of Individuals Suspected of Driving Impaired,” Bronwen B. Davies, Ciena Bayard, Scott J. Larson, Lucas W. Zarwell, and Roger A. Mitchell

“Medicolegal Death Investigation and Forensic Pathology in the U.S.,” Dr. Roger A. Mitchell, Jr., ICITAP Dhakah, Bangladesh, Forensic Death Investigation Conference, July 2014

“Death Following Ingestion of Compounded Topical Cream,” Dr. Nikki Mourtzinis, American Academy of Forensic Sciences, February 2014

“Theoretical Foundation of Child Abuse Recognition,” Dr. Jennifer Love, accepted by American Academy of Forensic Academy 2015

“A Novel for Removing a Spinal Cord with Attached Cervical Ganglia from a Pediatric Decedent,” Dr. Jennifer Love, accepted by Journal of Forensic Sciences 2015

“Microscopic Saw Mark Analysis; an Empirical Approach,” Dr. Jennifer Love, Journal of Forensic Sciences 2014

“The Washington Navy Yard: Fatality Management in an Active Shooter Response,” Roger A. Mitchell, Jr., MD FASCP ; Denise Lyles, PA ; Beverly Fields Esq. ; Michelle Palmer, LICSW ; Marie Pierre-Louis MD

See Question 37 – Statistical Studies Outlined Under Data Analysis Fusion Center

39. Please explain the impact on your agency of any legislation passed at the federal level during FY14 and FY15, to date, that significantly affected agency operations. If regulations were the shared responsibility of multiple agencies, please note.

There has been no legislation passed at the federal level during FY14 and FY15, to date, that significantly affected agency operations.

40. Please provide the number of FOIA requests for fiscal years 2014 and 2015 (to date). Include, the number granted, partially granted, denied, pending, average response time, the estimated number of FTEs processing requests, and the estimated hours spent responding to these requests.

In FY14, OCME received 12 FOIA requests which were treated as follows: 5 granted, 1 granted in-part and denied in-part, 3 denied, 1 withdrawn and 2 forwarded to other public bodies. The estimated time spent processing requests in FY14 was 26 hours and the median response time was 10.5 days. In FY15 (to date), OCME has received 6 FOIA requests as follows: 3 granted, 1 denied, 1 pending and 1 other. To date, approximately 15 hours has been spent processing FOIA requests and the average response time is 7.5 days. Only 1 FTE process the OCME FOIA requests.

41. Please provide a list of all unbudgeted expenditures in fiscal years 2014 and 2015 to date.

There are no unbudgeted expenditures in fiscal years 2014 and 2015 to date.

42. For fiscal years 2013, 2014, and 2015 to date, please provide in table format the total number of cases, broken down by type of case, handled by the OCME.

Case Type	FY13	FY14	FY15
Accepted	1086	1121	451
Declined	2025	1810	843
Cremations Requests*	2422	2443	1082
Storage Requests	109	125	51
Total	5642	5499	2427

*These cremations include Public Dispositions.

Manner of Death	FY13	FY14	FY15
Accident	283	330	91
Homicide	109	100	41
Natural	579	564	196
Pending	0	18	98
Stillbirth	5	1	1
Suicide	52	68	19
Undetermined	44	30	2
Total	1072	1111	448

Exam Types	FY13	FY14	FY15
Autopsy	702	740	266
Autopsy (at hospital)	3	6	0
External Exams	305	321	177
External Exams (off-site)	3	1	1
Non-human	11	12	5
Partial	45	23	0
Anatomical Disposition	0	1	0
Review of Medical Records	15	20	4
Total	1084	1124	453

"In addition, for 2013 there was a tooth fragment that is not included in the Manner of Death, but is included in the External Exams."

43. For fiscal years 2014 and 2015 to date, what number and percentage of homicide autopsy reports were completed within 60 days?

Homicides (FY14 & FY15)				
	<61 days	>60 days	Total Cases	% of Total
FY14	40	78	118	34%
FY15	9	47	56	16%

What number and percentage of non-homicides autopsy reports were completed within 60 days?

Non-Homicides (FY14 & FY15)				
	< 61 days	> 60 days	Total Cases	% < 60
FY14	242	395	637	38%
FY15	63	272	335	19%

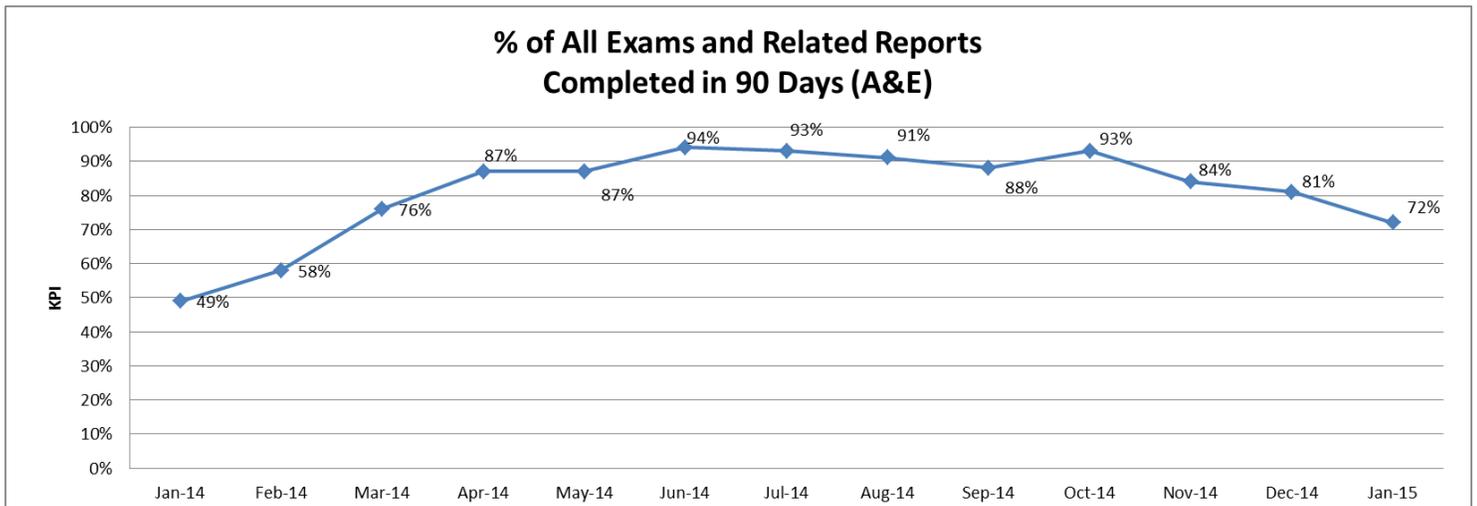
90 days?

Non-Homicides (FY14 & FY15)				
	< 91 days	> 90 days	Total Cases	% < 90
FY14	389	200	589	66%
FY15	198	190	388	51%

For those not completed within the appropriate time frame, please explain the reason why for each (e.g. backlog at OCME, staffing issues, identification issues, etc.).

Understaffing in the forensic pathology unit (i.e., medical examiners) and the forensic toxicology laboratory account for the autopsy reports not completed within the appropriate timeframe. However, it is significant to note the progress made over the past year by the agency in the arena of completed cases as noted by the chart below.

KPI DATA FOR AUTOPSIES AND EXTERNAL EXAMS FROM JANUARY 2014 THRU FEBRUARY 2015



44. For cases where death occurred in calendar years 2013 and 2014, how many cases are in a pending status? How many of those pending cases are awaiting completion of the autopsy report? What are the reasons for the longest delays?

	CY13	CY14
Pending	0	58

This data is being reported in calendar years (January 1 – December 31st) for the years requested. Please provide the following numbers and percentages for fiscal years 2014 and 2015 to date:

a) Positively identified bodies ready for release within 48 hours.

	FY2014	FY2015 (to date)
Percentage	94.02%	34.38%
Number	880 of 936	11 of 32

b) Mortuary scene response within one hour of notification of OCME jurisdiction.

	FY2014	FY2015
Percentage	90.33%	86.67%
Number	570 of 631	143 of 165

c) Primary contacts made within eight hours of case assignment to an investigator.

Please note that the agency has not tracked this indicator during FY2014 or FY2015 (to date). Given the success rate of meeting the target of 100% in numerous past fiscal years, this has not been a key performance indicator, although the expectation to make the contacts within the timeframe remains.

d) Positive toxicology examinations completed within 90 days of case submission.

	FY2014	FY2015
Percentage	85%	94.5%
Number	1117	459

e) Negative toxicology examinations completed within 90 days of case submission.

	FY2014	FY2015
Percentage	96%	100%
Number	282	56

f) The child fatality reviews conducted by the Child Fatality Review Committee within 6 months of notification of the death.

	FY2014	FY2015
Percentage	90%	93.55%
Number	54 of 60	29 of 31

g) The Developmental Disabilities (DD) fatality reviews completed within three months of receipt of the Incident Management Investigation Unit investigative report.

	FY2014	FY2015
Percentage	100%	100%
Number	19 of 19	17 of 17

45. Has OCME achieved accreditation? If not, what steps must it take to achieve accreditation, and how has it progressed towards that goal?

The agency’s goal for accreditation is the first half of FY16. The agency is currently prepare for inspection and accreditation by the National Association of Medical Examiners (NAME). This includes conducting a needs assessments; revising Standard Operating Procedures (SOPs) to ensure compliance with federal and District laws, Mayoral orders, industry protocols and agency practices; conducting staff trainings on SOPs; completing a self-assessment; applying for accreditation; and completing an initial inspection by NAME.

The first step to NAME accreditation is the completion of a needs assessment on the facility, training/education, staffing models, budget, inventory, data outcomes and key performance indicators. This process will include: a) gap identification and development of recommendations for improvement and short term goals; b) foundation building and implementation of recommendations and short term goals; and c) development of a longevity study focused on organizational framework. The purpose will be to develop a strategic plan outlining Strengths, Weaknesses, Opportunities and Threats (SWOT) to mirror the District’s budget and performance planning.

The second step involves a revision to the Standard Operating Procedures (SOPs) of the agency to ensure compliance with federal laws, District statutes, regulations and Mayoral orders, industry protocols and regulations and agency practices. The agency then conducts subsequent trainings on revised SOPs. The agency has completed a first draft of the updated SOPs and will finalize and train on the SOPs by end of FY15..

The agency then performs a self-inspection by reviewing the NAME inspection checklist guidelines. This was completed in December 2014 and was followed up with a facility walk-through with self-inspection with the checklist in February 2015. Subsequent to the agency in-house self-assessment and cure of deficiencies, the agency will enlist an

external independent audit as a pre-check who will perform a deficiency analysis and then apply for inspection by NAME. NAME will provide a report of deficiencies and/or provisional or full accreditation status.

46. What is the average caseload of each member of the medical staff? What is the turnaround time? How has the turnaround time improved with the addition of new staff hires?

The average caseload of each member of the medical examiner staff is approximately 15 to 20 cases per month. Additional staff does improves the turnaround time for the completion of autopsy cases as the agency works toward its Key Performance Indicator of completing 90% of all reports within 90 days of the autopsy.

47. What is the cold storage mortuary capacity? What was the highest number of bodies there, and on what day, since January 1, 2014?

The cold storage mortuary capacity is a maximum capacity of refrigerated storage for 205 decedents. The highest number of decedents since January 1, 2014 was in February 2014.

48. How has the Fire and EMS Department Training progressed? How many presentations were completed in FY 2014?

The agency initiative to develop a death investigations training program for FEMS to include instruction by agency forensic pathology and investigations staff is in full progress. There are currently periodic classes of approximately 3 to 5 recruits at a time that obtain death investigation instruction, attend autopsy for forensic pathology instruction and, in some instances, our staff provides instruction at the FEMS Academy regarding medicolegal death investigation.

49. Please provide, in table format, the total number of domestic violence cases and the number of cases reviewed by the Domestic Violence Fatality Review Board (DVFRB) in each fiscal year: 2013, 2014, and 2015 to date.

Domestic Violence Fatality Review Board Cases Reviewed FY 2013, 2014 and 2015 (to date)	
Fiscal Year	Number of Cases
2013	5 cases
2014	6 cases
2015	1 case to date

50. Please explain the status of cases referred to DVFRB that are pending. Indicate whether they are pending because of: incomplete Metropolitan Police Department (MPD) investigation, awaiting status/information from other jurisdictions, awaiting prosecution by the U.S. Attorney's Office (USAO), DVFRB has not finished (please explain the reason why DVFRB has not finished), or other reason (explain).

The DVFRB currently has no cases pending review.

51. (a) Please provide the dates, separated by committee, that each Fatality Review Committee met in fiscal years 2013, 2014, and 2015 to date;

**2013 Calendar Year Schedule for
Fatality Review Unit
Case Review Meetings**

MONTH	MEETING TYPE	DATE/TIME
January 2013	Infant Mortality Review	January 9, 2013 11:30 AM
	Child Fatality Review	January 17, 2013 10:00 AM
	DDS Fatality Review	January 18, 2014 10:00 AM
February 2013	Infant Mortality Review	February 5, 2013 11:30 AM
	Domestic Violence Fatality Review	February 6, 2013 1:00 PM
	Child Fatality Review	February 21, 2013 10:00 AM
	DDS Fatality Review	February 22, 2013 10:00 AM
March 2013	Infant Mortality Review	March 5, 2013 11:30 AM
	Child Fatality Review	March 21, 2013 10:00 AM
	DDS Fatality Review	March 22, 2013 10:00 AM
April 2013	Infant Mortality Review	April 2, 2013 11:30 AM
	Domestic Violence Fatality Review	April 3, 2013 1:00 PM
	Child Fatality Review	April 18, 2013 10:00 AM
	DDS Fatality Review	April 19, 2013 1:00 PM
May 2013	Infant Mortality Review	May 7, 2013 11:30 AM
	Child Fatality Review	May 16, 2013 10:00AM
	DDS Fatality Review	May 17, 2013 10:00 AM
June 2013	Infant Mortality Review	June 4, 2013 11:30 AM
	Domestic Violence Fatality Review	June 12, 2013 1:00 PM
	Child Fatality Review	June 20, 2013 10:00 AM
	DDS Fatality Review	June 21, 2013 10:00 AM
July 2013	Infant Mortality Review	July 2, 2013 11:30 AM
	Child Fatality Review	July 18, 2013 10:00 AM
	DDS Fatality Review	No Meeting
August 2013	Infant Mortality Review	No Meeting
	Domestic Violence Fatality Review	No Meeting
	Child Fatality Review	August 15, 2013 10:00 AM
	DDS Fatality Review	August 16, 2013 10:00 AM
September 2013	Infant Mortality Review	September 3, 2013 11:30 AM

	Domestic Violence Fatality Review	September 11, 2013	1:00 PM
	Child Fatality Review	No Meeting	
	DDS Fatality Review	No Meeting	
October 2013	Infant Mortality Review	October 1, 2013	11:30 AM
	Child Fatality Review	No Meeting	
	DDS Fatality Review	October 18, 2013	10:00 AM
November 2013	Infant Mortality Review	November 5, 2013	11:30 AM
	Domestic Violence Fatality Review	November 13, 2013	1:00 PM
	Child Fatality Review	No Meeting	
	DDS Fatality Review	November 22, 2013	10:00 AM
December 2013	Infant Mortality Review	December 4, 2013	11:30 AM
	Child Fatality Review	December 19, 2013	10:00 AM
	DDS Fatality Review	December 20, 2013	10:00 AM

**2014 Calendar Year Schedule for
Fatality Review Unit
Case Review Meetings**

MONTH	MEETING TYPE	DATE/TIME	
January 2014	Infant Mortality Review	No Meeting	
	Child Fatality Review	January 17, 2014	10:00 AM
	DDS Fatality Review	January 17, 2014	10:00 AM
	Domestic Violence Fatality Review	January 8, 2014	1:00 PM
February 2014	Infant Mortality Review	February 4, 2014	11:30 AM
	Child Fatality Review	February 20, 2014	10:00 AM
	DDS Fatality Review	February 21, 2014	10:00 AM
March 2014	Infant Mortality Review	March 18, 2014	11:30 AM
	Child Fatality Review	March 20, 2014	10:00 AM
	DDS Fatality Review	March 21, 2014	10:00 AM
	Domestic Violence Fatality Review	March 5, 2014	1:00 PM
April 2014	Infant Mortality Review	April 1, 2014	11:30 AM
	Child Fatality Review	April 28, 2014	10:00 AM
	DDS Fatality Review	No Meeting	
May 2014	Infant Mortality Review	May 1, 2014	11:30 AM
	Child Fatality Review	May 15, 2014	10:00AM
	DDS Fatality Review	May 17, 2014	10:00 AM
June 2014	Infant Mortality Review	June 3, 2014	11:30 AM
	Child Fatality Review	June 19, 2014	10:00 AM
	DDS Fatality Review	No Meeting	
July 2014	Infant Mortality Review	July 2, 2014	11:30 AM
	Child Fatality Review	July 17, 2014	10:00 AM

	DDS Fatality Review	July 18, 2014	10:00 AM
	Domestic Violence Fatality Review	July 2, 2014	1:00 PM
August 2014	Infant Mortality Review	No Meeting	
	Domestic Violence Fatality Review	No Meeting	
	Child Fatality Review	No Meeting	
	DDS Fatality Review	No Meeting	
September 2014	Infant Mortality Review	September 9, 2014	11:30 AM
	Child Fatality Review	September 19, 2014	10:00 AM
	DDS Fatality Review	No Meeting	
	Domestic Violence Fatality Review	September 3, 2014	1:00 PM
October 2014	Infant Mortality Review	October 7, 2014	11:30 AM
	Child Fatality Review	October 16, 2014	10:00 AM
	DDS Fatality Review	October 17, 2014	10:00 AM
November 2014	Infant Mortality Review	November 4, 2014	11:30 AM
	Child Fatality Review	November 20, 2014	10:00 AM
	DDS Fatality Review	November 22, 2014	10:00 AM
	Domestic Violence Fatality Review	November 15, 2014	1:00 PM
December 2014	Infant Mortality Review	December 2, 2014	11:30 AM
	Child Fatality Review	December 18, 2014	10:00 AM
	DDS Fatality Review	No Meeting	

**2015 Calendar Year Schedule for
Fatality Review Unit
Case Review Meetings**

MONTH	MEETING TYPE	DATE/TIME	
January 2015	Infant Mortality Review	January 6, 2015	11:30 AM
	Domestic Violence Fatality Review	January 7, 2015	10:00 AM
	Child Fatality Review	January 15, 2015	1:00 PM
	DDS Fatality Review	January 16, 2015	10:00 AM
February 2015	Infant Mortality Review	February 3, 2015	11:30 AM
	Child Fatality Review	February 19, 2015	10:00 AM
	DDS Fatality Review	February 20, 2015	1:00 PM
March 2015	Infant Mortality Review	March 3, 2015	11:30 AM
	Domestic Violence Fatality Review	March 4, 2015	10:00 AM
	Child Fatality Review	March 19, 2015	10:00 AM
	DDS Fatality Review	March 20, 2015	10:00 AM
April 2015	Infant Mortality Review	April 7, 2015	11:30 AM
	Child Fatality Review	April 16, 2015	10:00 AM
	DDS Fatality Review	April 17, 2015	1:00 PM
May 2015	Infant Mortality Review	May 5, 2015	11:30 AM

	Domestic Violence Fatality Review	May 6, 2015	10:00 AM
	Child Fatality Review	May 21, 2015	10:00AM
	DDS Fatality Review	May 22, 2015	10:00 AM
June 2015	Infant Mortality Review	June 2, 2015	11:30 AM
	Child Fatality Review	June 18, 2015	10:00 AM
	DDS Fatality Review	June 19, 2015	1:00 PM
July 2015	Infant Mortality Review	July 7, 2015	11:30 AM
	Domestic Violence Fatality Review	July 8, 2015	10:00 AM
	Child Fatality Review	July 16, 2015	10:00 AM
	DDS Fatality Review	July 17, 2015	10:00 AM
August 2014	Infant Mortality Review	No Meeting	
	Child Fatality Review	August 20, 2015	10:00 AM
	DDS Fatality Review	August 21, 2015	10:00 PM
September 2015	Infant Mortality Review	September 1, 2015	11:30 AM
	Domestic Violence Fatality Review	September 2, 2015	10:00 AM
	Child Fatality Review	September 17, 2015	10:00 AM
	DDS Fatality Review	September 18, 2015	10:00 AM
October 2015	Infant Mortality Review	October 6, 2015	11:30 AM
	Child Fatality Review	October 15, 2015	10:00 AM
	DDS Fatality Review	October 16, 2015	1:00 PM
November 2015	Infant Mortality Review	November 3, 2015	11:30 AM
	Domestic Violence Fatality Review	November 4, 2015	10:00 AM
	Child Fatality Review	November 19, 2015	10:00 AM
	DDS Fatality Review	November 20, 2015	10:00 AM
December 2015	Infant Mortality Review	December 1, 2015	11:30 AM
	Child Fatality Review	December 17, 2015	10:00 AM
	DDS Fatality Review	December 18, 2015	1:00 PM

and

- Separated by committee, please detail each committee's key accomplishments.

The Office of the Chief Medical Examiner provides administrative support to the District's Child Fatality Review Committee, the Developmental Disabilities Fatality Review Committee, and the Domestic Violence Fatality Review Board. The members of these Committees are appointed by the Mayor to review information related to services provided to the District's most vulnerable residents.

Child Fatality Review Committee

The Child Fatality Review Committee (CFRC) is a multidisciplinary committee established to conduct retrospective reviews of selected death cases involving infants, children, and youth. In 2014, the CFRC welcomed four new appointees who serve as representatives for the Mayor's Committee on Child Abuse and Neglect, the Department on Human Services, the Office of the Attorney General, and the Department of Housing and Community Development. At this time, twenty-three (23) individuals are appointed to the Child Fatality Review Team. During this year, the Committee also achieved the

Exit Standards as required by the *LaShawn* Court Monitor. In 2014, the CFRC also adopted new protocol and published its 2013 Annual Report as mandated by statute (i.e., publication of the annual report one year after the reporting year).

Developmental Disabilities Fatality Review Committee

The Developmental Disabilities Fatality Review Committee (DD FRC) is a multidisciplinary committee established to conduct retrospective fatality reviews of individuals age 18 and older who were recipients of services provided through the District of Columbia's Department on Disability Services. In 2014, the DD FRC met regularly and developed internal recommendations with the primary focus of addressing health issues (e.g. obesity) and improving medical services provided to individuals with developmental disabilities. The needs of this population are diverse yet intricate, and the experts appointed by the Mayor are committed to ensuring the needs of this population are met.

The Domestic Violence Fatality Review Board

The Domestic Violence Fatality Review Board is a multidisciplinary board established to prevent domestic violence fatalities by improving the response of individuals, the community, and government agencies to domestic violence. In 2014, the Board developed recommendations to improve the surveillance of domestic violence among individuals monitored by the Court Services and Offender Supervision Agency. This is a key accomplishment as it ensures that all individuals served by CSOSA will be screened for domestic violence, regardless of their initial offense. This provides an opportunity for CSOSA to address issues related to domestic violence amongst the population it serves. In 2014, the process for revision of DVFRB protocols began.

52. As an attachment, please list for each fatality review committee all current committee members, as well as vacancies. Include for each member, their appointment date, term status, appointment authority, and if vacant, the date the position became vacant.

The list of Fatality Review Committee members is maintained by the Mayor's Office on Talent and Appointments (MOTA).

53. Please provide the FY 2014 annual reports from each fatality review committee. If the requested annual reports are not available, please indicate when the Committee should expect the reports to be issued.

An ongoing needs assessment of the timelines of the publication of the annual reports for the fatality review committees is currently being conducted. The 2013 CFRC Annual Report was published during 2014, per statutory mandate (one year after the reporting year). See Attachment F.

54. For FY 2013, 2014, and thus far in 2015, please provide the number of driving under the influence (DUI) and drug facilitated sexual assault (DFSA) toxicological examinations that OCME performed for law enforcement, broken down by law enforcement agency.

DFSA Agency	FY2013	FY2014	FY2015
MPD	75	67	29
OVS	58	63	14

Agency (DUI)	FY2013	FY2014	FY2015
MPD	378	149	58
USPP	183	256	33
USCP	16	18	2
USSS	16	20	1

55. What are the major issues confronting the OCME?

As discussed above, one of the first steps toward NAME accreditation is the completion of a needs assessment and development of a strategic plan outlining Strengths, Weaknesses, Opportunities and Threats (SWOTS). Upon an initial one year evaluation, several major issues have surfaced.

Part of the accreditation process is to establish Standard Operating Procedures (SOPs) that are in compliance with federal and District laws and regulations, as well as industry standards and demonstrate that staff are knowledgeable of and are trained on the SOPs. The current SOPs were last updated in 2010 prior to the move to the Consolidated Forensic Laboratory. As such, they require revisions to accommodate major changes in agency operation due to a facility change, new methodologies in industry (i.e., forensic pathology, medicolegal investigation, forensic toxicology, fatality management etc.) and technological innovations and advances. Moreover, the agency has added two new laboratories for which new SOPs have to be written. The agency has completed a first draft of a revision of SOPs agency-wide. These SOPs must be reviewed and modified and then staff trained. Note that many of the updated procedures or protocols are those that are currently in process and, as such, are being memorialized or updated in the SOPs.

The agency has also noted that there must be increased efforts to ensure that the agency and the District are prepared for a mass fatality/casualty event. As such, the agency established a Fatality Management Unit, headed by a newly hired Mass Fatality Response Coordinator, to focus on emergency preparedness. The agency recognizes that it has the responsibility for the District's fatality management but notes that there are gaps in resources, stakeholder partnerships and agreements, training, as related to emergency response and fatalities. As part of its public safety mission, the agency is prepared to fulfill its role as the District's fatality management manager to improve the readiness level in this area.

Public health and safety surveillance is an area that surfaced as a gap in services that the agency can assist in filling (based on the needs assessment thus far conducted). The agency's mortality data is valuable in that it allows the review of trends in health and safety via GIS mapping and dissemination of targeted data sets to various health, law enforcement and public policy entities. The agency has begun to address this gap by having its IT staff training in GIS mapping techniques; educating and building partnerships with stakeholder entities that can utilize the data about what the agency can offer; and establishing a Data Fusion Center to focus solely on this issue.

The agency has been evaluating its body transport process which is currently 95% outsourced. An evaluation of the process has resulted in a determination that there is a cost savings to the District conduct the body transport in-house with the agency's own staff or mortuary transport team. Additional staff to support such a team would also be able to provide autopsy assistance and support autopsy room set-up and cleaning, body releases, inventory management, fleet management, fatality management, and other duties.

Lastly, the agency must enhance its quality assurance and control program. A software system has been evaluated for use agency-wide for this purpose and will allow for better document control, records management, and compliance with certain accreditation standards. Moreover, the agency has purchased an software inventory management system for qa/qc of its resources and to assist in the procurement and budget process.

56. In the last budget cycle, the Committee provided special funding to the Department of Forensic Sciences (DFS) to purchase equipment for the testing of DNA from badly decomposed bodies and directed OCME to work with DFS to develop a process and protocol for doing these types of DNA tests in house. Please provide a brief description of the protocol developed.

The agency has begun transfer of DNA specimens from decedent subjects to public disposition for DFS DNA equipment validation; an effort to bring DNA identification in-house, which was accomplished through a recently signed Mayoral order enabling DFS to receive anatomical gift donations. OCME and DFS worked collaboratively to develop and finalize protocols.

Sincerely,

Roger A. Mitchell, Jr.

Attachments

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