



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF MEDICAL EXAMINER**

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January 29, 2020

The Honorable Charles Allen
Chairman, Committee on the Judiciary
And Public Safety
Council of the District of Columbia
The John A. Wilson Building
1350 Pennsylvania Avenue, NW
Suite 110
Washington, DC 20004

Dear Chairman Allen:

Please find below the Office of the Chief Medical Examiner (OCME) responses to questions forwarded by the Committee on the Judiciary and Public Safety in preparation for the upcoming FY2019 performance oversight hearing. Should you have any questions or need additional information, please do not hesitate to contact us.

General Questions

1. Please provide a current organizational chart for the agency, including the number of vacant, frozen, and filled positions in each division or subdivision. Include the names and titles of all senior personnel, and note the date that the information was collected on the chart.

See Attachment A for a copy of the current organization chart for the agency.

- a. Please provide an explanation of the roles and responsibilities of each division and subdivision.
- b. Please provide a narrative explanation of any changes to the organizational chart made during the previous year.

Offices of the Chief & Administration Division

The Office of the Chief is responsible for oversight of the operational and programmatic functions of the OCME, including establishing the vision and mission for the organization. The Office of Administration 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; legal services; communications; and agency performance management.

Death Investigation Division

The Death Investigation Division includes:

- a) forensic pathology, which 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 other interested parties;
- b) forensic investigation includes scene response, information gathering, medical records review, and provision of information to aid in the determination of the cause and manner of death;
- c) anthropology and identification unit, which administers the agency's Decedent Identification Program, ensuring that identifications are made in an accurate and efficient manner;
- d) a histology laboratory, which processes samples of tissue in support of cause and manner of death findings;
- e) mortuary services, which provides body disposition and autopsy support to forensic pathology staff and the funeral industry; and
- f) the medical examiner transport team, which ensures timely response and removal of decedents from scenes, homes, and hospitals for examination and disposition by the OCME.

Forensic Toxicology Laboratory Division

The OCME Forensic Toxicology Laboratory maintains industry 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 post-mortem testing, driving under the influence testing, and drug-facilitated sexual assault testing so 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 Breath 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 Fatality Review Division currently supports five Fatality Review Committees: the Child Fatality Review Committee (CFRC); Developmental Disabilities Fatality Review Committee; Maternal Mortality Review Committee; Violence Fatality Review Committee; and Opioid Fatality Review Committee.

2. Please provide a current Schedule A for the agency which identifies each **position by program and activity, with the employee's title/position, salary, fringe benefits, and length of time with the agency.** Please note the date that the information was collected. The Schedule A should also indicate if the position is continuing/term/temporary/contract or if it is vacant or frozen. Please separate salary and fringe and indicate whether the position must be filled to comply with federal or local law.

See Attachment B.

3. Please list all employees detailed to or from your agency during FY19 and FY20, to date. For each employee identified, please provide the name of the agency the employee is detailed to or from, the reason for the detail, the date of the detail, and the employee's projected date of return.

The agency has no employees detailed to or from it at this time.

4. Please provide the Committee with:
- a. A list of all vehicles owned, leased, or otherwise used by the agency and to whom the vehicle is assigned, as well as a description of all vehicle collisions involving the agency's vehicles in FY19 and FY20, to date;

UNIT ASSIGNED	TAG NUMBER	MAKE	MODEL	YEAR	Accidents
CHIEF M.E.	DC 12879	FORD	EXPLORER	2017	NONE
ADMIN	DC12575	DODGE	GRAND CARAVAN	2018	12/5/18 (agency driver backed vehicle into parking space striking mirror on a barrier; minor damage; no injuries)
ADMIN	DC12576	DODGE	GRAND CARAVAN	2018	NONE
MORTUARY	DC 7323	CHEVROLET	VAN XPRES	2009	NONE
MORTUARY	DC 7324	CHEVROLET	VAN XPRES	2009	4/16/19 (agency driver struck wall in garage attempting to turn, significant damage: no injuries)

					8/17/19 (agency driver struck barrier in hospital garage, minor damage; no injuries)
MORTUARY	DC 12882	CHEVROLET	EXPRESS	2017	12/10/19 (agency driver backed vehicle into loading dock striking mirror on a barrier; minor damage; no injuries)
MORTUARY	DC 12726	CHEVROLET	EXPRESS VAN 3500	2018	NONE
MORTUARY	DC 12727	CHEVROLET	EXPRESS VAN 3500	2018	11/30/19 (agency driver struck wall in narrow alley, minor damage; no injuries)
INVESTIGATIONS	DC 11632	FORD	EXPLORER	2017	10/24/19 (agency driver backed vehicle into another vehicle; minor damage to both vehicles; no injuries)
INVESTIGATIONS	DC10929	FORD	EXPLORER	2017	2/15/19 (agency driver struck wall in garage attempting to turn, minor damage: no injuries)
INVESTIGATIONS	DC10930	FORD	EXPLORER	2017	11/7/18 (agency driver backed vehicle into another vehicle; minor damage to both vehicles; no injuries) 12/2/18 (agency vehicle had disabling damage due to a hit and run by another vehicle; no

					injuries)
Emergency Management	DC10917	FORD	F-350	2017	NONE
Emergency Management	DC11347	FREIGHTLINE R	Mobile Command	2013	NONE
Emergency Management	DC11006	BOX TRAILER 1	TRAILERLOGIC	2017	NONE
Emergency Management	DC11007	BOX TRAILER 2	TRAILERLOGIC	2017	NONE
Emergency Management	DC11008	BOX TRAILER 3	TRAILERLOGIC	2017	NONE
Emergency Management	DC11009	BOX TRAILER 4	TRAILERLOGIC	2017	NONE
Emergency Management	DC11782	LOGISTICS TRAILER 1	TRAILERLOGIC	2017	NONE
Emergency Management	DC11781	LOGISTICS TRAILER 2	TRAILERLOGIC	2017	NONE
Emergency Management	DC12726	LOGISTICS TRAILER 3	TRAILERLOGIC	2018	NONE
Emergency Management	DC12727	LOGISTICS TRAILER 4	TRAILERLOGIC	2018	NONE

- b. A list of travel expenses, arranged by employee for FY19 and FY20, to date, including the justification for travel.

PUBLIC SAFETY AND JUSTICE AGENCY FY 2019 BY EMPLOYEE Office of the Chief Medical Examiner (FX0)							
Agency Code	Fiscal Year	Employee Name	Position Title	Description	Justification	Expense Amount	Fund
FX0	2019	Abdul Karim	Quality Assurance Specialist	ANAB Internal Auditing for ISO/IEC 17020	Professional Training	\$850.00	Local
FX0	2019	Bryan Ruggery	Forensic Toxicologist	2018 Society of Forensic Toxicologist Meeting	Professional Training	\$2,763.33	Grant
FX0	2019	Carolina Diaz	Medicolegal Investigator	Masters18 Advanced Death Investigator Conference	Professional Training	\$2,324.23	Grant
FX0	2019	Chantel Njiwaji	Deputy Medical Examiners	American Academy of Forensic Science Annual Meeting	Professional Training	\$900.00	Grant
FX0	2019	Chantel Njiwaji	Deputy Medical Examiners	2018 NAME Annual Meeting	Professional Training	\$2,103.25	Grant
FX0	2019	Charis Wynn	Forensic Toxicologist	American Academy of Forensic Science Annual Meeting	Professional Training	\$250.00	Grant
FX0	2019	Charis Wynn	Forensic Toxicologist	2018 Society of Forensic Toxicologist Meeting	Professional Training	\$2,927.47	Grant
FX0	2019	Chikarlo Leak	Forensic Epidemiologist	NAME Annual Meeting: MIMIC Abstractor Training Grantee Meeting	Professional Training	\$699.72	Local
FX0	2019	Chikarlo Leak	Forensic Epidemiologist	2018 Annual Public Health Association's Annual Meeting	Professional Training	\$2,299.05	Grant
FX0	2019	Chikarlo Leak	Forensic Epidemiologist	NMA Region II Conference	Professional Training	\$978.62	Grant
FX0	2019	Chikarlo Leak	Forensic Epidemiologist	2019 NVDRS Reverse Site Visit	Professional Training	\$1,215.66	Grant
FX0	2019	Daniel Morgan	Supervisory Medicolegal Investigator	American Academy of Forensic Science Annual Meeting	Professional Training	\$350.00	Grant
FX0	2019	Danylle Kightlinger	Forensic Toxicologist	American Academy of Forensic Science Annual Meeting	Professional Training	\$250.00	Grant
FX0	2019	Danylle Kightlinger	Forensic Toxicologist	2018 Society of Forensic Toxicologist Meeting	Professional Training	\$2,706.33	Grant

FX0	2019	Jenna Beebe-Aryee	Fatality Review Program Manager	A Call to Action Maternal Mortality in the US Conference	Professional Training	\$70.59	Local
FX0	2019	Jennifer Love	Forensic Anthropologist	American Academy of Forensic Science Annual Meeting	Professional Training	\$425.00	Grant
FX0	2019	Jennifer Love	Forensic Anthropologist	Institute of Forensic Science of PR-Recovery	Professional Training	\$1,813.28	Grant
FX0	2019	Jewel Wright	Forensic Investigator	Masters18 Advanced Death Investigator Conference	Professional Training	\$2,142.41	Grant
FX0	2019	Kamalia Blunt	Support Service Specialist	2019 NVDRS Reverse Site Visit	Professional Training	\$1,138.16	Grant
FX0	2019	Kimberly Golden	Deputy Medical Examiners	American Academy of Forensic Science Annual Meeting	Professional Training	\$710.00	Grant
FX0	2019	Kimberly Golden	Deputy Medical Examiners	2018 NAME Annual Meeting	Professional Training	\$2,136.59	Grant
FX0	2019	Kristinza Giese	Deputy Medical Examiners	2019 NMA Annual Convention and Scientific Meeting	Professional Training	\$3,009.72	Grant
FX0	2019	Kristinza Giese	Deputy Medical Examiners	American Academy of Forensic Science Annual Meeting	Professional Training	\$910.00	Grant
FX0	2019	Lalynn Kurash	Forensic Investigator	American Academy of Forensic Science Annual Meeting	Professional Training	\$675.00	Grant
FX0	2019	Lucas Zarwell	Chief Toxicologist	ANAB Inspection	Professional Training	\$1,148.40	Donation
FX0	2019	Lucas Zarwell	Chief Toxicologist	The ASCLD and NAAG Recovery	Professional Training	\$693.00	Donation
FX0	2019	Michael Kuhn	Forensic Toxicologist	American Chemical Society: Effective Tech Writing	Professional Training	\$1,095.00	Grant
FX0	2019	Michael Coleman	Chief Information Officer	2019 Masters Series for Distinguished Leaders Program	Professional Training	\$5,000.00	Local
FX0	2019	Rachael Landrie	Forensic Photographer	Annual IAI Forensic Education Conference	Professional Training	\$3,117.44	Grant
FX0	2019	Rebecca Wood	Forensic Investigator	American Academy of Forensic Science Annual Meeting	Professional Training	\$550.00	Grant
FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	2019 NMA Annual Convention and Scientific Meeting	Professional Training	\$3,780.51	Grant
FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	Annual AFFIRM Retreat	Professional Training	\$895.22	Local
FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	2019 Annual Medical Education Conference	Professional Training	\$209.75	Local
FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	University of Ottawa's Fourth Annual Conference in Forensic and Pediatric Pathology	Professional Training	\$1,688.96	Local

FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	NY State Attorney General Special Investigations and Prosecutions Unit Annual Training	Professional Training	\$368.39	Donation
FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	The Center for Forensic Science Research Education Symposium on Novel Psychoactive Substances	Professional Training	\$428.50	Donation
FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	2018 NAME Annual Meeting	Professional Training	\$3,020.81	Grant
FX0	2019	Roger Mitchell, Jr.	Chief Medical Examiner	CDC Safe Sleep for Infants	Professional Training	\$367.94	Local
FX0	2019	Samantha Tolliver	Deputy Chief Toxicologist	American Academy of Forensic Science Annual Meeting	Professional Training	\$575.00	Grant
FX0	2019	Samantha Tolliver	Deputy Chief Toxicologist	American Chemical Society: Effective Tech Writing	Professional Training	\$1,095.00	Grant
FX0	2019	Samantha Tolliver	Deputy Chief Toxicologist	2018 Society of Forensic Toxicologist Meeting	Professional Training	\$2,904.00	Grant
FX0	2019	Sasha Breland	Deputy Medical Examiner	University of Ottawa's Fourth Annual Conference in Forensic and Pediatric Pathology	Professional Training	\$1,682.30	Local
FX0	2019	Sasha Breland	Deputy Medical Examiner	1st Annual Belize Forensic Science Symposium	Professional Training	\$409.50	Local
FX0	2019	Sasha Breland	Deputy Medical Examiner	2018 NAME Annual Meeting	Professional Training	\$2,416.62	Grant
FX0	2019	Sophia Brathwaite	Forensic Toxicologist	American Academy of Forensic Science Annual Meeting	Professional Training	\$575.00	Grant
FX0	2019	Toya Byrd	Fatality Review Staff Assistant	Administrative Assistants Conference	Professional Training	\$199.00	Local
FX0	2019	Toya Byrd	Fatality Review Staff Assistant	Advanced Excel Techniques	Professional Training	\$399.00	Local
FX0	2019	Tracie Martin	Fatality Review Program Specialist	Howard University School of Social Work Multidisciplinary Gerontology Center Elder Opioid and Substance Use Disorder	Professional Training	\$80.00	Local
FX0	2019	Tracie Martin	Fatality Review Program Specialist	Opioids & Marijuana Managing the Nationwide Emergency	Professional Training	\$84.00	Local
FX0	2019	Tracie Martin	Fatality Review Program Specialist	National Center for Fatality Review and Prevention Regional Child Death Review Meeting for the Mid-Atlantic Region	Professional Training	\$360.44	Donation
AGENCY GRAND TOTAL						\$66,792.19	

**PUBLIC SAFETY AND JUSTICE AGENCY
FY 2020 BY EMPLOYEE
Office of the Chief Medical Examiner (FX0)**

Agency Code	Fiscal Year	Employee Name	Position Title	Description	Justification	Expense Amount	Fund
FX0	2020	Ameerah Battle	Program Analyst	2019 National Association of Medical Examiners Annual Meeting and Exhibits	Professional Training	\$1,529.99	Grant
FX0	2020	Francisco Diaz	Deputy Chief Medical Examiner	2019 National Association of Medical Examiners Annual Meeting and Exhibits	Professional Training	\$2,516.51	Grant
FX0	2020	Michael Kuhn	Forensic Toxicologist	2019 SOFT Annual Meeting	Professional Training	\$2,879.51	Grant
FX0	2020	Matthew Levitas	Forensic Toxicologist	2019 SOFT Annual Meeting	Professional Training	\$2,625.09	Grant
FX0	2020	Charis Wynn	Forensic Toxicologist	2019 SOFT Annual Meeting	Professional Training	\$2,906.73	Grant
FX0	2020	Lucas Zarwell	Chief Toxicologist	2019 SOFT Annual Meeting	Professional Training	\$1,540.96	Grant
FX0	2020	Kristinza Giese	Deputy Medical Examiner	2019 National Association of Medical Examiners Annual Meeting and Exhibits	Professional Training	\$2,379.94	
FX0	2020	Chikarlo Leak	Forensic Epidemiologist	APHA Annual Meeting	Professional Training	\$1,507.37	Grant
FX0	2020	Chikarlo Leak	Forensic Epidemiologist	2019 National Association of Medical Examiners Annual Meeting and Exhibits	Professional Training	\$787.57	Donation
FX0	2020	Roger Mitchell, Jr.	Chief Medical Examiner	NAME Interim Meeting	Professional Training	\$1,168.08	Grant
FX0	2020	Roger Mitchell, Jr.	Chief Medical Examiner	Charles R. Drew University: Continuing Medical Education Conference	Professional Training	\$99.00	Donation
FX0	2020	Jennifer Love	Forensic Anthropologist	AAFS	Professional Training	\$2,801.55	Grant
FX0	2020	Roger Mitchell, Jr.	Chief Medical Examiner	Carnegie Mellon University Lecture	Professional Training	\$383.00	Donation
FX0	2020	Samantha Tolliver	Deputy Chief Medical Examiner	Masters Series	Professional Training	\$5,000.00	Local
AGENCY GRAND TOTAL						\$28,125.30	

5. Please list all memoranda of understanding (“MOU”) entered into by the agency during FY19 and FY20, to date, as well as any MOU currently in force. For each, indicate the date on which the MOU was entered and the termination date.

Fiscal Year	Agency	Subject	Start and End Duration
FY20	OVSJG-OCME	Grant award of \$136,137.50 for OCME to improve the quality and timeliness of forensic science and medical examiner services. (Coverdell) (Pending Award from NIJ)	Jan. 1, 2020 to Dec. 31, 2020
FY20	UDC-OCME	Support for UDC Mortuary Science Program. (Pending letter of Intent Extension)	Jan. 1, 2020 to Dec. 31, 2020
FY20	DCHR-OCME	MOU for suitability related services.	Oct. 1, 2019 to Sept. 30, 2020
FY20	DC Health-OCME	Grant award of \$606,481 for OCME to participate in data abstraction and toxicological testing for the Overdose to Action (“OD2A”). Funds 6 FTEs, Travel/Training, and Supplies for Toxicological Testing and Grant FTEs.	Oct. 1, 2019 to Sept. 30, 2020
FY20	OVSJG-OCME	Grant award of \$261,297 for OCME to conduct Drug Facilitated Sexual Assault testing to MPD. Funds 2 FTEs, Travel, and Supplies for Toxicological Testing and Grant FTEs.	Oct. 1, 2019 to Sept. 30, 2020
FY19	FEMS-OCME	Secure parking and staging space to prepare for and respond to mass fatality incidents. (Pending)	Oct. 1, 2019 to Sept. 30, 2020
FY20	DDOT-OCME	Grant award of \$331,432.46 for OCME to conduct Driving Under the Influence testing for the District. Funds 2 FTEs, Travel/Training, and Supplies for Toxicological Testing and Grant FTEs.	Oct. 1, 2019 to Sept. 30, 2020
FY20	DC Health-MPD-OCME	MOA for 299 law enforcement data elements, information sharing and collaboration for the NVDRS project.	Oct. 10, 2019 to Sept. 30, 2020
FY19	DC Health-OCME	Grant award of \$150,000 for OCME to prepare for EBOLA emergency response and preparedness. Funds 1 FTE, Supplies, and full-scale event.	Aug. 1, 2019 to May 17, 2020
FY19	OVSJG-OCME	Grant award of \$135,980 for OCME to improve the quality and timeliness of forensic science and medical examiner services \$135,980. (Coverdell, Expired)	Jan. 1, 2019 to Dec. 31, 2019
FY19	UDC-OCME	Support for UDC Mortuary Science Program (Expired)	Jan. 28, 2018 to Dec. 31, 2019
FY19	DC Health-OCME	Grant award of \$1,328,983 for OCME to participate in Public Health Crisis Response data collection on accidental overdose deaths.	Oct. 1, 2018 to Mar. 29, 2020
FY19	FEMS-OCME	Secure parking and staging space to prepare for and respond to mass fatality incidents. (Expired)	Oct. 1, 2018 to Sept. 30, 2019

FY19	DDOT-OCME	Funding via the National Highway and Traffic Safety Administration (NHTSA) in the amount of \$325,213.87 for OCME to improve toxicological investigations of drug and alcohol impaired driving in the District.	Oct. 1, 2018 to Sept. 30, 2019
FY19	OVSJG-OCME	Grant funding for OCME to provide DFSA testing services to MPD and DC SANE in the amount of \$252,790.	Oct. 1, 2018 to Sept. 30, 2019
FY19	DC Health-OCME	Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality Program – Grant funding to OCME \$143,466.49	Oct. 1, 2018 to Sept. 30, 2019
FY19	DC Health-OCME	Grant to participate in the National Violent Death Reporting System (NVDRS) that provides grant funding to OCME in the amount of \$96,000 to fund an FTE and annual report.	Oct. 1, 2018 to Sept. 30, 2019
FY19	DC Health-OCME	Memorandum of Agreement to share fatal opioid overdose data for the District’s dashboard.	Oct. 1, 2018 to Sept. 30, 2020
FY19	DC Health-OCME	Grant award of \$8,400 for OCME to improve the timeliness of data needed for facilitating data transfer from CMS into EDRS.	Oct. 2, 2018 to Sept. 30, 2020
FY19	DC Health-OCME	Reimbursement Contract award of \$320,000 for OCME to establish Systems Interoperability with DC Health ERDS via FHIR-enabled API connection to OCME's upgraded CMS.	Sept. 25, 2019 to Oct. 14, 2021
FY19	DC HSEMA-OCME	Grant of \$1,216,400 for OCME to purchase emergency response equipment for the continuity of operations for fatality management services for the USA National Capital region. (MOU is for 7 additional days for award liquidation. Project ends Sept. 30, 2021).	Sept. 9, 2019 to Oct. 7, 2021
FY18	GW-OCME	Internship Agreement	July 1, 2017 to June 30, 2022
FY18	FBI-LPU-OCME	Fingerprinting: training, research, and collaboration for decedent identifications	May 18, 2018 to May 18, 2023
FY17	DC Health-OCME	Data sharing for work-related fatalities and to investigate deaths	Sept. 29, 2016 to Dec. 31, 2027
FY17	HUH-OCME	Clinical Education Affiliation Agreement	Aug. 30, 2017 to Aug. 30, 2020
FY17	NTI-OCME	Contract award of \$21,280 for the Multi-Institutional Multi-Disciplinary Injury Mortality Investigation in the Civilian Pre-Hospital Environment (MIMIC) Study - National Trauma Institute (NTI) Grant. Out-of-hospital trauma mortality.	May 1, 2018 to May 31, 2020
FY16	DFS-OCME	Parking at PHL Annex	April 25, 2016 until terminated
FY16	GW-OCME	Faculty/Education	April 5, 2016 to June 3, 2020
FY16	NMHHM-OCME	Unidentified Skeletal Remains	May 16, 2016 to Sept. 30, 2025
FY16	NMHHM-OCME	Review & Consultation Services - Anthropology	May 16, 2016 to Sept. 30, 2025
FY16	DDOT-OCME	Traffic Safety Information System (TSIS) Participant for TOX	Oct. 2015 to Oct. 2020
FY15	DHS-OCME	Data sharing for homeless decedents and to investigate deaths	Aug. 12, 2015 to Dec. 31, 2020
FY15	CIA-OCME	Toxicology Testing	Aug. 2015 to Aug. 2020

FY15	HIDTA-MPD-OCME	Data sharing for the Washington/Baltimore High Intensity Drug Trafficking Area (Pending renewal)	Dec. 2, 2014 to Dec. 3, 2019
FY14	DOH-OCME	IRB Review (Expired)	April 28, 2014 to April 28, 2019
FY14	DOJ-ICITAP-OCME	Training and Teaching	July 3, 2014 to July 3, 2019

6. Please list the ways, other than MOU, in which the agency collaborated with analogous agencies in other jurisdictions, with federal agencies, or with non-governmental organizations in FY19 and FY20, to date.

Fatality Management

With regard to fatality management, the agency has formed stakeholder partnerships with several District and regional agencies.

The agency participated in emergency response exercises and continued its fatality management training efforts.

Public Surveillance

The agency’s Data Fusion Analysis Center has been instrumental in forming partnerships surrounding the agency’s mission in public health and safety surveillance. The agency has provided mortality statistical data toward prevention and deterrence to various entities within and external to the District government. Moreover, studies on specified topics (i.e., opioids, in-custody deaths, homelessness, hypothermia, public dispositions, infant mortality, and traffic mortalities) have been published and are available on the agency’s website for general public review.

Fingerprint

The agency engaged in external partnering with other medical examiner offices (i.e., San Diego Medical Examiner) and research institutions (i.e., Boston University) on innovative technologies being developed to obtain fingerprints on decedents. The benefit of this technology will allow the agency to obtain fingerprints in cases where we are currently unable to do so. By participating in this research project, the agency also obtained access to top leaders in the field of decedent fingerprinting. Fingerprinting is one of the more expedient ways to obtain identifications scientifically and allows the agency to meet best practices in the field. This effort is grant funded through the National Institutes of Justice (NIJ). On February 27-28, project researchers provided agency staff within the Identification Unit received training and collected several decedent fingerprints using different methods to determine which is most valuable. The final results are to be published. The agency lead on this project is the agency’s Supervisory Forensic Anthropologist.

Academic Partnerships

The agency has also formed academic partnerships with universities and hospitals within the District. Residents from Howard University, George Washington and Georgetown are trained at the agency in their rotations in forensic pathology. The forensic pathologists of the agency also serve as faculty at George Washington and serve on mortality and morbidity review education committees at several hospitals.

7. For FY19 and FY20, to date, please list all intra-District transfers to or from the agency, and include a narrative description of the purpose of each transfer.

SELLING AGENCY	DESCRIPTION OF SERVICES PROVIDED	AMOUNT
The Office of Contracting and Procurement	Purchase Cards	20,000
Office of United Communications (OUC)	City Wide Radio Maint	1,993
DCHR	Background Checks	2,136
TOTAL		24,129

FY 2019 intra-District Transfers From - SELLER SUMMARY		
BUYING AGENCY	DESCRIPTION OF SERVICES PROVIDED	AMOUNT
Office of Victim Services and Justice Grants	Improve the quality and timeliness of medical examiner services	17,583
Office of Victim Services and Justice Grants	Improve the quality and timeliness of medical examiner services	135,980
Office of Victim Services and Justice Grants	Victim Reporting Services	252,790
DC Department of Health (DOH)	Hospital Preparedness for the Ebola Virus Disease	150,000
DC Department of Health (DOH)	Opioid Surveillance Subgrant	143,466
DC Department of Health (DOH)	CRISIS COAG Sub-Grant	1,328,983

DC Department of Health (DOH)	DOH Information Sharing & Collaboration	95,771
DC Department of Health (DOH)	Case Management System-CPPE To VRD	8,400
DC Department of Transportation (DDOT)	Toxicology Investigations of Drug Impaired Driving	325,214
TOTAL		2,458,187

8. For FY19 and FY20, to date, please identify any special purpose revenue funds maintained by, used by, or available for use by the agency. For each fund identified, provide:
- a. The revenue source name and code;
 - b. The source of funding;
 - c. A description of the program that generates the funds;
 - d. The amount of funds generated by each source or program;
 - e. Expenditures of funds, including the purpose of each expenditure;
 - f. Whether expenditures from the fund are regulated by statute or policy; and
 - g. The current fund balance.

There is no special purpose revenue in FY19 and FY20, to date, maintained by, used by, or available for use by the agency.

9. For FY19 and FY20, to date, please list all purchase card spending by the agency, the employee making each expenditure, and the general purpose of each expenditure.

See Attachment C.

10. Please list all capital projects in the financial plan for the agency or under the agency's purview in FY19 and FY20, to date, and provide an update on each project, including the amount budgeted, actual dollars spent, and any remaining balances. In addition, please provide:
- a. An update on all capital projects begun, in progress, or concluded in FY18, FY19, and FY20, to date, including the amount budgeted, actual dollars spent, and any remaining balances;
 - b. An update on all capital projects planned for the four-year financial plan;
 - c. A description of whether the capital projects begun, in progress, or concluded in FY18, FY19, and FY20, to date, had an impact on the operating budget of the agency. If so, please provide an accounting of such impact; and
 - d. A description and the fund balance for each existing allotment in each capital project under the agency's purview.

OFFICE OF THE CHIEF MEDICAL EXAMINER (FXO) - CAPITAL PROJECT STATUS					
Project No	Project Title	Implementing Agency	Lifetime Budget	COMMITTED	FUNDS AVAILABLE
FX0FRC	OCME FACILITY RENOVATION AT THE CFL	AMO	1,475,000	556,399	918,601
FX0VRC	OCME VEHICLE REPLACEMENT PROGRAM	KTO	275,000	251,079	23,921
FXEERC	EQUIPMENT REPLACEMENT AT THE CFL	FXO	2,000,000	1,266,075	733,925
VRPVRC	OCME VEHICLE REPLACEMENT PROGRAM	KTO	100,000	0	100,000
TOTAL FUNDING			3,850,000	2,073,553	1,776,447

Project No FX0FRC: \$1,475,000

The agency’s first project focuses on in-house facility renovations to accommodate agency staff growth from about 70 in 2014 to over 100 (including fellows, residents, and interns) to date. The renovations also allow for technological adjustments and the complete build out of an agency Fatality Management Operations Center (FMOC) given that the agency is statutorily mandated as the coordinator of fatality management. In connection with the FMOC, the funding supports the renovation of the Blue Plains Annex as a Continuity of Operations Plan site.

DGS serves as the project management agency for all projects. The in-house facility renovation is currently in the construction design phase scheduled for completion before the end of the second quarter FY20. It is anticipated that construction would commence near the end of the second quarter and be completed by the end of the third quarter. A design team is currently assessing the space and the COOP site renovation in preparation for preparing construction designs. The goal is to have the COOP Site prepared before the Presidential Inauguration 2021. There has been no impact on the agency operating budget.

Project FX0EERC: \$1,500,000

The agency moved into its current facility – the Consolidated Forensic Laboratory – in the fall of 2012. The OCME Forensic Toxicology Laboratory and Forensic Pathology/Mortuary equipment is currently about 7-8 years old and is due to be replaced by industry standards within 7-10 years. In addition to equipment, the agency was in need of a Laboratory Information Management System (LIMS). As such, the agency submitted an equipment replacement plan to anticipate the replacement of about thirty pieces of equipment over the span of five years; as well as justification for the LIMS.

Monies have currently been spent on the procurement of a LIMS and CT-Scan. The LIMS is computer software that processes, stores and manages data from all stages of the medical processes and toxicology tests. Benefits of the system include: seamless integration with analytical equipment; expedient tracking of results and quality control; assistance with technical data review; improved forensic toxicology reporting and interface with existing systems; and minimization and elimination of human errors. In FY19, the agency worked with the Office of Contracting and Procurement (OCP)

toward procurement of the LIMS with a public solicitation. During the first quarter of FY20, the OCP team has been assisting an agency panel in evaluating all bids. It is anticipated that the award will be completed during the second quarter of FY2020.

A CT-Scanner makes use of computer-processed combinations of many X-ray images taken from different angles to produce cross-sectional (tomographic) images (virtual "slices") of specific areas of a scanned object, allowing the user to see inside the object without internal examination. Its cross-sectional images are used for diagnostic and therapeutic purposes in various medical disciplines, including forensic pathology.

Utilization of a CT-Scanner has several benefits, including:

- May contribute important new information in cases of battered children, gunshot wounds, traffic accidents, and air embolisms;
- Can be used in cases such as identifications, particularly following mass disasters where identification of a large number of decedents or decedent parts is critical;
- Provides documentation in digital form, which is easily stored and permits review by others; and
- Provides images that may be more suitable for presentation in court than autopsy photos.
- Would be helpful during a medicolegal external examination in the process of selecting cases for autopsy

During FY20, the agency will follow its equipment replacement plan for additional procurements utilizing the remaining funding. Aged equipment results in the following: a) increased repairs and maintenance due to age; b) longer turnaround times because equipment is more frequently "out of service" due to repair and maintenance; c) the inability to maintain forensic pathology reporting turnaround times; the inability to increase forensic toxicology laboratory turnaround times from the current 60-90 day performance to a 30-day, rapid response in order to provide faster resolution to families and rapid response to critical and challenging epidemics (e.g., opioid and K2); d) low quality and process improvement; and e) the inability to evaluate new and emerging drugs.

Benefits of the equipment replacement plan include maintenance of accreditation and the implementation of best practices and industry standards which require use of up to date equipment within the toxicology laboratory. Replacement of aged equipment with modern equipment also assists in ensuring that the laboratory is utilizing the up-to-date models which ensures better turnaround times, improving performance management and, in turn, improving service to families in completion of autopsy reports. There has been no impact on the agency operating budget.

Project Nos VRPVRT and FX0VRT: \$275,000

During FY20, the vehicle(s) will actually be procured. The agency manages a fleet of vehicles to support the day-to-day duties toward accomplishment of its mission. The agency has worked over the last few years to replace vehicles within its fleet that had an average age of 11 years (ranging in age from one to 14 years old). An aging fleet places a burden on agency operations, due to frequent vehicle breakdowns and reliability issues. This limits the staff’s ability to perform District functions and poses the potential to impact emergency response. The agency has been able to utilize grant funding to replace some vehicles. However, the replacement plan is not yet complete. As such, during FY19, the agency worked with the Department of Public Works (DPW) began evaluation of the type of vehicle(s) to be procured with the awarded capital funding in order to obtain specifications. There has been no impact on the agency operating budget.

11. Please provide a list of all budget enhancement requests (including capital improvement needs) for FY19 and FY20, to date. For each, include a description of the need and the amount of funding requested.

In FY19 and FY20, 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/Deputy Mayor for Public Safety to meet agency needs.

12. Please list, in chronological order, each reprogramming in FY19 and FY20, to date, that impacted the agency, including those that moved funds into the agency, out of the agency, or within the agency. Include known, anticipated reprogrammings, as well as the revised, final budget for your agency after the reprogrammings. For each reprogramming, list the date, amount, rationale, and reprogramming number.

Office of the Chief Medical Examiner					
FY 2019 REPROGRAMMING LIST					
LOCAL			Starting Budget		\$12,351,940
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2019	0100	2/12/2019	BJFX0145	Decrease personnel services to be reprogrammed within non personnel services to support various program needs	(\$145,687)

2019	0100	2/12/2019	BJFX0145	Increase non personnel services to be reprogrammed within non personnel services to support various program needs	\$145,687
2019	0100	6/20/2019	BJFX0353	Decrease personnel services to be reprogrammed within non personnel services to support various program needs	(\$353,041)
2019	0100	6/20/2019	BJFX0353	Increase non personnel services to be reprogrammed within non personnel services to support various program needs	\$353,041
2019	0100	7/11/2019	BJFX0FO0	Funded the OVSJG SECURITY CAMERA INCENTIVE	(\$100,000)
2019	0100	8/6/2019	BJFX0369	Increase to Support FF&E FOR LAB RENOVATIONS	\$369,072
2019	0100	9/30/2019	BJFBDQ12	Reprogramming funded various shortfalls within the PSJC Cluster	(\$369,072)
2019	0100	9/30/2019	BJFBDQ12	Reprogramming funded various shortfalls within the PSJC Cluster	(\$80,500)
Final Budget					\$12,171,440

Private Grant				Starting Budget	\$0
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2019	8400	2/14/2019	BIFX0452	ESTABLISH BUDGET AUTHORITY	\$ 47,740.00
2019	8400	5/22/2019	BIFX0850	DECREASE TO AMENDMENT NOTICE	(\$26,400)
Final Budget					\$ 21,340.00

Private Donation				Starting Budget	\$0
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2019	8450	8/29/2019	BIFX0800	ESTABLISH BUDGET AUTHORITY	\$ 221.11
Final Budget					\$ 221.11

	Intra District			Starting Budget	\$679,296
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2019	0700	12/1/2018	BIFX0220	BUDGET LOAD FROM CARRYOVER	\$17,583
2019	0700	12/28/2018	BIFX0313	DECREASE TO MOU AMOUNT	(\$29,656)
2019	0700	1/11/2019	APFX0325	CORRECT INDEX	\$7,665
2019	0700	1/11/2019	APFX0325	REPROGRAM TO CORRECT THE INDEX	(\$7,665)
2019	0700	2/5/2019	BIMB0206	BUDGET MOD TO MATCH GAN	\$6,178
2019	0700	2/15/2019	BIFX0219	INCREASE PER MOU	\$53,166
2019	0700	3/4/2019	BIFX0750	INCREASE TO MOU APPROVED BUDGET	\$1,328,983
2019	0700	3/4/2019	BIFX0751	ESTABLISH BUDGET TO MOU AMOUNT	\$95,771
2019	0700	3/26/2019	BIFX0026	ESTABLISH BUDGET AUTHORITY	\$143,466
2019	0700	6/3/2019	BIFX0650	ESTABLISH DATA ID	\$8,400
2019	0700	8/1/2019	BIFX0450	INCREASE PER GAN	\$5,000
2019	0700	8/3/2019	BIFX0420	MOU WITH DOH	\$150,000
2019	0700	9/30/2019	BIFX0101	YEAR END ID DECREASE	(\$36,908)
2019	0700	9/30/2019	BIFX0101	YEAR END ID DECREASE	(\$166,234)
2019	0700	9/30/2019	BIFX0101	YEAR END ID DECREASE	(\$7,896)
2019	0700	9/30/2019	BIFX0101	YEAR END ID DECREASE	(\$19,885)
2019	0700	9/30/2019	BIFX0101	YEAR END ID DECREASE	(\$96,390)
2019	0700	9/30/2019	BIFX0101	YEAR END ID DECREASE	(\$73,208)

2019	0700	9/30/2019	BIFX0101	YEAR END ID DECREASE	(\$2,418)
2019	0700	9/30/2019	BIFX0101	YEAR END ID DECREASE	(\$7,895)
Final Budget					\$2,047,355

13. Please list each grant or sub-grant **received by** your agency in FY19 and FY20, to date. List the date, amount, source, purpose of the grant or sub-grant received, and amount expended.

BUYING AGENCY	DESCRIPTION OF SERVICES PROVIDED	DURATION OF MOU	FTE	MOU STATUS	MOU AMOUNT	EXPENDED AMOUNT
Office of Victim Services and Justice Grants (OVSJG)	COVERDELL-Improve the quality and timeliness of medical examiner services	January 2020 to December 2020	-	Pending Signatures	136,138	0
Office of Victim Services and Justice Grants (OVSJG)	COVERDELL-Improve the quality and timeliness of medical examiner services	January 2019 to December 2019	-	Expired	135,980	107,101
Office of Victim Services and Justice Grants	Victim Reporting Services	October 1, 2019 to September 30, 2020	2.00	Active	261,297	85,079
DC Department of Health (DOH)	Hospital Preparedness for the Ebola Virus Disease	August 1, 2019 to May 17, 2020	1.00	Pending Signatures	150,000	53,610
DC Department of Health (DOH)	CRISIS COAG Sub-Grant	October 1, 2018 to April 29, 2020	-	Active	2,590,022	2,558,198
DC Department of Health (DOH)	DOH Information Sharing & Collaboration	October 1, 2019 to September 30, 2020	1.00	Active	105,772	21,095
DC Department of Health (DOH)	Case Management System-CPPE To VRD	October 1, 2018 to September 30, 2020	-	Active	8,400	8,400
DC Department of Transportation (DDOT)	Toxicology Investigations of Drug Impaired Driving	October 1, 2019 to September 30, 2020	2.00	Active	331,432	325,214
DC Department of Health (DOH)	DC Health - OD2A -General Office and Toxicology Supplies, Equipment	October 1, 2019 to September 30, 2020	6.00	Pending Signatures	606,480	0
DC Homeland Security (HSEMA)	HSEMA FX9UA- COOP Grant -Equipment and Supplies	October 1, 2019 to September 30, 2021	3.00	Active	1,216,400	0
DC Department of Health (DOH)	DC Health Systems Interoperability Private Grant	October 1, 2019 to August 31, 2021	-	Pending Signatures	341,280	0
TOTAL			15		5,883,201	3,158,697

a. 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 the FTEs?

FY19

In FY19, the agency had eight FTEs dependent on subgrant funding as outlined below.

- Office of Victims Services and Justice Grants – Drug Facilitated Sexual Assault (DFSA) Subgrant - \$252,790
Two FTEs – one-year term each
Travel, Supplies for Toxicological Testing

- Department of Transportation, Driving Under the Influence Subgrant - \$325,214
Two FTEs – one-year term each
Travel, Supplies for Toxicological Testing
- DC Health National Violent Death Reporting System Subgrant- \$95,772
One FTE: three-year term starting in FY17
Equipment and conference travel/training
- Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality Subgrant - \$143,467
One FTE – three-year term starting in FY18 (FTE starting in FY19)
Equipment, supplies, conference travel/training
- Multi-institutional Multi-disciplinary Injury Mortality Investigation in the Civilian Pre-hospital Environment (MIMIC) Grant – \$21,280
One FTE – one-year term

FY20

The FY20 subgrants and grants are listed below. The agency has fifteen FTEs dependent on subgrant funding, as outlined below. The agency will reapply for all subgrants.

- Office of Victims Services and Justice Grants – Drug Facilitated Sexual Assault (DFSA) Subgrant - \$261,297
Two FTEs – one-year term each
Travel/Training and Supplies for Toxicological Testing
- Department of Transportation, Driving Under the Influence Subgrant - \$331,433
Two FTEs – one-year term each
Travel/Training and Supplies for Toxicological Testing
- DC Health National Violent Death Reporting System Subgrant- \$105,772
One FTE: three-year term starting in FY17
Travel/Training and Equipment
- DC Health Overdose to Action (OD2A) - \$606,481
Six FTEs – one year term
Travel/Training and Supplies for Toxicological Testing
- DC Health EBOLA Emergency Response and Preparedness - \$150,000
One FTE – one ten month term
Supplies and Full Scale Exercise

- Homeland Security and Emergency Management Agency (HSEMA) Continuity of Operations (COOP) - \$1,216,400
Three FTEs
Equipment and Supplies

14. Please list each grant or sub-grant **granted by** your agency in FY19 and FY20, to date. List the date, amount, source, and purpose of the grant or sub-grant granted.

Fiscal Year	Agency	Subject	Start and End Duration
FY20	OVSJG-OCME	Grant award of \$136,137.50 for OCME to improve the quality and timeliness of forensic science and medical examiner services. (Coverdell) (Pending Award from NIJ)	Jan. 1, 2020 to Dec. 31, 2020
FY20	DC Health-OCME	Grant award of \$606,481 for OCME to participate in data abstraction and toxicological testing for the Overdose to Action ("OD2A"). Funds 6 FTEs, Travel/Training, and Supplies for Toxicological Testing and Grant FTEs.	Oct. 1, 2019 to Sept. 30, 2020
FY20	OVSJG-OCME	Grant award of \$261,297 for OCME to conduct Drug Facilitated Sexual Assault testing to MPD. Funds 2 FTEs, Travel, and Supplies for Toxicological Testing and Grant FTEs.	Oct. 1, 2019 to Sept. 30, 2020
FY20	DDOT-OCME	Grant award of \$331,432.46 for OCME to conduct Driving Under the Influence testing for the District. Funds 2 FTEs, Travel/Training, and Supplies for Toxicological Testing and Grant FTEs.	Oct. 1, 2019 to Sept. 30, 2020
FY19	DC Health-OCME	Grant award of \$150,000 for OCME to prepare for EBOLA emergency response and preparedness. Funds 1 FTE, Supplies, and full-scale event.	Aug. 1, 2019 to May 17, 2020
FY19	OVSJG-OCME	Grant award of \$135,980 for OCME to improve the quality and timeliness of forensic science and medical examiner services \$135,980. (Coverdell, Expired)	Jan. 1, 2019 to Dec. 31, 2019
FY19	DC Health-OCME	Grant award of \$1,328,983 for OCME to participate in Public Health Crisis Response data collection on accidental overdose deaths.	Oct. 1, 2018 to Mar. 29, 2020
FY19	DDOT-OCME	Funding via the National Highway and Traffic Safety Administration (NHTSA) in the amount of \$325,213.87 for OCME to improve toxicological investigations of drug and alcohol impaired driving in the District.	Oct. 1, 2018 to Sept. 30, 2019
FY19	OVSJG-OCME	Grant funding for OCME to provide DFSA testing services to MPD and DC SANE in the amount of \$252,790.	Oct. 1, 2018 to Sept. 30, 2019
FY19	DC Health-OCME	Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality Program – Grant funding to OCME \$143,466.49	Oct. 1, 2018 to Sept. 30, 2019

FY19	DC Health-OCME	Grant to participate in the National Violent Death Reporting System (NVDRS) that provides grant funding to OCME in the amount of \$96,000 to fund an FTE and annual report.	Oct. 1, 2018 to Sept. 30, 2019
FY19	DC Health-OCME	Grant award of \$8,400 for OCME to improve the timeliness of data needed for facilitating data transfer from CMS into EDRS.	Oct. 2, 2018 to Sept. 30, 2020
FY19	DC Health-OCME	Reimbursement Contract award of \$320,000 for OCME to establish Systems Interoperability with DC Health ERDS via FHIR-enabled API connection to OCME's upgraded CMS.	Sept. 25, 2019 to Oct. 14, 2021
FY19	DC HSEMA-OCME	Grant of \$1,216,400 for OCME to purchase emergency response equipment for the continuity of operations for fatality management services for the USA National Capital region. (MOU is for 7 additional days for award liquidation. Project ends Sept. 30, 2021).	Sept. 9, 2019 to Oct. 7, 2021
FY17	NTI-OCME	Contract award of \$21,280 for the Multi-Institutional Multi-Disciplinary Injury Mortality Investigation in the Civilian Pre-Hospital Environment (MIMIC) Study - National Trauma Institute (NTI) Grant. Out-of-hospital trauma mortality.	May 1, 2018 to May 31, 2020

15. Please list each contract, procurement, and lease, entered into or extended and option years exercised by your agency during FY19 and FY20, to date. For each contract, procurement, or lease, please provide the following information, where applicable:

- a. The name of the party;
- b. The nature of the contract, procurement, or lease, including the end product or service;
- c. The dollar amount of the contract, procurement, or lease, including amount budgeted and amount actually spent;
- d. The term of the contract, procurement, or lease;
- e. Whether it was competitively bid;
- f. The name of the agency's contract monitor(s) and the results of any monitoring activity; and
- g. The funding source.

FY20								
<u>Contracts</u>								
Vendor Name	Contract Purpose - Description of Services	Contract Amount	Contract Term Begin	Contract Term End	Option Year in FY20	Funding Source (local, federal, private, special)	Contract Monitor	Competitive or Sole Source

						revenue)		
DYNEX Technologies	Drug Screening Instrument (DSX #1) Maintenance and Repair	\$8,500	10/1/2019	9/30/2020	Base	Local	Nik Mason	Sole Source
Biotage, LLC	Extrahera Automates/Maintenance Package	\$116,078.40	10/1/2019	9/30/2020	Base	Capitol Project	Nik Mason	Sole Source
ThermoFisher	Centrifuges, Scales, & TurboVap Maintenance	\$3,488.00	10/1/2019	9/30/2020	Option year 1	Local	Nik Mason	Sole Source
Agilent Technologies	GC/MS, GC/MS/MS, LC/MS Instrument Maintenance and Repair	\$132,770.40	10/1/2019	9/30/2020	Option year 1	Local	Nik Mason	Sole Source
WATERS, INC.	LC/MS/MS Instrument Maintenance and Repair (Aquity TQDs and QTOF)	\$119,106.08	10/1/2019	9/30/2020	Base	Local	Nik Mason	Sole Source
RJM Sales,	Nitrogen Generation system	\$9,496.00	10/1/2019	9/30/2020	Base	Local	NIK Mason	Sole Source

16. Please list all pending lawsuits that name the agency as a party. Identify which cases on the list are lawsuits that potentially expose the District to significant financial liability or will result in a change in agency practices, and describe the current status of the litigation. Please provide the extent of each claim, regardless of its likelihood of success. For those identified, please include an explanation about the issues involved in each case.

There are no pending lawsuits that name the agency as a party.

17. Please list all settlements entered into by the agency or by the District on behalf of the agency in FY19 or FY20, to date, and provide the parties' names, the date the settlement was entered into, the amount of the settlement, and if related to litigation, the case name,

docket number, and a brief description of the case. If unrelated to litigation, please describe the underlying issue or reason for the settlement (e.g. administrative complaint, excessive use of force, etc.).

In FY19 and FY20 to date, the agency has not entered into any settlements.

There have been no settlements entered into by the agency or by the District on behalf of the agency in FY19 or FY20, to date.

18. Please list the administrative complaints or grievances that the agency received in FY19 and FY20, to date, broken down by source. Please describe the process utilized to respond to any complaints and grievances received and any changes to agency policies or procedures that have resulted from complaints or grievances received. For any complaints or grievances that were resolved in FY19 or FY20, to date, describe the resolution.

There have been no administrative complaints or grievances filed against the agency in FY19 and FY20, to date.

19. Please describe the agency's procedures for investigating allegations of sexual harassment, sexual misconduct, or discrimination committed by or against agency employees. List and describe any allegations relating to the agency or its employees in FY19 and FY20, to date, and whether and how those allegations were resolved (e.g. a specific disciplinary action, such as re-training, employee transfer, suspension, or termination).

The OCME follow's the investigation guidelines outlined in Mayor's Order 2017-313 that obligate the appointment and training of an agency sexual harassment officer to review and investigate initial complaints of sexual harassment. The OCME has had no allegations of sexual harassment, sexual misconduct, or discrimination by or against agency employees in FY19 and FY20 to date.

- a. Please also identify whether the agency became aware of any similar matters in FY19 or FY20, to date, through means other than an allegation, and if so, how the matter was resolved (e.g. sexual harassment was reported to the agency, but not by the victim).

The agency is unaware of any similar matters in FY19 or FY20, to date, through means other than an allegation.

20. Please provide the Committee with a list of the total workers' compensation payments paid by the agency or on the agency's behalf in FY19 and FY20, to date, including the number of employees who received workers' compensation payments, in what amounts, and for what reasons.

There has been no workers' compensation payments paid by the agency or on the agency's behalf in FY19 and FY20, to date.

21. Please list and describe any ongoing investigations, audits, or reports on the agency or any employee of the agency, or any investigations, studies, audits, or reports on the agency or any employee of the agency that were completed during FY19 and FY20, to date.

There are no ongoing investigations, audits, or reports on the agency or any employee of the agency, or any investigations, studies, audits, or reports on the agency or any employee of the agency completed during FY19 and FY20, to date.

22. Please describe any spending pressures the agency experienced in FY19 and any anticipated spending pressures for the remainder of FY20. Include a description of the pressure and the estimated amount. If the spending pressure was in FY19, describe how it was resolved, and if the spending pressure is in FY20, describe any proposed solutions.

The agency had no spending pressures in FY18 and none anticipated for FY19.

23. Please provide a copy of the agency's FY19 performance plan. Please explain which performance plan objectives were completed in FY19, and whether they were completed on time and within budget. If they were not, please provide an explanation.

The agency's FY19 performance plan is provided as Attachment C.

24. Please provide a copy of your agency's FY20 performance plan as submitted to the Office of the City Administrator.

The agency's FY20 performance plan is provided as Attachment D.

25. Please describe any regulations promulgated by the agency in FY19 or FY20, to date, and the status of each.

In FY19, Pursuant to section 2918 of the Establishment of the Office of the Chief Medical Examiner Act of 2000 (D.C. Law 13-172; D.C. Official Code § 5-1417), the OCME submitted a proposed rulemaking to amend Chapter 50 of Title 28 of the District of Columbia Municipal Regulations to prescribe the conditions for access to decedent case files of the Office of the Chief Medical Examiner (OCME), amend the definition of the term "legitimate interest" to describe the individuals and entities that have access to OCME examination reports, and add new definitions of the terms "examination report" and "consultation report." The proposed rulemaking is pending Council review after receiving no public comment on the rulemaking published May 17, 2019, at 66 DCR at 006198.

26. Please provide the number of FOIA requests for FY19 and FY20, to date, that were submitted to your agency. Include the number granted, partially granted, denied, and pending. In addition, please provide the average response time, the estimated number of FTEs required to process requests, the estimated number of hours spent responding to these requests, and the cost of compliance.

FY19: Total FOIAs 24 (3 granted, 5 granted in-part/denied in-part, 7 denied in whole, 6 other, 1 withdrawn, 1 referred to another public body, 1 pending)

FY20: Total FOIAs to date 11 (7 granted, 1 denied, 1 other, 1 granted in-part/denied in-part, 1 pending)

27. Please provide a list of all studies, research papers, reports, and analyses that the agency prepared or contracted for during FY19 and FY20, to date. Please state the status and purpose of each. Please submit a hard copy to the Committee if the study, research paper, report, or analysis is complete.

The agency prepared the following studies, research papers, reports and analyses during FY19 and FY20, to date:

- 2018 DC Office of the Chief Medical Examiner Annual Report. Published.

The purpose is to provide an overview of agency operations, as well as to provide statistical information for publication, as required by accrediting body NAME and for stakeholders use.

- 2018 Developmental Disabilities Fatality Review Committee Annual Report- Contracted, Published. The purpose of the 2018 DDFRC Annual Report is to highlight statistical data and recommendations resulting from reviews conducted in 2018 on the deaths of persons with developmental disabilities that were residents or receiving services from the Government of the District of Columbia prior to or at the time of their death. This report was published and is available. (see Attachment E).

- 2018 Child Fatality Review Committee Annual Report- Contracted Vendor: MW Consulting, LLC. Published (see Attachment E).

The purpose of the 2018 CFRC Annual Report is to highlight statistical data and recommendations resulting from reviews conducted in 2018 on the deaths of infants/children/youth that were residents of the District of Columbia prior to or at the time of their death. This report was published and is available.

2019 Love JC, Fulginiti LC Confrontation: Where Forensic Science Meets the 6th Amendment. In eds Fulginiti, Hartnett-McCann, Galloway A, *Forensic Anthropology and the United States Judicial System*. John Wiley & Sons Ltd: 3-18. Published.

2019 Soto Martinez ME, Love JC, Pinto DC, Wiersema JM, Derrick SM, Bachim A, Greeley C, Donaruma-Kwoh M, Truong VTT, Gao S, Crowder CM

The Infant Injury Database: A Tool for the Study of Injury Patterns in Medicolegal Investigations of Child Abuse. *Journal of Forensic Sciences* 64(6):1622-1632. Published,

2019 Love JC Sharp Force Trauma Analysis in Bone and Cartilage: A Literature Review. *Forensic Science International*. 299:119-127. Published.

28. Please list in descending order the top 25 overtime earners in your agency in FY19 and FY20, to date, if applicable. For each, state the employee’s name, position number, position title, program, activity, salary, fringe, and the aggregate amount of overtime pay earned. Please describe the process the agency uses to determine which employees are granted overtime.

Office of the Chief Medical Examiner									
TOP 25 - FY 2019 OVERTIME EARNERS BY EMPLOYEE									
Agency Code	Fiscal Year	Program Number	Activity Number	Employee Name	Position Number	Position Title	Salary	Fringe	Overtime Pay
FX0	19	2300	2300	Kidwell Jr.,Robert J.	91361	Forensic Autopsy Assistant	61,398.00	13,323.37	8,760.19
FX0	19	2200	2200	Johnson,John Breen	45531	FORENSIC INVESTIGATOR	87,440.00	18,974.48	8,316.78
FX0	19	2200	2200	Fields,Leigh S	35031	MEDICAL LEGAL INVESTIGATOR	145,644.00	31,604.75	6,369.35
FX0	19	2200	2200	Wolf,Julie	16298	FORENSIC INVESTIGATOR	87,440.00	18,974.48	6,362.78
FX0	19	2100	2100	Njiwaji,Chantel Y	75174	Medical Officer (Medical Examiner)	210,097.00	45,591.05	5,835.67
FX0	19	2300	2300	Pyos,Raymona	92387	Forensic Autopsy Assistant	59,800.00	12,976.60	5,771.09
FX0	19	2300	2300	Snowden,Brian	35145	Forensic Autopsy Assistant	62,996.00	13,670.13	4,969.31
FX0	19	2200	2200	Kim,Katherine	77462	FORENSIC INVESTIGATOR	95,111.00	20,639.09	4,700.88
FX0	19	2300	2300	Bryant,Stephon M	1881	Forensic Autopsy Assistant	62,996.00	13,670.13	4,609.77
FX0	19	2100	2100	Breland,Sasha-Gay I	3341	Medical Officer (Medical Examiner)	205,328.00	44,556.18	4,446.61
FX0	19	3100	3100	Diggs,Keon E	95374	Forensic Autopsy Assistant	58,202.00	12,629.83	4,025.95
FX0	19	2200	2200	Johnson,Stephanie M.	73738	FORENSIC INVESTIGATOR	95,111.00	20,639.09	3,731.44
FX0	19	2200	2200	Ware Murrell,Tiffany N	44663	FORENSIC INVESTIGATOR	100,225.00	21,748.83	3,695.22
FX0	19	2300	2300	Lassiter Jr.,Jeffery L	92388	Supervisory Forensic Mortuary	95,208.05	20,660.15	3,307.43
FX0	19	2100	2100	Giese,Kristinza W.	13140	Medical Officer (Medical Examiner)	210,097.00	45,591.05	2,764.82
FX0	19	2300	2300	Robinson-Porter,Latisha L	91363	Forensic Autopsy Assistant	59,800.00	12,976.60	2,553.12
FX0	19	2200	2200	Petrasek,Mary Beth	2927	MEDICAL LEGAL INVESTIGATOR	145,644.00	31,604.75	2,332.15
FX0	19	2200	2200	Gales,Perlieshia	1655	Forensic Identification Specialist	58,758.00	12,750.49	1,998.06
FX0	19	2300	2300	Kelly,Derrick	91365	Forensic Autopsy Assistant	61,398.00	13,323.37	1,771.33
FX0	19	2200	2200	Díaz,Carolina	75184	Medicolegal Investigator	130,071.00	28,225.41	1,716.99
FX0	19	2300	2300	Bell,Dennis	71575	Forensic Autopsy Technician	71,122.00	15,433.47	1,648.80
FX0	19	1086	1086	McArdle,Andrew T	71574	RECORDS MANAGEMENT SPECIALIST	58,758.00	12,750.49	1,616.10
FX0	19	1086	1086	Greene,Adrine	47834	RECORDS MANAGEMENT SPECIALIST	58,758.00	12,750.49	1,596.14
FX0	19	2300	2300	Hinkle,Jamal	91364	Forensic Autopsy Assistant	56,508.00	12,262.24	1,570.37
FX0	19	2200	2200	Smith,Melinda Delois	7099	Forensic Identification Specialist	60,522.00	13,133.27	1,448.55
AGENCY GRAND TOTAL							\$2,398,432.05	\$520,459.75	\$95,918.90

29. For FY19 and FY20, to date, please provide a list of employee bonuses or special pay granted that identifies the employee receiving the bonus or special pay, the amount received, and the reason for the bonus or special pay.

OFFICE OF THE CHIEF MEDICAL EXAMINER						
FY 2019 BONUS PAY OR SPECIAL AWARDS BY EMPLOYEE						
Agency Code	Fiscal Year	Employee Name	Position Title	Bonus Pay	Special Award	Reason
FX0	19	Leak, Chikario	Supervisory Epidemiologist	10,479.26	0.00	Performance Incentive Award
FX0	19	Morgan, Daniel	SUPVY MEDICO LEGAL INVEST	10,317.00	0.00	Performance Incentive Award
FX0	19	Diaz, Francisco	Deputy Chief Medical Examiner	9,876.00	0.00	Performance Incentive Award
FX0	19	Fields, Beverly	Chief of Staff	8,408.95	0.00	Performance Incentive Award
FX0	19	DeVillier, Mikelle	SUPERVISORY ATTORNEY ADVISOR	7,498.75	0.00	Performance Incentive Award
FX0	19	Francis, Anna	Supervisory Quality Control	4,770.68	0.00	Performance Incentive Award
FX0	19	Snowden, Brian	Forensic Autopsy Assistant	3,058.04	0.00	Performance Incentive Award
FX0	19	Pyos, Ramona	Forensic Autopsy Assistant	2,612.65	0.00	Performance Incentive Award
FX0	19	Greene, Adrine	RECORDS MANAGEMENT SPECIALIST	2,567.07	0.00	Performance Incentive Award
FX0	19	McArdle, Andrew	RECORDS MANAGEMENT SPECIALIST	2,567.07	0.00	Performance Incentive Award
FX0	19	Clingerman, Chelsea	Forensic Pathologists Assistan	2,561.13	0.00	Performance Incentive Award
AGENCY GRAND TOTAL				\$64,716.60	\$0.00	

30. For FY19 and FY20, to date, please list each employee separated from the agency with separation pay. State the amount and number of weeks of pay. Also, for each, state the reason for the separation.

There have been no employees separated from the agency with separation pay in FY19 and FY20, to date.

31. Please provide the name of each employee who was or is on administrative leave in FY19 and FY20, to date. In addition, for each employee identified, please provide: (1) their position; (2) a brief description of the reason they were placed on leave; (3) the dates they were/are on administrative leave; (4) whether the leave was/is paid or unpaid; and (5) their current status.

The agency had no employees who were or are on administrative leave in FY19 and FY20, to date.

32. Please provide each collective bargaining agreement that is currently in effect for agency employees. Please include the bargaining unit and the duration of each agreement. Please note if the agency is currently in bargaining and its anticipated completion.

All collective bargaining agreements currently in effect for agency employees are provided in Attachment F.

Collective Bargaining Agreement	Bargaining Unit	Duration of Agreement	Current Bargaining
Compensation CBA	Doctors' Council of the District of Columbia	Effective through 9/30/20	No
Non-Compensation/Working Conditions CBA	Doctors' Council of the District of Columbia	Effective through 2009 or until a successor is effectuated	No
Compensation CBA	National Union of	Effective through 2021	No

	Hospital and Health Care Employees (NUHHCE); National Association of Government Employees		
Non-Compensation/Working Conditions CBA	National Union of Hospital and Health Care Employees (NUHHCE) - Medicolegal Investigators; Forensic Investigators	Effective through 2007 or until a successor is effectuated	No

33. If there are any boards, commissions, or task forces associated with your agency, please provide a chart listing the names, number of years served, agency affiliation, and attendance of each member. Include any vacancies. Please also attach agendas and minutes of each board, commission, or task force meeting in FY19 or FY20, to date, if minutes were prepared. Please inform the Committee if the board, commission, or task force did not convene during any month.

The listing of requisite information for this question is included in the response to Question 47a. Please note that meeting materials (i.e., minutes and agenda) are strictly confidential as meeting materials (i.e., minutes and agenda) contain decedent information.

34. Please list all reports or reporting currently required of the agency in the District of Columbia Code or Municipal Regulations. Provide a description of whether the agency is in compliance with these requirements, and if not, why not (e.g. the purpose behind the requirement is moot, etc.).

The agency annual report is required to be published by the end of the subsequent year per D.C. Code. The publication of the 2018 OCME Annual Report on December 23, 2019 is in compliance with the D.C. Code.

35. Please provide a list of any additional training or continuing education opportunities made available to agency employees. For each additional training or continuing education program, please provide the subject of the training, the names of the trainers, and the number of agency employees that were trained.

A list of trainings is provided as part of the response to Question 4b.

36. Please describe any initiatives that the agency implemented in FY19 or FY20, to date, to improve the internal operations of the agency or the interaction of the agency with outside parties. Please describe the results, or expected results, of each initiative.

Proficient Testing

Of note, the agency focused on an initiative to complete proficiency testing in several units of the agency, to include: forensic pathology, investigations, toxicology and anthropology. Proficiency testing is part of a quality system that provides external assessment that an entity's performance meets certain requirements. The units named completed proficiency testing that meets the requirements of accrediting bodies such as NAME and ISO.

Development of Agency Training Manual

The agency developed a training manual to document all formal training to include: new employee orientation; mandatory safety; Standard Operating Procedure; and fatality management. The manual follows best practices and standards as developed by NAME and ISO.

Six Sigma Management Leadership Development Series

This training includes topics such as performance management, budget, employee relations, FMLA/ADA, change management, Equal Employment Opportunity (EEO), as well as specific "six sigma" concepts.

Other initiatives are discussed throughout these responses to include: preparation for ISO accreditation, the agency renovation project; implementation of a Laboratory Information Systems (LIMS); enhancement of the fatality review unit; toxicology and information technology replacement plan; and fleet replacement plan.

37. What are the agency's top five priorities? Please explain how the agency expects to address these priorities in FY20. How did the agency address its top priorities listed for this question last year?

The agency's top priorities are outlined below.

a) *Quality*

An agency top priority for FY20 is to continue to provide efficient and effective service through a quality management system supported by continuous process improvement, quality control measures, adherence to accrediting body guidelines, training, and best practices. The major focus in the area is obtaining accreditation by the International Organization of Standards (ISO). Toward this end, in FY18 the agency contracted with a vendor to assist with developing an ISO compliant quality management system that integrates with the existing national program requirements as well as with District of Columbia law and the agency's policies and procedures. A pre-inspection audit was conducted and in FY19, the agency has been addressing the few deficiencies that were noted in the audit report. The audit found that the agency was in conformance with 169

of 192 accreditation requirements, of which 21 required changes/updates to existing policies and procedures. Only three of the 21 were identified during a facility walkthrough and were considered critical. Those related to laboratory suitability and evidence storage.

In FY19, the agency also began a full revision of all Standard Operating Procedures (SOPs) which will be completed during the second quarter FY20. In addition to SOPs, the agency has completed development of Quality and Training Manuals. As such, the agency positioned itself for and submitted application for ISO accreditation during January of FY20.

The agency has several other activities that fall within this priority, including: enhancement of its quality assurance process throughout the agency, as well as case and inventory management, document management, and professional development and career development.

Lastly, the agency's mandate includes an academic component which provides the quality management component via human resources. This includes: 1) ensuring employees are afforded training and educational opportunities to maintain required licensures/certifications and to keep in compliance with industry standards; and 2) providing academic and fatality management training opportunities and internships to external stakeholders, residents, medical students, and forensic students.

b) Accreditation

Agency Accreditation

The agency was granted full accreditation by NAME, effective February 16, 2016 through February 16, 2021. Each year, the agency must be reaccredited. In FY19, the agency received its reaccreditation, which consisted of a review of the annual status of the agency operations, facility, and standard operating procedures, as well as a fee payment. The agency is currently preparing for its annual reaccreditation, to be held in February 2020. Such preparation includes updating Standard Operating Procedures and training staff regarding new procedures, evaluating the facility, and reviewing physical and human resources per the NAME guidelines.

Accreditation brings national recognition and status to the agency and establishes it as a national model with standard operating procedures, a state-of-the-art physical facility, and well-trained, professional personnel that are in compliance with industry standards. This represents the highest quality of death investigation systems and provides an endorsement to District residents that the agency provides an adequate environment in which a medical examiner may practice the profession and provides reasonable

assurance that the office well serves the jurisdiction with a high caliber of medicolegal death investigation.

Forensic Toxicology Laboratory

The OCME's Forensic Toxicology Laboratory w American Board of Forensic Toxicology Laboratory (ABFT) Accreditation for the period November 1, 2015 to October 31, 2017. The laboratory has been approved for reaccreditation since with the latest applicable from November 1, 2019 through October 31, 2021.

c) *Agency Renovations: In-House Facility & Fatality Management COOP Site*

The agency has prioritized current renovations for its current facility at the Consolidated Forensic Laboratory due to a critical need for staff spacing, fatality management preparedness and implementation of industry standard technological advances.

In-House Renovation:

The agency's first project focuses on in-house facility renovations to accommodate agency staff growth from about 70 in 2014 to over 100 (including fellows, residents, and interns) to date; as well as the build out of several technological advances related to fatality management. The agency is statutorily mandated as the coordinator of fatality management; as such, in FY18, the agency utilized local funding to build the first phase of a Fatality Management Operations Center – the Executive Situation Room. The current renovations under this project allow for the completion of the FMOC to include enhanced agency communications interoperability and technological advances

This capital project began in FY18 with the procurement of the overall design and furniture and associated materials. In FY19, the project underwent several contracting and procurement phases to include obtaining construction estimates, development of a statement of work, and a solicitation of vendors for construction design and implementation and AV purchase and installation. Contracts were awarded and the vendors have been working on a construction design in FY20, to date. It is anticipated that construction would commence near the end of the second quarter and be completed by the end of the third quarter.

Continuity of Operations Plan Site:

In connection with the FMOC, the funding supports the renovation of the Blue Plains Annex as a Continuity of Operations Plan site. The agency is working with DGS and the vendor toward the development of construction designs. As stated above, as the statutory coordinator of fatality management in the District, it is critical that the agency

maintain a COOP site in the event of an emergency incident. Such site will be utilized by the agency, as well as its stakeholder partners to include District emergency planning agencies (particularly HSEMA) and regional and local partners involved in incident planning and response. The facility will also be utilized on a day to day basis for training and exercises and conferences.

Fatality Management: Of note, given the agency's focus on building a COOP site, it is critical to note that the agency focuses on recognition and evaluation of gaps in emergency responses and planning and continuous exercise of emergency plans. In this current climate of natural and man-made threats, incident planning is a priority. The agency has conducted and/or participated in numerous incident management exercises, as outlined in Question 57. These activities involved public safety cluster agencies (HSEMA, MPD, FEMS, OUC, DFS, OVSJG, etc.), as well as other stakeholders such as DC Health, OCTO, and other federal/regional agencies that would have a role in a mass fatality incident.

During FY20, the OCME will continue its evaluation of mass fatality and continuity of operations planning (COOP), emergency response standard operating procedures, local and regional planning and cooperation, and training and exercising. This will involve coordination with regional entities, such as other medical examiners, funeral homes, universities and hospitals, federal partners, and other stakeholders.

d) Data Fusion Analysis Center

In FY20, the agency will continue its focus on data collection, surveillance, and analysis, resulting in the promotion of public safety and health. This involves establishing scientific and technical methods and practices to identify and evaluate data in order to determine outcomes and trends in mortality statistics to improve the quality of life of District residents. This is done via the agency's Data Analysis Fusion Center ("Center") concept, which is a collaborative effort among 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 and health. The Center is led by the agency's Epidemiologist, who is tasked with data collection and statistical reporting of trends toward such public surveillance. The agency's mortality data is critical data that can be formatted in a manner which can provide key information to stakeholders, including District agencies, for use in various "prevention" messages.

Specific FY19 activities and reports of the center are outlined in Question 48.

e) Community Support

In FY20, the agency will continue its focus on community support by working to improve the health and safety of resident populations throughout the District through the administration of the District's fatality review boards and committees. With a focus on reducing associated mortalities, the agency's Fatality Review Division informs policy and prevention efforts through its preparation of case reports for each qualifying fatality, providing group statistical analysis of similar case types, coordinating fatality review meetings, as well as developing and disseminating recommendations to stakeholders. Over the past two fiscal years, the agency's Fatality Review Division's administrative authority expanded from providing to support to just the Child Fatality Review Committee and the Developmental Disabilities Fatality Review Committee to three (3) new committees/boards including: 1) the Maternal Mortality Fatality Review Committee, which was established to analyze pregnancy related and pregnancy associated deaths, 2) the Violence Fatality Review Committee, which will focus on evaluating the systems of care that come into contact with victims of homicides and suicides in the District and 3) the Opioid Fatality Review Board, which is intended to assist the District's efforts to prevent opioid overdose deaths and inform prevention and intervention efforts. The work of the agency's Fatality Review Division is vital to the District's work to mitigate preventable deaths and improve outcomes for some of the most vulnerable populations in the District.

In keeping with the agency's FY20 community support priorities, the agency will host its second public disposition memorial ceremony for families and community members who could not afford the final disposition and burial of their loved ones on April 18, 2020. This public ceremony provides families and community members with an opportunity to pay respect to their loved ones in a dignified manner at a location in the District, Congressional Cemetery. The first public disposition memorial service was held on April 26, 2019, and the agency received a positive response from family, the community and staff for providing them with a memorial ceremony that provided closure and a place to return for remembrance.

38. Please list each new program implemented by the agency during FY19 and FY20, to date. For each initiative, please provide:
- a. A description of the initiative;
 - b. The funding required to implement the initiative; and
 - c. Any documented results of the initiative.

The agency has added no new programs during FY19 and FY20, to date. Key agency initiatives are discussed in Question 36. The initiatives are funded via the agency's NPS budget.

39. How does the agency measure programmatic success? Please discuss any changes to outcomes measurement in FY19 and FY20, to date.

The agency measures programmatic success utilizing the District's performance management schematic, financial/budgetary goals and external sources such as stakeholder and customer evaluation. Agency performance management requires the utilization of key measurements to support governmental planning, funding, and operations. The purpose of measuring is to allow managers to recognize success in operations, identify problem areas, and respond with appropriate actions in order to better serve the public. The performance management framework focuses on collecting, analyzing, and reporting on strategic objectives, initiatives, and key performance indicators set forth in the agency performance plan. Managers report quarterly on the status of initiatives and whether they are meeting their targets on key performance indicators. Year-end results are recorded in the form of Performance Accountability Reports (PARs). The PARs provide an overview of the agency's top accomplishments and programmatic success)

Financial management also plays a vital role in evaluating programmatic success. The agency has developed budgetary standard operating procedures that include quarterly and annual meetings with management, procurement staff and the agency fiscal officer. The purpose of the meetings is to evaluate day-to-day programmatic operations with the status of budget and procurement line items, as well as needs and/or challenges. The agency's executive team also meets monthly and quarterly to evaluate overall operations, the budget, procurements, and any issues in order to ensure continuity of operations and, ultimately, programmatic success. In essence, programmatic success is being measured on a consistent basis throughout the fiscal year via such operational and fiscal management meetings.

The agency's Executive Team plans and evaluates the performance of employees, including managers, to evaluate operations, because agency operations are only efficient and effective if employees are meeting their individual performance goals. Such goals are aligned with the agency's strategic plan and performance plan. As such, employee performance management and agency performance management are looked at simultaneously and provide a guide to the success of the overall agency programmatic success.

As discussed above, to evaluate its operations, the agency utilizes the District's performance management schematic, which uses evidence from measurement to support governmental planning, funding, and operations. The purpose of the program is to allow managers to recognize success, identify problem areas, and respond with appropriate actions in order to better serve the public. The Performance Management framework focuses on collecting, analyzing, and reporting on strategic objectives, initiatives, and key performance indicators set forth in an agency performance plan. Managers report quarterly on the status of initiatives and whether they are meeting their targets on key performance indicators. Year-end results are recorded in the form of Performance Accountability Reports (PARs). The PARs provide an overview of the agency's top accomplishments and programmatic success in meeting objectives and key performance indicators and completing initiatives and rationales.

Within the performance management schematic, the agency has identified key performance measures which are based on NAME accreditation guidelines, District protocols, and agency policies and procedures. Those measures in FY19 were as follows:

40. What are the top metrics and KPIs regularly used by the agency to evaluate its operations? Please be specific about which data points are monitored by the agency.

The agency regularly utilizes several metrics and KPIs to evaluate its operations. The agency compares its performance against industry standards and guidelines, it evaluates metrics within its performance plan, and it reviews financial management against programmatic performance. The agency has been able to obtain at least the minimum standards and guidelines of operation for medicolegal death investigation, forensic pathology, histology, forensic toxicology, anthropology, as well as other services performed from those professional and peer-review organizations that provide accreditation, professional training, and oversight of these particular disciplines and industries. These organizations include the National Association of Medical Examiners (NAME), International Organization for Standards (ISO), American Board of Forensic Toxicologists (ABFT), American Board of Medicolegal Death Investigators (ABMDI), and the American Board of Forensic Anthropologists (ABFA), among others.

As stated above, the agency is fully accredited by NAME and the forensic toxicology laboratory is accredited by ABFT. The agency is currently planning for inspection and application for accreditation by ISO which will provides an additional layer of evaluation for the agency, specifically within its Death Investigation program. Furthermore, the agency's forensic pathologists are, at a minimum, board-certified in Anatomic and Forensic Pathology, the Chief Toxicologist is certified by ABFT, and the medicolegal death investigation staff and the forensic anthropologist are certified by ABMDI and ABFA, respectively. These accreditations and certifications, which are ongoing and must be

renewed, demonstrate not only programmatic success, but the expertise of the staff members that must operate and maintain such programs.

Benchmarking is a process that is also vital to measuring the agency's performance. Within the death investigation, forensic pathology, and forensic toxicology arenas, this is done via conference attendance, referral to industry and academic journals, forming partnerships with agencies internationally and nationally for knowledge exchange, as well as personal academic relationships. Agency practitioners are charged with ensuring that they are individually trained in up-to-date industry standards and best practices and that their staffs are also on the same track. Performance success is measured by evaluating benchmark statistical measures between analogous agencies utilizing best practices.

- Percent of all reports of postmortem examinations completed within 90 calendar days from the time of autopsy in all cases;
- Percent of mortuary/transport service scene response within one hour of transport notification by an investigator or medical examiner of an accepted case;
- Percent of toxicology examinations completed within 90 calendar days of case submission;
- Percent of toxicology examinations completed within 60 calendar days of case submission;
- Percent of forensic pathologists (medical examiners) that are board certified or board eligible;
- Percent of public dispositions ready for release within 45 days;
- Percent of decedent cases scientifically identified in 5 days;
- Percent of Child Fatality Review Committee (CFRC) fatality reviews held within six months of notification of the death;
- Percent of Developmental Disabilities Fatality Review Committee (DDFRC) fatality reviews held within three months of receipt of the investigative report from DHS/DDS and determination of the cause and manner of death; and
- Percent of agency employees completing a mass fatality training annually.

These metrics are monitored and reported upon on a quarterly basis and the year-end results are included in the PAR. The quarterly monitoring provides the agency an opportunity to make improvements in operations when the measure is not met and to memorialize procedures and standards when the measure is met.

41. Please identify whether, and if so, in what way, the agency engaged The Lab @ DC in FY19 or FY20, to date.

The agency was not engaged in TheLab@DC in FY19 or FY20, to date.

42. Please list the task forces and organizations of which the agency is a member.

The agency and agency staff are members of the following task forces and organizations in the capacity stated:

- National Association of Medical Examiners (accredited)
- American Board of Forensic Toxicologists (accredited)
- International Association for Identification – Forensic Photography Certification
- International Association for Identification (membership)
- American Academy of Forensic Science (membership)
- Society of Forensic Anthropologists (membership)
- National Institute of Standards and Technology (membership)
- American Society for Quality (membership)
- The Organization of Scientific Area Committees for Forensic Science Anthropology Subcommittee (membership)
- National Medical Association (membership)
- American SIDS Institute – Research Advisory Committee (membership)
- American Foundation for Firearm Related Research in Medicine (AFFIRM) (membership)
- District of Columbia Sexual Assault Response Team (DC SART)
- ARMA International’s (formerly known as Association of Records Managers and Administrators); Greater Washington DC Association of Records Managers and Administrators (GWDC ARMA)
- Domestic Violence Fatality Review Committee (membership)
- Child Fatality Review Committee (chair and administrative support)
- Developmental Disability Fatality Review Committee
- Maternal Mortality Review Committee
- Violence Fatality Review Committee
- Opioid Fatality Review Committee

43. Please explain the impact on your agency of any legislation passed at the federal level during FY19 and FY20, to date, which significantly affected agency operations.

There is no impact of any legislation passed at the federal level during FY19 and FY20.

44. Please describe any steps the agency took in FY19 and FY20, to date, to improve the transparency of agency operations, including any website upgrades or major revisions.

The agency has taken steps to improve the transparency of agency operations, including website upgrades and revisions.

First, the agency has utilized its website to provide information regarding its operations, including statistical data. The website is continuously updated with all agency annual reports (i.e., overall agency and all fatality reviews); specialized statistical reports within a public surveillance report section; updated Standard Operating Procedures (SOPs); and a FAQs section. The agency also achieves transparency via response to public inquires that are forwarded through the website within 24 hours.

The agency's annual reports also provide a view into the operations and performance of the agency, as well as critical statistical information of interest to stakeholders, media, next of kin and the general public.

The agency conducts operational tours for D.C. Councilmembers, law enforcement, judges, and prominent figures. This mandates that the agency managers ensure that their divisions and units remain in an acceptable state for review at any given moment.

45. Please identify all electronic databases maintained by your agency, including the following:
- a. A detailed description of the information tracked within each system;
 - b. The age of the system and any discussion of substantial upgrades that have been made or are planned to the system; and
 - c. Whether the public can be granted access to all or part of each system.

The agency maintains the electronic databases outlined below.

Case Management System (CMS)

- a. The CMS is used to track each OCME case, from initiation through decedent release, capturing all elements of death investigation and determination of cause and manner of death.
- b. The system has been online for more than a decade and has undergone several upgrades and new iterations. The latest iteration is currently in acceptance testing for immediate deployment.

PACS (Picture Archiving & Communication System)

- a. The PACS is a digital radiology platform which stores digitally-captured radiographs from the various modalities at the OCME. It allows complex analysis of radiographs and includes OCME case numbers and decedent demographics for each image.
- b. The system has been online for more than a decade and has undergone several upgrades. The version in use is the most current vendor offering with no plans for upgrade.

Forensic Toxicology Laboratory Database

- a. Similar to the OCME CMS, the toxicology database houses toxicology case data for all toxicology cases (OCME and external). It is an MS Access database, designed in-house, used to assign, track, and manage all toxicology processes performed in the laboratory.
- b. In lieu of having a comprehensive LIMS (Laboratory Information Management System), the database has been online for more than a decade, designed and

managed by the Chief Toxicologist. The agency has developed and submitted a comprehensive agenda for the procurement and deployment of a true LIMS in the coming fiscal year that will integrate with new and existing instrumentation.

GigaTrak Asset Tracking System

- a. GigaTrak is used to track OCME fixed assets, including (but not limited to) all computer hardware (desktop & server), mobile devices (tablets and cellphones), equipment, and vehicles. Information such as procurement details, maintenance schedules, item location, and property disposition are all stored in this system.
- b. The system has been online for four years. The version in use is current, with no plans for upgrade.

SurgiCare Inventory Management System

- a. SurgiCare is used to track and manage OCME's consumable and perishable inventories, such as copier toner, body bags, laboratory supplies, and chemicals. It is heavily populated with corresponding information from the PASS procurement system, allowing easier management of vendors and purchase orders, while also providing robust reporting and usage analytics.
- b. The system has been online for six years and has undergone several updates and custom enhancements. The current version is not scheduled for upgrade.

Qualtrax

- a. Qualtrax is a quality control and compliance management system used to track and manage many of OCME's processes, policies, and workflows. It is directly related to the agency's accreditation efforts and is managed by the Quality Assurance Officer.
- b. The system has been online for five years and has undergone several vendor updates. The current version is not scheduled for upgrade.

46. Please provide a detailed description of any new technology acquired in FY19 and FY20, to date, including the cost, where it is used, and what it does. Please explain if there have been any issues with implementation.

The OCME enhanced the technology in the autopsy suite by acquiring two additional Sharp Aquos Interactive Displays. Although these devices were already in place for two autopsy stations, the agency provisioned new boards for one additional autopsy station as well as implementing one in the autopsy viewing theater. The cost associated with each display is \$9,150 for a total cost of \$18,300. Additionally, in an effort to establish a homogenous Multi-Function Printer environment, the agency acquired four new Sharp MFPs to replace older devices that had reached end-of-life. This strategy improves the efficiency of staff support while reducing the overall total cost of ownership. The cost of these new units is 8,963.00 USD, bringing the overall cost of this initiative to \$35,852.

Agency Operations

47. Please describe the major activities of the fatality review committees under OCME’s jurisdiction in FY19 and FY20, to date.

The major activities of the Child Fatality Review Committee (CFRC) and the Developmental Disabilities Fatality Review Committee (DDFRC) were to review cases, make findings and recommendations and to complete an Annual Report within the required timeframe.

The major activities of the Maternal Mortality Review Committee (MMRC) and the Opioid Fatality Review Board (OFRB) were to develop administrative procedures and orient Committee/Board members to their role. Subsequent meetings focused on developing the case review criteria, case summary report format and structure and develop frameworks for the formulation of Committee findings and systemic recommendations. Initial case reviews began in FY 20.

The major activities of the Violence Fatality Review Committee (VFRC) included partnering with the Mayor’s Office of Talent and Appointments (MOTA) to identify, recruit and finalize Committee membership. No official Committee meetings have taken place to date. A large number of VFRC nominees attended the Mayor’s Swearing-In ceremony on November 18, 2019 and the OCME hosted an informal Meet and Greet with the Chief Medical Examiner and VFRC nominees on December 20, 2019. The VFRC is scheduled to host its first Committee meeting on February 26, 2020.

- a. Please include information from the Mayor’s Office of Talent and Appointments about the appointments, names, terms, vacancies, and wards of residence of the committee members who are currently serving.

Current Child Fatality Review Committee (CFRC) Members as of 1/8/2020

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
CFRC	Adam Backels	District of Columbia Public Schools (DCPS) Representative	1/2/2023	Agency Representative
CFRC	Aleazor Taylor	Fire and Emergency Medical Services (FEMS) Representative	1/2/2023	Agency Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
CFRC	Alison Losey	Office of the State Superintendent of Education (OSSE) Representative	1/2/2023	Agency Representative
CFRC	Andrea Allen	District of Columbia Public Schools (DCPS) Representative	1/2/2023	Agency Representative
CFRC	Chief Tony Lee Falwell	Fire and Emergency Medical Services (FEMS)	1/2/2023	Agency Representative
CFRC	Claudia Booker	Public Member	7/16/2022	Ward 4
CFRC	Cmdr. Leslie Parsons	Metropolitan Police Department (MPD) Representative	1/2/2023	Agency Representative
CFRC	Colleen Sonosky	Department of Health Care Finance (DHCF) Representative	1/2/2023	Agency Representative
CFRC	Cory Chandler	Child and Family Services Agency (CFSA) Representative	1/2/2023	Agency Representative
CFRC	Cynthia Wright (FY 19 Committee Co-Chair)	Office of the United States Attorney for the District of Columbia	Per Order of the Office of the United States Attorney for the District of Columbia	Agency Representative
CFRC	Debbie Allen	Department of Behavioral Health (DBH) Representative	1/2/2023	Agency Representative
CFRC	Diane Oliver	District of Columbia Housing Authority	1/2/2023	Agency Representative
CFRC	Dr. Alsan Bellard	Department of Youth Rehabilitative Services (DYRS) Representative	1/2/2023 (Resigned 5/2019)	Agency Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
CFRC	Dr. Cheryl Williams	Public Member	4/20/2021	Ward 6
CFRC	Dr. Eric Rosenthal	Hospital where children are born or treated- Children's National Medical Center Representative	1/2/2023	Organization Representative
CFRC	Dr. Erica McClaskey FY20 Co-Chair	Department of Health (DC Health) Representative	1/2/2023	Agency Representative
CFRC	Dr. Inez Reeves	Hospital where children are born or treated- Howard University Hospital Representative	4/14/2020	Organization Representative
CFRC	Dr. Jacqueline Francis	Public Member	7/16/2022	Ward 6
CFRC	Dr. Khandra Tyler-Beynum	Department of Youth Rehabilitative Services (DYRS) Representative	1/2/2023	Agency Representative
CFRC	Dr. Kristinza Giese FY20 Co-Chair	Office of the Chief Medical Examiner (OCME) Representative	1/2/2023	Agency Representative
CFRC	Dr. Roger Mitchell, Jr. (FY 19 Committee Chair)	Office of the Chief Medical Examiner (OCME) Representative	1/2/2023	Agency Representative
CFRC	Elizabeth Wieser	Office of the Attorney General (OAG) Representative	1/2/2023	Agency Representative
CFRC	Erin Cullen	District of Columbia Office of the Attorney General (OAG) Representative	1/2/2023	Agency Representative
CFRC	Hon. Carol Dalton	Superior Court of the District of	Resigned 01/2019	Agency Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		Columbia Representative		
CFRC	Hon. Peter Krauthamer	Superior Court of the District of Columbia Representative	1/2/2023	Agency Representative
CFRC	Jacqueline Smith	College or University School of Social Work- Howard University	7/16/2022	Organization Representative
CFRC	Judith Meltzer	Center for the Study of Social Policy (CSSP)	Per Order of the United States District Court (POUSDC)	Agency Representative
CFRC	Lanita Williams	Public Member	4/20/2021	Ward 5
CFRC	LaShunda Hill	Public Member	7/14/2020	Ward 5
CFRC	Lastenia Pretlow-Brathwaite	Department of Human Services (DHS) Representative	1/2/2023	Agency Representative
CFRC	Lawrence Weaver	Superior Court of the District of Columbia- Family Court Social Services Division Representative	1/2/2023	Agency Representative
CFRC	Marie Cohen	Public Member	7/16/2022	Ward 6
CFRC	Mina Malik	District of Columbia Office of the Attorney General (OAG) Representative	Resigned 2/2019	Agency Representative
CFRC	Rachel Paletta	Center for the Study of Social Policy (CSSP)	Per Order of the United States District Court (POUSDC)	Agency Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
CFRC	Robert Matthews	Child and Family Services Agency (CFSA) Representative	1/2/2023	Agency Representative
CFRC	Sgt. Keith Batton	Metropolitan Police Department (MPD) Representative	1/2/2023	Agency Representative
CFRC	Stacy Mills	Public Member	4/20/2021	Ward 4
CFRC	Terri Odom	Superior Court of the District of Columbia- Family Court Social Services Division Representative	Per Order of the Superior Court (POSC)	Agency Representative
CFRC	Theresa Early	Department of Human Services (DHS) Representative	1/2/2023	Agency Representative
CFRC	VACANT	Public Charter School Board (PCSB) Representative	Member appointment being identified	Agency Representative
CFRC	VACANT	Superior Court of the District of Columbia Representative	Other appointing jurisdiction	Agency Representative
CFRC	VACANT	Mayor's Committee on Child Abuse and Neglect (MCAN)	VACANT	Organization Representative
CFRC	Yuliana Del Arroyo	Office of the State Superintendent of Education (OSSE) Representative	Resigned 7/2019	Agency Representative

Current Developmental Disabilities Fatality Review Committee (DDFRC) Members as of 1/8/2020

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
DDFRC	Caren Kirkland	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	3/18/2021	Organization Representative
DDFRC	Cynthia McGee	Department of Health (DC Health)	1/2/2023	Agency Representative
DDFRC	Dr. Jennifer Crumlish	A psychiatrist, psychologist, or mental health professional who is licensed to practice in the District with experience in the evaluation and treatment of persons with an intellectual disability or developmental disability	3/7/2020	Ward 3
DDFRC	Dr. Marianne Vail	Clinician with experience in the area of evaluation, treatment and/or support of persons with an intellectual disability or developmental disability	3/7/2020	Ward 6
DDFRC	Dr. Michaela Zajicek-Farber	Faculty member from a school of social work-	3/7/2022	Organization Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		Catholic University		
DDFRC	Dr. Pamela Riley	Department of Health Care Finance (DHCF)	1/2/2023	Agency Representative
DDFRC	Dr. Roger Mitchell, Jr. (Co-Chair)	Office of the Chief Medical Examiner (OCME)	1/2/2023	Agency Representative
DDFRC	Ellen Wells	Department of Human Services (DHS)	1/2/2023 Retired 11/2019	Agency Representative
DDFRC	La'Kisha Lacey	Fire and Emergency Medical Services (FEMS)	1/2/2023	Agency Representative
DDFRC	Laura Hartman-Villalta	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	3/7/2022	Ward 3
DDFRC	Mark Wynn	Fire and Emergency Medical Services (FEMS)	1/2/2023 Resigned 2/2019	Agency Representative
DDFRC	Rhonda Barnes	Department of Behavioral Health (DBH) Representative	1/2/2023	Agency Representative
DDFRC	Sharon Mebane	Department of Health, Health Regulation and Licensing Administration (DC	1/2/2023	Agency Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		Health)		
DDFRC	VACANT	Department of Human Services (DHS)	VACANT	Agency Representative
DDFRC	VACANT	Attorney General for the District of Columbia (OAG)	VACANT	Agency Representative
DDFRC	VACANT	Metropolitan Police Department (MPD)	VACANT	Agency Representative
DDFRC	VACANT	Office of the Inspector General, Medicaid Fraud Control Unit	VACANT	Agency Representative
DDFRC	VACANT	A physician who practices in the District with experience in the evaluation and treatment of persons with an intellectual or developmental disability	VACANT	Organization Representative
DDFRC	Winslow Woodland (Co-Chair)	Department on Disability Services (DDS)	1/2/2023	Agency Representative

Current Maternal Mortality Review Committee (MMRC) Members as of 1/8/2020

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
MMRC	Aza Nedhari	Community Organization specializing in women's health, teen pregnancy or public health	4/6/2023	Organization Representative
MMRC	Cherie Craft	Community Organization specializing in women's health,	4/6/2023	Organization Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		teen pregnancy or public health		
MMRC	Christina Marea (Co-Chair)	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Community of Hope	4/6/2023	Organization Representative
MMRC	Donna Anthony	Representative from a pediatric hospital	4/6/2023	Organization Representative
MMRC	Dr. Christine Colie	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Georgetown University Hospital	4/6/2023	Organization Representative
MMRC	Dr. Connie Bohon	American Congress of Obstetricians and Gynecologists (ACOG)	4/6/2023	Organization Representative
MMRC	Dr. Djinge Lindsay	Department of Health (DC Health)	4/6/2023 Resigned 11/2019	Agency Representative
MMRC	Dr. Jamila Perritt	Community Organization specializing in women's health, teen pregnancy or public health	4/6/2023	Organization Representative
MMRC	Dr. Janeen Cross	Social worker specializing in women's health or maternal health- Howard University School of Social Work	4/6/2023	Organization Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
MMRC	Dr. Kristin Atkins	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Howard University Hospital	4/6/2023	Organization Representative
MMRC	Dr. Kristinza Giese	Office of the Chief Medical Examiner (OCME)	4/6/2023	Agency Representative
MMRC	Dr. Melissa Fries	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Washington Hospital Center	4/6/2023	Organization Representative
MMRC	Dr. Monique Powell-Davis	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Mary's Center	4/6/2023	Organization Representative
MMRC	Dr. Nancy Gaba	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- George Washington University Hospital	4/6/2023	Organization Representative
MMRC	Dr. Pamela Riley	Department of Health Care Finance (DHCF)	4/6/2023	Agency Representative
MMRC	Dr. Rita Calabro	Member with experience in obstetrics and	4/6/2023	Organization Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		gynecology from a District of Columbia Hospital or Birthing Center- Sibley Memorial Hospital		
MMRC	Dr. Roger Mitchell, Jr. (Co-Chair)	Office of the Chief Medical Examiner (OCME)	4/6/2023	Agency Representative
MMRC	Ebony Marcelle	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Community of Hope	4/6/2023	Organization Representative
MMRC	Evette Hernandez	American College of Nurse Midwives	4/6/2023	Organization Representative
MMRC	Iman Newsome	Doula	4/6/2023	Ward 5
MMRC	Rebecca Winter	Department of Health (DC Health)	4/6/2023	Agency Representative
MMRC	Roberta Bell	Obstetric Registered Nurse	4/6/2023	Ward 4
MMRC	Shakira Franklyn	Certified Midwife	4/6/2023	Ward 5
MMRC	Shermaine Bowden	Department of Behavioral Health (DBH)	4/6/2023	Agency Representative
MMRC	Theresa Early	Department of Human Services (DHS)	4/6/2023	Agency Representative
MMRC	VACANT	Department of Health (DC Health)	Member identified, appointment pending	Agency Representative
MMRC	VACANT	A member of the community affected	VACANT	VACANT

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		by a maternal mortality		

Current Opioid Fatality Review Board (OFRB) Members as of 1/8/2020

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
OFRB	Comd. John Haines	Metropolitan Police Department (MPD)	1/2/2023	Agency Representative
OFRB	Cyndee Clay	Community based provider	6/15/2021	Organization Representative
OFRB	Dr. Beth Mynett	Department of Corrections (DOC)	1/2/2023	Agency Representative
OFRB	Dr. Chikarlo Leak (Chair)	Office of the Chief Medical Examiner (OCME)	8/30/2021	Agency Representative
OFRB	Dr. Edwin Chapman	Community based provider	6/15/2021 Resigned 11/2019	Organization Representative
OFRB	Dr. Jennifer Smith	Department of Forensic Sciences (DFS)	1/2/2023	Agency Representative
OFRB	Dr. Marc Dalton	Department of Behavioral Health (DBH)	1/2/2023	Agency Representative
OFRB	Dr. Morgan Medlock (Vice-Chair)	Hospital in the District- Howard University Hospital	7/15/2021	Organization Representative
OFRB	Dr. Pamela Riley	Department of Health Care Finance (DHCF)	1/2/2023	Agency Representative
OFRB	Dr. Elisha Peterson	Community based provider	6/15/2021	Organization Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
OFRB	Kenan Zamore	Department of Health (DC Health)	1/2/2023	Agency Representative
OFRB	Kevin Petty	District resident member	6/15/2021	Ward 8
OFRB	La'kisha Lacey	Fire and Emergency Medical Services (FRMS)	1/2/2023	Agency Representative
OFRB	Madeleine Solan	Department of Human Services (DHS)	1/2/2023	Agency Representative
OFRB	Maurice Harrison	District resident member	6/15/2021	Ward 5
OFRB	Rhonda Johnson	District resident member	6/15/2021	Ward 6
OFRB	Robert Pearson	Mayor's Office of Veteran's Affairs (MOVA)	1/2/2023	Agency Representative
OFRB	VACANT	Court Services and Offender Supervision Agency	Other appointing jurisdiction	VACANT
OFRB	VACANT	Drug Enforcement Administration	Other appointing jurisdiction	VACANT
OFRB	VACANT	District of Columbia Superior Court Drug Intervention Program	Other appointing jurisdiction	VACANT
OFRB	VACANT	Pretrial Services Agency	Other appointing jurisdiction	Organization Representative

Current Violence Fatality Review Committee (VFRC) Members as of 1/8/2020

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
VFRC	Ari Davis	Community Member	10/12/2022	Ward 5
VFRC	Assistant Chief Robert Contee	Metropolitan Police Department (MPD)	1/2/2023	Agency Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
VFRC	Cheryl Bozarth	Office of Victims Services and Justice Grants (OVSJG)	1/2/2023	Agency Representative
VFRC	Clayton Rosenberg	Organization providing services to secondary victims of homicides or suicide	10/12/2022	Organization Representative
VFRC	Danielle Hamilton	Community Member	10/12/2022	Ward 7
VFRC	Dr. Eric Li	District of Columbia Hospital- United Medical Center	10/12/2022 (deemed approved 2/22/2020)	Organization Representative
VFRC	Dr. Joseph Richardson	Hospital-based violence intervention program- Prince George's Hospital Center	10/12/2022 (deemed approved 2/22/2020)	Organization Representative
VFRC	Dr. Mallory Williams	College or University conducting research in homicide and suicide prevention- Howard University	10/12/2022 (deemed approved 2/22/2020)	Organization Representative
VFRC	Dr. Roger Mitchell, Jr.	Office of the Chief Medical Examiner	1/2/2023	Agency Representative
VFRC	Elizabeth Wieser	Office of the Attorney General (OAG)	1/2/2023	Agency Representative
VFRC	Forest Hayes	District of Columbia Housing Authority (DCHA)	1/2/2023	Agency Representative
VFRC	Helaina Roisman	District of Columbia Hospital- George Washington University Hospital	10/12/2022	Organization Representative
VFRC	James Ballard	Department of Human Services	1/2/2023	Agency Representative

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		(DHS)		
VFRC	Juanita Price	Organization providing mental health and behavioral services	10/12/2022	Organization Representative
VFRC	Kenan Zamore	Department of Health (DC Health)	1/2/2023	Agency Representative
VFRC	Kenyatta Hazlewood	District of Columbia Hospital- Howard University	10/12/2022	Organization Representative
VFRC	Mildred Sheppard	Hospital-based violence intervention program- Washington Hospital Center	10/12/2022	Organization Representative
VFRC	Sara Kerai	Organization providing mental health and behavioral services	10/12/2022 (deemed approved 2/22/2020)	Organization Representative
VFRC	Setareh Yelle	Office of Neighborhood Safety and Engagement (ONSE)	1/2/2023	Agency Representative
VFRC	Shannon Goodhue	Department of Behavioral Health (DBH)	1/2/2023	Agency Representative
VFRC	VACANT	District of Columbia Hospital- Georgetown University Hospital	VACANT	Organization Representative
VFRC	VACANT	Superior Court of the District of Columbia	Other appointing jurisdiction	VACANT
VFRC	VACANT	Court Services and Offender	VACANT	VACANT

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Term end</u>	<u>Ward of Residence</u>
		Supervision Agency		
VFRC	VACANT	District of Columbia Hospital- Sibley Memorial Hospital	VACANT	VACANT
VFRC	VACANT	Community Member	Person identified, nomination pending	VACANT
VFRC	VACANT	Office of the United States Attorney for the District of Columbia	Other appointing jurisdiction	VACANT
VFRC	VACANT	District of Columbia Hospital- Washington Hospital Center	Person identified, nomination pending	VACANT

b. Please provide data on attendance for all committee meetings in FY19 and FY20, to date.

FY19 Child Fatality Review (CFRT) Attendance Data (9 meetings held)- no meeting February 2019, April 2019, and August 2019.

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended</u>
CFRC	Adam Backels	District of Columbia Public Schools (DCPS) Representative	9 of 9
CFRC	Aleazor Taylor	Fire and Emergency Medical Services (FEMS) Representative	5 of 9
CFRC	Alison Losey	Office of the State Superintendent of Education (OSSE) Representative	5 of 9 (new appointment as of 8/2019)
CFRC	Andrea Allen	District of Columbia Public Schools (DCPS) Representative	0 of 9
CFRC	Chief Tony Lee Falwell	Fire and Emergency	0 of 9

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended</u>
		Medical Services (FEMS)	
CFRC	Claudia Booker	Public Member	0 of 9 (member on medical leave of absence)
CFRC	Cmdr. Leslie Parsons	Metropolitan Police Department (MPD) Representative	0 of 9
CFRC	Colleen Sonosky	Department of Health Care Finance (DHCF) Representative	8 of 9
CFRC	Cory Chandler	Child and Family Services Agency (CFSA) Representative	2 of 9
CFRC	Cynthia Wright (FY 19 Committee Co-Chair)	Office of the United States Attorney for the District of Columbia	4 of 9 (member on medical leave for quarter)
CFRC	Debbie Allen	Department of Behavioral Health (DBH) Representative	8 of 9
CFRC	Diane Oliver	District of Columbia Housing Authority	2 of 9
CFRC	Dr. Alsan Bellard	Department of Youth Rehabilitative Services (DYRS) Representative	Resigned
CFRC	Dr. Cheryl Williams	Public Member	4 of 9
CFRC	Dr. Eric Rosenthal	Hospital where children are born or treated- Children's National Medical Center Representative	5 of 9
CFRC	Dr. Erica McClaskey FY20 Co-Chair	Department of Health (DC Health) Representative	3 of 9 – new appointment as of 8/2019
CFRC	Dr. Inez Reeves	Hospital where children are born or treated- Howard University Hospital Representative	2 of 9

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended</u>
CFRC	Dr. Jacqueline Francis	Public Member	3 of 9
CFRC	Dr. Khandra Tyler-Beynum	Department of Youth Rehabilitative Services (DYRS) Representative	0 of 9- new appointment as of 12/2019
CFRC	Dr. Kristinza Giese FY20 Co-Chair	Office of the Chief Medical Examiner (OCME) Representative	2 of 9- new appointment as of 8/2019
CFRC	Dr. Roger Mitchell, Jr. (FY 19 Committee Chair)	Office of the Chief Medical Examiner (OCME) Representative	7 of 9
CFRC	Elizabeth Wieser	Office of the Attorney General (OAG) Representative	5 of 9 – new appointment as of 2/2019
CFRC	Erin Cullen	District of Columbia Office of the Attorney General (OAG) Representative	6 of 9
CFRC	Hon. Carol Dalton	Superior Court of the District of Columbia Representative	resigned
CFRC	Hon. Peter Krauthamer	Superior Court of the District of Columbia Representative	0 of 9
CFRC	Jacqueline Smith	College or University School of Social Work- Howard University	4 of 9
CFRC	Judith Meltzer	Center for the Study of Social Policy (CSSP)	3 of 9
CFRC	Lanita Williams	Public Member	3 of 9
CFRC	LaShunda Hill	Public Member	0 of 9
CFRC	Lastenia Pretlow-Brathwaite	Department of Human Services (DHS) Representative	1 of 9
CFRC	Lawrence Weaver	Superior Court of the District of Columbia- Family Court Social	6 of 9

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended</u>
		Services Division Representative	
CFRC	Marie Cohen	Public Member	7 of 9
CFRC	Mina Malik	District of Columbia Office of the Attorney General (OAG) Representative	3 of 9- resigned
CFRC	Rachel Paletta	Center for the Study of Social Policy (CSSP)	6 of 9
CFRC	Robert Matthews	Child and Family Services Agency (CFSA) Representative	8 of 9
CFRC	Sgt. Keith Batton	Metropolitan Police Department (MPD) Representative	8 of 9
CFRC	Stacy Mills	Public Member	3 of 9
CFRC	Terri Odom	Superior Court of the District of Columbia- Family Court Social Services Division Representative	0 of 9
CFRC	Theresa Early	Department of Human Services (DHS) Representative	9 of 9
CFRC	Yuliana Del Arroyo	Office of the State Superintendent of Education (OSSE) Representative	3 of 9 -resigned

FY20 to date Child Fatality Review (CFRT) Attendance Data (3 meetings held)

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended</u>
CFRC	Adam Backels	District of Columbia Public Schools (DCPS) Representative	2 of 3

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended</u>
CFRC	Aleazor Taylor	Fire and Emergency Medical Services (FEMS) Representative	2 of 3
CFRC	Alison Losey	Office of the State Superintendent of Education (OSSE) Representative	2 of 3
CFRC	Andrea Allen	District of Columbia Public Schools (DCPS) Representative	0 of 3
CFRC	Chief Tony Lee Falwell	Fire and Emergency Medical Services (FEMS)	0 of 3
CFRC	Claudia Booker	Public Member	0 of 3
CFRC	Cmdr. Leslie Parsons	Metropolitan Police Department (MPD) Representative	0 of 3
CFRC	Colleen Sonosky	Department of Health Care Finance (DHCF) Representative	3 of 3
CFRC	Cory Chandler	Child and Family Services Agency (CFSA) Representative	2 of 3
CFRC	Cynthia Wright	Office of the United States Attorney for the District of Columbia	1 of 3
CFRC	Debbie Allen	Department of Behavioral Health (DBH) Representative	2 of 3
CFRC	Diane Oliver	District of Columbia Housing Authority	0 of 3
CFRC	Dr. Cheryl Williams	Public Member	1 of 3
CFRC	Dr. Eric Rosenthal	Hospital where children are born or treated- Children's National Medical Center Representative	0 of 3

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended</u>
CFRC	Dr. Erica McClaskey FY20 Co-Chair	Department of Health (DC Health) Representative	1 of 3
CFRC	Dr. Inez Reeves	Hospital where children are born or treated- Howard University Hospital Representative	0 of 3
CFRC	Dr. Jacqueline Francis	Public Member	2 of 3
CFRC	Dr. Khandra Tyler-Beynum	Department of Youth Rehabilitative Services (DYRS) Representative	1 of 3
CFRC	Dr. Kristinza Giese FY20 Co-Chair	Office of the Chief Medical Examiner (OCME) Representative	3 of 3
CFRC	Dr. Roger Mitchell, Jr. (FY 19 Committee Chair)	Office of the Chief Medical Examiner (OCME) Representative	1 of 3
CFRC	Elizabeth Wieser	Office of the Attorney General (OAG) Representative	3 of 3
CFRC	Erin Cullen	District of Columbia Office of the Attorney General (OAG) Representative	3 of 3
CFRC	Hon. Peter Krauthamer	Superior Court of the District of Columbia Representative	0 of 3
CFRC	Jacqueline Smith	College or University School of Social Work- Howard University	1 of 3
CFRC	Judith Meltzer	Center for the Study of Social Policy (CSSP)	1 of 3
CFRC	Lanita Williams	Public Member	0 of 3
CFRC	LaShunda Hill	Public Member	0 of 3
CFRC	Lastenia Pretlow-Brathwaite	Department of Human Services (DHS)	0 of 3

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended</u>
		Representative	
CFRC	Lawrence Weaver	Superior Court of the District of Columbia- Family Court Social Services Division Representative	3 of 3
CFRC	Marie Cohen	Public Member	3 of 3
CFRC	Rachel Paletta	Center for the Study of Social Policy (CSSP)	1 of 3
CFRC	Robert Matthews	Child and Family Services Agency (CFSA) Representative	2 of 3
CFRC	Sgt. Keith Batton	Metropolitan Police Department (MPD) Representative	1 of 3
CFRC	Stacy Mills	Public Member	
CFRC	Terri Odom	Superior Court of the District of Columbia- Family Court Social Services Division Representative	
CFRC	Theresa Early	Department of Human Services (DHS) Representative	3 of 3

FY19 Child Fatality Review Committee- Infant Mortality Review (IMR) Team Sub-Committee Meetings and Attendance Data

<u>Committee Type</u>	<u>Meeting Date</u>	<u>Number of Attendees</u>
CFRC- IMR	October 2, 2018	20
CFRC-IMR	November 6, 2018	16
CFRC-IMR	December 4, 2018	24
CFRC- IMR	January 8, 2019	21

CFRC- IMR	February 5, 2019	19
CFRC- IMR	March 5, 2019	25
CFRC- IMR	April 2, 2019	22
CFRC- IMR	May 7, 2019	24
CFRC- IMR	June 4, 2019	23
CFRC- IMR	July 2, 2019	25
CFRC- IMR	August 6, 2018	25
CFRC- IMR	September 2019 No Meeting	N/A

FY20 Child Fatality Review Committee- Infant Mortality Review (IMR) Meetings and Attendance Data

<u>Committee Type</u>	<u>Meeting Date</u>	<u>Number of Attendees</u>
CFRC- IMR	October 1, 2019	17
CFRC- IMR	November 5, 2019	25
CFRC- IMR	December 3, 2019	27

FY19 Developmental Disabilities Fatality Review Committee (DDFRC) Attendance Data- (6 meetings)- no meetings November 2018, December 2018, February 2019, April 2019, July 2019 and September 2019.

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
DDFRC	Caren Kirkland	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	1 of 6
DDFRC	Cynthia McGee	Department of Health (DC Health)	3 of 6
DDFRC	Dr. Jennifer Crumlish	A psychiatrist, psychologist, or mental	4 of 6

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
		health professional who is licensed to practice in the District with experience in the evaluation and treatment of persons with an intellectual disability or developmental disability	
DDFRC	Dr. Marianne Vail	Clinician with experience in the area of evaluation, treatment and/or support of persons with an intellectual disability or developmental disability	4 of 6
DDFRC	Dr. Michaela Zajicek-Farber	Faculty member from a school of social work- Catholic University	2 of 6
DDFRC	Dr. Pamela Riley	Department of Health Care Finance (DHCF)	4 of 6
DDFRC	Dr. Roger Mitchell, Jr. (Co-Chair)	Office of the Chief Medical Examiner (OCME)	4 of 6
DDFRC	Ellen Wells	Department of Human Services (DHS)	4 of 6
DDFRC	La’Kisha Lacey	Fire and Emergency Medical Services (FEMS)	2 of 6
DDFRC	Laura Hartman-Villalta	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	3 of 6

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
DDFRC	Rhonda Barnes	Department of Behavioral Health (DBH) Representative	0 of 6- new appointment as of 11/2019
DDFRC	Sharon Mebane	Department of Health, Health Regulation and Licensing Administration (DC Health)	0 of 6
DDFRC	Winslow Woodland (Co-Chair)	Department on Disability Services (DDS)	6 of 6

FY20 Developmental Disabilities Fatality Review Committee (DDFRC) Attendance Data to date- (2 meetings)- no meeting November 2019.

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
DDFRC	Caren Kirkland	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	0 of 2
DDFRC	Cynthia McGee	Department of Health (DC Health)	2 of 2
DDFRC	Dr. Jennifer Crumlish	A psychiatrist, psychologist, or mental health professional who is licensed to practice in the District with experience in the evaluation and treatment of persons with an intellectual disability or developmental disability	1 of 2

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
DDFRC	Dr. Marianne Vail	Clinician with experience in the area of evaluation, treatment and/or support of persons with an intellectual disability or developmental disability	1 of 2
DDFRC	Dr. Michaela Zajicek-Farber	Faculty member from a school of social work- Catholic University	1 of 2
DDFRC	Dr. Pamela Riley	Department of Health Care Finance (DHCF)	2 of 2
DDFRC	Dr. Roger Mitchell, Jr. (Co-Chair)	Office of the Chief Medical Examiner (OCME)	1 of 2
DDFRC	Ellen Wells	Department of Human Services (DHS)	1 of 2 Retired 11/2019
DDFRC	La'Kisha Lacey	Fire and Emergency Medical Services (FEMS)	0 of 2
DDFRC	Laura Hartman-Villalta	Member of the Community, who has an intellectual disability, is a family member of a person with an intellectual disability or who works for an organization that advocates for those with intellectual disabilities in the District	1 of 2
DDFRC	Rhonda Barnes	Department of Behavioral Health (DBH) Representative	0 of 2 New appointment 11/2019
DDFRC	Sharon Mebane	Department of Health, Health Regulation and Licensing Administration	0 of 2

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
		(DC Health)	
DDFRC	Winslow Woodland (Co-Chair)	Department on Disability Services (DDS)	2 of 2

FY19 Maternal Mortality Review Committee (MMRC) Attendance Data (3 meetings held)- no cancelled meetings.

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
MMRC	Aza Nedhari	Community Organization specializing in women's health, teen pregnancy or public health	3 of 3
MMRC	Cherie Craft	Community Organization specializing in women's health, teen pregnancy or public health	1 of 3
MMRC	Christina Marea (Co-Chair)	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center-Community of Hope	2 of 3
MMRC	Donna Anthony	Representative from a pediatric hospital	3 of 3
MMRC	Dr. Christine Colie	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center-Georgetown University Hospital	2 of 3
MMRC	Dr. Connie Bohon	American Congress of Obstetricians and Gynecologists (ACOG)	3 of 3
MMRC	Dr. Jamila Perritt	Community Organization specializing in women's	2 of 3

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
		health, teen pregnancy or public health	
MMRC	Dr. Janeen Cross	Social worker specializing in women's health or maternal health- Howard University School of Social Work	3 of 3
MMRC	Dr. Kristin Atkins	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Howard University Hospital	3 of 3
MMRC	Dr. Kristinza Giese	Office of the Chief Medical Examiner (OCME)	2 of 3
MMRC	Dr. Melissa Fries	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Washington Hospital Center	3 of 3
MMRC	Dr. Monique Powell-Davis	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Mary's Center	1 of 3
MMRC	Dr. Nancy Gaba	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- George Washington University Hospital	0/3- new appointment
MMRC	Dr. Pamela Riley	Department of Health Care Finance (DHCF)	3 of 3
MMRC	Dr. Rita Calabro	Member with experience in obstetrics and gynecology	3 of 3

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
		from a District of Columbia Hospital or Birthing Center- Sibley Memorial Hospital	
MMRC	Dr. Roger Mitchell, Jr. (Co-Chair)	Office of the Chief Medical Examiner (OCME)	3 of 3
MMRC	Ebony Marcelle	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Community of Hope	3 of 3
MMRC	Evette Hernandez	American College of Nurse Midwives	2 of 3
MMRC	Iman Newsome	Doula	3 of 3
MMRC	Rebecca Winter	Department of Health (DC Health)	2 of 3
MMRC	Roberta Bell	Obstetric Registered Nurse	3 of 3
MMRC	Shakira Franklyn	Certified Midwife	2 of 3
MMRC	Shermaine Bowden	Department of Behavioral Health (DBH)	2 of 3
MMRC	Theresa Early	Department of Human Services (DHS)	3 of 3

FY20 Maternal Mortality Review Committee (MMRC) Attendance Data (1 meeting held)- no meetings cancelled.

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
MMRC	Aza Nedhari	Community Organization specializing in women's health, teen pregnancy or	1 of 1

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
		public health	
MMRC	Cherie Craft	Community Organization specializing in women's health, teen pregnancy or public health	0 of 1
MMRC	Christina Marea (Co-Chair)	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center-Community of Hope	1 of 1
MMRC	Donna Anthony	Representative from a pediatric hospital	0 of 1
MMRC	Dr. Christine Colie	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center-Georgetown University Hospital	1 of 1
MMRC	Dr. Connie Bohon	American Congress of Obstetricians and Gynecologists (ACOG)	1 of 1
MMRC	Dr. Jamila Perritt	Community Organization specializing in women's health, teen pregnancy or public health	1 of 1
MMRC	Dr. Janeen Cross	Social worker specializing in women's health or maternal health- Howard University School of Social Work	1 of 1
MMRC	Dr. Kristin Atkins	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Howard University Hospital	1 of 1

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
MMRC	Dr. Kristinza Giese	Office of the Chief Medical Examiner (OCME)	1 of 1
MMRC	Dr. Melissa Fries	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Washington Hospital Center	1 of 1
MMRC	Dr. Monique Powell-Davis	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Mary's Center	1 of 1
MMRC	Dr. Nancy Gaba	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- George Washington University Hospital	0 of 1- new appointment
MMRC	Dr. Pamela Riley	Department of Health Care Finance (DHCF)	0 of 1
MMRC	Dr. Rita Calabro	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Sibley Memorial Hospital	1 of 1
MMRC	Dr. Roger Mitchell, Jr. (Co-Chair)	Office of the Chief Medical Examiner (OCME)	1 of 1
MMRC	Ebony Marcelle	Member with experience in obstetrics and gynecology from a District of Columbia Hospital or Birthing Center- Community of Hope	1 of 1

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
MMRC	Evette Hernandez	American College of Nurse Midwives	1 of 1
MMRC	Iman Newsome	Doula	1 of 1
MMRC	Rebecca Winter	Department of Health (DC Health)	1 of 1
MMRC	Roberta Bell	Obstetric Registered Nurse	1 of 1
MMRC	Shakira Franklyn	Certified Midwife	1 of 1
MMRC	Shermaine Bowden	Department of Behavioral Health (DBH)	0 of 1
MMRC	Theresa Early	Department of Human Services (DHS)	1 of 1

FY19 Opioid Fatality Review Board (OFRB) Attendance Data (1 meeting held)- no meetings cancelled.

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
OFRB	Comd. John Haines	Metropolitan Police Department (MPD)	1 of 1
OFRB	Cyndee Clay	Community based provider	0 of 1
OFRB	Dr. Beth Mynett	Department of Corrections (DOC)	1 of 1
OFRB	Dr. Chikarlo Leak (Chair)	Office of the Chief Medical Examiner (OCME)	1 of 1
OFRB	Dr. Edwin Chapman	Community based provider	1 of 1
OFRB	Dr. Jennifer Smith	Department of Forensic Sciences (DFS)	1 of 1

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meeting Attended</u>
OFRB	Dr. Marc Dalton	Department of Behavioral Health (DBH)	0 of 1
OFRB	Dr. Morgan Medlock (Vice-Chair)	Hospital in the District-Howard University Hospital	1 of 1
OFRB	Dr. Pamela Riley	Department of Health Care Finance (DHCF)	1 of 1
OFRB	Dr. Elisha Peterson	Community based provider	0 of 1
OFRB	Kenan Zamore	Department of Health (DC Health)	1 of 1
OFRB	Kevin Petty	District resident member	1 of 1
OFRB	La'kisha Lacey	Fire and Emergency Medical Services (FRMS)	1 of 1
OFRB	Madeleine Solan	Department of Human Services (DHS)	1 of 1
OFRB	Maurice Harrison	District resident member	0 of 1
OFRB	Rhonda Johnson	District resident member	1 of 1
OFRB	Robert Pearson	Mayor's Office of Veteran's Affairs (MOVA)	0 of 1

FY20 Opioid Fatality Review Board (OFRB) Attendance Data (3 meetings held)- no meetings cancelled.

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended</u>
OFRB	Comd. John Haines	Metropolitan Police Department (MPD)	0 of 3
OFRB	Cyndee Clay	Community based provider	2 of 3
OFRB	Dr. Beth Mynett	Department of Corrections (DOC)	2 of 3
OFRB	Dr. Chikarlo Leak	Office of the Chief Medical	3 of 3

<u>Committee Type</u>	<u>Member Name</u>	<u>Seat</u>	<u>Number of Meetings Attended</u>
	(Chair)	Examiner (OCME)	
OFRB	Dr. Edwin Chapman	Community based provider	1 of 3 – resigned 11/2019
OFRB	Dr. Jennifer Smith	Department of Forensic Sciences (DFS)	2 of 3
OFRB	Dr. Marc Dalton	Department of Behavioral Health (DBH)	1 of 3
OFRB	Dr. Morgan Medlock (Vice-Chair)	Hospital in the District-Howard University Hospital	3 of 3
OFRB	Dr. Pamela Riley	Department of Health Care Finance (DHCF)	1 of 3
OFRB	Dr. Elisha Peterson	Community based provider	2 of 3
OFRB	Kenan Zamore	Department of Health (DC Health)	2 of 3
OFRB	Kevin Petty	District resident member	3 of 3
OFRB	La’kisha Lacey	Fire and Emergency Medical Services (FRMS)	2 of 3
OFRB	Madeleine Solan	Department of Human Services (DHS)	3 of 3
OFRB	Maurice Harrison	District resident member	0 of 3
OFRB	Rhonda Johnson	District resident member	2 of 3
OFRB	Robert Pearson	Mayor’s Office of Veteran’s Affairs (MOVA)	0 of 3

- c. Please provide information on committee staffing, including a description of the job responsibilities of all staff.

Current committee staffing and a description of the job responsibilities are as follows:

1 Supervisory Fatality Review Program Manager - The primary role is to provide overall management (leadership and direction), oversight and full execution of all services and

responsibilities associated with all Fatality Review functions as provided by the Office of the Chief Medical Examiner established within the District of Columbia.

1 Senior Fatality Review Program Specialist - The primary role is to provide assistance in the coordination of activities of all fatality review teams with primary leadership in the coordination of the Child Fatality Review Committee (CFRC) - child death review process. The Senior specialist also takes lead in identifying cases for review, monitoring Committee findings, issuing official recommendations and drafting the CFRC Annual Report.

1 Fatality Review Program Specialist - The primary role is to provide coordination of the activities of the Child Fatality Review Committee - Infant Mortality Review (IMR) Sub-Committee. This includes drafting comprehensive case summary reports, compiling detailed meeting minutes, engaging with meeting participants and key stakeholders and contributing data to the CFRC Annual Report.

1 Fatality Review Program Specialist - The primary role is to provide coordination of the activities of the Maternal Mortality Review Committee (MMRC). This includes drafting comprehensive case summary reports, compiling detailed meeting minutes, engaging with meeting participants and key stakeholders and contributing data to the MMRC Annual Report.

1 Fatality Review Program Specialist - The primary role is to provide coordination of the activities of the Opioid Fatality Review Board (OFRB). This includes drafting comprehensive case summary reports, compiling detailed meeting minutes, engaging with meeting participants and key stakeholders and contributing data to the OFRB Annual Report.

1 Fatality Review Program Specialist - The primary role is to provide coordination of the activities of the Violence Fatality Review Committee (VFRC). This includes drafting comprehensive case summary reports, compiling detailed meeting minutes, engaging with meeting participants and key stakeholders and contributing data to the VFRC Annual Report.

2 Staff Assistants - The primary role is to obtain and receive decedent records and maintain a record filing system for use in the development of the comprehensive case summary report. The Staff Assistants also provide meeting coordination service in preparing meeting document packages for members, checking members in to meetings, monitoring confidentiality forms and storing meeting documents as required.

- d. Please provide metrics on the progress of committee goals detailed in annual reports, including information about times that the agency incorporated committee recommendations into its operations.

Committee goals for reviewing CFRC, CFRC-IMRT, DDFRC, OFRB, and MMRC cases are being achieved. The on-boarding and orientation of new members and the development of case review frameworks and the development of findings and recommendations has been implemented by the MMRC and OFRB and is being finalized. The first OFRB meeting took place on September 30, 2019 and meets the second Tuesday of every month. The first MMRC meeting took place on May 9, 2019 and meets the fourth Thursday of every month. The VFRC has not held its first meeting, but has held an informal meet and greet/orientation in December 2019 and is slated to begin formal meetings in February 2020.

In the 2018 CFRC Annual Report, the following recommendations were directed to OCME:

<u>Committee Type</u>	<u>Recommendation</u>	<u>Status</u>
CFRC	The Office of the Chief Medical Examiner (OCME) shall complete post-mortem molecular and directed neuropathology testing as part of the autopsy process.	The OCME is looking to fund post mortem molecular testing this FY20 in partnership with a local hospital servicing children. During FY19, the OCME hired a board certified forensic pathologist who specializes in neuropathology and cardiac pathology.
CFRC	The Office of the Chief Medical Examiner (OCME) and the Department of Health (DC Health) should collaborate to develop a District wide campaign to address and improve the safe sleep environment for infants. This collaboration will address the needs of families involved with DHS supportive housing, hospitals, birthing centers and community centers.	The OCME is working with external federal partners to identify directed funding from the National Institutes of Health (NIH) to support a campaign.

There were no recommendations made to the OCME in the 2018 DDFRC Annual Report. All other Committee/Board reports will not be due until July 2020.

- e. Please provide information on when OCME declined to incorporate suggestions of the annual reports, and why.

There is no time when the agency declined to incorporate suggestions of the annual reports.

- f. Does OCME work with other District agencies to help incorporate committee recommendations? If so, please describe how.

Yes, the OCME is partnering with the Office of the City Administrator (OCA) who works directly with all agencies on the overall development of incorporating the CFRC recommendations into agency performance plans and monitoring of the progress of such.

48. Please discuss OCME's goals for the recently established Maternal Mortality Review Committee and Violence Fatality Review Committee.

OCME's Goals for both MMRC and VFRC include:

- To recruit and hire 2 fatality review program specialists to support the MMRC and VFRC. Two new fatality review program specialists were on-boarded February 19, 2019 to support the MMRC and VFRC. Over the course of the year, staffing adjustments were made and the fatality review program specialist position supporting the MMRC became vacant in July 2019 and is pending the hire of a new FTE (Manager is currently providing coverage).
- To complete orientation and train new staff by mid-March 2019. This goal was accomplished with the fatality review program specialists receiving training and shadowing more seasoned fatality review program specialists at other committee review meetings.
- To provide orientation for new MMRC and VFRC members once appointments are official. Once MMRC members became official via the Council Confirmation hearing on March 14, 2019, the first MMRC meeting commenced May 9, 2019. As of the writing of this report, the remaining 4 nominees pending Council approval for the VFRC will have been deemed approved as of February 22, 2020. The first VFRC meeting is scheduled to convene late February 2020. VFRC members attended an informal meet and greet in December 2019 and are looking forward to the work ahead of them.
- To establish Rules, Procedures and meeting frequency and on-going meeting schedule once committee/board meetings commence. This goal has been achieved for the MMRC and is pending for the VFRC.
- To complete an assessment of member training needs for both MMRC and VFRC. An assessment of member training needs will be ongoing. The MMRC members received training from the Centers for Disease Control and Prevention (CDC) on November 26, 2019 on how to conduct MMRC case reviews from a national perspective as well as the tools available to support MMRCs.
- To begin case reviews. Case reviews have commenced for the MMRC. Members are in the process of developing a framework for how they will arrive at developing findings and recommendations as well as finalizing the case review template format. This will also take place for the VFRC once meetings commence.

- Provide a Draft Annual Report for both MMRC and VFRC establishment and progress during calendar year 2019 by July 2020. This is a goal we intend to meet.

49. Does the agency conduct or facilitate multi-agency reviews of homicides? Please describe any relevant MOUs.

The agency does not currently conduct multi-agency reviews of homicides outside of the normal course of practice. In the normal course of forensic death investigations, individual OCME medical examiner's meet with MPD, DFS, United States Attorney's Office, and Public Defender Services for the purposes of the prosecution and defense of homicide cases. In addition, the Chief and Deputy Chief Medical Examiners present OCME homicide cases at Trauma Peer Review and Morbidity and Mortality Conferences held at various trauma hospitals located within the District of Columbia.

The OCME will conduct reviews of homicides and suicides through the Violence Fatality Review Committee (VFRC) process. Legislation is in place authorizing these reviews. Member nominations have been made with request for approval by the DC Council. All pending nominations are deemed approved as of February 22, 2020. The first VFRC meeting is scheduled to take place late February 2020.

50. Please discuss the activities of the Opioid Fatality Review Board. Have any policy changes been implemented based on the findings of the Board? How will the Board's findings be used to support the District's work to combat the opioid crisis?

A Fatality Review Program Specialist was on-boarded May 28, 2019 to support the work of the OFRB. This fatality review program specialist completed training and shadowing in June of 2019. Once all OFRB members were appointed, the meetings commenced September 30, 2019. Thereafter, the OFRB established Rules, Procedures, meeting frequency and on-going meeting schedule with monthly meetings being held on the second Tuesday of every month. Case reviews have commenced for the OFRB as well and members are in the process of developing a framework for how they will arrive at developing findings and recommendations in addition to finalizing the case review template format. Due to the need for on-boarding members and developing the necessary frameworks for case review, no policy changes have been implemented to date as the Board has not issued any findings or recommendations. All adopted findings and recommendations will be issued throughout the year to Agency Directors and included with agency responses in the OFRB Annual Report. These responses will then be tracked by the City Administrator's Office who will work to incorporate the recommendations into agency performance plans and provide on-going monitoring of their implementation.

51. How many cases were reported to OCME in FY19 and FY20, to date?

There were 6465 cases reported to OCME in FY19 and 2019 cases reported to OCME in FY20 to date.

- a. Of those cases, in how many did OCME accept jurisdiction? How many of those cases accepted were autopsied?

There were 1281 cases accepted in FY19 and 451 cases accepted in FY20, to date.

- b. Of those cases, how many were declined? How many of those cases declined became storage requests?

There were 1842 cases declined in FY19 and 540 cases declined in FY20, to date. There were 169 cases storage in FY19 and 59 cases storage in FY20, to date.

- c. How many cremation requests were received in FY19 and FY20, to date?

There were 3173 cremation cases in FY19 and 969 cremation cases in FY20, to date.

52. How did the Medical Examiner Transport Team (“METT”) change or improve upon the agency’s operations in FY19 and FY20, to date?

The Medical Examiner Transport Team (METT) continues to provide the District the ability to be self-sufficient in body transport. The METT Unit has the skill set to perform: Decedent transport, decedent intake and release, fatality management response logistics, post-mortem radiology and identification, digital and ink fingerprinting, supply inventory, tracking and ordering, assisting with autopsies and mortuary QA/QC processes. The METT Unit is responsible for Fleet Management of 21 vehicles including a Mobile Command Unit. Furthermore, the formation of the METT fulfills the standards established by National Association of Medical Examiner (NAME) Accreditation Guidelines for proper body handling during day-to-day operations, as well as in a mass fatality.

The agency’s response to death scenes with the use of METT averages about 34 minutes, which is an improvement from last year’s response time of 40 minutes. The agency’s Key Performance Indicator (KPI) is to respond to 90% of scenes within an hour. The METT Unit is currently responding to 97% of scenes within the hour. To ensure that families receive their loved ones in a timely fashion the METT Unit has modified its decedent release process. The agency has increased the number of decedents released per day by releasing decedents every 30 minutes instead of every hour (including holidays and weekends). We are averaging 8 to 16 decedents per day in addition to The University of the District of Columbia anatomical donations and Public Disposition Cases.

53. How many scenes did OCME visit in FY19 and FY20, to date?

There were **766** scene visits in FY19 and **278** in FY20, to date.

54. How many organ donation requests were received during FY19 and FY20, to date?

There were 182 organ donations in FY19 and 49 organ donations in FY20, to date.

55. How many post-mortem examinations did OCME perform in FY19 and FY20, to date?

The OCME performed 1231 post-mortem examinations in FY19 and 428 in FY20, to date.

56. Please list all medical examiner cases in FY19 and FY20, to date, by manner of death and type of case, in the following table:

<i>Manner</i>	<i>Exam Type</i>	<i># of Cases in FY19</i>	<i># of Cases in FY20</i>
Accident	Autopsy	398	55
	Autopsy (at hospital)	0	0
	External Exam	78	23
	Review of Med. Rec	50	23
Homicide	Autopsy	168	43
	External Exam	0	0
Natural	Autopsy	222	35
	External Exam	258	72
	Review of Med. Rec	18	10
Suicide	Autopsy	64	17
	External Exam	0	0
Undetermined	Autopsy	18	1
	External Exam	2	0
Pending		4	172
<i>TOTAL</i>		<i>1281</i>	<i>451</i>

57. Please describe the agency’s activities relating to mass fatality incidents in FY19 and FY20, to date.

The agency participated in the following fatality management training and exercises in FY19 and FY20, to date:

- Independence Day Celebration, NSSE - July 4, 2019, as we stood up the FMOC
- DC Health Information Systems (HIS) Refresher Training, April 22, 2019
- MWCOG National Capital Region Complex Coordinated Attack Symposium, April 23, 2019
- DC Health Emergency Healthcare Coalition (EHC) Functional Exercise, Operation Civil Disorder April 24, 2019
- DC HSEMA 2019 COOP Workshop/Tabletop Exercise, May 13, 2019

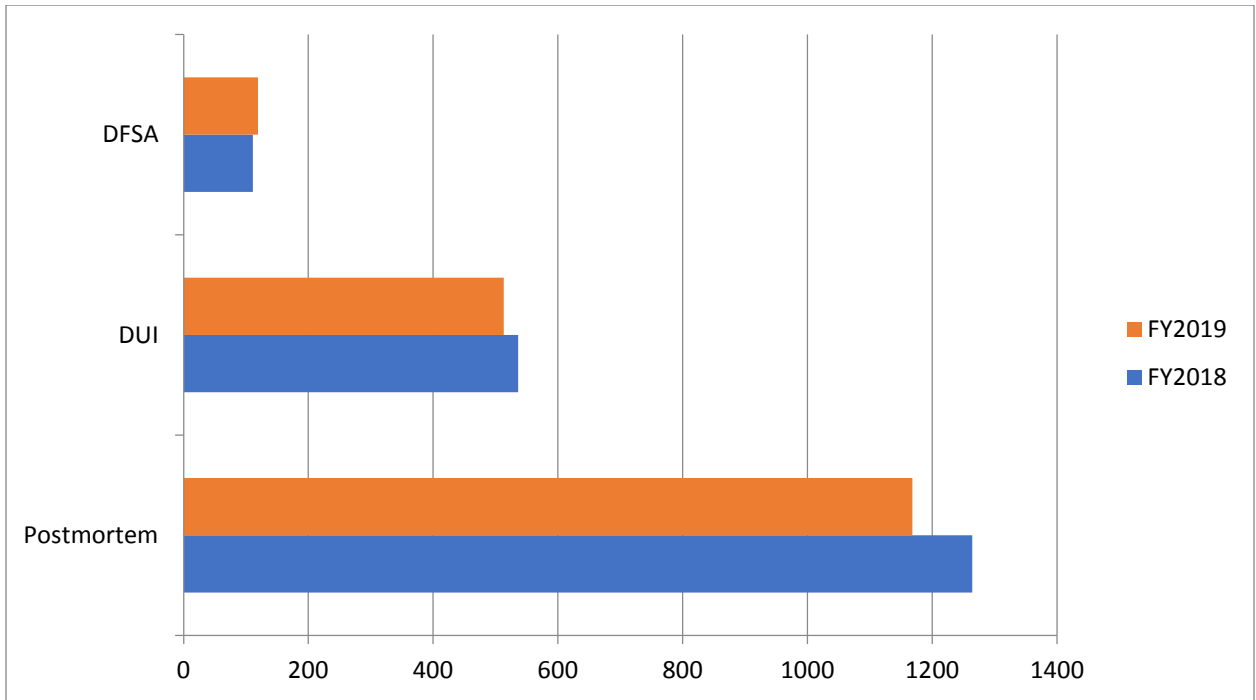
- DC HSEMA 2019 School Active Threat Initiative Full-Scale Exercise, November 5, 2019

The agency also secured funding to equip a Regional Fatality Management Continuity of Operations Site and conduct a Highly Infectious Diseases exercise.

58. How many cases did the Forensic Toxicology Lab test in FY19 and FY20, to date?

a. Please provide a chart, broken down by types of cases tested in the Lab.

Toxicology Case Type	FY2018	FY2019
Postmortem	1264	1168
DUI	536	513
DFSA	111	119



b. Please provide information about OCME’s role in the Synthetic Drug Surveillance Initiative, and report on any findings.

The agency no longer participates in the Synthetic Drug Surveillance Initiative. This initiative concluded in FY17.

59. Please report on the findings of the Data Fusion Center in FY19 and FY20, to date.

The Data Fusion Center engaged in numerous new and/or ongoing public health surveillance initiatives in FY19. For example, the Data Fusion Center regularly contributed opioid data to the Live Long DC Opioid Strategic Plan and DC Opioid Working Group. Furthermore, the Supervisory Epidemiologist leads the Opioid Strategic Goal #1, (reducing legislative and regulatory barriers to creating a comprehensive surveillance system) of the Opioid Strategic Plan. In addition, the Data Fusion Center has developed numerous reports and presentations on the impact of violence in the District. In efforts to improve the data captured on violence populations in the District, the Supervisory Epidemiologist has reviewed, met with stakeholders, and suggested changes to the agencies internal tracking of LGBT.

In addition, the Data Fusion Center was instrumental in applying for three grants during FY19 and co-managing 3 large national grants: the National Violent Death Reporting System, the Coverdell Forensic Science Grant, and the Enhanced State Opioid Overdose Surveillance Grant. The Data Fusion Center also led the application process and successfully secured the Multi-institutional Multi-Disciplinary Injury Mortality Investigation in the Civilian Pre-hospital Environment (MIMIC) grant from the National Trauma Institute. Below is a list of reports and presentations that were developed by the Data Fusion Center in FY19 and FY20, to date:

Title	Year
Hypothermia/Hyperthermia (2018-2019)	FY19
Suicides by Firearms	FY19
Synthetic Cannabinoid Report	FY19
Opioid-related Fatal Overdoses Special Report	FY19
Homicide Lethality Report	FY19
Fall related Deaths January 1, 2014 to July 8, 2019	FY19
Firearm-related Homicides and Lethality	FY19
Guns, Death and their Effects on Society (Presentation)	FY19
Trend Analysis from Criminality to Homicide Victimology in Washington, DC 2014-2015 (Presentation)	FY19
DC Strategic Response to Combat the Opioid Epidemic	FY19
The Role of Forensic Epidemiology in Medicolegal Death Investigations (Presentation at the NIJ Opioid Forum)	FY19
2018 Overview of Infant Sleeping Deaths that Occurred in the District of Columbia by Jurisdiction of Residence	FY19

Public Health Approach to Gun Violence Prevention (Presentation at CJCC)	FY20
Suspected synthetic cannabinoid receptor agonist intoxication: Does analysis of samples reflect the presence of suspected agents?	FY20
2018 OCME Annual Report	FY20

60. How does the agency envision its role in violence prevention, intervention, and response?

Dr. Roger A. Mitchell, Jr., M.D., Chief Medical Examiner at OCME is an acclaimed expert in violence prevention theory and research. He served as Co-chair of the Safer, Stronger Advisory Board that assisted with the development of the Safer, Stronger DC Office of Neighborhood Safety and Engagement (ONSE). He will continue to lead the agency and make himself available to consult on issues related to preventing violence in the District of Columbia. DC OCME will chair and facilitate the Violence Fatality Review Committee -- a committee dedicated to establishing prevention, intervention, and response system recommendations. In FY2019 Q1, DC OCME engaged in several violence prevention and intervention initiatives/projects such as GunStat Monthly Meeting and providing presentations on Firearm-Related Homicides and Lethality at the Office of Neighborhood Safety and Engagement.

Additionally, DC OCME continued to collaborate with the DC Department of Health (DOH) and the Metropolitan Police Department (MPD) on the District of Columbia's Violent Death Reporting System Grant (DCVDRS). The purpose of the grant is to develop a comprehensive depiction of violent deaths (homicides, suicides, and unintentional firearm-related deaths) in the country. Due to the agency's participation in the violent death reporting system, local violence prevention practitioners can use the information generated from the project to guide prevention programs. OCME is an active contributor to project efforts and reports produced. For example, based on data captured by the DCVDRS, the OCME developed an infographic about violent deaths in DC in 2018 and included this information as a special section in the 2018 OCME Annual Report.

61. Please describe the agency's contract with the Wendt Center and the services provided under the contract. Are any of these services available to OCME employees? If so, please explain. If not, are there different types of services available?

The Wendt Center for Loss and Healing and DC OCME partnered in FY19 to educate and support loved ones of the recently deceased through the grieving process. In FY19, the partnership was modified from seven days a week support to the following:

- support by a licensed Clinician to OCME staff as scheduled two (2) weekdays each week;
- Clinician facilitation of two (2), one (1) hour grief educational groups each week scheduled on one (1) weekday and one (1) Saturday each week;
- Clinician facilitation of two (2) (1 ¼) hour early intervention bereavement support groups each week scheduled on one (1) weekday and one (1) Saturday each week; and
- OCME staff vicarious trauma/stress relief/well-being sessions each month.

62. Please describe the agency’s process for handling unclaimed bodies, including where the remains are subsequently buried.

The DC OCME facilitates final disposition of unclaimed decedents by arranging public disposition (cremation and subsequent burial of cremains). Prior to public disposition, OCME stores each decedent for a minimum of 30 days to allow time for the family to make funeral arrangements. The DC OCME facilitates final disposition of unclaimed decedents by arranging public disposition (cremation and subsequent burial of cremains). The cremains from FY19 public disposition are scheduled to be buried in Congressional Cemetery (1801 E St SE, Washington, DC 20003) the week prior to April 18, 2020. OCME will host a city-wide interfaith memorial service on April 18, 2020 for family members of the decedents.

- a. Please provide information about how many unclaimed bodies the agency has handled in FY19 and FY20, to date.

The agency handled 232 unclaimed bodies in FY19 and 38 in FY20, to date. It is of note that during FY19, the agency held its first interfaith burial ceremony on August 27, 2019 at the burial site of the cremated remains – Congressional Cemetery. Families, friends, District Deputy Mayors and other administrative officials, District Councilmembers, and agency staff were in attendance.

63. Is the agency compliant with Section 211 of the Sexual Assault Victims’ Rights Act of 2014, effective November 20, 2014 (D.C. Law 20-139; D.C. Official Code § 4-561.11)?

The agency is compliant with Section 211 of the Sexual Assault Victims’ Rights Act of 2014. In FY2018, the agency completed 96.8 percent of DFSA casework within 90 days of submission (Section 202 of § 4-561.11) and continues to publish the time it took each sample to be processed in the OCME annual report (Section 211 of § 4-561-11).

64. How does the agency envision its role in preventing opioid misuse and overdose-related deaths?

- a. Please discuss the agency’s partnership with the Department of Forensic Sciences (“DFS”) to develop a syringe testing program where DFS collects and tests the syringes found at the scene of the overdose.

The OCME has been instrumental in providing timely and accurate data surrounding deaths associated with opioid crisis in the District of Columbia. Part of this work was the development of the syringe testing program for the District. In several cases, the syringe used for injecting opioids was left on the death scene. These discarded syringes were not being tested. The syringe-testing program ensures that syringes left on scenes of death are tested for new and emerging drugs of abuse by the Department of Forensic Sciences.

The OCME is also a participant in the District-Wide Opioid Working Group convened by the Department of Behavioral Health and DC Health. The role of OCME is to provide all mortality data, as well as act as a thought leader surrounding policy and program development. All information generated is used to influence mortality and morbidity in the District of Columbia.

65. Please discuss how the agency's new case management system, the Forensic Analytic Case Tracking System, improves agency operations.

In FY2019, the OCME commissioned the design and development of a mobile counterpart to the Case Management System known as the Decedent Tracking Mobile Application. This new cloud-based, web-enabled, and browser agnostic mobile application affords the agency's mobile users to access case related data while deployed in the field, using existing mobile devices. Additionally, through the use of barcodes and barcode scanners, it allows the real-time tracking of cases/decedents during transport as well as throughout the facility during processing. This application is currently being vetted by its primary user group before full implementation. The total cost of development was \$14,000.

66. Please provide an update on the agency's partnership with Howard University's School of Medicine for residents to rotate at the agency as part of their residency program.

In November 2019, DC OCME's medical director held a meeting with the new Program Director for Howard University Hospital's (HUH) Pathology Residency Program to discuss this medical education partnership; an agreement was formalized in December 2019. By way of this agreement, the DC OCME will host the first HUH pathology resident in June 2020.