



**COUNCIL OF THE DISTRICT OF COLUMBIA**  
**OFFICE OF COUNCILMEMBER BROOKE PINTO**  
**THE JOHN A. WILSON BUILDING**  
**1350 PENNSYLVANIA AVENUE, N.W., SUITE 106**  
**WASHINGTON, D.C. 20004**

January 8, 2024  
Francisco Diaz, Interim Director  
Department of Forensic Sciences

**Via Email**

Dear Interim Director Diaz:

Please find enclosed preliminary performance oversight questions from the Committee on the Judiciary and Public Safety ahead of the annual performance oversight hearings. **Please provide responses to these questions no later than Thursday, January 25.** If you have any questions or concerns about these questions or your ability to meet this deadline, please contact Evan Marolf, Committee Director, at (202) 724-8073.

Thank you,

A handwritten signature in blue ink that reads "BE Pinto".

Brooke Pinto  
Councilmember, Ward 2  
Chairwoman, Committee on the Judiciary and Public Safety  
Council of the District of Columbia

cc: Office of Policy and Legislative Affairs

## ORGANIZATION AND OPERATIONS

1. Please provide the agency's mission statement.

The Department's mission is to provide "high-quality, timely, accurate, and reliable forensic science services...[using] best practices and best available technology; a focus on unbiased science and transparency; and the goal of enhancing public safety."

2. Please provide a complete, up-to-date organizational chart for the agency and each division within the agency, including the names and titles of all senior personnel. Please include an explanation of the roles and responsibilities for each division and subdivision within the agency.

See Appendix #2 – DFS Org Chart (as of 1-12-2024)

- a. Please include a list of the employees (name and title) for each subdivision and the number of vacant, frozen, and filled positions. For vacant positions, please indicate how long the position has been vacant.

See Appendix #2a – List of Agency Employees & Vacancies

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

Addition of Chief Science Officer position in October 2023.

3. Please list each new program implemented by the agency during FY 2023 and FY 2024, to date. For each initiative please provide:

- a. A description of the initiative, including when begun and when completed (or expected to be completed);
- b. The funding required to implement the initiative;
- c. Any documented results of the initiative.

See Appendices #3 and #3-1.

4. Please provide a complete, up-to-date position listing for your agency, ordered by program and activity, and including the following information for each position:

- a. Title of position;
- b. Name of employee or statement that the position is vacant, unfunded, or proposed;
- c. Date employee began in position;
- d. Salary and fringe benefits (separately), including the specific grade, series, and step of position;
- e. Job status (continuing/term/temporary/contract);
- f. Whether the position must be filled to comply with federal or local law.

J&PS Performance Oversight Questions (FY23-24)

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*Please note the date that the information was collected.*

See Appendix #4 – FR0\_Schedule A (as of 1-12-2024).xlsx

5. Please provide a list of all memoranda of understanding (“MOU”) entered into by your agency during FY 23 and FY 24, 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 (if applicable).

| <b>MOU</b>   | <b>Date Entered</b> | <b>Termination Date</b> | <b>In Force?</b> | <b>Involved party</b>                        |
|--|---------------------|-------------------------|------------------|--|
| MOA-DFS FU-MPD Seized Drugs for Mock Casework                | 10/1/2023           | 9/30/2024               | Yes              | Metropolitan Police Department (MPD)         |
| MOU BTW DC Health DFS CORE                                   | 8/1/2023            | 7/31/2024               | No               | DC Health                                    |
| DFS DC Health OD2A MOU                                       | 9/1/2023            | 8/31/2024               | Yes              | DC Health                                    |
| 4PHEP BP5 with HEPRA Revisions                               | 7/1/2023            | 6/30/2024               | No               | DC Health                                    |
| OVSJG MOU DFS 2024   | 10/1/2023           | 9/30/2024               | Yes              | Office of Victim Services and Justice Grants |
| MOU BPS with DFS PHL for Wastewater Analysis                 | 10/1/2023           | 9/30/2024               | No               | DC Health                                    |
| PHEP BP5 MOU   | 10/1/2023           | 6/30/2024               | No               | DC Health                                    |
| Workforce Dev BP5  | 10/1/2023           | 9/30/2024               | No               | DC Health                                    |
| Bread for the City (BFTC)                                    | 10/1/2023           | 8/31/2024               | Yes              | Bread for the City                           |
| FY24 MOU w DOC DFS   | 9/21/2023           | 9/30/2024               | Yes              | DC Department of Corrections                 |
| FMCS FY 2024 MOU   | 9/1/2023            | 8/31/2024               | Yes              | Family and Medical Counseling Service, Inc.  |
| Advance Molecular Detection AMD 2023-2024                    | 9/1/2023            | 8/31/2024               | No               | DC Health                                    |
| AMD Supplemental Budget 2023-2024                            | 9/1/2023            | 7/31/2027               | No               | DC Health                                    |
| ELC Core BP5   | 9/1/2022            | 7/31/2023               | No               | DC Health                                    |
| ELC Enhanced Detection Budget MOU 2023-2024                  | 9/1/2023            | 7/31/2024               | No               | DC Health                                    |
| SHARP Budget MOU DOH DFS 2023-2024                           | 9/1/2023            | 7/31/2024               | No               | DC Health                                    |
| Strengthening Lab Preparedness (ELC LRN Budget) 2023-2024    | 9/1/2023            | 9/30/2024               | No               | DC Health                                    |
| Strengthening Lab Preparedness (ELC LRN Supplemental Budget) | 9/1/2023            | 7/31/2024               | No               | DC Health                                    |
| MOU BTW DFS and DGS re Room 1064                             | 9/28/17             | N/A – Ongoing           | Yes              | DC Department of General Services            |

J&PS Performance Oversight Questions (FY23-24)

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|        |           |                  |     |   |
|--------|-----------|------------------|-----|---|
| HIPS   | 9/1/2023  | <u>8/31/2024</u> | Yes | Honoring Individual Power & Strength (HIPS) |
| UHUPIL | 8/30/2023 | <u>8/31/2024</u> | Yes | Us Helping Us, People into Living           |

6. Please provide a list of each collective bargaining agreement that is currently in effect for agency employees.

- a. Please include the bargaining unit (name and local number), the duration of each agreement, and the number of employees covered.
- b. Please provide, for each union, the union leader’s name, title, and his or her contact information, including e-mail, phone, and address if available.

*Please note if the agency is currently in bargaining and its anticipated completion date.*

Collective Bargaining Agreement between the District of Columbia Government Department of Forensic Sciences and the National Association of Government Employees Service Employees (NAGE), Local R3-09

- Effective: FY22 through FY26
- Number of Covered Employees: 129
- Contact Information:
  - LaToya McDowney, President - NAGE R3-09
  - 300 Indiana Ave, NW, Washington, DC 20001
  - [latoya.mcdowney@dc.gov](mailto:latoya.mcdowney@dc.gov)
  - 240-441-2774

See Appendix #6a – NAGE CBA FY22-26

Compensation Collective Bargaining Agreement between the District of Columbia Government and Compensation Units 1 and 2

- Effective: October 1, 2021, through September 30, 2025
- Number of Covered Employees: 129

E. Lindsey Maxwell II, Esq. – Director  
 Office of Labor Relations and Collective Bargaining  
 441 4th Street, NW, Washington, DC 20001  
 Phone: (202) 724-4953  
 Email: [lindsey.maxwell@dc.gov](mailto:lindsey.maxwell@dc.gov)

See Appendix #6b – Comp Units 1-2 FY22-25

7. Please provide the agency’s FY 2023 Performance Accountability Report.

[See Appendix #3.](#)

## **BUDGET AND FINANCE**

8. Please provide a chart showing the agency's approved budget and actual spending, by division, for FY 2023 and FY 2024, to date. In addition, please describe any variance between fiscal year appropriations and actual expenditures for each program and activity code.

[See Appendix #8.](#)

9. Please list any reprogrammings, in, out, or within, related to FY 2023 or FY 2024 funds. For each reprogramming, please list:

- a. The reprogramming number;
- b. The total amount of the reprogramming and the funding source (i.e., local, federal, SPR);
- c. The sending or receiving agency name, if applicable;
- d. The original purposes for which the funds were dedicated;
- e. The reprogrammed use of funds.

[See Appendix #9.](#)

10. Please provide a complete accounting for all intra-District transfers received by or transferred from the agency during FY 2023 and FY 2024, to date, including:

- a. Buyer agency and Seller agency;
- b. The program and activity codes and names in the sending and receiving agencies' budgets;
- c. Funding source (i.e. local, federal, SPR);
- d. Description of MOU services;
- e. Total MOU amount, including any modifications;
- f. The date funds were transferred to the receiving agency.

[See Appendix #10.](#)

11. Please provide a list of all MOUs in place during FY 2023 and FY 2024, to date, that are not listed in response to the question above.

[Additional MOUs that are in force but were executed prior to FY23:](#)

- [Howard MOU with DFS PHL interns – Date entered: 12/8/2021; – Termination date: 12/7/2026](#)
- [MOU btw DFS and DGS re Room 1064 – Date entered: 9/28/17; Terminate date: N/A](#)

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12. Please identify any special purpose revenue accounts maintained by, used by, or available for use by your agency during FY 2023 and FY 2024, to date. For each account, please list the following:

- 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 in FY 2023 and FY 2024, to date;
- e. Expenditures of funds, including the purpose of each expenditure, for FY 2023 and FY 2024, to date.

None.

13. Please provide a list of all projects for which your agency currently has capital funds available. Please include the following:

- a. A description of each project, including any projects to replace aging infrastructure (e.g., water mains and pipes);
- b. The amount of capital funds available for each project;
- c. A status report on each project, including a timeframe for completion;
- d. Planned remaining spending on the project.

See Appendix #13-a and #13-b.

14. Please provide a complete accounting of all federal grants received for FY 2023 and FY 2024, to date, including the amount, the purpose for which the funds were granted, whether those purposes were achieved and, for FY 2023, the amount of any unspent funds that did not carry over.

None.

15. Please list each contract, procurement, lease, and grant (“contract”) awarded, entered into, extended and option years exercised, by your agency during FY 2023 and FY 2024, to date. For each contract, please provide the following information, where applicable:

- a. The name of the contracting party;
- b. The nature of the contract, including the end product or service;
- c. The dollar amount of the contract, including budgeted amount and actually spent;
- d. The term of the contract;
- e. Whether the contract was competitively bid or not;
- f. The name of the agency’s contract monitor and the results of any monitoring activity;
- g. Funding source;

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h. Whether the contract is available to the public online.

[See Appendix #15.](#)

16. Please provide the details of any surplus in the agency’s budget for FY 2023, including:

- a. Total amount of the surplus;
- b. All projects and/or initiatives that contributed to the surplus.

[See Appendix #16.](#)

17. For FY 2023 and FY 2024 to date, please provide the number of contracts and procurements executed by your agency. Please indicate how many contracts and procurements were for an amount under \$250,000, how many were for an amount between \$250,000-\$999,999, and how many were for an amount over \$1 million.

[See Appendix #17.](#)

**LAWS, AUDITS, AND STUDIES**

18. Please list and describe any ongoing investigations, audits, or reports on your agency or any employee of your agency, or any investigations, studies, audits, or reports on your agency or any employee of your agency that were completed during FY 2023 or FY 2024, to date.

[See Appendix #18 – Discipline as of 01.17.24](#)

| <b>Submission Date</b> | <b>Action Requested</b>             | <b>Disciplinary Cause</b> | <b>Final Action Received</b>        | <b>Closed Date</b> |
|------------------------|-------------------------------------|---------------------------|-------------------------------------|--------------------|
| 08/04/23               | Reprimand                           | Insubordination           | Corrective Suspension (1 to 9 Days) | 10/20/23           |
| 11/08/22               | Corrective Suspension (1 to 9 Days) | Misconduct                | Reprimand                           | 02/14/23           |
| 09/30/22               | Verbal Counseling                   | Misconduct                | Verbal Counseling                   | 10/17/22           |
| 03/13/23               | Leave Restriction                   | Attendance                | None                                | 03/28/23           |
| 09/19/23               | Removal                             | Document Falsification    | None                                | 01/05/24           |
| 11/22/23               | Removal                             | NTE Removal               | Removal                             | 01/09/24           |
| 06/30/23               | Verbal Counseling                   | Attendance                | Verbal Counseling                   | 08/10/23           |
| 10/03/23               | Removal                             | Misconduct                | None                                | 10/17/23           |
| 06/30/23               | Verbal Counseling                   | Attendance                | Verbal Counseling                   | 08/10/23           |

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|          |                                     |             |                                     |          |
|----------|-------------------------------------|-------------|-------------------------------------|----------|
| 10/06/22 | Corrective Suspension (1 to 9 Days) | Performance | None                                | 11/14/22 |
| 07/13/23 | Removal                             | Performance | None                                | 01/05/24 |
| 03/14/23 | Leave Restriction                   | Attendance  | None                                | 03/23/23 |
| 03/10/23 | Corrective Suspension (1 to 9 Days) | Misconduct  | Corrective Suspension (1 to 9 Days) | 05/08/23 |
| 03/01/23 | Removal                             | Performance | Removal                             | 03/20/23 |
| 04/26/23 | Corrective Suspension (1 to 9 Days) | Misconduct  | Corrective Suspension (1 to 9 Days) | 07/24/23 |
| 11/06/23 | None                                | Misconduct  | Conduct Deficiency Memo             | 11/27/23 |
| 10/06/23 | Corrective Suspension (1 to 9 Days) | Misconduct  | Corrective Suspension (1 to 9 Days) | 12/13/23 |
| 10/04/22 | Conduct Deficiency Memo             | Misconduct  | Conduct Deficiency Memo             | 10/26/22 |
| 09/25/23 | None                                | Misconduct  | Conduct Deficiency Memo             | 10/19/23 |
| 11/14/23 | Corrective Suspension (1 to 9 Days) | Compliance  | Corrective Suspension (1 to 9 Days) | 12/01/23 |
| 11/29/23 | Corrective Suspension (1 to 9 Days) | Compliance  | Corrective Suspension (1 to 9 Days) | 12/19/23 |
| 06/13/23 | Removal                             | Performance | Removal                             | 11/29/23 |
| 11/03/23 | Verbal Counseling                   | Attendance  | None                                | 11/03/23 |
| 06/30/23 | Verbal Counseling                   | Attendance  | None                                | 06/30/23 |
| 11/03/23 | Verbal Counseling                   | Attendance  | None                                | 11/03/23 |
| 06/30/23 | Verbal Counseling                   | Attendance  | None                                | 06/30/23 |
| 06/30/23 | Verbal Counseling                   | Attendance  | Verbal Counseling                   | 08/14/23 |
| 08/04/23 | Summary Suspension                  | Compliance  | Summary Suspension                  | 08/04/23 |
| 03/13/23 | Conduct Deficiency Memo             | Misconduct  | Conduct Deficiency Memo             | 06/23/23 |



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|          |                                     |            |                                     |          |
|----------|-------------------------------------|------------|-------------------------------------|----------|
| 11/03/23 | Verbal Counseling                   | Attendance | Verbal Counseling                   | 12/27/23 |
| 06/30/23 | Verbal Counseling                   | Attendance | None                                | 08/10/23 |
| 06/30/23 | Verbal Counseling                   | Attendance | Verbal Counseling                   | 08/10/23 |
| 04/05/23 | Corrective Suspension (1 to 9 Days) | Misconduct | Corrective Suspension (1 to 9 Days) | 05/04/23 |
| 10/31/22 | Conduct Deficiency Memo             | Misconduct | Conduct Deficiency Memo             | 11/23/22 |
| 06/30/23 | Verbal Counseling                   | Attendance | Verbal Counseling                   | 08/09/23 |

19. Please list any reports the agency is required by Council legislation to prepare and whether the agency has met these requirements.

The agency is required to report on sexual harassment, language access, and FOIA, as well as an annual report. The agency has completed the sexual harassment, language access, and FOIA reports in a timely manner. The agency annual report has always been available one year in arear and is posted on the agency website. On July 11, 2023, the FY22 Annual Report is available at <https://dfs.dc.gov/publication/dfss-annual-report-fy-2022-reliable-science-safer-streets>. The agency FY23 report will be available in July, 2024.

- a. Are there any required regular reports that the agency believes are unduly burdensome and/or underutilized by the Council or the public? If so, please provide details on each such report and, to the extent feasible, an estimate of the budget and/or person-hours required to prepare each report.

20. Please list all lawsuits filed in FY23 or FY24, to date that name the agency as a party, and provide the case name, court where claim was filed, case docket number, and a brief description of the case.

1. Ashley Iorio v. DC OEA and DC DFS was filed in Superior Court on or about December 29, 2023. No case number had been issued. It is an appeal from a decision at the Office of Employee Appeals about an employee termination.

2. Mary Beaven v. DC OEA and DC DFS was filed in Superior Court on or about December 29, 2023. No case number had been issued. It is an appeal from a decision at the Office of Employee Appeals about an employee termination.

21. Please list all settlements entered into by the agency or by the District on behalf of the agency in FY 2023 or FY 2024, to date, including any covered by D.C. Code § 2-402(a)(3), and provide the parties' names, the amount of the settlement, and if related to litigation, the case name 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, etc.).

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None.

22. Please list any administrative complaints or grievances that the agency received in FY 2023 and FY 2024, 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 FY 2023 or FY 2024, to date, describe the resolution.

The agency was not prompted to change agency policies or procedures as a result of the administrative complaints and grievances received.

See Appendix #22a – Investigations as of 01.17.24

| <b>Date Filed</b> | <b>Complaint Type</b>      | <b>Action Status</b> | <b>Complaint Status</b> | <b>Date Closed</b> | <b>Discipline Issued to Respondent</b> |
|-------------------|----------------------------|----------------------|-------------------------|--------------------|--|
| 03/29/23          | Sexual Harassment          | Closed               | Unsubstantiated         | 09/21/23           | None                                   |
| 08/02/23          | Employee - Employee        | Closed               | Unsubstantiated         | 10/27/23           | None                                   |
| 10/05/23          | Employee - Management      | Closed               | Unsubstantiated         | 10/12/23           | None                                   |
| 08/02/23          | Employee - Employee        | Closed               | Unsubstantiated         | 10/27/23           | None                                   |
| 09/07/23          | Third Party - DFS Employee | Closed               | Substantiated           | 10/11/23           | None                                   |

See below and Appendix #22b – Grievances as of 1.16.24

| <b>Date Filed</b> | <b>Source</b> | <b>Process</b>     | <b>Resolution</b>                              |
|-------------------|---------------|--------------------|--|
| 01/04/24          | NAGE R3-09    | Step 2 Grievance   | Grievance Denied; Suspension Sustained         |
| 01/03/24          | NAGE R3-09    | Informal Grievance | Grievance Denied; AWOL Sustained               |
| 01/03/24          | NAGE R3-09    | Informal Grievance | Grievance Denied; AWOL Sustained               |
| 12/11/23          | NAGE R3-09    | Step 1 Grievance   | Grievance Advanced to Step 2                   |
| 11/01/23          | NAGE R3-09    | Informal Grievance | Grievance Denied; Suspension Sustained         |
| 06/28/23          | NAGE R3-09    | Informal Grievance | Grievance Granted; Leave Restriction Rescinded |
| 06/15/23          | NAGE R3-09    | Step 4 Grievance   | Grievance Advanced to Arbitration w/ OLRCB     |

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|          |               |                       |  |
|----------|---------------|-----------------------|--|
| 06/05/23 | NAGE<br>R3-09 | Informal<br>Grievance | Grievance Denied; Untimely - Suspension<br>Sustained     |
| 05/17/23 | NAGE<br>R3-09 | Step 3 Grievance      | Grievance Advanced to Step 4                             |
| 04/25/23 | NAGE<br>R3-09 | Informal<br>Grievance | Grievance Granted; 14 Day Notice Provided                |
| 04/10/23 | NAGE<br>R3-09 | Step 2 Grievance      | Grievance Granted in Part; Suspension Sustained          |
| 03/28/23 | NAGE<br>R3-09 | Informal<br>Grievance | Grievance Granted; Employee Privacy Concern<br>Addressed |
| 03/20/23 | NAGE<br>R3-09 | Step 1 Grievance      | Grievance Granted in Part; Suspension Sustained          |
| 02/28/23 | NAGE<br>R3-09 | Informal<br>Grievance | Grievance Denied; Reprimand Sustained                    |
| 12/20/22 | NAGE<br>R3-09 | Informal<br>Grievance | Grievance Advanced to Impacts & Effect<br>Bargaining     |

**WORKPLACE ISSUES AND EQUITY**

23. Please describe the agency’s procedures for investigating allegations of sexual harassment or misconduct committed by or against its employees. List and describe any allegations received by the agency in FY 2023 and FY 2024, to date, and whether and how those allegations were resolved.

The agency adheres to the policies and procedures outlined in the Sexual Harassment Issuance of the District Personnel Manual, issuance attached; and the policies and procedures outlined in Chapter 16 of the District Personnel Manual regarding misconduct; chapter attached. Listed in the table below are the allegations of sexual harassment and misconduct the agency received from October 1, 2022, to date.

| <b>Date Filed</b> | <b>Action Status</b> | <b>Complaint Status</b> | <b>Date Closed</b> | <b>Discipline Issued to Respondent</b> |
|-------------------|----------------------|-------------------------|--------------------|--|
| 03/29/23          | Closed               | Unsubstantiated         | 09/21/23           | None                                   |

See Appendix #23a – Sexual Harassment as of 01.17.24

See Appendix #23b – 2023-131 Updated District Government Sexual Harassment Policy Guidance and Procedures

See Appendix #23c – Chapter 16

24. The District defines racial equity as “the elimination of racial disparities such that race no longer predicts opportunities, outcomes, or the distribution of resources for residents of the District, particularly for persons of color and Black residents.” What are three areas, programs, or initiatives within your agency where you see the most opportunity to make progress toward racial equity?

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1. Continuation of facilitating and leading agencywide racial equity training.
2. Review of HR policies and procedures to ensure they do not exacerbate racial inequities.
3. Continue to ensure racial equity in all agency operations and practices.

25. In FY23 and FY24, to date, what are two ways that your agency has addressed racial inequities internally or through the services you provide?

1. Intentional hiring of staff that reflects the racial diversity of the city.
2. All agency recruiters have received Diversity and Inclusion Recruiter training to support intentional hiring efforts of #1 above.

### AGENCY-SPECIFIC QUESTIONS

26. What is the agency's strategy to promote employee retention and improve morale? What have been the specific results of the Human Resources and Training Team, fully-staffed as of January 8, 2022 that connects employees and managers with specialists in FMLA, PFL, ADA, COVID, sexual harassment complaints, and discipline?

The agency promotes employee retention and improves morale by creating and enforcing detailed policies and procedures so employees are aware of expectations and the consequences when those objectives are not met. The agency has implemented an employee suggestion box where employees can provide recommendations and voice their concerns. The agency has continued its participation in District Wellness Initiatives to include a fully operable parents' room, weekly agency walks when weather permits, and has created a full-time wellness room.

The direct result of the Human Resources and Training Team being fully staffed is the ability to provide optimal service through the designation of a Human Resources Specialist to each functional area, such as, FMLA, PFL, ADA, COVID, sexual harassment complaints, discipline, and training. A fully staffed department provides our employees with a direct point of contact for the assistance needed. This continues to be well received by staff and managers for overall information and guidance. Most importantly it continues to create consistency within the agency which continues to build trust in HR and ultimately contributes to employee morale and retention.

- a. What suggestions have been adopted from the employee suggestion box where employees provide recommendations and voice concerns?

The agency continues to review employee recommendations and concerns as they are received and implement suggestions that do not cause conflict with District Government policies and procedures. Some of the suggestions implemented thus far are outlined below.

1. Repairing icemakers on each floor to ensure they are fully operational.
2. Issuing Qualtrax licenses for each employee. Currently there is no cap on how many people can be in the system at once.

3. Repainted Conference Room 1224 as the agency received several complaints regarding the mural.
4. As of FY24, the agency created a full-time wellness room.

27. Please describe any updates that the agency made to staffing, management, and operations in the Public Health Laboratory (“PHL”) in FY 2023 and FY 2024, to date. What is the status of filling the numerous vacant or new positions report in the agency’s responses to the Committee’s FY 2022 oversight questions?

- Microbiology Unit Chief (MSS-14) onboarded July 2023
  - Laboratory Operations Manager (MSS-14) onboarded April 2023
  - Four Supervisor positions converted from grant funded to locally funded positions Oct 2024. Of the four positions, three positions are filled and one in process of pre-employment screening.
  - One Chemistry Supervisor MS-13 position remains vacant and has been difficult to fill. The vacancy has been posted three times with no viable candidate. Plans to repost again in FY24.
- b. Please describe the current status of the District’s mosquito surveillance program to test for West Nile, dengue, chikungunya, and Zika viruses.

Mosquito Surveillance Program in the District

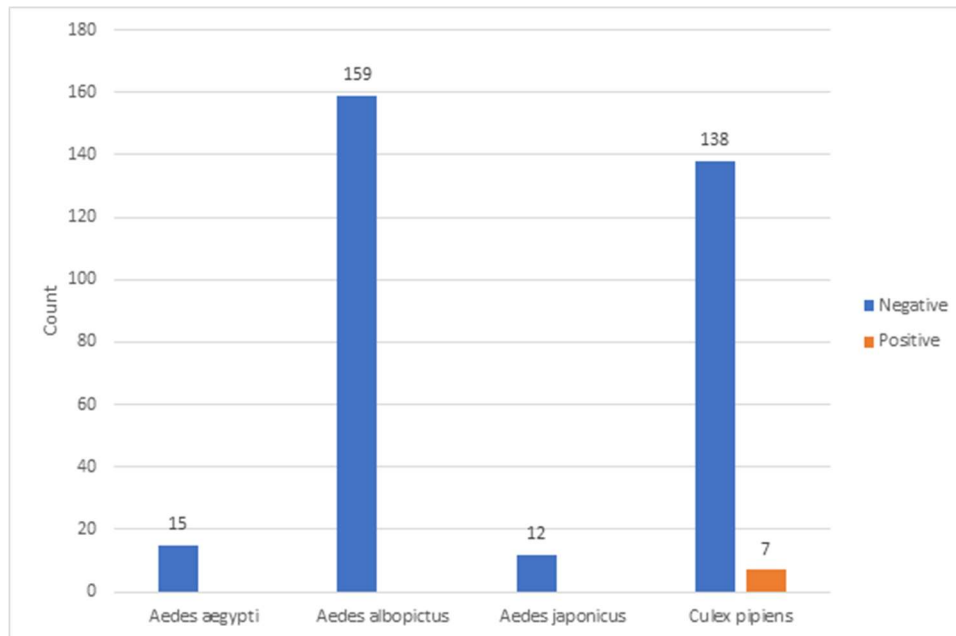
The DFS Public Health Laboratory (PHL) in collaboration with DC Health performs surveillance of West Nile Virus (WNV) in endemic mosquito species in the District of Columbia. Mosquitos are trapped throughout DC, speciated, and submitted for testing at DC PHL. DFS maintains clinical testing of patient specimens for Zika virus, but does not routinely perform surveillance testing for these pathogens in mosquito pools due to rarity and low probability of local transmission. Testing for dengue and chikungunya was discontinued at PHL due to lack of test requests in the last few years as well as changes in the proficiency testing program for the assay. Any requests were to be forwarded to CDC for testing; however, no requests for testing were made during this time.

For the FY23 mosquito surveillance season, Arbovirus molecular testing was performed on the Panther Fusion at DFS-PHL. A total of 331 mosquito pools were collected and tested for West Nile Virus (WNV). There were seven WNV positive and 324 negative mosquito pools this season. Of the 331 pools, the majority of mosquito pools tested this season (Figure 1) consisted of *Aedes albopictus* (159 pools, no positive) and *Culex pipiens* (145, pools, 7 positive), followed by *Aedes aegypti* (15 pools, no positives) and *Aedes japonicus*, (12 pools, no positives). Of the 16 trap sites set up in all eight DC wards, site 2A had the most positive pools (three positive pools, all *Culex pipiens*), followed by site 6A (two positive pools: two *Culex pipiens*) and 7A (two positive pools: two *Culex pipiens*) and 7 (100%) of positive pools were *Culex pipiens* collected from three sites in the district.

**Figure 1. 2023 WNV Testing Results by Mosquito Species**

## J&PS Performance Oversight Questions (FY23-24)

### DFS

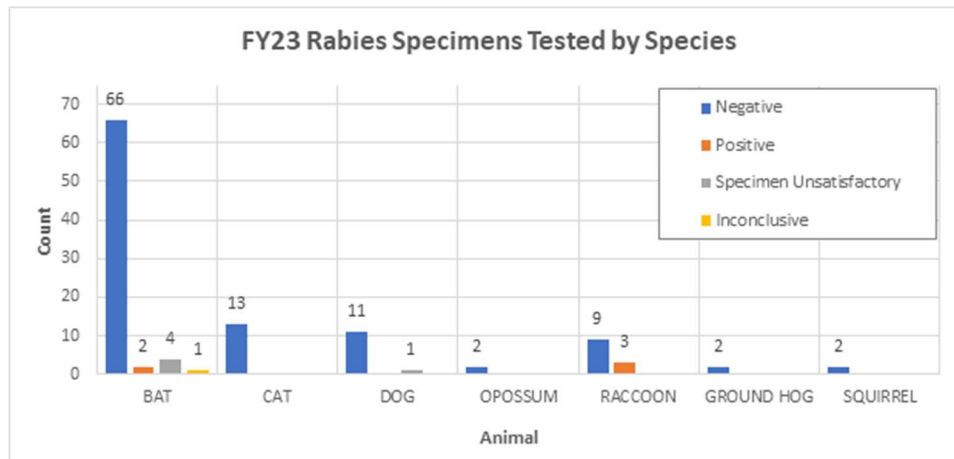


For the FY24 mosquito surveillance season, DFS plans to include additional testing for Eastern Equine Encephalitis virus (EEEV), Dengue (DEN), St. Louis Encephalitis (SLE), and Japanese Encephalitis (JE) viruses in the mosquito species endemic in the District of Columbia.

- c. Please describe the current status of the District's surveillance for influenza and foodborne outbreaks, rabies testing, STI testing, and testing for bioterrorism and chemical terrorism.

#### Rabies testing

In FY23, the DFS PHL received 116 animal brain specimens for rabies testing. Of these, 91 animals have had human exposure, 10 have had animal exposure (bites or contact with animal saliva including licks), 10 with potential exposure and five with no exposure. The majority (62.9%) of the submissions were bats followed by domestic animals (cats and dogs) (21.6%), raccoons (10.3%), opossum (1.7%), groundhog (1.7%), and squirrel (1.7%). The overall rabies positivity in the district is 4.3% (5/116) and 3.0% (2/73) in bats and 25% (3/12) in raccoons as the major animal species positive in the district in FY23.



Influenza testing

During FY23, Influenza surveillance season, DFS PHL received 1,827 clinical specimens from patients visiting hospitals in the District with Influenza like illness and tested 1,616 respiratory specimens for Flu A/B and SARS-CoV-2. Of the 1,616 specimens screened and subtyped for Influenza, 1,148 specimens were negative for influenza, 392 were positive for Influenza, 54 were positive for SARS-CoV-2, 16 were positive for dual infection with SARS-CoV2 + Influenza, and six specimens were reported as invalid. A total of 408 specimens were positive for influenza: 389 for influenza A and 19 for Influenza B. Of the 389 Influenza A, 292 were Influenza A(H3) and 77 Influenza A(H1) pdm09 and 20 Influenza A with no subtype detected due to low virus titer. Of the 19 Influenza B subtypes, 18 were subtyped as Influenza B-Victoria and one Influenza B with no subtype detected due to low virus titer. No B-Yamagata subtype was detected during the season. The Influenza positivity for the subset of samples sent to the DFS PHL is 25% (408/1616) with majority (95%) of Influenza A subtype (389/408) and 5% of Influenza B subtype (19/408) in the district. The overall Influenza positivity trends were matching with the National Surveillance rates.

Bioterrorism testing

DFS PHL provides three types of testing for Bioterrorism. The first is analyzing samples submitted by the Federal Bureau of Investigation (FBI). During FY22, DFS PHL received and processed 24 samples from the FBI. In FY23, DFS PHL received and processed 19 samples from the FBI. The second type of bioterrorism testing is analyzing clinical specimens or isolates with potential characteristics that suggest organisms associated with bioterrorism. In FY22, DFS PHL received and processed five such specimens. During FY23, we received five clinical bioterrorism specimens. The third type of bioterrorism testing is environmental testing of air quality filters by the BioWatch unit. In FY23, the BioWatch unit received and tested 76,000 filters from around the DC Metro area. During FY24, we have received and tested approximately 600 filters.



#### Chemical Terrorism Testing at DFS PHL CTU

No clinical specimens were received/tested for chemical terrorism agents by the Clinical Toxicology Unit (CTU) at DFS PHL. However, CTU maintains a successful emergency preparedness profile by demonstrating competency to perform several core CDC LRN-C (Laboratory Response Network for Chemical Threats) Program analytical test methods.

#### Drugs of Abuse Testing

In FY23, testing was not performed. The provider has put submission of samples to DFS PHL for drug program monitoring on hold due to facility staff turnover and to allow for the development of electronic laboratory reporting. Plans are currently in progress to re-instate Drugs of Abuse (DOA) testing for the Department of Corrections in FY24.

#### Foodborne outbreak testing

During FY23, the DFS PHL received and sequenced 199 foodborne enteric samples that resulted in seven national clusters involving 13 samples and two samples for a single local cluster. The national clusters included *Shigella sonnei* (three clusters); *Shigella flexneri* (one cluster); *Salmonella enterica* serotype Enteritidis (one cluster); *Salmonella enterica* serotype Newport (one cluster); *Salmonella enterica* serotype Typhimurium (two clusters); the local cluster was *Salmonella enterica* serotype Agona.

#### STI Testing

As part of the CDC's Gonococcal Isolate Surveillance Project (GISP) project, DFS PHL works with the two District STI Clinics, the DC Health and Wellness Clinic and the Whitman Walker Clinic, to monitor trends in antimicrobial resistance in *Neisseria gonorrhoeae*, the bacterium that causes gonorrhea. DFS PHL cultures and identifies all samples sent from the clinics. Confirmed *N. gonorrhoeae* isolates are sent to the Regional GISP laboratory (Maryland Department of Health) for antimicrobial susceptibility testing. In FY23, DFS PHL received 104 samples and identified five positive cultures for *N. gonorrhoeae*. DFS PHL is completing verification studies to begin providing antimicrobial susceptibility testing for *N. gonorrhoeae*.

#### Antimicrobial Resistance Surveillance

As part of the Centers for Disease Control and Prevention's (CDC) nationwide Antimicrobial Resistance Laboratory Network (ARLN), clinical laboratories within the District submit bacterial isolates exhibiting specific antimicrobial resistance to the DFS PHL for further characterization. DFS PHL monitors Carbapenem Resistant Enterobacterales (CRE), bacteria which are resistant carbapenems, the last drug of defense against resistant bacteria. Antibiotic resistance genes in these bacteria are often carried on mobile elements such as plasmids which leads to rapid spread of these bacteria within a healthcare facility.



In FY23, DFS PHL received and tested 111 isolates from local area hospitals of which 102 Carbapenem-Resistant *Enterobacterales* (CRE) were identified. Carbapenemase genes which confer antibiotic resistance were detected in several isolates including: 26 isolates with *K. pneumoniae* carbapenemase (*bla<sub>KPC</sub>*), nine isolates with New Delhi metallo- $\beta$ -lactamase (*bla<sub>NDM</sub>*), two isolates with OXA-48 gene, two isolates with both *bla<sub>NDM</sub>* and *bla<sub>KPC</sub>*, 15 carbapenem-resistant *Acinetobacter baumannii* (CRAB) and 32 carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), two OXA-48 and one *bla<sub>NDM</sub>*.

#### Wastewater SARS-CoV-2 surveillance

Effective February 27, 2023, DFS PHL began testing wastewater samples for SARS-CoV-2 in the District. Currently DFS PHL is receiving 48 wastewater samples from 24 locations including all eight wards in the district (twice a week) and 12 K-12 schools (twice a week), two water treatment centers (twice a week), one hospital (twice a week) and the DC Department of Corrections (twice a week). Wastewater is collected using automated sampling instruments (“autosamplers”) in the interest of creating uniform samples that can be collected with minimal risk to the person collecting them. These wastewater samples are transported to DFS PHL by a courier who is certified to transport Dangerous Goods on public roads. Upon receipt, samples are accessioned by trained staff and transferred to the testing laboratory. Initial sample processing is done in a Class II Biosafety Cabinet, and the wastewater testing is set up by the Medical Technologist in PCR hoods.

Since testing of wastewater for SARS-CoV-2 began and throughout 2023, DFS PHL tested 1,550 specimens with a positivity rate of 46%.

As we go into 2024, the goal is to work towards expanding testing capacity to 60 isolates per week using updated methodology based on the results of testing throughout the previous year. In addition, there is planned expansion into other infectious diseases outside of SARS-CoV-2, such as other respiratory viruses and enteric pathogens. Additionally, 2024 hopes to see the implementation of next generation sequencing for SARS-CoV-2 variant and lineage detection, as well as sequencing for other pathogens of public health significance in the District.

28. Please provide any updates on the agency’s Syringe Surveillance Exchange Program. How is this information used by the agency (or shared with other District and federal agencies)?

Between December 2022 and December 2023, the Forensic Sciences Lab (FSL) Syringe Surveillance Exchange Program analyzed 2,808 syringes. The top five Controlled Dangerous Substance (CDS) detected during the past 13-month period were methamphetamine (28%), fentanyl (26%), cocaine (10%), heroin (7%), and phenethyl 4-ANPP (4%). The actionable intelligence is provided to our community partners throughout criminal justice and public safety, harm reduction, and public health organizations via a monthly report.

J&PS Performance Oversight Questions (FY23-24)

DFS

29. Please describe any updates that the agency made to staffing, management, operations, and quality assurance in the Forensic Sciences Laboratory (“FSL”) in FY 2023 and FY 2024, to date.

FSL has been active in recruiting key staff positions during FY23 and FY24. The key positions for each laboratory unit are the unit manager and technical leaders. In FY23, FSL hired a technical leader in Forensic Biology. Currently, FSL is in the process of hiring a unit manager in the Latent Fingerprint Unit, the Forensic Chemistry Unit, and the Forensic Intelligence Unit and a technical leader in the Latent Fingerprint Unit. Recently, DFS hired a Quality Assurance Manager (FY23) and a Chief Science Officer (FY24). The Quality Assurance Manager worked with FSL to update the quality assurance program to ensure it complied with ISO/IEC 17025.

- a. Please describe the processes and policies in place to ensure a transparent and open environment among staff, management, and operations to express concerns, offer feedback, and/or initiate complaints.

The agency has a suggestion inbox where employees can anonymously submit their concerns, offer feedback, and/or initiate complaints. Employees are also aware that they can file their complaints directly with HR or through their leadership.

- b. A recent *Washington City Paper* article reported on a whistleblower lawsuit from a former DFS employee who alleges that she was fired in retaliation for providing evidence of DFS mistakes to the Office of the Inspector General (the article noted the Office of the Attorney General has rejected these allegations). Without commenting on the details of the litigation or suit, generally speaking, what kinds of measures, policies, guidelines, or processes does the agency have to prevent retaliation and to maintain transparency among its staff?

The agency holds a zero-tolerance position for retaliation of any kind. When employees file a complaint, they are informed to notify HR of any retaliation, so that the matter can be addressed.

30. Please describe the members’ attendance and the major work of the Science Advisory Board in FY 2023 and FY 2024, to date.

- a. Please list all current vacancies on the board as well the length of current members’ terms and their term end date.
- b. For any vacancies, please provide a date by which a replacement will be nominated.
- c. Please describe what, if any, changes have been undertaken in regards to advice by the Board and the Board’s access to agency records and other materials since SNA International’s *D.C. Department of Forensic Sciences Laboratory Assessment Report*.

J&PS Performance Oversight Questions (FY23-24)

DFS

SAB Meeting Attendance:

| <b>March 2, 2023</b>   | <b>June 9, 2023</b>  | <b>October 19, 2023</b>  |
|--|--|--|
| 1. Dr. Jeanne Jordan<br>2. Dr. Lakeisha McClary<br>3. Mr. Eugene Lien<br>4. Mr. Henry Swofford<br>5. Dr. Michael Pentella<br>6. Dr. Tracy Dawson Green | 1. Dr. Jeanne Jordan<br>2. Dr. Lakeisha McClary<br>3. Mr. Eugene Lien<br>4. Mr. Henry Swofford<br>5. Dr. Michael Pentella<br>6. Dr. Tracy Dawson Green<br>7. Mr. Richard Tontarski | 1. Dr. Jeanne Jordan<br>2. Dr. Lakeisha McClary<br>3. Mr. Eugene Lien<br>4. Mr. Henry Swofford<br>5. Dr. Michael Pentella<br>6. Dr. Tracy Dawson Green<br>7. Mr. Richard Tontarski |

There are currently five vacancies and four current members on the SAB Board.

Current Members:

| <b>Name</b>             | <b>Beginning Term</b> | <b>End Term</b> |
|-------------------------|-----------------------|-----------------|
| Dr. Jeanne Jordan       | 12/01/16              | 04/18/25        |
| Dr. LaKeisha McClary    | 04/18/22              | 04/18/25        |
| Mr. Eugene Lien         | 05/26/22              | 04/18/25        |
| Dr. Tracy Lawson Greene | 05/26/22              | 11/26/24        |

Vacancies:

| <b>Name</b>             | <b>Beginning Term</b> | <b>End Term</b> | <b>Replacement</b> |
|-------------------------|-----------------------|-----------------|--------------------|
| Dr. Michael A. Pentella | 10/27/17              | 2023            | N/A                |
| Mr. Henry J. Swofford   | 03/03/20              | 2023            | N/A                |
| Mr. Richard Tontarski   | 05/26/22              | 2023            | N/A                |

The SAB is updated at every regular meeting by each division of the laboratory, the public health lab, crime scene sciences unit, and the forensic science lab. The director of each division updates the SAB and gives an opportunity for questions. Additionally, the quality manager gives an update about QCARs and QPARs.

31. Please provide any updates on the work of the Stakeholder Council.

- a. Who are the current members of the Stakeholder Council?

The Stakeholder Council is managed by the Deputy Mayor for Public Safety and Justice.

32. Regarding SNA International’s *D.C. Department of Forensic Sciences Laboratory Assessment Report*:

- a. Describe the current status of the implementation of the three recommended key actions for District Government leadership;

J&PS Performance Oversight Questions (FY23-24)

DFS

| # | SNA Recommendation  | DFS Response  |
|---|---|---|
| 1 | Establish an interviewing and hiring committee to select forensic leadership personnel for DFS leadership positions to the Manager level. The committee should include external stakeholders and the Head of the Human Resources department to ensure the full breadth of recruiting and candidate selection methods are available to the committee.                | In response to the SNA recommendation, the agency hired an experienced HR Director and recruitment professionals. The agency worked closely with its consulting team, FACT (Forensic Analysis, Consulting, and Training) to ensure that job descriptions were aligned to the current requirements in those programs that were seeking accreditation. Through this process the agency recruited a Chief Science Officer and Quality Manager.   |
| 2 | Secure the services of an external consultant to support the DFS Executive Director through the re-accreditation process. The consultant should be experienced in forensic laboratory operations and quality management systems to provide an external perspective on progress and the performance of forensic operations.  | DFS hired the external consultant company FACT (Forensic Analysis, Consulting, and Training). FACT worked with the DFS Executive Team to strengthen the Forensic Science Laboratory (FSL) quality assurance program including updating the organizational chart and reviewing and revising the Department Operational Manuals, Laboratory Operational Manuals, Quality Assurance Manual, Standard Operating Procedures, and Training Manuals. FACT assisted DFS to regain accreditation through ANAB. |
| 3 | Reorient Stakeholder Council meetings to address the overall performance of operations, DFS customer support and responsiveness, and brand perception. Develop an agenda that enables each stakeholder to express their perspective on DFS performance and identify areas for improvement. Develop a periodic survey to characterize and measure stakeholder views. | The Stakeholder Council is managed by the Deputy Mayor for Public Safety and Justice (Code of District Columbia § 5-1501.13. Stakeholder Council). DFS does not have authority over the Stakeholder Council.  |

- b. Describe the implementation of the five recommended key actions for DFS leadership;

J&PS Performance Oversight Questions (FY23-24)

DFS

| # | SNA Recommendation   | DFS Response   |
|---|--|--|
| 1 | Begin working with stakeholders, including the USAO, Office of the Attorney General, and the respective Public Defender Offices, to re-examine the casework from the reports issued by the Firearms Examination Unit and the Latent Fingerprint Unit since DFS began conducting examinations. In addition, because the Digital Evidence Unit (DEU) technical procedures were not based on validated methods or current best practices and there are no records to document staff completing required training and competency testing, the DFS should secure the services of qualified external independent examiners to review DEU casework. | The Digital Evidence Unit was transferred to the MPD in August 2021.   |
| 2 | Complete the Quality Corrective Action Reports required to apply for ANAB accreditation for the Forensic Biology Unit and Forensic Chemistry Unit. Both units have internal resources and processes for executing quality operations. By assuming responsibility for their own quality systems, the Forensic Biology Unit (FBU) and Forensic Chemistry Unit (FCU) can achieve accreditation independent of other DFS units, including the current Quality Unit. In addition, the corrective actions and recommendations for these units are relatively minor in totality in that they can be completed within a matter of weeks.             | DFS focused its attention on the accreditation of the Forensic Biology and Chemistry Units. The DFS Quality Unit, working with the external consultants (FACT), conducted the annual management review required for accreditation. Also, FACT conducted an independent mock assessment. After completion of the mock assessment, FACT and DFS worked together to address all findings identified during the mock assessment as well as addressing the recommendations listed for both units in the SNA report. |
| 3 | Establish a hiring committee to fill open Unit Technical Leader and other key staff positions modeled after the hiring committee for DFS executives. While potentially less-senior representatives from Human Resources and external stakeholders may participate, this approach confers the importance of these selections and reduces the likelihood hiring decisions will be driven by expediency.  | DFS has open key staff positions including the Forensic Chemistry Unit Manager, Forensic Intelligence Unit (FIU) Manager, Latent Fingerprint Unit (LFU) Manager, and Latent Fingerprint Unit Technical Leader. The hiring committee includes DFS Human Resource staff, Chief Science Officer, interim Forensic Science Laboratory Director, and key individuals from the specific unit. The hiring committee is committed to identifying a strong candidate with adequate education, experience and training.  |

J&PS Performance Oversight Questions (FY23-24)

DFS

|   |   |   |
|---|---|---|
| 4 | Identify change management action teams to develop detailed change management action plans to complete the remaining Quality Corrective Action Reports and recommendations identified in this report.   |   |
| 5 | Secure the services of experts in ISO/IEC 17025 accreditation requirements to conduct an independent assessment for the Firearms Examination Unit, Latent Fingerprint Unit, and Digital Evidence Unit. When the independent assessment(s) shows forensic operations are ready for accreditation, apply for ISO/IEC 17025 forensic accreditation in the Firearms Examination Unit, Latent Fingerprint Unit, and Digital Evidence Unit. | DFS has secured Evolve Forensics, an expert in Latent Print Analysis. Evolve assisted the Latent Fingerprint Unit (LFU) in developing a training program that aligns with fieldwide best practices and has taken the current staff through the process. To date, all latent print examiners are certified by the International Association of Identification. Evolve is working with LFU to revise all standard operating procedures and the training manual. LFU intends to apply for accreditation under ISO 17025 during the fourth quarter of FY24. Once LFU is accredited, the Forensic Sciences Laboratory will consider expending services to include additional types of testing. |

- c. Identify the thirty-three areas of nonconformance identified that have been corrected;

There were 23 nonconformances noted within the FSL (FEU, FBU, FCU, LFU) and DEU case working units.

Table ES-1: DFS Nonconformance Areas and Recommendations

| <b>Forensic Operations Function</b> | <b>Number of Nonconformance Areas (Changes to meet accreditation standards)</b> | <b>Number of Recommendations (Changes to help sustain accreditation)</b> |
|-------------------------------------|---|--|
| Casework Units                      |   |  |
| Digital Evidence Unit               | 10  | 2  |
| Firearms Examination Unit           | 4   | 4  |
| Forensic Biology Unit               | 3   | 7  |
| Forensic Chemistry Unit             | 3   | 0  |
| Latent Fingerprint Unit             | 3   | 1  |

The DEU operations have been transferred to MPD and the FEU was disbanded in August 2021.

J&PS Performance Oversight Questions (FY23-24)

DFS

LFU just completed an in-depth training program and gap assessment. Current staff are certified through the International Association for Identification (IAI). LFU is currently in the process of revising all Standard Operating Procedures which will address the three non-conformances noted by SNA.

All three non-conformance identified within FBU were resolved as documented in the Resolution of FBU Nonconformances in the DC DFS Laboratory Assessment Report by SNA International memo dated May 11, 2022.

All three non-conformances identified within FCU were resolved on-site during the SNA assessment.

- d. Describe the current status of any of the thirty-three areas of nonconformance that have not yet been corrected;

See response to part C for status of the 23 non-conformance associated with FSL and DEU case working units.

- e. Identify all of the forty-seven recommendations made that have been successfully implemented; and

Fourteen recommendations were provided by SNA to the FSL (FEU, FBU, FCU, LFU) and DEU case working units.

Table ES-1: DFS Nonconformance Areas and Recommendations

| <b>Forensic Operations Function</b> | <b>Number of Nonconformance Areas (Changes to meet accreditation standards)</b> | <b>Number of Recommendations (Changes to help sustain accreditation)</b> |
|-------------------------------------|---|--|
| Casework Units                      |   |  |
| Digital Evidence Unit               | 10  | 2  |
| Firearms Examination Unit           | 4   | 4  |
| Forensic Biology Unit               | 3   | 7  |
| Forensic Chemistry Unit             | 3   | 0  |
| Latent Fingerprint Unit             | 3   | 1  |

The DEU operations have been transferred to MPD and the FEU was disbanded in August 2021.

The FBU addressed three of the seven recommendations. The remaining four FBU recommendations: The first of the recommendations stated that FBU should perform evidence processing of LFU evidence. Evidence Processing is currently outsourced to a private accredited laboratory. DFS plans to bring evidence processing online within the Crime Science Sciences division. The second recommendation pertains to incorporating new guidelines for probabilistic software



validations. FBU will be upgrading their STRmix probabilistic software program in FY25. FBU will review all new guidance that has been issued for probabilistic software and will incorporate guidelines that have received general acceptance within the scientific community.

The third recommendation pertains to processing all casework in-house at DFS FBU. FBU is in the process of filing remaining vacancies to increase in-house capacity. Additional expansion of the FBU would be necessary to fully complete all casework processing in-house. FBU will continue to rely on outsourcing contracts to ensure timely, high-quality forensic testing services are provided to the District. The last recommendation states to provide clarity on the type of cases used in the FBU training program. FBU is currently in the process of revising the training manual and will incorporate this recommendation into the current revisions.

LFU received one recommendation and Per Mayor's Order 2021-146, this is under the purview of DMPSJ.

- f. Describe the current status of any of the recommendations that have not yet been successfully implemented.

See response to 32.e. for status of the 14 recommendations associated with FSL and DEU case working units.

33. Please provide an update on the work of the independent project executive brought on to manage implementation of these recommendations and review of cases of nonconformance.

Forensic Analysis, Consulting, and Training, (FACT) was hired as an external consultant to assist DFS in addressing the recommendations identified in the SNA report. FACT performed a full-scale mock assessment equivalent to an ANAB assessment. FACT worked with DFS staff to address each nonconformance identified during the mock assessment as well as the recommendations listed in the SNA report. They provided weekly reports of completed tasks and next steps to ensure the project stayed on the established timeline. They assisted DFS with the accreditation application and held mock interviews with the staff to prepare them for the assessment. FACT guidance was instrumental in DFS achieving accreditation in December 2023.

34. Please describe the current status of the agency's accreditation, any communication with the ANSI National Accreditation Board in FY 2023 and FY 2024, to date, and the agency's plans to move forward with reaccreditation.

DFS Forensic Biology Unit and Forensic Chemistry Unit were assessed by ANAB on December 4-6, 2023. The assessors found zero non-conformities and accredited the units on December 22, 2023 (See Appendix#34\_ANAB Accreditation Certificate 2023). DFS remains in regular communication with ANAB to ensure continual compliance with ISO/IEC 17025 and AR3125. ANAB will conduct a Surveillance Assessment in December 2024.



J&PS Performance Oversight Questions (FY23-24)

DFS

DFS intends to expand the scope of accreditation to include the Latent Fingerprint Unit. The agency plans to have the expansion assessment coincide with the 2024 Surveillance Assessment in December 2024.

Following the accreditation of the Latent Fingerprint Unit, DFS will pursue accreditation of the Crime Scene Sciences Unit.

- a. Please describe any agency efforts to regain accreditation separate from steps taken to implement recommendations from SNA International's report.

DFS successfully obtained accreditation through ANAB and is in compliance with ISO/IEC 17054 and AR3125. The steps taken to achieve accreditation included review and revision of Quality Assurance Manuals, Department Operating Manuals, Laboratory Operating Manuals, Standard Operating Procedures, and Training Manuals. DFS hired a Quality Assurance Manager and reorganized the Quality Unit placing Quality Assurance Specialists in each Unit. Also, DFS hired a Chief Science Officer to ensure the proper implementation of scientific and technical procedures and policies in relation to the test offerings and new product development.

35. Please describe the agency's relationship with the Bureau of Alcohol, Tobacco, and Firearms as it relates to the outsourcing of firearms examinations.

Prior to any involvement with DFS, the Bureau of Alcohol, Tobacco, and Firearms (ATF) and MPD had a task force specifically related to gun violence in the District. When DFS lost its accreditation, the agencies pivoted to ensure firearm forensics continued. ATF and MPD worked with DFS, such that MPD ensures that the firearms retrieved from crime scenes are tested, as required prior to any potential prosecution. Then ATF enters the information into the National Integrated Ballistic Information Network (NIBIN).

- a. What have been the costs to the agency associated with this relationship? How do costs for services compare to costs where these services were performed by the agency in-house?

Two service contracts were established for FY24 at a cost of \$17,400. These service contracts included routine annual maintenance of the firing range (\$13,750) and the repair/replacement of a firing range component (\$3,650). The costs would be the same if the services were performed by the agency in-house.

- b. Last year, the agency shared that it does not plan to reconstitute the Firearms Examination Unit. Is that still the case? What benefits or limitations does this pose for the work this unit would undertake, if stood up

Currently, DFS does not intend to reconstitute the Firearms Examination Unit. ATF is currently performing this task for the District. DFS is focused on accreditation of the Latent Fingerprint and Crime Scene Sciences Units and has limited resources

to develop a new unit. Standing up a Firearm Examination Unit would put the accreditation of the Latent Fingerprint Unit and Crime Scene Science Unit at risk.

36. Please describe the current outsourcing of evidence analysis by other units in the FSL to outside entities, including the name of the entity, nature of the relationship, and costs associated with this relationship.

| Unit                    | Entity  | Nature of work  | Costs        |
|-------------------------|---|---|--------------|
| Latent Fingerprint Unit | Ron Smith and Associates                        | Analyzing latent print test requests and evidence processing.           | \$574,375.50 |
| Forensic Chemistry Unit | NMS Labs  | Testing of controlled dangerous substances.                             | \$43,925     |
| Forensic Biology Unit   | BODE, Signature Science, DNA Labs International | DNA testing – serology (identification of body fluids) and DNA testing. | \$1,888,576  |

FY23 outsourcing total: \$2,506,876.50

37. Please describe the number of requested analyses/reports, backlogs/incomplete reports, and average turnaround time in each unit of the agency currently in operation.

During FY23, the Forensic Biology Unit (FBU) issued 1,234 reports (DNA analysis) through outsourcing DNA testing services. The average turnaround time for a case once the evidence was received by the outsourcing laboratory to the issuance of a report to DFS customers was approximately 69 days.

During FY23, the Latent Fingerprint Unit (LFU) issued 826 reports (latent print and evidence processing analyses) through outsourcing testing services. The average turnaround time for a case once the evidence was received by the outsourcing laboratory to the issuance of a report to DFS customers was approximately 66 days.

During FY23, an outsourcing contract for seized drug analysis was established in May 2023. During May to September 2023, the Forensic Chemistry Unit (FCU) issued 90 reports of examination (identification of controlled dangerous substances) through outsourcing testing services. The average turnaround time for a case once the evidence was received by the outsourcing laboratory to the issuance of a report to DFS customers was less than 60 days. The FCU maintains a zero backlog.

38. Describe DFS' current capacity to upload evidence into relevant national databases and the status of all uploads in FY 2023 and FY 2024, to date, for the Forensic Biology Unit,

## J&PS Performance Oversight Questions (FY23-24)

### DFS

the Latent Fingerprint Unit, and the Forensic Chemistry Unit. What is the universe of evidence that has not been uploaded?

During the loss of accreditation, the Forensic Biology Unit (FBU) did not have CODIS access to enter and upload DNA profiles. FBU partnered with the Wyoming (WY) and Connecticut (CT) state laboratories for CODIS entries and uploads. A total of 129 CODIS Hit Reports were issued by CT and WY state laboratories (CT: 39 CODIS Hit Reports; WY: 50 CODIS Hit Reports). There were 60 DFS CODIS hits during FY23 and five DFS CODIS hits during FY24. As of January 2024, FBI has authorized the FBU to process CODIS hits and is currently reviewing the external assessment report to provide full authorization for CODIS entries and uploads. FBU anticipates receiving this authorization in February 2024. FBU currently has a CODIS backlog of 1,176 profiles. Once fully authorized by the FBI, FBU has developed a robust plan to efficiently eliminate the CODIS backlog within 27 weeks.

The Latent Fingerprint Unit (LFU) maintains access to AFIS and the contracted vendor searches prints through LFU's AFIS portal. During FY23, LFU searched 1,955 prints in AFIS which resulted in 466 AFIS hits. In FY24, LFU searched 721 prints in AFIS resulting in 159 AFIS hits. There is currently no backlog of prints pending AFIS upload.

There are no databases associated with seized drug analysis.

39. Please describe any changes made or under consideration to the agency's quality assurance processes and operations in FY 2023 and FY 2024, to date, based on recommendations from the Clinical Laboratory Improvements Amendments and the Quality Consultants. In particular, please list the names, positions, and describe the positions' duties of the quality specialists.

FACT recommended the Quality Assurance Unit be removed from the legal department and individual Quality Assurance (QA) Specialists be embedded within the divisions. QA Specialist Stephen Milligan has been embedded within the Forensic Science Laboratory (FSL), QA Specialist Lokesh Adhikari was embedded within the Crime Scene Sciences Division (CSS), QA Specialists Berihun Taye and Carrol Akanegbu are embedded with the Public Health Laboratory (PHL), and the DFS Supervisory QA Specialist/QA Manager is at the executive level with direct access to the DFS Director and Chief Science Officer.

Furthermore, the quality consultant gave recommendations for changes to the QA Specialists' Position Descriptions (PDs) which include the positions' duties. The PD for the DFS Supervisory QA Specialist/QA Manager was updated prior to the hiring of Christina Strain.

Position: Supervisory Quality Assurance Specialist/DFS Quality Assurance Manager  
Duties: The Supervisory QA Specialist is Responsible for quality related functions of the agency by addressing and maintaining accreditation needs, quality assurance and certification aligned with the service delivery models of the Forensic Science Laboratory (FSL), Crime Scene Sciences (CSS), and Public Health Laboratory (PHL) Divisions.

## J&PS Performance Oversight Questions (FY23-24)

### DFS

Assists with establishing measurable program standards for evaluating program performance, aligning resources, and achieving accreditation from relevant accreditation bodies. Routinely monitors quality assurance activities to achieve agency goals and objectives. Provides oversight to internal/external quality assurance reviews and audits, and addresses findings and root cause with appropriate recommendations for corrective and preventative actions. Review and approve verification of effectiveness for all Q-CARs and Q-PARs. Recommends and assists in process improvement. Manages the day-to-day operations of the Quality Assurance Unit staff and gives authority to the Quality Assurance Specialists to manage and/or assist in the quality systems with guidance from the divisions on their programmatic specific quality needs. Serves as the Ideagen Quality Management System administrator for DFS to manage and ensure compliance of all controlled documents, policies and procedures. Serves as a liaison with representatives of accrediting bodies.

Position: Quality Assurance Specialist

Duties: Ensure compliance to the assigned program's accreditation requirements as well as laboratory set requirements. Assist with the day-to-day quality needs of the assigned programs. Coordinate and/or complete root cause analysis and plan development for non-conformances, Q-CARs, and/or Q-PARs. Complete verification of effectiveness of corrective and preventative actions. Recommends and assists in process improvement. Perform internal audits. Facilitate proficiency testing program. Evaluate verification and validations as needed. Review and approve training records. Review and approve competencies per the programmatic needs. Assist the Ideagen Administrator. Review and approve controlled documents within assigned programs to include unit specific Standard Operating Procedures (SOPs). Any additional tasks assigned by the QA Manager.

40. Please provide any updates on the agency's legal staffing capacity. List names, positions, and describe the positions' duties.

Name: Hillary Hoffman

Title: General Counsel

Duties: The Supervisory Attorney Advisor provides expert legal advice and supervises the legal staff. The Supervisory Attorney Advisor is responsible for consulting with management and supervisors on legalities that affect the agency's mission; provides clarification of policies, statutes, and legislation; reviews and evaluates existing statutes and regulations to determine the need for new regulations or amendments or new administrative and enforcement procedures; and recommends changes and drafts new legislation and amendments of the same as needed. The GC oversees the daily operations and management of DFS OGC and coordinates legal support for the various divisions within the agency.

Name: Renee Mims

Title: Attorney Advisor

Duties: The Attorney Advisor works with all departments in the agency on Giglio policy and responses. The Attorney Advisor trains on mock trials with all departments and is responsible for all work related to FSL including meetings, mock trials, and travel and training.

Name: Shannon Hall

Title: Paralegal Specialist

Duties: The Paralegal responds to discovery requests by the Office of the Attorney General and the US Attorney's Office and is responsible for all FOIA requests.

41. How have protocols for forensic testing, examination and analysis been reviewed and vetted in preparation for accreditation? Within the last 12 months, which procedures were reviewed and vetted by the SAB prior to the procedures being implemented? Please provide a list of all forensic procedures and protocols that have been reviewed and vetted by the SAB and those that have not been reviewed and vetted by the SAB.

Forensic testing protocols for the Forensic Biology and Chemistry Units were reviewed and vetted by FACT, an external consultant for Forensic Biology and Chemistry Units, and Evolve Forensics, an external consultant for Latent Fingerprint Unit. Each external consultant has provided guidance to ensure the testing protocols are in compliance with ISO/EIC 17025 and the ANAB AR3125.

The following forensic procedures were provided to the SAB during 2023.

- Interim Forensic Sciences Laboratory Manager provided an overview of the Validation studies which included POPSTR validation being in progress (started on 1/19/22). QIASymphony validation was completed along with updated SOPs and STACs. Internal validation was completed with Technical Leader Review for Fired Cartridge Casings Extraction. Equipment was purchased for the QuantStudio 5/Quantifiler Trio/QIAgilities in addition to being validated.
  - SAB was informed on the current validation of a method for quantification of heroin-based purity using Gas Chromatography-Flame Ionization Detection (GC-FID). This method was previously validated for determination of heroin hydrochloride purity and is now being extended for the use in Heroin Base. SAB was also informed that LFU training program is working with Evolve Forensics and includes suitability and moot court training and IAI certification preparation.
42. What new forensic testing/examination equipment, if any, has been validated and instituted in the last 24 months? If so, have the results of the validation(s) been reviewed by the SAB?

FBU completed the following validation studies:

- Fired Cartridge Casings (FCC) validation study
- QiaSymphony instrument validation study
- Software testing to include functional testing of STACS CW v4.3 software
- POPSTR software validation for STRmix data into CODIS
- Substrate retention study

FCU completed the following performance verifications and validation studies:

- Heroin quant validation finalized, completed SOP updates and training/overview
- Uncertainty of Measurement functionality implementation in LIMS

## J&PS Performance Oversight Questions (FY23-24)

### DFS

- Completed performance verifications for new Gas Chromatography- Mass Spectrometry (GC-MS) instrument
- Completed two validations for extension of FTIR method

The FSL independent consultant for Forensic Biology and Forensic Chemistry reviewed each of the validation studies and subsequent SOPs issued. ANAB assessment also included a review of the validation studies and associated SOPs.

43. Do DFS procedures conform to forensic science discipline-specific standards and guidelines recognized by the Organization of Scientific Area Committees for Forensic Science (OSAC)? If not, why not?

The Forensic Biology Unit in collaboration with the Forensic Intelligence Unit is conducting an OSAC gap assessment of the Forensic Biology Unit. This FY24 initiative is an in-depth evaluation of FBU SOPs, FBU and FSL Quality Assurance Manuals (QAMs), and Laboratory Operational Manuals in an effort to complete the OSAC self-certification process.

44. Have there been any quality corrective actions (e.g., Q-CARs) during the last 12 months? How were each of those addressed? Were those quality issues reviewed and vetted by the SAB?

There have been 23 Q-CARs during the last 12 months at DFS. There were three Q-CARs in the Crime Scene Sciences Division, 10 Q-CARs in the Public Health Laboratory, seven Q-CARs in the Forensic Science Laboratory, and three Q-CARs at an agency level. They were addressed following the agency's Departmental Operations Manual (DOM)07 – Procedures for Quality Corrective Action. An overview of FSL's QCARs and QPARs was provided during the March 2023 meeting with the SAB.

45. The National Commission on Forensic Science recommended in 2016:

“that all forensic practitioners should: Become certified in all categories of testing in which examinations are performed as soon as the requirements of the certification body are met...”

How many of the examiners in each of the DFS forensic disciplines that handle evidence are certified by a certifying body external to the DFS and accredited to ISO/IEC 17024 or in the process of becoming accredited to ISO/IEC 17024? Please provide the number of examiners per discipline and identify the certifying body. Please provide DFS plans for ensuring that this recommendation from the National Commission on Forensic Science be attained.

The FSL division currently has four forensic practitioners certified by a certifying body accredited to ISO/IEC 17024, two from the Latent Fingerprint Unit are certified by the Identification Association of Identification (IAI), one from the Forensic Biology Unit is certified by the American Board of Criminalistics (ABC), and one from the Forensic Chemistry Unit is certified by the American Society for Clinical Pathology (ASCP).



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### DFS

The CSS division has five scientists certified by the Identification Association of Identification (IAI).

Furthermore, the Public Health Laboratory (PHL) has 13 staff that hold a certification through the ASCP with two holding dual certifications.

The Quality Assurance Unit currently has two QA Specialists that are certified by the ASCP.

DFS supports staff in achieving and maintaining certifications.

46. How have protocols for training, testing to competency, and proficiency testing changed relating to new testing/examination methods, equipment, or software implemented in the lab since the last DFS accreditation was rescinded?

In FSL, the Forensic Biology Unit has updated its training, testing to competency, and proficiency testing to include any new testing/examination methods, equipment, or software implemented in the lab since the last DFS accreditation was rescinded such as the new POPSTR v.Alexa-1.77d software for deducing DNA profiles from STRmix results files for entry into the Combined DNA Index System (CODIS) which was tested for functionality and approved in April 2023. The Forensic Chemistry Unit has not implemented any new methods, equipment, or software to date. The Latent Fingerprint Unit is currently amid a complete overhaul of its methods and procedures to ensure compliance and to be up to date with best practices to include the Organization of Scientific Area Committees (OSAC) standards and guidelines.

47. Please detail the DFS plans for equipment life-cycle replacement and the budget planning done to execute the replacement plan.

FSL continuously assesses the age of analytical instruments as well as the robust functionality of instruments as part of the quality assurance and instrument maintenance programs. During FY23, FCU procured two GC-MS, four Fentanyl Hoods and one QToF analytical instruments and FBU procured eight thermocyclers instruments, one EZ1 extraction instrument, 14 mini centrifuges, seven full-size centrifuges, one Thermomixer, and one Vacufuge and rotor. FSL reviews instrument longevity and establishes a replacement and/or upgrade in accordance with drafting budget spend plans.

CSS: 2023-2024 Make Ready Plan for Electrification and introduction of Electronic Vehicles into the DFS fleet. Working Directly with EOM and the City Administrator to implement the infrastructure plan and implementation of EV's into the fleet. The first purchase will take place in FY25 with the addition of three EV's into the fleet and three additional EV's every year after. Our fleet consists of 21 vehicles.

48. Are there any reports or studies that have assessed the readiness of the DFS for forensic accreditation? If so, have those been provided to the SAB for review? If the studies and reports have not been provided to the SAB, please do so.

There were no reports or studies to assess the readiness for accreditation. Instead, the accrediting body, ANAB, assessed the readiness of DFS for forensic accreditation in December 2023. ANAB found zero non-conformities and issued accreditation to the forensic biology unit and the forensic chemistry unit.

49. The SAB Position Paper presented to the DFS in June identified areas within the Board's purview where the DFS is not utilizing the SAB expertise. The Position Paper raised some troubling items.

- a. What are your plans for a reexamination of firearms and latent fingerprint evidence to determine the scope of the issues leading to the loss of accreditation in order to inform corrective actions and advance evidence processing?

DFS has brought in two outside consultants, SNA and FACT, to look at the entire agency and the issues that lead to the loss of accreditation. The SNA report, which looked at the entire agency, was made public. There are no plans to look at firearms as there was a Reduction in Force (RIF) of the entire firearms unit and there are no plans to bring it back. Based on the SNA report, DFS hired Evolve consulting to look at latent fingerprints.

- b. Why has the SAB not been provided detailed information about the DFS reaccreditation preparation?

The Forensic Biology and Chemistry Units received accreditation in December 2023. The accreditation was made public after it was finalized.

- c. What steps are you taking to work with the SAB more transparently and collaboratively?

The SAB serves in an advisory capacity to the Department of Forensic Sciences with its members appointed by Mayor's Office of Talent and Appointments. Many of the current members have served in the capacity since 2020. The board appointments are for a set term and as such it creates transition based on term expiration. As the agency moves forward, post accreditation, DFS remains committed to transparency and providing the best independent forensic results for the District of Columbia.

DFS has been transparent with the Science Advisory Board (SAB), stakeholders, and the public. The SNA report was published so that the public has insight on the necessary steps to reaccreditation, and to restore the public faith in those areas that lost accreditation. Other agency documents, like the annual report, are published on DFS' website, and agency accreditation documents are available publicly on the ANSI National Accreditation Board website, [www.anab.ansi.org](http://www.anab.ansi.org).



50. Please provide information about the effectiveness of your Laboratory Information Management System (LIMS) in supporting laboratory operations. Please provide examples of operations the LIMS does and does not support. Please also provide examples of reports the system provides to assist with laboratory operations.

DFS has two LIMS systems that support the Forensic Science Lab (FSL) and the Public Health Lab (PHL). At first glance, this would appear duplicative; however, the specific requirements and priorities differ based on the nature of the samples, the purpose of testing, and the legal and regulatory frameworks within which they operate. LIMS in public health labs emphasizes population health surveillance, biotech, environment, rapid response, and integration with public health systems and hospitals. In contrast, LIMS in forensic labs prioritizes chain of custody, legal compliance, and detailed analysis for criminal investigations.

The JusticeTrax Laboratory Information Management System (LIMS) plays a crucial role in the efficiency and effectiveness of forensic laboratories. JusticeTrax LIMS supports laboratory operations by:

1. Chain of Custody, Evidence Tracking, and Management: LIMS enables accurate tracking of evidence throughout the entire forensic process, from collection and processing by the Crime Scene Services Unit (CSSU) to analysis (FSL) retrieval and storage Central Evidence Unit (CEU). LIMS maintains a detailed and secure chain of custody record, documenting every individual who handles the evidence. This helps prevent errors, misplacements, or loss of crucial evidence, ensuring the integrity of the forensic workflow.
2. Data Integrity and Security: LIMS provides a secure environment for data storage, ensuring that sensitive forensic data is protected from unauthorized access. This is critical for maintaining the confidentiality of ongoing investigations and protecting the privacy of individuals involved.
3. Quality Control: LIMS facilitates the implementation of quality control measures by tracking and managing standards, controls, and calibration data. This helps ensure the accuracy and reliability of analytical results, which is crucial for maintaining the credibility of forensic findings in legal proceedings.
4. Drug Reference Standards: LIMS manages laboratory reagents and chemicals' inventory and storage locations. This includes tracking lot numbers, expiration dates, MSDS documentation, and NFPA placard data. These functionalities play a crucial role in ensuring the precision and dependability of our test results. This is especially vital for upholding the credibility of results in legal proceedings.
5. Report Generation: LIMS creates accurate and detailed reports that comply with regulatory and legal standards needed for use in legal proceedings.
6. Example Reports: CODIS Entry, CODIS Hit Notification, CODIS Match Request, CODIS Removal, DNA/Serology, FCU Drug Analysis, FCU Drug Surveillance, FCU Proficiency Test, and FCU Drug Analysis.

JusticeTrax LIMS is highly effective at evidence tracking, chain of custody recording, data integrity/security, quality control, and compliance with industry regulations. The use of LIMS contributes to the overall efficiency, accuracy, and reliability of forensic analyses.

The Clinisys Laboratory Information Management System (LIMS) plays a major role in managing the complexities of public health-related, environmental, and biotech analyses and data. Clinisys LIMS supports PHL operations by:

1. **Sample Tracking and Management:** LIMS accurately tracks samples from collection to analysis and storage. This is especially important due to the volume of samples that PHL receives. Efficient sample tracking ensures that test results are linked to the correct patient or population, contributing to accurate public health surveillance.
2. **Epidemiological Surveillance:** LIMS assists in monitoring and responding to disease outbreaks by providing real-time test results and trends data.
3. **Workflow Management:** LIMS automates laboratory workflows, optimizing the efficiency of sample processing, analysis, and reporting. This is essential in public health laboratories dealing with a diverse range of tests, including those related to infectious diseases, environmental health, and bioterrorism threats.
4. **Data Integration:** LIMS integrates with other local public health systems and hospitals, streamlining the information exchange and enhancing collaboration between the District and its local partners.
5. **Regulatory Compliance:** PHL must adhere to regulatory standards and reporting requirements. LIMS helps ensure compliance with these standards, reducing the risk of errors and enhancing the quality of our public health data.
6. **Quality Control:** LIMS provides traceability of results back to specific instruments, methods, and personnel. This traceability is crucial for quality control, allowing PHL to maintain the accuracy and reliability of its test results.
7. **Reporting and Surveillance:** LIMS creates reports for public health surveillance and reporting purposes, which aids in the timely dissemination of information to public health agencies and facilitates a rapid response to emerging health threats.
8. **Example Reports:** Clinical Final, Clinical Final Amended Draft, and Work Order Report.

Clinisys significantly contributes to the effectiveness of public health laboratories by enhancing sample tracking, workflow management, data integration, regulatory compliance, inventory management, quality control, and reporting. LIMS plays a vital role in the overall public health infrastructure, helping to monitor, prevent, and respond to health-related challenges in a systematic and efficient manner.

51. What are the plans for recruiting and maintaining staff at the DFS? What steps are being taken to execute those plans?

Refer to response to question #2.

52. Please provide staffing numbers with job titles for each of the forensic disciplines and administrative support units (e.g., quality assurance unit, forensic technology unit, etc.), including authorized position count and vacancies. Where possible, please provide historic data and trends to provide context and comparison.

See Appendix #52 – Forensic Staffing Report.

53. Is there any forensic testing/examination equipment that is not operational and in need of repair or replacement? Please provide a list of that equipment. The list should include the equipment function, why repair or replacement is necessary (e.g., casework workhorse; breaks down frequently; etc.), operational necessity, and why it is no longer operational.

Currently there is no equipment/analytical instruments that are out of service due to the need of a repair or replacement. There are several microscopes and balances, as well as the water tank in the former Firearm Examination Section, that have been placed “Out of Service” due to the currently operational status of the unit.

Currently for PHL our main autoclave is out of service and has been for about three months. The status is that DGS is waiting for parts. Additionally, there are several biosafety cabinets that need to be replaced, they are functional but just barely.

54. Please provide budget and spending information for the following:

- a. Purchase of new equipment.
- b. Maintenance and repair of equipment including the cost and details of maintenance contracts.
- c. Outsourcing of any forensic discipline work (e.g., DNA databasing; CODIS processing).

The FSL outsourcing expenditures for FY23 were \$2,506,876.50 which included DNA, latent print, evidence processing and seized drug analysis.

FBU outsourcing (DNA): \$1,888,576

FCU outsourcing (seized drug analysis): \$43,925

LFU outsourcing (latent analysis and evidence processing): \$574,375.50

- d. Budget and spending information for continuing education of all staff.
- e. List and cost of all continuing education events and conferences showing number of attendees per event during this reporting period.
- f. Contract support details and costs for accreditation preparation

FSL hired two independent consultants in FY23 to assist with Forensic Biology and Forensic Chemistry re-accreditation and Latent Print Analysis training program and gap assessment. The total cost for FY23 was \$452,390.95.

FBU/FCU/Quality Assurance Independent Consultant: \$378,792.00.

LFU: \$73,598.95

- g. Detail any outside funding sought and received (e.g., grants).

Where possible, please provide historic data and trends to provide context and comparison.

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DFS

Bio Watch is a specific cooperative agreement between DFS-PHL and Prince George’s County Fire and EMS to provide specific bioterrorism testing for the US Department of Homeland Security. The funding supports staff and supplies related to the program.

| <b>FY20 (7 months)</b> | <b>Total</b> | <b>FY21</b> | <b>Total</b> | <b>FY22</b> | <b>Total</b> | <b>FY23</b>          | <b>Total</b> | <b>FY24</b> | <b>Total</b> |
|------------------------|--------------|-------------|--------------|-------------|--------------|----------------------|--------------|-------------|--------------|
| PS (8 FTEs)            | \$687,031    | PS (8 FTEs) | \$839,706    | PS (9 FTEs) | \$916,042    | PS (9 FTEs)          | \$958,069.98 | PS (9 FTEs) | \$988,069.98 |
|                        |              |             |              |             |              | Supplemental Funding | \$45,000     |             |              |

55. Please provide forensic workload data for each of the disciplines – Forensic Biology, Latent Fingerprints, Drug Chemistry, Crime Scene Processing and Forensic Intelligence Unit. Be sure to define terms in the reported information (e.g., crime scenes processed versus service requests received).

This should include specific information such as: number of Forensic Biology cases, number of DNA samples processed, number of sexual assault kits submitted and processed, turnaround times, backlog data including how the backlog is defined, CODIS samples submitted, number of samples outsourced, CODIS Hits, etc.

Where possible, please provide historic data and trends (e.g., over the last 5 years) to provide context and comparison.

In FY23, FBU completed testing for 955 cases via outsourcing with an average turnaround of 69 Days. FBU received 271 sexual assault kits in FY23. All 271 sexual assault kits were tested via outsourcing during FY23. LFU completed 784 cases via outsourcing with an average turnaround of 66 days. FCU outsourced 90 cases with an average turnaround of less than 60 days during FY23.

To date, FBU has a casework backlog of 1,007 cases and a CODIS backlog of 1,263 cases. FBU has established a long-term plan through in-house and outsourcing capabilities to eliminate the casework backlog. FBU will continue to rely on outsourcing until the backlog has been eliminated, which is projected to occur in FY25. The CODIS backlog will take 19 weeks to eliminate. LFU has a backlog of 285 cases. There is currently no backlog of cases within FCU. Backlog is defined as a case that is not yet assigned to an analyst (in-house) or to a monthly outsourcing shipment.

Also, see Appendix #3-1.

56. Please provide any highlights / accomplishments you would like to showcase by discipline.

- Submitted the application for reaccreditation for the forensic biology and forensic chemistry units (assessment took place on December 4-6, 2023).

## J&PS Performance Oversight Questions (FY23-24)

### DFS

- ANAB accreditation received on December 22, 2023. Assessment resulted in the identification of zero non-conformities.
- Added an IAI certified latent scientist in the latent fingerprint unit.
- Increased capacity for drug testing through outsourcing.
- Reduced the agency vacancy rate to 21%.
- Onboarded 13 forensic crime scene scientists to bring total staffing in the crime scene sciences unit to 96%.
- Increased number of qualified staff to perform Bioterrorism testing from four to 17.
- Implemented wastewater processing in all eight wards in the District of Columbia
  - Developed a sequencing process for detecting SARS-CoV2 and other pathogens in wastewater.
- Hired a new Quality Assurance Manager/Supervisory Quality Assurance Specialist, filling a crucial vacancy needed to apply for re-accreditation.
- Hired a new Chief Science Officer.
- All QA Specialists have obtained memberships in the Association of Forensic Quality Assurance Managers (AFQAM).
- Optimized utilization of the Ideagen Quality Management System.

Also see Appendices #3 and #56.

57. Please provide any challenges in carrying out your mission, how they have been addressed, and any additional support that you need.

- Loss of ISO 17025 accreditation resulting in suspension of all internal forensic testing operations.
- Funding cliff in the public health laboratory, loss of highly skilled and trained laboratory staff.
- Delays in intradistrict transfer of grant funds to DFS for Public Health laboratory testing programs.
- Insufficient staffing level in the Quality Assurance Unit, which has been addressed by submitting an enhancement request for FY25 requesting eight additional FTE positions. Having a fully sufficient Quality Assurance Unit is vital for DFS to maintain current re-accreditation and obtain additional accreditations in all divisions.
- Additional staffing is needed in the Crime Scene Sciences Unit (CSSU) to adequately respond to increased calls for service, shorten response time, and decrease overtime usage.