



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 22, 2025

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 the close of business on Wednesday, February 5.** If you have any questions or concerns about these questions or your ability to meet this deadline, please contact James Nance, Legislative Counsel, at (202) 724-8058 or Linn Groft, Committee and Legislative Director, at (771) 224-7234.

Thank you,

A handwritten signature in blue ink, appearing to read "BE R", likely representing Brooke 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 of Forensic Science (DFS)'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.

See Appendix #2.

- a. Please include an explanation of the roles and responsibilities for each division and subdivision within the agency.

See Appendix #2.

- b. Please include a list of the employees (name and title) for each subdivision and the number of vacant, frozen, and filled positions for each subdivision. For vacant positions, please indicate how long the position has been vacant and the date on which the vacant position was posted for re-hiring, if applicable.

See Appendix #2b.

- c. Has your agency experienced a hiring freeze at any point in FY 2024 or FY 2025? If yes, please indicate the dates of the freeze.

No hiring freeze in FY 2024 or FY 2025.

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

No major changes were made.

3. Please list each new program implemented by the agency during FY 2024 and FY 2025, to date. For each initiative please provide:

- e. A description of the initiative, including when it began and when it was completed or is expected to be completed;
- f. The funding required to implement the initiative; and
- g. Any documented results of the initiative.

See Appendices #3 and #3-1.

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Also, see responses to questions 55-58, 61b, 65a, and 86, on the Combined DNA Index System (CODIS) backlog reduction initiative, which utilized \$937,095 in federal DNA Capacity Enhancement for Backlog Reduction (CEBR) program funding on backlog mitigation (backlogged casework) efforts, decreasing the CODIS backlog by 85%, allowing the Forensic Biology Unity (FBU) to focus on processing the CODIS cases in-house.

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:

See Appendix #4.

- 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); and
- f. Whether the position must be filled to comply with local or federal law.

Please note the date that the information was collected.

5. Please provide a list of all memoranda of understanding (“MOUs”) entered into by your agency during FY 2024 and FY 2025, to date, as well as any MOUs currently in effect. For each, indicate the date on which the MOU was entered and the termination date (if applicable).

| MOU | Date Entered | Termination Date | In Force? | Involved party |
|---|--------------|------------------|-----------|--|
| 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 HEPRAs 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 |

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| | | | | |
|--|-----------|------------------|-----|---|
| Bread for the City (BFTC) | 10/1/2023 | 8/31/2024 | Yes | Bread for the City |
| FY25 MOU w DOC DFS | 9/21/2023 | 9/30/2024 | Yes | DC Department of Corrections |
| FMCS FY 2025 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 |
| 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 |
| MOU between DFS and OCME re Forensic Anthropologist Consultant | 9/24/2024 | 2/28/2025 | Yes | OCME |
| MOU between DFS, MPD and ATF | 1/1/2025 | 1/1/2026 | Yes | MPD, ATF |

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.

See below and Appendix #6a and #6b.

- 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.

See below and Appendix #6a and #6b.

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- c. Please note if the agency is currently in bargaining and, if so, its anticipated completion date.

The agency is not currently in bargaining.

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: 124 (as of 01/13/2025)
- Contact Information:

LaToya McDowney, President - NAGE R3-09

300 Indiana Ave, NW, Washington, DC 20001

Email: latoya.mcdowney@dc.gov

Phone: 240-441-2774

See Appendix #6a

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

- Effective: FY2021 through FY2025
- Number of Covered Employees: 124 (as of 1/13/2025)
- Contact Information:

E. Lindsey Maxwell II, Esq. – Director

Office of Labor Relations and Collective Bargaining

441 4th Street, NW, Washington, DC 20001

Email: lindsey.maxwell@dc.gov

Phone: 202-724-4953

See Appendix #6b

7. Please provide the agency's FY 2024 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 2024 and FY 2025, to date. In addition, please describe any variance between fiscal year appropriations and actual expenditures for each program and activity code.

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[See Appendix #8.](#)

9. Please list any reprogrammings, in, out, or within, related to FY 2024 or FY 2025 funds. For each reprogramming, please list:
- d. The reprogramming number;
 - e. The total amount of the reprogramming and the funding source (i.e., local, federal, SPR);
 - f. The sending or receiving agency name, if applicable;
 - g. The original purposes for which the funds were dedicated; and
 - h. 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 2024 and FY 2025, to date, including:
- i. Buyer agency and Seller agency;
 - j. The program and activity codes and names in the sending and receiving agencies' budgets;
 - k. Funding source (i.e., local, federal, SPR);
 - l. Description of MOU services;
 - m. Total MOU amount, including any modifications; and
 - n. The date funds were transferred to the receiving agency.

[See Appendix #10.](#)

11. Please identify any special purpose revenue accounts maintained by, used by, or available for use by your agency during FY 2024 and FY 2025, to date. For each account, please list the following:
- o. The revenue source name and code;
 - p. The source of funding;
 - q. A description of the program that generates the funds;
 - r. The amount of funds generated by each source or program in FY 2024 and FY 2025, to date; and

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- s. Expenditures of funds, including the purpose of each expenditure, for FY 2024 and FY 2025, to date.

[There are no DFS special purpose revenue accounts during FY 2024 and FY 2025, to date.](#)

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

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

[See Appendix #12.](#)

13. Please provide a complete accounting of all federal grants received for FY 2024 and FY 2025, to date, including the amount, the purpose for which the funds were granted, whether those purposes were achieved and, for FY 2024, the amount of any unspent funds that did not carry over.

[See Appendix #13.](#)

14. Please list each contract, procurement, lease, and grant (“contract”) awarded, entered into, extended and option years exercised, by your agency during FY 2024 and FY 2025, to date. For each contract, please provide the following information, where applicable:

- The name of the contracting party;
- The nature of the contract, including the end product or service;
- The dollar amount of the contract, including budgeted amount and actually spent;
- The term of the contract;
- Whether or not the contract was competitively bid;
- The name of the agency’s contract monitor and the results of any monitoring activity;
- Funding source; and
- Whether the contract is available to the public online.

[See Appendix #14.](#)

15. Please provide the details of any surplus in the agency's budget for FY 2024, including:

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

See Appendix #15.

16. For FY 2024 and FY 2025 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 #16-1 and #16-2.

LAWS, AUDITS, AND STUDIES

17. 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 2024 or FY 2025, to date.

See Appendix #17

18. Please list any reports the agency is required by law to prepare and whether the agency has met these requirements.

The agency has reporting obligations for sexual harassment, language access, and the Freedom of Information Act (FOIA). These reporting requirements are submitted in accordance with the required timelines. Additionally, the agency is required to publish an annual report outlining its prior year's activities and accomplishments. The FY 2023 Annual Report is available on the agency's website at <https://dfs.dc.gov/page/dfs-annual-report-fy-2023>.

- 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.

There are no unduly burdensome or underutilized reports by the Council or the public.

19. Please list all lawsuits filed in FY 2024 and FY 2025 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.

See Appendix #19.

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20. Please list all settlements entered into by the agency or by the District on behalf of the agency in FY 2024 and FY 2025 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).

None.

21. Please list any administrative complaints or grievances that the agency received in FY 2024 and FY 2025 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 2024 or FY 2025 to date, describe the resolution.

The agency thoroughly investigates each matter and identifies the most appropriate resolution based on the specific circumstances. No changes to agency policies or procedures were necessitated by the complaints and grievances received.

See Appendix #21-1 and #21-2.

WORKPLACE ISSUES AND EQUITY

22. 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 2024 and FY 2025 to date, and whether and how those allegations were resolved.

The agency follows the policies and procedures outlined in the Sexual Harassment Issuance and Chapter 16 of the District Personnel Manual, as attached and Mayor's Order 2023-131. There were no allegations received in FY24 and FY25, to date.

See Appendix #23-1.

2023-131 Updated District Government Sexual Harassment Policy Guidance and Procedures.
See Appendix #23-2.

DC Personnel Regulations - Chapter 16, Corrective and Adverse Actions; Enforced Leave and Grievances.

See Appendix #23-3.

23. 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?

- Continuation of facilitating and leading comprehensive, agencywide racial equity training, fostering an inclusive and informed environment for all staff.

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- Thorough review of human resource policies and procedures to ensure they do not inadvertently perpetuate racial inequities.
- Continue to ensure racial equity across all agency operations and practices.

24. In FY 2024 and FY 2025 to date, what are two ways that your agency has addressed racial inequities internally or through the services you provide?

- Intentional hiring of staff which reflects the racial diversity of the city.
- All agency recruiters and HR Director are trained in Diversity and Inclusion recruitment to support the intentional hiring efforts of staff that reflect the racial diversity of the District.

AGENCY-SPECIFIC QUESTIONS

Staffing and Human Resources

25. 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 that connects employees and managers with specialists in FMLA, PFL, ADA, COVID, sexual harassment complaints, and discipline?

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

The agency supports employee retention and morale by upholding clear policies and procedures and ensuring employees are well-informed about expectations and the consequences of not meeting them. Additionally, DFS continues to participate in the District's Telework Program, offering eligible employees remote work opportunities in alignment with District policy. The agency also encourages professional growth by providing job-specific training and opportunities for employees to present at various forensic conferences.

The agency continues to support the District's Wellness Initiative by organizing weekly walks, weather permitting. In FY 2024 Q1, the agency announced the opening of its new Wellness Room available to all DFS employees. The room was designed, by an agency colleague, to create a calm space to decompress, meditate, or just simply relax for a brief moment during the day. In the agency's ongoing efforts to foster a supportive culture and environment, the DFS Human Resources and Outreach team added several certified Mental Health First Aiders (MHFA), throughout FY 2024 and FY 2025, to provide support for employee health and mental well-being. The addition of these onsite specialists further strengthens our ability to immediately assist employees with mental health and substance use challenges; provide initial, confidential support; and offer guidance on navigating professional and emergency services when necessary. These roles are vital in ensuring employees have access to the resources and support needed to prioritize their mental well-being.

The direct results of the Human Resources and Training Team that connects employees and managers has been having a direct point of contact to provide prompt assistance; the ability to provide thorough guidance from a subject matter expert through the functional

area specialist; and to provide consistent, efficient supports and guidance across the agency which continues to strengthen the trust in HR and ultimately contributes to employee morale and retention.

In FY 2025 Q1, the agency received an employee suggestion regarding bike parking. The agency's Operations unit is working with the Department of General Service (DGS) and building management on a potential resolution.

26. 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.

Internal and external complaints are accepted through the agency's online portal, available on the agency's website at <https://dfs.dc.gov/page/dfs-complaint-form>. Employee complaints can be submitted directly to Human Resources (HR) or through the employee's management chain. Please note, most complaints are submitted directly to HR, either by contacting the HR Director or an HR Specialist.

Finally, the agency continues to monitor its electronic employee suggestion box, where employees can submit concerns, offer feedback, or file complaints. Employees are also informed that complaints can be submitted directly to Human Resources or through their management chain. Please note, most concerns are submitted directly to HR, either by contacting the HR Director or informing an HR Specialist.

27. 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 #2b.

28. Please describe any updates that the agency made to staffing, management, and operations in the Public Health Laboratory ("PHL") in FY 2024 and FY 2025 to date.

The DC Public Health Laboratory (PHL) continues to be a vital resource for safeguarding public health. In FY 2024, DC PHL accomplished the following:

- Performed 20,114 diagnostic and surveillance tests.
- Facilitated 141 specialized test referrals to the Centers for Disease Control (CDC) or other reference lab.
- Performed 83 Proficiency testing (PT) events (total of 261 samples) with a 96% passing rate.
- Filled staffing vacancies which included three Unit Supervisors, a Grants Management Specialist, and a Supervisory Fiscal Program Specialist.
- Laboratory developed and implemented a procurement dashboard for efficient tracking and expenditure of local and grant funds.

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- Successful audit and renewal of Clinical Laboratory Improvement Amendments (CLIA) Certificate of Compliance.
- Successful audit and renewal of Certificate of Registration by the CDC Division of Regulatory Science and Compliance (formerly DSAT).
- Successful audit and continuation of BioWatch program by the US Department of Homeland Security.

29. The FY25 budget provided funding for 3.0 additional FTEs to hire crime scene scientists to address increased caseloads. Please address the following questions:

- a. Have all three crime scene scientist positions been filled? Please include the hiring dates for each filled position. If any positions have not been filled, please explain any barriers to hiring and provide the timeline for filling remaining vacancies.

- PN 00114875 – Tentative EOD 02/24/2025
- PN 00114876 – Filled as of 01/13/2025
- PN 00114877 – Filled as of 01/13/2025

- b. For any filled positions, please describe the training provided, current deployment status, and impact on CSS caseload distribution.

The staff will complete a six-week training academy to include photography, latent prints, evidence tracking systems, DNA, gun recovery, evidence packaging, chemical processing, report writing, and sketching. The training academy also pairs new hires with experienced staff for a three-month field training (following the six-week process).

- c. What additional resources or support, if any, do these new positions require?

N/A

30. In last year's responses, DFS reported several PHL staffing updates, including 1) converting four supervisor positions from grant-funded to locally-funded positions, 2) difficulties filling a Chemistry Supervisor (MS-13) position that had been posted three times with no viable candidates, and 3) plans to repost the Chemistry Supervisor position in FY 2024. Please provide an update on:

- a. The status of the fourth supervisor position that was in pre-employment screening;

The fourth supervisor position was Molecular Diagnostic Unit Supervisor MS-13 position which was filled on 1/28/24.

- b. Whether the Chemistry Supervisor position was successfully filled after being reposted in FY 2024;

The Chemistry Supervisor (MS-13) position was filled on 7/29/2024.

- c. Any additional challenges in recruiting and retaining PHL staff over the past year; and

Recruiting qualified candidates who meet CLIA requirements presents a significant hurdle, particularly given the stringent education and experience prerequisites. This is especially challenging in specialized areas of the laboratory including analytical chemistry/Toxicology, molecular diagnostics, and microbiology, where candidates must have both extensive technical expertise and relevant years of experience. PHL retention struggles include competing with private industry in attracting some of our staff to positions with work flexibility (remote work) and job security provided by stable funding.

d. Current vacancy rates and hiring needs within PHL.

Dedicated personnel for the Bioterrorism Response Team (BT): currently the BT team consists of one locally funded position and all BT Team members consists of cross-trained staff from other Units within PHL. The BT laboratory requires dedicated staff specifically to maintain capacity for bioterrorism preparedness and response as well as maintaining compliance with CDC Select agent program. This specialized team needs personnel trained in handling and analyzing potential biological threat agents, conducting rapid testing, and maintaining emergency response protocols. Having dedicated staff ensures consistent readiness and reduces the strain on other laboratory sections during routine operations and emergencies.

Data Informatics Personnel: There is a pressing need for data informatics specialists to manage the increasing complexity of laboratory information systems, data analysis, and reporting requirements. These professionals are essential for managing the laboratory information management systems (LIMS), supporting electronic reporting to various stakeholders and regulatory bodies.

31. Please describe any updates that the agency made to staffing, management, operations, and quality assurance in the Forensic Sciences Laboratory (“FSL”) in FY 2024 and FY 2025 to date.

FSL actively recruited key staff positions during FY 2024. The key positions for each laboratory unit are the unit manager and technical leaders. In FY 2024, FSL onboarded the Latent Fingerprint Unit manager and technical leader as well as the Forensic Chemistry Unit manager. Currently, FSL is in the process of hiring technical leaders for the Forensic Chemistry and Forensic Biology Units. Also, FSL is in the process of hiring analysts in all technical and non-technical units within the Division. Additionally, two Quality Assurance Specialists were onboarded; one fully assigned to FSL.

32. Following up on DFS's FY 2024 hiring of a Chief Science Officer and Quality Manager, please describe:

a. Key initiatives these positions have implemented since joining the agency, and

The key initiatives implemented by the Chief Science Officer are the accreditation of the FSL Units (achieved in December 2023 for Forensic Biology and Chemistry Units; January 2025 for Latent Fingerprint Unit); restarting of in-house casework in each unit; rebuilding DFS’ reputation in the forensic science community (analysts are regularly attending and presenting at local, national and international

conferences); and repairing relationship with DFS' customers (e.g., MPD, USAO, OAG).

The key initiatives implemented by the Quality Manager are creating a quality assurance system that meets the needs of the three Divisions of DFS by imbedding quality assurance specialists in each Division; obtaining and maintaining accreditation including CLIA, BioWatch, and ISO/IEC 17025; and instilling a culture of quality that allows for continual improvement.

- b. How these roles have impacted DFS's operations and quality management systems.

By obtaining accreditation and restarting in-house casework, DFS operations have been positively impacted by returning to producing high-quality, timely, accurate, and reliable forensic analyses. Efforts to increase transparency have strengthened DFS' relationship with their customers and USAO has begun to certify DFS analysts as expert witnesses in court. Many quality improvements have been operationalized under the Quality Assurance Unit Manager such as creating and implementing a user-friendly Quality Event workflow encouraging all staff to participate in the quality assurance system.

33. Last year, DFS reported several key staff vacancies, including the Forensic Chemistry Unit Manager, Forensic Intelligence Unit (FIU) Manager, Latent Fingerprint Unit (LFU) Manager, and Latent Fingerprint Unit Technical Leader positions. Please provide:

- a. The current status of filling each of these positions;

- Forensic Chemistry Unit Manager – Filled
- Latent Fingerprint Unit Manager – Filled
- Latent Fingerprint Technical Leader – Filled

- b. For any positions that were filled, what improvements or changes have been implemented under the new leadership;

The Forensic Chemistry Unit Manager has reviewed current operations and proposed several advancements to improve operation efficiency. These advancements include streamlining the weighing of unanalyzed samples, adjusting the analysis of cocaine allowing for batched analyses, and more scientifically precise reporting of *Cannabis silvia*.

The Latent Fingerprint Unit Manager and Technical Leader prepared the unit for an accreditation assessment and successfully achieved accreditation. The process included rewriting and approving all standard operating procedures; developing and issuing mock casework; overseeing updates of equipment and software to include changes to the Laboratory Information Management System reporting function; and strengthening the processing of archived evidence and casefiles.

- c. For any positions that remain vacant:

- i. Why have these positions not been filled?

DFS is reconsidering the current evidence handling and evidence testing request processes for potential reorganization to increase efficiency. An output may include a reconfiguring of the FIU Manager position. This evaluation is currently ongoing.

Currently FSL is recruiting senior- and junior-level analysts in the Biology, Chemistry, and Latent Fingerprint Units. FSL is re-classifying the position of the Forensic Chemistry Technical Leader so that it is consistent with the Technical Leader positions of the Forensic Biology and Latent Fingerprint Units in both grade and responsibility. Once re-classified, DFS will post the position of Forensic Chemistry Unit Technical Leader.

- ii. What specific challenges or barriers has DFS encountered in the recruitment process?

FSL faces challenges of too few analysts to fill the demand nation-wide. FSL is competing with regional federal laboratories. Candidates are reporting that pay scale and telework policies are of consideration when selecting a position.

- iii. What impacts have these continued vacancies had on operations?

The primary impact of continued vacancies is decreased in-house testing capacity.

- iv. What steps is DFS taking to make these positions more attractive to qualified candidates?

FSL is participating in local and regional employment events as well as building its internship program. FSL is also adjusting positions to increase the number of entry-level positions to provide career growth opportunities within the laboratory units.

- d. How these staffing changes or continued vacancies have affected the relevant units' ability to process cases and maintain quality standards; and

FSL prioritizes maintaining quality standards and accreditation. Vacancies impact the testing capacity of the laboratory, but steps are taken to protect the quality of the work. FSL relies on vendor laboratories to support the testing capacity; the opportunity for vendor laboratory support allows FSL to prioritize meeting quality standards ensuring high-quality, timely, accurate, and reliable forensic analyses.

- e. What strategies DFS is implementing to ensure operational continuity and oversight in units with key leadership vacancies.

FSL has been able to fill key leadership vacancies during FY 2024.

- 34. Last year, DFS identified several critical staffing challenges, a "funding cliff in the public health laboratory, loss of highly skilled and trained laboratory staff," and a need for "additional staffing . . . in the Crime Scene Sciences Unit (CSSU) to adequately respond to increased calls for service, shorten response time, and decrease overtime usage." For each of these identified

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challenges, please provide an update, including any steps that the agency has taken to address and mitigate these issues.

To address the funding cliff, PHL is transitioning grant funded staff to the FTE local positions awarded in FY25. Additionally, the laboratory is working to increase testing capacity to support other District agencies such as the DOC as a means to generate revenue to fill the expected funding gap.

CSSU has been active in recruiting crime scene scientists/analysts during FY 2024. The increase in staffing numbers will allow the unit to absorb leave requests, sick leave, and paid family leave (PFL) and have enough manpower to continue to respond and process the continuous increase for calls for service without mandatory overtime. The additional staffing will decrease the amount of funds being spent on overtime and enhance crime scene response services to District residents by providing the technical and operational support needed to deliver services in a more timely and efficient manner.

35. For the Science Advisory Board in FY 2024 and FY 2025 to date:

- a. Please describe the members' attendance and the major work of the Board.

SAB Meeting Attendance

FY 2024 Q1 Meeting - November 19, 2024

| Name |
|---|
| Laura Sudkamp; In-Person Attendance |
| Dr. Roger Kahn; In-Person Attendance |
| Claudine Pereira; In-Person Attendance |
| Dr. Jeri Roper Miller; In-Person Attendance |
| Nicole Roehm; Virtual Attendance |

At every scheduled meeting, the SAB is updated on the progress, activities, and challenges of each division. The director of each division shares their unit updates and provides an opportunity for questions, comments, or feedback. Additionally, the quality manager provides an update on QCARs, QPARs and quality events.

- b. Please list all current vacancies on the board as well the length of current members' terms and their term end date.

Vacancies - There are currently four vacancies on the SAB.

Current Members - There are currently five members on the SAB.

| Name | Beginning Term | End Term |
|----------------------|-----------------------|-----------------|
| Dr. Roger Kahn | July 26, 2024 | April 18, 2026 |
| Ms. Claudine Pereira | July 26, 2024 | April 18, 2026 |

J&PS Performance Oversight Questions (FY24-25)

DFS

| | | |
|------------------------|---------------|-------------------|
| Ms. Nicole Roehm | July 26, 2024 | April 18, 2026 |
| Dr. Jerri Roper-Miller | July 24, 2024 | November 26, 2027 |
| Ms. Laura Sudkamp | July 26, 2024 | April 18, 2025 |

- c. For any vacancies, please provide a date by which a replacement will be nominated.

Staffing and recruitment for the SAB is facilitated by the Mayor's Office of Talent and Appointments (MOTA).

36. What is the current vacancy rate in each unit in FY 2025 to date compared to FY 2024?

- FY 2025 Vacancy Rate (as of 01/28/2025)
 - CSS - 13.4% vacancy rate
 - FSL - 34% vacancy rate
 - PHL - 30.1% vacancy rate
- FY 2024 Vacancy Rate (as of 09/30/2024)
 - CSS - 16.2% vacancy rate
 - FSL - 31.2% vacancy rate
 - PHL - 9.8% vacancy rate

37. How have these staffing shortages continued to impact operations and service delivery?

The CSSU staffing shortages have required an increased amount of overtime to support the unit and provide uninterrupted crime scene services due to the dispatch for service while absorbing requests for leave, sick leave, and PFL. The shortage has also impacted the response in calls where multiple calls for service may have to be processed based on priority (highest to lowest) which may at times cause a delay in response times.

Staffing shortages in FSL impact the laboratory testing capacity. Decreased testing capacity leads to increased backlog and turnaround time. FSL has been able to maintain a limited backlog and acceptable turnaround time by relying on vendors laboratories.

Staffing shortages in PHL have significantly impacted on our operations and service delivery in several keyways. Our capacity to process samples has been limited, forcing us to prioritize testing to prevent delayed results for our stakeholders. This has also necessitated overtime for existing staff to maintain essential services, leading to increased fatigue and potential burnout. To mitigate these challenges, we've had to strategically cross-train staff whose skills sets can be utilized in other lab sections to cover multiple areas, which, while helpful in the short term, stretches resources thin and can impact specialized expertise. Furthermore, the timeline to implement additional measures to improve and expand our capabilities has been hampered. Due to the short staffing situation, we lack the bandwidth to properly research, validate, and implement new testing methods or equipment as quickly as we would like. This slows our progress and prevents us from proactively addressing emerging needs. Finally, staff morale has been negatively affected. The constant pressure and heavy workload have understandably

taken a toll on staff. This has led to a reluctance among some staff to participate in additional measures, such as further cross-training, even though these measures are crucial for our long-term sustainability and improvement. Addressing staffing shortages is critical to ensuring we can retain our skilled staff and continue to provide quality service.

38. What specific support, if any, do you need from the Council and Executive to fully address these staffing challenges?

CSSU is seeking support from the Council and Executive to continue the efforts that will allow the unit to hire additional staffing each fiscal year until the unit is at an adequate number of staffing that is needed to effectively respond to the increased calls for service, shorten response time, and decrease overtime usage.

FSL is seeking support from the Council and Executive to expand the staffing of FSL. FSL is competing with regional federal laboratories. Candidates are reporting that the pay scale and telework policies are consideration when selecting a position.

39. The FY25 budget provided \$627,000 for agency-wide training to maintain accreditation and support reaccreditation efforts. Please address the following:

- a. How were these training funds utilized?

The funds were utilized to support agency professionals in the maintenance and achievement of their required technical credentials; supported leadership development for all managers; and supported individual employee professional development through training and conference attendance.

- b. What percentage of staff have completed the required accreditation maintenance training?

All staff who hold technical requirements for accreditation have met the requirements of their Individual Training Plan (ITP) or maintenance plans, as required.

- c. Which specific training programs, if any, were implemented to support LFU reaccreditation?

FSL contracted with Evolve Forensics to conduct an in-depth, comprehensive training program which included competency testing and the completion of mock casework in preparation for the LFU accreditation.

- d. How does DFS measure the effectiveness of these training investments?

The agency tracks and monitors the number of trainings, number of staff trained, and conducts reassessment of employee competencies required for laboratories to be in a favorable position for re-accreditation (*FY 2025 – FSL-LFU*) and to ensure accreditation and certification requirements are continually met (PHL and FSL – FBU/FCU).

40. 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*.

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DFS has worked diligently with the Science Advisory Board (SAB) to ensure that the Board can advise. For example, all the documents and SOPs associated with STRMix were provided to the SAB to obtain their opinion on whether DFS Forensic Biology Unit (FBU) needed anything additional prior to resuming case work. The SAB advised to begin case work. Further, the SAB has been included during accreditation meetings and in reviewing the documentation.

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

Name: Gregory Burnett

Title: Attorney Advisor

Duties: The Attorney Advisor consults with management and supervisors on legalities that affect the organization's mission and will provide 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 recommend changes and drafts new legislation and amendments of the same as needed. Reviews cases and documents to ensure support of legal position. Represents the agency in hearings at various administrative locations, including the Office of Employee Appeals, the Office of Administrative Hearings, the U.S. Equal Employment Opportunity Commission, or the Office of Human Rights and prepares necessary documentation to support cases. Works with all departments in the agency on Giglio policy and responses and trains on mock trials with all departments.

Name: Amanda Kenner

Title: Attorney Advisor

Duties: The Attorney Advisor provides expert legal advice and conducts extensive reviews of various legal documents, such as Memorandums of Understanding and contracts. Drafts 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 will recommend changes and draft new legislation and amendments of the same as needed. Represents the agency in administrative hearings before the Office of Employee Appeals, the Office of Human Rights, and the U.S. Equal Employment Opportunity Commission and prepares necessary documentation to support cases. Trains and prepares all departmental staff for trial. Occasionally responds to DC Freedom of Information Act requests or provides legal sufficiency for these responses and advises on contracts and grants.

Name: Yannick Morgan

Title: Attorney Advisor

Duties: The Attorney Advisor provides expert legal advice and conducts extensive reviews of various legal documents, such as Memorandums of Understanding and contracts. Drafts 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 will recommend changes and draft new legislation and amendments of the same as needed. Represents the agency in administrative hearings before the Office of Employee Appeals, the Office of Human Rights, and the U.S. Equal

Employment Opportunity Commission and prepares necessary documentation to support cases. Trains and prepares all departmental staff for trial. Occasionally responds to DC Freedom of Information Act requests or provides legal sufficiency for these responses and advises on contracts and grants.

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

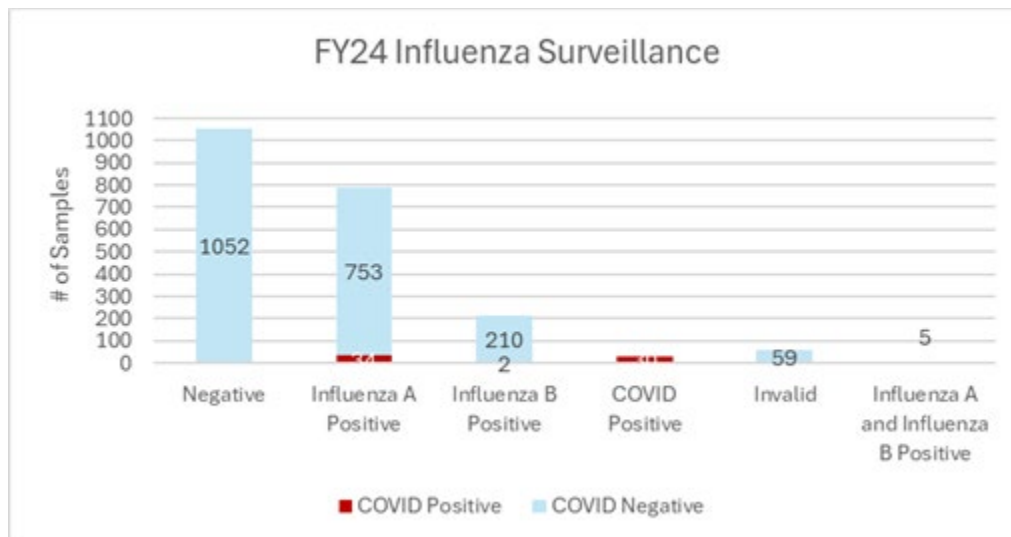
DFS remains committed to active recruitment through the DC Careers site. Our retention strategies include offering both internal and external training and development opportunities, clear career advancement pathways, and hosting internal employee events to promote cross-unit understanding and enhance overall morale. In addition, we leverage various external job boards to increase interest in DFS opportunities, and our outreach efforts extend to local job fairs, conferences, and networking with potential candidates via LinkedIn and Indeed.

Testing and Equipment Questions

41. 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.

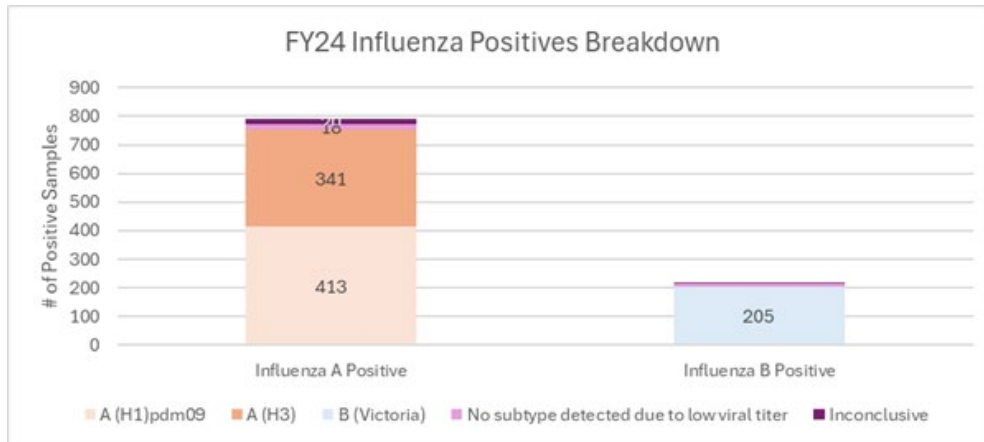
Influenza and Non-influenza Respiratory Virus Surveillance

During the FY 2024 influenza surveillance season (MMWR weeks 202340 – 202439), DC PHL tested 2,145 specimens from patients visiting hospitals in the District with influenza-like illness. Of these specimens tested for influenza A, influenza B, and SARS-CoV-2, 1,052 were negative for all targets, 30 were positive for SARS-CoV-2, 753 were positive for influenza A, 34 were positive for influenza A and SARS-CoV-2, 5 were positive for influenza A and influenza B, 210 were positive for influenza B, 2 were positive for influenza B and SARS-CoV-2, and 59 were reported as invalid. The subtyping results for influenza A and B positives are shown in the figures below.

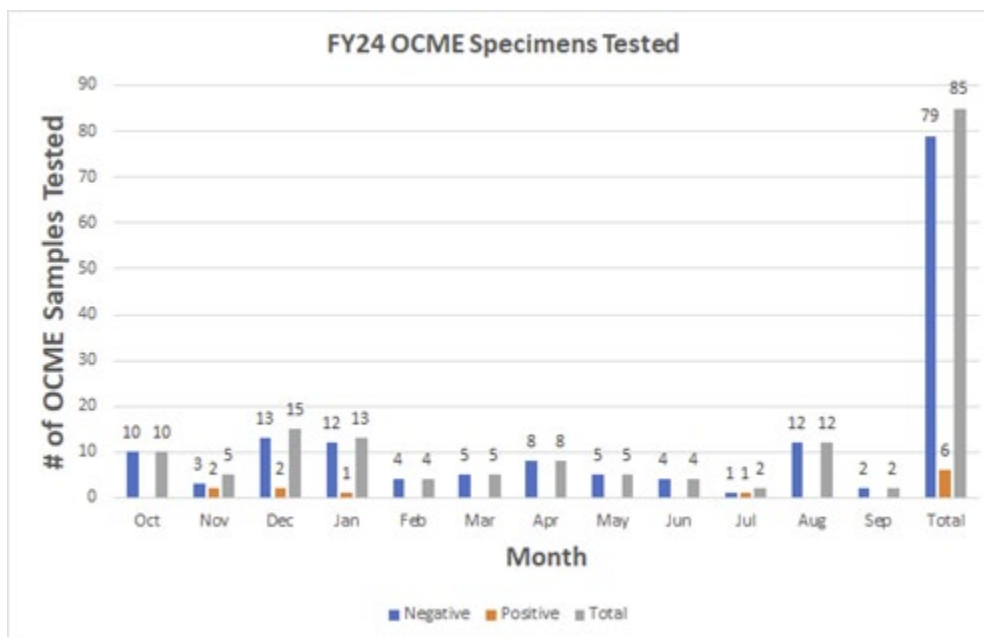


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PHL also performs respiratory virus testing for OCME in testing post-mortem specimens which include SARS CoV-2, Flu A, Flu B, and RSV to aid in death investigations. In FY 2024, PHL tested 85 specimens from OCME, with 6 testing positive for SARS CoV-2, 5 for RSV, 2 for Flu A, and 1 for Flu B.



Foodborne outbreak testing

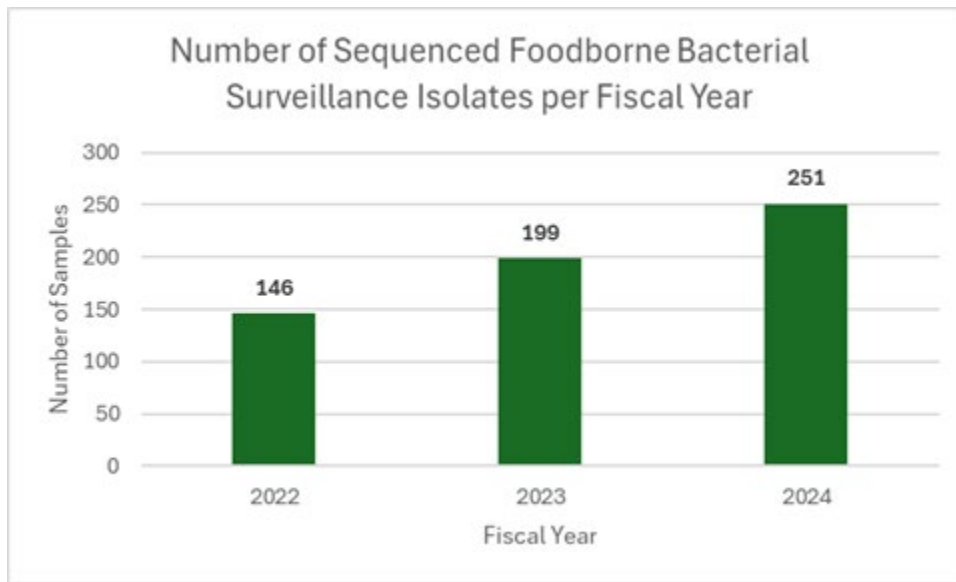
The CDC collects data on nationally notifiable enteric bacterial infections or foodborne associated infections. This includes bacterial infections caused by *Campylobacter*, *Listeria monocytogenes*, *Salmonella*, *Shigella*, *E. coli*, and *Vibrio*. Case surveillance is fundamental to public health practices as it helps to understand and pinpoint potential outbreak related events. PHL received 275 isolates for foodborne surveillance in FY 2024. This is a 38% increase from FY 2023. *Salmonella* represents the most isolated foodborne pathogen as a part of this surveillance effort in the District followed by *Campylobacter*, *Shigella* and *E. coli* respectively. While the U.S. has reported several recalls and outbreaks of *Listeria*, the

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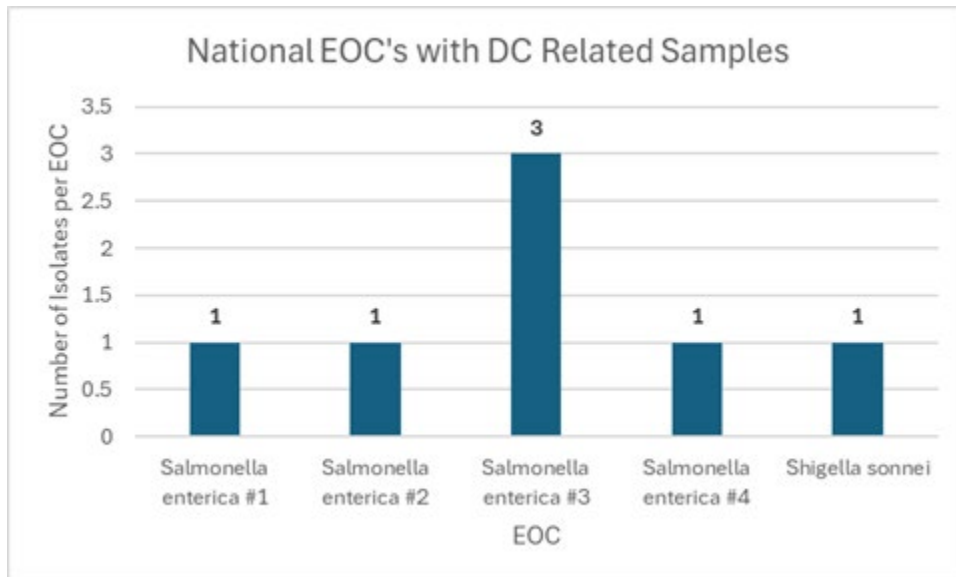
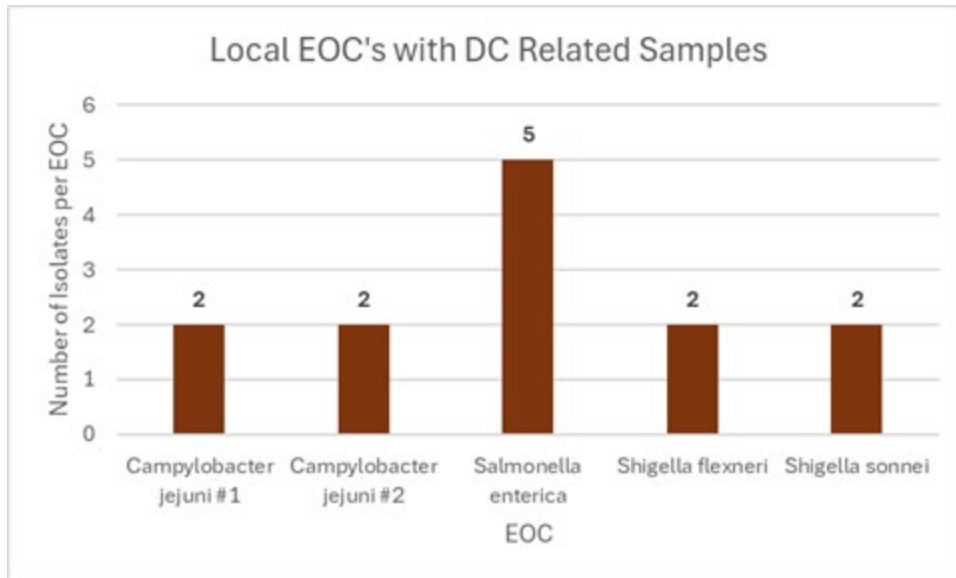
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incidence of *Listeria* submissions are low (only 2 received in FY 2024). More outreach is necessary to encourage *Listeria* submissions.

Of the 275 isolates received for foodborne surveillance, the NGS laboratory sequenced 251 of those isolates with 213 being submitted to the CDC's PulseNet program. This number is a 26.13% increase from the number of samples sequenced in FY 2023 (199). When looking back on the previous two fiscal years, there has been a 71.92% increase in the number of samples sequenced from FY 2022 (146) to the 251 sequenced in FY 2024. Of the 251 samples sequenced in FY 2024, 213 samples (85%) were submitted to PulseNet.



Within those 213 samples, 20 (9.4%) were implicated in 10 different public health events of concern (EOC). Of those 10 EOC's, 5 were local EOC's with 13 samples and 5 were national EOC's with 7 samples. The 5 local EOC's included: *Campylobacter jejuni* (2 EOC's); *Salmonella enterica* (1 EOC); *Shigella flexneri* (1 EOC); and *Shigella sonnei* (1 EOC's). The 5 national EOC's included *Salmonella enterica* (4 EOC's); and *Shigella sonnei* (1 EOC's).



Norovirus

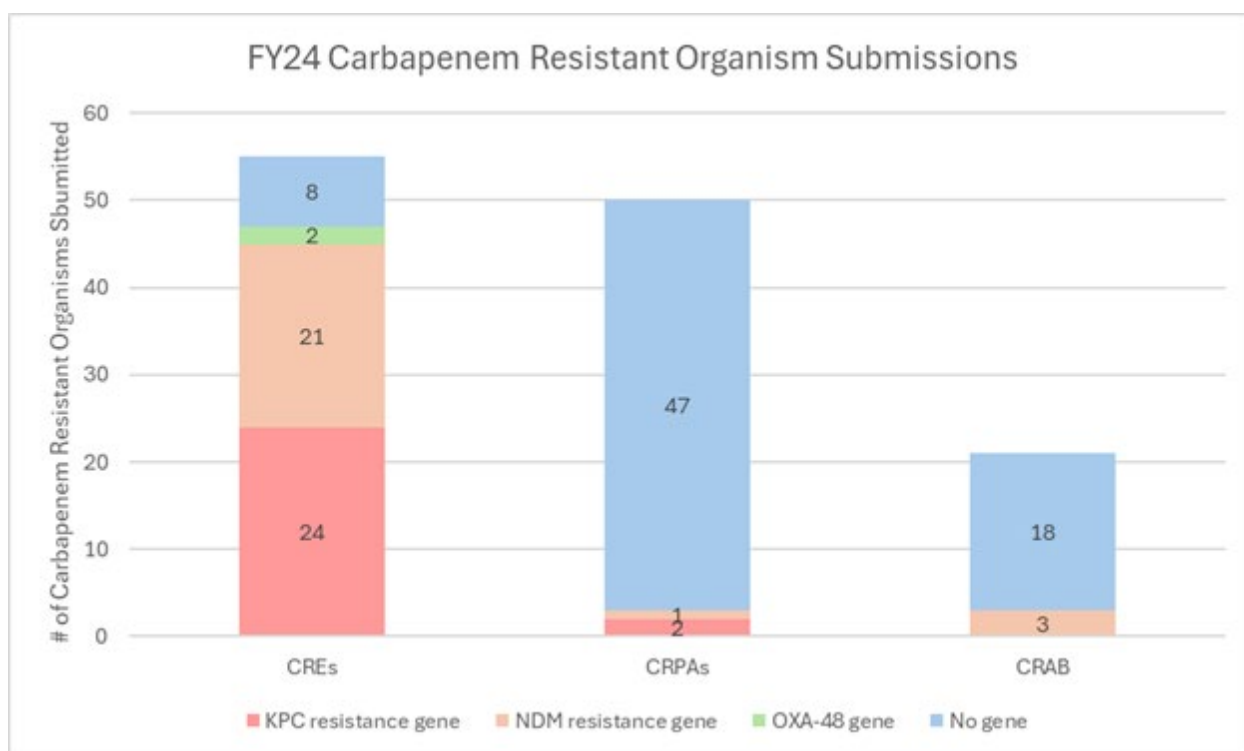
Lastly, PHL performs diagnostic testing of Norovirus from stool samples collected from patients suspected of acute gastroenteritis or inflammation of the stomach and intestines. Specimens are also submitted for confirmation by various hospitals within the district. While validated to perform testing in FY 2023, the incidence of Norovirus testing was low. In FY 2024, PHL received 47 Norovirus samples. Our testing methodology detects two variants of Norovirus, GI and GII. GII represents the most common norovirus illness worldwide. Approximately 50% of the samples submitted were positive for Norovirus. Four were GI positive and 20 were GII positive.

Antimicrobial Resistance Surveillance

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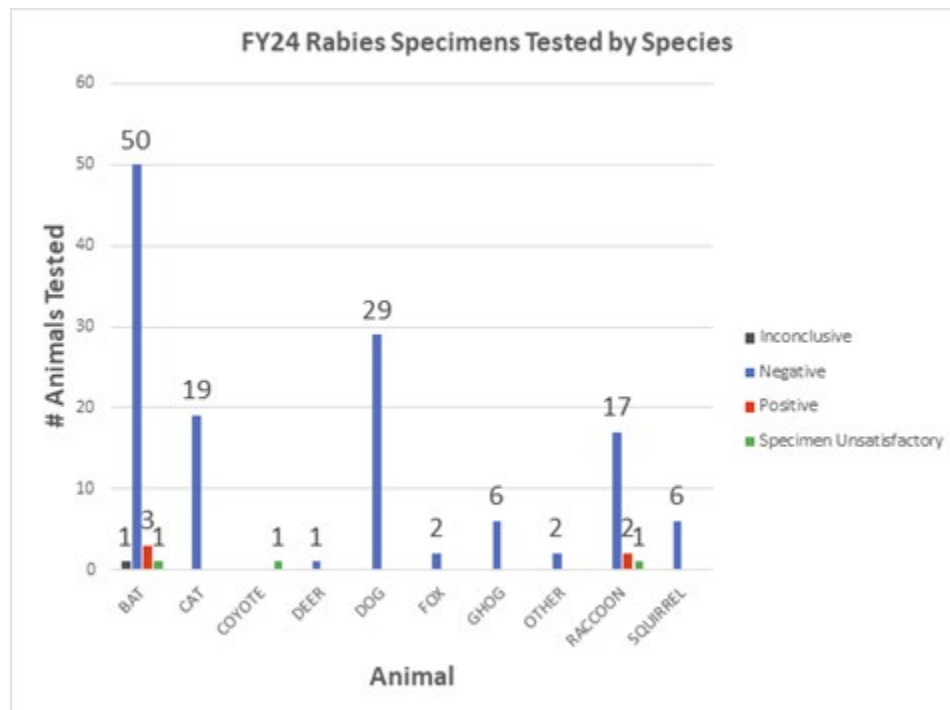
DFS

CDC's Antimicrobial Resistance Laboratory Network (ARLN) identifies, tracks and responds to emerging antimicrobial resistance threats including Carbapenem-resistant-Enterobacterales (CRE), Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), Carbapenem-resistant *Acinetobacter baumannii* (CRAB), and resistant *Candida auris*. MBU received 126 carbapenem resistant organism submissions in FY 2024 representing CREs (55), CRPAs (50), and CRAB (21). Carbapenems are a class of antibiotics used to treat serious infections, usually as a last line of defense against bacteria that are resistant to other antibiotics. In addition to determining the organisms that carry resistance, the goal of ARLN is also to determine the resistance mechanisms, or resistance genes that produce enzymes known as carbapenemases. The ability of bacteria to produce carbapenemases can be easily spread between bacteria thus resulting in multidrug resistant organisms which is a global public health concern. MBUs surveillance efforts involve identifying the five most common genes: Klebsiella pneumoniae Carbapenemase (bla_{KPC}), New Delhi Metallo-beta lactamase (bla_{NDM}), Verona Integron-encoded Metallo-beta-lactamase (bla_{VIM}), Imipenemase Metallo-beta-lactamase (bla_{IMP}), and Oxacillinase-48-like beta lactamase (OXA-48). Of the CREs, MBU identified 24 KPC resistance genes, 21 NDM resistance genes and 2 OXA-48 genes. While 50 CRPA isolates were submitted, the presence of resistance genes was low (2 KPC, 1 NDM). This is aligned with current trends across the United States. CRPA is uncommon, however the ability to develop resistance is a huge concern. Three NDM CRAB isolates were identified out of the 21 submitted. CRAB typically have other resistant OXA genes that are not picked up by methods tested in MBU (i.e. OXA-23, 24, and 58-like genes). These genes are however detected by Next Generation Sequencing (NGS). As a result, all CRAB isolates are sent to NGS for sequencing analysis as well as CRPA and any alerts (multi-drug-resistant organisms). Data generated by NGS is uploaded into a national database for monitoring by the CDC.



Rabies Surveillance

In FY 2024, PHL received 141 animal brain specimens for rabies testing, of which 93 animals had human exposure, 31 had animal exposure (bites or contact with animal saliva including licks), 6 had potential human exposure, and 11 had no exposure. The overall rabies positivity in the District is 3.5% (5/141), with 5.5% (3/55) positivity in bats and 10% (2/20) positivity in raccoons.



Gonococcal Isolate Surveillance Project (GISP)

The Gonococcal Isolate Surveillance Project was established to monitor trends in antimicrobial susceptibilities of *Neisseria gonorrhoeae* by collaborating between STI clinics and their state/local public health laboratories and the CDC. Isolates were collected from symptomatic men seeking care at these clinics. Positive isolates were identified and sent to the regional laboratory (Maryland Department of Health-MDH) for antimicrobial susceptibility testing. While PHL partners with two clinics, Wellness Clinic and Whitman Walker as a part of DC Health, the bulk of the sample submissions in FY 2024 were from the Wellness Clinic. Thus, a 50% decrease in sample submissions were observed between FY 2023 (104 samples) and FY 2024 (57 samples). Of the samples received, 60% were gonorrhea positive. Of those samples positive for gonorrhea, 94% were confirmed positive with CTGC PCR of Urine and Urethral samples. With almost 40 years of surveillance efforts, the CDC ended the GISP program on July 31, 2024. PHL is currently in a transition period, determining next steps to continue its partnership with DC Health for gonorrhea testing. PHL has completed validations for antimicrobial susceptibility testing for potential test of cure isolates and are in the process of implementation. Test of cure would allow

PHL to continue supporting DC Health in order to manage STI and to confirm infection eradication or identify treatment failures.

Bioterrorism Program (LRN-B)

The Bioterrorism Unit (BTU) is a reference laboratory within the Laboratory Response Network Biological Threat (LRN-B) program.

In FY 2024 the unit received and processed 4 samples from the Federal Bureau of Investigation (FBI) to test for agents of bioterrorism. All the samples were negative for the agents tested. No clinical specimens or isolates were submitted from sentinel laboratories to test for biological threat agents.

The BTU participated and was successful in 4 proficiency challenge panel exercises in FY 2024. The proficiencies test the Bioterrorism program's competency in strictly following LRN-B protocols to correctly identify potential agents of bioterrorism.

Additionally, the BTU participated in a packaging and shipping exercise along with the PHL Accessioning Unit (ASU) and Children's National Hospital Biocontainment Unit to test notification systems and correctly package, ship, and receive suspected viral hemorrhagic fever samples.

In FY 2024, 3 PHL medical technologists were cross-trained and competency assessed to perform environmental sample PCR testing. Training in other LRN-B assays is ongoing for all three technologists. These additions enhance the bioterrorism program's emergency preparedness and response readiness.

In June 2024, the PHL BTU organized the annual Bioterrorism Workshop to train clinical laboratories in the District in how to rule out or refer suspected agents of bioterrorism to the PHL reference laboratory. Twenty medical technologists from 7 different clinical laboratories attended this hands-on laboratory training which included lectures on laboratory biosafety and biosafety.

BioWatch Program

The BioWatch program achieved significant milestones in FY 2024, showcasing its unwavering commitment to protecting public health and safety. During FY 2024, the program tested a total of 11,327 samples, ensuring the highest standards of operational excellence. To enhance surge capacity and maintain continuity in testing operations, three staff members were cross-trained, enabling greater flexibility and preparedness.

The program operated seamlessly 7 days a week, 365 days a year, reflecting its dedication to providing uninterrupted biothreat monitoring. In addition to its operational achievements, the program took proactive steps to secure its future by hosting a comprehensive tour for members of Congress and the Department of Homeland Security.

This engagement highlighted the program's critical role and value, helping to solidify future funding and support.

As active members of the BioWatch Core Working Group, the program team contributed to national-level discussions and strategic planning, reinforcing its leadership and collaboration within the BioWatch network. FY 2024 was a year of notable progress, positioning the BioWatch program for sustained success and impact.

Chemical Terrorism Program (LRN-C)

In FY 2024, the Clinical Toxicology Unit (CTU) at PHL upheld its preparedness for chemical threat response under the Laboratory Response Network for Chemical Threats (LRN-C) Program. Despite no clinical specimen submissions for chemical terrorism agents, CTU maintained readiness through regular drills, quality control exercises, and method validation. Significant advancements included method optimization, updated calibration techniques, and improved proficiency testing protocols, ensuring continued compliance with CDC standards.

- Completed 27 quality control and proficiency tests across 9 assays, with each assay achieving a 100% score at least once during LRN-C evaluations.
- Validated a new instrument for blood and urine metals analysis.

42. The FY25 budget included \$874,832 to support the Public Health Laboratory with critical laboratory supplies for testing across multiple categories. Please provide the following information:

- a. How were these funds utilized across the different testing categories including mosquito-borne viruses, influenza, foodborne outbreaks, rabies, STIs, bioterrorism and chemical terrorism, and COVID?

At this time, the laboratory is going through the procurement contracting process for reagents and supplies needed to perform new assay validations and subsequent testing implementation.

- b. What specific testing capacity increases were achieved with this funding?

With additional funding for supplies, the laboratory expects increased testing capacity for the following by the end of FY25:

- Mpox (clade 1)
- Drugs of Abuse Testing (including 64 analytes)
- Expanded Influenza and non-influenza respiratory virus testing
- STI testing including hepatitis (HCV, gonorrhea and chlamydia)
- *Candida auris* colonization screening
- Expanded Biothreat testing

- c. Is the current funding level sufficient to meet testing demands across all categories?

No, in addition to funding for testing supplies, the current level of funding does not cover the cost to maintain lab equipment through maintenance contracts. Maintenance contractions are required to ensure lab equipment is functioning properly and is a requirement for compliance with our regulatory bodies including Centers for Medicare and Medicaid Services (for CLIA compliance) and the CDC (for the Biothreat and Chemical Threat programs).

- d. What metrics does the PHL use to track testing efficiency and capacity utilization?

To track testing efficiency and capacity utilization, PHL tracks quarterly testing turnaround time and quality measures as part of DFS key performance metrics to ensure testing efficiency. In FY 2024, the laboratory hired a full-time grant manager and fiscal program manager and developed a procurement dashboard to ensure efficient tracking and utilization of funding. Currently in FY 2025, the laboratory is developing additional dashboards and trackers to monitor additional quality measures, staffing capacity, and testing data.

- e. Please describe the current status of the District's mosquito surveillance program to test for West Nile, dengue, chikungunya, and Zika viruses.

43. In last year's oversight responses, DFS indicated plans to expand mosquito surveillance in FY 2024 to include testing for Eastern Equine Encephalitis virus (EEEV), Dengue (DEN), St. Louis Encephalitis (SLE), and Japanese Encephalitis (JE) viruses. Please provide an update on the implementation of this expanded testing program, including:

- a. Which viruses are now being tested for,

PHL, in collaboration with DC Health, performs surveillance of West Nile Virus (WNV) and Eastern Equine Encephalitis virus (EEEV) in endemic mosquito species in the District. Mosquitos are trapped throughout DC, speciated, and submitted for testing at PHL. PHL maintains clinical testing of patient specimens for Zika virus but does not routinely perform surveillance testing for Zika virus due to rarity and low probability of local transmission.

- b. Any challenges encountered in implementing the new tests, and

There are no challenges for mosquito testing.

- c. A summary of significant findings from the FY 2024 mosquito surveillance season to date.

For the FY 2024 mosquito surveillance season, a total of 340 mosquito pools were collected (322 of those pools were from the year 2024 surveillance season) and tested for WNV and EEEV. There were 14 WNV positive and 308 negative mosquito pools this season (Figure 1). Of the 16 trap sites set up in all 8 DC wards (Figure 2), sites 1A and 6A had the most positive pools (3 positive pools from each site, all *Culex pipiens*), followed by site 2B (2 positive pools: 2 *Culex pipiens*) as shown in Figure 3. Thirteen (93%) positive pools were *Culex pipiens* collected from 8 sites in the District and 1 (7%) positive pool was *Aedes albopictus* collected from Ward 5 (Figure 4).

Figure 1. 2024 WNV and EEEV Testing Results by Mosquito Species

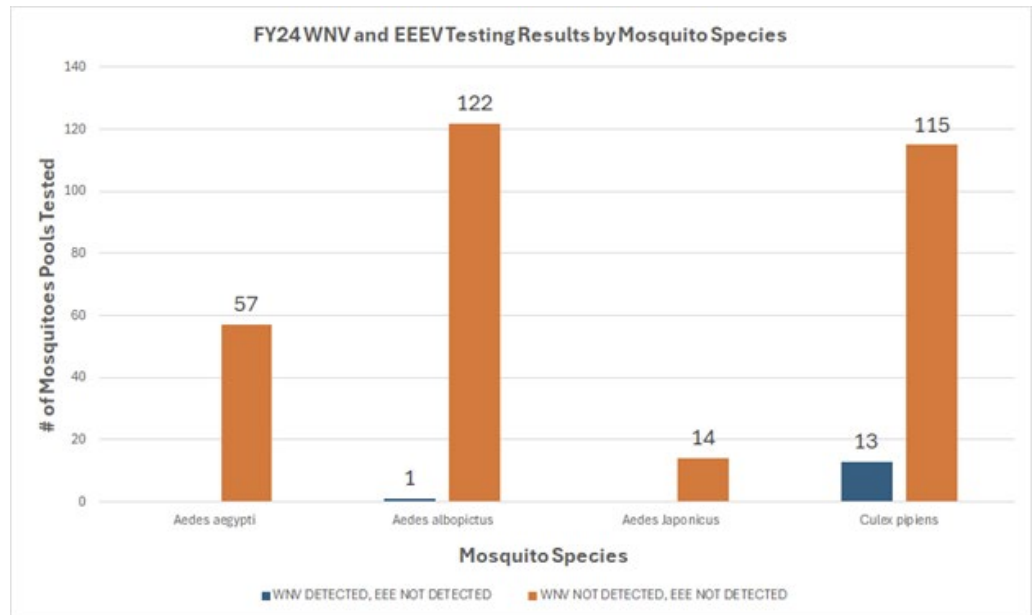


Figure 2. Washington DC Ward Map showing positive mosquito pools

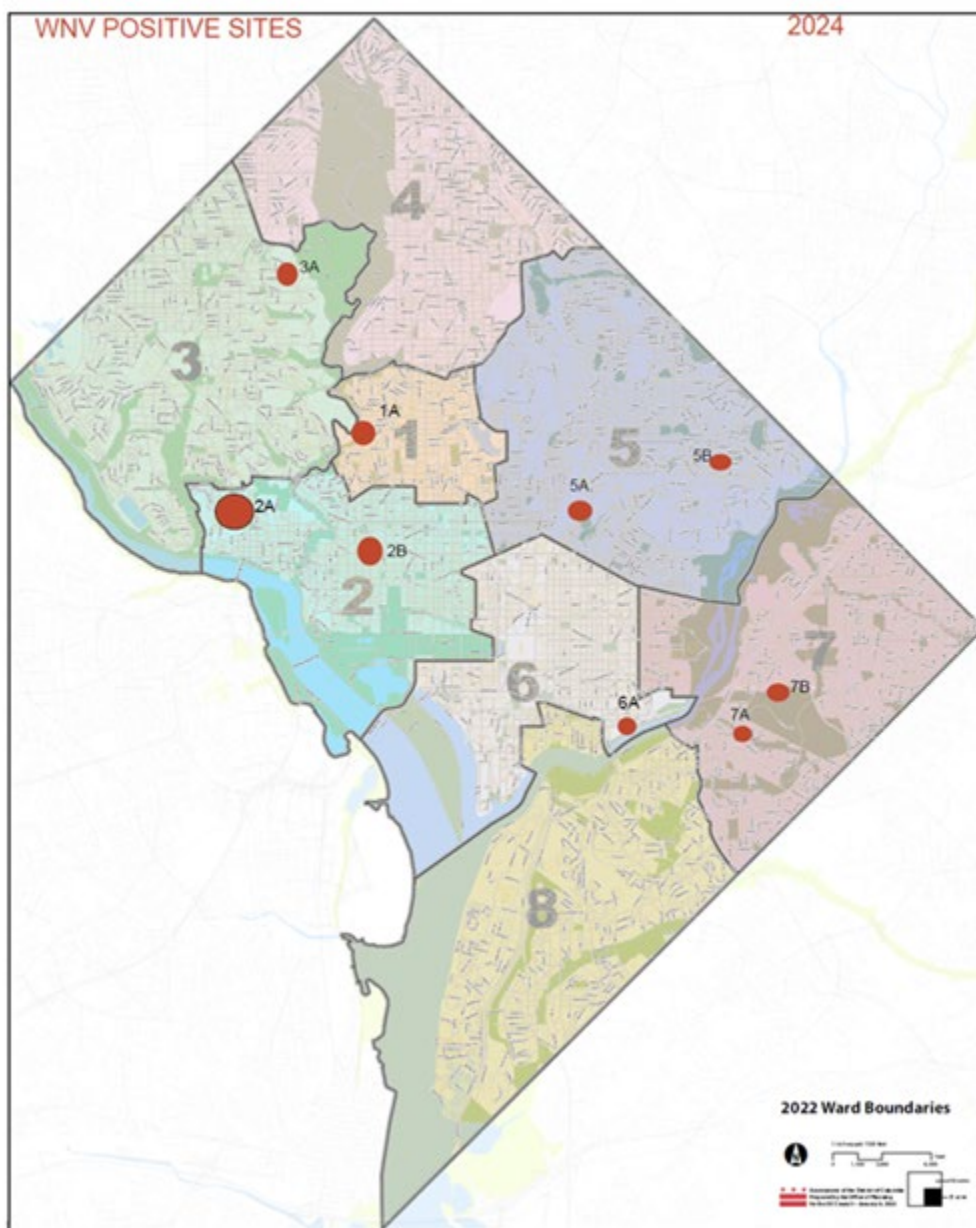


Figure 3. 2024 WNV/EEEV Testing Results by Trap Site

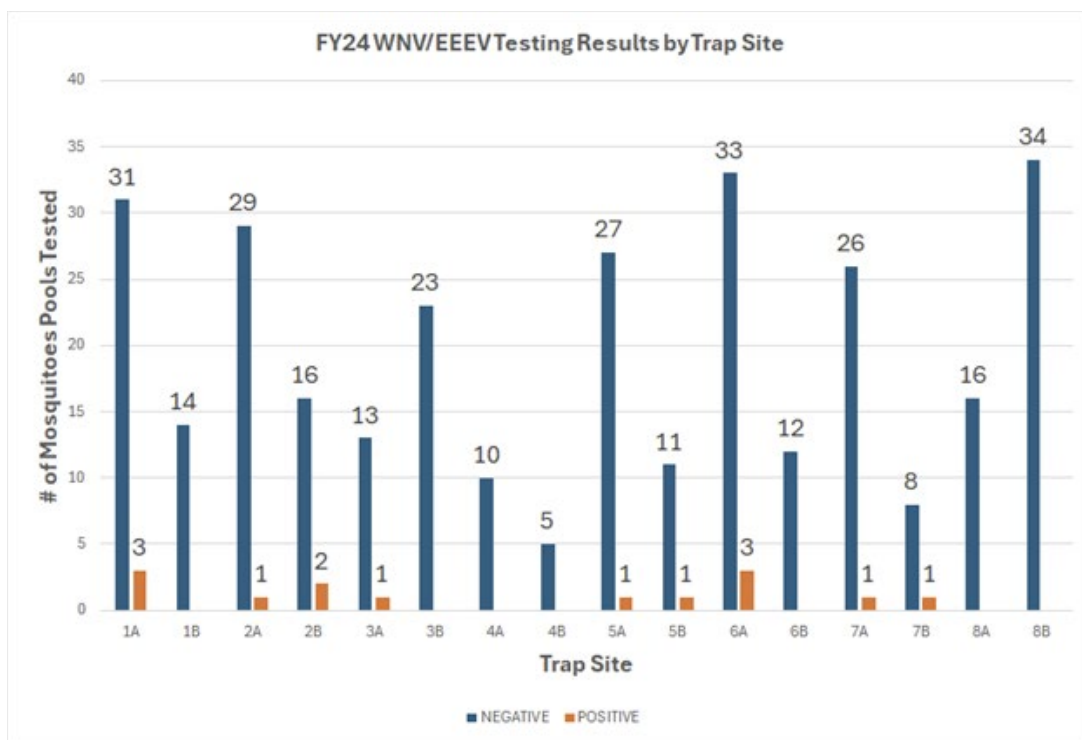
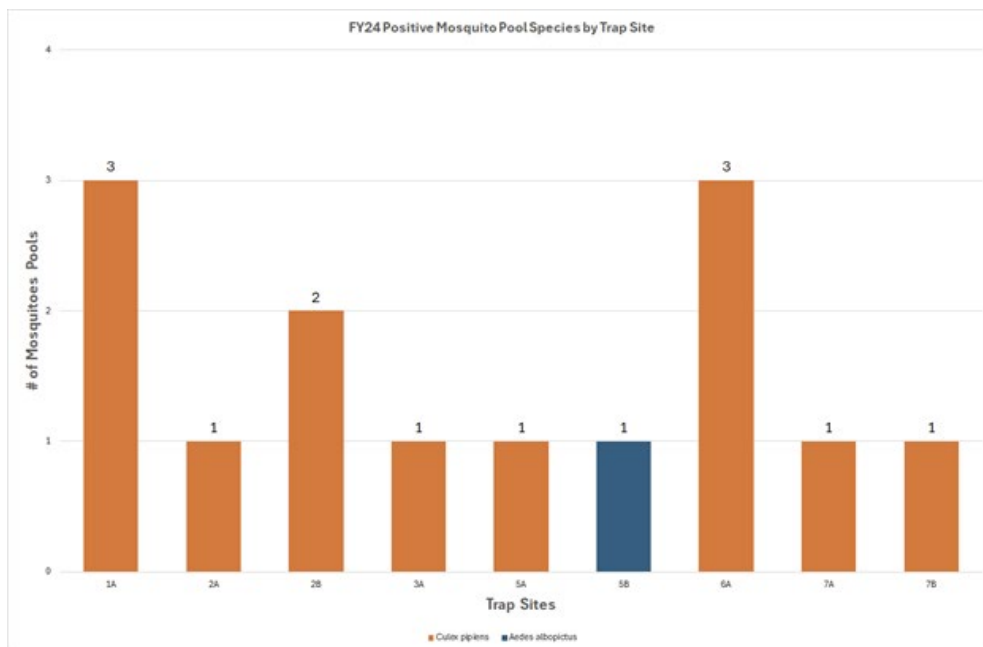


Figure 4. Positive Mosquito Pool Species by Trap Site



44. In last year's oversight responses, DFS indicated plans for 2024 to expand testing capacity to 60 isolates per week, expand testing to other infectious diseases beyond SARS-CoV-2, and

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implement next generation sequencing for variant detection and other pathogens. Please provide an update on:

- a. Whether the goal of testing 60 isolates per week was achieved;

For wastewater testing, the goal of testing 60 isolates per week was not achieved as expected because wastewater testing collection was not increased. In December 2023, wastewater testing was suspended due to supply shortages as a result of a delay in receiving grant funding that specifically supports this work. Funding was received in June 2024. Since this time, PHL is reevaluating and improving the wastewater testing workflow prior to restarting testing. Prior to the pause in testing, PHL tested 534 wastewater samples for SARS-CoV-2 in FY 2024. The overall positivity was 92% (493/534), with 33% (176/534) of positive samples testing above the limit of detection.

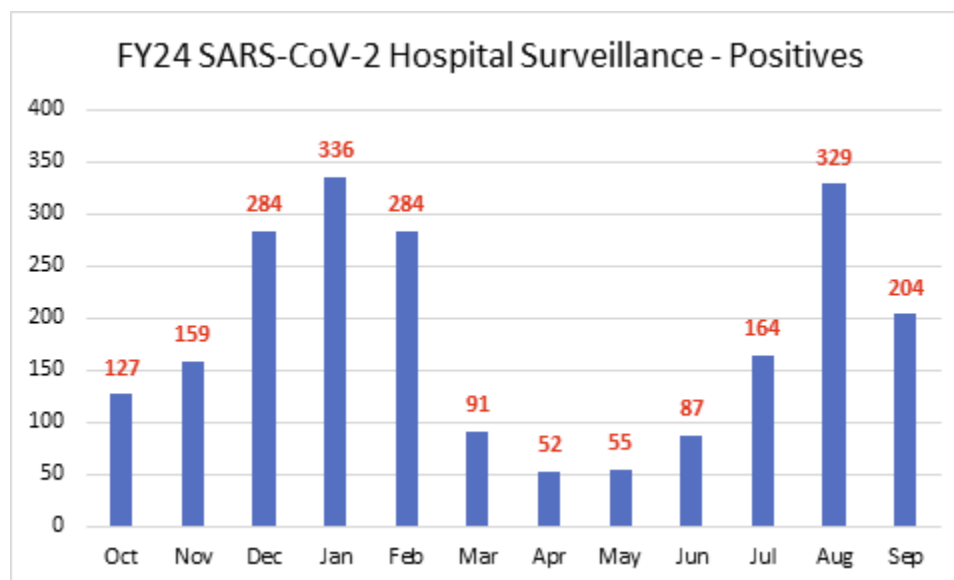
- b. What progress was made in expanding testing to other respiratory viruses and enteric pathogens beyond SARS-CoV-2;

PHL is currently working to expand wastewater testing to include influenza A, influenza B, RSV, and Mpox (including clade I) in addition to SARS-CoV-2.

- c. The implementation status of next generation sequencing capabilities, including for SARS-CoV-2 variant detection and other pathogens; and

In FY 2024, PHL received 2,526 SARS-CoV-2 specimens for SARS-CoV-2 surveillance testing (not reported to the providers). Of these specimens, 2,202 were positive for SARS-CoV-2, 316 were negative, and 8 were invalid.

Of the 1,156 samples received in the NGS laboratory, 1,093 samples (95%) were sequenced with 929 of those isolates (85%) submitted to GISAid for national variant and lineage monitoring.



PHL sequenced 251 foodborne bacterial isolates of which 213 were submitted to the CDC's PulseNet program. This number is a 26.13% increase from the number of samples sequenced in FY 2023 (199). When looking back on the previous two fiscal years, there has been a 71.92% increase in the number of samples sequenced from FY 2022 (146) to the 251 sequenced in FY 2024. Of the 251 samples sequenced in FY 2024, 213 samples (85%) were submitted to PulseNet.

The PHL sequencing laboratory has also validated and implemented sequencing of carbapenemase resistant bacteria and *Candida auris*, an antimicrobial resistant fungus. Lastly, PHL is currently developing sequencing pipelines for Mpox and other pathogens in wastewater.

- d. Any challenges or barriers encountered in achieving these planned expansions.

Currently this work is supported by grant funding which is expected to end in 2026. Without continued funding, the laboratory will not be able to maintain sequencing at its current capacity.

45. In last year's oversight responses, DFS stated that "Plans are currently in progress to re-instate Drugs of Abuse (DOA) testing for the Department of Corrections in FY 2024." Please provide an update on these plans, including:

- a. Whether DOA testing has resumed, and, if so, how many individuals have been tested;

Drug of Abuse (DOA) testing has not resumed, as several critical factors needed to be completed before testing can restart. These requirements include hiring a Chemistry Unit Supervisor, validating and implementing additional testing capabilities requested by DOC (specifically the capacity to test and quantitate for buprenorphine/norbuprenorphine and suboxone), and implementing the laboratory information system. To date, the Chemistry Unit Supervisor has been hired and validation of the 64-drug panel, which includes buprenorphine/norbuprenorphine testing, has been completed. The laboratory is currently in the implementation phase, which includes developing test codes in LIMS for the 65 new analytes. Furthermore, the laboratory has added a Program Analyst who is capable of liaising with DOC with the logistics and communications to ensure implementing and resuming testing operations.

- b. If electronic laboratory reporting capabilities have been implemented, and

Electronic laboratory reporting capabilities between PHL and DOC have been successfully completed. This implementation enables bi-directional communication, allowing for streamlined test ordering and results reporting between the two organizations.

- c. The number of samples processed since resumption (if applicable).

Not Applicable.

46. 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 2023 – December 2024, a total of 3,075 syringes were submitted by partnering harm reduction organizations and analyzed. Of these, 2,353 syringes contained detectable controlled dangerous substances (CDS) and / or adulterants. The top five CDS detected during the past 13-month period were fentanyl (44%), cocaine (24%), heroin (21%), methamphetamine (20%), and fluorofentanyl (9%). The data and actionable intelligence are communicated to both federal and local agencies as well as partner non-profit organizations through a monthly Syringe Exchange Report.

47. Is there any forensic testing/examination equipment that is not operational and in need of repair or replacement? If so, 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), operational necessity, and why it is no longer operational.

All equipment is in good repair and functioning. Equipment servicing is done in a timely manner. The agency has some equipment that needs updating, and appropriate requisitions have been and are being developed.

48. Please describe the agency's current use of 3D laser scanning technology for crime scene documentation, including any changes to equipment or protocols in FY 2024 and FY 2025 to date. What factors inform decisions about when to deploy this technology versus other documentation methods?

The agency's current use of the 3D laser scanning technology for crime scene documentation is currently being done using the P30 and P40 that allows the unit to capture detailed, accurate images of crime scenes, in efforts to help investigators analyze evidence, reconstruct the scene, and present these findings in court. The 3D laser scanning technology is used to capture high profile cases to include but not limited to Homicides, Police Involved Shootings, and Fatal Traffic Accidents. The unit has purchased two new updated 3D scanners in FY 2024, the BTK and RTC 360 which provide the same capabilities of the P30 and P40 with the advantages of being more time efficient, easily portable, and provide higher resolution and photography. The BTK and RTC 360 also require very little, if any at all, additional work to register scans since it is done all internally to provide a final product whereas the P30 and P40 require an entire manual registration process to provide a final product. The trainings for the BTK and RTC 360 for the unit are scheduled for February 2025 which will require updated policies and procedures for when these machines are used.

49. Last year, DFS reported that your main autoclave had been out of service for three months, pending parts from DGS, and that several biosafety cabinets were in need of replacement though still barely functional. Please provide an update on:

- a. Has the main autoclave been repaired or replaced? If not, what are the plans and timeline for replacement? What is causing the continued delay and how has this delay impacted operations?

The main autoclave has not been replaced, it was repaired and operational for a short period of time but is now out of service. The goal is to secure capital funds to purchase a new autoclave for the agency.

- b. Have the aging biosafety cabinets been replaced? If not, what are the plans and timeline for replacement?

Biosafety cabinets have been replaced in the Forensic Chemistry Unit. The new cabinets provide increased filtration, which is important for staff safety when working with emerging controlled substances.

Three new Biosafety Cabinets are needed in the BioWatch Unit. The current cabinets are rusting due to the required use of bleach as a cleaning reagent.

- c. What is the current operational status of the microscopes, balances, and water tank from the former Firearm Examination Section? Have these been repurposed or reallocated?

The equipment of the Firearm Examination Section is being held for the return of the unit. The comparison microscopes remain the current technology for the field and will be placed back in service when needed. The firing range is currently used by ATF for test firing guns confiscated in the District. The firing range receives regularly scheduled maintenance.

- d. What specific support do you need from the Council and Executive to ensure timely equipment maintenance, repair, and replacement going forward?

DFS maintains a list of equipment, the current status of the equipment, and a plan to replace the equipment as needed. Scientific equipment requires annual calibration and routine maintenance to be compliant with accreditation standards. DFS needs continued Council and Executive support to maintain vendor contracts to calibrate and repair equipment in a timely manner. Also, scientific equipment becomes obsolete with advancements in the field, and upgrades of instrumentation. For example, FSL needs to upgrade STRmix, software program used to interpret complex DNA mixtures. FBU validated and implemented STRmix v2.4 in 2016. Although the 2016 version is still valid and used in the forensic science community, the current version (v2.12) provides valuable tools absent in early versions.

50. 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 Science Advisory Board (SAB)?

FBU completed the following validation studies:

- Mixture Interpretation Verification Study
- Fired Cartridge Casings (FCC) validation study
- POPSTR software validation for STRmix data into CODIS
- Substrate retention study

FCU completed the following performance verifications and validation studies:

- FTIR validation ("16 Scans" method) for detection of ATS (Amphetamine Type Stimulants)

- This method was previously validated for the differentiation between Cocaine Base vs Cocaine Hydrochloride. This method was extended for the use of ATS detection.
- Performance Verification of FTIR1 analytical instrument
- Heroin quant validation finalized, completed SOP updates and training/overview (ultimately discontinued due to infrequent testing requests and cost).

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. SAB has reviewed the FBU Mixture Interpretation Verification Study.

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

a. Purchase of new equipment;

CSS identified the need for the following equipment in FY 2024, which was not approved by the end of the physical year, requisition resubmitted for FY 2025:

- Forklift with articulating arms to enable vehicles that are evidence to be moved about the garage with ease. ~\$60, 000
- Jaws of Life for processing burned out vehicles, to assist in the opening of doors and trunks. ~\$27, 000
- Uniform shirts for immediate issuance. ~\$10,000
- BPA (Blanket Purchase Agreement) for uniforms. ~\$90,000
- 5 (five) New Street Vehicles (replacement of older autos) ~ \$260,0000
- Purchase of consumable daily supplies for processing scenes ~\$126,000
- Ballistic vests either expired or for purchase for new employees ~\$26,000

FSL procured software and freezers in FY 2024.

FBU

- Life Tech (GMID-X Software License) \$15,545.45

FCU

- Freezers \$9,999.23

b. Maintenance and repair of equipment including the cost and details of maintenance contracts;

CSS listed below:

- Linear Systems support~ \$13,000
- Update CPU for Gell Lifter, (Windows 07 to Windows 11) ~\$12,000

PHL see appendix “65b. PHL Maintenance Contracts”

c. Outsourcing of any forensic discipline work (e.g., DNA databasing, CODIS processing);

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The FSL outsourcing expenditures for FY 2024 were \$4,716,011.95 which included DNA, latent print, evidence processing and seized drug analysis.

FBU outsourcing (DNA): \$3,596,440.45

- Total (Local Funds): \$ 2,659,345.45
- Total (Grant Funds): \$937,095

FCU outsourcing (seized drug analysis): \$452,595

LFU outsourcing (latent analysis and evidence processing): \$666,976.50

- d. Budget and spending information for continuing education of all staff;
CSS spending for continuing education for all staff \$141,344
- e. List and cost of all continuing education events and conferences showing number of attendees per event during this reporting period;

CSS listed below:

- Physical & Chemical Processing Latent Prints; 24 attendees; \$33,980
- Forensic Field Training; 17 attendees; \$11,550
- Shooting Reconstruction; 9 attendees; \$25, 645
- Basic Latent Print Comparison; 3 attendees; \$8,388
- Property and Evidence Management; 8 attendees; \$18,703
- Introduction to Fingerprint Science Tenprint; 1 attendee; \$2,375
- Advance Crime Scene Reconstruction; 2 attendees; \$5,854
- Advance Crime Scene Investigation; 2 attendees; \$4,664
- Teambuilding Workshop; 5 attendees; \$12,022
- Management & Leadership Skills for Supervisors; 6 attendees; \$13,522
- IAAP Administrative Professional Conference; 1 attendee; \$3,446
- Crime Lite Auto; 17 attendees; No cost, training provided with purchase of equipment
- Forensic Internal Audit ISO/IEC; 1 attendee; \$1,195
- Evidence Management; 1 attendee; No cost

- f. Contract support details and costs for accreditation preparation; and

FSL hired two independent consultants in FY 2024 to assist with Forensic Biology and Forensic Chemistry re-accreditation and Latent Print Analysis training program and gap assessment. The total cost for FY 2024 was \$279,100.50.

FBU/FCU/Quality Assurance Independent Consultant: \$202,413.

LFU: \$76,687.50

- 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

BioWatch is a specific cooperative agreement between PHL and Prince George's County Fire and EMS to provide specific bioterrorism testing for the U.S. Department of Homeland Security. The funding supports staff and supplies related to the program.

| FY20 (7 months) | Total | FY21 | Total | FY22 | Total | FY24 | Total | FY24 | Total |
|------------------------|--------------|-------------|--------------|-------------|--------------|----------------------|--------------|-------------|--------------|
| 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 | | |

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

Please see Appendix #52_FSL Equipment Replacement Plan – Final. This spreadsheet lists all FSL equipment and the replacement strategy down by year (tabs). The replacement strategy is projected out over 10 years.

For PHL:

| Unit | Instrument/Capital Project | Replacement? Required Upgrade? New Program? | Justification (explain how this will support your lab, help stakeholder, customer) | Projected Amount |
|-------------|---|--|---|-------------------------|
| IVU | Room 4199 modification | Required Upgrade | Secure access with separate entry for drug of abuse screening | \$200,000.00 |
| PHL | Autoclave Replacement Room 4164 | Replacement instrument | Current Autoclave fails every other run. Seal around door is missing. | \$30,000.00 |
| BWU | Removal/Surplus of Rabies Autopsy Table in 4156 | Required Upgrade | BWU the autopsy table takes of half of the lab and is no longer in use. | Unknown |
| CTU | ICP-MS/MS | Replacement instrument | To replace the Perkin Elmer Nexion 350 | \$300,000.00 |
| CTU | Autodiluter | Replacement instrument | To replace the current autodiluters (discontinued) | \$6,000.00 |
| CTU | Autodiluter | Replacement instrument | To replace the current autodiluters (discontinued) | \$6,000.00 |
| CTU | Automated Liquid Handler (Beckman) | Required Upgrade | To enhance ability for sample preparation and solid-phase extraction | \$150,000.00 |

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DFS

| | | | | |
|-----|-------------------------------|------------------------|---|-------------|
| BWU | Biosafety Cabinet Replacement | Replacement instrument | Requesting 3 new Biosafety cabinets the current ones are old, rusted and corroded due to consistent bleach usage. | \$75,000.00 |
| MDU | Thermocycler | Replacement instrument | Replace ABI 7500 Fast thermocyclers which are slated to be sunsetted by the company in 2025 | \$25,000.00 |
| MDU | Thermocycler | Replacement instrument | Replace ABI 7500 Fast thermocyclers which are slated to be sunsetted by the company in 2025 | \$25,000.00 |
| MDU | Thermocycler | Replacement instrument | Replace ABI 7500 Fast thermocyclers which are slated to be sunsetted by the company in 2025 | \$25,000.00 |
| MDU | Thermocycler | Replacement instrument | Replace ABI 7500 Fast thermocyclers which are slated to be sunsetted by the company in 2025 | \$25,000.00 |
| BTU | Thermocycler | Replacement instrument | Replace ABI 7500 Fast thermocyclers which are slated to be sunsetted by the company in 2025 | \$25,000.00 |
| BTU | Thermocycler | Replacement instrument | Replace ABI 7500 Fast thermocyclers which are slated to be sunsetted by the company in 2025 | \$25,000.00 |
| MBU | MBU incubator 180L | Upgrade | Incubators are over a decade old and upgrades are needed for increased testing. | \$10,000.00 |
| MBU | MBU incubator 180L | Upgrade | Incubators are over a decade old and upgrades are needed for increased testing. | \$10,000.00 |
| MBU | MBU incubator 180L | Upgrade | Incubators are over a decade old and upgrades are needed for increased testing. | \$10,000.00 |
| MBU | MBU incubator waterjacket CO2 | Upgrade | Incubators are over a decade old and upgrades | \$10,000.00 |

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DFS

| | | | | |
|-----|-------------------------------|---------|---|-------------|
| | | | are needed for increased testing. | |
| MBU | MBU incubator waterjacket CO3 | Upgrade | Incubators are over a decade old and upgrades are needed for increased testing. | \$10,000.00 |
| MBU | MBU incubator waterjacket CO4 | Upgrade | Incubators are over a decade old and upgrades are needed for increased testing. | \$10,000.00 |
| MBU | MBU incubator waterjacket CO5 | Upgrade | Incubators are over a decade old and upgrades are needed for increased testing. | \$10,000.00 |
| MBU | MBU incubator waterjacket CO6 | Upgrade | Incubators are over a decade old and upgrades are needed for increased testing. | \$10,000.00 |

Workload and Operations Questions

53. 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, AFIS searching and evidence processing. | \$666,976.50 |
| Forensic Chemistry Unit | NMS Labs | Testing for the presence of controlled dangerous substances. | \$452,595 |
| Forensic Biology Unit | BODE, Signature Science, DNA Labs International | DNA testing – serology (identification of body fluids) and DNA testing. | \$3,596,440.45 (Local Funds): \$2,659,345.45 (Grant Funds): \$937,095 |

FY24 outsourcing total: \$4,716,011.95

54. 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 FY 2024, FBU issued 2,106 reports (DNA analysis) through in-house and outsourced DNA testing services. The average turnaround time for a case once the evidence was received by the outsourcing laboratory or assigned to an analyst in-house to the issuance of a report to DFS customers was approximately 95.5 days.

During FY 2024, LFU issued 911 reports (latent print 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 40 days. LFU maintains a zero backlog.

During FY 2024, FCU issued 622 reports of examination (identification of controlled dangerous substances) through in-house and outsourced testing services. The average turnaround time for a case once the evidence was received by the outsourcing laboratory or assigned to an analyst in-house to the issuance of a report to DFS customers was 36 days. FCU maintains a zero backlog.

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 FY 2024, FBU completed testing and issued 2,106 reports via in-house and outsourced testing services with an average turnaround of 95.5 Days. FBU received 288 sexual assault kits in FY 2024. All 288 sexual assault kits were tested in accordance with the Sexual Assault Victims' Rights Amendment Act (SAVRAA). LFU completed testing and issued 911 reports via outsourcing with an average turnaround of 40 days. FCU completed testing and issued 622 reports via in-house and outsourced testing services with an average turnaround of 36 days during FY 2024.

To date, FBU has a casework backlog of 115 cases and a CODIS backlog of 189 cases from the loss of accreditation period. FBU has established a plan through in-house and outsourcing capabilities to eliminate the casework and CODIS backlog. In FY 2024, 1,060 profiles were entered into CODIS, and 182 profiles has been uploaded to CODIS in FY 2025 to date. FBU will continue to rely on outsourcing until the backlog has been eliminated and adequate staff have been hired and trained, which is projected to occur in FY 2026. In FY 2024, LFU eliminated their backlog. 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 within 30 days.

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DFS

Also, see Appendix #3 for FSL productivity stats.

56. How has DFS addressed its significant DNA profile backlog (1,176 profiles awaiting CODIS upload as of February 2024), especially given that CODIS hits have dropped significantly from 257 in 2020 to just 59 last year?

When FSL achieved accreditation in December 2023, FBU was able to return to in-house case work. At that time, the CODIS backlog was 1,176 cases and the casework backlog was 1,038 cases. Also with accreditation, previously frozen federal grant money became available but was close to expiring. FBU strategically addressed the backlog by concentrating staff on the CODIS cases while outsourcing the casework backlog (Backlog Mitigation contracts) to spend the available federal funds before they expired. The effort resulted in a 90% reduction of the CODIS and casework backlog. A total of 1,060 profiles were entered into CODIS during FY 2024 resulting in 504 CODIS hits. To date, the CODIS backlog from the loss of accreditation is 189 cases.

57. The FY 2025 budget included a one-time increase of \$3,175,000 to support outsourcing costs for latent fingerprinting, drug, and DNA testing while pursuing reaccreditation and addressing the CODIS backlog. Please provide the following information:

- a. How were these funds utilized across latent fingerprinting, drug, and DNA testing in FY 2025?

| Unit | Entity | Nature of work | Costs |
|-------------------------|---|---|--|
| Latent Fingerprint Unit | Ron Smith and Associates | Analyzing latent print test requests, AFIS searching and evidence processing. | \$960,400 |
| Forensic Chemistry Unit | NMS Labs | Testing for the presence of controlled dangerous substances. | \$320,162 |
| Forensic Biology Unit | BODE, Signature Science, DNA Labs International | DNA testing – serology (identification of body fluids) and DNA testing. | \$1,310,000* Note this is for October 2024 – April 2025; additional funds will support May – September 2025. |

- b. What is the current status of the CODIS backlog reduction effort? To what extent has DFS achieved its Fall 2024 backlog elimination target?

FBU has decreased the FY 2024 CODIS backlog and casework backlog by 90% each. The casework backlog mitigation project has created a spike in CODIS cases

received which is currently being addressed by FBU. As FSL staffing levels increase, the reliance on outsourcing will be reduced.

- c. Is DFS currently outsourcing any latent fingerprinting, drug, or DNA testing work? If yes, what metrics is DFS using to determine when this outsourcing can be reduced or eliminated?

FSL is outsourcing latent print, drug, and DNA testing. FSL uses national data to guide expected laboratory capacity. Based on national data and the current casework requests for each unit: LFU needs 8 analysts, FCU needs 3 analysts, and FBU needs 17 reporting analysts and 7 technical staff to meet the current casework demand.

- d. To what extent do you anticipate that the agency will need to continue outsourcing these tests for the remainder of FY 2025 and into FY 2026?

FSL will continue to rely on latent fingerprint and DNA outsourcing for FY 2025 and FY 2026 due to staff shortages. LFU currently has a unit manager, technical leader, and one analyst on staff. The unit needs 8 analysts to meet the testing demand based on national data. FBU has 5 reporting analysts and needs 17 to meet the testing demand. Until these laboratory units are fully staffed and the staff is fully trained, FSL will continue to rely on outsourcing to meet demand.

Once the laboratory units are fully staffed, FSL will maintain its outsourcing contract for surge capacity as well as highly specialized testing that is not cost-effective for in-house testing.

58. Describe DFS' current capacity to upload evidence into relevant national databases and the status of all uploads in FY 2024 and FY 2025 to date for the Forensic Biology Unit, 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 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. FBU achieved accreditation in December 2023 which permitted FBU to resume CODIS access.

A total of 1,060 profiles were entered into CODIS during FY 2024 resulting in 504 CODIS hits. FBU currently has a CODIS backlog. During FY 2025 to date a total of 182 profiles have been entered into CODIS resulting in 132 CODIS hits.

LFU maintains access to AFIS and the contracted vendor searches prints through LFU's AFIS portal. During FY 2024, LFU's outsourcing contractor entered 2,398 prints in AFIS which resulted in 520 AFIS hits. In FY 2025, LFU searched 427 prints in AFIS resulting in 82 AFIS hits. There is currently no backlog of prints pending AFIS upload.

There are no databases associated with seized drug analysis.

59. 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 operates two distinct Laboratory Information Management Systems (LIMS) serving different laboratories: FSL and PHL. While having two systems might seem redundant, each addresses unique requirements based on their specific functions. The PHL system focuses on population health surveillance, biotechnology, environmental testing, and integration with healthcare systems, while the FSL system emphasizes legal compliance, chain of custody, and criminal investigation support.

JusticeTrax LIMS (Forensic Science Laboratory)

JusticeTrax LIMS enhances forensic laboratory operations through several key functions:

Evidence Management and Chain of Custody

The system tracks evidence throughout the forensic process, from initial collection by the Crime Scene Services Unit (CSSU) through analysis (FSL) and storage (Central Evidence Unit). It maintains comprehensive custody records, documenting all personnel who handle evidence, thereby preserving investigation integrity.

Security and Quality Assurance

- Maintains data integrity through secure storage and restricted access
- Implements quality control measures by tracking standards, controls, and calibration data
- Manages laboratory reagents and drug reference standards, including lot numbers, expiration dates, and safety documentation

Reporting Capabilities

JusticeTrax generates legally compliant reports, including:

- CODIS Entry and Hit Notifications
- DNA/Serology Analysis
- FCU Drug Analysis and Surveillance
- Proficiency Test Results

Clinisys-Horizon LIMS (Public Health Laboratory)

Clinisys LIMS manages public health, environmental, and biotechnology analyses through:

Sample and Data Management

- Tracks samples from collection through analysis and storage
- Supports high-volume sample processing
- Links test results to specific patients or populations
- Automates laboratory workflows for diverse testing needs

Public Health Integration

- Facilitates epidemiological surveillance and outbreak monitoring
- Provides real-time test results and trend analysis
- Integrates with local public health systems and hospitals

- Enables rapid response to emerging health threats

Quality and Compliance

- Ensures adherence to regulatory standards
- Maintains result traceability to specific instruments, methods, and personnel
- Generates standardized reports for public health surveillance
- Produces various clinical reports, including final reports and work order documentation

Both systems are essential to DFS operations, each optimized for its specific laboratory environment. While JusticeTrax focuses on maintaining evidence integrity for legal proceedings, Clinisys emphasizes public health surveillance and rapid response capabilities. Together, they form a comprehensive laboratory management infrastructure that serves both criminal justice and public health needs.

60. The Latent Fingerprint Unit (LFU) received several recommendations during the November 2024 SAB meeting related to ISO 17025/AR3125 standards and policies/practices. What specific steps and timeline has DFS established to implement these recommendations, particularly regarding:

- a. Updating the FSL organizational chart;

See Appendix #60 – FSL Org Chart

- b. Adding CAG to FSL policies and procedures;

CAG has been incorporated into the FSL Quality Assurance Manual.

- c. Establishing mechanisms to ensure proper latent print image resolution; and

LFU – SOP Handling and Processing of Digital Examination Quality Images was updated to address the recommendation.

- d. Creating an MOA with MPD for AFIS access?

The MOA was developed, DFS and MPD are in the process of finalizing it.

61. The Forensic Biology Unit (FBU) restarted casework on November 1st, 2024. What metrics and quality assurance measures are in place to monitor the unit's performance as it resumes operations? Please provide data on:

- a. Current case backlog (reported as 177 cases)

FSL uses Dashboard which is a program tied directly to LIMS. The number of requests, current backlog, and turnaround time is easily accessed via the tool. Metrics (backlog and turnaround time) are monitored monthly.

- b. CODIS backlog (reported as 423 cases)

See the response to 61a.

- c. Average turnaround times

The average turnaround target for in-house testing is 60 days.

d. Quality assurance findings since restart

| | FBU |
|---------------------|-----|
| Minor nonconformity | 0 |
| QCAR | 1 |
| QPAR | 2 |

62. The District passed B25-0345, the *Secure DC Omnibus Amendment Act of 2024*, authorizing DNA collection at the time of charging for crimes of violence, dangerous crimes, and other select offenses. Does DFS currently have the capacity to begin processing these samples? If not, what specific steps is DFS taking to develop this DNA processing capacity? Please describe:

a. Any current barriers preventing DFS from processing DNA samples at time of charging;

The type of DNA testing needed to support Secure DC is termed *DNA Databasing* and is different from the current analyses being done in FBU. DFS needs to build a DNA databasing laboratory requiring additional staff and instrumentation, developing and implementing standard operating procedures, and expanding its accreditation scope. DFS has developed a plan to build a DNA databasing laboratory. The associated cost is estimated to be ~\$3.5 million and the timeline is approximately 3 years.

b. A detailed timeline and implementation plan for establishing this capability;

See appendix #62.

c. The estimated resources (staffing, equipment, infrastructure) needed; and

See appendix #62.

d. Any coordination efforts with USAO and other criminal justice partners regarding this implementation.

See appendix #62.

Accreditation Questions

63. Please describe the current status of the agency's accreditation, any communication with the ANSI National Accreditation Board in FY 2024 and FY 2025, to date, and the agency's plans to move forward with reaccreditation.

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

As of January 2025, FBU, FCU, and LFU are fully accredited by ANAB under ISO/IEC 17025 and AR 3125. During December 2023, FBU and FCU were assessed by ANAB and were accredited with zero nonconformities. During

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December 2024, ANAB performed an annual surveillance of FBU and FCU and found zero nonconformities allowing these units to maintain their accreditation. In December 2024, LFU was assessed by ANAB, and one nonconformity was found. The nonconformity was addressed, and the unit was accredited in January 2025.

Throughout 2024, FSL remained in regular contact with ANAB notifying them appropriately and seeking guidance on quality concerns.

64. Last year, DFS reported that "LFU is currently in the process of revising all Standard Operating Procedures which will address the three non-conformances noted by SNA." DFS also indicated that LFU "intends to apply for accreditation under ISO 17025 during the fourth quarter of FY 2024." Please provide:

- a. Whether the revision of Standard Operating Procedures has been completed and how the SNA non-conformances were addressed;

All SOP revisions were completed and all nonconformances in the SNA report were addressed. ANAB accreditation was obtained in January 2025.

- b. The current status of the LFU's ISO 17025 accreditation application;

Complete with successful obtainment of accreditation.

- c. Whether all examiners have maintained IAI certification; and

Yes, the examiners are certified.

- d. Key outcomes from implementing these revised procedures.

LFU is current with best practices of the field. The unit adopted suitability criteria as well as a five-point conclusion scale which is a significant advancement in the field of friction ridge analysis.

65. Last year, DFS identified four outstanding FBU recommendations it planned to address: 1) have FBU perform evidence processing of LFU evidence, 2) incorporate new guidelines for probabilistic software validations, 3) process all casework in-house at FBU, and 4) provide clarity on the types of cases used in the FBU training program.

- a. For each of these recommendations, please provide an update on implementation status.

DFS is actively bringing Evidence Processing in-house. New equipment has been obtained. Staff have received training. SOPs are being written.

FBU is in the process of procuring a STRmix software upgrade. Once obtained, it will be validated and implemented.

FBU is conducting in-house casework. During FY 2024, FBU was focused on reducing the CODIS backlog in-house and has reduced the backlog by 90%.

The FBU training program has been updated to increase clarity on the cases used for training.

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- b. Has evidence processing been brought online within the Crime Scene Sciences division as planned? If not, what barriers exist?

Evidence Processing is actively being brought back online. Necessary equipment has been procured and received. Staff have received training. SOPs are being written.

- c. Has the STRmix probabilistic software upgrade been completed in FY 2025? What new guidelines have been incorporated?

FBU is in the process of procuring STRmix 2.12. The procurement plan will include validation and training. The projected timeline is to procure the software in FY 2025 and to complete the validation in FY 2026.

- d. What progress has been made on increasing in-house casework capacity, including:
 - i. Status of filling vacancies;
 - ii. Current ratio of in-house vs. outsourced casework; and
 - iii. Timeline for further expansion of in-house capacity?

See Appendix #65d_DFS Forensic Science Laboratory_FY25 Proposed Projects.

- e. Has the FBU training manual been revised to provide clarity on types of cases used in training? If so, what specific changes were made?

The FBU training program has been updated to increase clarity on the cases used for training.

66. In last year's responses, DFS stated that the Forensic Biology Unit and Forensic Chemistry Unit were accredited by ANAB in December 2023 after an assessment that found zero non-conformities. The Latent Fingerprint Unit (LFU) successfully achieved ANAB accreditation in January 2025. DFS indicated that following LFU accreditation, it would pursue accreditation of the Crime Scene Sciences (CSS) Unit. Please provide an update on the status of accreditation for the LFU and CSS units. Specifically:

- a. What was the outcome of the LFU's accreditation assessment? Were there any findings or non-conformities identified during the assessment that needed to be addressed?

During the 2024 ANAB assessment, one (1) nonconformity was identified and addressed successfully, resulting in re-accreditation in January 2025.

- b. Has DFS begun the process of seeking accreditation for the CSS unit? If so, what steps have been taken and what is the target timeline for achieving CSS accreditation? If not, why not?

DFS is following the model used by FSL for obtaining accreditation which includes hiring an external consultant to assess the current readiness of the Division and provide guidance for achieving accreditation. The solicitation has been drafted and

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released; however, it was rescinded due to a technical error. DFS is working with OCP to have the solicitation rereleased.

- c. Are the Forensic Biology and Forensic Chemistry units still in good standing with their accreditation? Did the December 2024 ANAB Surveillance Assessment identify any issues that needed to be addressed? If so, please describe.

FBU and FCU are in good standing with ANAB. The December 2024 annual surveillance resulted in zero nonconformances.

- d. What are DFS's priorities for maintaining and expanding accreditation in FY 2025 and beyond? Are there any other forensic units that DFS is considering pursuing accreditation for in the near future?

Now that FBU, FCU, and LFU are accredited, DFS' next priority is the accreditation of CSS Division to include Evidence Processing. Once that is achieved, DFS will consider expanding testing services to include analyses of firearms and fire debris.

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

- a. Describe the current status of the implementation of the recommended key actions for District Government leadership;
- b. Describe the current status of any of the recommendations that have not yet been successfully implemented.

Since the SNA International report was published, the complete DFS leadership has been changed. The office has worked to meet all the recommendations. For example, a more robust conflict resolution process has been implemented. Leadership works diligently to develop mutually beneficial and respectful relationships with DFS customers. Leadership sets clear expectations and monitors KPIs closely to ensure performance levels are maintained.

68. Please describe any changes made or under consideration to the agency's quality assurance processes and operations in FY 2024 and FY 2025, 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 Shrhonda Ellis 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), QA Specialist Wendy Green has been assigned to support the Directorate. The DFS Supervisory QA Specialist/QA Manager is at the executive level with direct access to the DFS Director and Chief Science Officer.

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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. 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 nonconformances, 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.

During the FY 2024 CLIA audit by CMS, one recommendation was to implement a quality monitoring system to capture quality metrics to help identify areas of quality improvement. A quality indicator metric has been developed and is expected to be fully implemented in Q3 of FY 2025.

69. According to Department of Forensic Sciences FY2023 Performance Annual Report, DFS failed to meet its Key Performance Indicators (KPIs) associated with timely arrival at crime scenes and days taken for report completion between FY2020 and 2023. What steps has the agency taken in FY 2024 and FY 2025 to date to improve timely arrival at crime scene and days taken for report completion?

CSSU has been active in recruiting crime scene scientists/analysts during FY 2024. The increase in staffing numbers will allow the unit to respond to multiple calls for service at once without having to respond based on priority (highest to lowest) which at times causes delayed

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response times when staffing levels do not meet service volume. The increase in staffing will also allow the unit members to have additional administrative time to complete their reports timely as the calls for service would be more evenly dispersed.

70. 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...”

Using the table below, please provide 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. Additionally, to the extent that any practitioners are not certified, please provide DFS plans for ensuring that this recommendation from the National Commission on Forensic Science is attained.

| DFS Forensic Discipline | Total # of Practitioners in the Discipline | # of Practitioners Certified by a Certifying Body External to DFS and Accredited to (or in process of becoming accredited to) ISO/IEC 17024 | Certifying Body(-ies) |
|--------------------------------|---|--|---|
| CSS | | 10 | International Association of Identification (IAI) |
| FSL | | 5 | IAI (x3), American Board of Criminalistics (x1), American Board of Forensic Anthropology (x1) |
| PHL | | 14 | American Society for Clinical Pathology (x13), American Board of Medical Microbiology (x1) |

Relationship with other government agencies - USAO

71. During last year’s January 2024 oversight hearing, Interim Director Diaz stated that the agency is working closely with USAO and “shared all that information to satisfy the United States Attorney in their quest for having . . . a robust Department of Forensic Sciences.” Please describe:

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- a. What specific forensic analysis and quality assurance information is shared with USAO, and what is withheld (with rationale).

USAO was provided with all requested quality and operational documents to include SOPs, validation summaries, training records, and raw validation data. No requested records were withheld. DFS also provided USAO litigation experts onsite access to observe operations including forensic testing and interview staff.

- b. How DFS ensures its information sharing practices align with USAO's needs and expectations for supporting criminal prosecutions, while still maintaining appropriate forensic independence and scientific integrity.

DFS is fully transparent regarding all operations, technical and administrative. DFS provided USAO full access to staff to observe operations and answer any questions. DFS does not allow the USAO to revise validation studies or associated SOPs protecting DFS' impartiality.

- c. The current protocols and frequency of meetings between DFS leadership and USAO representatives to discuss information sharing and collaboration.

DFS meets with the USAO on a regularly scheduled and ad hoc basis. These discussions range from updates on policy and practice decisions to discussing complex testing requests and pretrial conferences. Collaborative discussions include potential updates to the DC Code regarding Novel Psychoactive Substance classification and the development of a DNA Databasing laboratory.

- d. Any feedback received from USAO in FY 2024 and FY 2025 to date regarding the sufficiency and timeliness of information provided by DFS.

As required by accreditation, DFS disseminated a survey to its customers to obtain feedback. The survey consisted of questions regarding turnaround time, responsiveness of the office to inquiries, and interaction with scientists. The majority of the responses were positive for all questions. See Appendix #71d.

Relationship with other government agencies - ATF

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

DFS has a MOA with ATF. ATF operates within the DFS laboratory space and performs all National Integrated Ballistic Information Network (NIBIN) searches. DFS maintains the test fire equipment and supplies ammunition for test firing.

73. What were the costs to the agency associated with this relationship for FY 2024 and FY 2025 to date? How do costs for services compare to costs where these services were performed by the agency in-house? Last year, the agency reported two service contracts for FY 2024 totaling \$17,400 (\$13,750 for firing range maintenance and \$3,650 for component repair/replacement) -- has the agency continued these contracts in FY 2025?.

DFS will continue to service the firing range in accordance with routine annual preventative maintenance service. The annual service contract is \$14,243.88. Also, DFS will provide the

ammunition needed for test firing. The estimated cost for a one-year supply of ammunition is ~\$3,500.00.

74. Last year, the agency indicated it did not plan to reconstitute the Firearms Examination Unit. Is this still the agency's position? What benefits or limitations does this continued approach pose for the work this unit would undertake, if taken up?

DFS is awaiting the Firearm Examination: A NIST Scientific Foundation Review. The report will be an in-depth report on the scientific validity of firearm comparison methods. DFS will decide next steps for the Firearm Examination Unit after review of the report. The report is expected this Spring or Summer.

Relationship with other government agencies - SAB

75. Describe your working relationship with the SAB. In which areas do you think the relationship could be improved? What steps are you taking to work with the SAB more transparently and collaboratively?

The members of SAB are subject matter experts with expertise in various forensic fields as well as management of large forensic laboratories serving large urban areas. DFS reaches out to members of the SAB for counsel when a need arises. For example, LFU reached out to Ms. Claudine Pereira, an expert in latent print examination, while developing a response to the single nonconformity identified during the ANAB assessment. The relationship between DFS and SAB will strengthen as DFS brings new equipment and methods online. DFS will share plans with SAB at the forefront and the SAB will be in position to provide guidance based on their expertise and experience. This approach will ensure that DFS is collaborating closely with SAB and in a transparent manner.

76. In last year's Performance Oversight Hearing, Councilmember Pinto asked Interim Director Diaz about DFS sharing information with the SAB. Director Diaz stated that, "Within the bounds of the statute, I'm willing to provide any and all information that that statute allows me to share, 100%."
- a. What specific information is shared with SAB and what is withheld due to the enabling statute?
 - b. What is the current process for SAB to request and receive information?
 - c. Which forensic protocols were reviewed by SAB in the past 12 months?
 - d. What is the timeline for reviewing outstanding procedures?
 - e. How is SAB feedback documented and incorporated into protocols?
 - f. What process tracks implementation of SAB recommendations?

[See response to question 75.](#)

77. How has the SAB aided DFS in recommendations? What, if any, recommendations from the SAB have been implemented?

[See response to question 75.](#)

78. Please describe:

- a. The frequency and average duration of SAB meetings, including any policies or procedures governing meeting length
- b. DFS's current process and timeline for providing materials to SAB members before quarterly meetings
- c. The specific types of procedures and scientific documents DFS has shared with the SAB in FY 2024 and FY 2025 to date
- d. The formal or informal protocols governing direct communication between SAB members and DFS examiners in FY 2024 and FY 2025 to date
- e. How DFS facilitates SAB's ability to review procedures and provide input on accreditation preparations
- f. Any changes DFS has implemented since 2023 to enhance SAB's ability to fulfill its duties

[See response to question 75.](#)

79. 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/Quntifiler 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 the LFU training program is working with Evolve Forensics and includes suitability and moot court training and International Association for Identification (IAI) certification preparation.

80. 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?

FBU in collaboration with FIU is conducting an OSAC gap assessment of the Forensic Biology Unit. This FY 2024 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.

81. Please also provide an update on the OSAC gap assessment of the Forensic Biology Unit (FBU) that was conducted in FY 2024. Specifically:

- a. Has the gap assessment been completed? If so, what were the key findings regarding alignment between FBU procedures and OSAC standards?

The gap assessment is ongoing.

- b. What changes, if any, have been made to FBU Standard Operating Procedures (SOPs), Quality Assurance Manuals (QAMs), and Laboratory Operational Manuals based on this assessment?

FBU performed a Mixture Interpretation Verification Study which followed OSAC issued ANSI/ASB Standard 020. Based on this study and following the OSAC standard, FBU updated their SOP to be clearer. This is one example where the implementation of OSAC standards affected change in FBU's documents.

- c. Has the OSAC self-certification process been completed? If not, what is the timeline for completion?

DFS has not started the OSAC self-certification process although DFS qualifies for self-certification, because DFS has implemented at least one OSAC standards.

- d. Are there plans to conduct similar gap assessments for other units within DFS to evaluate their alignment with OSAC standards and guidelines?

Yes.

82. 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 CSSD, 10 Q-CARs in the PHL, seven Q-CARs in the Forensic Science Laboratory, and three Q-CARs at the agency level. These were addressed following the agency's Departmental Operations Manual (DOM)07 – Procedures for Quality Corrective Action. To date, no Q-CARs have been provided to the new SAB.

Relationship with other government agencies - FEMS

83. The Department of Forensic Sciences has a statutory responsibility to process fire debris evidence for the District (D.C. Code § 5-1501.06). The Committee seeks to understand DFS's current capabilities and future plans for this critical function. Please describe:

- a. DFS's current capacity for processing fire debris evidence;
- b. Current staffing and equipment for in-house fire debris analysis
- c. Standard operating procedures and protocols for collecting and processing fire scene evidence, including any interagency agreements;
- d. Total number of fire debris samples received, processed, and pending in FY 2024 and FY 2025 to date; and
- a. DFS's timeline for establishing internal capabilities to process fire debris evidence.

DFS has been focused on the reaccreditation of the FBU, FCU and LFU and has not attempted to expand analytical testing. Fire debris analysis requires building a laboratory unit and expanding the accreditation scope. Currently, DFS does not have the necessary staff, equipment, or protocols to perform fire debris analysis. Although CSS collects fire debris samples at a crime scene, ATF coordinates the testing of the sample. Since DFS does not offer fire debris analysis, we do not have visibility on the number of requests received each year or the current backlog of testing. With the support of the Mayor, DFS welcomes the opportunity to build a fire debris analysis unit.

84. Fire debris evidence requires timely processing to prevent deterioration and maintain prosecutorial value. Please provide:

- a. Current number and age of unprocessed fire debris samples in custody, their location, and steps to address any backlog; and
- b. Procedures for prioritizing time-sensitive evidence and documentation of cases where evidence became unusable due to processing delays in FY 2024 and FY 2025 to date.

Fire debris analysis is coordinated by ATF. CSS scientists are trained and competent in the collection and preservation of fire debris evidence. Time-sensitive cases are communicated to DFS by law-enforcement and these specimens are handled expeditiously to ensure the integrity of the sample. DFS does not hold evidence; fire debris evidence along with other evidence types collected at a crime scene is transferred to MPD Evidence Control Branch (ECB) in a timely manner.

85. Successful forensic analysis requires effective coordination between agencies. Please detail:

- a. Technical assistance and training offers received from federal/state partners, including DFS's evaluation process for such assistance and
- b. Current protocols and future plans for improving coordination with FEMS on fire scene evidence processing.

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DFS has sought and received training from subject matter experts. The process to obtain the training is handled by OCP. DFS has received training in several areas of forensic and quality assurance importance including: testifying following reaccreditation; evidence processing; crime scene mapping; internal auditor; and vicarious trauma. During FY 2025 DFS welcomes the opportunity to participate in mutually beneficial training opportunities with FEMS.

Accomplishments and areas of difficulty

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

- Newly appointed SAB team for continued scientific guidance and counsel to DFS.
- Granted ANAB accreditation of FBU and FCU December 2023 and LFU January 2025.
- Submitted an ANAB scope expansion to include the Latent Fingerprint Unit.
- Re-initiated in-house testing in FBU and FCU.
- Decreased the CODIS backlog by ~85% (from backlog at time of accreditation 1,220 cases).
- Decreased the FBU case backlog by ~85% (from backlog at time of accreditation, 1,038 cases).
- Maintain no case backlog in FCU and LFU.
- LFU manager presented at the national and international IAI conferences.
- Submitted 9 abstract for the American Academy of Forensic Sciences (AAFS) to be held in February 2025; 9 abstracts were accepted for presentation.
- 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.

Also see Appendices #3 and #56

87. Please provide any challenges in carrying out your mission, how they have been addressed, and any additional support that you need from the Council or the Executive.

- Funding cliff in the PHL, loss of highly skilled and trained laboratory staff.
- Additional staffing for Quality Assurance Unit and Crime Scene Services Unit