

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Executive Office of the Mayor**



**Fiscal Year 2024**  
**Performance Oversight Questions**  
*District of Columbia Office of the Chief Medical Examiner*

Before the  
Committee on the Judiciary and Public Safety  
Brooke Pinto, Chairperson  
Council of the District of Columbia

March 5, 2024

## **ORGANIZATION AND OPERATIONS**

1. Please provide the agency's mission statement.

**The mission of the Office of Chief Medical Examiner (OCME) is to ensure that justice is served and that the health and safety of the public is improved by conducting quality death investigations and certification, and providing forensic services for government agencies, health care entities, and grieving families.**

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.

**The organizational chart is included as Attachment A.**

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

**The roles and responsibilities for OCME divisions and subdivisions are as follows:**

### **Offices of the Chief & Administration Division**

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

### **Death Investigation Division**

**The Death Investigation Division includes:**

- a) **forensic pathology, which involves conducting decedent examination, certifying the cause and manner of death and providing that information to next of kin and law enforcement, as well as designated government entities and other interested parties;**
- b) **forensic investigation includes scene response, information gathering, medical records review, and provision of information to aid in the determination of the cause and manner of death;**
- c) **anthropology and identification unit, which administers the agency's Decedent Identification Program, ensuring that identifications are made in an accurate and efficient manner;**
- d) **a histology laboratory, which processes samples of tissue in support of cause and manner of death findings;**
- e) **mortuary services, which provides body disposition and autopsy support to forensic pathology staff and the funeral industry; and**

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- f) the medical examiner transport team, which ensures timely response and removal of decedents from scenes, homes, and hospitals for examination and disposition by the OCME.

**Forensic Toxicology Laboratory Division**

The OCME Forensic Toxicology Laboratory maintains industry standards of practice for the detection, identification, and quantitation of alcohol, drugs, and other toxins in biological specimens. The Laboratory provides scientific support services to post-mortem testing, driving under the influence testing, and drug-facilitated sexual assault testing so that the agency may provide accurate death investigation and certification information in a timely manner to next of kin, law enforcement agencies, legal counsel, and the community when required. The Forensic Toxicology Laboratory Division also administers the District's Breath Program.

**Fatality Review Program Division**

The Fatality Review Program reviews the circumstances of the deaths of individuals within certain populations, including their interaction with District government services. The purpose of the reviews is to provide analysis and recommendations to the public and District entities serving defined populations, so they can address systemic problems, provide better services, and be held accountable. The Fatality Review Division currently supports five Fatality Review Committees: the Child Fatality Review Committee (CFRC); Developmental Disabilities Fatality Review Committee; Maternal Mortality Review Committee; Violence Fatality Review Committee; and Opioid Fatality Review Committee.

- 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 Attachment B.**

- 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.

**The agency has not experienced a 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.

**There were no changes to the organizational chart during the previous year.**

- 3. Please list each new program implemented by the agency during FY 2024 and FY 2025, to date. For each initiative please provide:
  - a. A description of the initiative, including when it began and when it was completed or is expected to be completed;

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- b. The funding required to implement the initiative; and
- c. Any documented results of the initiative.

**The agency did not implement any new programs in FY 2024 and none to date in FY 2025.**

- 4. Please provide a complete, up-to-date position listing for your agency, ordered by program and activity, and including the following information for each position:
  - a. Title of position;
  - b. Name of employee or statement that the position is vacant, unfunded, or proposed;
  - c. Date employee began in position;
  - d. Salary and fringe benefits (separately), including the specific grade, series, and step of position;
  - e. Job status (continuing/term/temporary/contract); and
  - f. Whether the position must be filled to comply with federal or local law.

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

**See Attachment C.**

- 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).

**See Attachment D.**

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

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

**The Office of Labor Relations and Collective Bargaining and the National Association of Government Employees have informed the agency of the intent to initiate collective bargaining. A time period has not been provided to the agency.**

Collective Bargaining Agreement	Bargaining Unit	Duration of Agreement	Current Bargaining	Number of Employees Covered	Union Info.
Compensation CBA	Doctors' Council of the District of Columbia  Compensation Unit 19	Effective through 9/30/24	OLRCB's Jurisdiction	Six	D. Francis Quee – President <a href="mailto:info@doctorscouncil.org">info@doctorscouncil.org</a>
Non-Compensation/Working Conditions CBA	Doctors' Council of the District of Columbia	Effective through 2009 or until a successor is effectuated	No	Six	D. Francis Quee – President <a href="mailto:info@doctorscouncil.org">info@doctorscouncil.org</a>
Compensation CBA	National Union of Hospital and Health Care Employees (NUHHCE);  National Association of Government Employees (NAGE), R3-11  Both are Compensation Units 1 and 2	Effective through 2021	OLRCB's Jurisdiction	Forty-six	Wanda Shelton-Martin, Executive Director of NUHHCE, AFSME, AFL-CIO, Metropolitan District 1199DC <a href="mailto:wsheltonmartin@nuhce1199dc.org">wsheltonmartin@nuhce1199dc.org</a> ; 202-550-0522;  Lee Blackmon, Director, NAGE Federal Division, <a href="mailto:lblackmon@nage.org">lblackmon@nage.org</a> ; 703-519-0300
Non-Compensation/Working Conditions CBA	National Union of Hospital and Health Care Employees (NUHHCE)	Effective through 2007 or until a successor is effectuated	No	Twelve	Wanda Shelton-Martin, Executive Director, <a href="mailto:wsheltonmartin@nuhce1199dc.org">wsheltonmartin@nuhce1199dc.org</a> ; 202-550-0522
Non-Compensation/Working Conditions CBA	National Association of Government Employees (NAGE), R3-11	N/A	OLRCB and NAGE have discussed starting a process.		

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7. Please provide the agency's FY 2024 Performance Accountability Report.

**See Attachment E.**

**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.

**See Attachment F.**

9. Please list any reprogrammings, in, out, or within, related to FY 2024 or FY 2025 funds. For each reprogramming, please list:

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

OFFICE OF THE CHIEF MEDICAL EXAMINER						
FY 2024 REPROGRAMMING LIST						
FISCAL YEAR	FUND	DATE ENTERED	REPROGRAM NUMBER	IN/OUT/WITHIN	Starting RATIONALE	\$14,954,954 AMOUNT
2024	1010 - LOCAL FUNDS	9/3/2024	REPROG-1373	OUT	Reprogramming to the (DV0) Judicial Nomination Commission for increased personnel services cost	(\$18,500)
2024	1010 - LOCAL FUNDS	10/18/2023	REPROG-1116	WITHIN	Reprogramming to support the reprioritization of OCME needs within Death Investigation & Certifications and Information Technology	(\$131,965)

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2024	1010 - LOCAL FUNDS	10/18/2023	REPROG-1116	WITHIN	Reprogramming to support the reprioritization of OCME needs within Death Investigation & Certifications and Information Technology	\$131,965
2024	1010 - LOCAL FUNDS	8/13/2024	REPROG-1357	WITHIN	Reprogramming to fulfill the financial obligation for the Fellowship Program with George Washington University and the reprioritization of OCME needs within Information Technology	(\$142,289)
2024	1010 - LOCAL FUNDS	8/13/2024	REPROG-1357	WITHIN	Reprogramming to fulfill the financial obligation for the Fellowship Program with George Washington University and the reprioritization of OCME needs within Information Technology	\$142,289
2024	1010 - LOCAL FUNDS	7/24/2024	CENTRAL ACCOUNT ALLOCATIO N - #15	IN	Reprogramming from UP0 - Workforce Investment Fund to cover the retro payment and increased cost associated with the Collective Bargaining Agreement Doctor's Council	\$613,000
2024	1010 - LOCAL FUNDS	9/13/2024	CENTRAL ACCOUNT ALLOCATIO N - #19	IN	Reprogramming from UP0 - Workforce Investment Fund to cover the increased cost associated with the Collective Bargaining Agreement Compensation Units 1 & 2 and the Doctor's Council	\$526,235
2024	1010 - LOCAL FUNDS	10/30/2024		IN	Year-end Reprogramming	\$250,000
2024	1060 - SPECIAL PURPOSE REVENUE	6/30/2024	REPROG-1182	WITHIN	Reprogramming to support the reprioritization of OCME needs within Death Investigation & Certifications and Information Technology	(\$55,881)

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2024	1060 - SPECIAL PURPOSE REVENUE	6/30/2024	REPROG-1182	WITHIN	Reprogramming to support the reprioritization of OCME needs within Death Investigation & Certifications and Information Technology	\$55,881
2024	1060 - SPECIAL PURPOSE REVENUE	10/19/2023	REPROG-1117	WITHIN	Reprogramming to support the reprioritization of OCME needs within Death Investigation & Certifications and Forensic Toxicology	(\$207,619)
2024	1060 - SPECIAL PURPOSE REVENUE	10/19/2023	REPROG-1117	WITHIN	Reprogramming to support the reprioritization of OCME needs within Death Investigation & Certifications and Forensic Toxicology	\$207,619
<b>Final Budget</b>						<b>\$16,325,689</b>

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FY 2025 REPROGRAMMING LIST						
<b>Local</b>			<b>Starti \$15,700,845</b>			
FISCAL YEAR	FUND	DATE ENTERED	REPROGRAM NUMBER	IN/OUT/ WITHIN	RATIONALE	AMOUNT
<b>Final Budget</b>						<b>\$15,700,845</b>

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:

- Buyer agency and Seller agency;
- The program and activity codes and names in the sending and receiving agencies' budgets;
- Funding source (i.e., local, federal, SPR);
- Description of MOU services;
- Total MOU amount, including any modifications; and



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- f. The date funds were transferred to the receiving agency.

FY 2024 Interagency Agreements - BUYER SUMMARY						
OFFICE OF THE CHIEF MEDICAL EXAMINER (FX0)						
AGENCY CODE	SELLING AGENCY	PROJECT NUMBER & DESCRIPTION	PROGRAM	COST CENTER	DESCRIPTION OF SERVICES PROVIDED	AMOUNT
AS0	Office of Finance and Resource Management	401032 - FX0.RTS	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	80226 - INFORMATION TECHNOLOGY UNIT - FX0	Non-DCNet Services	1,300
BE0	D.C. Department of Human Resources	401033 - FX0.DCHR Compliance Services	100058 - HUMAN RESOURCE SERVICES - GENERAL	80225 - HUMAN RESOURCES UNIT - FX0	DCHR shall conduct compliance services for candidates, employees, & volunteers.	1,980
EN0	Department of Small and Local Business Development	402131 - FX0 ENO DSLBD SALESFORCE LICENSES	100151 - EXECUTIVE ADMINISTRATION	80237 - EXECUTIVE ADMINISTRATIVE UNIT	Access to Salesforce licenses	336
FB0	Fire and Emergency Medical Services	201359 - FX0 - PSJC Shared Services	150003 - AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES	80224 - ADMINISTRATION DIVISION EXECUTIVE UNIT	OCFO Shared Services	10,000
KT0	Department of Public Works	400256 - FX0.KTFXFM.OFC OF CHIEF MEDICAL EXAMINER	100042 - FLEET MANAGEMENT - GENERAL	80227 - FLEET MANAGEMENT UNIT - FX0	Fleet Services	58,424
TO0	Office of the Chief Technology Officer	401032 - FX0.RTS	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	80226 - INFORMATION TECHNOLOGY UNIT - FX0	DC-Net	4,000
UC0	Office of Unified Communications	400751 - FX0.OCME23.CITYWIDE RADIO SERVICES	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	80226 - INFORMATION TECHNOLOGY UNIT - FX0	Citywide Radio Services	1,994
TOTAL						78,034
FY 2024 Interagency Agreements - SELLER SUMMARY						
OFFICE OF THE CHIEF MEDICAL EXAMINER (FX0)						
AGENCY CODE	BUYING AGENCY	PROJECT NUMBER & DESCRIPTION	PROGRAM	COST CENTER	DESCRIPTION OF SERVICES PROVIDED	AMOUNT
FO0	Office of Victim Services and Justice Grants	401195 - FO0-Drug facilitated Sexual Assault Toxicology Testing-FX0	800144 - VICTIM SERVICES GRANTS	80185 - VICTIM SERVICES OFFICE	Victim Report and Non-Report Drug Facilitated Sexual Assault Testing	274,618
FO0	Office of Victim Services and Justice Grants	401623 - FO0-CONTINUING EDUCATION AND QUALITY IMPROVEMENTS FOR OCME-FX0	800135 - RE-ENTRY GRANTS	80186 - JUSTICE GRANTS OFFICE	Sponsored trainings, conferences, technical assistance & supplies.	140,933
FR0	Department of Forensic Sciences	402203 - FR0 - FX0: INTERAGENCY AGREEMENT	100148 - TRAINING AND DEVELOPMENT - GENERAL	80204 - TRAINING TEAM	Critical supplies, equipment maintenance and training.	100,000
HCO	Department of Health	400487 - HCO.NVDRSX.NATIONAL VIOLENT DEATH REPORTING SYSTEM	700054 - BIRTH AND DEATH RECORD COLLECTION, PROCESSING, ANALYZING AND DISSEMINATION	70049 - STATE HEALTH PLANNING AND DEVELOPMENT	Information sharing for National Violent Death	110,231
HCO	Department of Health	400488 - HCO.OD2A23.OVERDOSE DATA TO ACTION (OD2A)	700051 - EPIDEMIOLOGIC STUDIES AND OUTBREAK INVESTIGATION	70054 - RESEARCH, EVALUATION, AND MEASUREMENT DIVISION	Information sharing for drug and opioid overdose	291,846
KA0	District of Columbia Department of Transportation	401190 - Improved Toxicological Investigations of Drug and Alcohol Impaired Driving - MOU -OCME - PT 9365	600004 - VISION ZERO	60010 - VISION ZERO DIVISION	Improve toxicological investigation for drug-impaired driving	350,340
TOTAL						1,267,968

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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:

- The revenue source name and code;
- The source of funding;
- A description of the program that generates the funds;
- The amount of funds generated by each source or program in FY 2024 and FY 2025, to date; and
- Expenditures of funds, including the purpose of each expenditure, for FY 2024 and FY 2025, to date.

OFFICE OF THE CHIEF MEDICAL EXAMINER							
SPECIAL PURPOSE REVENUE							
FY 2024 FUND DESCRIPTION, REVENUE AND EXPENDITURES TABLE							
FUND DETAIL	FUND DETAIL TITLE	DESCRIPTION	FEE AND HOW IT IS SET	SOURCE OF FUNDING (WHO PAYS?)	PURPOSE OF EXPENDITURES	FY 2024 REVENUE COLLECTED	FY 2024 EXPENDED AMOUNT
1060419	Medical Examiner Pathology & Toxicology Fund	Fees collected for pathology and toxicology services provided to other District government agencies, non-District government agencies, and private entities by the Chief	Fees are established and set forth by DC §5006	District government agencies, non-District government agencies & private entities	Supported the personnel and non-personnel medical supplies & equipment cost of the Office of the Chief Medical Examiner.	357,456	293,415

OFFICE OF THE CHIEF MEDICAL EXAMINER							
SPECIAL PURPOSE REVENUE							
FY 2025 FUND DESCRIPTION, REVENUE AND EXPENDITURES TABLE							
FUND DETAIL	FUND DETAIL TITLE	DESCRIPTION	FEE AND HOW IT IS SET	SOURCE OF FUNDING (WHO PAYS?)	PURPOSE OF EXPENDITURES	FY 2024 REVENUE COLLECTED	FY 2024 EXPENDED AMOUNT
1060419	Medical Examiner Pathology & Toxicology Fund	Fees collected for pathology and toxicology services provided to other District government agencies, non-District government agencies, and private entities by the Chief	Fees are established and set forth by DC §5006	District government agencies, non-District government agencies & private entities	Supported the personnel and non-personnel medical supplies & equipment cost of the Office of the Chief Medical Examiner.	68,427	73,119

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

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

The agency capital projects are as follows:

PUBLIC SAFETY AND JUSTICE AGENCY						
OFFICE OF THE CHIEF MEDICAL EXAMINER						
CAPITAL PROJECTS AVAILABLE FUNDS						
OWNER AGENCY	IMPLEMENTING AGENCY	PROJECT NUMBER & DESCRIPTION	PURPOSE	EXPENDABLE ALLOTMENT BALANCE	PROJECT STATUS	PLANNED REMAINING SPENDING
FX0 - OFFICE OF THE CHIEF MEDICAL EXAMINER	AM0 - DEPARTMENT OF GENERAL SERVICES	100056 - AM0.FX0FRC.OCME FACILITY RENOVATION AT THE CFL	Modification, renovation and upgrade of facilities to expanded mission needs at the CFL/COOP site	3,295,521.49		
FX0 - OFFICE OF THE CHIEF MEDICAL EXAMINER	FX0 - OFFICE OF THE CHIEF MEDICAL EXAMINER	100426 - FX0.FXEERC.EQUIPMENT REPLACEMENT AT THE CFL	Replacement of specialized equipment supporting OCME's toxicology laboratory and death investigations divisions	1,893,124.43		
FX0 - OFFICE OF THE CHIEF MEDICAL EXAMINER	FX0 - OFFICE OF THE CHIEF MEDICAL EXAMINER	101272 - FX0.CAPITAL.VEHICLE REPLACEMENT PROGRAM	Replacement of fleet vehicles that have reached their end of useful life	768,117.00		

#### ***OCME Facility Renovation***

This project is two-fold. First, the agency is undergoing agency facility renovations at the Consolidated Forensic Laboratory location. Phase I was completed during FY 2024 and Phase II is currently ongoing. The renovation will provide additional spacing to include staff seating and offices, as well as storage. This project also supports funding for the agency's build-out of the Continuity of Operations Plan (COOP) – Phase III – with regard to replacement of the COOP site roof, pavement of the parking lot, security upgrades (fencing and security system), and renovation of internal space for mortuary operations and storage space for COOP supplies and equipment. Accrediting bodies require that the agency have a COOP site and mass fatality plan. The agency expects the COOP renovation to provide a base camp for a field operations center (which would have been invaluable during the COVID-19 pandemic where the agency built-out all of its operation). The completion date for the office renovation portion of the project is anticipated to be the end of the 2025 calendar year and for the COOP portion at the end of FY 2026. The Department of General Services (DGS) is the implementing agency for the project and is currently focused on the facility renovations at the CFL with subsequent attention to the COOP project. All monies are planned to be spent.

#### ***Equipment Replacement***

The agency's Forensic Toxicology Laboratory equipment and instrumentation must be replaced when reaching approximately 7-10 years of age per industry and accreditation standards. Laboratory equipment is expensive and current local funding only provides for the procurement of 3-4 small instruments of over 30 instruments. Aged equipment results in increased maintenance costs. Adequate equipment allows the agency to consistently perform toxicology testing such that the laboratory can meet its KPIs. The Death Investigations Division must also maintain equipment per industry and accreditation standards. The agency overall must

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**maintain modern equipment to ensure accuracy and reliability for next of kin stakeholders, law enforcement and the court system, and for purposes of accreditation. The inability to replace equipment prevents the agency from utilizing up to date models which ensures better turnaround times and improved services to families in completion of autopsy reports; as well as addressing emerging drugs. The equipment replacement is ongoing and all monies are planned to be spent by the end of FY 2025.**

***Fleet Replacement***

**The agency requires vehicles for the following mission critical tasks: death scene visits and transport bodies; fatality management and emergency response; public health surveillance; and to register and archive records. The agency manages an aging fleet which will increase costs from frequent vehicle breakdowns and result in reliability issues. Currently the average age of the oldest vehicles in the OCME fleet is 14 years old, with the newest vehicles being six (6) years old. As such, the project is an ongoing Capital Vehicle Replacement and Communications and Vehicle Upgrade Plan that includes: purchase of vehicles; retrofitting vehicles with infrastructure for body transport and fatality management; and outfitting vehicles with Mobile Data Terminal Devices and IT/Communications. Having vehicles in good working conditions ensures adequate and timely response times to death scenes and the ability to carry out mandated functions of the agency to include: death scene investigations, case related body and specimen transfer, and travel for court testimony, records retrieval and archiving, and other administrative duties. Interoperability between agency staff, EOM, other public safety cluster agencies, as well as additional incident management entities is also critical. Additionally, the National Association of Medical Examiners (NAME) and the International Organization of Standards (ISO) require adequate vehicles for all OCME operations with regard to accreditation. The funding would ensure that the agency fleet would not impede the accreditation process.**

**OCME's mission is also accomplished through its public health initiatives. Fleet vehicles are necessary to transport decedents from private homes, hospitals, and the streets of the District and such transport ensures the safety and health of the District's residents and public visitors. Moreover, a large part of the request would be utilized to support the fleet dedicated to emergency management and fatality management given that OCME is the coordinator of fatality management for the District by statute.**

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.

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PUBLIC SAFETY AND JUSTICE AGENCY												
OFFICE OF THE CHIEF MEDICAL EXAMINER												
FY 2024 AND FY 2025 FEDERAL & PRIVATE GRANTS LIST												
GRANTOR NAME	GRANT NAME	AWARD NUMBER	PROJECT NUMBER	PURPOSE	GRANT PERIOD START	GRANT PERIOD END	WAS THE PURPOSE ACHIEVED?	AWARD AMOUNT	FY 2024 AMOUNT EXPENDED	FY 2024 AMOUNT LAPSING	FY 2025 BUDGET	FY 2025 EXPENDED /OBLIGATED
Department of Justice	FY20 Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)	2020-AR-BX-0046	200438	Develop, implement, or expand comprehensive programs in response to illicit opioids, stimulants or other substances	10/1/20	9/30/2024	Yes	\$1,200,000	\$373,050.66	\$32,126.21	-	-
Department of Justice	FY24 Paul Coverdell Forensic Science Improvement Grants Program	15PBJA-24-GG-03286-COVE	202997	Implementing a lean-six sigma program, utilizing automation and expanding laboratory capacities to eliminate backlog in forensic toxicology reporting in Washington, DC	10/1/24	9/30/2027	No	\$500,000	-	-	\$180,000	
Other-Department of Justice/Virginia Commonwealth University	Analytical Challenges with Proliferating THC Analogues	15PNIJ-23-GG-01421-COAP/FP0002022_8_SA001	202539	Assess presumptive testing interferences of the merging THC analogs and validate a confirmation and quantitative analytical method for the forensic toxicology community.	1/1/24	12/31/2025	No	\$82,939	-	-	\$76,711.50	\$52,411.50
Department of Justice	Strengthening the Medical Examiner-Coroner System Program	15PBJA-24-GG01902-SLFO	202995	Train and educate two full-time forensic pathologist fellows to become certified forensic pathologists	10/1/24	9/30/2027	No	\$295,054	-	-	\$279,654	-

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

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

Attachment II	FY 2024							
<u>Contracts</u>								
Vendor Name	Contract Purpose - Description of Services	Contract Amount	Contract Term Begin	Contract Term End	Option Year in	Funding Source (local, federal, private, special revenue)	Competitive or Sole Source	Available online
Agilent Tech	Toxicology GS,MS NPD	\$580,184.47	8/25/23	8/24/2025	Option 1	Capitol	Sole source	No
Agilent Tech	PM Service instruments	\$186,345.60	10/1/2023	9/30/2025	Option year 1	Local	Sole Source	No
WATERS, INC.	Service and Preventive maintenance	\$160,541.73	10/1/2023	9/30/2025	Option 1	Local	Sole Source	no

Attachment II	FY 2025							
<u>Contracts</u>								
Vendor Name	Contract Purpose - Description of Services	Contract Amount	Contract Term Begin	Contract Term End	Option Year in	Funding Source (local, federal, private, special revenue)	Competitive or Sole Source	Available online
Agilent Tech	Toxicology GS,MS NPD	\$580,184.47	8/25/23	8/24/2025	Option year 2	Capitol funds	Sole source	No
Agilent Tech	PM Service instruments	\$186,345.60	10/1/2023	9/30/2025	Option year 2	Local	Sole Source	No
WATERS, INC.	Service and Preventive maintenance	\$160,541.73	10/1/2023	9/30/2025	Option year 2	Local	Sole Source	no

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

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

OFFICE OF THE CHIEF MEDICAL EXAMINER				
FY 2024 SURPLUS				
FUND DETAIL & TITLE	FY 2024 Revised Budget	FY 2024 Expenditures	FY 2024 Balance	SURPLUS CONTRIBUTION
1010001 - LOCAL FUNDS	16,007,689	15,898,009	109,681	•De-obligation of NPS funding due to inability to received purchased goods by year-end.
4020002 - FEDERAL GRANTS FUNDS	405,177	373,051	32,126	•Expiration of the Comprehenisve, Opioid, Stimulant and Substance Abuse Grant
4045001 - PRIVATE DONATIONS	1,100	336	764	•Reimbursement of actual travel and training expenses from ANSI National Accreditation
1060419 - MEDICAL EXAMINER PATHOLOGY AND TOXICOLOGY	318,000	293,415	24,585	•Salary Lapse •De-obligation of NPS funding due to inability to received purchased goods by year-end.
<b>GRAND TOTAL</b>	<b>16,731,966</b>	<b>16,564,811</b>	<b>167,155</b>	

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.

**There have been a total of three contracts in FY 2024 and FY 2025 to date, with two below the amount of \$250,000 and one between \$250,000 and \$999,999. Note that the three contracts were implemented in both FY 2024 and FY 2025.**

#### 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.

**The agency is not aware of any investigations, audits, or reports.**

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

- 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.

**Pursuant to DC Code 5-1412(d), OCME publishes an annual report. The agency works within this requirement, and its annual reports are posted on its website. The agency's 2022 annual report is under final review and the 2023 annual report is being drafted. There are no reports that the agency believes are unduly burdensome and/or underutilized 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.

**The agency is not aware of any lawsuits that name the agency as a party.**

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).

**The agency is not aware of settlements entered into on its behalf.**

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 responds to any administrative complaints or grievances per the process outlined either in the District Personnel Manual or in an applicable collective bargaining agreement. There have been no changes to agency policies or procedures that have resulted from complaints or grievances received.**

- **One employee termination which has been appealed, and a hearing has been scheduled.**
- **One grievance was filed and dismissed by the agency as not meeting the criteria.**

#### **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 investigation guidelines outlined in Mayor's Order 2017-313 that obligate the appointment and training of an agency sexual harassment officer to review and investigate initial complaints of sexual harassment. The agency has had**



**no allegations of sexual harassment, sexual misconduct, or discrimination by or against agency employees in FY 2024 and FY 2025 to date.**

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?

**On area in which OCME envisions the most opportunity to make progress toward racial equity is in its public burial of unclaimed decedents. Unclaimed decedents (whether identified or not) are either cremated or, if veterans, buried at a military facility. The dignity and respect of all decedents is paramount, regardless of the person’s race, in ensuring proper disposition or burial. The agency also makes progress toward racial equity by ensuring that it adheres to racial equity policies within its hiring protocols and practices. Third, the agency treats all customers with respect and provides excellent customer service without regard to race.**

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?

**The agency continues to support the District’s racial equity initiative. The enforcement of such policies is the responsibility of all management staff who have been trained on this issue. Management staff completed required Racial Equity training on 1/23/25. Secondly, the agency ensures that hiring practices are in compliance with racial equity policies of the District.**

#### AGENCY-SPECIFIC QUESTIONS

25. Please describe the activities, reports and recommendations, and accomplishments of each fatality review committee in FY 2024 and FY 2025 to date.
- a. Please provide the number of cases reviewed by each fatality review committee in FY 2024 and FY 2025 to date.

<b>Committee/Board</b>	<b>Number of Cases Reviewed FY 2024</b>	<b>Number of Cases Reviewed FY 2025 to Date</b>
CFRC	77	45
VFRC	385	213
OFRB	13	5
MMRC	12	5
DDFRC	47	14

J&PS Performance Oversight Questions (FY24-25)

OCME

b. In table format, please provide the number of presentations about programs, policies, or newly implemented practices given by committee members during planned fatality review committee meetings in FY 2024 and FY 2025 to date.

Committee and Board Presentations FY 2024 to FY 2025		
CFRC		
Date	Topic	Presenter(s)
April 2024	Youth Violence	Guns Down Friday Children's National Hospital Violence Intervention Program
Nov 2024	Youth SUD Prevention Programs	Department of Behavioral Health
VFRC		
Feb 2024	Domestic Violence in Washington, DC	Kate Boukamp (DVFRB)
Mar 2024	2023 Gun Violence Problem Analysis	David Marimon (CJCC)
Mar 2024	Suicides in Jail Settings	Dr. Marcus Patterson, PhD Behavioral Therapist, previously worked with DOC
May 2024	The Elderly in the District	Joan Williams, Clarence Craig & Eddie Linder (DACL)
June 2024	Veterans & the Programs Available to Them in the District	Dir. Col. Charlette Woodward (MOVA) Dr. Bernadette Boozer (DBH) Dir. Lolita Allen (DOD)
July 2024	2023 Homicides & Suicides in Domestic Violence Cases	Kate Boukamp (DVFRB)
August 2024	A Doctor & Patient Relationship	Dr. Babak Sarani, Chief Trauma Surgeon, George Washington University Hospital
November 2024	The Emerging Adult Population: A 2022 Overview	Taylor Black, CDC Fellow with OCME
MMRC		
Oct 2023	Review of the MMRC Annual Report for 2021 with the public	MMRC Committee Members
Jan 2024	Presentation on the Effect of COVID-19 on the DC Office of the Chief Medical Examiner	Dr. Tatyana Zinger, OCME
April 2024	Presentation on the Warm Line	Child and Family Services Agency
May 2024	Domestic Violence Fatality Review Board Collaboration with MMRC	Kate Boukamp, DVFRB
Aug 2024	DC Safe	Jenny Wesberry, DC Safe
Nov 2024	Office on Victim Services and	Jennifr Porter, Director, OVSJG

J&PS Performance Oversight Questions (FY24-25)

OCME

	Justice Grants	
<b>OFRB</b>		
Oct. 2023	Opioid Epidemic Affect on the LGBTQ+ Community	Japer Bowels, Mayor's Office of LGBTQ Affairs
Oct. 2023	DC HAHSTA Harm Reduction	Stacey Cooper and Stephen Reese, DC Health HAHSTA
Nov. 2023	TAMAR Presentation	Dr. Beth Jordan and Dr. Joan Gillece
Nov 2024	Mental Health Treatment and Opioid Deaths	Laura Heaven, DBH

c. In table format, please provide the names, terms, vacancies, and wards of residence of the committee members who are currently serving; note any members who have terms ending during calendar year 2024; and identify any vacancies.

<b>Maternal Mortality Review Committee (MMRC)</b>	
<b>Member</b>	<b>Term</b>
Roberta Bell Community Member	1/10/2025 – Term has been renewed
Constance Bohon, MD American College of Obstetrics and Gynecologists	1/10/2025 – Term has been renewed
Cherie Craft Smart from the Start	1/10/2025 – Unknown if term has been renewed – MOTA is waiting on confirmation from member
Monique Powell-Davis, MD Mary's Center	1/10/2025 – Term has been renewed
Janeen Cross, PhD Howard University School of Social Work	1/10/2025 – Term has been renewed
Melissa Fries, MD Medstar Washington Hospital Center	1/10/2025 – Term has been renewed
Ebony Marcelle, PhD Community of Hope	1/10/2025 – Term has been renewed
Christina Marea, PhD Georgetown University Hospital	1/10/2025 – Term has been renewed
Aza Nedhari Mamatoto Village	1/10/2025 – Term has been renewed
Iman Fowosere Doula Representing DC Residents	1/10/2025 – Term has been renewed
Jamila Perritt, MD, MPH Physicians for Reproductive Health	1/10/2025 – Term has been renewed
Shermain Bowden, LICSW Department of Behavioral Health	Serves at the Pleasure of the Mayor

J&PS Performance Oversight Questions (FY24-25)

OCME

Theresa Early Department of Human Services	Serves at the Pleasure of the Mayor
Nancy Gaba, MD George Washington University Hospital	1/10/2025 – Term has been renewed
Tatyana Zinger, MD Office of the Chief Medical Examiner	Serves at the Pleasure of the Mayor
Dr. Chimene Liburd Department of Health Care Finance	Serves at the Pleasure of the Mayor
Colleen Kepner, MD Sibley Memorial Hospital	1/10/2025 – Term has been renewed

<b>Violence Fatality Review Committee (VFRC)</b>	
<b>Member</b>	<b>Term</b>
Joseph Richardson, PhD. TRAVAIL	Term Renewed Until Oct. 2025
Kenyatta Hazelwood Howard University Hospital	Term Renewed Until Oct. 2025
Elizabeth Wieser, Esq Office of the Attorney General	Serves at the Pleasure of the Mayor
Asst. Chief Ramey Kyle Metropolitan Police Department	Serves at the Pleasure of the Mayor
Jennifer Porter Office of Victim Services	Serves at the Pleasure of the Mayor
Sheila Clark Department of Human Services	Serves at the Pleasure of the Mayor
Kenan Zamore DC Health	Serves at the Pleasure of the Mayor
Dr. Erica Richards Sibley Hospital	MOTA to Confirm
David Gorman United States Attorney's Office	MOTA to Confirm
Helaina Roisman George Washington University Hospital	Term Renewed Until October 2025
Erin Hall, MD Medstar Washington Hospital Center	Term Renewed Until October 2026
Dr. Charlayne Hayling-Williams Community Wellness Venture	Term Renewed Until October 12, 2025
Juanita Price Hillcrest Children and Family Center	Term Renewed Until October 2025
Rhonda Redwood-Ray Court Services Offenders Supervision Agency	MOTA to Confirm
Dr. Bernadette Boozer Department Behavioral Health	Serves at the Pleasure of the Mayor
Chief Michael Reese DC Housing Authority	Serves at the Pleasure of the Mayor

J&PS Performance Oversight Questions (FY24-25)

OCME

Sara Achrati, MD Office of the Chief Medical Examiner	Serves at the Pleasure of the Mayor
Sgt. Terrika Hooks DC Fire and Emergency Medical Services	Serves at the Pleasure of the Mayor
DC Superior Court Representative VACANT	
Office of Neighborhood Safety and Engagement VACANT	
Office on Gun Violence and Prevention VACANT	
United Medical Center VACANT	
Public Member VACANT	
Public Member VACANT	
Public Member VACANT	

<b>Child Fatality Review Committee (Including the Infant Mortality Review Team)</b>	
Diane Oliver District of Columbia Housing Authority	MOTA to confirm
Aleazor Taylor DC Fire and Emergency Medical Services	Serves at the Pleasure of the Mayor
Chief Mitchell Kannry DC Fire and Emergency Medical Services	Serves at the Pleasure of the Mayor
Alison Losey Office of the State Secretary of Education	Serves at the Pleasure of the Mayor
Debbie Allen Department of Behavioral Health	Serves at the Pleasure of the Mayor
Dr. Cheryl Williams Public Member	Under Council Review
Dr. Simone Lawson Children's National Medical Center Representative	MOTA to confirm
DC Health Representative VACANT	
Howard University School of Social Work VACANT	
Dr. Jacqueline Francis Public Member	July 16, 2025
Lashunda Hill Department of Youth Rehabilitative Services	Serves at the Pleasure of the Mayor
Dr. Kristinza Giese Office of the Chief Medical Examiner	Serves at the Pleasure of the Mayor

J&PS Performance Oversight Questions (FY24-25)

OCME

Erin Cullen Office of the Attorney General	Serves at the Pleasure of the Mayor
Hon. Darlene Soltys Superior Court of the District of Columbia Representative	Per Order of the Superior Court for the District of Columbia
Jennifer Snow Superior Court of the District of Columbia Family Court Social Services Division Representative	Per order of Superior Court of the District for the District of Columbia
Terri Odom Superior Court of the District of Columbia Court Social Services Division Representative	Per order of Superior Court of the District for the District of Columbia
Kristen Constantine Public Member	July 16, 2025
Elizabeth Muffoletto Child and Family Services Agency (CFSA) Representative	Serves at the Pleasure of the Mayor
Sgt. Shante Hairston Metropolitan Police Department (MPD) Representative	Serves at the Pleasure of the Mayor
Theresa Early Department of Human Services (DHS) Representative	Serves at the Pleasure of the Mayor
Dr. Amy Mack Office of Gun Violence Prevention	Serves at the Pleasure of the Mayor
Hon. Janeese Lewis George DC Council Representative	Serves at the Pleasure of the Council
Sebastian Weinmann- Councilmember Lewis George Representative	Serves at the Pleasure of the Council
Brooke Pinto DC Council Representative	Serves at the Pleasure of the Council
Aniah Mitchell Councilmember Pinto Representative	Serves at the Pleasure of Council
Petrina Jones-Jesz Office of the Ombudsman for Children	Serves at the Pleasure of the Mayor
Jo Patterson Mayor's Committee on Child Abuse and Neglect (MCCAN)	MOTA to Confirm
Michele Gray Public Charter School Board (PCSB) Representative	MOTA to Confirm
Public Member VACANT	
Public Member VACANT	
Public Member VACANT	
Public Member VACANT	
Public Member VACANT	

J&PS Performance Oversight Questions (FY24-25)

OCME

<b>Developmental Disabilities Fatality Review Committee (DDFRC)</b>	
<b>Member</b>	<b>Term</b>
Dr. Michela Farber Community Member	March 7, 2025 Mayor's Order
Dr. Francisco Diaz OCME	Serves at the Pleasure of the Mayor
LaVan Griffith Office of the Inspector General	Serves at the Pleasure of the Mayor
Teresa Walsh Office of the Inspector General	Serves at the Pleasure of the Mayor
Dr. Jennifer Crumlish Community Member	March 7, 2026 Mayor's Order
Dr. Sheila Jones Department of Human Services	Serves at the Pleasure of the Mayor
Capt. Lakeisha Lacey DC Fire and Emergency Services	Serves at the Pleasure of the Mayor
Dr. Laura Hartman Community Member	March 7, 2025 Mayor's Order
Dr. Marianne Vail Community Member	Marc 7, 2026 Mayor's Order
Christian Offor DC Health	Serves at the Pleasure of the Mayor
Sena Doe DC Health	Serves at the Pleasure of the Mayor
Winslow Woodland Department on Disability Services	Serves at the Pleasure pf the Mayor
Lt. Kieth Batton Metropolitan Police Department	Serves at the Pleasure of the Mayor
Department of Behavioral Health VACANT	MOTA is identifying a new member to represent DBH

<b>Opioid Fatality Review Board (OFRB)</b>	
<b>Members</b>	<b>Term</b>
Jewell Riddick Community	MOTA to Confirm
Kenan Zamore DC Health	Serves at the Pleasure of the Mayor
Cyndee Clay Community	MOTA to Confirm
Jeffrey Kopp Metropolitan Police Department	Serve at the Pleasure of the Mayor
William Bonnette Community	MOTA to Confirm
Rhonda Johnson Community	MOTA to Confirm
Beth Jordan Department of Corrections	MOTA to Confirm
Joseph Lippi Department of Human Services	Serves at the Pleasure of the Mayor
Tiffany Manley Pretrial Services Agency	MOTA to Confirm
Ciena Baynard Office of the Chief Medical Examiner	Serves at the Pleasure of the Mayor
Barbara Wynter Court Services and Offender Supervision Agency	MOTA to Confirm
Tyrone Guyse US Drug Enforcement Agency	MOTA to Confirm
Richard Schottenfeld Howard University Hospital	MOTA to Confirm

d. For any vacancies, please indicate the date upon which the seat became vacant and describe plans and expected timelines to fill that vacancy.

**The Fatality Review Division (FRD) specialists inform the Mayor's Office on Talent and Appointments (MOTA) when seats become vacant; however, the FRD does not track information pertaining to the members' resignations. Once applicants are selected and properly vetted by MOTA, FRD staff participate in the interview process. The FRD is unaware of the timeframe for filling vacancies, as this is a function of MOTA and the Council of the District of Columbia. While participating in public facing meetings, the FRD specialist encourages those interested in committee membership to apply.**



- e. Please provide data on the number of times review committees met in FY 2024 and FY 2025 as well as provide data on the attendance for all fatality review committee meetings in FY 2024 and FY 2025 to date, with percentages of members present at each meeting. Please also indicate whether, and if so when, a committee meeting had to be postponed or cancelled due to failing to meet quorum.

***MMRC Meetings and Participation***

**The MMRC met 10 times in FY 2024 and three (3) times in FY 2025 to date. In FY 2024, on average, 59% of members attended meetings (10 out of 17 members). In FY 2025 to date, on average, 65% of members attended meetings (11 out of 17 members). In June 2024, the meeting was cancelled due to quorum.**

***CFRC Meetings and Participation***

**CFRC met 11 times in FY 2024, and four (4) times from October 2024 to January 2025. On average, 62% of members (16 out of 26 members) attended the meetings in FY 2024 and to date in FY 2025. No meetings were canceled due to quorum.**

**The Infant Mortality Review Team (subgroup of the CFRC) met 11 times in FY 2024 and four (4) times in FY 2025 to date. Participation for the IMRT includes members from the CFRC and invited subject matter experts in the fields of medicine, community health, and child advocacy. Cases and subsequent information shared during the IMRT meetings is reported to the full CFRC during monthly meetings. Recommendations that are proposed during the IMRT meetings are discussed and adopted by the full CFRC.**

***VFRC Meetings and Participation***

**The VFRC met 11 times in FY 2024 and three (3) times in FY 2025 to date. In FY 2024, and FY 2025, 54% of members (14 out of 26) attended meetings. No meetings were canceled due to quorum.**

***DDFRC Meeting and Participation***

**The DDFRC met 12 times in FY 2024 and three (3) times in FY 2025. The meeting scheduled for November 15, 2024, was canceled due to quorum. In FY 2024 and FY 2025, 75% of members attended meetings (9 out of 12).**

***OFRB Meeting and Participation***

**The OFRB met nine (9) times in FY 2024 and twice in FY 2025. No meetings were canceled due to quorum. Meetings were canceled as a result of staffing challenges, which included the resignation of the FRD specialist in March 2024. With the**

**extension of the Opioid Fatality Review Board (Mayor's Order 2024-081) in FY 2024, two FTE's will be assigned to the OFRB to facilitate the OFRB fatality review process.**

- f. Please provide information on agency staffing associated with each fatality review committee. Did fatality review committee staffing change in FY 2024 and FY 2025 to date? If so, please describe in narrative format.

**In FY 2024 and FY 2025, OCME experienced changes in staffing within the Fatality Review Division. In FY 2024, the FRD specialist assigned to the Opioid Fatality Review Board resigned after accepting a promotion within the District Government in March 2024. In May 2024, the program manager resigned after accepting a position outside of District Government. OCME promoted its Senior Fatality Review Program Specialist to the position of the FRD Program Manager in June 2024.**

**In FY 2025, OCME hired three specialist and one staff assistant, bringing the total number of staff for the FRD to 10 FTEs. This will improve OCME's ability to efficiently request and gather decedent records and increase the number of cases each committee will review utilizing statistical, cluster, and individual methods for monthly case presentations.**

- g. Please identify all findings or recommendations from any fatality review committee that were directed to OCME, including the status of the implementation of those findings or recommendations.

**There were no recommendations adopted from any fatality review committee that were directed to OCME in FY 2024 or FY 2025.**

- h. Please describe the efforts by staff on fatality review committees to compile and gather information for case reviews.

**The FRD staff initially receives data from DC Health on those deaths that fall under the purview of the fatality review committees. Upon review of this data, staff then obtains information from OCME and sends requests to District Government agencies, area hospitals, and community-based providers for decedent information. As required by the promulgating legislation of each committee, FRD specialists contact service providers found through their initial review of records to obtain more information about the decedent's involvement with District agencies and community-based organizations. FRD Specialists review these records to compose a report for the respective fatality review committee. Overall, the process from the receipt of information to the composition of the report takes several months to complete. With the volume of cases, particularly for the OFRB and VFRC committees, the utilization of the statistical and cluster reviews is critical to completing this task. FRD staff is currently participating in courses provided through OCTO on data analytics and collaborating with the OCME epidemiologist and data fusion team to improve how information is shared and discussed during committee meetings. Due to the COVID pandemic, the process took longer than six (6) months due to difficulties presented at that time. In the past year, the timeframe for the receipt of records has improved, as**

**most of our records are transmitted electronically. The improvements in our record collection are now observed as our committees are moving to the review of 2023 and the IMRT will begin reviewing 2024 cases, and with additional staff, the committees should be more current in their review of cases within six (6) months of the decedent's death.**

- i. For each fatality review committee, please provide the average time it takes for a case to be presented to a committee from the date of the decedent's death.

**Please refer to the response in section 25(h) above.**

26. Please discuss the activities and findings of the Maternal Mortality Review Committee (MMRC).

**Activities/Findings:**

- **Postpartum care is essential.**
- **The MMRC reviewed five COVID-related deaths. They found how the pandemic caused extreme social isolation in hospital settings. Patients with a full support system were not able to be fully supported when they were admitted to the hospital due to COVID-19 policy.**
- **The MMRC also found that there needs to be more attention paid to the impact of longstanding trauma and mental health needs.**
- **The MMRC recognized the importance of what whole care looks like when someone has been exposed to violence as a young child. They also recognized how important early intervention is for children who have been exposed to or have experienced violence and trauma.**

27. What is the status of MMRC's next annual report?

- a. Please provide the agency's most recent data regarding maternal mortality in the District, such as trends, updates, and overall statistics. If the agency provides a link to the most recent annual report, please summarize the overarching trends, findings, and conclusions.
- b. Does the MMRC coordinate with other DC agencies, health care providers, or community-based organizations to address and improve maternal mortality? If so, please describe such coordination. If not, please describe the rationale.

**The 2023 MMRC Annual Report is under review and will be issued in the upcoming months. The 2024 Annual Report will be completed by March 2025 and reviewed by the committee in June 2025.**

**The MMRC's case reviews in FY 2024 and FY 2025 to date include maternal deaths that occurred in 2021 and 2022. Of the cases reviewed by the MMRC, most maternal deaths were those of black women (88%) and Hispanic women (12%). These cases**

**included the MMRC's first review of COVID cases that occurred during the COVID pandemic, one (1) opioid (fentanyl) related death, and two (2) homicides with implications of domestic violence. The average age of these MMRC decedents was 32 years old, with the youngest at 20 years old. Information regarding the cases reviewed in FY 2024 will be discussed in the upcoming 2024 MMRC Annual Report.**

**Most Recent Data:**

- **2021: There were five maternal deaths that occurred in 2021 that were reviewed by the MMRC.**
  - o **Accident: 1**
  - o **Homicide: 1**
  - o **Natural: 3**
- **2022: There were 6 maternal deaths that occurred in 2022 that were reviewed by the MMRC.**
  - o **Natural: 4**
  - o **Homicide: 1**
  - o **Accident: 1**
- **2023: There were 10 maternal deaths that occurred in 2023 that are scheduled for review in FY 2025:**
  - o **Accident: 4**
  - o **Natural: 5**
  - o **Homicide: 1**

**Yes, the MMRC coordinates with other DC agencies, healthcare providers, and community-based organizations. Committee members and FRD Staff serve on the DC Perinatal Quality Collaborative and the DC Health Maternal Health Task Force. Fatality Review Division staff also collaborate with the staff from the Domestic Violence Fatality Review Board, and the Violence Fatality Review Committee to review homicide cases with implications of domestic violence to ensure issues are addressed and members can make informed recommendations for systemic improvements and prevention. The**

**MMRC also welcomes the participation of the community to speak on pertinent issues associated with maternal health during the open portion of MMRC meetings.**

28. Please discuss the activities and findings of the Opioid Fatality Review Board.

- a. Please provide the agency's most recent data regarding opioid-related fatalities in the District such as trends, updates, and overall statistics. If the agency provides a link to the most recent annual report, please summarize the overarching trends, findings, and conclusions.

- b. Does the Board coordinate with other DC agencies, health care providers, or community-based organizations to address and improve maternal mortality? If so, please describe such coordination. If not, please describe the rationale.

**The Opioid Fatality Review Board (OFRB) continued to meet and discuss cases involving the Opioid deaths resulting from fentanyl overdose during FY 2024 and FY 2025. The number of meetings held decreased due to the loss of two (2) staff in March 2024 (1 FTE and 1 Term) whose primary responsibility was the coordination of the OFRB monthly case review meetings. In FY 2024, the OFRB conducted the fatality review of individuals from the LGBTQ+ population and individuals living with Hepatitis C. The OFRB members collaborated with the CFRC's fatality review of youth who overdosed on fentanyl, providing the CFRC members with information that will be used by the CFRC to discuss recommendations. With the addition of two new FTE's, the OFRB will continue to conduct fatality reviews of 2023 opioid related deaths in FY 2025.**

**The OFRB annual reports for 2022 and 2023 are currently being edited by FRD staff with plans to move both reports forward to the EOM in January.**

29. Although the Domestic Violence Fatality Review Board is administratively under the Office of Victims Services and Justice Grants (OVSJG), does OCME receive and analyze data from the Board regarding domestic-violence related fatalities to incorporate in its other Committee/Board reviews and work? If so, please describe any coordination efforts for information- and data-exchange.

**The FRD invites the DVFRB coordinator and members of the DVFRB to participate in the fatality review committee meetings when records reviewed indicate the decedent's death was the result of domestic violence. In FY 2024, both the MMRC and the VFRC requested the collaboration of the DVFRB to address the issue of domestic violence during the discussion of homicide cases. The FRD specialists meet with the DVFRB coordinator to confirm decedent data on all cases implicating domestic violence.**

30. Please discuss the activities and findings of the Infant and Child Fatality Review Boards.

- a. Please provide the agency's most recent data regarding infant and child fatalities such as trends, updates, and overall statistics. If the agency provides a link to the most recent annual report, please summarize the overarching trends, findings, and conclusions..
- b. Does the Board coordinate with other DC agencies, health care providers, or community-based organizations to address and improve maternal mortality? If so, please describe such coordination. If not, please describe the rationale.

**The Child Fatality Review Committee and the Infant Mortality Review Team reviewed a total of 122 cases in FY 2024 and FY 2025 to date. These include cases involving decedents who died in 2019, 2022, and 2023. In FY 2024, the CFRC reviewed cases involving decedents whose manner of deaths were homicide, natural, and accidental deaths. Most reviewed were homicide cases (46%), followed by accidental deaths due to fentanyl overdose (20%), and natural deaths (26%). One (1) decedent death was the result of suicide. The CFRC convened two (2) recommendation meetings in FY 2024 and FY 2025. For the first time, the CFRC reviewed cases involving fentanyl overdose in children. The Infant Mortality Review Team reviewed both natural and undetermined deaths of infants. Of the IMRT discussions, safe sleep for infants and its prevention continues to be a primary subject matter in the IMRT meetings. Finding appropriate methods to relay the importance of safe sleep environments for infants and engaging parents in this discussion is paramount to preventing deaths due to unsafe sleep practices.**

**FRD staff is currently preparing the CFRC Annual Report that will cover cases reviewed by the CFRC from 2021 through 2023.**

31. Please discuss the activities and findings of the Developmental Disabilities' Fatality Review Board.

- a. Please provide the agency's most recent data regarding fatalities of individuals with developmental disabilities such as trends, updates, and overall statistics. If the agency provides a link to the most recent annual report, please summarize the overarching trends, findings, and conclusions.
- b. Does the Board coordinate with other DC agencies, health care providers, or community-based organizations to address and improve maternal mortality? If so, please describe such coordination. If not, please describe the rationale.

**The most recent DDFRC annual report is currently under final review. OCME does not maintain data associated with individuals with developmental disabilities. For the purpose of the fatality review process, the Department on Disability Services maintains their data and composes the fatality review reports for the DDFRC's review and discussion. DDFRC coordinates with District agencies, including the Office of the Inspector General and DC Health, for issues related to providers assisting individuals with disabilities.**

**FUTURE ACTIVITIES: The Fatality Review Division:**

**In FY 2025, FRD staff presented data to the Interagency Council on Homelessness (ICH) related to the number of deaths among the undomiciled in the District of Columbia in 2022 and 2023. As a result of this presentation, FRD specialists across all fatality review committees will invite the ICH to participate in fatality review meetings involving the District's undomiciled residents. Through this collaboration, the ICH will have an opportunity to speak to the needs of this population and assist**

**with the development of recommendations for improvements in services and programs to meet the needs for our undomiciled residents.**

32. Please provide an update on OCME’s quality assurance efforts. In last year’s responses, the agency reported that “the Action Item from last year’s OCME FY 2023 Performance Hearing questions to develop a “sixth text box that is specifically made to capture the responses of the six questions” is still in progress.” Has this action item been completed yet? If not, why, and when is the expected completion date?

**The agency’s quality assurance efforts include providing efficient and effective service through a quality management system supported by continuous process improvement, quality control measures, adherence to accrediting body guidelines, training, and best practices. The agency has focused on and maintained accreditation by the International Organization of Standards (ISO). This involves developing an ISO compliant quality management system that integrates with existing national program requirements as well as with District of Columbia law and the agency’s policies and procedures.**

**The agency also has a Quality Unit that is responsible for agency accreditations, as well as the overall quality assessment and improvement process which includes quality training. The agency has several other activities that fall within this priority, including: enhancement of its quality assurance process throughout the agency, case and inventory management, document management, and professional development and career development.**

**With regard to the “sixth text box that is specifically made to capture the response of the questions,” the agency previously stated that while the questions can be asked by the Forensic Investigators on behalf of the Opioid Fatality Review Board (OFRB), they must be captured in the agency’s case management system. In May 2024, the agency migrated to a new case management and is customizing the system and addressing “bug” fixes in the new platform. Over 180 pages of detailed requirement documents focused on primary operations were developed and incorporated for this migration. The agency anticipates revisiting the OFRB “questions” during the next iteration of system enhancements.**

33. How many post-mortem examinations did OCME perform in FY 2024 and FY 2025 to date?

- a. Please list all medical examiner cases in FY 2024 and FY 2025 to date, by manner of death and type of case, in the following table:

<b>Manner</b>	<b>Exam Type</b>	<b># of Cases in FY 2024</b>	<b># of Cases in FY 2025 (as of 1/8/25)</b>

J&PS Performance Oversight Questions (FY24-25)

OCME

Accident	Autopsy	592	24
	Autopsy (at hospital)	0	0
	External Exam	33	9
	Review of Med. Rec	131	28
Homicide	Autopsy	231	49
	External Exam	0	0
Natural	Autopsy	228	20
	External Exam	337	76
	Review of Med. Rec	14	7
	On-Hold	0	1
Suicide	Autopsy	54	15
	External Exam	1	0
	Review of Med. Rec	0	1
Undetermined	Autopsy	43	1
	External Exam	0	0
Pending	Autopsy	8	145
	External Exam		13
Fetal Death*	Autopsy	1	0
<b>Total</b>		1673	389

34. What percentage of autopsies were completed within 90 days during FY 2024 and FY 2025 to date?

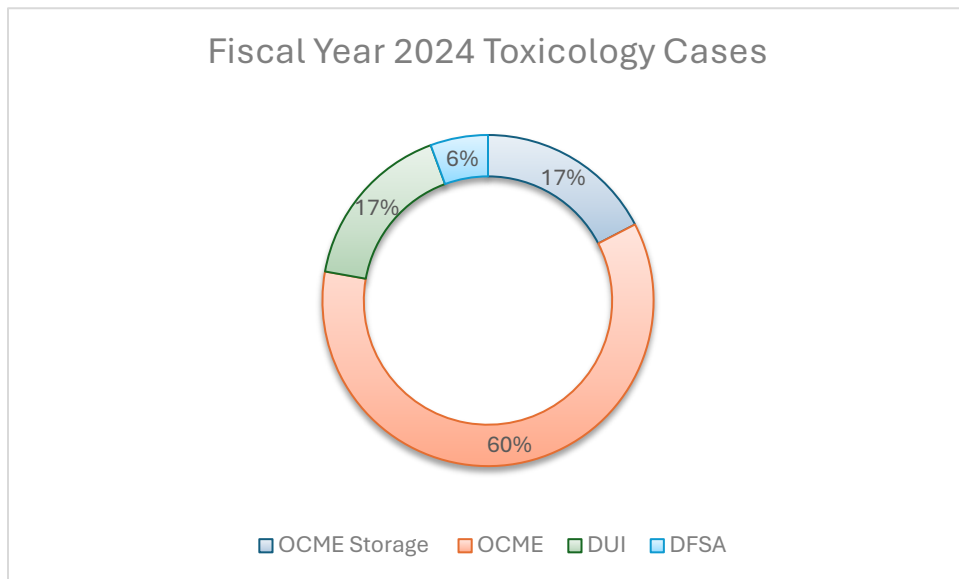
**In FY 2024, 94% of autopsies were completed within 90 days; and in FY 2025 to date, 22%. As of 1/7/25, there are 142 autopsy cases pending certification. Note that this is within the reporting time period of the accrediting body which allows for 90 days for the completion of 10% of an agency's caseload.**

35. How many cases did the Forensic Toxicology Lab test in FY 2024 and FY 2025 to date?  
Please provide a chart, broken down by types of cases tested in the Lab.



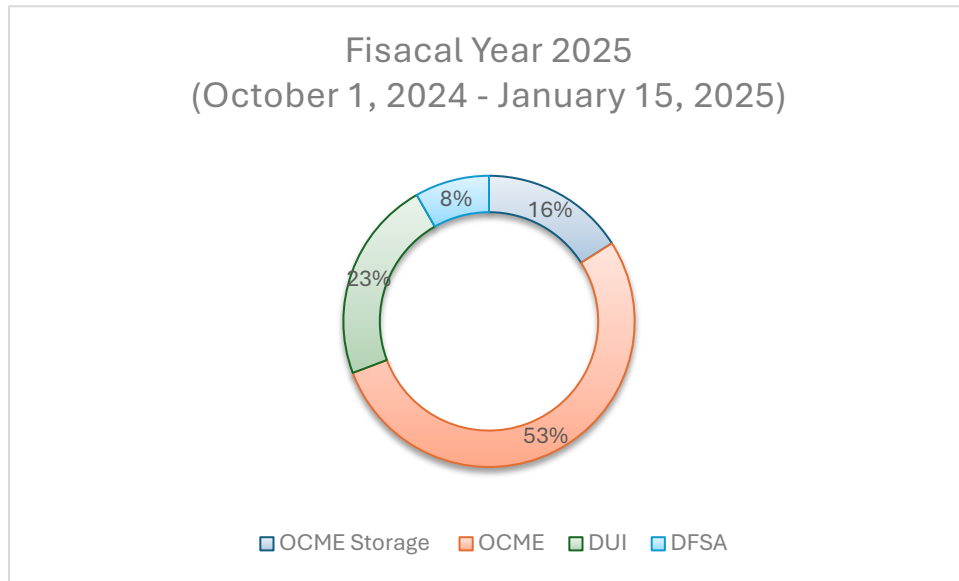
J&PS Performance Oversight Questions (FY24-25)  
OCME

FY 2024	# of cases	Percentages
OCME Storage	356	17.40%
OCME	1236	60.41%
DUI	339	16.57%
Drug Facilitated Sexual Assault (DFSA)	115	5.62%
total	2046	



J&PS Performance Oversight Questions (FY24-25)  
OCME

FY 2025	# of cases	Percentages
OCME Storage	91	15.99%
OCME	303	53.25%
DUI	128	22.50%
DFSA	47	8.26%
total	569	



36. How many scenes did OCME visit in FY 2024 and FY 2025, to date?

**The OCME reported to the following number of scenes:**

**FY 2024: 1179**

**FY 2025 to January 1, 2025: 299**

J&PS Performance Oversight Questions (FY24-25)

OCME

37. Since last year, has the agency made any efforts to support training and ongoing education for death investigators to identify trans, gender-diverse, and gender-expansive decedents? In last year's responses, the agency reported that it offered no training or ongoing education in this area. If the agency has not made any efforts to support training and ongoing education for death investigators, please explain the agency's rationale for this.

**The agency has not pursued training and ongoing education to death investigators on trans, gender-diverse, and gender-expansive decedents as this is not part of the medicolegal investigation duties nor training.**

38. Please list all requests for agency services received from other District, state, or federal agencies or private entities in FY 2024 or FY 2025, to date. How many requests did the agency accept?

**The agency services rendered to other District, state, or federal agencies or private entities in FY 2024 or FY 2025, to date are as follows:**

<b>DUI</b>	<b>FY 2024</b>
MPD	258
US Capitol Police	86
US Park Police	48
US Secret Service	35
<b>DFSA</b>	
DC SANE	59
MPD	55

<b>DUI</b>	<b>FY 2025 10/01/24-01/15/25</b>
MPD	77
US Capitol Police	29
US Park Police	9
US Secret Service	12
DHS	1
<b>DFSA</b>	
DC SANE	22
MPD	25

39. Please provide an update on the current status of the agency's accreditation. Please include the date through which the agency's accreditation is valid.

**The agency is currently accredited as follows:**

- **National Association of Medical Examiners through 2/16/25**  
**The agency has submitted for reaccreditation.**
- **International Organization for Standards – ISO/IEC 17020 through 9/29**
- **ANA**
- **Accreditation Council of Graduate Medical Education - ongoing**
- **American Board of Forensic Toxicology (ABFT) through 12/31/26**
- **Forensic Toxicology Breath Alcohol Program (Calibration Laboratory) through 12/31/26**
- **ISO/IEC 17025 Forensic Testing 12/31/26**

40. How many organ donation requests were received during FY 2024 and FY 2025 to date?

**The number of organ donation requests received for the requisite years is as follows:**

**FY 2024: 138**

**FY 2025 to date: 19**

41. Please provide information about how many unclaimed bodies the agency has handled in FY 2024 and FY 2025, to date.

**The number of unclaimed bodies that the agency has handled for the requisite years is as follows:**

- **FY 2024: 287 bodies released for public disposition and 11 donations of unclaimed remains.**
- **FY 2025 YTD: 45 body released for public disposition and 14 donations of unclaimed remains**

42. Has the agency filled enough medical examiner positions to ensure that individual caseloads have not exceeded 250 autopsies?

**The agency currently has six full-time Deputy Medical Examiners positions, of which five are filled. The forensic pathology staffing also includes a Chief Medical Examiner (filled) and Deputy Chief Medical Examiner position (vacant). The agency is currently working to fill the sixth Deputy Medical Examiner position. With the Chief and Deputy Medical Examiners, the caseloads per individual forensic pathologist exceed 250 autopsies. The vacant Deputy Chief Medical Examiner is currently on hold.**

43. What is the average caseload per medical examiner in FY 2025 to date?

**The average caseload per medical examiner in FY 2025 to date is 280 cases.**

44. If the agency has not filled enough positions to meet the 250 target number, please indicate the agency's plans and efforts to hire more medical examiner positions.

**The agency is currently working to fill the sixth Deputy Medical Examiner position.**