



Department of Forensic Science DFS (FRO)

MISSION

The mission of the Department of Forensic Sciences (DFS) is to produce high quality, timely, accurate, and reliable forensic science with the use of the best available technology and practices, unbiased science, and transparency with the overall goal of enhancing public health and safety.

SUMMARY OF SERVICES

DFS provides independent analysis of evidence and samples submitted by agencies within the District of Columbia and its federal neighbors. The Forensic Science Laboratory Division analyzes evidence submitted from criminal cases, including DNA, fingerprints, firearms, materials, and digital evidence. The DFS also provides expert witness testimony in defense of their analytical reports in the District's courts of law. The Public Health Laboratory Division provides diagnostic and analytical testing for biological pathogens and chemical agents from clinical, environmental, or food sources and provides emergency response testing. The Crime Scene Sciences Division provides the collection, analysis, processing, and preservation of evidence found at crime scenes in the District. The DFS Directorate supports the work of the entire agency through strategic direction, training, quality assurance, research, recruitment and hiring of personnel, information technology, data management, fleet management, procurement, and other administrative support services.

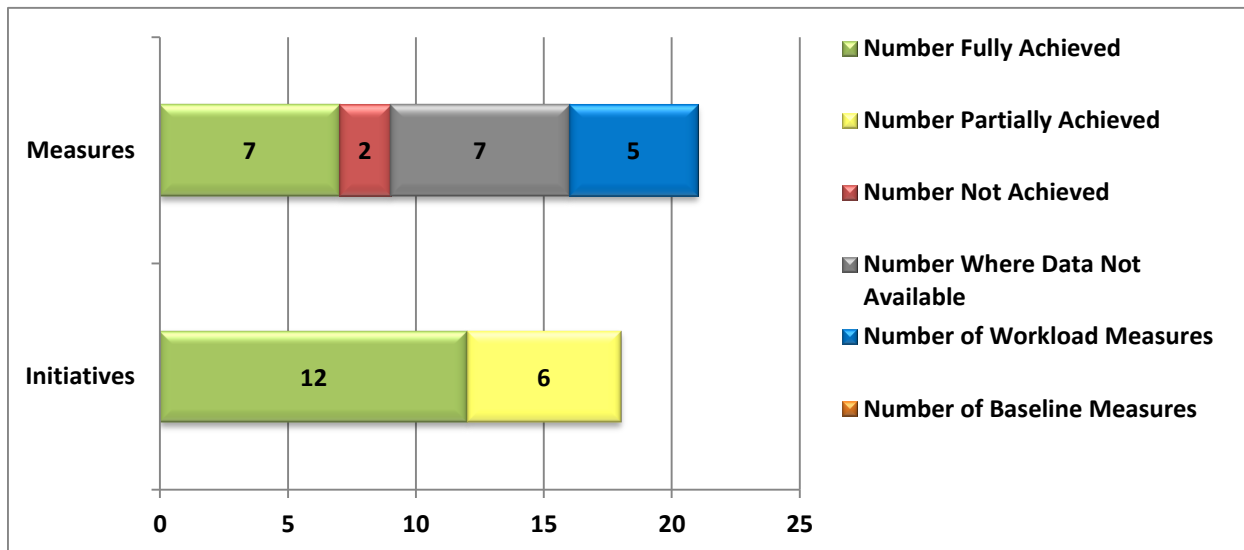
ACCOMPLISHMENTS

- ✓ Approval from the Centers for Disease Control to operate 1st BSL Level-3 laboratory in the National Capital Region.
- ✓ Achieved accreditation in ISO standards for forensic science within 8 months of Department's commencement.
- ✓ Launched initiative focusing on processing all sexual assault kits through grant from Office of Victim Services.

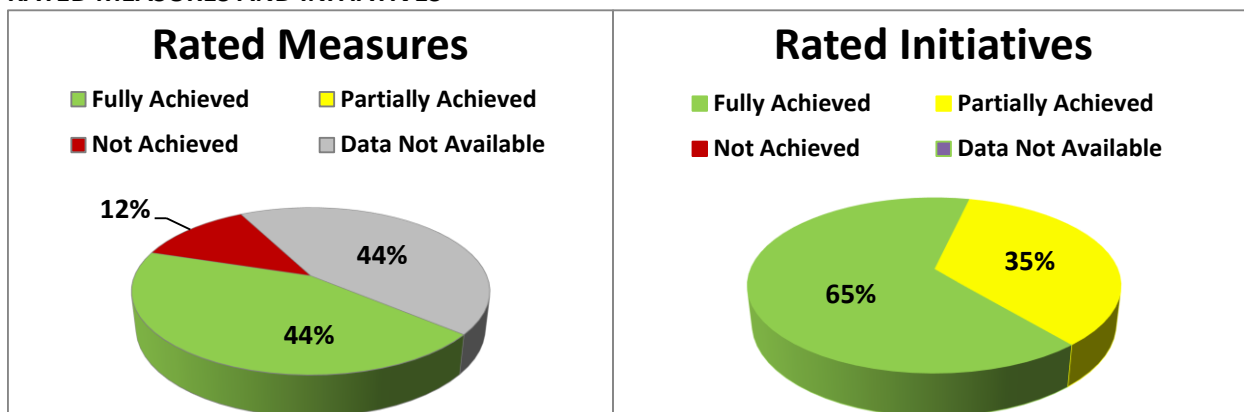


OVERALL AGENCY PERFORMANCE

TOTAL MEASURES AND INITIATIVES



RATED MEASURES AND INITIATIVES







Note: Workload and Baseline Measurements are not included

Default KPI Rating:	
$\geq 100\%$	Fully Achieved
75 - 99.99%	Partially Achieved
$< 75\%$	Not Achieved



Performance Initiatives – Assessment Details

Performance Assessment Key:

-  Fully achieved  Partially achieved  Not achieved  Data not reported

Directorate Operations & Agency Management

OBJECTIVE 1: Achieve and Maintain Accreditation under International Standards of Operation (ISO) 17025.

INITIATIVE 1.1: Achieve accreditation by January 1, 2014 for the Forensic Science Laboratory.

- **Initiative fully achieved.** DFS achieved accreditation for Forensic Testing by the ANSI-ASQ National Accreditation Board/FQS Board and awarded a certificate.

INITIATIVE 1.2: Prepare Units and Divisions for accreditation as they become operational.

- **Initiative achieved.** All operational units have received accreditation. New DFS FSL Units (Digital Evidence and Material Analysis) have recent new hires that are reviewing the International Organization for Standardization (ISO) requirements and will become accredited in FY15. DFS PHL successfully navigated an external audit for government regulation compliance through quality laboratory testing program through HHS, Clinical Laboratory Improvement Amendment (CLIA) and is in the process of reformatting existing documentation in alignment with International Organization of Standardization (ISO) guidelines for accreditation.

INITIATIVE 1.3: DFS Customer Service.

- **Initiative fully achieved.** In hindsight, DFS should have counted this initiative and corresponding measure as a workload measurement as we have no control over customer service requests. DFS has a system in place for receiving and addressing any and all customer service requests.

OBJECTIVE 2: Provide positive workplace environment for employees.

INITIATIVE 2.1: Establish monthly public lecture series for DFS and neighboring agencies.

- **Initiative fully achieved.** During fiscal year 2014, DFS held twelve (12) Public Lecture Series that were open to internal DFS staff and neighboring agencies. Presentation topics ranged from management to research and case examples. Lectures were provided by both DFS staff, local and federal partners, and international colleagues.

INITIATIVE 2.2: Provides training curriculum to DFS employees to ensure professional development.

- **Initiative fully achieved.** During fiscal year 2014, DFS provided basic, intermediate, and advanced training to staff members in management, public speaking, and testimony as well as training in technical needs for each laboratory division. DFS staff members received training in Organizational Development, Crime Scene Management, Expert Testimony, Writing Curriculum Vitae, and Effective Presentations. Select members of DFS management participated in a 40-hour course which was specifically designed for managing scientific laboratories.



OBJECTIVE 3: Implementation of a laboratory information management system (LIMS) to provide seamless accountability and tracking of evidence from receipt to return for all DFS services.

INITIATIVE 3.1: Develop Agency LIMS Architecture and Concept of operations.

Initiative partially achieved. To fully achieve initiative, it is broken down in several phases which are in various stages of completion. See below initiative breakdown:

- Developing evidence receiving lab requirements and process flow – Achieved
- Developing digital evidence unit (DEU) requirements and process flow – Partially Achieved – Waiting on DEU to finalize their SOPs
- • Review and refine agency lab requirements and process flows (Forensic Biology Unit, Firearms & Toolmarks Examination Unit, Latent Fingerprint Unit, Materials Analysis Unit, and Digital Evidence Unit) – Achieved
- Deploy test environment for LIMS development – Achieved
- Deploy evidence receiving module of LIMS – Partially Achieved – All requirements and process flows for this are complete, however, vendor delivered software had errors, resulting in the module not working at this time. Issues expected to be resolved in FY15.
- Develop beta DNA LIMS capability – Achieved

Crime Scene Sciences

OBJECTIVE 1: Improve evidence handling and processing at crime scenes and in the Consolidated Forensic Laboratory.

INITIATIVE 1.1: Simplify and unify intake of items for analysis.

Initiative fully achieved. The Central Evidence Unit (CEU) began the intake of evidence on behalf of the DFS for the first time during FY14. The CEU has initiated a new submission form and process in FY14. While the form has gone through several refinements in the first year, these efforts have led to greater information exchange from the investigation phase to the forensic testing phase. This additional information has led to greater efficiencies and timeliness of analysis. These efforts will continue to be enhanced through continued cooperation with our agency partners and initiation of a Laboratory Information Management System in FY15.

INITIATIVE 1.2: Enhance evidence processing.

Initiative fully achieved. The Crime Scene Sciences Unit (CSSU) began processing evidence for the first time in FY14 and has made progress in achieving this initiative. This initiative entails processing of evidence items collected from crime scenes for fingerprints and potential touch DNA. The CSSU implemented additional chemical procedures and techniques to the array of procedures available to the District prior to the establishment of the DFS. Further enhancements include the requirement of strict measures to ensure that evidence is protected from DNA contamination from external sources. Training for greater awareness for other types of physical evidence was accomplished and will enhance the CSSU abilities both in the laboratory and at crime scenes.



Forensic Sciences Laboratory Division

OBJECTIVE 1: Improve forensic laboratory services to stakeholders.

INITIATIVE 1.1: Improve the effectiveness and efficiency of the Division.

Initiative fully achieved. Division maintained current work load and began work on backlog. Increase in data is because Turn-Around Time¹ (TAT) is averaged out longer due to the fact that more cases have been completed overall for the year including backlog cases. This explains the increase in 4th quarter actual data. As a result, measure data has changed marginally from data previously reported as FY14 actual.



INITIATIVE 1.2: Develop an automated workflow to process all known DNA samples.

Initiative fully achieved. The validations are completed and in review. Validations by Technical Leader for the Forensic Biology Unit (FBU) are required for instruments before casework can be processed.



OBJECTIVE 2: Develop new forensic services to improve scientific information for public safety.

INITIATIVE 2.1: Conduct and complete a stakeholder needs assessment to determine what services are required (a business plan) for the Digital Evidence Unit.

Initiative fully achieved. The assessment for Digital Evidence Unit (DEU) services is complete and revealed that mobile device forensics was the primary need (cell phones, smart phones, tablets). As such, the necessary analysis equipment and software have been ordered and acquired, Standing Operating Procedures (SOPs) are in development.



INITIATIVE 2.2: Write standard operating procedures for the materials to be analyzed by the Digital Evidence Unit.

Initiative partially achieved. These SOPs are in progress. First DEU staff person was hired in third quarter FY14 and has been working steadily on supporting documentation. SOPs will require review by the unit manager and division director prior to upload to DFS's document management system. SOPs will need appropriate references to current laboratory operational manual (LOM) and departmental operation manual (DOM) within the system.



INITIATIVE 2.3: Develop standard operating procedures for the materials to be analyzed in Materials Analysis Unit.

Initiative is partially achieved. These SOPs are in progress, as the current instrumentation in the Materials Analysis Unit (MAU) is simultaneously undergoing validations. Also, the unit Manager and one staff person was hired at the end of the fourth quarter FY14. The SOPs will require review by the unit manager and division director prior to upload to DFS's document management system, and will need appropriate references to current laboratory operation manuals (LOM) and departmental operation manual (DOM) within the system.



¹ Turn-Around Time (TAT) is the number of days from a request for examination in an investigation area until issuance of a report.



Public Health Laboratory

OBJECTIVE 1: Improve the effectiveness and efficiency of public health laboratory services.

INITIATIVE 1.1: Develop and apply FORESIGHT-like measures to the PHL.

Initiative partially achieved. PHL has a method of data collection and is working with the

- Association of Public Health Laboratories (APHL), on a nation-wide standard for the development of FORESIGHT like measures.

INITIATIVE 1.2: Outreach to District hospitals for awareness of PHL services.

Initiative fully achieved. PHL has expanded its testing capabilities throughout nine (9) District

- hospitals and two (2) commercial laboratories. Types of testing performed have increased to include pathogens that pose the highest risk to public health and safety.

OBJECTIVE 2: Shift operational aspects to conform to agency-wide systems.

INITIATIVE 2.1: Develop plan to shift from current laboratory information management system to agency-wide system.

- **Initiative fully achieved.** In collaboration with the Deputy Director of Information Technology, PHL has been fully integrated into the DFS agency-wide management system. Workflow and process maps for PHL have been identified and integrated into the agency-wide system.

INITIATIVE 2.2: Integrate all PHL testing into DFS Quality program.

Initiative partially achieved. PHL has successfully achieved Clinical Laboratory Improvement Amendment (CLIA) certification which is a federal regulatory requirement through the US Department of Health and Human Services (HHS). This accreditation certifies the quality of public health testing nationwide. PHL was also Division of Select Agents & Toxins (DSAT) certified

- through the Centers for Disease Control and Prevention (CDC) for Bioterrorism and Chemical Terrorism testing which certifies quality and safety for Bioterrorism and Chemical Terrorism testing. PHL is currently working with DFS Quality Assurance Director in becoming ISO 17025 certified to align testing and standard operating procedures with other DFS division.

INITIATIVE 2.3: Integrate PHL accessioning (sample intake) into CSS evidence intake processes.

- **Initiative partially achieved.** Policy has been developed and training conducted with PHL and CSS staff. Full implementation will take place in FY15.



Key Performance Indicators – Details

Performance Assessment Key:

● Fully achieved
 ● Partially achieved
 ● Not achieved
 ● Data not reported
 ● Workload Measure

	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
Crime Scene Sciences								
●	1.1	CSS Response Time ¹	Data Not Reported	Data Not Reported		Data Not Reported	Not Rated	CRIME SCENE SCIENCES
●	1.2	CSS TAT ²	Data Not Reported	Data Not Reported		Data Not Reported	Not Rated	CRIME SCENE SCIENCES
●	1.3	Reports per FTE ³	Data Not Reported	Data Not Reported		Data Not Reported	Not Rated	CRIME SCENE SCIENCES
Forensic Science laboratory Division								
●	1.1	Digital Evidence TAT ⁴	Data Not Reported	Data Not Reported		Data Not Reported	Not Rated	INVESTIGATIVE FORENSIC SERVICES
●	1.2	DNA TAT ⁵	95	72		111	64.86%	INVESTIGATIVE FORENSIC SERVICES

¹ Response time is the time in minutes from when DFS is notified that services are requested by a stakeholder to arrival on scene. CSS has no data from FY13 and no current baseline data for performance measure in FY14. Crime Scene deployment is scheduled to begin calendar year 2015. By the end of FY15, baseline measures will be obtained.

² For definition of TAT, see footnote 1. CSS has no data from FY13 and no current baseline data for performance measure in FY14. Crime Scene deployment is scheduled to begin calendar year 2015. By the end of FY15, baseline measures will be obtained.

³ CSS has no data from FY13 and no current baseline data for performance measure in F14. Crime Scene deployment is scheduled to begin calendar year 2015. By the end of FY15, baseline measures will be obtained.

⁴ Currently there is no data for digital evidence turn-around time. FY14 target should have been 0. This new unit was not online in FY14.

⁵ Turn-Around Time (TAT) measured as the time from when DFS receives evidence until a report is produced. Per unit, we measure the median TAT over the entire year. Therefore, larger turn-around times at the beginning of the year affect the median, even when at the end of the year when the TAT's were significantly reduced. Also, as the caseload becomes more manageable, backlog cases are worked. Because backlog cases are older, they immediately add additional time to the TAT calculation. For example queuing, the time from receipt to start of analysis, is 54% of TAT; however, overall TAT is down 107 days on average for the last three months.



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	1.3	Fingerprint TAT ⁶	140	35		136	25.74%	INVESTIGATIVE FORENSIC SERVICES
●	1.4	Firearms TAT Time	52	88		87	101.15%	INVESTIGATIVE FORENSIC SERVICES
●	1.5	Test Fires TAT ⁷	1	1		1	25%	INVESTIGATIVE FORENSIC SERVICES
●	1.6	Materials Analysis TAT ⁸	Data Not Reported	Data Not Reported		Data Not Reported	Not Rated	INVESTIGATIVE FORENSIC SERVICES
●	2.1	Digital Evidence Reports per FTE ⁹	Data Not Reported	Data Not Reported		Data Not Reported	Not Rated	INVESTIGATIVE FORENSIC SERVICES
●	2.2	DNA Reports per FTE	0	70		94	134.29%	INVESTIGATIVE FORENSIC SERVICES
●	2.3	Fingerprint Reports per FTE ¹⁰	64	242		103	42.56%	INVESTIGATIVE FORENSIC SERVICES
●	2.4	Firearms Reports per FTE ¹¹	3	153		37	24.18%	INVESTIGATIVE FORENSIC SERVICES

⁶ Turn-Around Time (TAT) measured as the time from when DFS receives evidence until a report is produced. Per unit, we measure the median TAT over the entire year. Therefore, larger turnaround times at the beginning of the year affect the median, even when at the end of the year when the TAT's were significantly reduced. Also, as the caseload becomes more manageable, backlog cases are worked. Because backlog cases are older, they immediately add additional time to the TAT calculation. For example queuing, the time from receipt to start of analysis, is 92% of TAT; however, overall TAT is down 165 days on average for the last three months.

⁷ This unit met all targets.

⁸ Currently there is no data for materials analysis turn-around time. FY14 target should have been 0. This new unit was not online in FY14.

⁹ Currently there is no data for digital evidence reports per FTE. FY14 target should have been 0. This new unit was not online; therefore no casework was being performed.

¹⁰ Reports per FTE are averaged per unit, based on the total number of reports generated by the unit divided by the total number of full-time employees that directly contributed to these reports. The performance goal for 2014 was to meet or exceed the national average FORESIGHT report per FTE per defined unit, and this was accomplished for all case-working units within the Forensic Science Laboratory division of the DFS.

¹¹ Reports per FTE are averaged per unit, based on the total number of reports generated by the unit divided by the total number of full-time employees that directly contributed to these reports. The performance goal for 2014 was to meet or exceed the national average FORESIGHT report per FTE per defined unit, and this was accomplished for all case-working units within the Forensic Science Laboratory division of the DFS.



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	2.5	Test Fires Reports per FTE	71	70		372	531.43%	INVESTIGATIVE FORENSIC SERVICES
●	2.6	Materials Analysis Report per FTE ¹²	Data Not Reported	Data Not Reported		Data Not Reported	Not Rated	INVESTIGATIVE FORENSIC SERVICES
Public Health Laboratory								
●	1.1	PHL Hospital Tests ¹³	No data	25%		100%		PUBLIC HEALTH LABORATORY SERVICES
●	1.2	PHL Successful Competency Tests	100%	100%		100%	100%	PUBLIC HEALTH LABORATORY SERVICES
●	2.1	PHL Tests per FTE ¹⁴	No data	Target Not Required		1,869	Workload Measure Not Rated	PUBLIC HEALTH LABORATORY SERVICES
Agency Management								
●	1.1	DFS Number of Complaints ¹⁵	No data	Target Not Required		1	Workload Measure Not Rated	AGENCY MANAGEMENT PROGRAM

¹² Currently there is no data for material analysis reports per FTE. FY14 target should have been 0. This new unit was not online; therefore no casework was being performed.

¹³ This measure should be identified as a neutral workload measure with a data type listed as “percent change over time” based on one year of data (FY14). PHL collects data on tests performed monthly on an annual basis. The goal is to maintain and increase the number of tests performed annually. There was no data reported in FY13. In FY14 PHL performed 16,829 tests.

¹⁴ Measure is evaluated to estimate and manage workloads and budgets. In hindsight, this measure should have been a work load measure with a raw number. PHL collects data on tests performed monthly to be tracked on an annual basis. Reports are generated by the number of tests performed. PHL has no control over the number of specimens received from District hospitals on an annual basis, which affects the number of tests performed and reports generated per FTE. In FY14, PHL generated 1,869 tests per FTE.

¹⁵ DFS has no baseline data for this measure. DFS should have counted this initiative and corresponding measure as a workload measurement as we have no control over complaints made. DFS has a system in place for receiving and addressing any and all complaints.



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	1.2	DFS Quality Corrective Action Reports ¹⁶	No data	Target Not Required		43	Workload Measure Not Rated	AGENCY MANAGEMENT PROGRAM
●	1.3	DFS Quality Preventative Action Reports ¹⁷	No data	Target Not Required		8	Workload Measure Not Rated	AGENCY MANAGEMENT PROGRAM

¹⁶ DFS has no baseline data for this measure. DFS should have counted this initiative and corresponding measure as a workload measurement as we have no control over the number of corrective action reports generated. There is a system in place for capturing the number of corrective actions reports generated.

¹⁷ DFS has no baseline data for this measure. DFS should have counted this initiative and corresponding measure as a workload measurement as we have no control over the number of preventive action reports generated. There is a system in place for capturing the number of preventive action reports generated.