

# THE COUNCIL OF THE CITY OF NEW YORK

Hon. Melissa Mark-Viverito  
Speaker of the Council

Hon. Corey Johnson  
Chair, Committee on Health



Report of the Finance Division on the  
Fiscal 2018 Preliminary Budget and the  
Fiscal 2017 Preliminary Mayor's Management Report for the  
**Office of the Chief Medical Examiner**

March 20, 2017

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## Office of the Chief Medical Examiner Overview

Housed in the Department of Health and Mental Hygiene (DOHMH or the Department), the New York City Office of the Chief Medical Examiner (OCME or the Office) conducts independent investigations using advanced forensic science in the service of families, communities, and the criminal justice system. The Office's work provides answers for those affected by sudden and traumatic loss and helps to protect public health. OCME experts investigate approximately 8,500 deaths per year in New York City and test tens of thousands of items of evidence in the OCME laboratories. These results inform legal proceedings, shape public health policy, and help families settle their affairs.

With approximately 600 employees working throughout the five boroughs, OCME constitutes the largest medical examiner's office in the United States and operates the only molecular genetics laboratory housed in a medical examiner's office in the country. The Office's DNA crime laboratory remains the largest such public laboratory in the world, testing physical evidence from criminal cases in the five boroughs. OCME also maintains a specialized mass fatality management team that regularly shares its expertise in responding to disasters with other jurisdictions.

In addition, the Office maintains jurisdiction over the Repository at the World Trade Center Memorial. The Repository lies within the structure of the National September 11 Memorial complex and is accessed, operated and maintained solely by OCME. Under the professional auspices of the Office, the Repository provides a dignified and reverential setting for victim remains to repose, temporarily or in perpetuity, as the identification work continues.

Regarding the authority and responsibilities of the Office, OCME investigates all deaths of persons in New York City occurring from criminal violence, by accident, by suicide, suddenly when in apparent health, or in any unusual or suspicious manner. OCME also reviews all applications for a permit to cremate the body of any person who dies in New York City. In addition, OCME serves as the mortuary for the City, with a legal mandate to take custody of all unidentified and unclaimed remains in the five boroughs.

To promote equity and to best serve all New Yorkers—regardless of economic ability—OCME provides a viewing policy for those unable to afford funerary rites and offers free burial services for those who place their loved ones in the City Cemetery. The Office also serves as the independent pathologist for families that harbor suspicions over a cause of death but cannot afford to hire a consultant.

### Report Structure

This report reviews the Office of the Chief Medical Examiner's \$68.4 million Fiscal 2018 Preliminary Budget. The report provides a financial summary, including highlights of the Fiscal 2018 Preliminary Budget and the Fiscal 2017 Preliminary Mayor's Management Report, and an analysis of capital spending related to OCME operations.

## Fiscal 2018 Preliminary Plan Highlights

### OCME Expense Budget

The Fiscal 2018 Preliminary Budget allocates \$68.4 million to the Office of the Chief Medical Examiner, a decrease of \$544,000 or less than one percent, when compared to the \$68.9 million in the Fiscal 2017 Adopted Budget. This change is largely attributable to reductions in Other Than Personal Services (OTPS) funding, offset by minor increases in Personal Services (PS) funding. OCME's headcount also decreased by 25 positions or four percent, from 668 positions at Fiscal 2017 Adoption to 643 positions in the Fiscal 2018 Preliminary Budget.

The OCME budget represents less than five percent of the Department of Health and Mental Hygiene's \$1.5 billion budget. Due to the staff-intensive nature of the Office's work, Personal Services (PS) account for 77 percent of the total OCME budget at \$52.5 million, and OTPS represent 23 percent of the budget at \$15.6 million.

OCME Spending						
<i>Dollars in Thousands</i>	2015	2016	2017	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2017	2018	2017 - 2018
<b>Personal Services</b>						
Full-Time Salaried - Civilian	\$39,561	\$41,401	\$45,777	\$46,273	\$45,736	(\$40)
Additional Gross Pay	2,745	2,212	1,447	2,373	1,447	0
Amounts to be Scheduled	0	0	1,391	1,391	1,518	128
Fringe Benefits	167	166	160	296	160	0
Overtime - Civilian	4,531	5,066	3,584	3,778	3,567	(17)
Unsalaries & Other Salaried	99	132	98	98	98	0
<b>TOTAL</b>	<b>\$47,104</b>	<b>\$48,977</b>	<b>\$52,457</b>	<b>\$54,209</b>	<b>\$52,527</b>	<b>\$71</b>
<b>Other Than Personal Services</b>						
Contractual Services	\$4,737	\$5,980	\$4,326	\$7,115	\$4,345	\$19
Other Services & Charges	7,378	7,092	6,629	7,173	6,391	(238)
Property & Equipment	2,358	1,906	496	634	242	(254)
Supplies & Materials	4,962	4,625	5,014	5,224	4,872	(141)
<b>TOTAL</b>	<b>\$19,436</b>	<b>\$19,602</b>	<b>\$16,465</b>	<b>\$20,146</b>	<b>\$15,851</b>	<b>(\$614)</b>
<b>Funding</b>						
City Funds			\$68,922	\$68,537	\$68,378	(\$544)
Federal - Other			0	4,508	0	0
Other Categorical			0	57	0	0
State			0	1,253	0	0
<b>TOTAL</b>	<b>\$66,539</b>	<b>\$68,579</b>	<b>\$68,922</b>	<b>\$74,355</b>	<b>\$68,378</b>	<b>(\$544)</b>
<b>Headcount (Full-Time Salaried Civilian)</b>						
	569	565	668	640	643	(25)

\*The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.

The OCME budget decreased by \$544,000 between the Fiscal 2018 Preliminary Budget and the Fiscal 2017 Adopted Budget, attributable to reduced City funding. Funding for Property and Equipment, a subsection of OTPS, decreased by \$254,000 between the Fiscal 2018 Preliminary Budget and the Fiscal 2017 Adopted Budget—the largest OCME decrease in the Plan.

### Fiscal 2017

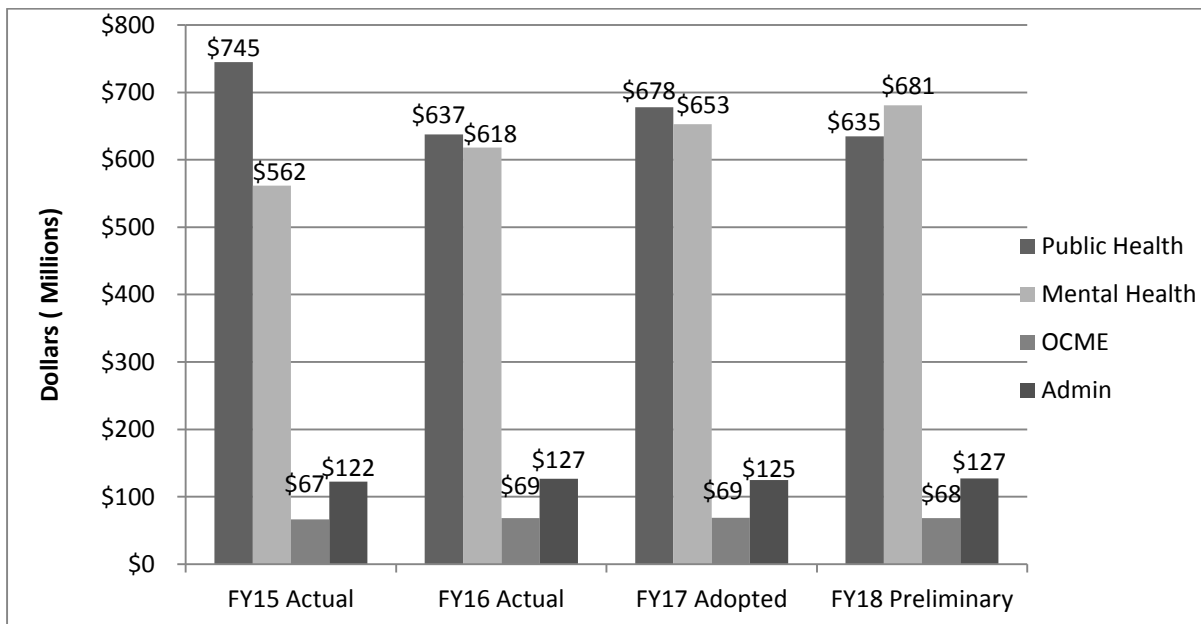
Regarding the current fiscal year, the Office's \$74.4 million Fiscal 2017 Budget indicates a \$5.4 million increase since the budget was adopted in June of 2016. The Office typically does

not include federal and State funding in its preliminary appropriations but, rather, modifies the budget over the course of the fiscal year as it receives the funding. This funding is generally in the form of grants.

Major grants recognized in the current fiscal year’s budget include \$2.5 million in National Institute of Justice (NIJ) grants to support the reduction of the DNA backlog, the identification of missing persons, and various research and development projects. NIJ also provides \$48,000 in funding through the Paul Coverdell Forensic Science Improvement Grants Program to improve the quality and timeliness of forensic science and medical examiner/coroner services. The Office also receives a \$64,000 Homeland Security grant through the Urban Areas Security Initiative.

Headcount adjustments in the Fiscal 2018 Financial Plan led to a decrease of 13 positions in the Fiscal 2017 OCME headcount to 640 positions.

**OCME and DOHMH Actual and Planned Spending**



The Office’s Fiscal 2018 Preliminary Plan does not include any new expense funding, but does include minor funding adjustments, including \$48,000 in State funding in Fiscal 2017. Adjustments to a cleaning contract resulted in CTL savings totaling \$68,000 in 2018, \$57,000 in Fiscal 2019, and \$47,000 in Fiscal 2020.

OCME funding in the Fiscal 2018 Preliminary Budget supports various programs and services, from Emergency Management and Mortuary Operations to Anthropology and Toxicology. Forensic Biology constitutes the largest funding area, totaling \$15.5 million in Fiscal 2018, followed by Facilities costs at \$11.1 million, and Forensic Pathology at \$6.5 million. (See Appendix B on Page 12 for additional information).

## Fiscal 2017 Preliminary Mayor's Management Report

The Preliminary Mayor's Management Report (PMMR) for Fiscal 2017 provides a comprehensive assessment of the City's performance from July through October 2016. The PMMR enables the public to evaluate agency effectiveness and efficiency in meeting the central needs of New Yorkers. The PMMR evaluates the ability of the Office to (1) perform the processes necessary to certify deaths falling within the agency's jurisdiction; (2) provide mortuary services to the City; (3) respond to disasters and emergencies when fatalities are involved; and (4) provide services to the city for forensic purposes.

### The Forensic Biology Laboratory

The Office, tasked with providing services to the City for forensic purposes, strives to provide timely and accurate laboratory services for criminal justice purposes. Since January 2006, the OCME Department of Forensic Biology has utilized High Sensitivity DNA Testing in processing casework items. High Sensitivity DNA Testing, also referred to as Low Template DNA, Low Copy Number "touch DNA", or trace DNA testing, detects and recovers small amounts of DNA in order to enhance law enforcement's ability to identify or exclude individuals suspected of crimes. The OCME Forensic Biology Laboratory was the first public forensic laboratory in the United States to implement High Sensitivity DNA testing.

In the first four months of Fiscal 2017, the Forensic Biology Laboratory improved its median DNA case completion time by two days compared to the same period in Fiscal 2016—completing DNA analysis for all case types in an average of 44 days. The median time to complete analysis for homicide cases, sexual assault cases, and property crime cases all decreased. The Laboratory also performed significantly better in DNA case completion times in Fiscal 2016 than in previous fiscal years, requiring 45 days compared to 92 days. The Fiscal 2017 and Fiscal 2018 target to complete analysis of a DNA case stands at 30 days.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Median days to complete analysis of a DNA case	92	92	45	30	30	46.0	44.0
Median time to complete DNA homicide cases, from evidence submission to report (days)	100	62	39	30	30	39.0	38.5
Median time to complete DNA sexual assault cases, from evidence submission to report (days)	59	50	36	30	30	37.0	31.0
Median time to complete DNA property crime cases, from evidence submission to report (days)	119	188	57	30	30	62.0	54.0
DNA matches with profiles in database	2,621	6,008	7,758	-	-	2,802	3,039
Median time to complete toxicology cases (days)	29	31	56	45	45	108	22.0
Median time to complete toxicology DUI (driving under the influence) cases (days)	20	30	43	10	10	58.0	19.0
Median time to complete toxicology sexual assault cases (days)	27	43	84	17	17	164.0	24.0

### **The Forensic Toxicology Laboratory**

In the first four months of Fiscal 2017, the Forensic Toxicology Laboratory completed toxicology cases in the median time of 22 days, representing an 85 percent improvement in median case completion time compared to the same period in Fiscal 2016. Specifically, in the Fiscal 2017 four-month actual report, the Laboratory reported 19 days as the median time to complete toxicology DUI cases and 24 days as the median time to complete toxicology sexual assault cases. The Fiscal 2017 and Fiscal 2018 target to complete toxicology DUI cases stands at ten days and the target to complete sexual assault cases stands at 17 days.

The retirement of the Laboratory's director and assistant director in late Fiscal 2015 contributed to the spikes in toxicology case completion times in the first four months of Fiscal 2016, but the appointment of the new director for the Laboratory in the second half of Fiscal 2016, in conjunction with operational improvements, have enabled the Laboratory to reduce case backlogs and turnaround times while maintaining the high-level of quality that the City expects.

### **Synthetic Opioids**

Since July 2016, the OCME Forensic Toxicology Laboratory has screened all cases submitted for drug testing for the presence of fentanyl and a range of other common synthetic opioids commonly present in drug overdose deaths. In addition, the Laboratory has rescreened cases received from January 2016 to July 2016 for the presence of fentanyl and has rescreened more than one-third of the cases it received in 2015. The Office continues to rescreen all 2015 drug cases for fentanyl. The Fiscal 2017 Adopted Budget included \$5.5 million to address the opioid epidemic, including \$233,000 in CTL for fentanyl testing.

The Fiscal 2017 Budget also provided \$616,000 in CTL to improve operations at the Forensic Toxicology Laboratory through the procurement of ten new analytical instruments and the hiring of six new senior scientists. Following method development and validation, the Laboratory will implement this technology throughout Fiscal 2017. The instruments will expand the range of tests offered by the Laboratory and will provide greater capacity to address the challenges associated with the increased toxicity reported for testing new synthetic opioids. The new scientists will perform laboratory work, conduct new method development, and enhance validation and quality control.

### **Death & Autopsy**

In order to perform the process necessary to certify deaths falling within the agency's jurisdiction, the Office strives to (1) respond promptly to scenes of reportable fatalities and conduct related investigations; (2) perform autopsies and examinations necessary to issue timely death certificates; and (3) provide timely investigation for all cremation requests.

The median time to complete autopsy reports increased slightly in the first four months of Fiscal 2017 compared to the same period last year, from 57 days to 59 days. The Fiscal 2017 and Fiscal 2018 target stands at 60-days. The median time to process cremation requests decreased by 40.9 minutes in the first four months of Fiscal 2017 compared to the same period of the previous year, from 173.2 minutes to 132.3 minutes. The Fiscal 2017 and Fiscal 2018 target stands at 180 minutes. Finally, the median time for scene arrivals by medicolegal investigators proved consistent in the Fiscal 2017 four-month actual report compared to the

same period last year at two hours. The Fiscal 2017 and Fiscal 2018 target median time for scene arrivals by medicolegal investigators stands at 1.7 hours.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Median time for scene arrivals by medicolegal investigators (MLIs) (hours)	1.8	1.9	2.4	1.7	1.7	2.0	2.0
Deaths reported	27,505	27,984	27,674	-	-	9,015	9,316
Cases where Chief Medical Examiner takes jurisdiction	7,109	7,136	7,375	-	-	2,444	2,642
Median time to complete autopsy reports (days)	56	77	69	60	60	57	59
Median time to process cremation requests (minutes)	136.0	184.5	174.7	180.0	18.0	173.2	132.3

### Mortuary Services

The Office, tasked with providing mortuary services to the City, strives to recover and transport decedents to the City mortuary facilities in a timely manner. The time spent removing decedents from non-hospital scenes after investigation increased slightly in the first four months of Fiscal 2017 compared to the same period last year, from 58.2 minutes to 60.1 minutes.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Number of decedents' remains transported and stored by OCME	10,456	10,721	10,108	-	-	3,363	3,449
Median time to remove decedents from scene (non-hospital) after investigation (minutes)	40.1	49.3	56.7	-	-	58.2	60.1

### Identification

The Office responds to disasters and emergencies when fatalities are involved, providing rapid response and safe fatality management services to the City, as well as identifying victims of disasters and returning their remains to families in a timely manner. In the first four months of Fiscal 2017, OCME identified 14,332 remains (cumulative) following a disaster, 78 more remains than during the same period last year.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Remains recovered following a disaster or mass fatality incident (cumulative)	21,914	21,916	21,916	-	-	21,916	21,916
Remains identified following a disaster (cumulative)	13,979	14,202	14,308	-	-	14,254	14,332



## OCME Contract Budget

The New York City Charter mandates the preparation of a Contract Budget in order to identify expenditures for contractual services—defined as any technical, consultant, or personal service provided to the City by means of a contract. The Administration prepares a Contract Budget—a subset of the OTPS portion of the City’s Expense Budget—twice each fiscal year. In January, the Administration prepares the Contract Budget with Departmental Estimates, and in late April it submits the Contract Budget to the Council with the Executive Budget.

The following table provides OCME’s Preliminary Contract Budget for Fiscal 2018.

<b>Contract Category</b> <i>Dollars in Thousands</i>	<b>Fiscal 2017 Adopted</b>	<b>Number of Contracts</b>	<b>Fiscal 2018 Preliminary</b>	<b>Number of Contracts</b>
Cleaning Services	\$269	1	\$201	1
Computer Services	172	1	172	1
Contractual Services - General	1,213	1	1,224	1
Data Processing Services	244	1	244	1
Maintenance and Repairs - General	1,908	23	1,937	23
Professional Services, Other	40	1	40	1
Security Services	1,357	1	1,357	1
Training Program, City Employees	101	1	72	1
<b>TOTAL</b>	<b>\$5,304</b>	<b>30</b>	<b>\$5,247</b>	<b>30</b>

The Office’s Fiscal 2018 Contract Budget totals \$5.2 million, \$57,000 less than the Fiscal 2017 budget at adoption, and includes 30 OCME contracts. The Security contract constitutes the largest Fiscal 2018 contract at \$1.4 million.

## OCME Capital Budget Summary

The Fiscal 2018 Preliminary Capital Commitment Plan includes \$54.2 million in Fiscal 2017-2020 for the Office of Chief Medical Examiner (including City and Non-City funds), unchanged from the funding scheduled in the Adopted Capital Commitment Plan. The Office's budget represents approximately 14 percent of DOHMH's \$394.2 million capital program, which comprises less than one percent of the City's total \$64 billion Preliminary Plan for Fiscal 2017-2020.

<b>OCME 2017-2020 Commitment Plan: Adopted and Preliminary Budget</b>					
<i>Dollars in Thousands</i>					
	<b>FY 17</b>	<b>FY18</b>	<b>FY19</b>	<b>FY20</b>	<b>Total</b>
<b>Adopted</b>					
Total Capital Plan	\$13,008	\$17,614	\$17,099	\$6,518	<b>\$54,239</b>
<b>Preliminary</b>					
Total Capital Plan	\$13,008	\$17,614	\$17,099	\$6,518	<b>\$54,239</b>
<b>Change</b>					
Level	\$0	\$0	\$0	\$0	<b>\$0</b>

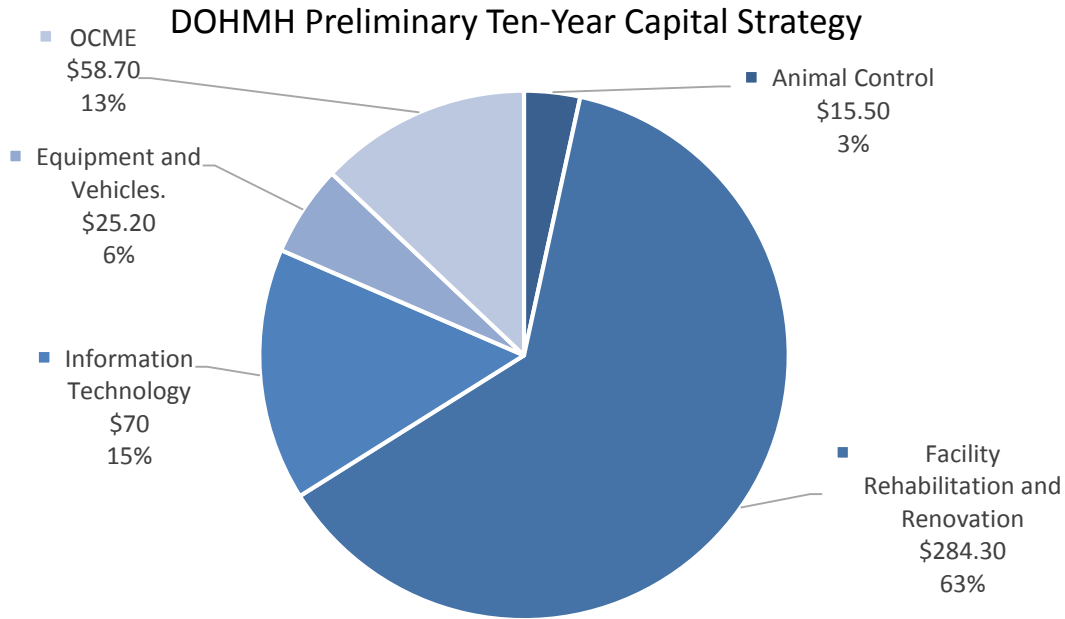
The majority of the capital projects span multiple fiscal years; therefore, it remains common practice for an agency to roll unspent capital funds into future fiscal years. Hence, the Department may roll a significant portion of its Fiscal 2017 Capital Plan into Fiscal 2018, increasing the size of the Fiscal 2017-2021 Capital Plan. Since adoption last June, the citywide total Capital Commitment Plan for Fiscal 2017 has increased from \$19.2 billion in the Adopted Capital Commitment Plan to \$20 billion in the Preliminary Capital Commitment Plan, an increase of \$785 million, or four percent.

The Plan includes \$1.3 million in City Council discretionary funding to OCME to purchase toxicology equipment. Other major OCME projects include:

- \$24.8 million to construct a new medical examiner facility;
- \$8 million to purchase Forensic Biology Laboratory equipment; and
- \$5.3 million to improve the Queens OCME facility.

### Preliminary Ten-Year Capital Strategy

The City's Ten-Year Capital Strategy for Fiscal 2018-2027 totals \$89.6 billion in all funds. For the DOHMH, the Preliminary Ten-Year Capital Strategy provides \$453.7 million, including \$284.3 million for Facility Rehabilitation/Renovation; \$70 million for Information Technology; \$25.2 million for Equipment and Vehicles; and \$15.5 million for Animal Control. The Department's Ten-Year Capital Strategy also includes funds for the Office of the Chief Medical Examiner (OCME) totaling \$58.7 million. The funding supports IT upgrades and laboratory equipment.



### DOHMH Ten-Year Capital Strategy by Category

<b>DOHMH</b>					
<i>Dollars in Thousands</i>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b><u>Animal Care</u></b>					
City	\$11,000	\$0	\$0	\$4,000	\$0
<b><u>OCME</u></b>					
City	\$17,614	\$17,099	\$6,518	\$4,463	\$2,010
<b><u>IT</u></b>					
City	\$10,177	\$4,779	\$2,589	\$3,500	\$4,060
State	\$2,799	\$1,763	\$967	\$1,500	\$1,740
<b><u>Equipment, Vehicles</u></b>					
City	\$13,203	\$6,654	\$1,780	\$700	\$0
State	\$290	\$300	\$0	\$300	\$0
<b><u>Laboratories</u></b>					
City	\$75	\$0	\$0	\$0	\$0
<b><u>Clinic Ren &amp; Rehab</u></b>					
City	\$96,887	\$33,060	\$29,092	\$24,659	\$30,268
<b><u>Project by Source</u></b>					
City	\$148,956	\$61,592	\$39,979	\$37,322	\$36,338
State	\$3,089	\$2,063	\$967	\$1,800	\$1,740
<b>TOTAL</b>	<b>\$152,045</b>	<b>\$63,655</b>	<b>\$40,946</b>	<b>\$39,122</b>	<b>\$38,078</b>

<b>DOHMH</b> <i>Dollars in Thousands</i>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>Total</b>
<b><u>Animal Care</u></b>						
<i>City</i>	\$500	\$0	\$0	\$0	\$0	<b>\$15,500</b>
<b><u>OCME</u></b>						
<i>City</i>	\$2,059	\$2,128	\$2,198	\$2,266	\$2,336	<b>\$58,691</b>
<b><u>IT</u></b>						
<i>City</i>	\$3,065	\$4,480	\$4,900	\$6,094	\$6,717	<b>\$50,361</b>
<i>State</i>	\$1,313	\$1,920	\$2,100	\$2,612	\$2,879	<b>\$19,593</b>
<b><u>Equipment, Vehicles</u></b>						
<i>City</i>	\$700	\$0	\$700	\$0	\$0	<b>\$23,737</b>
<i>State</i>	\$300	\$0	\$300	\$0	\$0	<b>\$1,490</b>
<b><u>Laboratories</u></b>						
<i>City</i>	\$0	\$0	\$0	\$0	\$0	<b>\$75</b>
<b><u>Clinic Ren &amp; Rehab</u></b>						
<i>City</i>	\$14,000	\$14,387	\$13,890	\$14,000	\$14,000	<b>\$284,243</b>
<b><u>Project by Source</u></b>						
<i>City</i>	\$20,324	\$20,995	\$21,688	\$22,360	\$23,053	<b>\$432,607</b>
<i>State</i>	\$1,613	\$1,920	\$2,400	\$2,612	\$2,879	<b>\$21,083</b>
<b>TOTAL</b>	<b>\$21,937</b>	<b>\$22,915</b>	<b>\$24,088</b>	<b>\$24,972</b>	<b>\$25,932</b>	<b>\$453,690</b>

## Appendix A: OCME Budget Actions in the November and Preliminary Plans

<i>Dollars in Thousands</i>	FY 2017			FY 2018		
	City	Non-City	Total	City	Non-City	Total
<b>OCME Budget as of the Adopted 2017 Budget</b>	<b>\$68,922</b>	<b>\$0</b>	<b>\$68,922</b>	<b>\$68,792</b>	<b>\$0</b>	<b>\$68,792</b>
<b>Fiscal 2017 November Plan</b>						
PS Accruals	(\$385)	\$0	(\$385)	(\$347)	\$0	(\$347)
Non-Governmental Funding	0	57	57	0	0	0
Federal Funding	0	4,508	4,508	0	0	0
State Funding	0	1,205	1,205	0	0	0
<b>Subtotal, November Plan</b>	<b>(\$385)</b>	<b>\$5,770</b>	<b>\$5,385</b>	<b>(\$347)</b>	<b>\$0</b>	<b>(\$347)</b>
<b>Fiscal 2018 Preliminary Plan</b>						
Cleaning Contract Savings	\$0	\$0	\$0	(\$68)	\$0	(\$68)
Other	0	48	48	0	0	0
<b>Subtotal, Other Adjustments</b>	<b>(\$385)</b>	<b>\$5,818</b>	<b>\$5,434</b>	<b>(\$415)</b>	<b>\$0</b>	<b>(\$415)</b>
<b>OCME Budget as of Fiscal 2018 Preliminary Plan</b>	<b>\$68,537</b>	<b>\$5,818</b>	<b>\$74,355</b>	<b>\$68,378</b>	<b>\$0</b>	<b>\$68,378</b>

## Appendix B: Funding Area Breakdown

<b>OCME Budget as of Fiscal 2018 Preliminary Budget</b>			
<i>Dollars in Thousands</i>	<b>Preliminary Plan</b>		<b>* Difference</b>
	<b>2017</b>	<b>2018</b>	<b>2017 - 2018</b>
Anthropology	\$298	\$299	(\$1)
Communications	782	801	(19)
Decedent Disposition	440	444	(4)
Emergency Management	546	551	(5)
Environmental Sanitation	661	653	8
Evidence	1,926	1,942	(16)
Facilities	11,171	11,078	93
Finance and Administration	2,639	2,609	30
Forensic Biology	14,613	15,525	(912)
Forensic Pathology	6,520	6,542	(22)
Forensic Quality Specialists	373	373	0
Grants, Various	5,686	0	5,686
Health and Safety	259	284	(25)
Histology	536	552	(16)
Identification	1,182	1,249	(67)
Information Technology	4,291	4,202	89
Logistics	444	444	0
Medical Legal Investigations	3,593	3,602	(9)
Molecular Genetics	1,071	1,075	(4)
Mortuary Operations	3,755	3,779	(24)
Motor Pool	1,860	1,861	(1)
Office of Director, General Counsel	1,034	1,111	(77)
Outreach	309	309	0
Photography	471	475	(4)
Records, Materials Management	1,596	1,518	78
Security	3,365	2,559	806
Toxicology	3,712	3,594	118
World Trade Center	312	343	(31)
X-Ray	436	398	38
Other	474	204	270
	<b>\$74,355</b>	<b>\$68,377</b>	<b>\$5,978</b>