

**Feasibility Study of
Shared Medical Examiner Services
Between
Bergen, Passaic and Hudson Counties**

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**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

TABLE OF CONTENTS

| | Page # |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| INTRODUCTION | |
| ▪ Background: | |
| The Role of State Medical Examiner & The Role of the Bergen County Medical Examiner | 2 |
| ▪ Rationalization for Consideration of Shared Service | 5 |
| ▪ Feasibility Study Objectives, Scope and Method | 6 |
| CHARACTERISTICS OF THE COUNTIES INVOLVED | 9 |
| ORGANIZATION ~ Current Structure and Operation | 11 |
| KEY FACTORS IN ORGANIZATIONAL DESIGN | |
| ▪ Challenges and Barriers | 12 |
| ▪ Key Issues to be Addressed | 13 |
| NEW ORGANIZATION STRUCTURE | |
| ▪ Recommendations | 15 |
| BENEFITS | |
| ▪ Anticipated Savings | 16 |
| ▪ Anticipated Enhanced Services | 18 |
| ▪ Anticipated Efficiencies Achieved | 20 |
| IMPLEMENTATION | |
| ▪ Actionable Findings | 21 |
| ▪ Anticipated Barriers to Implementation | 21 |
| ▪ Key Tasks and Timeline for Implementation | 22 |
| APPENDIX A | 23 |
| Letter from George Kelder CEO/Executive Director of The New Jersey Funeral Directors Association to Dr. Andrew Falzone, Chief State Medical Examiner, Dated September 17, 2021 | |
| APPENDIX B: | 26 |
| List of Stakeholders that the Consulting Team Met with over the Last Six (6) Months | |
| APPENDIX C | 28 |
| Financial Report on Potential Budget and Potential Savings for Shared Services Medical Examiner's Office | |
| APPENDIX D | 31 |
| Copy of Contract between the Northern Regional Medical Examiner's Office and the County of Hudson and the County of Passaic | |

INTRODUCTION

BACKGROUND

The Role of the Office of the State Medical Examiner

According to the 2019 Annual Report of the Office of the State Medical Examiner, the following is provided as “The Overview” of the history, structure, and the responsibilities of the office. The last Annual Report available (2019) is on-line on the Office’s website. The Office’s website is as follows: <https://ocsme.nj.gov>.

The current New Jersey medicolegal death investigation system was established in 1967 by The State Medical Examiner Act of 1967 (N.J.S.A. 52:17b-78 et. seq.), which created the Office of the State Medical Examiner (OSME). This agency has hereafter been renamed the Office of the Chief State Medical Examiner (OCSME). With this legislation, “county physicians” were replaced by “county medical examiners”.

On September 1, 2018, the Revised Medical Examiner Act (Act) became effective. The Act had the primary effect of removing OCSME from under the direction of the Division of Criminal Justice and placing the office in-but-not-of the Department of Health. The main role of the OCSME is to provide administrative oversight of all medical examiner offices in the State of New Jersey. In 2019, there were 10 Medical Examiner Offices that conducted medicolegal death investigations in New Jersey.

The OCSME operates the Northern Regional Medical Examiner Office (NRMEO) located in Newark, which provides death investigation services to four counties (Essex, Hudson, Passaic, and Somerset), and the Southern Regional Medical Examiner Office (SRMEO) in Woodbine which covers three counties (Atlantic, Cape May, and Cumberland). The counties of Camden, Gloucester, and Salem conduct death investigations out of a single office, as do the counties of Monmouth, Mercer, and Middlesex and the counties of Morris, Sussex, and Warren. The counties of Bergen, Burlington, Hunterdon, Ocean, and Union only conduct death investigations for deaths occurring within their respective jurisdiction.

Not all deaths are reported to the Medical Examiner Office; however, the reporting of certain cases is mandated by law. Cases that are required to be reported to the Medical Examiner’s office include:

- *Unattended deaths at a residence or scene*
- *Unnatural or violent deaths including suspicious or unusual circumstances*
- *Deaths not caused by*

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

readily recognizable disease or disability • Deaths within 24 hours of admission to a hospital or institution • Deaths of inmates of prisons or institutions maintained in whole or part of at the expense of the State or county • Deaths related to disease resulting from employment or accident while employed • Sudden or unexpected deaths of infants and children under 3 years of age.

When a case is reported to the Medical Examiner's Office, a medicolegal death investigator will gather information regarding the circumstances surrounding a death in order to determine whether a case falls under the jurisdiction of the Medical Examiner's Office. Depending on the information received, a case can be accepted, transferred to another jurisdiction, or released. If a case is accepted, the decedent will be transported to the Medical Examiner's Office.

In certain cases, a medicolegal death investigator or a Medical Examiner may attend the death scene. Depending on the nature of the case, an external examination or autopsy will be performed on accepted cases. The identity of the deceased is formally established prior to completion of the death certificate.

The Medical Examiner will document their opinion as to the Cause of Death (COD) and Manner of Death (MOD) on the death certificate after an autopsy or external examination is completed and all relevant information has been reviewed. The COD is the underlying disease or injury that resulted in the death, while the MOD is used as a way to categorize the death. The manner of death classifications include Natural, Accident, Suicide, Homicide, or Undetermined. In cases where the manner of death cannot be determined immediately following an examination of the body, the manner of death will be classified as "Pending," and will be amended accordingly once further information becomes available. Only a medical examiner can certify a death with a manner other than Natural. The determination of Homicide or Accident by a medical examiner is a medical classification, and not a determination of criminal responsibility.

While prosecutors and courts will usually make similar conclusions, they conduct their own criminal investigation and may conclude that a given case is or is not a homicide or accident regardless of a medical examiner's determination. At the conclusion of the medicolegal death investigation, the medical portion of the death certificate is completed. The personal section of the death certificate is completed by a licensed funeral director, who will then file the document with the New Jersey Department of Health, Office of Vital Statistics and Registry. Once all ancillary testing is completed, an autopsy report or external examination report is generated.

The Role of the Office of the Bergen County Medical Examiner

According to the Website for the Bergen County Medical Examiner, the role and mission of the office is as follows:

MISSION STATEMENT:

To provide high quality medicolegal death investigation for all deaths within medical examiner jurisdiction within Bergen County by responding accordingly to scene examinations, evaluate forensic concerns and conduct postmortem examinations to determine the cause and manner of death.

PROGRAM/ MAJOR ACTIVITIES DESCRIPTIONS:

The Bergen County Medical Examiner Office (BCMEO) investigates all deaths referred to the County of Bergen by law enforcement or hospitals and to assess forensic considerations and to prepare a Report of Investigation by Medical Examiner (RIME) on each case to reflect the extent of jurisdiction.

The primary duty of the medical examiner is to examine the human body and order appropriate tests to adequately determine the cause and manner of death and thereby provide closure and comfort to grieving family members. The duty of the medicolegal death investigator is to respond to scenes, collect all information and evidence needed and provide the medical examiner with information prior to conducting the postmortem examination.

The medical examiner also provides expert courtroom testimony for the Prosecutor's Office. All medicolegal death investigators are highly trained to ensure efficient investigations for the medical examiner. The medical examiners also provide educational services to Bergen County Academies, St. Barnabas Medical Center pathology residents, Bergen County police academy recruits, other police recruit classes when requested, attend conferences to maintain their NJ license and medical examiner certification and participate with specialized committees related to the medical examiner field.

As is evident, the OSCME bears two major responsibilities. The first is the responsibility to regulate the County Medical Examiner system and enforce standards for procedures and operations of the fourteen (14) Counties that either operate independent of each other or those that have joined together on a regional basis. That role is to ensure that death investigations are consistently conducted throughout the state of New Jersey. The second responsibility of the OSCME is the operation of two (2) Regional Offices in the State of New Jersey: The SRMEO serves three (3) counties: Atlantic, Cape May and Cumberland Counties.

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

The NRMEO serves four (4) counties: Essex, Hudson, Passaic and Somerset Counties. The OSCME serves seven (7) of the twenty-one (21) counties, or one-third of the counties in the state.

The other counties in the state operate independently, responsible for the deaths that occur in their individual county, such as: Bergen, Burlington, Hunterdon, Ocean and Union Counties. The remaining nine (9) counties have formed three (3) regional consolidations in which they share a central facility and costs, split between the three counties.

Rationalization for Consideration of Shared Service (Consolidation)

Over the past decade, and longer, there has been a deterioration in the relationship between Hudson County and Passaic County and the relationship that they have with the NRMEO. There have been service delivery issues in terms of providing reports on COD, MOD and Toxicology Reports. All three of these reports are crucial to the Office of the County Prosecutor as they are often facing time constraints and other requirements of the state's Speedy Trial mandates.

The same delays in service delivery affect the families of the deceased. The delay in releasing the COD and MOD, as well as the delays in situations where a toxicology report is required, causes weeks of delays, which impacts the family's ability to seek life insurance benefits to pay for a funeral, and prevents families from making funeral arrangements.

In addition, and of similar inconvenience, is the impact that the delays have on the funeral directors in both Hudson and Passaic Counties. They serve the families by arranging the funerals and making sure that the families' wishes are met. They are the representatives to the Medical Examiner on behalf of the family and are equally frustrated by the delays that have been experienced with the NRMEO. There are many frustrations that affect their businesses and the accommodation that they provide for the families. One of the most frustrating issues is the scheduling process for the retrieval of the deceased after all procedures necessary have been performed. The NRMEO schedules the Funeral Home for an appointment that is only open for 15 minutes to pick up the body.

With the office of the Northern Regional Medical Examiner located in the heart of Newark, the traffic delays into the city and through the city are legendary. Often, the traffic delays the hearses that travel to retrieve the bodies. In those cases, the drivers are denied entry and directed to a new time the following day. In a discussion with a representative of the NRMEO, the explanation for this scheduling procedure is due to lack of staff.

Most of these issues were raised in a letter from George R. Kelder, CFSP, CEO/Executive Director of the New Jersey State Funeral Directors Association, Inc. to Dr. Andrew L. Falzone, Chief State Medical Examiner, dated September 17, 2021, which followed a meeting between the Association and Dr. Falzone and his senior staff the previous day. (Please see Appendix A.)

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

The letter covers the issues that are the concerns of the Funeral Directors regarding the inadequate staffing, the condition of the facility, inadequate communication and the impact of the scheduling system on the funeral homes and their services.

In a discussion with Jason Timmerman, Director, Legal and Regulatory Affairs for the OSCME, there have been some improvements in some areas that the letter focused upon. The NRMEO building is being renovated and should be in use by May, 2024. However, he also offered that they still have vacancies which need to be filled. He noted the difficulty of increasing titles, salaries and benefits to be competitive in the field and to be able to attract employees to fill the vacant positions.

Feasibility Study Objective, Scope and Method

The objective of the Feasibility Study is to determine whether it is feasible for the County of Bergen to enter into a Shared Services Agreement with Hudson County and Passaic County, for the operation of the Bergen Medical Examiner's facility to serve all three counties. Inherently, this includes a determination as to whether the Bergen Facility has the capacity and if not, what changes can be made to accommodate Hudson and Passaic Counties. It would require an analysis of what changes are needed, at what cost, done by whom and completed by when.

The Scope and Method of studying the possibility of sharing the service has required, to date, a significant focus on the various interests and input from the stakeholders, who are involved in the Medical Examiner System in all three Counties. The initial request for information was to ask each County for their budget for either operating the county medical examiner's office, or for funding the NRMEO, as required within their contractual obligation.

Secondarily, the additional stakeholders were identified as:

- 1) The Funeral Directors Association for each of the three Counties under consideration for consolidating into a county-run regional Medical Examiner's Office;
- 2) The Prosecutor's Office in each County due to their needs for evidence to be supplied by the existing Medical Examiner's Office for their criminal cases, such as homicides; and
- 3) The County Administration for each County as they each have their own concerns and considerations, financial and operational, and will be convening meetings with their Governing Bodies to hear the recommendations from this report. (Please see Appendix B.)

The input that was gathered was very consistent, as it related to the NRMEO, from each county's perspective, whether it was from the Funeral Director's experience, the County Prosecutor's needs or from the County Administrator's and their staffs dealing with the NRMEO.

Funeral Directors' Concerns:

- Length of time to receive COD and MOD reports because of the delays in performing autopsies;
- Reportedly, exorbitantly long length of time before toxicology test results, due to the backlog in the State Toxicology Lab to which the NRMEO is committed;
- Conditions (decompensation) of the bodies when returned to the Funeral Directors, due to the length of time that bodies have been retained in the NRMEO morgue;
- Conditions of the bodies as a result of the autopsy and the impact on the Funeral Directors, who are then required to repair unnecessary damage to the corpse to prepare the body for the family;
- All of the above are samples of the main concern that the Funeral Directors expressed, namely, that they are related to, or caused by, inadequate staffing, whether it is the number of Pathologists or other technical, investigative or administrative support staff. This remains the main complaint, that if solved, would likely make a huge impact on the NRMEO operations.

Prosecutors' Offices Concerns:

- The length of time between death and autopsy should not exceed 72 hours;
- The length of time to receive Autopsy results with the COD and MOD;
- The length of time to receive the Toxicology Results;
- The number of cases that are either plea bargained, or dropped, due to lack of evidence, because of the delays in the NRMEO providing documentation regarding the COD, MOD and Toxicology results;
- The NRMEO is part of the prosecution team, and is needed to testify on behalf of the State, on the Cause of Death and the Manner of Death as well as the Toxicological results;
- Religious families require the release of the body within 24 hours; which limits the time to review and release the body;
- There are times where there is extensive time (1.5 years) for results of the autopsy in criminal cases, oftentimes resulting in a "no cause" finding;
- Not enough doctors to testify for Prosecutor caseload.

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

County Administrators' Concerns:

- **Hudson County and Passaic County**
 - Number of Unidentified or Unclaimed bodies at the NRMEO;
 - Length of time bodies are retained before release has been as long as three (3) years;
 - Turnover in staff and vacancies at the NRMEO impacting the operation of the office, which impacts on the families and funeral directors and their services;
 - Invoices submitted by NRMEO for payment are based on a staffing grid that may include vacant positions, which have not been filled;
 - Complaints from families that contact their County Commissioner, Legislator or other elected officials, with little to no response from the NRMEO;
 - Costs continue to rise, and the services do not and have not improved.

- **Bergen County**
 - Improvements that will be required to make the Medical Examiner's operation capable of appropriately processing the increase in caseload;
 - Capital Improvements that may be required and the cost of those improvements;
 - The potential solution to operate based on two shifts if possible;
 - The number of additional County staff as well as classifications that will be needed;
 - The number of Rutgers Contracted employees that will be needed to address the additional anticipated caseload of approximately 600 autopsies from Hudson and Passaic combined;
 - Number of unidentified or unclaimed bodies.

CHARACTERISTICS OF THE COUNTIES INVOLVED

According to the Application for the LEAP Grant filed by Bergen County, the characteristics of the three counties are as follows:

BERGEN COUNTY

Bergen County is the most populace county in New Jersey with a population of approximately 937,000 residents. The US Census Bureau reports that the racial makeup of the County is as follows: 57.8% White/Non-Hispanic; 18.9% Hispanic/Latino; 16.2% Asian; 5.3% Black/African American and 1.8% is comprised of other races.

Approximately 7.2% of the population lives in poverty, for a total in excess of 65,000 residents. Bergen County is the most heavily populated county in the State, with over 4,000 people per square mile.

HUDSON COUNTY

Hudson County has a population of almost 680,000 residents. The racial makeup of the county is as follows, based on the US Census Bureau: 43.2% are Hispanic/Latino; 28.8% are White; 15% are Asian; 10.8% are Black/African American; and 2.2% make up other races. Approximately 17% of the population is below the poverty level, which equates to almost 116,000 residents.

PASSAIC COUNTY

Passaic County has a population of over 510,500 residents. The racial makeup in Passaic County, according to the US Census Bureau is as follows: Approximately 40.5% of residents are Hispanic or Latino; 42% are White; 10.6% are Black/African American, 5.2% are Asian and 1.7% comprise other races. Similar to Hudson County, Passaic County has a 17% rate of individuals living under the poverty level, which translates to almost 87,000 residents.

SUMMARY

The three (3) Counties share some similar characteristics, yet they are different in at least one very significant aspect. Hudson and Passaic are very urban centered counties, with Hudson County being the most densely populated county, in the most densely populated State in the Country. Passaic is also urban centered and ranks highly in its dense population as well. Bergen has some urban centers, but it is not such a defining characteristic, due to the vast size of the County, which contains over 246 square miles.

The combined population between the three counties is almost 2,200,000 residents, with about 270,000 living under the poverty level. The coordination of the services between these three

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

counties is likely going to result in quickly determining health threats as well as performing more timely autopsies. It is expected that this will serve the families of Hudson and Passaic much better than the current situation with the NRMEO.

However, the potential for the removal of over 600 autopsies from the NRMEO operation, on an annual basis, should benefit the State Northern Regional Office as well. Based on the statistics from the NRMEO, in 2022 the Regional Office performed 1,611 autopsies, and 889 views. Out of those, the autopsies for which Hudson was responsible totaled 374; and Passaic was responsible for 315 autopsies as well. The total between Hudson and Passaic was 689 autopsies or 42.8% of the autopsies performed in 2022. The number of views for Hudson was 237, and Passaic was responsible for 151, for a combined total of 388 views out of a total of 889 views or 43.6% of all views performed at the NRMEO facility.

In general, it should be realized that the removal from the NRMEO of Hudson and Passaic cases would reduce the caseload of the NRMEO by about 42% to 44%. This would allow the NRMEO to increase their completion of documentation for autopsies, COD and MOD in those cases that require those determinations.

Realizing that the combination of Hudson and Passaic County cases will be the result of the consolidation of the three (3) counties, there will be a significant impact on the Bergen County operation. However, there are several recommendations as to how to accommodate the additional caseload, and still maintain the significantly successful operation of the Bergen County facility and save taxpayer dollars.

The following report details the possible/probable accommodations to continue the operation of the BCEMO and to serve two additional counties that have a need for a better solution than participating within the NRMEO. The major focus of this possible transition is how to accomplish this result with no adverse impact on the historical operational success of the BCEMO and save taxpayers money.

ORGANIZATION

CURRENT STRUCTURE AND OPERATION

The current operational structure for the Medical Examiners that are responsible for the counties of Essex, Hudson, Passaic and Somerset has been discussed and explained previously. However, in order to make sure that the description of the structures that currently exist are understood, please follow below:

There are two entities that are responsible for the Medical Examiner services for the upper northern region of the State of New Jersey. The Bergen County Medical Examiner serves the County of Bergen and is responsible for the investigation of all deaths referred to it within the County of Bergen. The Counties of Essex, Hudson, Passaic and Somerset utilize the services provided by the NRMEO in Newark, N.J.

As noted previously, the combination of Hudson and Passaic County equal approximately 44.5% of the case load in the NRMEO office. The obvious major driver of work for the NRMEO is Essex County, which accounts for 45.3% of the caseload. It is virtually equal to the combined caseload of Hudson and Passaic. Somerset County accounts for 10.2% of the caseload.

The significant issue for the Counties of Hudson and Passaic is the inadequate and ineffective service they are receiving from the State Medical Examiner in charge of the NRMEO. Therefore, this feasibility study has been commissioned by the New Jersey Department of Community Affairs, Division of Local Government Services and the County of Bergen, through this LEAP Grant, to determine if there is an opportunity to improve the Medical Examiner services that serve the community, through a shared services agreement between the Counties of Bergen, Hudson and Passaic.

KEY FACTORS IN ORGANIZATION DESIGN

CHALLENGES AND BARRIERS

Normally, in a situation where there is a study or a discussion about shared services, there are several challenges and barriers to address. Common issues ensue, such as: loss of control between the parties; impact on current employees; budgetary savings, if any; union objections alleging unfair labor practices; and the potential negative impact on the elected officials who make the decision to enter a shared services arrangement.

However, in this situation **it is not a new shared services arrangement**. Neither Hudson nor Passaic County have any employees who are at risk of losing a job; nor are there any labor issues, and there are no real issues for the elected officials that are involved in the decision-making process.

A major concern for Bergen County is to maintain the Office of the Medical Examiner's respected service delivery system and well-earned reputation that has been established for years. This prospective shared services agreement will, essentially, double the current caseload. The issues that have been discussed with Dr. Hua, the Medical Examiner, have focused on staffing needs and capital improvements to the facility to accommodate, with little to no disruption of the current operations, the increased caseload.

The discussions have led to a plan for a new staffing pattern which would include a second shift on a daily basis to handle the increased volume. This will utilize the building, on average, for twelve (12) to sixteen (16) hours a day. It has been estimated by Dr. Hua that there will be a requirement to double the existing staff. The second shift will provide for more productive use of the facility without a major expansion to the building.

The most likely capital investment and improvement to the facility would be to increase the refrigeration capacity for unclaimed bodies and to provide improved freezer space going forward. These improvements can be implemented, again without expanding the facility. Rather, there is adequate space utilizing the garage area to accommodate these improvements.

All three counties face the challenge of maintaining or reducing the level of spending that they currently dedicate to the Medical Examiner's operation. In **Bergen County**, the Medical Examiner's budget is part of the County Budget and is funded for Salaries and Wages and Other Expenses, as traditional line items in a county budget. In **Hudson and Passaic counties**, the funding for the Medical Examiner's budget is through a contract payment to the State of New Jersey for the services provided by the NRMEO. According to the Contract between the State Office of the Chief Medical Examiner and Hudson and Passaic County, both counties are subject

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

to adjusted costs in each budget year as a reconciliation of payments and cases conducted every six months. If a County has overpaid the State, the overpayment is netted against the subsequent quarterly payment due. If the reconciliation shows the county owed the State, then the County has the next two quarters to make their supplemental payment owed.

It would be unlikely that the **NRMEO** would have any issues with or try to stop the cancellation of the relationship with either Hudson or Passaic County. Rather, as was explained, the Northern Regional Office is conducting their own transition plan, pending the decisions to be made as a result of the findings of this feasibility study. In actuality, due to the major issues that the NRMEO faces, it is likely that they will welcome a reduction in caseload of over 42%.

Therefore, the most significant barriers and challenges relate, almost singularly, to financing the new shared service arrangement, with the target of trying to maintain or reduce the current level of spending between the partners. The additional level of staffing, and the capital improvements are going to be the most significant increase in added costs. Normal operating expenses will increase as well, due to the additional volume of cases Bergen will be required to manage.

KEY ISSUES TO BE ADDRESSED

There are several key issues to be addressed, should the three counties enter into a shared services agreement for the provision of Medical Examiner services for each of the counties:

- 1) The first issue to decide will be the structure of the arrangement. Since Bergen already has a Medical Examiner's Office and a fully functioning morgue, both Hudson and Passaic would be contracting with Bergen to provide this service.
- 2) The second issue to decide would be a budget for the Medical Examiner's Office and the portion of the budget, including the capital budget, for which each County would be responsible. The portioning of the expenses to be paid by each County has many variations. The selection of the manner of determining how much each County would owe to the operation would be a decision for the CFOs of each County to decide.
- 3) The third issue to decide is the ancillary services that are critical to the Medical Examiner's operation. Currently, Bergen County issues bid solicitations for Livery Services. Livery Services are, essentially, transportation providers who respond to a scene and pick up a deceased individual and deliver that person to the Medical Examiner's office. The Counties of Hudson and Passaic are provided with Livery Services as part of their contract with the NRMEO. If there is a shared services agreement, the issue is which County has the responsibility to contract with the Livery Service; is it the County in which the deceased is found, or would it be the function of Bergen County to bid out this service to cover each county. This is a critical function and one that is very sensitive to the family of the deceased. Response time, dress, vehicle description and

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

background checks as well as the cost per trip, all must be specified and responded to. In discussions with Dr. Hua, for consistency and accountability, it is preferable that Bergen County manage the contract for Livery Services for the three counties.

- 4) The fourth issue is like the previous one regarding Livery Services. Bergen County currently has a procedure and staff responsible for responding to the scene where a body is discovered. These are the Medicolegal staff (investigators) who work for the BCMEO. The issue that needs to be discussed is what will be the protocol regarding the use of the medicolegal investigators in the BCMEO, regarding responding to the death scenes in Hudson and Passaic Counties. In the discussions with Dr. Hua, regarding the expansion of staff, additional Medicolegal investigators would be included within the additional positions, to cover the expanded two county area.
- 5) The fifth issue, as mentioned previously, relates to the facility and the need for enhancements to accommodate the additional capacity that will be required, specifically in the refrigeration and freezer areas. The garage of the facility is essentially vacant space which is used for storage of dry goods and supplies for the office. The existing storage could be relocated to the rear of the building, to clear the space to install a refrigeration unit in the garage area, which could have a capacity of 30-40 remains. The walk-in refrigerator could be retrofitted to a freezer unit. An engineering group, either from within the Bergen County government or through contracting with an external company, will be needed to provide a design and specifications for the necessary upgrades to meet the service requirements of the new equipment.
- 6) The last significant issue relates to an overriding issue in the BCMEO: which entity is responsible for the investigation and disposal of indigent, unclaimed and unidentified bodies. This issue has become a major concern in Bergen County and the NRMEO. These investigations are different from those performed by the Medicolegal investigations. Investigations for indigent, unidentified and unclaimed bodies can be conducted by law enforcement agencies, a Surrogate's Office or other entities, including possible private entities that specialize in seeking missing persons. With regard to the burials, burials can only be undertaken after a burial permit is secured; and the burial must be arranged by a licensed individual, i.e., a funeral director. The Counties must also budget for the cost of hiring a funeral director(s) to conduct the burial.

It is likely that additional issues will be raised and need to be addressed by the three counties in a cooperative fashion. Should the counties enter into this process, it would be beneficial since the three counties operate at the same level of government and are familiar with assisting and working with each other. There is usually much more cooperation and assistance between counties than between counties and the State level of government.

NEW ORGANIZATION STRUCTURE

RECOMMENDATIONS

The recommendation of this Study is that the County of Bergen in conjunction with the County of Hudson and the County of Passaic initiate and pursue a Shared Services Agreement for the use of the BCMEO and Facilities.

The BCMEO should be the lead agency, and Hudson and Passaic Counties should be regarded as the contract partners.

The Counties will need to address the issues raised in the preceding section of this report.

BENEFITS

County governments continually work together to solve issues on a regional basis. Counties are significant laboratories for new solutions for old problems. They work together on major issues, using shared services, to save taxpayer dollars and to seek efficiencies through consolidation and sharing of services. Counties work together as regional entities that elevate issues to a level where they can be discussed and solved on a greater scale than cities and municipalities, yet below the state level and the complexities of dealing with the state.

ANTICIPATED SAVINGS

As discussed throughout this report, the burden that Bergen County may take on through a shared services contract with Hudson and Passaic Counties has largely focused on the various benefits that the three counties would realize, and what needs to be accomplished to achieve these benefits. Most of the benefits are to the favor of Hudson and Passaic, in terms of the Funeral Director's concerns, the Prosecutors' concerns and the Administrators' concerns.

Until now, there has not been an opportunity to discuss the potential to achieve cost savings and the financial expectations that each of the counties may anticipate subject to some discussions and negotiations between the County Administrators and their Chief Financial Officers.

Based on historical data that has been received from all three (3) counties, it is anticipated that Bergen County may achieve savings of between 10%-15% by entering into a shared services agreement with both Hudson and Passaic County. It also should be noted that both Hudson and Passaic County will see monetary savings as well; but not to the same extent as Bergen County.

The budget for the year 2023, including salary, wages, fringe benefits and other expenses was \$2,799,175.91. The budget request for 2024 increased by \$267,129.20 which is a 9.5% increase, totaling \$3,066,305.11. A significant portion of this increase is due to the increased cost of the Medical Examiner's medical professional staff under the new contract with Rutgers, negotiated with the County during the summer of 2023.

In 2023, Hudson County budgeted \$2,350,000 for payment to the NRMEO, and Passaic budgeted a contract payment to the NRMEO in the amount of \$1,900,000.00. Therefore, in combination with Bergen, the total amount of funds that were budgeted in 2023, was \$7,049,175.91.

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

Based on discussions with Dr. Hua regarding the costs that will increase for the shared services arrangement, he recommended doubling certain planned expenditures in order to be realistic as well as conservative. As such, the projected budget for the shared services is based initially on the requested budget for 2024, which has already been submitted. The main cost increases are as follows:

Salaries & Wages and Fringe Costs:

| | |
|----------------------------|------------------------|
| 2024 submitted: | \$1,545,195.11 |
| Shared Services Projected: | \$3,108,631.22 |
| Difference: | +\$1,563,436.11 |

Other Expenses (Budgeted):

Contract Services: Rutgers Contract:

| | |
|----------------------------|------------------------|
| 2024 Submitted: | \$1,390,250.00 |
| Shared Services Projected: | \$2,780,500.00 |
| Difference: | +\$1,390,250.00 |

Total Budget Projection:

| | |
|------------------------------|------------------------|
| 2024 Submitted: | \$3,066,305.11 |
| Shared Services Projected: | \$6,150,851.22 |
| Difference (Increase) | +\$3,084,546.11 |

These categories of expenses are the large increases that are anticipated and are deemed reasonable in that the caseload is essentially doubling. The Salary, Wage and Fringe increase of \$1,563,436.11 and the Rutgers Contract anticipated increase in the amount of \$1,390,250 are, at this point, very conservative. There have been no discussions with Rutgers to discuss the increase that may be necessary nor what their ability is to meet that need. It is more than likely that not every position needs to be doubled. There should be significant efficiencies that will likely occur as a result of the three counties partnering, financially as well as operationally. Taking the increases attributed to the shared services into account, it is important to note the amount of money budgeted by the three counties in 2023, namely \$7,316,305, is more than

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

enough to cover the costs for a shared services arrangement, and yet still provides savings to each county.

The anticipated budget for the shared services operation is anticipated to be \$6,150,851.22, based on the increases described above. The combined revenue from Bergen, Hudson and Passaic equals \$7,316,305, for a gross revenue that provides a surplus in the amount of \$1,165,453.78.

There are alternative ways that the counties utilize the surplus, whether it be investing in the physical plant improvements, or splitting the savings based upon the volume of cases. If, for example, each county shares in the surplus based on the volume of cases, then the annual savings might be apportioned based on the percentage of cases each County manages. Currently, Bergen has 38% of the cases, Hudson has 33% and Passaic has 29%. (Please see Appendix C for additional information.)

ANTICIPATED ENHANCED SERVICES

Based on the concerns expressed by the County Funeral Directors of both Hudson and Passaic County, it is anticipated, and the goal is to ensure that the counties will receive enhanced services rendered through this recommended shared service. The BCMEO is well known for its timeliness, its responsiveness, and its communications and professionalism in dealing with families, funeral directors, and law enforcement entities.

Increased Timeliness of Results

One of the most critical concerns that both Associations have expressed is the lack of staff at the NRMEO. This has resulted in the elongated periods of time for the receipt of autopsy results, the COD, the MOD, and toxicology tests.

In a recent conversation with Mr. Timmerman, he readily admitted that the NRMEO has significant vacancies that have not been filled for a long period of time.

In addition to the significant vacancies at NRMEO, Funeral Directors have cited that the State is reliant upon the use of per diem employees to fill the full-time staff vacancies. The use of per diem employees, on a regular basis, may lead to many of the issues that were raised by the Funeral Directors regarding the condition of the bodies that are returned after an autopsy. There was consistent concern and complaints about the condition of the bodies, citing instances where it was extremely difficult to make the returned body look presentable for the family to view and for the funeral. In contrast, the BCMEO Table of Organization contains thirteen (13) full time positions, all of which are filled. The dates of hire go back to 2011 for the longest serving employee; and the shortest serving employees are three new hires in 2023,

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

with the most recent employee hired November 20, 2023. As has been discussed with Dr. Hua, the Office has been able to recruit staff on a consistent basis. This has been due to the salary and fringe benefits provided by the County as well as the training opportunities that are provided to new as well as existing staff. The use of Bergen County's full-time and well-trained staff will improve the timeliness of results and also provide continuity in the treatment of bodies both during the autopsy as well as preparing the bodies for funerals. Bergen also uses per diem pathologists; however, they are used to supplement the full-time staff and fill in for emergencies.

In addition to the use of full-time employees, it is anticipated that BCMEO will increase the hours of operation by six (6) hours, at a minimum, by implementing a double shift in the morgue, from 6am to 6pm. This will provide a very significant service enhancement by reducing the amount of time to receive the results of COD and MOD reports for the families as well as the Prosecutor's Offices. In addition, it is anticipated that the amount of time for receiving toxicology results will be reduced as well. Currently the NRMEO is required to work with the "State Lab". In contrast, Bergen County has a contractual relationship with a company in Pennsylvania which may be more expensive, however, they issue results much faster than the State Lab. It is anticipated that the results of toxicology tests will be reduced by one-third (1/3) of the time that Hudson and Passaic are experiencing through the NRMEO. This will be a welcome improvement for Hudson and Passaic Prosecutor's Offices.

Another enhanced service all three counties will experience will be the increased access to the morgue, which will benefit their constituents such as families and funeral directors who have concerns or questions. Under the current NRMEO procedures, appointments are required in 15-minute intervals, which is oftentimes difficult if not impossible for a family to comply. The BCMEO does not require scheduled appointments, greatly relieving the stress families may experience in adhering to the NRMEO requirements.

Improved Communication and Responsiveness

The other major enhanced services that will occur will be in communication and responsiveness. This will pertain to Hudson and Passaic Counties as well as Bergen County. Hudson and Passaic have been in a relationship with the NRMEO for years. They rarely have been treated as a partner or as part of a management team, with few meetings, on an annual basis. As noted earlier, county governments continually work to solve issues, and consider and implement shared services, to support their constituents with enhanced services. In fact, currently Bergen and Hudson County have entered into a shared service relationship with Passaic County to take the Passaic County Jail's inmates, which will allow Passaic County to close their Jail. In addition, there will be improved communication and responsiveness, meeting the needs of constituents who have religious concerns regarding the burial of their family members in a timely manner, as required by the religion. Not only will these families be

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

able to retrieve the body in a timely manner, but they will find a county office that is very sensitive to the needs of the family and the funeral directors that service them.

Lastly, it is anticipated that with the addition of the new shift noted earlier, there is also a plan for a new shift change between 12pm to 2pm, which will promote enhanced communication between the staff of the two shifts.

ANTICIPATED EFFICIENCIES ACHIEVED

- I. The addition of a second shift provides an extended opportunity for those who need the services of the Medical Examiner's Office for documents and reports. It also broadens the opportunity for funeral directors to arrange transferring remains, without having a 15-minute appointment.
- II. With the location of the Office of the Medical Examiner in Paramus, rather than Newark, that in and of itself is an efficiency for the families and funeral directors.
- III. With the institution of a second shift, and expanding the hours from 6am to 6pm, there will be a shift change that will occur between 12pm to 2pm. This will allow for efficiencies in communication from the 1st shift to the 2nd shift, regarding scheduled autopsies, transfers of remains, and the delivery of newly deceased individuals. This is important to the inner workings of the facility.

IMPLEMENTATION

ACTIONABLE FINDINGS

There are many actionable findings in this report, which should lead to finalizing a plan for implementing this shared service of utilizing the BCMEO to assist Hudson and Passaic Counties, rather than their current utilization of the NRMEO. There will be a much-improved service delivery system for those two counties, with no impact on the services currently provided by Bergen County to its constituents.

In addition to the enhanced services that will be provided, there will also be economies of scale, which likely will produce savings to Bergen County in addition to Hudson and Passaic Counties. There appears to be a significant amount of savings, should the three counties commit to a shared services arrangement: an amount that is over \$1.1 million.

It is recommended that that County Administrators and their Financial Officers meet to discuss the financial issues, including the agreed upon structure, the financial support from each county, how that support will be determined and what other issues may arise as the concept is implemented. It would also be an opportunity to make sure that the anticipated results are real and achievable or what the roadblocks might be.

It was also suggested, by Bergen County Prosecutor Mark Musella, that an Advisory Board be created to provide advice as to the operation of the Bergen County Medical Examiner's Office. He suggested that all three counties have representation on the Board and that it meets on a monthly basis to monitor the performance of the office.

ANTICIPATED BARRIERS TO IMPLEMENTATION

As noted earlier in this report, this is one instance where there should not be any opposition to the shared service proposal that has been studied. Common and usual concerns that arise are not present in this solution: 1) there are no employees losing their County jobs; 2) there is no County labor union that represents any employees in Hudson or Passaic County; 3) there is the opportunity to save taxpayer money due to the economies of scale; and 4) the services provided will be much improved and enhanced, positively impacting the general public in two (2) counties who have lost loved ones. Improving services without the major issues that complicate the decision-making process is a pretty unique opportunity. The only concern that has been expressed has been by the Bergen County Funeral Directors' Association representatives. Their concern was centered around how satisfied they are with the services and the relationship they have with the Medical Examiner's Office, and they are worried that

**FEASIBILITY STUDY OF SHARED MEDICAL EXAMINER SERVICES
BETWEEN BERGEN, PASSAIC AND HUDSON COUNTIES**

this agreement would negatively impact on the services that they receive. They accepted the discussion we had regarding additional staff, second shift and improving the storage capability in the facility as positive news and seemed to allay their concerns.

KEY TASKS AND TIMELINE FOR IMPLEMENTATION

- 1. Determine Time Frame**
 - A. Determine Date of Notice to NRMEO from Hudson and Passaic, regarding terminating Contract
 - i. Must be submitted at the conclusion of a fiscal quarter (March 31; June 30; September 30; December 31)
 - ii. Must give a nine (9) month notice, in writing, to all parties to the agreement with NRMEO.
 1. March 31, 2024 = December 31, 2024
 2. June 30, 2024 = March 31, 2025
- 2. Plan Facility Improvements**
 - A. Engage Engineer or Architect
 - i. Engineering Study:
 1. Mechanical systems upgrade ~ to operate new refrigeration and freezer components
 2. Autopsy station repairs ~ to ensure all three (3) autopsy stations are usable; two (2) of the three (3) used full time and the third used as a spare
 3. Storage facility design ~ in the rear of the facility for office supplies and other dry goods necessary for the facility operation
 - B. Develop Construction Schedule
 - C. Develop Capital Budget
- 3. Prepare Operating Budget to Accommodate Staffing and Additional Costs**
 - A. Prepare New Staffing Grid to reflect Positions Required for Second Shift
 - B. Prepare Anticipated Revenue Enhancements from Hudson and Passaic County
- 4. Prepare Shared Services Agreement**
 - A. Relationship between Counties
 - B. Responsibilities of the Counties
 - C. Cost to the Counties – Budget per County
 - D. Capital Costs – Financial Participation
 - E. Board
- 5. Hire Project Manager to Coordinate all Steps involved over the Time Period Selected to Ensure Successful Implementation of the Plan**

APPENDIX A

**Letter from George Kelder CEO/Executive Director
of The New Jersey Funeral Directors Association
to
Dr. Andrew Falzone, Chief State Medical Examiner,
Dated September 17, 2021**



September 17, 2021

Dr. Andrew L. Falzon, Chief State Medical Examiner
Office of the New Jersey Chief State Medical Examiner
P.O. Box 182
Trenton, NJ 08625
Via e-mail

Dear Dr. Falzon:

Thank you for scheduling a meeting yesterday between your senior staff and our office regarding concerns brought to our attention by a significant number of New Jersey funeral homes regarding operations at the Northern Regional Medical Examiner's Office in Newark.

As you are aware, this association and your office have always maintained an excellent working relationship, and in that vein, we appreciate your acceptance of our critical, yet constructive criticism of current operations. The issues summarized below have been occurring over the past 12-18 months. As we both agreed, many of our member concerns are specific to staff shortages now occurring in your operation and a failure of the State to properly invest in adequate facility maintenance and improvement.

The two pertinent issues that require your office's immediate attention are the hiring of additional qualified pathologists and technical, investigative, and administrative support staff at salaries commensurate with their roles, and the need for significant improvements to the overall condition of the facility, with specific attention to the inadequate morgue refrigeration and cooling systems. Unless immediate corrective actions are taken in your ability to address these matters, you and the State will have at minimum, a public relations issue to deal with or worse, litigation initiated by the next-of-kin regarding the unacceptable condition of the dead when released from your care.

Summarizing yesterday's discussion, significant impediments are being experienced when funeral home personnel arrive for scheduled removals, resulting in hours of lost time. First, the e-mail scheduling system requires retooling and appropriate supervision. Second, your office simply has insufficient technical and administrative staff available to meet with and assist funeral homes with the release of remains in your care. And, when staff is available, they struggle, often for hours to locate misplaced remains within your facility. If your office has confirmed via e-mail a date and time for funeral homes to arrive and receive remains, your staff should be equally as prepared to hand them over according to the schedule formulated by your office.

With your facility not only handling high profile statewide investigations, but also housing the operations of four of the largest counties in the State, all containing metropolitan high-density areas, your operations lack the staffing necessary for the most basic of duties. With only one staff member currently assigned to the identification of the dead, longer than necessary waits are occurring for the next-of-kin to both obtain notification and acknowledgement of a death and to arrange for proper disposition. Often, calls and inquiries from the next-of-kin, attending physicians and funeral home personnel by both e-mail and by phone go unanswered by your office.

Due to these staff shortages, hours that funeral homes can now schedule and remove the dead from your facility have significantly decreased to unacceptably limited windows of time.

Deterioration of the aging facility is contributing to the overall unsanitary conditions being reported both in and outside the facility. Of significant concern is the failure of your morgue refrigeration coolers to maintain acceptable minimal temperatures, leading to decedents in your care being not only delayed in their release to funeral homes, but also being released in various states of decomposition.

The current lack of sufficient staff also delays funeral homes in obtaining legal information from your pathologists regarding pronouncement times and necessary certifications of death through New Jersey's Electronic Death Registration System.

In those instances where your office releases a case to an attending physician, no NRMEO staff outreach to that doctor typically occurs, requiring funeral homes to make initial contact and experience further delays from physicians throughout the state that have not been notified of their patient's death and their obligation to certify the death.


Unfortunately, our largest medical examiner's office has been reduced to a limited work schedule and minimal staff that is not conducive to the medico-legal role it plays in the State of New Jersey. After hours, weekend and holiday assistance remain nonexistent. As we are all aware, death occurs 24 hours a day, 7 days a week. Between unanswered e-mails, voicemails, phone calls, and a third-party answering service of limited capacity – New Jersey citizens, mortuaries, and funeral directors deserve more.

Last evening, we had the opportunity to share our concerns regarding your office's staffing and refrigeration issues with several key New Jersey legislators, requesting that they assist you in streamlining the process necessary for you to hire, train and appropriately pay qualified personnel and immediately repair the non-functioning coolers so desperately required for improvement to your operations and the care of New Jersey's dead.

If there is anything the NJSFDA can do other than share our concerns and advocate on your behalf, please let us know. We appreciate your staff acknowledging the observations of our members and for agreeing to work toward improving staffing and facility conditions at the NRMEO.

Sincerely,

FOR THE BOARD OF DIRECTORS



George R. Kelder, CFSP
CEO/Executive Director

cc via email: Judith M. Persichilli, RN, BSN, MA, New Jersey Commissioner of Health
Althea Ford, NJSFDA Director of Government Relations

APPENDIX B

List of Stakeholders

Consulting Team Met with over the Last Six (6) Months

LIST OF STAKEHOLDER MEETINGS

FUNERAL DIRECTORS

Hudson County Funeral Directors Association

Passaic County Funeral Directors Association

Bergen County Funeral Directors Association

COUNTY ADMINISTRATORS

Hudson County Administrator: Abe Antun and staff

Passaic County Administrator: Matthew Jordan and staff

Bergen County Administrator: Thomas Duch and staff

COUNTY PROSECUTORS

Hudson County Prosecutor's Office Representative

Passaic County Prosecutor's Office Representatives

Bergen County Prosecutor Mark Musella and staff

APPENDIX C

Financial Report

**Potential Budget and Potential Savings
for Shared Services Medical Examiner's Office**

Bergen County Expenditure Report

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2020-2023 4 Year Average | 2022-2023 2 Year Average |
|------------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------------|-----------------------------|
| BUDGETED | | | | | | | | | | | |
| Salaries & Wages | 634,956.00 | 634,210.00 | 697,602.00 | 392,100.00 | 370,546.00 | 397,250.00 | 523,106.00 | 855,973.00 | 899,912.00 | 669,060.25 | 877,942.50 |
| Fringe* | 62.77% | 63.77% | 64.77% | 65.77% | 66.77% | 67.77% | 68.77% | 69.42% | 69.42% | | |
| Total Salary including Fringe | 1,033,517.88 | 1,038,645.72 | 1,149,438.82 | 649,984.17 | 617,959.56 | 666,466.33 | 882,846.00 | 1,450,189.46 | 1,524,630.91 | 1,131,033.17 | 1,487,410.18 |
| BUDGETED | | | | | | | | | | | |
| Professional Fees | 50,000.00 | 51,000.00 | 51,000.00 | 190,000.00 | 27,400.00 | 100,900.00 | 27,400.00 | 107,400.00 | 40,000.00 | 68,925.00 | 73,700.00 |
| Contract Services | 237,000.00 | 237,000.00 | 242,000.00 | 661,700.00 | 1,192,750.00 | 992,750.00 | 1,000,000.00 | 1,062,000.00 | 1,115,000.00 | 1,042,437.50 | 1,088,500.00 |
| Dues & Subscriptions | 100.00 | 200.00 | 1,350.00 | 600.00 | 200.00 | 200.00 | 200.00 | 200.00 | 2,700.00 | 825.00 | 1,450.00 |
| Stationery & Office Supplies | 1,400.00 | 1,400.00 | 2,000.00 | 2,000.00 | 2,500.00 | 2,500.00 | 2,500.00 | 3,500.00 | 3,500.00 | 3,000.00 | 3,500.00 |
| Printing | 300.00 | 300.00 | - | 1,200.00 | 1,200.00 | 1,200.00 | 1,000.00 | 1,000.00 | 1,000.00 | 1,050.00 | 1,000.00 |
| Copier Costs | 2,000.00 | 2,000.00 | 300.00 | 2,800.00 | 2,800.00 | 2,850.00 | 2,850.00 | 5,100.00 | 5,100.00 | 3,975.00 | 5,100.00 |
| Certification & Registration | 3,000.00 | 3,500.00 | 2,100.00 | 600.00 | 400.00 | 400.00 | 750.00 | 950.00 | 2,250.00 | 1,087.50 | 1,600.00 |
| Equipment Maintenance | 10,075.00 | 12,000.00 | 22,698.00 | 19,550.00 | 17,985.00 | 18,885.00 | 14,635.00 | 10,730.00 | 24,015.00 | 17,066.25 | 17,372.50 |
| Medical Waste | - | - | 6,255.00 | 5,755.00 | 5,255.00 | 9,500.00 | 9,500.00 | 4,000.00 | 2,500.00 | 6,375.00 | 3,250.00 |
| Lab Equip & Supplies | 1,000.00 | 1,000.00 | 17,395.00 | 15,300.00 | 15,300.00 | 15,300.00 | 16,100.00 | 11,800.00 | 12,800.00 | 14,000.00 | 12,300.00 |
| x-Ray Supplies Cleaning & Janitorial Sup | 3,000.00 | 2,000.00 | 1,000.00 | 1,500.00 | 1,500.00 | 1,800.00 | 1,700.00 | 1,700.00 | 2,200.00 | 1,850.00 | 1,950.00 |
| Bldg. Alterations & Maint | 3,320.00 | 3,320.00 | 2,000.00 | - | - | - | - | - | - | - | - |
| Building Maintenance | - | - | 3,320.00 | 2,820.00 | 2,700.00 | 3,800.00 | 3,800.00 | 3,800.00 | 2,150.00 | 3,387.50 | 2,975.00 |
| Travel and Meals | 3,000.00 | 4,000.00 | 4,500.00 | 3,500.00 | 500.00 | 500.00 | 500.00 | 500.00 | 2,400.00 | 975.00 | 1,450.00 |
| Burial | 8,811.00 | 9,000.00 | 9,237.00 | 6,000.00 | 6,000.00 | 6,000.00 | 8,000.00 | 8,000.00 | 8,000.00 | 7,500.00 | 8,000.00 |
| Investigation Supplies | - | - | - | - | - | - | - | - | - | - | - |
| Water | 2,930.00 | 2,930.00 | 2,930.00 | 2,930.00 | 2,930.00 | 2,930.00 | 2,930.00 | 2,930.00 | 2,930.00 | 2,930.00 | 2,930.00 |
| Heating Fuel Electric & Gas | 28,300.00 | 17,000.00 | 12,000.00 | 8,000.00 | 21,000.00 | 20,000.00 | 33,000.00 | 33,000.00 | 33,000.00 | 29,750.00 | 33,000.00 |
| Miscellaneous | 1,000.00 | 1,000.00 | 1,000.00 | 1,000.00 | 1,000.00 | 1,000.00 | 1,000.00 | 1,000.00 | 1,000.00 | 1,000.00 | 1,000.00 |
| Total Operating Expenses Budgeted | 355,236.00 | 347,650.00 | 381,085.00 | 925,255.00 | 1,301,420.00 | 1,180,515.00 | 1,125,865.00 | 1,271,610.00 | 1,274,545.00 | 1,220,133.75 | 1,273,077.50 |
| Total Salary + Fringe + OE | 1,388,753.88 | 1,386,295.72 | 1,530,523.82 | 1,575,239.17 | 1,919,379.56 | 1,846,981.33 | 2,008,711.00 | 2,721,799.46 | 2,799,175.91 | 2,351,166.92 | 2,760,487.68 |

*Fringe is estimated from 2015 to 2020

| 2023 Death Investigations | | | | | | |
|---------------------------|-------------|--------------|------------|------------|--------------|--|
| | Percentage | Total | Autopsies | Views | Releases | |
| Bergen | 41.10% | 1,786 | 273 | 230 | 1283 | |
| Hudson | 32.59% | 1,416 | 391 | 201 | 824 | |
| Passaic | 26.31% | 1,143 | 301 | 172 | 670 | |
| Total | 100% | 4,345 | 965 | 603 | 2,777 | |

| Scenario if all costs remained the same | |
|-----------------------------------------------|----------------|
| Total Budget if Shared Service is implemented | 6,150,851.22 |
| 2024 Budgeted Requested w/o SS for Bergen | 3,066,305.00 |
| 2023 Budgeted Cost for Passaic | 1,900,000.00 |
| 2023 Budgeted Cost for Hudson | 2,350,000.00 |
| Savings to Bergen | (1,165,453.78) |

| | Cost w/SS | Cost w/o SS | Total Savings |
|--------------------------------|--------------|--------------|---------------|
| Scenario on a Percentage Basis | | | |
| Bergen (\$6,150,851.22 X 41%) | 2,528,290.05 | 3,066,305.00 | 538,014.95 |
| Hudson (\$6,150,851.22 X 33%) | 2,004,512.16 | 2,350,000.00 | 345,487.84 |
| Passaic (\$6,150,851.22 X 23%) | 1,618,049.01 | 1,900,000.00 | 281,950.99 |
| | 6,150,851.22 | 7,316,305.00 | 1,165,453.78 |

APPENDIX D

Copy of Contract

**Between the Northern Regional Medical Examiner's Office
and the County of Hudson and the County of Passaic**

NORTHERN REGIONAL MEDICAL EXAMINER CENTER AGREEMENT

BETWEEN

**THE COUNTY OF ESSEX
THE COUNTY OF HUDSON
THE COUNTY OF PASSAIC
THE COUNTY OF SOMERSET**

AND

**THE STATE OF NEW JERSEY
OFFICE OF THE CHIEF STATE MEDICAL EXAMINER**

The agreement is entered into this 3rd day of December 2020, between the governing bodies of County of Essex, a public body politic of the State of New Jersey located at Hall of Records, 465 Dr. Martin Luther King Boulevard, Jr., Newark, NJ 07102; the County of Hudson, a public body politic of the State of New Jersey, located at Administration Annex Building, 567 Pavonia Avenue, 4th Floor, Jersey City, New Jersey 07306-1803; the County of Passaic, a public body politic of the State of New Jersey located at Administration Building, 401 Grand Street, Paterson, NJ 07505; the County of Somerset, a public body politic of the State of New Jersey located at 21 North Bridge Street, Somerville, NJ 08876 (collectively "the Counties"); and the State of New Jersey, Office of the Chief State Medical Examiner, located at 120 S. Stockton Street, Trenton, NJ 08625 ("OCSME").

WHEREAS, pursuant to N.J.S.A. 26:6B-9, each county is required to appoint a county medical examiner, or in the alternative, contract with OCSME for the performance of medical examiner services; and

WHEREAS, the State, via the OCSME, has been providing medical examiner services to Essex, Hudson, Passaic and Somerset Counties; and

WHEREAS, N.J.S.A. 26:6B-9d requires the treasurer of a County to reimburse OCSME for all costs incurred in properly conducting a county's death investigations and performing all other functions of the county medical examiner office, and

WHEREAS, pursuant to N.J.S.A. 40A:65-1, et seq., local government units in the State of New Jersey can enter into shared services agreement for any services or circumstances intended to reduce property taxes through the reduction of local expenses; and

WHEREAS, the Counties, in order to reduce property taxes through the reduction of local expenses, wish to contract with OCSME to provide regional medical examiner services; and

WHEREAS, OCSME is an in-but-not-of entity of the New Jersey Department of Health; and

WHEREAS, the Counties desire jointly to establish a regional Medical Examiner Center on a cooperative basis to be administered by OCSME; and

WHEREAS, the Counties have agreed to reimburse the State for all costs incurred in operating the facility and providing the counties with medical examiner services;

NOW THEREFORE, for and in consideration of the mutual covenants contained herein, the State and the Counties agree as follows:

I. PARTIES

1. The Northern Regional Medical Examiner Office ("NRMEO") is hereby established in the Department of Health and shall be administered by OSCME.

2. The Chief State Medical Examiner shall appoint a Deputy Chief State Medical Examiner to head the NRMEO. The duties and responsibilities of the Deputy Chief State Medical Examiner shall be those prescribed pursuant to N.J.S.A. 26:6B-8.

3. The Chief State Medical Examiner, in consultation with the Deputy Chief State Medical Examiner, shall appoint personnel as may be considered necessary for the efficient performance of the work of the NRMEO. The Chief State Medical Examiner, in consultation with the Deputy Chief State Medical Examiner, shall prescribe the duties of all such persons thus appointed and shall fix their compensation.

4. Any other county in the State may, in the discretion of the Chief State Medical Examiner, be permitted to join the Regional Medical Examiner Center. The amount of compensation due from such new member county shall be calculated on a pro rata basis as of the effective date of the agreement for such county. The amount of compensation due from the pre-existing member counties shall be recalculated as of the effective date of the entry of the new county. Any adjustment in costs being paid by the preexisting counties shall take effect upon entry of the new county.

II. FACILITY/EQUIPMENT

1. The NRMEO facility is presently located at 325 Norfolk St., Newark, NJ 07103. The cost of operating the facility shall be borne by the counties and supplemented, when possible, by general State appropriations, grants and other sources of revenue acquired by OCSME.
2. The State Toxicology Laboratory and all related equipment is located at the same site.
3. All State maintenance and service contracts and the responsibility and liability thereof shall be assigned to OCSME.
4. Any replacement of major equipment that is to be funded by the Counties, and will not exceed \$100,000 annually, shall be apportioned on a cost allocation plan separate and apart from the schedule of compensation established under Section IV. OCSME shall notify the Counties at least ninety (90) days prior to the replacement of major equipment that is to be funded by the Counties, as set forth herein.

III. LIABILITY

1. As between the Counties and OCSME, OCSME shall be responsible for and shall at its own expense defend itself and the Counties against any and all suits, claims, losses, demands or damages of whatsoever kind or nature arising out of or in connection with any act or omission of OCSME, its employees, agents or contractors, in the performance of its duties at NRMEO. Nothing contained herein, however, shall be construed as a waiver of any defenses or immunities available to the State under the New Jersey Tort Claims Act or any other law or ruling.
2. OCSME may assign subcontract or transfer any rights, duties or interests in this Agreement to a provider of county medical examiner services that OCSME deems to be qualified. However, such assignee shall be bound by the terms of the Agreement. OCSME must notify the Counties at least ninety (90) prior to the assignment of any portion of this contract and provide the Counties with a written statement of the qualifications in which OCSME is subcontracting said services. The counties will have the opportunity to review these written qualifications and provide consent to the subcontracting or transfer of service no later than thirty (30) days prior to the assignment. This consent shall not be unreasonably withheld. If the parties are unable to reach agreement regarding the assignment of this agreement, then either party may terminate this agreement with thirty (30) days' notice.

3. All programs currently being performed on behalf of Essex, Hudson, Passaic and Somerset Counties by OCSME shall continue as long as the contract remains valid.

IV. WITHDRAWAL OR TERMINATION

1. The Agreement shall be for a term of four (4) years and nine (9) months, commencing October 1, 2020 and will be effective until June 30, 2025.
2. The Agreement will automatically renew for an additional five (5) year term unless any party gives written notice by September 30, 2024 that they do not intend to extend the Agreement for an additional five (5) year term.
3. No party may withdraw from the Agreement prior to June 30, 2023. Notice to withdraw by this date must be given, in writing, to every other member of this Agreement, no later than September 30, 2022. A party wishing to opt out at any time between June 30, 2023 and June 30, 2025 may only do so at the conclusion of a fiscal quarter (March 31, June 30, September 30, December 31) and must give at least nine (9) months notice, in writing, to every other member of this Agreement.
4. Notwithstanding previous termination provisions, OCSME may terminate the entire Agreement upon the withdrawal of one county or more, except that the State is required to continue to provide services to the remaining counties for the remainder of the State's fiscal year.
5. Should any County choose to opt out of this Agreement, it shall be the County's responsibility to remove, at its own expense and within 30 days of terminating the Agreement, any of its records, biologic samples, paraffin blocks, equipment and any and all of its other property being stored at the NRMEO facility.

V. COMPENSATION

1. The Counties agree to reimburse OCSME for all costs incurred in providing the Counties with medical examiner services, including, but not limited to, pathology and toxicology services.
2. The compensation to be paid to OCSME by the Counties for medical examiner services shall be based upon an annual cost allocation plan determined by actual workload and expenditures for each County.
3. In each subsequent year wherein the annual increase in service cost is likely to exceed two percent (2%), OCSME shall consult with the Counties

by no later than March 31 of the calendar year in which the increase will occur, and set forth the data and circumstances which give rise to the increase. This consultation will be necessary so as to enable the County to properly prepare for the increase within its own respective budget. Under no circumstances shall any annual increase exceed five percent (5%).

4. The first year of the Agreement, each county shall pay 20% of the annual cost allocation in each of the first two quarters and 30% in each of the last two quarters. In the second and subsequent years, the amount of the annual cost allocation due shall be 25% for each quarter. Payment shall be due at the end of each quarter. Notwithstanding the above, each county may choose to pay the actual cost of services as the County sees fit.
5. Every six months the State shall reconcile the payments made with the number of cases submitted. Any excess funds paid by the Counties will be netted against the payment due in the subsequent quarter. Any deficit shall be paid within the next two quarters. If the County disputes OCSME's reconciliation, the County shall inform the business manager in writing of the grounds for contesting the reconciliation. If the parties cannot resolve the dispute, the Chief State Medical Examiner shall meet with County representatives and the business manager to review and resolve complaint. The Chief State Medical Examiner shall make a determination to resolve the dispute. During this process, the County shall not be excused from submitting quarterly scheduled payments. Upon resolution of the matter, any necessary adjustments shall be made in the subsequent quarter. Should the County disagree with the Chief State Medical Examiner's resolution, the County may appeal the matter to the Commissioner of the New Jersey Department of Health.
6. Each County agrees that if it fails to timely and fully reimburse OCSME for two consecutive quarters, it waives any and all objections to the State automatically obtaining the proceeds from the delinquent county's appropriated State aid to remedy the deficiency. Prior to withdrawing the proceeds from the county's appropriated State aid to remedy the deficiency, OCSME must notify the Counties and give them an opportunity to cure the deficiency.

VI. GENERAL TERMS

1. OCSME shall perform all duties and assume all responsibilities required of it pursuant to N.J.S.A. 26:6B-1, et seq.

2. In the event of a mass disaster that requires the expenditure or utilization of resources exceeding the ordinary amount and type anticipated by the parties hereto, the County in which the disaster occurred shall be responsible for all related costs incurred by OCSME in connection with the deaths caused by such an act or event. The County's reimbursement of these costs shall be separate from and in addition to the quarterly amount owed by the county as part of the normal operation costs in Section IV. However, prior to invoicing the County for any such loss, OCSME will attempt to supplement that cost through any relevant grant monies made available as a result of the mass disaster. Any additional costs that are the responsibility of the County shall be mitigated by the receipt of any grant monies or funding received.

For purposes of this agreement, a mass disaster shall be defined as any singular incident, causing multiple deaths, that overwhelms the normal operation of the NRMEO. Any singular event which causes 10 or more deaths shall be presumed to be a mass disaster. If fewer than 10 deaths occur from a singular event, it shall be the burden of OCSME to prove that such an event qualifies as a mass disaster. A mass disaster can be any singular event which causes multiple fatalities, including, but not limited to, automobile accidents, airplane accidents, terrorist attacks, radiation leak and exposure, fire, and natural disasters such as hurricanes, earthquakes, tornadoes, etc. A mass disaster shall not include the spread of a transmissible pathogen such as a viral, bacterial or fungal infection that is transmitted from host to host.

All agreements and covenants contained herein are severable, and in the event any of them shall be held to be invalid by any competent court, this Agreement shall be interpreted as if such invalid agreements or covenants were not contained herein. Should one or more covenants or conditions be waived by either party, such waiver shall not be deemed to waive or render unnecessary the consent or approval of the waiving party to or of any subsequent similar act by the other party.

3. This Agreement is being executed and is intended to be performed in the State of New Jersey and shall be governed in all respects by the laws of the State of New Jersey.
4. This Agreement contains all of the terms and conditions agreed upon by the Parties and supersedes all other negotiations, representations, and understandings of the Parties, oral or otherwise, regarding the subject matter.


VII. MODIFICATION AND NOTICES

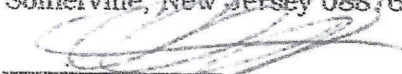
This agreement shall not be modified, except by written supplemental Agreement, signed by all parties, and resolutions authorizing same by the governing bodies of the Counties.

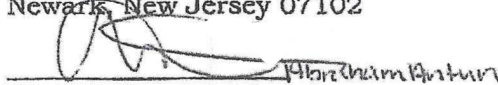
Notwithstanding the above, agreements may be made between an individual County and OCSME for additional fees and services rendered. Such agreements shall not alter the terms of this agreement.

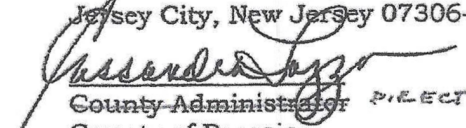
All inquiries and notices related to this Agreement shall be directed to the performs below or their successors:

Andrew Falzon, MD
120 S. Stockton St.
Trenton, New Jersey 08625

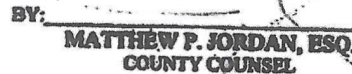

Somerset County
P.O. Box 3000
Grove Street
Somerville, New Jersey 08876


Essex County
Hall of Records
465 Martin Luther King Boulevard
Newark, New Jersey 07102


Hudson County Administrator
Administration Annex Building
567 Pavonia Avenue, 4th Floor
Jersey City, New Jersey 07306-1803


County Administrator DIRECTOR
County of Passaic
Administration Building
401 Grand Street
Paterson, NJ 07505-2023

APPROVED AS TO FORM AND LEGALITY

BY: 
MATTHEW P. JORDAN, ESQ.
COUNTY COUNSEL

DATE: NOVEMBER 23, 2020