



# **RECORDS MANAGEMENT** **INTEGRATED PROJECT TEAM**

OFFICE OF THE CHIEF INFORMATION OFFICER

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

# **HHS Records Management Integrated Project Team Meeting**

**January 27, 2009**

# AGENDA

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## 1. Introduction

Terry Nicolosi – Director, Office of Resource Management

## 2. 2008 RM Assessment Highlights

Larry Gray– Department HHS Records Officer

## 3. RM Segment Progress

Mary Forbes – HHS Lead Architect



# HHS 2008 RM Assessment Highlights

- **Oversight/support: (Pages 30-31)** RM Integrated Project Team Kick-Off (Oct/2008), RM performance measures established for Senior Executive Service (SES) employees effective in 2009 (Nov/2008), Records Management Council and RM Bulletins, segment architecture for RM (May/2008).
- **Specific Written Guidance: (Pages 31-32)** HHS Policy for RM (2007-004.001); HHS Policy for RM for E-Mails (2208-002.001); RM Procedures Manual (updated from 1977); Guideline for Electronic RM (interim guidance); Training Brochures;
- **E-Records: (Pages 33-34)** Developed set of instructions for Records Officer to use with creation of electronic folders; Worked with Web Communications Team on RM standards for information residing on Web; Established EA team to address RM Business Case based on OMB Federal Enterprise Architecture standards;



# HHS 2008 RM Assessment Highlights

- **Non-Records: (Page 34)** RMC working with the Federal Electronic Working Group (organization of 26 Federal agencies) examining, analyzing, and proposing a standardized government-wide process for meeting recent revisions to the Federal discovery laws concerning electronically stored information including electronics.
- **Training: (Pages 34-36)** ;Over 560 employees trained in basic records management; RM Overview on website; OS Records Coordinator, Records Managers and Liaisons appointed by ASAM to support the 21 OS offices; Working with HR on departing and incoming employees with training and revised forms and brochures.
- **Responsibilities: (Pages 6-29)** Record Officer Review and Evaluation for all operating divisions and OS included in assessment. 2008 Assessment posted communicated to all OCIO and RM Community on Jan. 7, 2009 and in queue for intranet.
- **Risk and Self-Assessment: (Pages 36-42)** Risk Analysis conducted in 2007 and 2008 assessments with addressed actions; 2008 Self-Assessment Survey conducted in both 2007 and 2008 with addressed actions;





# RECORDS MANAGEMENT INTEGRATED PROJECT TEAM

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## RM SEGMENT PROGRESS

Mary Forbes - HHS Lead Architect

- RM Segment work completed to date
- High-level segment diagram
- RM Segment - Current state
- Business Process Analysis (Exercise)
  - BREAK -
- Records Officers Observations
- EA Team Observations
- Opportunities moving forward
- FEA RM Profile
- Short term tasks
- Timeline

# Why are we doing the RM segment architecture

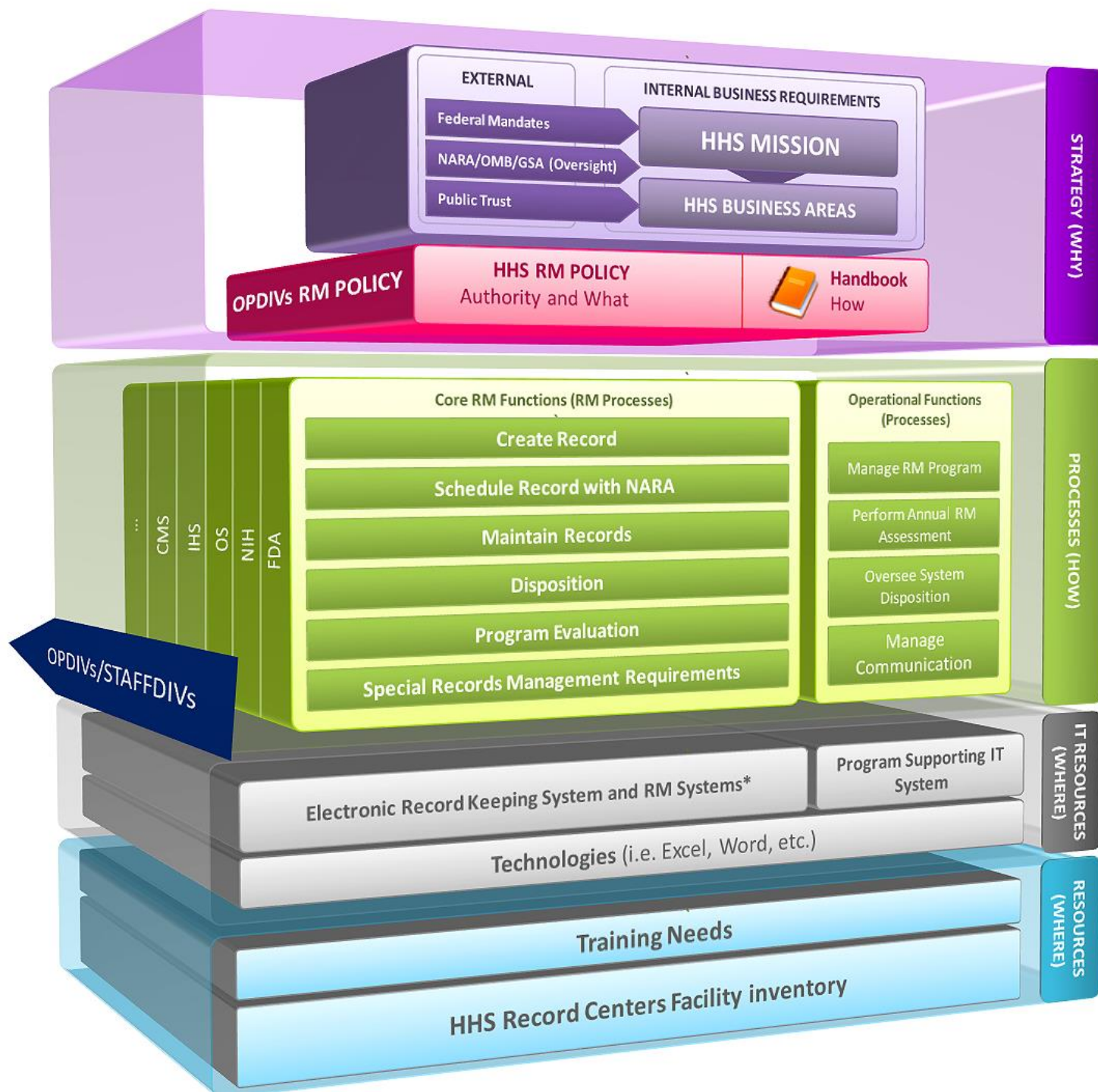
- Segment architecture is a structured process to develop value-added plans for improved mission delivery
- Facilitates and enables enterprise-wide thinking and informed decisions about HHS's business processes and investments to better support HHS's mission.
  - Identifies needed investments
  - Identifies opportunities to eliminate redundancy of processes, data, applications and technology
  - Prevents investment dollars from being expended on duplicate data, processes, applications or technology
  - Identifies business functions and investments not aligned with HHS's mission goals and objectives and introduces discipline to both prevent and mitigate discrepancies



# RM Segment\* Work Completed to Date

- Information about current RM business processes has been collected from multiple sources:
  - OPDIVs interviews
  - RM Assessment and RM Survey
  - Existing documents, policies, guidance
  - OPDIVs websites
  - Available business process models (e.g., CMS diagrams)
- Process models were aligned to high level NARA required processes
- Information was captured in the HHS EA repository\*\*
- Gaps in business processes were identified and documented







# RM Segment - Current State

<b>Strategy</b>	RM strategic Drivers/Policies/Requirements	
<b>Business</b>	See business process analysis	
<b>Investment</b>	Supporting IT investment: 0*	No department-wide or OPDIV-wide Electronic Record Keeping System approved by NARA**
<b>Data/Databases</b>	Databases: 0 Data needs are being identified.	
<b>Systems &amp; Services</b>	System services: 0 Electronic Record Keeping System: 0* 142 Scheduled IT systems	
<b>Technology</b>	Supporting IT Technologies: 0	
<b>Workforce</b>	Training needs – 07/08 RM Assessment ***	
<b>Facilities</b>	Catalog HHS Record Centers – TBD – NARA 2005 inventory validation	
<b>Security &amp; Privacy</b>	Security and privacy needs - TBD	
<b>Performance</b>	Performance – 07/08 RM Assessment Milestones	

# Strategic Impact

Legal requirements

Civil and criminal prosecution impact which will cost the agency both dollars and personal confinement.

Sound business requirements

Lose the ability to manage effectively and efficiently.

As stewards of the public trust

Decrease our efficiency of implementing the mission of the department.

**Records are the life blood of the US government**

Kshemendra Paul,

Chief Architect, Office of E-Government and Information Technology  
Stated at the HHS RM Segment Kickoff in October 2008

# RM Performance

- Performance is relevant at multiple levels of Records Management:
  - Records Officers
  - Senior Executive Service employees
  - All employees
  - Overall RM program
- Gaps have been identified in the annual assessments and progress measured in the subsequent year.
- “In 2008 records management performance measures were crafted, approved and implemented for the Senior Executive Service employees. It is anticipated that this initiative will initiate the development of performance measures for all HHS employees.”



# Current State of HHS Implementation to Compliance with NARA CFR 36 due by September 30, 2009

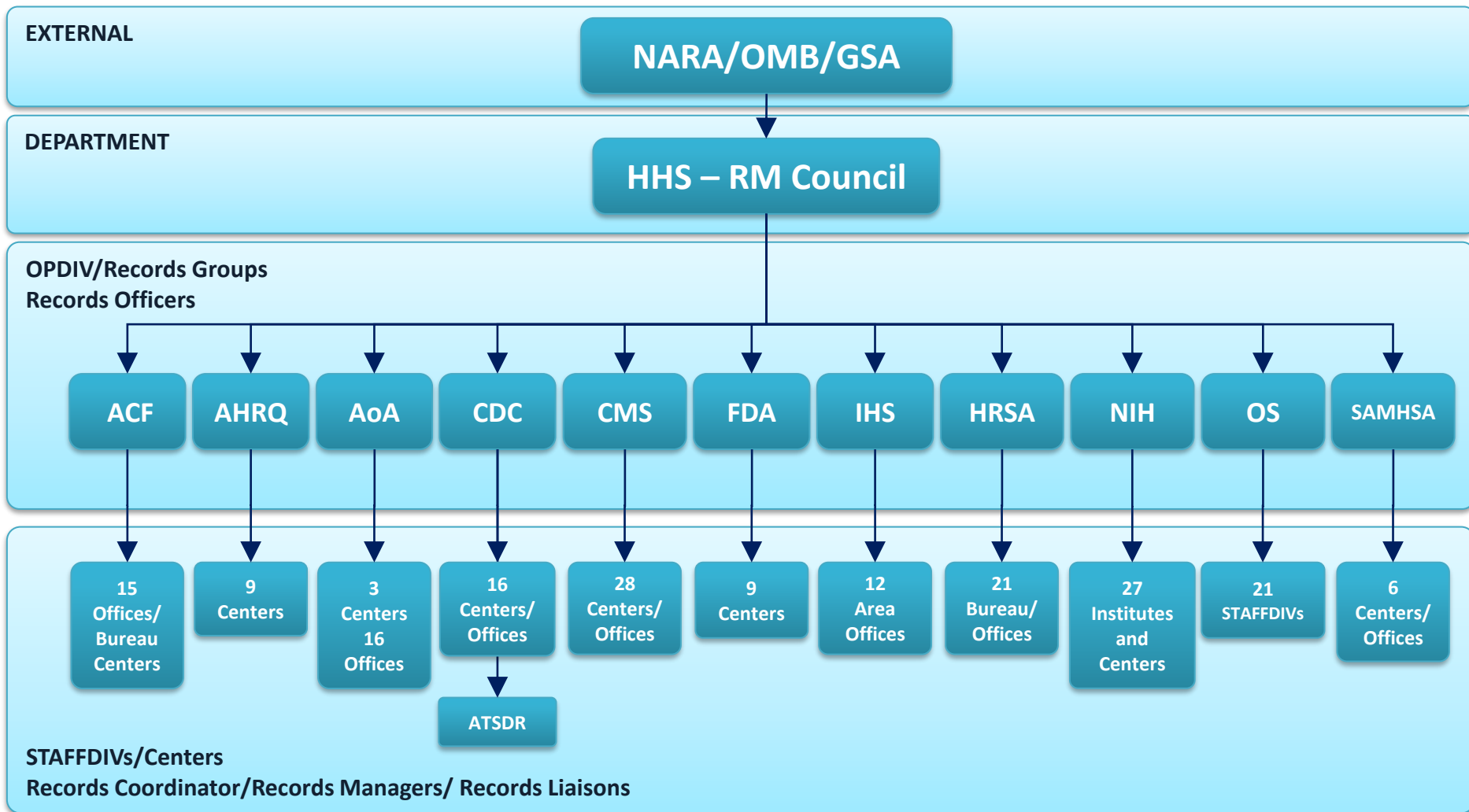
- List of #142 NARA scheduled IT systems for HHS (See handout).
- EA is conducting an all IT systems inventory (Deadline: 02/10/09).
- Records Officers work with EA/Systems Owners to make sure all IT systems have been reviewed and scheduled.
- Non-scheduled systems have to follow the processed outlined in CFR 36.
- Submit report to NARA by September 2009

# IT System Scheduling process (CFR 36)

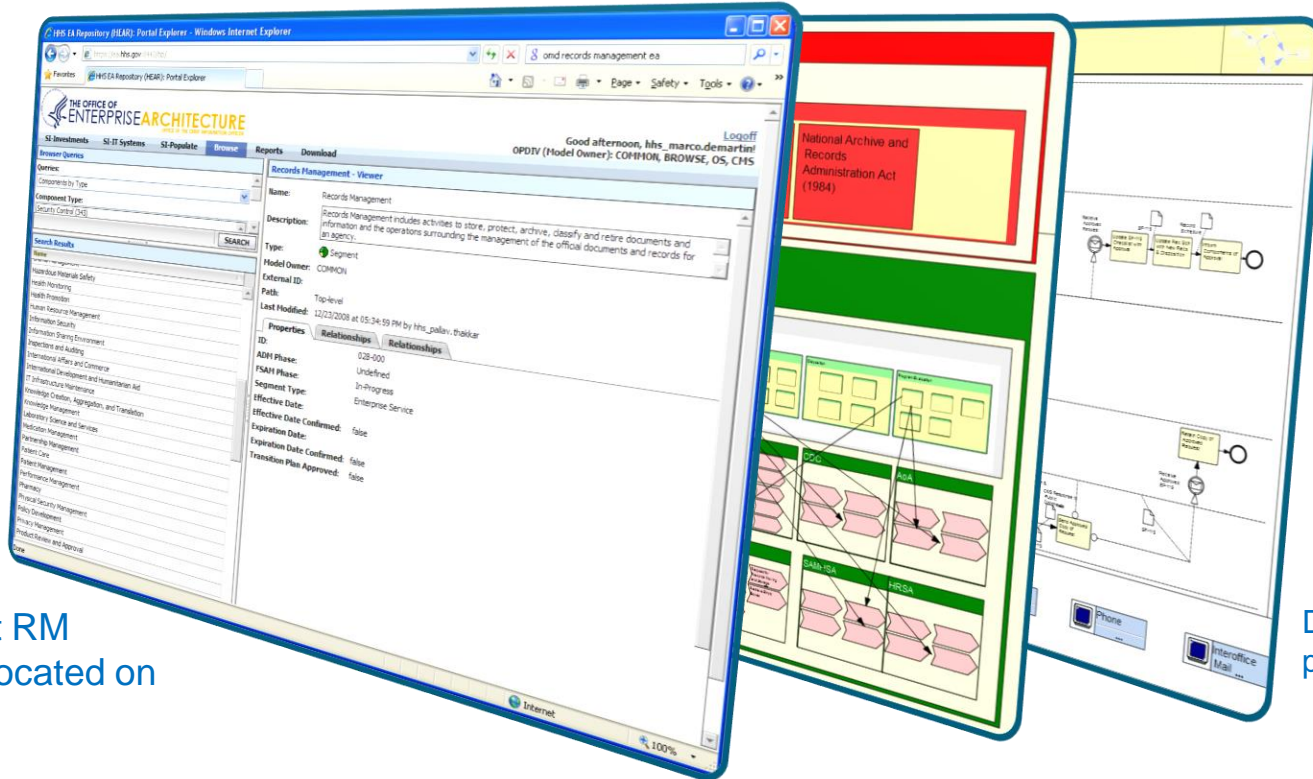
- Op Div Records Officer
  - Prepare SF-115 with all required data
  - Submit to Department Records Officer
- Department HHS Records Officer
  - Reviews SF-115 for completion and potential duplication with already scheduled IT systems with NARA
  - Coordinate with Records Officer any changes
  - Obtains approval/signature from OGC
  - HHS Records Officer signs SF-115 and sends official request to NARA for approval
  - Coordinates with NARA any requested changes
  - NARA sends approval to the Records Officer with copy to Department Records Officer



# RM Organizational Structure



# RM Segment in the HHS EA Repository

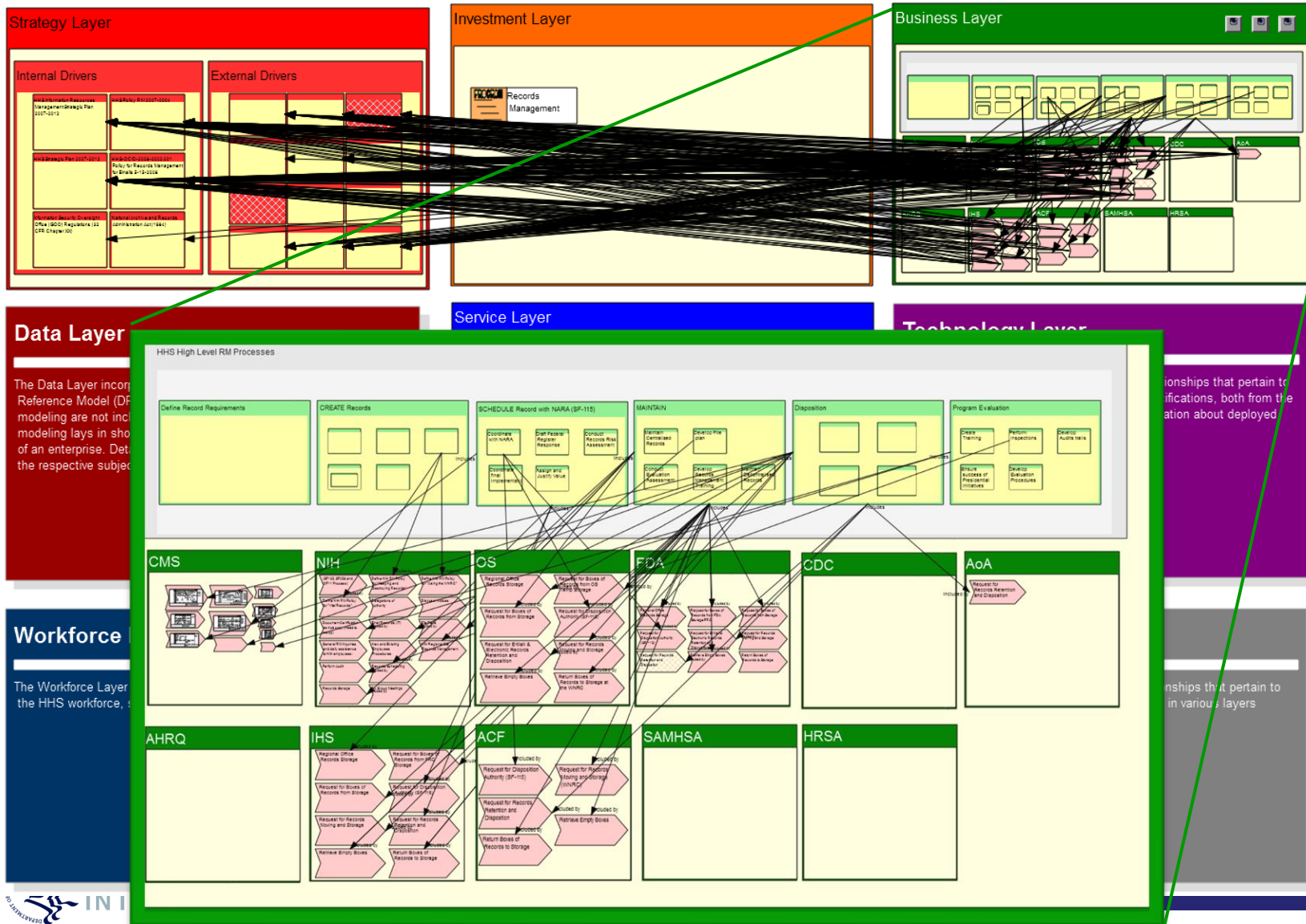


Reports about RM segment are located on the EA portal.

Detailed business process models

The information gathered through the assessment, interviews, and analysis of the information posted on your websites was used to create the current state of the RM segment in the HHS EA repository.

# RM Segment in the HHS EA Repository





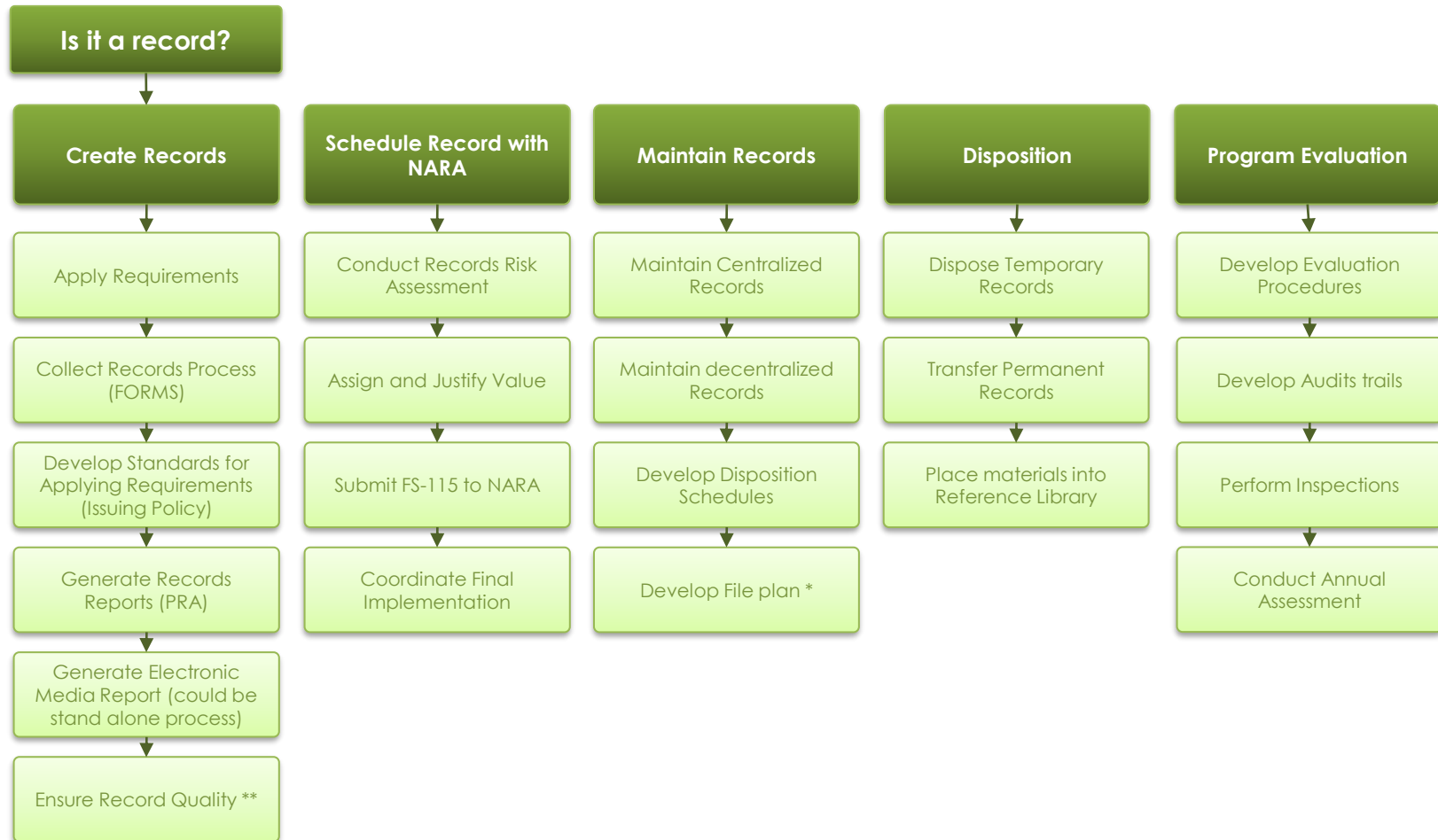
# Review of RM Business Processes

- EA Team interviewed 7 OPDIVs/STAFFDIVs (CMS, NIH, OS, ACF, FDA, IHS, AoA )
- The CMS processes\* were determined to be the closest documented processes to the NARA business model therefore they were used during the interviews with the OPDIVs.
- Other OPDIVs are capturing their processes to retain the knowledge of how things are done.\*\*
- Identify business process changes that can be used to reengineer processes and documenting current constraints such as FTEs dedicated to the RM target.
  - A collaborative approach will help with different kinds of resources limitations.
- All documented processes from the OPDIVs were mapped to the high level NARA processes to complete the following business process matrix.



# High Level RM Core Functions

(Business Processes)



Training

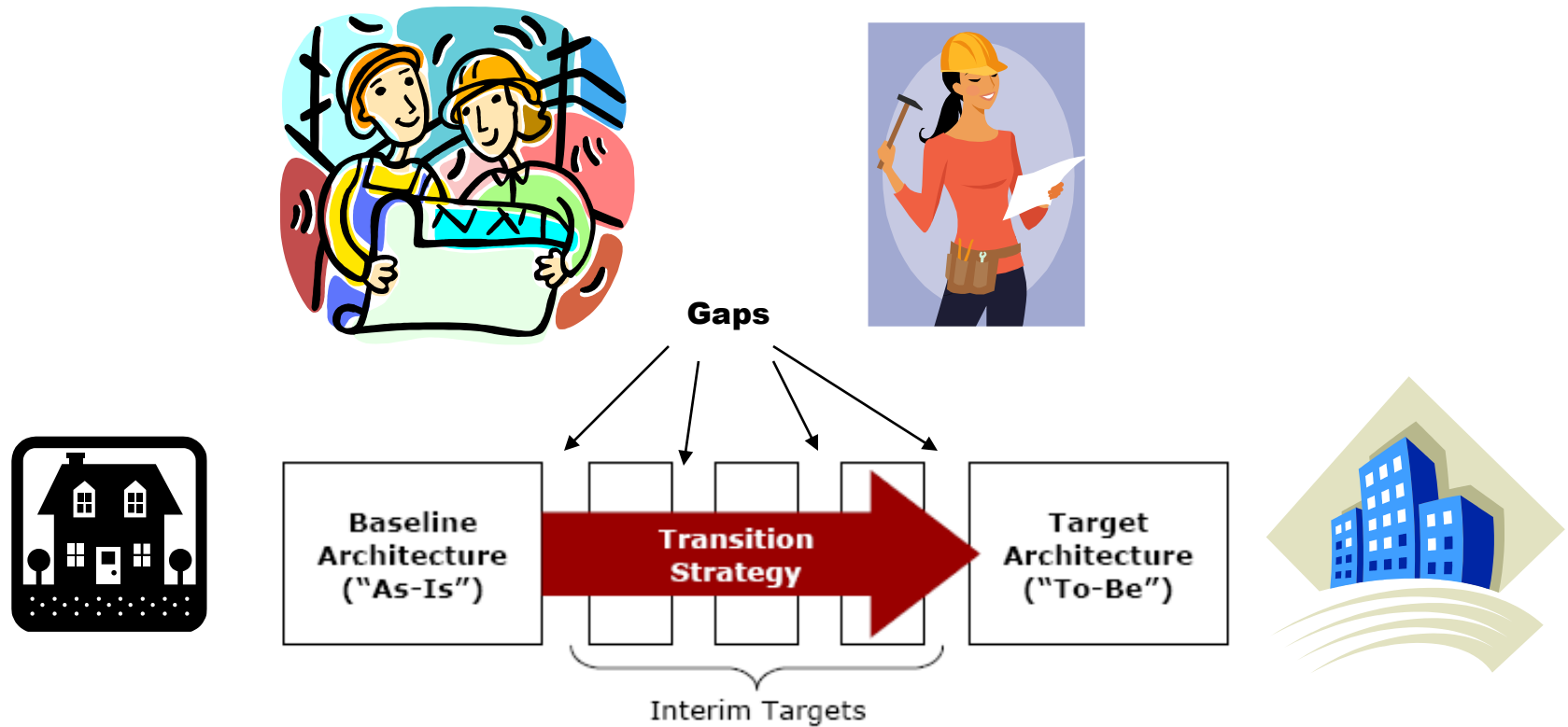
Supporting Operational Processes

# Business Process Analysis

General Records Processes (NARA 36 CFR Subchapter B - Records Management)	HHS Policies #	NARA CFR	CMS	FDA	CDC	NIH	HHS	OS	AoA	HHS-A	ACF	AHRQ	OIG	SAMHSA	ATSDR
Define Record Requirements															
Create Records			✓	W.ER.M.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Apply Requirements															
Develop Standards for Applying Requirements															
Collect Records Process (DATA)	RM 2007-0004 S.1-6.8	1222													
Generate Records Reports (PRA)															
a. Generate Electronic Media Report															
Ensure Record Quality															
Schedule Record with NARA															
Conduct Records Risk Assessment												✓	✓	✓	✓
Assign and Justify Value															
Coordinate with NARA															
Draft Federal Register Response															
Coordinate final implementation															
Maintain Records															
Maintain Centralized Records			✓	x	N/A			x	N/A	x	N/A				
Maintain Decentralised Records															
Develop File plan Development			N/A	✓	N/A			✓	✓	x	x				
Conduct Evaluation Assessment			✓	x	✓				N/A	x					
Develop Records Management Training			✓	✓	✓			x	x	x	N/A				
Ensure compliance with President's eGov Agenda															
Disposition			✓												
Dispose Temporary Records	RM 2007-		P.Em.												

SEE ACCOMPANYING  
SPREADSHEET

# Realizing the RM Segment Vision



EA Transition Strategy: Baseline to Target

# Records Officers observations

- Many Records Officers are also responsible for other tasks.
  - OPDIV RMs are not able to focus their full attention to the task of RM.
  - Find balance between available resources and work related requirements.
- Lack of coordination and interface of RM liaisons with Records Offices and management within their own offices.
- Would like to automate the paper process department-wide
- Would like more training on RM functions
- Need of enterprise-wide or hybrid\* RM IT System solution
- RM processes should be integrated with other enterprise processes such HR, security, acquisition, and operations.



# EA Team observation

- NARA and OMB\* recommend that RM should be integrated with the IT System development process. HHS promulgated in 2008 the Enterprise Performance Life Cycle (EPLC)\* which is a framework for IT investments management.
- Audit processes for ensuring that Federal Record Centers are certified in accordance with NARA requirements.
  - Once audit processes are established, processes detailing when, how, and when these centers should be audited need to be addressed.



# Federal Enterprise Architecture RM profile

- Three FEA scenarios for Records Management that demonstrate hypothetical applications of a Electronic Record Keeping System are described below:
  - An agency can opt for a DoD 5015.2-STD certified Records Management Application (RMA) that provides records management functionality for capturing, managing, accessing, storing, and dispositioning records.
  - Another option is to explore a component-based architecture (CBA) that uses records management service components (RMSCs) to accomplish similar functionality.
  - A third option is to develop RMSCs as part of mission applications and link them to RMAs already being used by the agency.

# Opportunities moving forward

- Standardized core RM processes across HHS:
  - Enable automation to improve processes and reduce workload
    - Reduce paperwork
    - Storage cost
    - Improved resource efficiency
    - Access to records when needed
  - Reduce complexity while addressing uniqueness of each OPDIV
  - Should ensure compliance with:
    - Policies
    - Procedures (Processes)
  - Ability to leverage best practices, tools, training across HHS
  - Will help HHS carry out its mission
- Analysis will drive high-level requirements for potential or hybrid\* solution enterprise-wide RM information system
- Incorporate and integrate RM needs in enterprise processes such as EPLC

**RM Transition Plan**

**Business Case for program development**





# Highlights RM Current State

- RM processes across HHS are not standardized.
- There are no department-wide or OPDIV-wide electronic record keeping systems.
- All IT Systems have to be reviewed and scheduled.

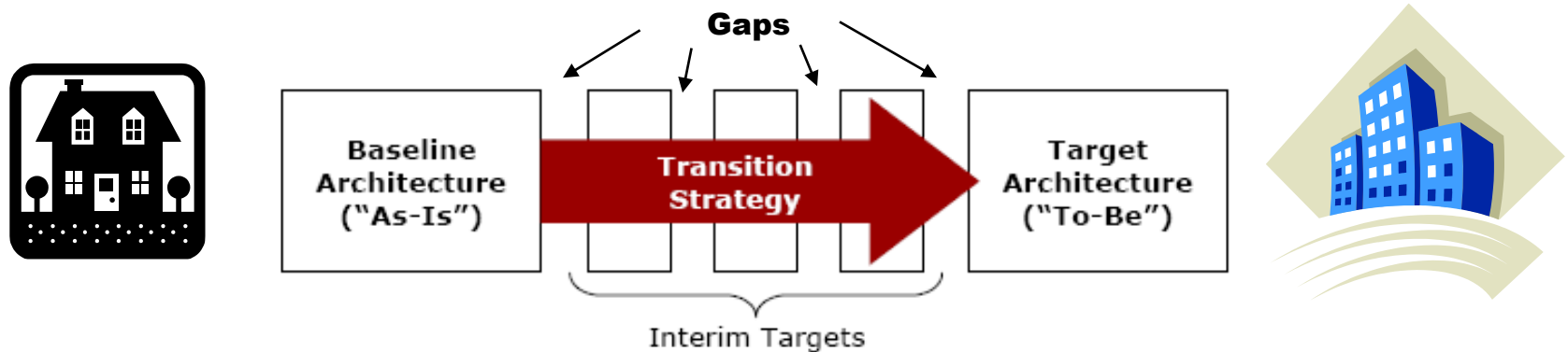
# Quarterly deliverables

**1<sup>st</sup> Qtr (Oct08 – Dec08)** – Current Records Management Business Process

**2<sup>nd</sup> Qtr (Jan09 – March09)** – Gap Analysis

**3<sup>rd</sup> Qtr (April09 – June09)** – Target Records Management Business Process

**4<sup>th</sup> Qtr (July 2009 – September 2009)** – Transition Plan



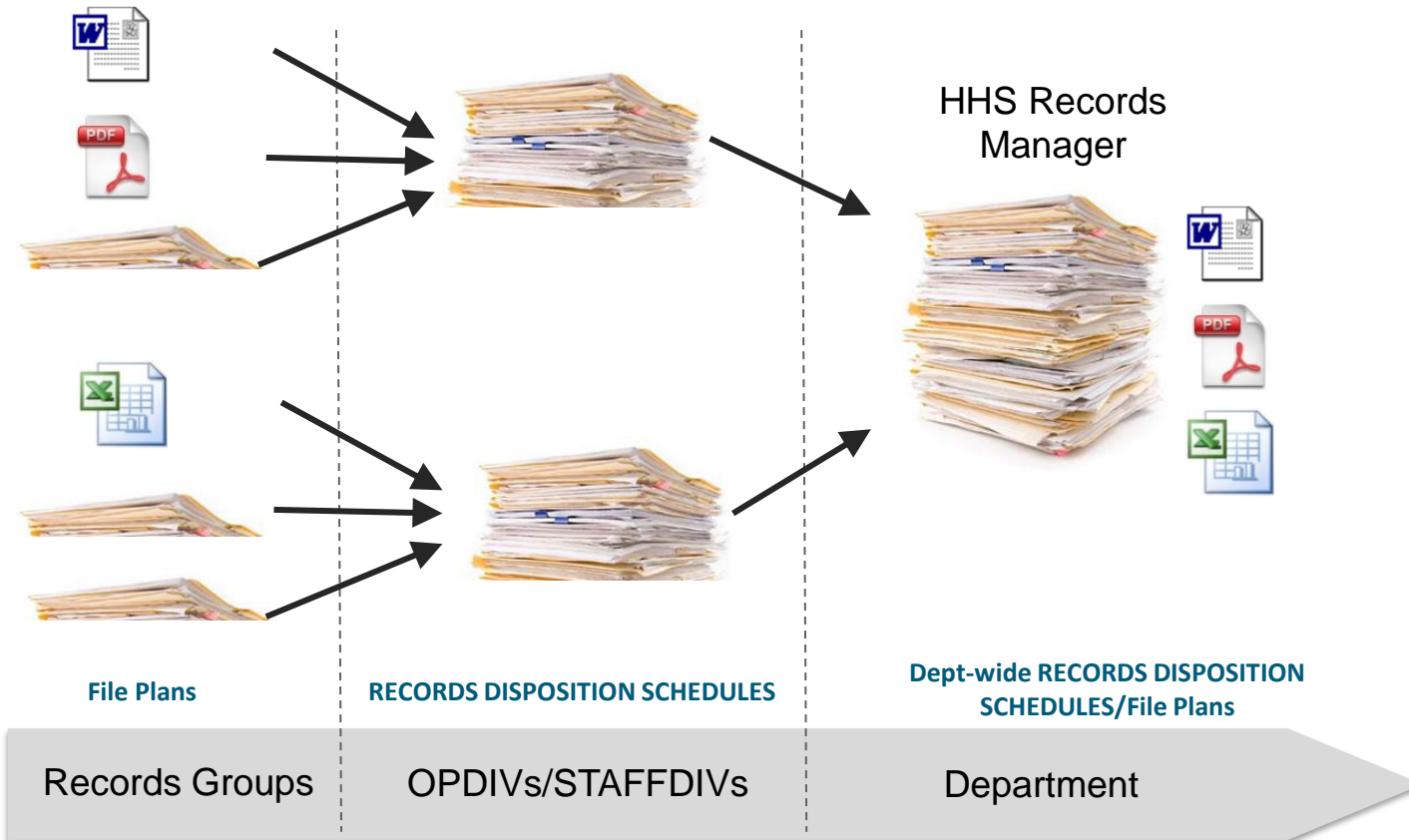
**Transition strategy: Baseline to target**

# Short term tasks

- HHS RM Interim Transition Plan – Milestones
  - Work with CPIC to integrate RM into the EPLC\*
  - Records Officers validate the identified records IT systems per the September 2009 NARA requirement (36 CFR 1228 Subpart K)
  - Use the HHS EA repository to support the categorization of records IT system\*\*
  - Develop guidance for enterprise architects on how to address RM in other segment development efforts.

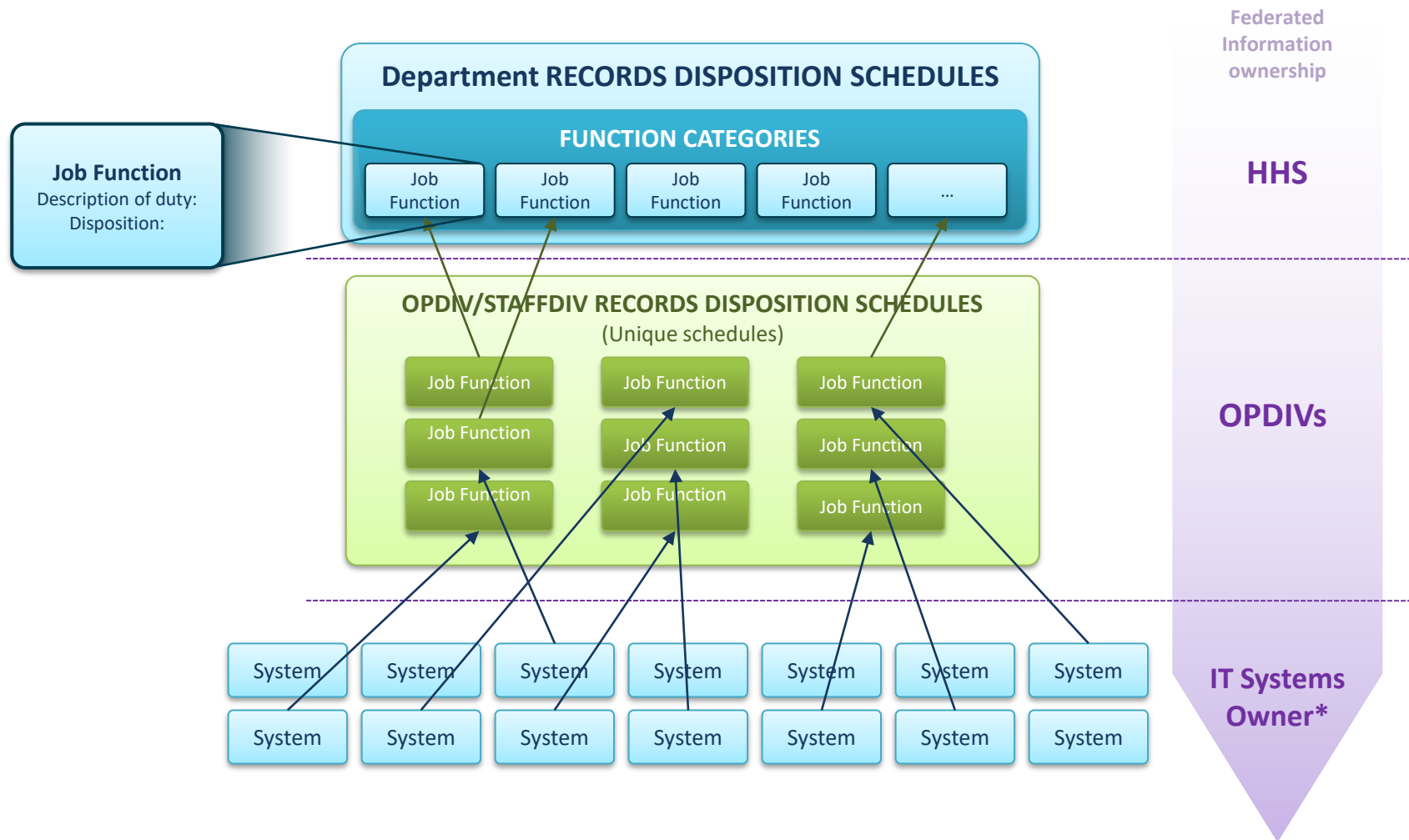
# RM Records Schedules – Current State

## Decentralized Inventory of Record Schedules



# Use of HHS EA Repository for IT Systems alignment with Records Schedule

## Short term solution – Map Information Systems to records schedule



# Timeline for the coming months

