

Department of Health and Human Services (HHS)

HHS Records Management (RM) Program Annual Evaluation of the Strengths and Weaknesses

(For the Period of January 2008-December 2008)

Prepared for:
Secretary of the U.S. Department of Health and Human Services
Assistant Secretary Resources and Technology
And
The HHS Chief Information Officer

Prepared by:
HHS Records Management Council (RMC)
As of
December 31, 2008

Executive Summary

The Health and Human Services (HHS) leadership recognizes that the job of identifying and controlling the documentation needed to support decisions and to accurately depict agency business is essential to the success of the mission. Mandated by public law, all Federal Government agencies are required to make and preserve records containing proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions. These Federal Records are vital, strategic, financial, operational and intellectual assets that are essential to the daily interactions of the Department of Health and Human Services and the public we serve.

In 2007, the Assistant Secretary for Resources and Technology directed that the HHS Records Management Program focus on identifying and proposing solutions to any potential problem areas. The initial assessment identified the following areas needing improvement.

- Oversight/Support
- Specific Written Guidance
- E-Records
- Non-Records
- Training
- Risk
- Responsibilities
- Communications
- Self – Assessment.

The 2008 assessment outlines the specific steps taken and the level of improvement achieved in the nine areas identified. This assessment demonstrates that the risk of creating and maintaining inappropriate records was reduced from a level of “critical” to the level of “significant”. This is mostly the result of improved records management awareness. During 2008, more than 560 employees and contractors were provided basic records management training that outlined their responsibilities.

In addition, 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.

While the Records Management Council is reviewing and updating policies and processes, the Records Management Integrated Program Team is evaluating the department-wide program for the purpose of developing necessary steps and plans for the a records program that would include the latest technology. The first deliverable is to be presented to the Department in January 2009.

The details regarding the steps taken during 2008 are provided in this assessment. Initiatives for 2009 are being developed by the RMC.

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1. HHS Records Management Overview

1.1. Requirement

The Department of Health and Human Services (HHS) is the U.S. government's principal agency for protecting the health of all Americans. The policy and procedures for documenting the actions taken in support of completing this mission is the essence of the Department Records Management Program and mandated by several sections of the United States Code (U.S.C.). A list of the Federal guidelines can be found in attachment A.

In an effort to ensure Department standardization and compliance, the Records Management Council (RMC) was established by Charter on August 21, 2007. The goal of the RMC is to continually seek to improve the Records Management Program through self assessment and program improvement action plans. One of the specific actions required by 36 CFR Subpart B, is to prepare an annual evaluation reporting the strengths and weaknesses of the HHS Records Management Program. The evaluation is prepared by the Chair of the RMC, with review, comment and concurrence by the members before final submission. The report is due on January 31st of each year and reflects the status of the program as of December 31st of the previous year.

1.2. Background

Records Management (RM) is focused on ensuring that all business transactions are documented and maintained in the most economical and efficient manner that is consistent with the mandates. In HHS the RM program has evolved into a decentralized collection of 12 unique programs covering the specific mission areas being performed. Each of the major categories of records being collected is organized into groups that have been assigned numbers from the National Archives and Records Administration. Below you will find the name of the Federal official, the organization and the assigned record group for HHS records.

Records Officer Name	Organization	RG	Work Centers
Douglas Johnson	Administration for Children and Families (ACF)	292, 102, 363	15
Harry Posman	Admin for Aging (AOA)	439	3
Kathleen Melendez	Healthcare Research and Quality (AHRQ)	510 90	9
Jimmy A. Harrison	Centers for Disease Control & Prevention (CDC)	442	17
Vickie Robey	Centers for Medicare & Medicaid Services (CMS)	440	28
Seung Ja Sinatra	Food and Drug Administration (FDA)	88	9
Angela, Tuscani	Health Resources & Services	512 ,	21

		90,102	
Thomas Todacheeny Jr.	Indian Health Service (IHS)	513 90	23
Nyja Defrank	National Institute of Health (NIH)	433	27
Elaine Pankey	Office of Secretary (OS) Office of Public Health and Science (OPHS)	468 235 514 90*	27
Carol Maloney	Program Support Center (PSC)	468 998** 90	5
Lynne Klein	Substance Abuse & Mental Health Services Administration (SAMSA)	511 90	7

*The OS Records Officer is currently performing the records management functions for OPHS. This is a result of a reorganization that was not fully implemented.

**This is a temporary Record Group assigned by the National Archives and Records Administration (NARA). The assignment was made at the request of the Department as a result of a re-organization that was not fully implemented. Records Management duties are performed by the PSC Records Manager with the assistance of the OS Records Officer. The appropriate title for what is currently shown as the PSC Records Officer should be Records Manager for PSC.

1.3. Scope

This assessment covers the period January 2008 to December 2008 and addresses the Record Program being conducted for each Record Group.

1.4. Methods used to prepare the report

The methods used in the preparation of this report consist of:

- Each Record Officer's review and evaluation of their unique Record Groups.
- Interviews conducted by Record Officers with program officials.
- Data calls requesting comments on existing and proposed regulations, guidelines and policy documents.
- Completion of NARA's Self Evaluation Survey.
- Discussions conducted during the monthly RMC meetings.
- Review and comparison of the 2007 assessment and the actions taken in 2008 to improve the program

2. Record Officer Review and Evaluation

2.1 Administration for Children and Families (ACF) Record Officer Douglas Johnson

The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to achieve the following:

- families and individuals empowered to increase their own economic independence and productivity;
- strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children;
- partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, states, and Congress that enable solutions which transcend traditional agency boundaries;
- services planned, reformed, and integrated to improve needed access;
- and a strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities

2.1.1 ACF Records Officer Position

One FTE has been assigned the Records Officer duties as an additional duty. There is not a dedicated FTE to the Records Officer Position. This employee has one contractor (again as an additional duty) to assist in the program. Below is an organization outline showing 15 separate and unique work centers generating records.

- Office of Deputy Assistant Secretary for Administration
- President's Committee for People with Intellectual Disabilities
- Office of Planning, Research and Evaluation
- Office of Public Affairs
- Office of Family Assistance
- Office of Child Support Enforcement
- Office of Refugee Resettlement
- Administration on Developmental Disabilities
- Administration for Native Americans
- Office of Community Services
- Office of Legislative Affairs & Budget
- Administration on Children, Youth, and Families [see organization below]
- Office of Regional Operations
- Office of Head Start
- Child Care Bureau

2.1.2. ACF Accomplishments –

- Reviewed ACF Records Schedules and determined that notebook on file warranted disposition validation
- Completed records inventory survey
- Determined that training should be provided to ACF staff given the number of inquiries and the transition of federal heads of divisions in and out of ACF
- Compiled a list of current employees with records responsibilities and encouraged records liaisons and custodians to recommend others that would benefit from training
- Setup and coordinated three ACF Records Management Training sessions (co-officiated 11/6 and 12/4 sessions with Larry Gray; officiated 12/11 session)
- Requested program offices and regions take an inventory of their records and complete file plan for compilation of updated ACF Records Schedules
- Attended records managers' meetings
- Met with Adam Roth (previous assigned contractor) on 10/21 to review ACF Enterprise Architecture

PERSONAL OFFSITE TRAINING:

- Completed and received certification for KA2:Creating and Maintaining Agency Business Information provided by NARA (College Park) July 23-24
- Attended ARCIS Forum provided by NARA (Washington, DC) 8/20

2.1.3. ACF Future Initiatives – Work with Department to improve ACF Records Program.

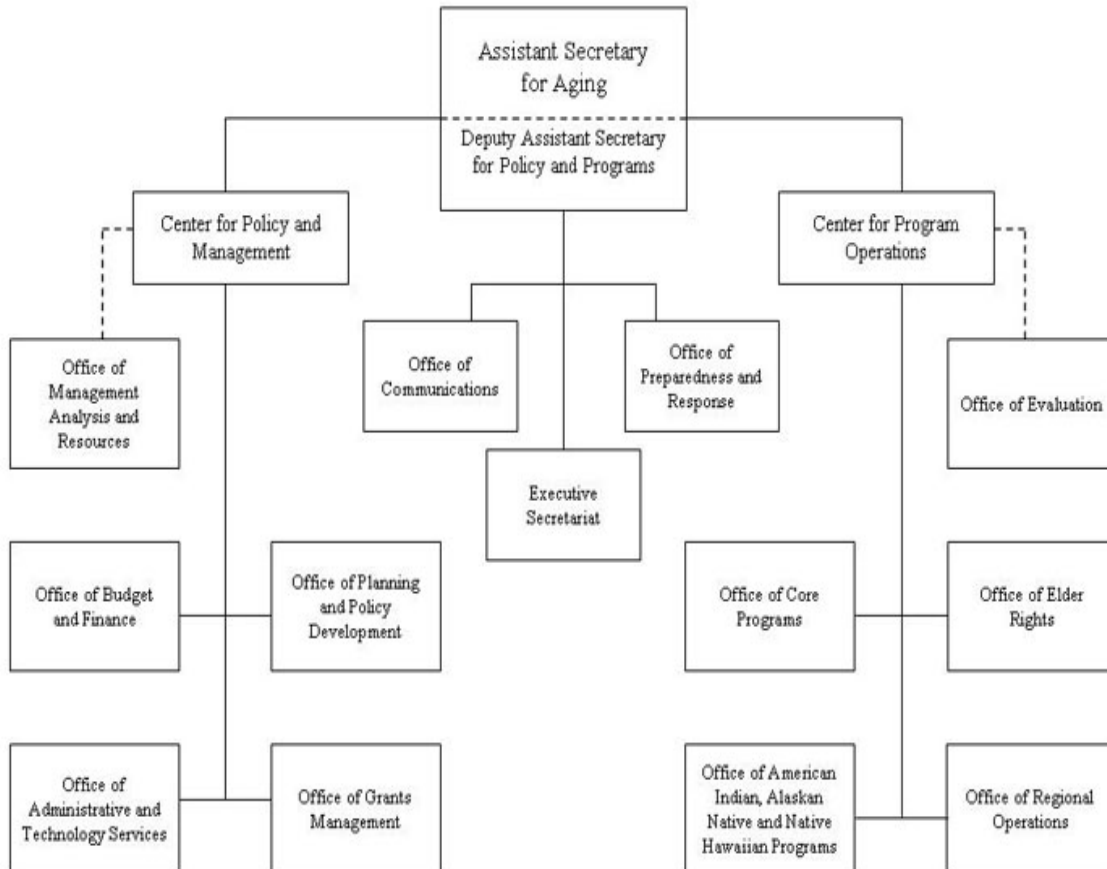
2.1.2 Administration for Aging (AOA) - Records Officer Harry Posman

AoA is the Federal focal point and advocacy agency for older persons and their concerns. In this role, AoA works to heighten awareness among other Federal agencies, organizations, groups, and the public about the valuable contributions that older persons make to the Nation and alerts them to the needs of vulnerable older persons. AoA does this by serving as the Federal agency responsible for advancing the concerns and interests of older persons and their caregivers, and by working with and through the Aging Services Network of State and local public and private organizations, to promote the development of comprehensive and coordinated systems of home and community-based long-term care that are responsive to the needs and preferences of older persons and their family caregivers.

2.2.1 AoA Records Officer Position

The Records Management function is located in the Office of the Executive Secretariat. One FTE has been assigned the Records Officer duties as an additional duty. There is not a dedicated FTE to the Records Officer Position. This employee has one contractor (again as an additional

duty) to assist in the program. Below is an organization (as of December 12, 2008) chart showing 3 Centers with 16 Offices generating records.



2.2.2 AoA Records Management Accomplishments

With consultation from the National Archives and Records Administration (NARA) the Administration on Aging (AoA) conducted an agency-wide records inventory which resulted in the development and subsequent approval of disposition schedules for AoA records not covered under the General Records Schedule. The following schedules have been approved by the Archivist of the United States for the AoA:

- The Immediate Office of the Assistant Secretary

- The Office of the Executive Secretariat
- The Center for Policy and Management

Once the aforementioned records disposition schedules were in place AoA began preparing for the transfer of appropriate records to the National Archives and for the disposal of records in accordance with the retention periods outlined in the schedules. AoA also utilized an existing disposition schedule dedicated to the White House Conference on Aging (WHCoA) to transfer records not only from the most recent conference in 2005 but also records from previous White House Conferences dating back to 1961.

▪ **Accomplishments during 2008**

During this year we transferred to the National Archives records and disposed of duplicate copies in the Office of the Executive Secretariat covering the years 1998-2004.

The AoA Records Officer has reported all updates, bulletins and notices regarding records management to the appropriate members of Senior Management within the Agency. Topics senior officials are appraised of include:

- Removal of Records;
- Schedules of Daily Activities of Senior Officials as official records;
- Unclassified Controlled Information
- Guidance related to transition team documents, and
- SES Performance Measures related to Records Management.

The AoA Records Officer has drafted materials on Records Management to be included in New Employee Orientation packages. This material includes brief descriptions of Federal records, employee record responsibilities and guidance related to removal of records upon departure from the Agency. Procedures were implemented for sign-off by the Records Officer, relating to the disposition of records upon departure from the Agency.

2.2.3. AOA Future Initiatives

- Continue with the transfer of appropriate records to the National Archives.
- Develop and implement a plan for annual audits of existing filing systems in the major Centers of the Agency, to document the proper storage and disposal of records according to appropriate records disposition schedules.

2.3 Agency for Healthcare Research and Quality (AHRQ) Records Officer Kathleen Melendez

As 1 of 12 agencies within the Department of Health and Human Services (HHS), the Agency for Healthcare Research and Quality (AHRQ) supports health services research initiatives that seek to improve the quality of health care in America. AHRQ's mission is to improve the quality, safety, efficiency, effectiveness, and cost-effectiveness of health care for all Americans.

2.3.1 AHRQ Records Officer Position

One FTE has been assigned the Records Officer duties as an additional duty. There is not a dedicated FTE to the Records Officer Position. Below is an organization chart showing 9 separate and unique work centers generating records.

[Center for Delivery, Organization, and Markets \(CDOM\)](#)

[Center for Financing, Access and Cost Trends \(CFACT\)](#)

[Center for Outcomes and Evidence \(COE\)](#)

[Center for Primary Care, Prevention, and Clinical Partnerships \(CP3\)](#)

[Center for Quality Improvement and Patient Safety \(CQuIPS\)](#)

[Office of the Director \(OD\)](#)

[Office of Communications and Knowledge Transfer \(OCKT\)](#)

[Office of Extramural Research, Education and Priority Populations \(OEREP\)](#)

[Office of Performance Accountability, Resources, and Technology \(OPART\)](#)

2.3.2 AHRQ Accomplishments

AGENCY-WIDE records inventory was performed. From it an up-to-date inventory was established that will be used to build the new Records Schedule and assist in creating the electronic Records Program.

2.3.2 AHRQ Future Initiatives

- Create a position description for a Records Manager.
- Involve upper management in the Records Management Program which will enhance its level of importance.
- Work with Archivist to update AHRQ's Records Schedule based on new Files Plan.
- Schedule In-house Records Management Awareness training for all staff especially upper management.
- Create a trustworthy, reliable and usable Department-wide record keeping system.
- Ensure AHRQ's compliance with Federal and HHS guidelines for Records Management.
- Ensure that Records Management issues are addressed.
- Establish an Agency Records Group.

- Involve IT in Record's Management Program; and, involve them in creating the Electronic Records program.
- Incorporate into COOP Plan.
- Establish Vital Records Program
- Incorporate Records Program into New Employee Orientation and Exit Interview
- RM Management incorporate into AHRQ intranet

2.4 Center for Disease Control and Prevention – Records Officer Jimmy Harrison

The CDC uses collaboration to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

CDC seeks to accomplish its mission by working with partners throughout the nation and the world to

- monitor health,
- detect and investigate health problems,
- conduct research to enhance prevention,
- develop and advocate sound public health policies,
- implement prevention strategies,
- promote healthy behaviors,
- foster safe and healthful environments,
- provide leadership and training.

Those functions are the backbone of CDC's mission. Each of CDC's component organizations undertakes these activities in conducting its specific programs. The steps needed to accomplish this mission are also based on scientific excellence, requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice.

2.4.1 CDC Records Officer Position

One FTE has been assigned the Records Officer duties as an additional duty. There is not a dedicated FTE to the Records Officer Position. Below is an organization chart showing 16 separate and unique work centers and the generating records. In addition, the Records Officer supports the Agency for Toxic Substances and Disease Registry (ATSDR). The mission of the ATSDR is to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related to toxic substances he public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related to toxic substances.



2.4.2. CDC Accomplishments -

- Created a web site to explain the 2002 E-gov Act Records Management requirement. It includes OMB/NARA releases, training material, and most importantly a database where records liaison and their IT teams can download metadata on CDC Systems. This data will be used to develop schedules.

- Developed Standard Operating Procedures for several records retirement functions managed through the CDC Database including records retirements, records creation and classification, reference requests for FRC Records and the CDC Records Destruction Review Process.
- Established major training initiatives that trained more than 40 Senior CDC Records Liaisons in records creation, classification, retirement, and destruction. These 3 hour training sessions were done at the Senior Liaisons Desks through the established records management portals.
- Developed a policy for the use of electronic records and forms for routine purposes

2.4.2 CDC Future Initiatives

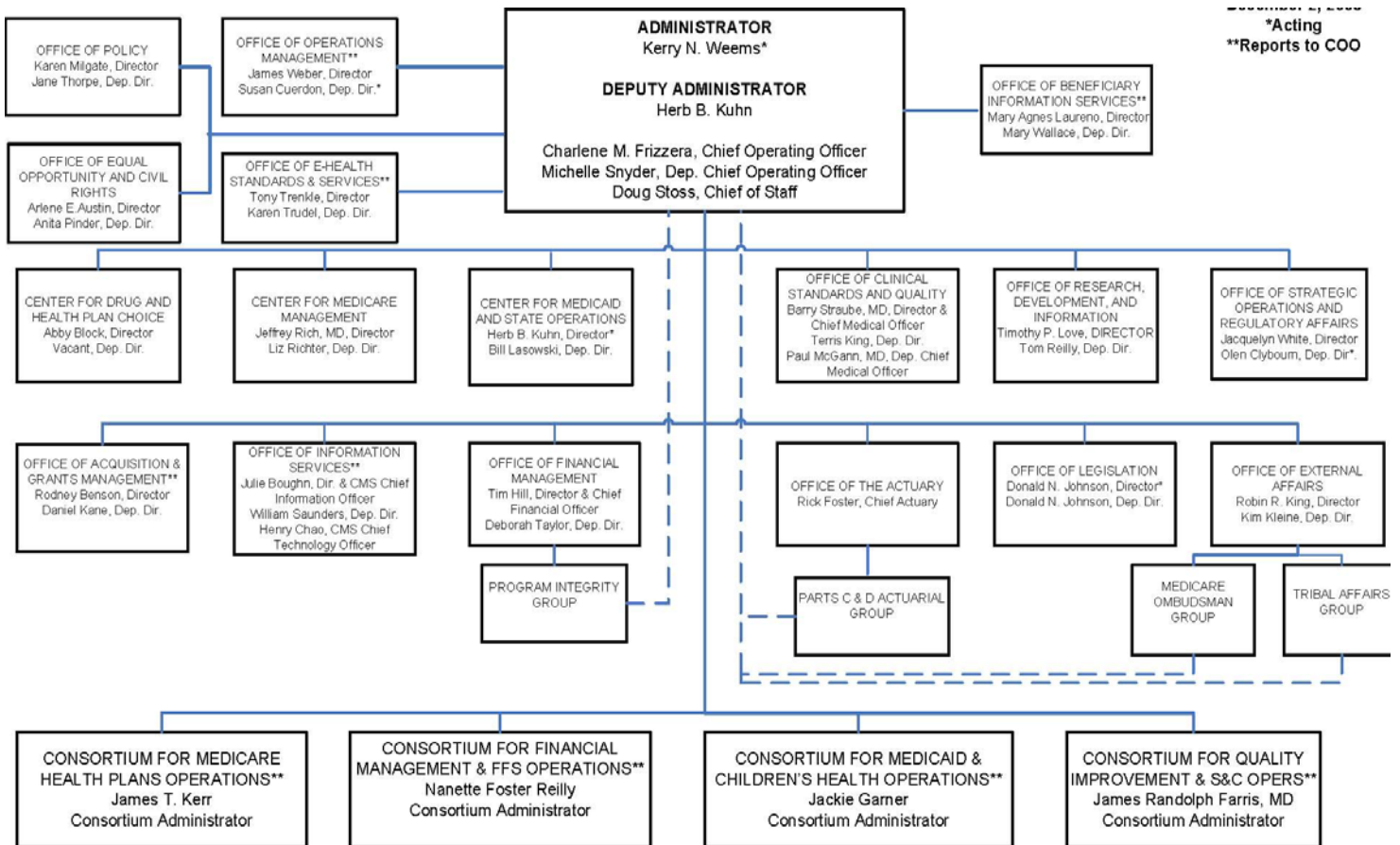
- Develop interactive training sessions in the following areas:
 - Records Management for New Employees
 - Records Management for New Supervisors
 - Records Management for IT personnel

2.5 Centers for Medicare & Medicaid (CMS) - Records Officer Vickie Robey

CMS' mission is to ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries. The Centers for Medicare & Medicaid Services (CMS) directs the planning, coordination and implementation of the programs under Titles XI, XVIII and XIX of the Social Security Act (Medicare, Medicaid, Prescription Drug, State Children's Insurance Program, etc.)

2.5.1 CMS Records Officer

CMS is composed of 28 Centers/Offices (18 Headquarters and 10 Regional). CMS' Records Officer function resides within the Office of Strategic Operations and Regulatory Affairs (OSORA), Issuances and Records Management Group (IRMG). The Records Officer provides management and oversight of records policy and compliance and provides guidance and outreach to all CMS Offices as well as CMS' Medicare partners/contractors. Below is CMS' organizational chart.



The Centers for Medicare & Medicaid Services (CMS) Records Management Program has 2 FTEs and 1 alternate. All three employees reside within OSORA/IRMG whose duties are:

- CMS Records Officer (1 FTE)
- CMS Vital Records Liaison (1 FTE)
- Alternate (backup to the Records Officer who performs full-time duties for another function within IRMG). CMS is assigned NARA Record Group Number (440) to be used for scheduling records and for the transfer/storage/servicing of CMS records at the FRCs.

2.5.2. CMS Accomplishments -

CMS Accomplishments - CMS has an operating records management program which includes a Vital Records Program. Our Vital Records Program has a Vital Records Coordinator appointed in each Center/Office as well as our 10 Regional Offices. Records Liaison Officers are also appointed in each of the 10 Regional Offices. A Records Custodian has also been appointed to coordinate litigation holds for the agency with our General Counsel and CMS Centers/Offices. We have updated specific guidelines for the retention of E-mail records as well as exit procedures to prevent the loss of agency information. CMS has a records management tool on the Intranet which provides records management information to all employees. We are developing a business process model for our records management functions and have mapped out a business process model for electronic records. These business process models are being used as a guide by the Department to develop a Department-wide records management program and recordkeeping system. Identified the mission-related electronic records systems/series and provided the name and brief descriptions to NARA.

2.5.3. CMS Future Initiatives

Working towards finalizing a Records Management Business Process Model to create a reliable and usable agency-wide record keeping system. Will continue to identify and schedule new program area records as well as their electronic systems. Appointing a Records Liaison Officer for each Center/Office within CMS. Compliance with NARA directives for facility storage standards and e-Records scheduling.

2.6 Food and Drug Administration (FDA) – Records Officer Seung Ja Sinatra

The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. The FDA is also responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and helping the public get the accurate, science-based information they need to use medicines and foods to improve their health.

2.6.1 FDA Records Officer Position

One FTE has been assigned Record Officer duties. Below is an organization chart showing 9 separate and unique work centers and the generating records.

FDA Center/Office/Websites/Organization:

- Center for Biologics Evaluation and Research (CBER)
- Center for Devices and Radiological Health (CDRH)
- Center for Drug Evaluation and Research (CDER)
- Center for Food Safety and Applied Nutrition (CFSAN)
- Center for Veterinary Medicine (CVM)
- National Center for Toxicological Research (NCTR)
- Office of Chief Counsel
- Office of the Commissioner (OC)
- Office of Regulatory Affairs (ORA)

2.6.2 FDA Accomplishments

2.6.2.1 Updated Records Management Policies

- Revised Staff Manual Guide 3291.1, Records Management Policy
- Revised Staff Manual Guide, 3291.3, Records Management Guidance for Departing Employees

2.6.2.2 Updated Status of FDA's Updated Records Control Schedules, including Electronic Information Systems

- ***Schedules Approved by NARA and Posted on the FDA Intranet:***
 - Agency-wide schedules including OC (excluding the Dockets schedules)
 - CBER schedules (excluding Electronic Information Systems.
 - CDER schedules (excluding New Drug Application (NDA) files)
 - NCTR Schedules
- ***Schedules at NARA for Final Approval***
 - CDER NDA schedules: review by OCC has been completed and it is being published in the Federal Register.
 - CDRH
 - CVM
 - Training schedule
 - ORA
 - Agency-wide Inspection and Compliance Action Case Files
 - Dockets Schedules: Due to the change in leadership within Dockets and the implementation of the Federal Dockets Management System (FDMS), there

have been changes in business processing. The schedules previously submitted have been revised to reflect these changes.

- *Schedules at OCC for Review*
 - CFSAN
 - CBER Electronic Information Systems
 - Planning and Policy
- *Schedules at HHS for Review*
 - ORA – 2 schedules submitted
 - Inspection and Compliance revised schedule.

2.6.2.3 Improved Records Management Training:

- Improved the records management Intranet site to facilitate easier access and added “Frequently asked Questions and Answers” on various records related subjects.
- In addition to regular training activities, evaluated the records management training module developed by NARA to load on the Intranet for all employees to use.

2.6.2.4 Special Projects Initiated and Completed:

- Completed the Records Section Project that was performed between 10/07 and 11/2008, with the following work products:
 - A database which contain the description and final disposition of 208,075 documents.
 - 480 records boxes have been transferred to the Washington National Record Center.
 - 944 records boxes have been reviewed by center subject experts and identified as original and will be maintained by the Center/Office.
 - 1064 records boxes have been identified as true duplicate copies by center/office subject experts.
 - Provided support to develop an “as is” business process assessment for the records management segment of the Federal Enterprise Architecture.
 - Continued support for the Common Electronic Document Room (EDR) Project.

2.6.3 FDA Future Initiatives

- Prepared and post a 508 compliant records management training module on the Intranet.
- Develop an annual mandatory records management training program.
- Improve the annual records management evaluation process.
- Complete the revision of the Staff Manual Guides (SMGs) relating to records management.
- Support the Vital Records Management Program.

2.7 Health Resources & Services Administration (HRSA) – Records Officer Angela Tuscani

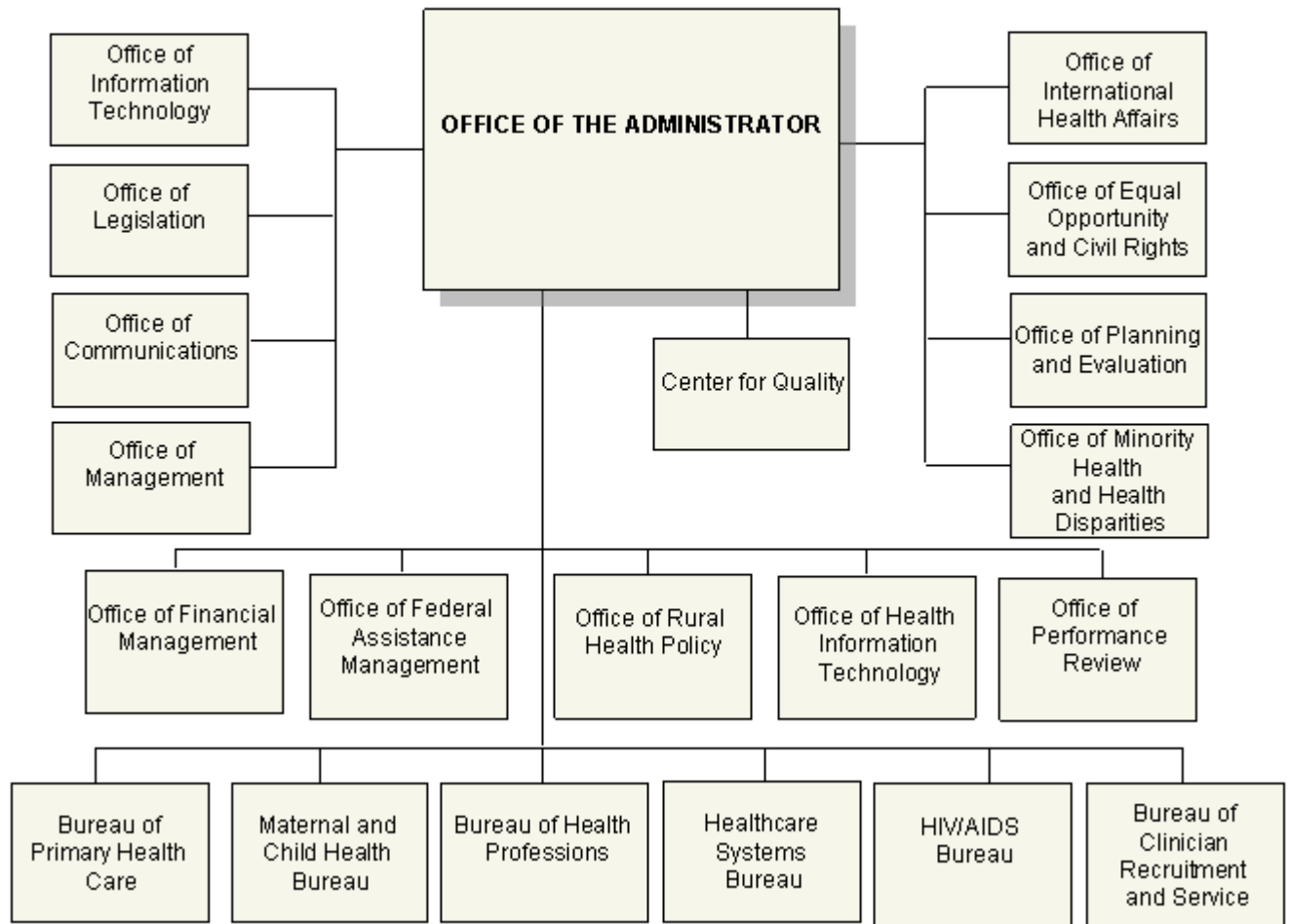
The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

HRSA oversees organ, tissue and blood cell (bone marrow and cord blood) donation and vaccine injury compensation programs, and maintains databases that protect against health care malpractice and health care waste, fraud and abuse

2.7.1 HRSA Records Officer Position

One FTE has been assigned the Records Officer duties as an additional duty. There is not a dedicated FTE to the Records Officer Position. Below is an organization chart showing 21 separate and unique work centers and the generating records.

Health Resources and Services Administration



2.7.2 HRSA Accomplishments – Pending review of the HRSA Records Officer.

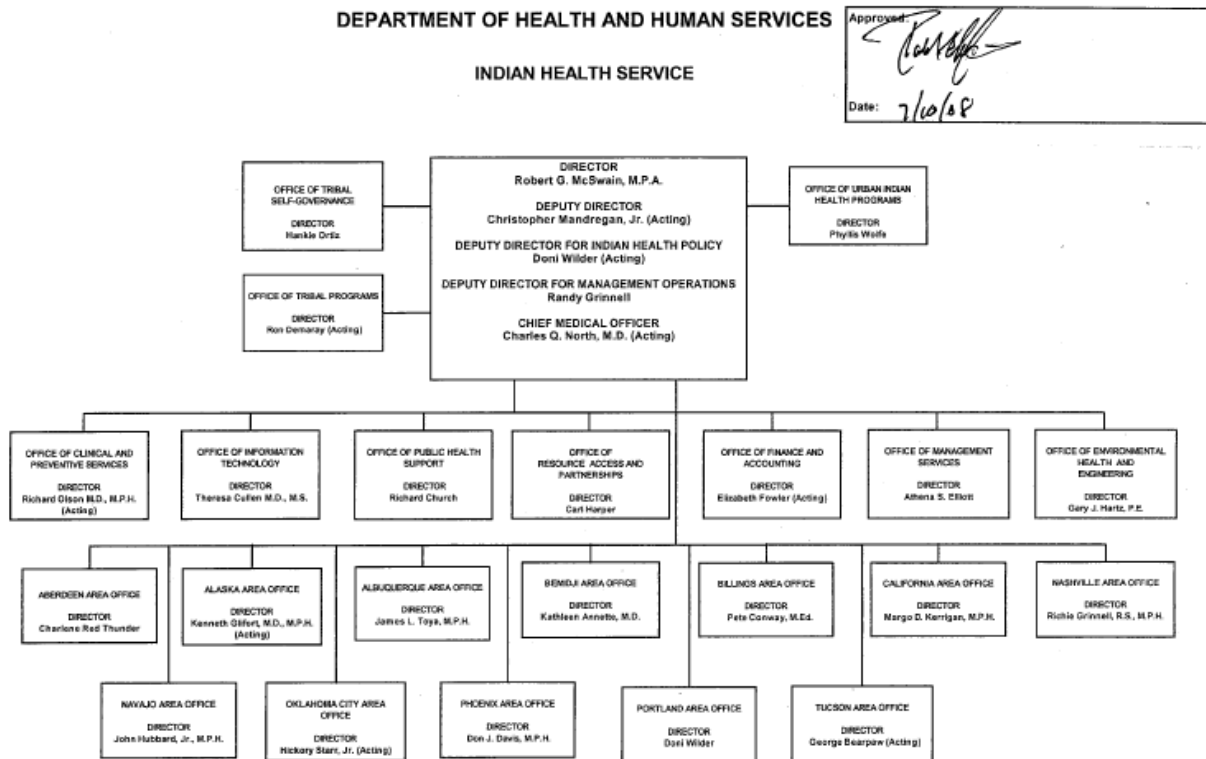
2.7.1 HRSA Future Initiatives – Pending review of the HRSA Records Officer.

2.8. Indian Health Service (IHS) – Thomas Todacheeny Records Officer – Kelvin Vandever Acting Records Officer

The Mission, Goal, and Foundation of the Indian Health Service, in partnership with American Indian and Alaska Native people is to raise their physical, mental, social, and spiritual health to the highest level; to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people; and to uphold the Federal Government’s obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

2.8.1 IHS Records Officer Position

One FTE has been assigned as a primary duty to the Records Officer Position. Below is an organization chart showing separate and unique work centers.



2.8.2. IHS Accomplishments

The IHS Records Management Program is managed in accordance with Federal law and regulations. Inactive program records are routinely sent to the Federal Records Centers at all

echelons. New record series are sent to the National Archives and Records Administration appraisal archivist for records disposition authority. Meetings and/or conference calls are held with the IHS Records Management Network to share records management information. Topics have included records policy development, new records training, preparation for administration change, overviews of each OPDIV’s respective records programs, litigation readiness, and approaching the electronic records scheduling process. Basic Records Management Training is provided throughout the year at the Headquarters and Area levels.

2.8.1 IHS Future Initiatives

The IHS Records Management Program continues to work with IT, the health professional community, and the Health Records Consultants in scheduling the Electronic Health Record (EHR). Currently, we are waiting for IT to complete the technical descriptions of the inputs, internal workings and the outputs of the EHR. IHS Records Management Program continues to identify and schedule new program records, including electronic records.

2.9. National Institutes of Health (NIH) – Nyja Defrank Records

The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the primary Federal agency for conducting and supporting medical research. Helping to lead the way toward important medical discoveries that improve people's health and save lives, NIH scientists investigate ways to prevent disease as well as the causes, treatments, and even cures for common and rare diseases. Composed of 27 Institutes and Centers, the NIH provides leadership and financial support to researchers in every state and throughout the world.

NATIONAL INSTITUTES OF HEALTH			
<p><i>Office of the Director Program Office:</i> Division of Program Coordination, Planning, and Strategic Initiatives (HNAW)</p>		<p><i>Office of the Director Staff Offices:</i> Office of Extramural Research Office of Intramural Research Office of Management/Chief Financial Officer Office of Science Policy Office of Communications and Public Liaison Office of Equal Opportunity and Diversity Management Office of Legislative Policy and Analysis Executive Office Office of the Ombudsman/Ctr. for Cooperative Resolution NIH Ethics Office Office of the Chief Information Officer</p>	
National Cancer Institute	National Eye Institute	National Heart, Lung, and Blood Institute	National Human Genome Research Institute
National Institute on Aging	National Institute on Alcohol Abuse and	National Institute of Allergy and Infectious	National Institute of Arthritis and

	Alcoholism	Diseases	Musculoskeletal and Skin Diseases
National Institute of Biomedical Imaging and Bioengineering	National Institute of Child Health and Human Development	National Institute on Deafness and Other Communication Disorders	National Institute of Dental and Craniofacial Research
National Institute of Diabetes and Digestive and Kidney Diseases	National Institute on Drug Abuse	National Institute of Environmental Health Sciences	National Institute of General Medical Sciences
National Institute of Mental Health	National Institute of Neurological Disorders and Stroke	National Institute of Nursing Research	National Library of Medicine
Fogarty International Center	National Center for Complementary and Alternative Medicine	National Center on Minority Health and Health Disparities	National Center for Research Resources
Clinical Center	Center for Information Technology	Center for Scientific Review	

2.9.1 NIH Records Officer Position

The NIH Records Management Officer (RMO) and staff provide management and oversight of records policy and compliance and provide guidance and outreach to the NIH Office of the Director (OD) and 27 IC RM Liaisons. NIH currently has 52 FTE part-time liaisons residing in the NIH OD and ICs who partner with the NIH RMO to receive updated guidance, instructions and standard procedures for use in their respective organizations to ensure consistency and compliance throughout NIH.

The NIH Records Management Program is responsible for the following records management functions:

- Identify and establish standards/guidelines for documenting and maintaining transactions
- Maintain a reliable and usable NIH-wide record keeping system with an up-to-date Records Management Tracking Inventory List of all records stored/awaiting disposal at the Washington National Records Center (WRNC) and those sent permanently to the National Archives and Records Administration (NARA) for historical archiving
- Evaluate and measure compliance with Federal and HHS guidelines
- Provide Records Management education, outreach and training
- Ensure that Records Management issues are addressed in:
 - Strategic Planning
 - Business Process Design
 - Capital Planning and Investment Control
 - Solutions Development Lifecycle
 - Enterprise Architecture
 - Information Security
 - Risk Management Assessments
 - Continuity of Operations Plans (COOP)

Each NIH OD and IC RM Liaison at the NIH is responsible for providing information to the NIH Records Management Program in support of the above functions in their specific organizational areas.

2.9.2. NIH Accomplishments

NIH accomplishments include the following projects and initiatives:

- In compliance with Federal mandates (Proper Management of Vital Records - 44 U.S.C. 3101; Management of Vital Records Program – 36 CFR 1236; Emergency Preparedness - Executive Order 12656, Part 2; and Federal Preparedness Circular 65) NIH RMO Office participated in the NIH COOP Working Group to:
 - Review and edit portions of the NIH COOP to include language specific to vital records and federal records management guidelines
 - Develop Annex D – Vital Records – of the NIH COOP
 - Completion of the Vital Records Inventory Project
 - Created an NIH wide Vital Records Inventory
 - Obtained copies of all Vital Records on the NIH Vital Records Inventory
 - Housed all copies of Vital Records on a secure information system
 - Sent back up copies to a Federal Records Center off the east coast to meet the COOP “Emergency Level One” requirement.
- Developing a clearer and more comprehensive updated policy document for use by NIH staff for records management (NIH Manual Chapter 1743). Changes currently incorporated or scheduled include:
 - Updating information regarding disposition schedules in compliance with NARA guidelines
 - Review of other NIH Manual Chapters to ensure appropriate records management language is included and consistent with Manual Chapter 1743
- Effectively managed and tracked expenditures by the NIH OD and ICs for the FY08 WNRC Storage and Service Fees
- Participated as NIH representatives on the HHS Records Officers OPDIV Meetings and provided comments to the Sr. HHS RMO for related Records Management Policies and the latest version of the HHS Records Management Council Charter.

The NIH Records Management Program continues to not only meet but exceed standards set in HHS Records Management expectations and guidance. We continue to foster positive working relationships both within our OPDIV as well as other Federal organizations including other DHHS components, and NARA.

2.9.3. NIH Future Initiatives

- Continue to develop clear and comprehensive records management policies for the NIH Manual Chapter 1743 – Keeping and Destroying Records
- Conduct Vital Records annual reviews to maintain compliance with the NIH Manual Chapter 1744- Vital Records and related Federal mandates

- Collect current and new copies of all NIH Vital Records cited on the NIH Vital Records Inventory as well as backed up records
- Schedule all NIH electronic systems with records, including web applications, to meet the NARA September 2009 deadline

The Department of Health and Human Services leads the Nation's efforts in protecting the health of all Americans and providing essential human services to those in need.

2.10.1 OS Records Officer Position

One FTE has been assigned as a primary duty to the Records Officer Position. Below is an organization listing showing 27 separate and unique work centers and the generating records.

- **Immediate Office of the Secretary (IOS)**
- **Office of the Deputy Secretary (DS)**
- **Office of the Chief of Staff (COS)**
- **Office of the Executive Secretariat (ES)**
- **Office of Documents and Regulations Management (ODRM)**
- **Scheduling and Advance Office (SAO)**
- **Office of Security and Strategic Information (OSSI)**
- **Assistant Secretary for Administration and Management (ASAM)**
- **Assistant Secretary for Resources and Technology (ASRT)**
- **Office of Public Health and Science (OPHS)**
- **Assistant Secretary for Legislation (ASL)**
- **Assistant Secretary for Planning and Evaluation (ASPE)**
- **Assistant Secretary for Public Affairs (ASPA)**
- **Office of the Assistant Secretary for Preparedness and Response (ASPR)**
- **Departmental Appeals Board (DAB)**
- **Office for Civil Rights (OCR)**
- **Office of Global Health Affairs (OGHA)**
- **Office of Intergovernmental Affairs (IGA)**
- **Office of the Secretary's Regional Directors**
- **Office on Disability (OD)**
- **Office of Inspector General (OIG)**
- **Office of Medicare Hearings and Appeals (OMHA)**
- **Office of the National Coordinator for Health Information Technology (ONC)**
- **Office of the General Counsel (OGC)**
- **Center for Faith-Based and Community Initiatives (CFBCI)**
- **Surgeon General (SG)**
- **Program Support Center (PSC)**

2.10.2 OS Accomplishments

- The RO coordinated training requirements with the Office of the General Counsel and the Office of Human Resources.
- The RO provided group and one-on-one training for new OS Records Coordinators, Records Managers, Records Liaisons, and Co-Liaisons.
- The RO provided formal and informal one-on-one training for Career Senior Management and Political employees as requested.
- The RO conducted an agency-wide records inventory which resulted in the development of updated files plans and draft disposition schedules for OS records not covered under the General Records Schedule.
- The RO worked with the Office of Human Resources to ensure that records were a part of the on boarding and de-boarding process.
- Proposed an alternative to printing e-mails to paper.
- Established a working relationship with the Assistant Secretary for Management (ASAM) to create a records management hierarchy in OS and establish Records Coordinators, Records Managers, Records Liaisons, and Co-Liaisons.
- Files plans were created and validated against NARA's General Records Schedules, and existing OS, OPHS, and PSC Record Schedules.
- The RO coordinated a temporary storage area at HHS for records pending WNRC approval/shipment to storage which resulted in a cost savings.
- The RO shipped 904 boxes of approved records to the Washington National Records Center (WNRC) for storage which consisted of inventorying all boxes, assisting with preparation of the appropriate paperwork and having boxes organized and stacked on pallets according to the WNRC specifications.
- The RO retrieved approximately 100 boxes back from storage at the WNRC for FOIA requests.
- The RO has reported all updates, bulletins and notices regarding records management to the appropriate members of Senior Management within the Agency. Topics include: Removal of Records, Schedules of Daily Activities of Senior Officials as official records, Guidance related to transition team documents, and SES Performance Measures related to Records Management.
- The RO provided assistance to the EA segment architect team as requested.

2.10.3 OS Future Initiatives

- 1) Continue to work jointly with HR with regards to ongoing training sessions for the following areas: Records Management for New Employees, Records Management for New Supervisors, Records Management for IT Personnel, and Records Management for Departing Employees.
- 2) Promote records awareness.
- 3) Continue with the transfer of appropriate records to the Washington National Records Center for storage or the National Archives for permanent preservation.

- 4) Develop and implement a plan for annual audits in order to keep files plans current and continue to identify and schedule new program records, including electronic records.

2.10.4 Program Support Center – Carol Maloney Records Officer

The Program Support Center (PSC), Administration for Asset Management, Office of the Secretary, was created in 1995 to provide a wide range of administrative support within the Department of Health and Human Services, allowing the Department Operating Divisions to concentrate on their core functional and operational objectives.

2.10.4.1 PCS Records Officer Position

The PSC Records Management Office is located in the Division of Freedom of Information Act Services (FOIA), records management is a collateral duty for the PSC Records Officer. She is also the PSC Privacy Officer and FOIA Officer, and serves as the FOIA Appeals Officer for the Public Health Service agencies.

PSC has five service units: Administrative Operations Service (AOS), Enterprise Support Service (ESS), Federal Occupational Health Service (FOH), Financial Management Service (FMS), and Strategic Acquisition Service (SAS).

2.10.4.2 PSC Accomplishments

- In 2008, PSC conducted an inventory of its record systems.

2.10.4.3 PSC Future Initiatives

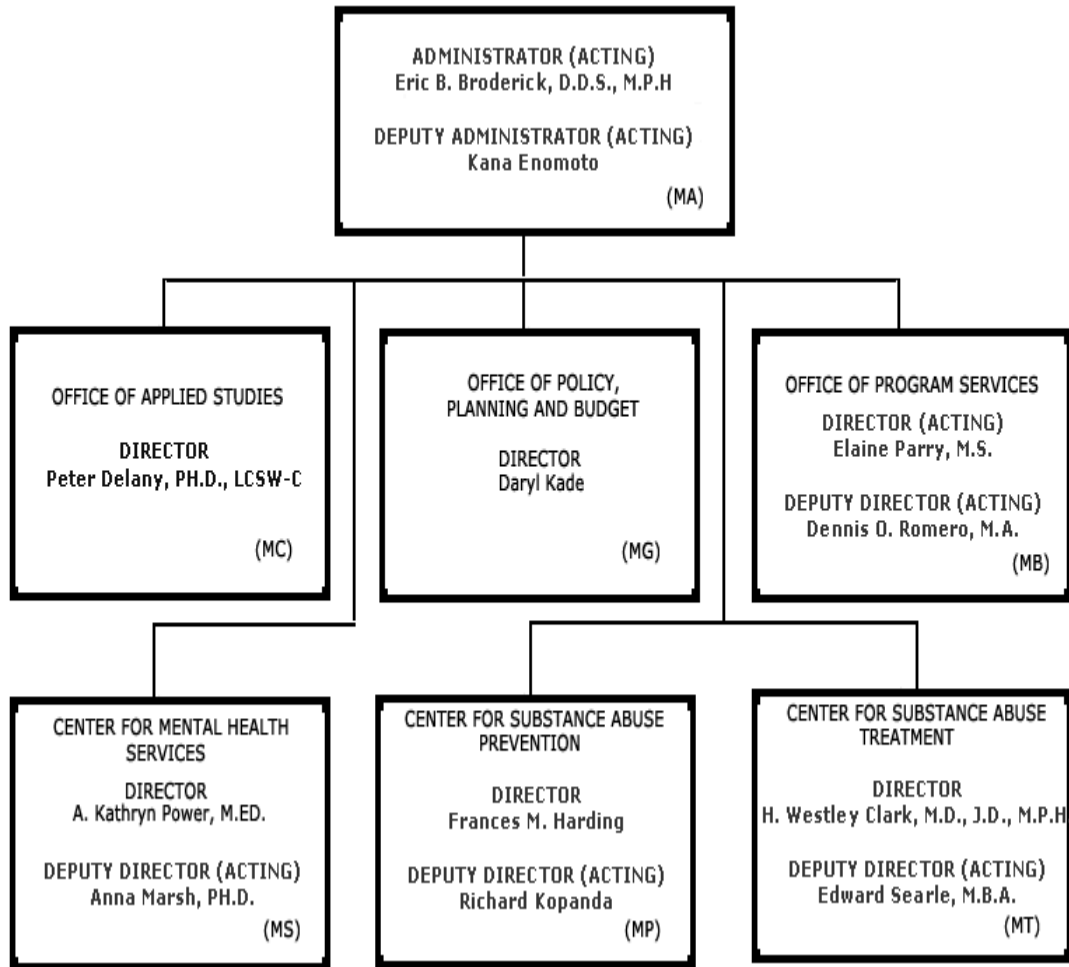
- Increase employee awareness of records management issues.
- Review and revise the 2008 inventory, and identify areas for enhancement.

2.11 Substance Abuse & Mental Health Services Administration (SAMHSA) Records Officer - Lynne Klein

The Substance Abuse and Mental Health Services Administration (SAMHSA) has established a clear vision for its work -- a life in the community for everyone. To realize this vision, the Agency has sharply focused its mission on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders. SAMHSA is gearing all of its resources -- programs, policies and grants -- toward that outcome.

2.11.1 SAMHSA Records Officer Position

One FTE has been assigned the Record Officer duties as an additional duty. There is not a dedicated FTE assigned to the Records Officer Position. Below is an organization chart showing eight separate and unique work centers and the generating records.



2.11.2 SAMHSA Accomplishments

- SAMHSA has promoted “Records Management”;
- SAMHSA has sent an inventory of records to the Department;
- SAMHSA has participated in providing information to the Department Enterprise Architect Team

2.11.3 SAMHSA Future Initiatives

- SAMHSA will update Records Control Schedule;
- SAMHSA will increase records training;
- Promote records awareness; and will
- Promote scheduling of electronic recordkeeping initiatives.

3. Department Records Management Program

The Department Records Officer (DRO) position is located in the Office of the Assistant Secretary for Resources and Technology (ASRT), Office of the Chief Information Officer (OCIO), Office of Resources Management (ORM). The DRO develops and implements strategies focused on ensuring the compliance of Federal mandates promulgated by the National Archives and Records Administration (NARA), General Services Administration (GSA), the Office of Management and Budget (OMB) and other oversight organizations. The appointment of the DRO is made by the Deputy Assistant Secretary for Information Technology (DASIT). In addition to the appointment of the DRO, two alternates DRO's, Elaine Pankey (Acting OS Records Officer) and Terry Nicolosi (Director Office of Information Resources (ORM)) were appointed.

Records Management Functions:

- Identify and establish standards/guidelines for documenting and maintaining transactions.
- Create a trustworthy, reliable and usable Department-wide record keeping system.
- Evaluate and measure compliance with Federal and HHS guidelines.
- Provide Records Management training.
- Ensure that Records Management issues are addressed in:
 - Strategic Planning
 - Business Process Design
 - Capital Planning and Investment Control
 - Solutions Development Lifecycle
 - Enterprise Architecture
 - Information Security

In support of the strategic planning and business process design functions, the CIO requested the Director Office of Resources Management to prepare a project plan with the Records Officer using traditional project management tools to establish time lines closing gaps found in the 2007 assessment. In addition the project plan was to identify and address resources needed to improve the Records Management Program.

4. 2007 Annual Assessment Gaps and 2008 Actions Taken

The 2007 Annual Evaluation identified the following areas that needed improvement.

- [Oversight/ Support](#)
- [Specific Written Guidance](#)
- [E-Records](#)
- [Non- Records](#)
- [Training](#)
- [Risk](#)
- [Responsibilities](#)
- [Communication](#)
- [Self –Assessments](#)

The following sections address each of these areas and the actions taken to improve the program.

4.1. Records Management Oversight/Support/Awareness

2007 Assessment Finding:	2008 Actions
<p>Oversight/Support Senior Leadership Awareness</p>	<p>(1) The Deputy Secretary was briefed regarding records management requirements and the Assistant Secretary for Resources and Technology’s (ASART) plan for Program improvement. The Deputy Secretary directed that all senior leaders be provided a Records Management briefing at his monthly leadership meeting. The briefing was presented in January 2008.</p> <p>(2) Records Officers distributed the 2007 assessment internally to insure that their leadership was aware of the Department RM issues.</p> <p>(3) A Department-wide inventory of records was conducted requiring all employees to identify their record holdings.</p> <p>(4) HHS records management policies were revised to meet current requirements and vetted though the senior leadership for approval and implementation.</p> <p>(5) The ASRT was briefed and in turn briefed the Secretary as appropriate regarding records management activities and the status of the program.</p> <p>(6) Performance Measures were developed for all Senior Executive Service (SES) employees. The measures were approved by OPM and will be implemented in January 2009.</p> <p>(7) Kept Senior Management appraised regarding the process for removing Federal records,</p>

	<p>unclassified controlled information and transition team documents.</p> <p>(8) Determine the leadership positions that required permant retention of calendars.</p>
<p>Key Records Officer positions were not promptly filled or the duties were assigned as an additional duty.</p>	<p>(1) Working with Human Resources and the Office of Personnel, established a performance element for all HHS SES personnel establishing responsibilities and accountability.</p> <p>(2) Prepared draft position descriptions and duties required for employees in the administration of the records management program.</p> <p>(3) Created a suggested records management hierarchy that has been implemented in the Staff Divisions.</p>
<p>OPDIV Records Officers were in some instances assigned records management functions as a co-lateral duty. This was accomplished in some cases with out a determination of qualifications and/or without providing appropriate training.</p>	<p>(1) Worked with OGC, HR and Senior Management to address Records Management Responsibilities and provided specific written guidance.</p> <p>(2) Established SES performance measures.</p> <p>(3) Worked with HHS University and webmasters to establishan HHS RM training program</p> <p>(4) Mentored newly appointed Records personnel.</p> <p>(5) Conducted one-on-one training.</p>

4.2 Standards and Guidelines

2007 Assessment Finding:	2008 Actions
<p>Identify and establish standards/guidelines for documenting and maintaining transactions.</p>	<p>(1) New HHS policies were issued for General Records Management, Employee Departure Process and E-Mails as records.</p> <p>(2) A new Procedures Manual was developed and issued.</p> <p>(3) Guidelines for Recordkeeping were developed and implemented for several OS and OCIO Offices and are available.</p> <p>(4) Updated procedures for e-record keeping.</p>
<p>Create a trustworthy, reliable and usable Department-wide record keeping system.</p>	<p>(1) All record holdings were identified and the retention values were matched with approved NARA standards.</p> <p>(2) File plans are being developed to create a Department File plan.</p> <p>(3) Formal and informal (one-on-one) training sessions are being conducted.</p> <p>(4) Evaluated existing retention values and</p>

	determined the owner of the record.
Evaluate and measure compliance with Federal and HHS guidelines.	<p>(1) A survey using the NARA Self Assessment was conducted. (The results are identified in 6.2))</p> <p>(2) A one on one interview with each Records Officer was conducted.</p> <p>(3) Evaluated Records Management practices at the working level.</p>
Provide Records Management training.	<p>(1) Training through Train the Trainer sessions with Records Managers in each OPDIV/STAFFDIV were conducted.</p> <p>(2) Records management experiences were shared at established monthly Records Management Council (RMC) meetings.</p> <p>(3) New Employee Presentations have been developed and are being given on a quarterly basis.</p> <p>(4) New Employee Orientation sessions are addressing HHS records management requirements.</p> <p>(5) Regional Training has been conducted using both audio conferencing and video conferencing techniques.</p> <p>(6) One-on-one training has been given as needed to senior management, management analysts and contractors.</p> <p>(7) Refresher training provided.</p>
Manage Record Groups.	As a result of reorganizations, NARA Record Groups are no longer accumulating within the same organizational boundary. The inventory conducted identified specific areas that require categorization (grouping) the unique records being created. Actions needed will be addressed in the project plan.
Ensure that Records Management issues are addressed in:	<p>The RMC was provided assistance in addressing this issue by the Enterprise Architecture Division of the Office of the Chief Information Officer.</p> <p>Project plans are created and key tasks with completion dates identified in a “dash board”.</p>
Strategic Planning	RMC, OCIO and IPT contribute to the project plan.
Business Process Design	RMC, OCIO, IPT and EA is addressed in the project plan.

Capital Planning and Investment Control	RMC and IPT will address in a revision to the project plan.
Solutions Development Lifecycle	RMC and IPT addressed in the project plan.
Enterprise Architecture	RMC and IPT addressed in the project plan.
Information Security	RMC, CISO and IPT addressed in the project plan.

4.3 E-Records

During the 2007 Assessment, the Department Records Officer found most of the records produced in HHS are in an electronic format and need to be incorporated into standard operating procedures for appropriate responsible Records Management practices in light of no HHS electronic recordkeeping system.

Federal Enterprise Architecture (FEA)	The Records Management Profile, issued by OMB and NARA is being incorporated into the business modeling being prepared by the segment architect team.
E- Government Act of 2002	(1) Worked with the web community to ensure HHS was compliant. (2) Identified e-record holdings during the conduct of the HHS Inventory. (3) Matched identified holdings against the FISMA report. (4) Worked with NARA to development methods for streamlining the approval process for HHS electronic systems.
Business Case Development for an Electronic Recordkeeping System	RMC engaged the segment architecture team to assist in determining the needs and requirements of the Records Management Program and assist in the developing of the business case for any electronic investments.
Temporary Fix	Using the CMS model, developed a set of instructions for users to implement with their Records Officers and once file plans have been created and validated to create electronic folders.
Enterprise Architecture	The segment architect team incorporated

	the analysis of HHS current records processes, gap analysis, targeted states with a final transition plan at the end of 2009 into their quarterly reporting cycle to OMB.
Web Information	The RMC worked with the Web Communication Division (WCD) of the Public Affairs office to develop a set of standards for information residing on the web.
Blogs	The RMC provided the record keeping guidelines to the WCD for scheduling blogs with NARA.

4.4 Non-Records

Recent revisions to the Federal discovery laws concerning electronically stored information have required the RMC to re-evaluate electronic non-records in the records management program. The RMC joined the Federal Electronic Working Group (an organization of 26 Federal agencies) examining, analyzing and proposing a standardized government-wide process for meeting these requirements. Several Records Officers have been called to attend pre-discovery meetings with the Department of Justice and have provided affidavits regarding the management of HHS records and non-records when required. An HHS Litigation Plan (describes the steps a Records Officer must take during the discovery process) is under development.

4.5 Records Management Training

The 2007 Assessment identified the need to provide training and increased awareness. Below are major steps taken to increase awareness.

2007 Assessment Finding:	2008 Actions
Files Plans: A Department Files Plan was not found. Files plans found in some of the OPDIVs/STAFFDIVs were inadequate in many cases.	Inventories were provided to the Records Officer. The OS Records Officer also required that a file plan be provided. This File plan is being validated against the current Records Schedules.
Email as records: Most employees are not aware that Emails can be records.	Training, Records Management Month, Brochures, HR processes incorporating procedures, updated policies. Records Managers, liaisons and

	<p>coordinator for OS/ASAM and training materials to all Op Divs. Developed lessons plans and training modules to be used by HHS University. Provided training to all OPDIVs</p>
<p>HHS does not have an approved electronic recordkeeping system, HHS requires electronic records be printed to paper and then filed.</p>	<p>Training Guidelines for Recordkeeping The “Introduction to HHS Records Management” presentation was developed and presented to employees not familiar to the managing records and stressed training of proper disposition of electronic records. Records Management Council meetings and review of training materials and disposition guidelines were major topics.</p>
<p>Back-up files.</p>	<p>Training Guidelines for Recordkeeping Litigation Plan, CTO, electronic sensitive information (ESI), procedure processes</p>
<p>Critical Information: Due to the disparate maintenance of records, the likelihood of missing or inaccessible critical information may lead to agency inadequate or inaccurate information being produced. This damages an Agency’s reputation and can result in a failure to perform the mission. It is also time consuming and contributes to expensive litigation.</p>	<p>Litigation Plan is drafted and Training has been conducted.</p>
<p>Training not Provided: Standard, annual training Records Manager is not a requirement for those performing records management functions. (Two individuals were identified who have been told they will perform records management functions based on attendance of a week long course.) Historically, funding has not been provided for experienced records managers to attend training necessary to attain and maintain skill sets.</p>	<p>(1) Secure One (2) Mandatory Training for ASRT (1) ASAM/ASRT Records managers, liaisons and coordinator (3) NARA and RO training for OPDIVs (4) HR new employee training (5) Training for exiting employees Schedule C’s departure training with OGC (6) Indian Health Service training. (7) On line training via web site development.</p>

	(8) Initiated desk sop development.
Hires and Outgoing Personnel: Appropriate RM processing is not addressed and there was no plan to established one.	HR and RM Cooperation, Policy HR Checklist and Action Plan Training and Specific Written Guidance and the OHR notification of exiting employees to ROs

4.6 Risk Analysis

The 2007 evaluation contained tables focusing on the compliance of mandates, the financial risks of non-compliance and the support of the Department’s strategic plan. The following tables reflect any changes made to reduce the risks.

	2007 RISK: COMPLIANCE	2007	2008	2008 ACTIONS
1.	Does the Agency Policy define the role and responsibilities of the Records Officer and the scope of the Records Management Program and provide authority to the Records Officer to conduct an effective Directorate-wide program as described in Title 44?	No Information not current	No/Pending Updated roles, responsibility and scope. Authority to conduct program pending.	HHS Policy Roles, responsibilities and scope have been defined. The authority to conduct the program is still pending.
2	Are Records Management responsibilities included in the position descriptions for all personnel in the Agency Records Program?	No	No	(1) SES RM performance elements approved and being implemented. (2) Performance plans for other personnel are being drafted.
3.	Do Program Managers, Record Officers, Record Managers, secretaries, file clerks and others with regular records duties receive training?	Yes	Yes	(1) Training has been provided. (2) Training Guidelines for Recordkeeping HR Checklists Procedures Manual Training

				Program
4.	Does the Agency Records Officer brief senior officials and Program Managers regarding the Agency status in meeting the requirements?	Yes	Yes	Deputy Secretary Senior Officer Mtg Jan/Bi- Monthly Assistant Secretary briefing/CIO Council Staats/Monthly RMC/RMIPT quarterly meetings
5.	Are written evaluation reports and written responses prepared?	No	Yes	An Annual assessment process has been initiated. This year the assessment was conducted by EA.
6.	Does the Agency have employee entrance and exit procedures established?	No*	Yes	Quarterly briefings for new employees and employees departing are being presented. In addition, standard employee entrance and exiting forms are being revised to ensure records transference and records dispositons are current.
7.	Has the Agency established standards and procedures for classifying, indexing, filing and retrieving records and made them available to all employees?	Yes	Yes	Training, Guidelines for Recordkeeping HR Checklist and Procedures Policies
8.	Is the Federal Enterprise Architecture Records Management Profile being followed?	No	No/pending	
9.	Do contracts identify which contractor-created records are Federal records?	Unknown	Yes	RM forwarded contract language to Acquisitions Branch for use in

				all future contracts.
10.	Have standards been established for electronic record keeping?	No	No	Policy Guidelines for Recordkeeping Ongoing with EA RM Segment Architecture

	2007 RISK: FINANCIAL	2007	2008	2008 Actions
1.	Has the Agency issued guidance on the record status for documenting policies, decisions and transactions including oral and electronic approvals?	Unknown	Yes	A draft department procedures manual for Recordkeeping has been published.
2.	Are all Agency transactions documented and validated as they occur?	Unknown	No	HHS Unique Records schedules are being updated and validated.
3.	Can the Agency produce records that document accountability and stewardship of materials?	Unknown	Ongoing	Ongoing in 2008. Inventory
4.	Is the Agency able to locate requested (from public, congress or an oversight authority) documentation in a timely fashion?	Yes	Yes	Ongoing Improvement in 2008 - Guidelines for Recordkeeping
5.	Are internal records management controls established and audit procedures enforced and effective?	Unknown	Ongoing	RMC monthly meetings review processes; RO conducts annual assessment. The SES performance measures will improve this initiative.

	2007 RISK: STRATEGIC	2007	2008	2008 Actions
1.	Are Records Management practices an integral part of strategic management planning?	No	No	The RM segment architecture is leveraging the FEA RM Profile and the HHS Enterprise Performance Life Cycle to include RM concepts throughout all phases of the system development life cycle.
2.	Has Records Management been successful in accomplishing past goals and is the practice appropriately applied?	No	Yes	RMC, Training, SES Performance Element and Vision Goals and Objectives of 2009 RM IPT
3.	Do our records management policies and systems effectively support the organization's strategic direction and initiatives?	No	Ongoing	A project plan containing the tasks necessary to achieve this is under development.
4.	Are the Agency's Vital Records appropriately maintained and available when needed?	No	Ongoing	RO establishing reviews of Agency's vital records based on established models in Operating Divisions.
5.	Are decisions supported with adequate documentation? And is this readily available to support the decision made?	Unknown	Unknown, Ongoing	A Department file plan identifying the documentation is under development.

4.7 Assessing Risk Level from 2007 to 2008

To assess the level of Risk, the Records Management program uses the follow scale:

Questions answered no or unknown:

- 0-5 = Moderate Risk
- 6-14 = Significant Risk
- 15-20 = Critical Risk

Fifteen questions were answered “no” or “unknown” in the 2007 Assessment showing that HHS was at the critical risk level. The 2008 Assessment shows eight questions answered “no” or “unknown”. The level of risk, while greatly reduced, is at the end of 2008 Significant.

5. 2008 Self Assessment Survey

In June 2008, the request for completing the 2008 survey was sent to the 12 Records Officers identified in section 1. The 2008 survey contained more questions and was intended to be used as a guide for establishing a base line for modeling the “as is” state of the RM program in HHS. The results are described below.

The 2008 survey was distributed by the Records Management Integrated Project Team (RMIPT) using the SharePoint Portal as a tool to collect the data. The RMIPT is a team put together by the Director ORM, with the assistance of the Chief Enterprise Architect and at the request of the Records Management Council.

This year’s assessment was focused on:

- (1) Assisting in establishing the “as is” state of the program from the view point of the EA group. It consisted of all questions contained in the Self-Assessment Survey prepared by NARA regardless of the applicability to HHS.
- (2) Identifying areas needing improvement in communications.
- (3) Testing the use of technology in gathering data using SharePoint.
- (4) Using it as a training tool.

The evaluation of the assessment survey from the EA prospective is as follows.

The survey deals with high level topics as they relate to the design, creation, maintenance, disposition of records throughout the Department. The results of the survey have been aggregated to reflect strengths and weaknesses identified throughout analysis.

The 2007 and 2008 assessments focused on obtaining different sets of information. The 2008 assessment used the complete NARA self-assessment while the 2007 used selected questions.

Survey Section	2007 Assessment	2008 Assessment	Improvements made in 2008
Section I: Program Management – Program Authorization and Organization	Program Management and Organization Guidance and Training	Program Management and Organization Guidance and Training	(1)OPDIVs have clearly delineated the roles and responsibilities of the Records Officer

	Internal Evaluation	Internal Evaluation	<p>position.</p> <p>(2) Records Officers located within headquarters provide clear direction and guidance throughout the various agencies.</p> <p>(3) Communication between Records Officers and Record Liaisons is done on a frequent basis</p>
Section II: Records Creation/Recordkeeping Requirements	Creation of records/adequacy of documentation Contractor Records	Creation of records/adequacy of documentation Contractor Records	<p>(1) OPDIVs have provided employees with examples of what does and does not constitute a record.</p> <p>(2)OPDIVS have provided guidance on the status of working papers and personal papers</p> <p>(3) Contracts often identify which deliverables contractors created are Federal records</p>
Section III: Records Maintenance (General)	General Paper Based Records	General Paper Based Records	<p>(1)Access to records are appropriately safeguarded to authorized personnel only</p> <p>(2)Cutoffs are clearly defined for each records series</p> <p>(3)Permanent series of records are maintained</p>

			separately from temporary records (4) Agency has established procedures for the storage of restricted records
Section IV: Maintenance of Special Records	Electronic Records	Electronic Records Audiovisual Records Cartographic and architectural records	(1) Passwords are required for most electronic recordkeeping systems (2) OPDIVs regularly back up electronic records
Section V: Record Disposition	Record disposition schedule development	Record disposition schedule development Record disposition schedule implementation	(1) Most record schedules contain a clear and complete description of records series that reflects the content and arrangement of the files (2) Schedules for records with legal rights are reviewed by the agency's Office of General Counsel
Section VI: Vital Records	Department-wide Vital Program did not exist.	Department-wide program initiated	OPDIVs have assessed potential risks to records

6. Records Management Council Holistic Approach

6.1 Continuous Improvement

Senior leadership has recognized that a problem exists and is taking steps to improve the program. The Assistant Secretary for Resources and Technology (ASRT) has made managing records a priority since early 2007 and has emphasized the need for continuous program improvement. The leadership recognizes that the HHS records program must adapt to any and all changes to the mission, new laws and regulations, and address the problems and weaknesses that are discovered through ensuring that the oversight of the program remains a priority for the Records Management Council.

Records Management is a process not a project. While the process can be broken down to projects where much of the work is done, the management of the process requires expertise, ongoing review, updating and improvement. New technologies (blogs, blackberry's, you tube, etc) will require innovative solutions for capturing and maintaining the record of our actions. The RMC must continue to improve the process in order to ensure that the job of records management is getting done. The job is to protect and promote the organizations' legal and business interests by ensuring that actions taken are properly documented.

6.2 In support of the Records Management Council

In January 2008, the Director of Office of Resources Management (ORM) in the HHS Office of the Chief Information Officer located in the Assistant Secretary for Resources and Technology (ASRT) established Records Management a priority management responsibility in the division. The Department Records Officer and the Director of ORM established a 2008 project plan to implement the necessary tasks to address the risks and gaps identified in the 2007 assessment. The ORM established in January 2008 the necessary executive level awareness and support to implement senior level actions that resulted in additional resources and training to the OS Staff Divisions.

In addition, the Director of ORM, in the spring of 2008 established procedures for the incorporation of the IT community via the CIO Council and the tasking of an Enterprise Architect Team to begin the segment architecture for Records Management. A kick off session was held in October 2008 establishing a formal Integrated Project Team for Records Management. The kick off meeting included the support of NARA and OMB officials, specific written vision, goals and objectives, charter and identified HHS officials to work on an establishing the records management architecture for the department.

The work in 2008 was based on the 2007 actions taken by the Department Records Officer to initiate the development and implementation of an HHS Records Management Program that would prepare the Department for migrating from a paper based organization to one that would allow media neutral record keeping practices.

The execution of the HHS RM project plan established specific tasks that the Records Management team used to address resources, enterprise-wide communications and executive

level awareness of the Records Management Program at HHS. This additional level of support to the Records Management Council strengthened the Records Program by engaging additional resources and increasing RM awareness. Some of the specific steps taken are described below.

- In an effort to support the leadership and program direction and under the provisions of paragraph IV Records Management Charter, dated August 21, 2007, additional resources were requested to assist in reviewing the program and developing appropriate solutions for issues identified. The Chief Enterprise Architect agreed to provide assistance and as a result the Records Management Segment was initiated.
- According to the proposed charter, The Records Management Segment will provide for a comprehensive and systematic architecture of a Records Management Strategy at HHS, with the goal of building a Records Management Program that safeguards vital information and preserves institutional history and memory, enables responding efficiently to information requests, ensures regulatory compliance, and establishes a Department-wide awareness of records management responsibilities for every employee, contractor, intern, manager, executive and political appointee.
- To this end, the Records Management Segment promotes the following specific objectives:
 - *Use the Records Management Segment as the common Department-wide framework for identifying HHS's records management requirements.* By combining HHS's records management policies and procedures with the foundation of the FEA reference models, the Records Management Segment will promote a standardized means of implementing the Records Management Program in the Department.
 - *Identify records management issues and requirements and link them to their implementing technologies and business processes.* The Records Management Segment will support the evaluation of records management issues and requirements during the Department's planning processes, specifically before the implementation of systems and supporting processes.
 - *Build records management requirements into HHS' IT governance processes for capital planning, enterprise architecture, business process design, continuity planning, and the systems development life cycle.* The Records Management Segment will be a useful guide for building records management requirements into IT governance processes for capital planning, enterprise architecture, business process design, and the systems development life cycle.
 - *Establish a concise and coherent body of records management resources at HHS that places this information in the proper context within the Federal Enterprise*

Architecture. The Records Management Segment will provide a concise knowledge-base that will inform and guide HHS decision-makers.

- The first step was to define the “as is” state of the RM program. The team chose to use the self-evaluation guide published by NARA to conduct a Department-wide Survey. The evaluation is intended to help agencies in implementing the requirement to conduct self-evaluations (36 CFR 1220.42).
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6.3 Records Management Integrated Program Team

The vision, goals and objectives for the Records Management Integrated Program Team (RMIPT) are as follows.

VISION

Establish for HHS using the Enterprise Architecture (EA) best practices a common department-wide records management process and lay the groundwork in establishing a NARA approved electronic records management system thereby securing and providing access to HHS historical data and ensuring timely retention of records.

HHS will facilitate the quality, coordination, effectiveness, and efficiency of the operations of a Department-wide electronic records management system.

GOALS

- Define and implement simplified standard processes and standard data definitions for HHS federal records management.
- Protect the confidentiality and integrity of HHS records while providing appropriate access and availability of those records.
- Standardize and improve the efficiency of the collection of HHS records, reduce the financial burden storage of records has on HHS resources across the department.

OBJECTIVES

Meet the NARA Bulletin 2006-02, (government-wide deadline of September 30, 2009) for agencies to identify and schedule all existing records: <http://www.archives.gov/records-mgmt/bulletins/2006/2006-02.html>

Meet the Enterprise Architecture (EA) Quarterly milestones:

- 1st Qtr (Oct08 – Dec08) – Current Records Management Business Process
- 2nd Qtr (Jan09 – March09) – Gap Analysis
- 3rd Qtr (April09 – June09) – Target Records Management Business Process
- 4th Qtr (July 2009 – September 2009) – Transition Plan

7. Summary

In 2007 the Records Management Council (RMC) identified eight areas that needed improvement. These areas with are highlights of the major initiatives and actions taken in 2008 are described below.

- Oversight/Support - The 2007 Assessment revealed that a general lack of awareness of records management and the oversight responsibilities mandated created obstacles that could not be overcome without the support of the leadership. In 2008, Records Management was added to the performance measures for all Senior Executive Service personnel, raising not only the awareness for Records management but also assigning the responsibility..
- Written guidance was revised and new policies were issued for the general management of records, employee departure process and managing e-mails that are records.
- HHS formally accepted the concept that records could reside in electronic media and revised policies that allowed maintenance of electronic records.
- The identification and maintenance of non-record assets was a new concept generated by changing Federal mandates dealing with discovery issues. Working with the Chief Technology Officer and the Office of the General Counsel, interim processes were developed as formal Federal policy is being drafted.
- The RMC has embarked on a program that will provide basic records training to all employees on a quarterly basis.
- Analyzing the risks for non-compliance in creating and maintaining accurate and trustworthy records is a major task. Using the same criteria used in 2007, the HHS risk factor was reduced from critical to significant risk. This was a direct result of the actions taken and the increased awareness on the RM requirements during 2008 that improved the program.
- As stewards of public trust all Federal employees and contractors working for the government have the responsibility to create and maintain records that document actions taken to meet the requirements of the position they hold. The RMC promoted this responsibility by reminding everyone of the requirements during 2008.

The RMC is reviewing all of the actions taken in both 2007 and 2008 for the purpose of developing a three year plan for program improvement. While the 2008 assessment indicates a great improvement in every area identified in the 2007 assessment, more work needs to be done and it will take the combined cooperation of trained records management professionals and the support and oversight of all employees.

*Appendix A***Records Management Federal Guidelines:**

44 U.S.C. Chapter 31, § 3102. Establishment of program of management which states:

“The head of each Federal agency shall establish and maintain an active, continuing program for the economical and efficient management of the records of the agency. The program, among other things, shall provide for

(1) effective controls over the creation and over the maintenance and use of records in the conduct of current business;

(2) cooperation with the Administrator of General Services and the Archivist in applying standards, procedures, and techniques designed to improve the management of records, promote the maintenance and security of records deemed appropriate for preservation, and facilitate the segregation and disposal of records of temporary value; and

(3) compliance with sections 2101-2117, 2501-2507, 2901-2909, and 3101-3107, of this title and the regulations issued under them.”

36 CFR, Subpart B, §1220.42 Agency internal evaluations states:

“Each agency must periodically evaluate its records management programs in relation to records creation and record keeping requirements, maintenance and use of records, and records disposition. These evaluations shall include periodic monitoring of staff determinations of the record status of documentary materials in all media, and implementation of the decisions. The evaluations should determine compliance with NARA regulations in this subchapter, including requirements for storage of agency records and records storage facilities in 36 CFR part 1228, subparts I and K, and assess the effectiveness of agency’s records management program.”

Federal Management Regulation (FMR), Amendment 2008-03, effective February 8, 2008, Subchapter G-Administrative Programs, Part 102-193-Creation, Maintenance, and Use of Records states:

“Under the Act, GSA is responsible for economy and efficiency in records management and NARA is responsible for adequate documentation and records disposition”.

HHS-OCIO-2007-0004.001, Policy for Records Management – The overarching policy for records management implementation within the Department of Health and Human Services (HHS).

HHS-OCIO-2007-0002.001C, Department of Health and Human Services Records Management Council (RMC) Charter paragraph X. Reports requires that:

“An annual evaluation reporting the strengths and weaknesses of the HHS Records Management Program compared to the standards established by the National Archives and Records Administration (NARA) (see appendix i) is also prepared by the Chair, with review and

comment by the Council. This annual report is due on January 31st of each year and will report the status of the program as of December 31st of the previous year.”

Federal Enterprise Architecture Records Management Profile, Version 1.0, NARA, OMB and Architecture and Infrastructure Committee, Federal Chief Information Officers Council, states:

“...Federal agencies produce records that are important business assets supporting Government operations. Agencies must manage their records throughout the records life cycle from creation through final disposition.”

United States Code

- [5 U.S.C. Chapter 5, Subchapter II - Administrative Procedure](#)
 - [§ 552. Public information; agency rules, opinions, orders, records, and proceedings](#)
(Freedom of Information Act, as amended)
 - [§ 552a. Records maintained on individuals](#)
(Privacy Act of 1974, as amended)
 - [§ 553. Rule making](#)
(Administrative Procedure Act)
- [18 U.S.C. Chapter 101 - Records and Reports](#)
 - [§ 2071. Concealment, removal, or mutilation generally](#)
- [18 U.S.C. Chapter 121 - Stored Wire and Electronic Communications and Transactional Records Access](#)
(Electronic Communications Privacy Act of 1986)
- [31 U.S.C. Chapter 11 - The Budget and Fiscal, Budget, and Program Information](#)
(Budget and Accounting Procedures Act of 1950)
- [40 U.S.C. Subtitle III - Information Technology Management](#)
(Clinger-Cohen Act of 1996, also known as the Information Technology Management Reform Act of 1996)
- [44 U.S.C. Chapter 21 - National Archives and Records Administration](#)
- [44 U.S.C. Chapter 29 - Records Management by the Archivist of the United States and by the Administrator of General Services](#)
- [44 U.S.C. Chapter 31 - Records Management by Federal Agencies](#)
(Federal Records Act)
- [44 U.S.C. Chapter 33 - Disposal of Records](#)
(Federal Records Disposal Act)
- [44 U.S.C. Chapter 35 - Coordination of Federal Information Policy](#)
(Paperwork Reduction Act of 1980, as amended; Paperwork Reduction Reauthorization Act of 1995; and Government Paperwork Elimination Act)

Code of Federal Regulations

- 5 CFR Chapter III, Subchapter B - OMB Directives
 - [Part 1320. Controlling Paperwork Burdens on the Public](#)
- [36 CFR Chapter XII, Subchapter B - Records Management](#)

- [Part 1220. Federal Records: General](#)
- [Part 1222. Creation and Maintenance of Federal Records](#)
- [Part 1228. Disposition of Federal Records](#)
- [Part 1230. Micrographic Records Management](#)
- [Part 1232. Audiovisual Records Management](#)
- [Part 1234. Electronic Records Management](#)
- [Part 1236. Management of Vital Records](#)
- [Part 1238. Program Assistance](#)

Office of Management and Budget Circulars

- [OMB Circular No. A-123 - Management's Responsibility for Internal Control](#)
- [OMB Circular No. A-130 - Management of Federal Information Resources](#)

HHS Records Management Bulletins

2007 Bulletins

- [2007-01 Records Management Bulletins, dated May 14, 2007](#)
- [2007-02 Interim Instructions for Record Hold Procedures, dated May 14, 2007](#)
- [2007-03 Web, Email and IM Records, dated August 12, 2007](#)

2008 Bulletins

- [2008-01 Protecting Federal Records from Unauthorized Removal, dated April 9, 2008](#)
- [2008-02 HHS Records Inventory, dated April 9, 2008](#)
- [2008-03 HHS Records Management Handbook, dated May 15, 2008](#)
- [2008-04 Schedule of Daily Activities, dated May 20, 2008](#)
- [2008-05 SES Performance Measures, dated December 9, 2008](#)