

Retrospective Report

October 2020

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Letter from the Deputy Secretary

Dear Friend,

It is both an exciting and complicated task to innovate and lead change in an organization as large and complex as HHS. We took on this task ourselves with *ReImagine HHS*, an effort to modernize the Department, and created this Retrospective to share strategies for success with you. The *ReImagine* team and I hope that you can use it as a starting point for the transformative efforts you are launching.

Throughout three busy years, *ReImagine* succeeded because it was truly an employee-led effort: from its earliest days when career employees developed hundreds of solutions, through the continuation of its work within permanent homes in Operating Divisions (OpDivs) and Staff Divisions (StaffDivs), *ReImagine* was driven by the workforce of HHS. This allowed it to achieve major accomplishments and strengthen the case for why HHS is one of the best places to work in government.

The *ReImagine* team spoke with hundreds of HHS employees through brainstorming sessions, roadshows, focus groups, and one-on-one interviews to understand their work in supporting the transformation and how they have carried *ReImagine's* spirit into their daily roles. The team and I were inspired by the enthusiasm and motivation they had to serve the American people in more innovative, efficient, and collaborative ways.

However, we know that as you carry out your own substantive change management initiatives, you will likely face challenges like securing resources, leveraging data and customer input, and creating an environment for collaboration across Divisions. *ReImagine's* leaders were confronted with these obstacles and strove to continuously adhere to the mission and core principles of the program. We have faith that you, too, will overcome challenges and drive forward on your goals.

In this document, there are insights, challenges, lessons learned, and templates from *ReImagine's* leaders and change-agents to provide a foundation for you as you launch your own journeys. I hope that this Retrospective will help empower you to achieve your own transformative change. We look forward to seeing what you achieve—we know it will be great.

It was a privilege to have led this effort whose direct and indirect effects will be felt for years to come. Thank you to everyone at HHS who have helped us *ReImagine* the Department.

Regards,

Eric D. Hargan, HHS Deputy Secretary

Executive Summary

Document Objectives

THIS RETROSPECTIVE FOLLOWS the story of *ReImagine HHS*, a significant Department transformation, across its lifecycle. Each section will share insights, challenges, and tactical lessons learned from leaders and change-agents involved in *ReImagine*. The Retrospective can be used by Department of Health and Human Services (HHS) leaders to:

- Provide “how-to” guidance for Department-wide transformations, allowing future leaders to avoid some challenges that *ReImagine* faced, draw on lessons *ReImagine* already learned, and provide a foundation for future efforts to build on;
- Share a record of a major project involving significant effort to drive cultural change and tangible improvements;
- Provide actionable steps to meeting the challenges stemming from unfunded mandates; and
- Institutionalize *ReImagine*’s changes to help solidify its legacy at the Department.

Overarching Themes

Throughout *ReImagine*’s journey, leaders worked to make it a program that focused on:



Employee Engagement: Given HHS’s federated environment, *ReImagine* had to be a bottom-up effort that drew heavily on employees to succeed. Full-time commitment from employees in the form of temporary details were essential.



Data-Driven Approach: With the need to encourage buy-in across Divisions, the platform for change needed to be driven by data and reflect the experiences of its customers and needs of its stakeholders.



Enterprise Mindset: Agile governance structures, with central support for day-to-day and cross-Department purposes, were responsible for *ReImagine*’s ability to mobilize quickly and set the standard for other Department-wide efforts.



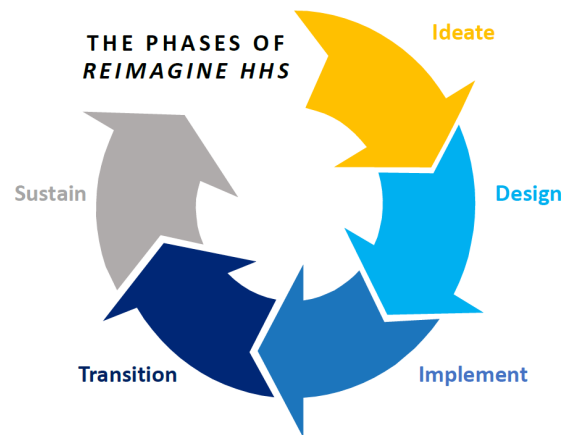
Creative Solutions to Unfunded Initiatives: Innovative and collaborative approaches to securing resources, together with constant and early attention to proper and sufficient funding, were essential for the portfolio’s success.



External Collaboration: Collaboration was built-in from the start, with component projects intentionally seeking out external partners. *ReImagine*’s transformation office collaborated with external partners to address other Department-wide transformative efforts.

The Phases of *ReImagine*

HHS leadership launched *ReImagine* in spring 2017 by defining the vision for the portfolio and its ten component projects in the **Ideate** phase. These projects further developed plans and secured resources in January 2018 during the **Design** phase, and project teams executed on their vision in the **Implement** phase. To preserve the impact and legacy of the program, leadership and project staff worked to institutionalize their work in the **Transition** phase, and finally operate into perpetuity in the **Sustain** phase. This Retrospective is the story of the successes, challenges, and lessons learned during these phases.



Lessons Learned by Phase

Ideate Recommendations: How to Define Your Vision

Employee Engagement: Encourage leadership to visibly commit to requests for employee input at all levels and use that input to guide decisions.

Data-Driven Approach: Use your project’s “north star” or desired impact to define a concrete set of criteria against which to evaluate and prioritize ideas for your project’s direction.

Enterprise Mindset: Consider a layered approach to governance with intentionally diverse perspectives: a day-to-day project management office comprised of career officials, dedicated political leadership to offer insight, and a senior advisory body with representatives from all Divisions or Agencies to review proposals.

Creative Solutions to Unfunded Initiatives: Strategically launch your effort with a small investment and a plan for using that investment to catalyze creative solutions to funding going forward.

External Collaboration: Develop a strong relationship with key external decision-makers like the Office of Management and Budget early in the process to ease challenges throughout the journey.

Design Recommendations: How to Architect Your Program

Employee Engagement: Speak with and listen to employees beyond headquarters staff—visiting field offices to hear feedback shows a clear commitment to engaging all employees, not just the easy-to-reach ones.

Data-Driven Approach: Define goals and metrics, as well as maps to achieving them early in the process. Ensure that project leaders understand and are committed to achieving them.

Enterprise Mindset: A full-time centralized office or team for day-to-day management is important to the success of any large-scale effort. Empower this team as the hub of knowledge, guidance, and resources for the project.

Creative Solutions to Unfunded Initiatives: Stay flexible – use a combination of funding styles and sources to meet the specific needs of your program.

External Collaboration: Think beyond the scope of a single project and find opportunities to leverage existing infrastructure for other activities. This can increase the effectiveness of the organization, as well as help increase your project’s visibility.

Implement Recommendations: How to Execute on Your Vision

Employee Engagement: Communicate with employees in a tailored manner, depending on their need for high-level information or detailed explanations of the impact of potential changes. Have an integrated approach to communications strategy for all levels.

Data-Driven Approach: Set an expectation for clear, consistent oversight of projects from the start. Take a flexible approach to reporting, potentially using a combination of formal quarterly reports, dashboards, qualitative milestones, and “check-ins” to discuss challenges/risks as they arise.

Enterprise Mindset: Establish roles that are responsible for identifying areas where resources can be shared across projects, especially when those projects are large, complex, or resource intensive.

Creative Solutions to Unfunded Initiatives: Centralize and share funding requests in order to find opportunities to streamline or pool resources. Target requests to specific funds when possible.

External Collaboration: Strategically identify and build relationships with partners beyond your Department in order to amplify your project’s impact.

Transition Recommendations: How to Institutionalize Your Work

Employee Engagement: Gaining buy-in from the entities and teams that will carry on the work is one of the most critical pieces of a project—spend ample time aligning on funding, metrics, and other details of this process.

Data-Driven Approach: Create mechanisms for medium- and long-term accountability, such as quarterly briefings or updates.

Enterprise Mindset: Weave in a standard set of guidelines, checklists, or playbooks into one-on-one conversations to serve as a framework for talking with Initiative Leads about when, what, and how to prepare for long-term success.

Creative Solutions to Unfunded Initiatives: Plan ahead for continuing success: examine multiple possible avenues of funding, and work with both Initiative Leads and Transition Partners to create a justification for resources aligned to existing funding priorities and timing.

External Collaboration: Encourage your teams to participate in cross-Departmental efforts, even if not directly applicable to current work. The relationships and learnings can later be leveraged to solve roadblocks and improve work on your own project.

Sustain Recommendations: How to Secure Your Legacy

Employee Engagement: Communicate the impact of, and lessons learned from, your effort, including concrete tactics that employees of all levels can apply to drive their own change efforts.

Data-Driven Approach: Brief leadership on successes, including key performance indicators and return on investment, after the conclusion of the formal portfolio to show sustained impact beyond the portfolio.

Enterprise Mindset: Ensure that the enterprise learnings that your transformation’s leaders gained are not lost on future cross-Department approaches. This may involve institutionalizing some functions or responsibilities in new teams or offices.

Creative Solutions to Unfunded Initiatives: Prepare Transition Partners to support the sustainment of work started under the Initiatives by including funding requests in their annual congressional budget justification.

External Collaboration: Develop unique guides, toolkits, and lessons learned documents for public distribution to the various relevant audiences (e.g. staff, managers, senior leadership).

ReImagine HHS: Retrospective Report

Using this Retrospective: A Guide for Enterprise Transformation

THE RETROSPECTIVE FOLLOWS the story of *ReImagine* across its lifecycle. Each section shares successes, challenges, and lessons learned. It can be used by leaders of public sector organizations to:

- Provide “how-to” guidance for Department-wide transformations, allowing future leaders across the Federal Government to avoid some challenges that *ReImagine* faced, draw on lessons *ReImagine* already learned, and provide a foundation for future efforts to build on;
- Share a record of a major project involving significant effort to drive cultural change and tangible improvements;
- Provide actionable steps to meeting the challenges stemming from unfunded mandates; and
- Institutionalize *ReImagine*’s changes to help solidify its legacy at the Department.

Background

Setting the Stage to *ReImagine* HHS

IN THE SPRING OF 2017, HHS was confronting several challenges. The health system across America was facing spiraling healthcare and drug costs, major innovations in service delivery, and a rapid rise in new players and partnerships. HHS as an organization, like so many other public and private sector organizations, reflected a different and outdated time – one of discreet, often federated programs and functions.

Figure 1. *ReImagine* HHS’s Mission
To transform HHS to better serve the American people by:








To rise to the challenge of supporting the health and human services systems of today and tomorrow, HHS needed innovative solutions, a cross-Departmental culture of continuous improvement, and more strategic collaboration (see Figure 1). As the Administration issued Executive Order 13781 and Office of Management and Budget (OMB) Memo M-17-22, asking agencies to develop a reform plan to create a lean, accountable, and more efficient government, HHS leaders saw this as an opportunity to enhance how the Department operates and to more efficiently fulfill HHS’s mission. The size and complex structure of HHS required the Department to think beyond existing practices for organizational change to find its path forward. In any strategic transformation there are a set of factors that lead to success, such as a clear diagnosis of root causes of issues; a compelling vision; a thorough search for ecosystem solutions to chronic challenges; a plan that permanently changes how work gets done; and a tailored strategy for implementation and governance. HHS leaders also had to tackle obstacles like:

- Ensuring that employees voices are heard in a complex Department of nearly 80,000 people and that relevant skillsets can be engaged from many different parts of the organization;
- Identifying and collecting the data and customer input necessary for success;
- Centering the work at the enterprise level in a federated organization;
- Securing the resources needed for unfunded efforts; and
- Collaborating meaningfully across HHS and with other Departments engaging in similar efforts.

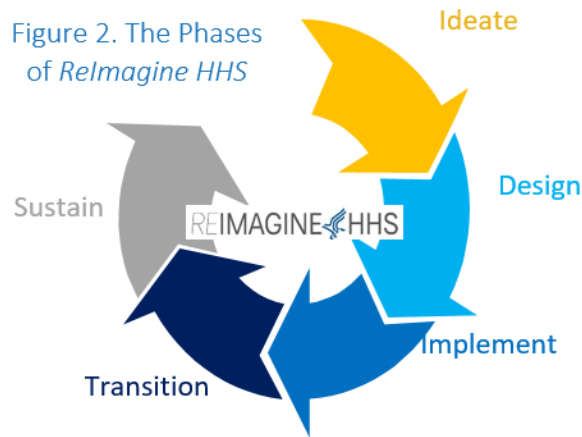
To address these challenges and make the change resilient in HHS’s intentionally federated structure, leaders often succeeded by centering change on employees and evidence. This approach helped leaders identify ideas for transformative projects and build enthusiasm and accountability that sustained *ReImagine* through major changes to the Department and the endemic obstacles that bureaucracy can create. As with any long-term project, there may be a fluctuation in leadership for a variety of reasons and this employee focus allowed *ReImagine* to carry momentum through leadership changes. They also housed the effort centrally in the Immediate Office of the Secretary, allowing *ReImagine* to drive the work from a vantage point that few other projects have had.

Overall, leaders worked to make *ReImagine* a program that focused on:

-  **Employee Engagement:** Given HHS’s federated environment, *ReImagine* had to be a bottom-up effort that drew heavily on employees to succeed. Full-time commitment from employees in the form of temporary details were essential.
-  **Data-Driven Approach:** With the need to encourage buy-in across Divisions, the platform for change needed to be driven by data and reflect the experiences of its customers and needs of its stakeholders.
-  **Enterprise Mindset:** Agile governance structures, with central support for day-to-day and cross-Department purposes, were responsible for *ReImagine*’s ability to mobilize quickly and set the standard for other Department-wide efforts.
-  **Creative Solutions to Unfunded Initiatives:** Innovative and collaborative approaches to securing resources, together with constant and early attention to proper and sufficient funding, were essential for the portfolio’s success.
-  **External Collaboration:** Collaboration was built-in from the start, with component projects intentionally seeking out external partners. *ReImagine*’s transformation office collaborated with external partners to address other Department-wide transformative efforts.

These principles shaped *ReImagine*’s three-year journey, allowing it to develop a strong enterprise-wide approach to governance that will extend beyond the milestones it achieved in its duration. Its infrastructure also supported the response to the 2018 President’s Management Agenda (PMA) and the Program Management Improvement Accountability Act (PMIAA) and will help to inform *ReImagine*’s legacy long after the program’s conclusion.

Figure 2. The Phases of *ReImagine HHS*



The Phases of *ReImagine*

HHS leadership launched *ReImagine* in spring 2017 by defining the vision for the portfolio and its ten component projects in the **Ideate** phase. These projects further developed their plans and secured resources in January 2018 during the **Design** phase, and project teams executed on their vision in the **Implement** phase. To preserve the impact and legacy of the program, leadership and project staff worked to institutionalize their work in the **Transition** phase, and finally operate into perpetuity in the **Sustain** phase. This Retrospective is the story of the successes, challenges, and lessons learned during these phases (see Figure 2).



Phase One: Ideate

Ideate Overview: Defining the Vision

THE IDEATE PHASE LAUNCHED the large-scale transformation that would become *ReImagine*. What started as a response to an OMB Memo and Executive Order began to develop into a plan for a fundamental culture shift across HHS. Shortly after the Administration directives, the HHS Secretary announced his vision, and kicked off a two-week Ideation session. At this session, over 150 employees across every Division convened to discuss and develop audacious opportunities for innovation and organizational improvement. Leadership also solicited hundreds of additional ideas electronically, considered input from the Government Accountability Office (GAO) and Office of the Inspector General (OIG)

reports, and integrated policy-focused inputs to inform a comprehensive approach to *ReImagine*. These leaders then refined and prioritized ideas into an Agency Reform Plan and submitted it to OMB. Using this, they developed clear justifications and early outlines for each Initiative. Given the unfunded mandate, initial resources were limited. To facilitate the process of securing resources, and to provide strategic support for the program, *ReImagine* stood up the Transformation Management Office (TMO). The TMO began as a small team and, given the number of Initiatives being stood up concurrently, its early days were focused on organizing the portfolio from an administrative perspective, with responsibility for coordination across Initiatives and facilitating onboarding, facilities, personnel support, and communications. This administrative burden was significant and meant the TMO was often in a reactive mode, as it worked quickly to stand up a new program that had not been previously planned for. Over a period of months, the program stabilized and allowed the TMO to take on increasingly strategic functions. Ultimately, the TMO would grow to be an essential driver of *ReImagine's* work.

This process, and the general start to *ReImagine*, had both a bold ambition and a fair share of challenges. While early leaders embraced the fact that the Department was willing to take on a new way

Key Milestones through Ideation

- **Apr 2017:** OMB Memo released
- **May 2017:** Secretary announced *ReImagine HHS*; Ideation session held
- **June 2017:** Additional information gathering and filtering led to six Strategic Shifts and ten Initiatives
- **Sep 2017:** Submitted business cases to OMB; *ReImagine* infrastructure in place

of thinking, they also had to navigate senior leadership changes, a yet-to-be-fully-defined decision-making process, and the tension between providing a targeted response to an OMB mandate and broader employee enthusiasm for change. Despite all of this, the Ideate Phase laid a strong foundation for what would be a three-year, multimillion-dollar Department-wide transformation that significantly changed HHS operations and its relations with its customers.

Ideate Lessons Learned

Employee Engagement: Dedicate Time to Generate Innovative, Employee-Powered Ideas

WHEN THE VISION for *ReImagine* was announced, the importance of political appointee and civil servant partnership was a point of emphasis. This vision included six guiding principles—

Two of ReImagine’s key principles from the time it was envisioned put employees at the center of the work:

- **Engagement:** *All of the HHS team must be involved; and*
- **Empowerment:** *Every member of HHS must be empowered to think expansively.*

Engagement, Empowerment, Service, Performance, Stewardship, and Sustainability—the first two of which explicitly put employees at the center of the work.

Leadership showed their commitment to these principles with an Ideation session, which pulled in employees from all 26 Divisions to generate both 1,900 ideas for improvement and a lot of enthusiasm across HHS. During the session, employees from different Divisions met in workgroups to brainstorm aspirations aligning to HHS’s strategic priorities: Healthcare Systems, Public Health, Economic and Social Well-being, Scientific Advancement, and Management and Stewardship. After the session, leadership gave every employee of the Department an opportunity to provide input, receiving 300 additional staff contributions. This was a clear signal to leadership that employees were

enthusiastic about getting involved and contributing to the Department’s goals.

Data-Driven Approach: Prioritize Ideas to Solidify the Vision for Change

EMPLOYEE IDEAS, HOWEVER, were not the only inputs to scoping the project. From the beginning, leaders had to balance employee desire for a “mission-focused” transformation with OMB’s directive for an “operations-focused” one. It became clear that leaders would need to include a combination of popular ideas endorsed by employees and cost saving and efficiency measures that were supportive of Administration goals.

With this understanding, *ReImagine* leadership began the task of narrowing down hundreds of quality ideas into a more manageable number. By integrating information from employees, GAO and OIG reports, and policy-focused inputs, themes began to emerge for potential areas of focus. Given that they had only a few short weeks to manage this complex process, leadership approached the task as systematically as possible, scoring ideas on five key criteria to identify priorities:

From the beginning, leaders had to balance employee desire for a “mission-focused” transformation with OMB’s directive for an “operations-focused” one. Ultimately, leaders chose to do “more with the same.”

- Alignment to the intents of the Executive Order/OMB Memo;
- Strategic appeal to OMB’s broader priorities and historical requests;
- Potential savings to HHS;
- Implementation feasibility, including degree to which external support would be required; and
- Level of investment needed.

These criteria enabled leadership to determine which ideas offered the best potential returns to Department investments in *ReImagine*, both monetarily and regarding OMB's needs, while ushering in the large-scale change that HHS staff desired. After filtering through the suggestions, leadership defined six "Strategic Shifts," or major priority areas needed to drive change across HHS and achieve their future-state vision. The Shifts were further composed of ten "Initiatives," or significant projects designed and executed in support of the Strategic Shifts (See Appendix II for more information on Shifts and Initiatives).

External Collaboration: Work with OMB to Launch the Transformation

WITH A VISION in place, leadership began laying the foundation to advocate for, fund, and operationalize the program. To do so, *ReImagine* developed business cases for each Initiative, which estimated cost savings and other efficiencies of note to OMB. Leaders projected specific objectives, impact, and metrics for success. *ReImagine* recommends including data on specific customer problems and detailed key performance indicators at this time; it could help alleviate issues related to accountability in the future.

The business cases were also an opportunity to showcase how *ReImagine* could simultaneously achieve cost savings and transform the Department to better serve the American people. Knowing they had a solid employee-driven vision, clear goals, and a sound business cases for moving forward, HHS leaders updated OMB and launched *ReImagine*.

Creative Solutions to Unfunded Initiatives: Catalyze the Investment

HHS LAUNCHED *REIMAGINE* in response to an unfunded mandate, so from the start it had to be nimble and creative in securing the needed resources for such a transformative effort. Some lessons *ReImagine*

An initial small "seed investment" helped build the initial infrastructure, generate ideas, and build momentum for the program, while still setting the precedent that ReImagine needed lean, efficient operations.

learned early on created a blueprint for the future. For example, the Department made an initial, limited investment in *ReImagine*; *ReImagine* leaders focused on using this investment to build the initial infrastructure, generate ideas, and build momentum. This set an example for how some Initiatives later operated, working with the seed investment available to move their work forward and using that to build momentum for additional needed resources. Also, early on the program had to rely significantly on volunteered time. This arrangement set a precedent for the rest of *ReImagine*, which was powered by a lean set of full-time employees and a cadre of volunteers. Lastly, the unfunded mandate nature of *ReImagine* helped ensure that – while the program had ambitious goals – it was executed with a lean, efficient mindset.

Enterprise Mindset: Build a Team of Visionaries and Establish a Clear Decision-Making Structure

HHS LEADERSHIP KNEW that a large-scale, long-term transformation like *ReImagine* needed to have the buy-in, insight, and influence of respected leaders across the Department to effectively usher in change. Whether serving in an advisory role or as a full-time staff member, *ReImagine*'s core leadership needed to have the right set of skills to execute on the vision, influence to build teams and collaborate externally, and acumen to navigate HHS's rapidly changing environment.

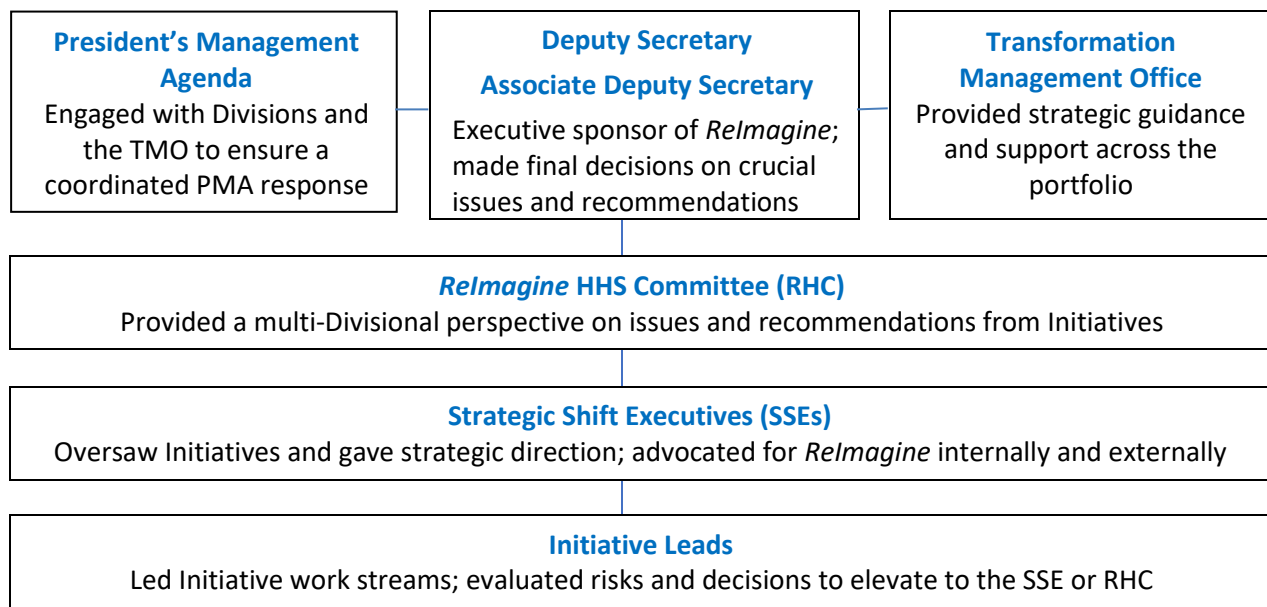
ReImagine's core leadership needed to have the right set of skills, influence, and acumen to effectively usher in large-scale change. As ReImagine recruited leaders, these qualities set them apart.

ReImagine's initial leaders included senior representatives from three Divisions-- the Assistant Secretary for Administration (ASA), the Assistant Secretary for Financial Resources (ASFR), and the Assistant Secretary for Planning and Evaluation (ASPE)—with additional support from the Immediate Office of the Secretary (IOS). With this structure, the program was led by the most senior leaders of the three management and oversight functions within HHS: operations, budget, and strategic planning. While the intent to take a cross-Divisional approach to transformation was positive, it was, at times, difficult to have leaders from different Divisions sharing the helm of such a large effort. Over time, *ReImagine* refined its decision-making structure and agreed-upon priorities to alleviate any potential confusion or tension. Ultimately, consistently including perspectives from the highest levels of HHS was useful in holistically responding to OMB and ensuring that *ReImagine* fostered cross-Department alignment on strategy and budget.

This initial leadership structure evolved over the first few months of *ReImagine*, consolidating into a single advisory body that fostered new cross-Divisional collaboration: the *ReImagine* HHS Committee (RHC). The RHC, chaired by the Deputy Secretary, was comprised of senior leaders from every Division that met to provide input on issues and recommendations brought to them by Initiatives.

To provide more regular support than the RHC could offer, *ReImagine* brought on Strategic Shift Executives (SSEs). These SSEs were political appointees intended to devote twenty percent of their time to working with the "Initiative Leads" within their Strategic Shifts and advocating for the program. Initiative Leads were GS-15 or Senior Executive Service civil servants who managed day-to-day activities for their Initiative. They evaluated which risks, issues, and decisions needed to be elevated to the SSE or discussed at RHC meetings. The TMO continued to support leadership's administrative needs, quickly maturing into a strategic guidance role. For a summary of *ReImagine*'s governance structure and responsibilities, please see Figure 3 below.

Figure 3. *ReImagine* Governance Structure and Responsibilities



Ideate Recommendations: How to Define Your Vision

Employee Engagement: Encourage leadership to visibly commit to requests for employee input at all levels and use that input to guide decisions.

Data-Driven Approach: Use your project’s “north star” or desired impact to define a concrete set of criteria against which to evaluate and prioritize ideas for your project’s direction.

Enterprise Mindset: Consider a layered approach to governance with intentionally diverse perspectives: a day-to-day project management office led by career officials, dedicated political leadership to offer insight, and a senior advisory body with representatives from all Divisions or Agencies to review proposals.

Creative Solutions to Unfunded Initiatives: Strategically launch your effort with a small investment and a plan for using that investment to catalyze creative solutions to funding going forward.

External Collaboration: Develop a strong relationship with key external decision-makers like the Office of Management and Budget early in the process to ease challenges throughout the journey.



Phase Two: Design

Design Overview: Architecting the Program

THE DESIGN PHASE TURNED the ideas presented in the business cases into more fully developed plans. The goal of this phase was to determine what was feasible with the given resources and plan for

Key Milestones Through Design

- **Jan 2018:** Initiatives begin staffing teams
- **Mar 2018:** PMA released and housed in *ReImagine* TMO
- **Apr 2018:** TMO received full-time career leader and staff to oversee transformation
- **June 2018:** TMO and Initiative teams began work on Implementation Roadmaps and initial communications and change management efforts
- **Sep 2018:** Roadmaps were completed

implementation. Initiative Leads staffed their teams and drafted roadmaps laying out the plan and timeline for each Initiative’s completion. This work was done hand-in-hand with the TMO, which was also onboarding its own part-time and full-time detailed resources.

Throughout this phase, *ReImagine* leadership learned to find potential staff quickly by negotiating with liaisons within the divisions to identify available employees with relevant skills. Leaders also began to see the utility of approaching the TMO as a strategic entity with some oversight capacity, rather than strictly a coordinating function. Finally, Initiatives that were trying to affect change across multiple Divisions learned how to address silos and engage with a broad swath of stakeholders from across the Department. This phase resulted in an Implementation Roadmap for each Initiative, as well as fully staffed teams ready to turn the big ideas of Ideation into reality in Implementation.

Design Lessons Learned

Creative Solutions to Unfunded Initiatives: Balance Funding Sources and Types of Staff

FULL-TIME STAFF WERE ESSENTIAL for a large-scale transformation effort like *ReImagine*. However, the program faced constraints in the limited funding for staffing and had to get creative. With a \$1 million ceiling on upfront *ReImagine* investment, leaders created reimbursable details for ten Initiative Leads using the HHS Service and Supply Fund (SSF). These Initiative Leads were selected from across the Department for their specific skillsets, open mindedness, and ability to influence change.

A combination of reimbursable and non-reimbursable detailees and contractors enabled HHS to jointly invest in standing up the program by drawing resources from all Divisions, while minimizing the budget required to get started.

Leads took different approaches to staffing their teams using a combination of reimbursable and non-reimbursable details and contractors. Initiatives that were already mostly contained in a single Division were able to bring on team members with some familiarity with the problem or relevant expertise. or Initiatives that had a less direct pool from which to draw, Leads often found detailees through centrally distributed all-staff emails or through word of mouth. This volunteer approach brought together cross-functional, cross-Divisional teams with a wide range of experiences and backgrounds, but shared enthusiasm for *ReImagine's* potential impact on the American people. *ReImagine* leaders learned that,

even with early enthusiasm and commitment to this approach, it was important to clearly define resource commitments from Divisions through a formal Memorandum of Understanding.

As Initiative Leads staffed their teams, HHS leadership began to engage ASFR and OMB to discuss placeholders for *ReImagine* in the long-term budget. This proactive approach to funding is recommended so that projects do not lose momentum due to funding concerns during Implementation.

Employee Engagement: Meaningfully Listen to the People of HHS

MANY INITIATIVES EMBARKED on listening tours across the country to listen to relevant employees or customers. This helped identify pain points and pinpoint the areas where solutions were most needed. They often followed up with participants during Implementation to ensure that solutions would integrate into existing workflows and technology systems. By demonstrating that the concerns of those impacted were taken seriously and leading to action, *ReImagine* was able to turn these employees into true advocates for the program. *ReImagine* learned that consistent engagement was especially important for teams working on newer solutions, given the potential for resistance to change.

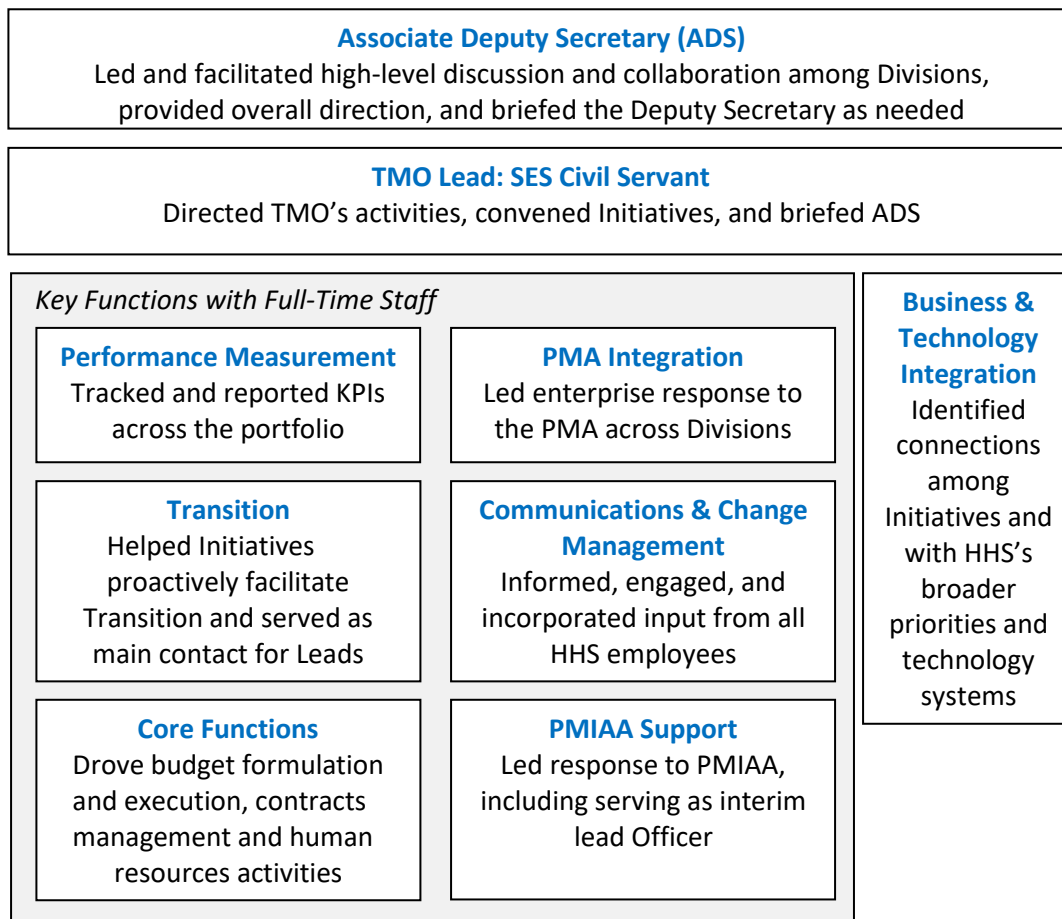
Reengage with listening session participants to emphasize to them that their concerns are being listened to and leading to action. If employees on the ground are involved early on, they can become advocates for the work in the face of potential resistance to change.

Enterprise Mindset: Empower a Strategic Transformation Management Office

THE TMO WAS originally focused on managing largely administrative tasks, without the resources or mandate to take an active role in managing the transformation's implementation. The TMO leader's time was split across multiple responsibilities, and the overall team structure was still in its early stages. The six Strategic Shift Executive roles were designed to provide strategic oversight, however, as these were part time jobs, competing responsibilities often led to Strategic Shift Executives taking on an advisor role, with less regular oversight and involvement than initially intended.

As such, leadership soon realized that *ReImagine* needed a more strategic and robust team to oversee the portfolio. Over time, the TMO was built up to include a full-time SES leader, who brought prior experience from working on an Initiative, and dedicated team members to monitor performance measurement, budget, technology implications, alignment with other HHS priorities, and transition of Initiatives to permanent ownership within HHS (see Figure 4 below).

Figure 4. *ReImagine* TMO Structure and Responsibilities



Note: Figure 4 depicts the TMO's major functions throughout ReImagine's entire lifecycle, rather than solely during the Design Phase. The TMO was a consistently evolving office and functions were added as needs arose. For example, the "Transition" function was added as the first cohort of Initiatives were nearing time to move from the ReImagine portfolio to permanent homes in Divisions.

As the TMO evolved, it became increasingly empowered to coordinate across Initiatives, proactively address risks, begin change management and communications work, and navigate the complexities of budget formulation and execution and contracting. Each of these activities provided the infrastructure needed to enable the Initiatives to achieve their goals and milestones. It also took on additional responsibilities beyond the portfolio, housing both the PMA and PMIAA efforts and tackling complex projects like artificial intelligence strategy and regulatory reform. In all these cases, HHS was able to leverage the TMO and approve it for funding to take an enterprise approach to respond to OMB and HHS priorities beyond its original scope. This enterprise framework positioned HHS to broadly improve operations to better serve the American people.

Data-Driven Approach: Create and Follow Roadmaps

DURING THIS PHASE, the TMO, Initiative Leads, and contract support also developed Implementation Roadmaps. Aspiring to be data- and customer-driven from the start, these Roadmaps included a comprehensive collection of documents that captured the current state of the problem the Initiative was seeking to solve, as well as its future-state vision. Roadmaps served as a helpful snapshot of the Initiative’s starting point and later helped inform when Initiatives would “graduate” from the *ReImagine* portfolio. *ReImagine* leaders learned the importance of tracking Initiative’s progress on Roadmaps, and soon set up weekly update meetings to help inform the TMO and leadership about upcoming milestones and potential risks.

Initiatives developed Roadmaps to inform their future-state. ReImagine leaders began tracking Initiative’s progress on Roadmaps at weekly update meetings.

External Collaboration: Leverage Relationships to Better Respond to Strategic Priorities

AS HHS CONTINUED to work closely with OMB regarding *ReImagine*’s progress, leaders turned their eye to another government mandate that required large-scale change: the President’s Management Agenda (PMA). The PMA laid out a long-term vision for modernizing the federal government, and its focus on mission outcomes, excellent service, and tax dollar stewardship aligned with *ReImagine*’s goals. All ten *ReImagine* Initiatives directly or thematically mapped to the PMA 14 Cross- Agency Priority (CAP) goals.

HHS leaned on its *ReImagine* infrastructure – including the TMO – to directly engage with other Departments’ PMA response teams. HHS worked with the Department of Housing and Urban Development, the U.S. Social Security Administration, and the Department of Treasury to share best practices on how they were responding to the PMA, ultimately informing the Department’s approach to the PMA. This collaboration not only underscored the importance of integrating the PMA response with *ReImagine*, but also informed HHS’s ongoing collaboration with other members of the President’s Management Council, Chief Executive Officer Councils, and Inter-agency CAP Goal Work Groups.

Design Recommendations

Design Recommendations: How to Architect Your Program

Employee Engagement: Speak with and listen to employees beyond headquarters —visit field offices to hear feedback and shows a commitment to engaging all employees, not just easy-to-reach ones.

Data-Driven Approach: Define goals and metrics, as well as maps to achieving them early in the process. Ensure that project leaders understand and are committed to achieving them.

Enterprise Mindset: A full-time, central team for day-to-day management is key to the success of a large-scale effort. Empower this team as the hub of knowledge, guidance, and resources.

Creative Solutions to Unfunded Initiatives: Stay flexible – use a combination of funding styles and sources to meet the specific needs of your program.

External Collaboration: Think beyond the scope of a single project and find opportunities to leverage its infrastructure for other activities. This can increase overall effectiveness, as well as increase the project’s visibility.



Phase Three: Implement

Implement Overview: Executing on Solutions

DURING IMPLEMENTATION, INITIATIVE TEAMS turned their vision into action by conducting customer interviews, analyzing data, building platforms, standing up new processes, and collaborating with

Key Milestones Through Implementation

Oct 2018: Implementation began

Jan 2019: Maturity assessments determined which Initiatives would graduate in FY19

June 2019: Briefing to OMB on accomplishments

Sept 2019: First cohort of Initiatives graduated

Sep 2020: Second cohort of Initiatives graduated

external partners. Throughout, the TMO regularly engaged with Initiative Leads and advocated on behalf of the portfolio, while the RHC continued its cadence of formally reviewing Initiatives' recommendations.

Initiatives began this phase in fall of 2018 and continued through to the end of FY19 or FY20, depending when they formally graduated from the *ReImagine* portfolio. This staggered approach helped the Initiatives that needed extended time and support from *ReImagine* to more manageably execute complicated, time- and resource-intensive projects, as well as learn from the previous cohort.

Throughout this phase, *ReImagine* leadership and the TMO worked to find the right balance between empowering Initiatives to operate independently and taking a cohesive enterprise approach to their work. In some areas, like programmatic operations and decisions, Leads were given autonomy. In other areas, like funding, accountability, and overall reporting, *ReImagine* leadership and the TMO continued to stay closely involved.

Implement Lessons Learned

Creative Solutions to Unfunded Mandates: Leverage the TMO to Secure Funding for Initiatives

AS IMPLEMENTATION BEGAN in full, the TMO truly hit its stride as “catalyst and convener” for the *ReImagine* portfolio, fully embracing its more strategic role. This shift was especially beneficial as it coordinated funding: the TMO consolidated funding requests for eight of the ten Initiatives, often leveraging informal networks within the Department to identify solutions. As the TMO refined the process, it targeted requests to precise needs, improving overall success in receiving funds. Had the TMO not orchestrated funding requests on behalf of Initiatives, *ReImagine* likely would have been a costlier overall endeavor, if it had remained possible at all. When addressing unfunded mandates, it is necessary to leverage the benefits of scale, finding ways to consolidate and streamline costs wherever possible.

The TMO combined funding requests and submitted them as a portfolio, mitigating some complexity and higher costs that could have arisen had each Initiative needed to independently secure funding.

Data-Driven Approach: Create Accountability Mechanisms, While Preserving Initiatives' Autonomy

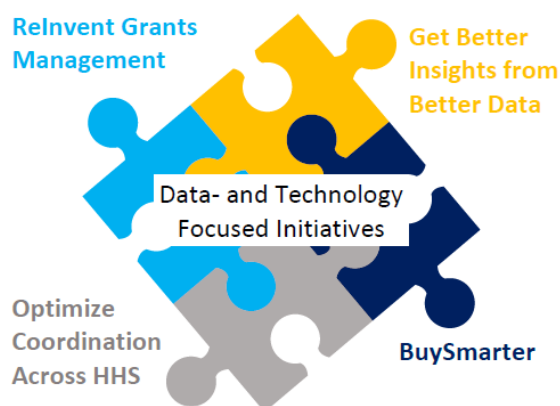
ALTHOUGH THE PORTFOLIO coordinated on some efforts like funding, Initiative Leads often operated independently. The Strategic Shift Executives, although often involved, had competing demands on their time that occasionally made their operational presence less consistent than initially intended. This gave Leads a great deal of autonomy to make decisions. Initiatives were thus empowered to move at the pace most appropriate for them, be nimble in their responses to change, and translate employee ideas into impact.

However, *ReImagine* recognized the importance of consistent oversight of projects to ensuring that the project remains data-driven and providing executive leadership the ability to account for the investment's outcomes. Although this accountability was at times challenging to implement because Initiative Leads did not formally report to the TMO, *ReImagine* found ways to balance the needs of executive leadership to stay apprised of enterprise-wide progress and of Initiative Leads to remain autonomous: The TMO created monthly 'check-ins' with Initiatives in the form of General Dive" Meetings. There were also quarterly briefings to the Deputy Secretary to share more formal performance measures, which later included dashboards that tracked Initiative outcomes and milestones. This flexibility in reporting gave the Deputy Secretary, senior HHS leadership, and OMB the measures of progress they required, without being overly burdensome or duplicative for Initiatives.

A flexible approach to reporting gave senior leadership the measures of progress they required, without being overly burdensome or duplicative for Initiatives.

Enterprise Mindset: Drive the Data- and Technology-Focused Initiatives Forward Together

Figure 5. Integrators Found Synergies Across Initiatives to Save Time & Resources



AN IMPORTANT STRATEGIC decision for the TMO was to focus on sustained enterprise functions. Rather than simply serving as a governing body, the TMO became a key driver of success because it was positioned to oversee day-to-day, hands-on management. TMO involvement in driving and monitoring progress was especially needed for the FY20 cohort of Initiatives, which were more data- and technology-focused. In the final year of *ReImagine*, leadership was intentional about trying to find synergies across these four projects by introducing both a technology and business integrator (see Figure 5). These roles were responsible for guiding and monitoring progress, as well as finding ways to consolidate efforts to save time and resources.

The integrators helped plan and facilitated monthly Deep Dive meetings. At these meetings, senior leaders received updates on tangible progress, milestones, and risks, while Initiative Leads received consistent feedback from leaders and other Initiative Leads. The chance to demonstrate products and rapidly iterate from month to month reflected *ReImagine's* culture of continuous improvement. The expectation of sharing KPIs and showing progress also brought a renewed focus on data-driven decision-making for these Initiatives. For example, when targeting use cases for a technology, Initiatives focused on those that could show measurable impact in the short- and long-term. In addition, leaders emphasized integrating technology systems to connect data sets in new and user-friendly ways. And leadership's enterprise commitment helped make *ReImagine* successful.

Employee Engagement: Communicate Intentionally for Change Management

IN ADDITION TO tracking and reporting KPIs, most Initiatives took a systematic approach to collecting customer input throughout Implementation, whether those customers were other HHS employees, state and local government agencies, or other external organizations. One of *ReImagine*'s most useful tools was a series of six roadshows across the country, reaching over 1,000 employees. Across these roadshows, the TMO conducted 11 focus groups with 125+ managers and non-managers across 12 Divisions to understand staff perspectives on Initiative work, *ReImagine* communications, and the overall transformation. This data allowed the TMO to adjust its operations and communications strategy (see Figure 6 for the TMO's communications tactics). For example, *ReImagine* learned that targeted messages sharing the impact of its work on employees or customers were more effective than multiple general emails. These messages also included specific calls to action to bring additional employees into *ReImagine*, either directly or through associated means like Communities of Practice. By adjusting its messaging, the TMO was able to show the clear impact of the program on employees' daily lives and in relation to HHS's mission of better serving the American people.

Figure 6. *ReImagine*'s Communications and Change Management Tactics

- ✓ Include a call-to-action in all materials
- ✓ Tie back to the mission
- ✓ Tailor content, level of detail, channel, and tone to the audience
- ✓ Use easily understandable language, rather than jargon
- ✓ Define the program's desired legacy and incorporate it in messaging from the start
- ✓ Have a consistent cadence

External Collaboration: Establish Resilient Partnerships

THROUGHOUT THIS PHASE, *ReImagine* kept collaboration at the forefront of everything it did. Collaboration can often be challenging—it takes time and investment. It requires individuals to navigate personal relationships and can be susceptible to setbacks if those relationships change.

Collaboration takes time and investment. It can often require individuals to navigate personal relationships and can be susceptible to setbacks if those relationships change.

Individual Initiatives worked with various types of public and private sector partners throughout Implementation to achieve their goals. For example, a central part of Bring Common Sense to Food Regulation's work involved partnering with the U.S. Department of Agriculture to improve regulatory oversight and prioritize Dual Jurisdiction Establishments, eliminating unnecessary burden on industry. Initiatives also established relationships with the private sector, like Accelerate Clinical Innovation's partnership with FasterCures to engage additional partners to further map,

accelerate, and measure the innovation ecosystem. Additionally, Get Better Insights from Better Data worked with Google to launch its Drug Takeback Program to reach thousands of locations across the country, decreasing the potential for prescription medication misuse. Each of these and other similar partnerships helped amplify the work that *ReImagine* was doing beyond HHS to new customers.

Implement Recommendations

Implement Recommendations: How to Execute on Your Vision

Employee Engagement: Communicate with employees in a tailored manner, depending on their need for high-level information or detailed explanations of the impact of potential changes. Have an integrated approach to communications strategy for all levels.

Data-Driven Approach: Set an expectation for clear, consistent oversight of projects from the start. Take a flexible approach to reporting, potentially using a combination of formal quarterly reports, dashboards, qualitative milestones, and “check-ins” to discuss challenges/risks as they arise.

Enterprise Mindset: Establish roles that are responsible for identifying areas where resources can be shared across projects, especially when those projects are large, complex, or resource intensive.

Creative Solutions to Unfunded Initiatives: Centralize and share funding requests in order to find opportunities to streamline or pool resources. Target requests to specific funds when possible.

External Collaboration: Strategically identify and build relationships with partners beyond your Department in order to amplify your project’s impact.

Phase Four: Transition Transition Overview: Institutionalizing the Work

THROUGHOUT TRANSITION, INITIATIVE LEADS worked with Transition Partners—the offices, Divisions, and/or teams that would be the permanent home of continuing *ReImagine* work in the future—to

Key Milestones Through Transition

- **July 2019:** Transition Manager onboarded to TMO
- **July 2019:** Formal Transition began for first cohort
- **Sep 2019:** First cohort of Initiatives graduated
- **July 2020:** Formal Transition began for second cohort
- **Sep 2020:** Second cohort of Initiatives graduated
- **Sep 2020:** TMO graduated

transfer responsibility of Initiatives’ capabilities, functions, and key information. The initial negotiations for long-term institutionalization began with the senior leaders of *ReImagine* and required significant time and attention to detail. The conversations often involved complex arrangements, covering not only what work would be assumed by the Transition Partner but also how it would be supported with funds and staffing provided by *ReImagine* in the short-term, but by the new home thereafter. These conversations took place over a span of many months and required ongoing negotiation and decision-making. Initial agreements were not formalized, and the TMO learned that written agreements (e.g. Memoranda of Understanding) were needed to

reflect the discussions, ensure clarity, and serve as a reference for all involved parties. Following these initial conversations, the TMO and its dedicated Transition Manager supported this process, carrying out what had been discussed and planning for the continuation of the TMO’s own major functions.

Initiative Transition occurred in two waves, depending on the Initiative’s scope and time/resource-intensity. Five Initiatives “graduated” from the *ReImagine* portfolio at the end of September 2019. At this point, the Transition Partners assumed all continuing responsibilities for Initiative work, with minimal support and oversight from the TMO. The remaining five, largely data- and technology- focused Initiatives, stayed within the portfolio through the end of September 2020. These Initiatives benefited from continued *ReImagine* support, including a longer period of more comprehensive Transition preparation. With the graduation of these remaining five Initiatives, the TMO itself also graduated as it was no longer with initiatives on their own. A post-graduation period of 90 days was implemented to ensure reconciliation of records, along with budget, transition, and communication activities.

Transition Lessons Learned

Enterprise Mindset: Empower a Full-Time Transition Manager

FROM THE OUTSET, *ReImagine* leadership were aware that while strategic transformation projects often start out with strong momentum and buy-in, it can be challenging to embed them into the organization in a way that creates lasting change—especially after initial funding is spent and leaders move on. *ReImagine* aimed to mitigate this challenge by empowering the TMO to proactively manage and facilitate Transition. The TMO dedicated a full-time staff member, the Transition Manager, to formally coordinate Transitions across the portfolio. The Transition Manager began working in this capacity several months before the first cohort of Initiatives planned to graduate, and continued to provide this coordination into Sustainment, serving as an ongoing liaison for Transition Partners and the TMO.

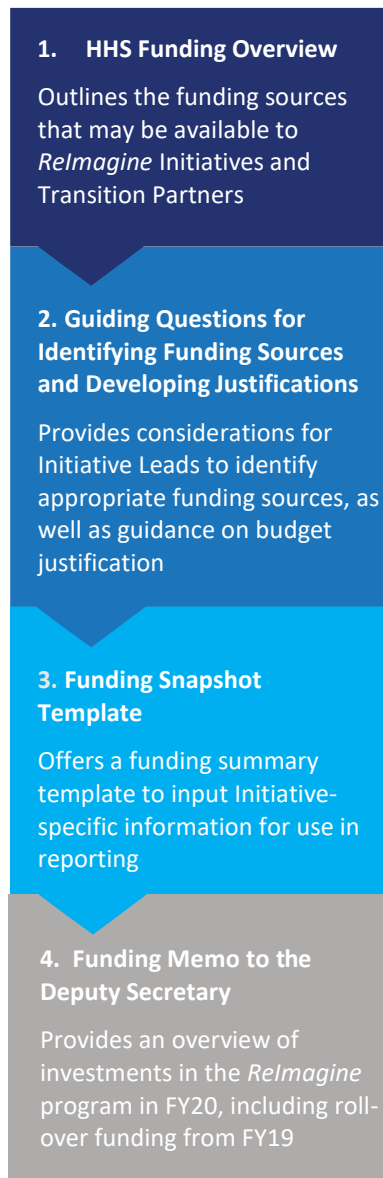
The Transition Manager worked with leadership, Initiatives, and Transition Partners to define when and how an Initiative successfully “graduated” from the *ReImagine* portfolio, and ultimately coordinate the required steps with Transition Partners. This process began by using a maturity assessment to determine the year in which each Initiative was to graduate. The Transition Manager and TMO created “Graduation Guidelines” with recommendations for how the Initiatives should be incorporated into successor offices, including communications and change management, processes for measuring success and accountability, and how it would be funded. These Guidelines offered recommendations for the time leading up to Transition, through Transition, and into Sustainment (for complete Graduation Guidelines, please see Appendix VI). Over time, these Graduation Guidelines were accompanied by a “Graduation Checklist,” which further detailed activities recommended for Initiatives to Transition. See Appendix VII for an example of the Graduation Checklist.

Employee Engagement: Build Relationships for Transition as Early as Possible

THE TRANSITION MANAGER was also valuable in helping Initiative Leads identify, build relationships with, and set expectations for Transition Partners—the employees that *ReImagine* had to engage during this phase—as early as possible. The Transition Playbook served as a resource to help Initiative Leads and Transition Partners align on objectives and potential measures of success for continuing work. It included prompts to help Initiatives identify their most critical successor functions, define the resources required for these, and develop the rationale for why a targeted Transition Partner(s) should take on these functions for the next fiscal year and beyond (see Appendix VIII for a reference guide to Preparing to Find a Transition Partner).

This process involved regular meetings among Initiative Leads and Transition Partners—facilitated by the Transition Manager, where appropriate—to solidify the relationship between the parties and create a systematic approach to sharing documents, records, and lessons. If an Initiative Lead did not invest the time needed to collaborate with a Transition Partner, successor functions and long-term Sustainment could be put at risk. As these conversations took place, it also became evident which Initiative workstreams reached their logical conclusions and did not make sense to Transition. This was an important part of the process, as it helped clarify the specific responsibilities to which the Transition Partner was committing and prevent the continuation of workstreams that would benefit from concluding.

Figure 7. The Transition Playbook Provided Funding Guidance and Resources



Unfunded Mandates: Secure Funding for the Following Year

IT WAS ALSO ESSENTIAL for Initiative Leads and Transition Partners to build a realistic plan for funding the continuing work. In many cases, the Initiative Leads needed to actively secure funding for work continuing the year after Graduation. This plan, in turn, was a helpful step in building the business case for why a Transition Partner should take on the work. In the cases where funding for Sustainment had not already been secured, it was more challenging to find a willing Transition Partner to assume responsibility for the Initiative. This highlights the difficulty of institutionalizing an unfunded mandate.

The TMO also often helped facilitate the process for finding funding through the first year that the Transition Partner took on the work, with the understanding that the Transition Partner would continue tracking toward and reporting on agreed upon KPIs. The Playbook was a critical resource, with guidance for creative solutions to funding (see Figure 7 for an overview of funding resources in the Playbook).

For the FY20 cohort of Initiatives, this process evolved. The TMO and Initiatives learned that it was critical to develop realistic and comprehensive spend plans at the beginning of the fiscal year and work closely with ASFR in tracking the execution of those plans and revising them, as necessary. The TMO also recognized the importance of having a primary *ReImagine* POC to ASFR, who assisted in guiding the Initiatives in securing new funding and carrying out the budget execution process. The *ReImagine* POC coordinated with ASFR in convening monthly status of funds meetings with the Initiative leads and at times, served as a translator in communicating programmatic requirements to ASFR and funding laws and processes to Initiative leads.

Data-Driven Approach: Set Expectations and Guidelines for Long-term Impact

AS INITIATIVES WORKED to establish the processes, knowledge, and resources needed for Transition, they also took a proactive approach to how they would define success in the year following Transition. The TMO worked with Initiative Leads and Transition

Creative Solutions to

Partners to create metrics or milestones that could be reported quarterly to leadership over the coming year. As part of this expectation-setting, Transition Partners were also able to modify, build on, or remove workstreams from the Initiatives that they took over.

Initiatives committed to these milestones at the Joint Graduation Briefing, which served as the most formal validation of Graduation. At the Joint Graduation Briefing, Initiative Leads shared their major accomplishments and Transition Partners formally acknowledged their responsibility of continuing the agreed-upon workstreams and reporting on metrics to HHS leadership. This Briefing created accountability in the transition handoff and laid the foundation for leadership to continue to monitor and amplify the impact of *ReImagine* through Sustainment.

External Collaboration: Leverage the *Relmagine* Approach to Advance and Institutionalize Other Collaborative Efforts

THE TMO ALSO had responsibilities beyond Initiative Transition to consider during this time: continuing and institutionalizing the responses to both the PMIAA and PMA. The TMO drew from lessons learned during core *Relmagine* work to increase their chances for success. For example, after recognizing the importance of knowledge sharing and collaboration in addressing challenges, HHS worked with other agencies through avenues like the Program Management Policy Council. This external collaboration helped the Department source best practices on how to permanently house enterprise-wide efforts in a normally federated Department. This, in turn, informed the permanent PMIAA infrastructure, including the role and responsibilities of the Program Management Improvement Officer (PMIO).

Similarly, *Relmagine* worked with leaders across the federal government to share best practices on the PMA through the President’s Management Council. HHS was even chosen to host the President’s Management Council in early 2020, speaking to *Relmagine’s* ability to set HHS apart in its coordinated, enterprise approach to the PMA response. By learning from the experience of Initiative Transition, *Relmagine* was able to double-down on these early wins and institutionalize these programs.

Transition Recommendations

Transition Recommendations: How to Institutionalize Your Work

Employee Engagement: Gaining buy-in from the entities and teams that will carry on the work is one of the most critical pieces of a project—spend ample time aligning on funding, metrics, and other details of this process.

Data-Driven Approach: Create mechanisms for medium- and long-term accountability, such as quarterly briefings or updates.

Enterprise Mindset: Weave in a standard set of guidelines, checklists, or playbook into one-on-one conversations to serve as a framework for talking with Initiative Leads about when, what, and how to prepare for long-term success.

Creative Solutions to Unfunded Initiatives: Plan ahead for continuing success: examine multiple possible avenues of funding, and work with both Initiative Leads and Transition Partners to create a justification for resources aligned to existing funding priorities and timing.

External Collaboration: Encourage your teams to participate in cross-Departmental efforts, even if not directly applicable to current work. The relationships and learnings can later be leveraged to solve roadblocks and improve work on your own project.



Phase Five: Sustain

Sustain Overview: Securing *ReImagine's* Legacy

REIMAGINE LEADERS WERE intentional about planning how Initiative and TMO work would move into permanent homes across the Department and monitoring impact once there. This process was, and will

Key Milestones Through Sustainment

- **Sep 2019:** First cohort of Initiatives graduated
- **Sep 2020:** Second cohort of Initiatives graduated
- **Ongoing:** Each Transition Partner establishes infrastructure for sustainment, including securing funding and permanent staff

continue to be, critical for securing *ReImagine's* legacy. The Sustainment phase for an Initiative began after that Initiative's Graduation, when Transition Partners took over the work and began their own role in executing on the vision. The first year of Sustainment involved a bit more support from the TMO for Transition Partners. For example, the TMO assisted in securing funding for detailees on contractual support through Transition and into the year after Graduation. After the first year, however, it was up to the Transition Partners to drive and report on all aspects of the work. This was especially true for the second cohort of graduating Initiatives, whose first year of Sustainment occurred after the formal end of the *ReImagine* portfolio (see Appendix VIII for more details on Transition Partners).

Sustain Lessons Learned

Data-Driven Approach: Identify Measures of Success

THROUGHOUT THE PROGRAM, *ReImagine* focused on tracking and monitoring metrics. This focus continued into Sustainment, as leaders aimed to demonstrate *ReImagine's* return on investment. Through the first year of Sustainment, the TMO continued to hold Transition Partners accountable by reporting results to the Deputy Secretary, while also allowing them the flexibility to adapt certain elements of the work to their new contexts. This ensured that the spirit of the Initiative was carried forward, even if some underlying processes or specific KPIs changed. KPIs can evolve when there is a shift in Transition Partner program strategy or prior KPI goals have been achieved. For example, the Bringing Common Sense to Food Regulation Initiative had a metric of signing agreements to conduct cooperative food inspections in 48 states. Upon completion, this KPI was no longer warranted as the process had been institutionalized and sustainably reimagined.

Broadly speaking, *ReImagine* has shown considerable return on investment through FY20. Multiple Initiatives were able to quantify their impact through cost and time savings. For example, the Reinvent Grants Management Initiative reduced time spent on average HHS grant award risk assessment including data collection from four hours to just 15 minutes. The Maximize Talent Initiative reduced average time to hire by 75+ days using shared certificates. In addition to quantified impacts, each Initiative's impact on the Department is apparent through the critical mission objectives achieved. For a list of achievements from each initiative, see Appendix IV.

With respect to sustaining incremental progress and impact, the BuySmarter Initiative's AI tool is expected to yield \$700 million in purchasing savings over the next 10 years. The Optimize Regional Performance Initiative's new facilities utilization model has a projected cost savings of \$150 million over the same time period.

Enterprise Mindset: Create Conditions for Future Success

AS *REIMAGINE* CONCLUDED, it left an indelible mark on the way HHS approached enterprise-wide endeavors, making future efforts more efficient and collaborative. For example, the newly established HHS Management Council will continue to build on the work of *ReImagine HHS* Committee, serving as an enterprise-wide forum for discussing priorities at the highest levels of the Department.

At the final Joint Graduation Briefing, leaders reflected on this next chapter of HHS, as all Initiatives formally enter Sustainment. Through the lessons learned from *ReImagine*, the Department is more thoroughly prepared to respond to mandates and challenges using an enterprise approach. Not only have desired improvements across the Department been institutionalized within Transition Partner homes, but the *ReImagine* mindset will carry forward within the hundreds of employees involved in this process.

Employee Engagement: Pass the Torch to Employees to Carry *ReImagine's* Legacy Forward

TO ENSURE THAT *ReImagine's* legacy continued, the TMO developed a strong impact communications and employee empowerment plan for its final year. Based on direct input heard in the *ReImagine* Roadshow focus groups (see Figure 8 for excerpts from roadshows), the TMO planned to update the *ReImagine HHS* Intranet page to make it more interactive and informative, including new results, resources, and ways to get involved in *ReImagine's* Communities of Practice. The TMO also launched an Impact Profile Campaign featuring HHS employees. In each profile, an employee shared how *ReImagine* had impacted their day-to-day work or how they had acted in accordance with *ReImagine's* principles to drive change.

Figure 8. What Did Employees Have to Say about *ReImagine HHS*?

- *"ReImagine gave a voice to our ideas and helped them be implemented at scale."*
- *"I'm in [Bureau of Primary Health Care], and we always want to reduce burden from applicants and staff. I'm realizing that those messages trickled down from ReImagine."*
- *"ReImagine has created a way to bring in best practices from other OpDivs in a way that is collaborative, data-informed, and systematic."*

The TMO also developed materials to directly share *ReImagine's* impact with employees at all levels within HHS and across government and to help them foster their own cultures of innovation, continuous improvement, and strategic collaboration. This report and a series of related infographics were created so that different audiences could learn from *ReImagine's* challenges and successes, equipping readers with tactical suggestions as to how they can successfully drive their own change no matter their position.

Creative Solutions to Unfunded Mandates: Secure Funding for Long-term Sustainment

DURING THE TRANSITION phase, the TMO helped facilitate funding for Initiative work that would

Prepare Transition Partners to support the sustainment of work started under the Initiatives by including funding requests in their annual congressional budget justification

continue into the first year of Sustainment. Transition Partners were responsible for securing their own funding for the work needed to carry *ReImagine's* work forward through the annual appropriation process. The TMO strongly encouraged Transition Partners to include funding requests for the continuation of work started under the Initiatives in their annual congressional budget justification to ensure sustainment.

External Collaboration: Share the Story

OVER THE COURSE of *ReImagine's* three-year journey, HHS had to chart its own path to create large-scale change. Since there was no "how-to guide" for transformation at a complex organization like HHS, leaders decided to fill this void for other agencies. The TMO developed this Retrospective document to share *ReImagine's* journey with other public sector organizations looking to embark on similar efforts. Major learnings from *ReImagine's* successes along with continuing impacts from work started under the initiatives will also be shared actively across HHS OpDivs, StaffDivs, government round tables, conferences, and articles. This document will be made publicly available to ensure accessibility for any federal or non-federal leaders looking to reimagine their own organization in the future.

Sustain Recommendations

Sustain Recommendations: How to Secure Your Legacy

Employee Engagement: Communicate the impact of, and lessons learned from, your effort, including concrete tactics that employees of all levels can apply to drive their own change efforts.

Data-Driven Approach: Brief leadership on successes, including key performance indicators and return on investment, after the conclusion of the formal portfolio to show sustained impact beyond the portfolio.

Enterprise Mindset: Ensure that the enterprise learnings that your transformation's leaders gained are not lost on future cross-Department approaches. This may involve institutionalizing some functions or responsibilities in new teams or offices.

Creative Solutions to Unfunded Initiatives: Prepare Transition Partners to support the sustainment of work started under the Initiatives by including funding requests in their annual congressional budget justification.

External Collaboration: Develop different guides, toolkits, and lessons learned documents for public distribution to the various audiences (e.g. staff, managers, senior leadership).

Conclusion

OVER THREE YEARS, *ReImagine* leaders strove to implement lasting changes that would help the Department better serve the American people. From advancing innovative solutions, encouraging continuous improvement, and strategically collaborating, these change-agents worked with dedication and resilience to usher in new ways of working for HHS, in a manner that:

- Ensured that employees' voices are heard in a complex Department of nearly 80,000 people and relevant skillsets were engaged from many different parts of the organization;
- Identified and collected the data and customer input necessary for success;
- Centered the work at the enterprise level in a decentralized, autonomous organization;
- Secured the resources needed for unfunded efforts; and
- Collaborated meaningfully with other Departments engaging in similar efforts.

Key to *ReImagine's* success was its commitment to be a project by and for employees, from start to finish. Most significantly, *ReImagine's* legacy will live on through those dedicated employees living out *ReImagine's* spirit and principles every day. These changes, together, are truly what transform the Department over time.

We hope that this Retrospective will be used by HHS leaders for years to come to learn from the insights, successes, and challenges born by those working tirelessly to innovate and drive change in this complex Department. Hopefully, it can help you to bypass some of the difficulties that *ReImagine* faced, draw on lessons that *ReImagine* already learned, and offer a starting point on which to launch your journey. The Appendix contains further context and resources to aid you on this journey.

Finally, the *ReImagine HHS* team would like to conclude by thanking you for taking the time to learn from our story, and the realities inherent in driving transformative change. We hope that this document has not only provided some direction and insight but will also serve as a reminder that you are not alone: this Department is filled with extraordinarily talented and compassionate people that will work with you to achieve your goals. It is only through working together on the relentless pursuit of new ideas that true change can be achieved. Good luck, we're rooting for you.

Appendices

Appendix I: Glossary

Key terms are defined below in alphabetical order.

- **Graduation:** The point at which the workstream is completed and accomplishments and/or products are formally presented with capabilities, future plans, metrics for success, and projected return on investment. At this point, although no longer in the *ReImagine* portfolio, the Transition Partner continues to be responsible for reporting accomplishments to *ReImagine* and holding to the vision of the Initiative.
- **Initiative:** A prioritized project with a dedicated team and resources designed and executed in support of a Strategic Shift. *ReImagine* was composed of ten Initiatives (see Appendix II for full list).
- **Initiative Leads:** Career GS-15 or Senior Executive Service (SES) civil servants who managed transformation activities for their Initiative. *ReImagine* had ten Initiative Leads.
- **Phases of *ReImagine*:** *ReImagine*'s work occurred in five phases, beginning in April 2017.
 - **Ideate** (April 2017-January 2018): HHS launched *ReImagine* in response to Administration mandates and leadership vision, resulting in six Shifts and ten Initiatives formed from over 2,200 ideas that were generated by hundreds of employees.
 - **Design** (January 2018-October 2018): Career HHS staff formed Initiative teams and developed roadmaps.
 - **Implement** (October 2018-July 2019 or July 2020, depending on the Initiative): Initiatives turned vision into action by conducting interviews, analyzing data, building platforms, and standing up new processes.
 - **Transition** (July 2019-September 2019 or July 2020-September 2020, depending on the Initiative): Five Initiatives formally transferred their continuing capabilities, workstreams, and function from the *ReImagine* portfolio to permanent homes in the Divisions in FY2019 and the remaining five transitioned the following year. An Initiative may have transitioned but remains in the *ReImagine* portfolio until Graduation.
 - **Sustain** (September 2019 and beyond, depending on the Initiative): HHS Divisions carry on Initiative work, institutionalizing the principles of *ReImagine*.
- **OMB Memo M-17-22:** In March 2017, the President issued an executive order directing OMB to submit a comprehensive plan to reorganize Executive Branch Departments and Agencies. OMB issued a memorandum asking agencies to begin taking immediate actions to achieve near-term workforce reductions and cost savings for FY2018, develop a plan to maximize employee performance, and submit an Agency Reform Plan as a part of the agency's FY2019 budget submission to OMB. HHS used this request to create a lean, accountable, and more efficient government as an opportunity to enhance how the Department operates and to more efficiently fulfill HHS's mission.
- **President's Management Agenda (PMA):** The President's Management Agenda laid out a long-term vision for modernizing the federal government in key areas that will improve the ability of agencies to deliver mission outcomes, provide excellent service, and effectively steward taxpayer dollars on behalf of the American people. HHS leveraged *ReImagine* as a platform to

engage with Divisions to pursue a coordinated response to the PMA and report out to the Office of Management and Budget on a regular cadence.

- **Program Management Improvement Accountability Act (PMIAA):** The PMIAA aims to improve program and project management practices within the federal government, requires government-wide standards and policies for program management, and establishes a new interagency council to improve program and project management practices among agencies. *Relmagine* helped HHS first respond to the PMIAA, establish the Program Management Improvement Officer at the agency, and conduct the first GAO annual portfolio review.
- ***Relmagine HHS*:** A government transformation effort that has helped modernize the Department to better serve the American people by advancing innovative solutions, institutionalizing continuous improvement, and enhancing strategic collaboration with internal and external partners.
- ***Relmagine HHS Committee (RHC)*:** Comprised of senior leaders from every Division, the *Relmagine HHS* Committee served as an advisory body that provided a multi-Divisional perspective on issues and recommendations brought to them by Initiatives. The Deputy Secretary served as the RHC Chair, considering input from all RHC advisors to formulate recommendations and elevate them to the Secretary as needed.
- **Strategic Shift:** A priority area needed to drive change across an organization and achieve the future-state vision. *Relmagine* defined six Strategic Shifts (see Appendix II for full list).
- **Strategic Shift Executive:** Political appointee who helped guide the strategy of a Strategic Shift by either working directly with the Initiative Leads within their assigned Strategic Shift or advocating for the program internally and externally. *Relmagine* had six Strategic Shift Executives.
- **Successor Function:** The capability, workstream, or function of an Initiative that will continue after Graduation through the work of the office, Division, and/or people who take over that work. A single Initiative may have multiple Successor Functions.
- **Transformation Management Office (TMO):** The Transformation Management Office (TMO) was established within the Immediate Office of the Secretary during the Ideate Phase as a largely administrative function. However, the TMO evolved to serve a more strategic function over the course of the program, monitoring performance measurement, risk, budget, technology implications, alignment with other HHS priorities, and the transition of Initiatives to permanent ownership within HHS. Due to its perspective across Divisions, the TMO was the natural home for HHS's response to the PMA and other key enterprise priorities and obligations such as the Department's implementation of the PMIAA.
- **Transition Manager:** Full-time detailed position within the TMO whose responsibilities included helping Initiative Leads and Transition Partners proactively facilitate Transition, serving as the central source for questions about budgets, contracts, reporting, and staffing, and documenting and sharing institutional knowledge.
- **Transition Partner:** The office, Division, and/or people that work with the Initiative to take over a capability, workstream, or function. The Transition Partner is the permanent home of the continuing *Relmagine* work for as long as the work continues.

Appendix II: Six Strategic Shifts and Ten Initiatives

A “Strategic Shift” is a priority needed to drive change across an organization and achieve the future-state vision. ReImagine defined six Strategic Shifts composed of ten “Initiatives,” or a prioritized project with a dedicated team and resources designed and executed in support of a Strategic Shift. The alignment of Strategic Shifts and Initiatives is outlined below.

STRATEGIC SHIFT	INITIATIVE
<p>RESTORING MARKET FORCES <i>Empowering internal and external partners and catalyzing activities of state and local stakeholders.</i></p>	<p>ACCELERATE CLINICAL INNOVATION Helping HHS advance innovation by establishing an enterprise view of high-priority clinical challenges and creating a mechanism to promote the Departmental coordination of program efforts to address those challenges.</p> <p>BRING COMMON SENSE TO FOOD REGULATION Increasing collaboration between food regulatory programs to minimize overlapping jurisdiction and improve state produce safety infrastructure.</p>
<p>PUTTING PEOPLE AT THE CENTER OF HHS PROGRAMS <i>Centering the design and delivery of human services to improve outcomes and address the needs of those we serve.</i></p>	<p>AIM FOR INDEPENDENCE Integrating self-sufficiency programs to become mission- and outcomes-focused, with the goal of putting families at the center and empowering them to achieve sustained economic independence.</p>
<p>GENERATING EFFICIENCIES THROUGH STREAMLINED SERVICES <i>Simplifying the acquisitions and grants management processes to promote smarter spending and better health outcomes.</i></p>	<p>REINVENT GRANTS MANAGEMENT Moving HHS toward a single user experience for grant recipients, while reducing burden in grants management functions and enhancing performance measurement.</p> <p>BUY SMARTER Taking advantage of new and emerging technologies to modernize the HHS acquisitions process, allowing the Department to leverage its buying power to reduce burden on employees and increase cost savings.</p>
<p>LEVERAGING THE POWER OF DATA <i>Developing and implementing a robust HHS data governance structure to enable accessible, integrated data as an enterprise asset that drives insight and action.</i></p>	<p>GET BETTER INSIGHTS FROM BETTER DATA Implementing a comprehensive data governance strategy to produce actionable business intelligence and derive increased value from the Department’s data assets.</p>

MAKING HHS MORE INNOVATIVE AND RESPONSIVE

Driving organizational transformation across HHS, including revolutionizing the agency's technology and creating new resource deployment and innovative models that reward collaboration.



OPTIMIZE COORDINATION ACROSS HHS

Increasing collaboration and coordination across HHS through innovation, and continuous process improvement to deliver mission-critical services for today and tomorrow's changing environment.



OPTIMIZE NIH

Increasing the efficiency and effectiveness of administrative functions to improve support for the NIH mission, maintain workforce support, and increase employee engagement.



OPTIMIZE REGIONAL PERFORMANCE

Ensuring an optimally performing and coordinated regional structure that advances the HHS mission and better serves the needs of the American public, as well as HHS stakeholders.

MOVING TO A 21ST CENTURY WORKFORCE

Creating best-in-class human capital management policies to recruit, retain, and develop high-performing leaders and business service providers.



MAXIMIZE TALENT

Modernizing recruiting, retention, and performance systems to attract and sustain a high-functioning HHS workforce.

Appendix III: *Relmagine* Timeline

The following timeline outlines key activities through *Relmagine's* duration.

Ideate Phase

Apr 2017: OMB Memo released

May 2017: Secretary announced *Relmagine HHS*; Ideation session held

June 2017: Six Strategic Shifts and ten Initiatives defined, based on additional information gathering and filtering

Sep 2017: Submitted business cases to OMB; *Relmagine* infrastructure established

Design Phase

Jan 2018: Initiatives begin staffing teams

Mar 2018: PMA released and response team positioned in *Relmagine* TMO

Apr 2018: TMO expanded with full-time career leader and staff to oversee transformation

June 2018: TMO and Initiative teams began work on Implementation Roadmaps, initial communications, and change management efforts

Sep 2018: Roadmaps finalized

Implement Phase:

Oct 2018: Implementation began

Jan 2019: Maturity assessments determined which Initiatives would graduate in FY19

June 2019: Briefing to OMB on accomplishments

Cohort One – Transition Phase: Cohort One

July 2019: Transition Manager onboarded to TMO

July 2019: Formal Transition began

Sep 2019: First cohort of Initiatives graduated

Cohort One – Sustain Phase: Cohort One

Ongoing: Each Transition Partner establishes infrastructure for sustainment, including securing funding and permanent staff

Transition Phase: Cohort Two

July 2020: Formal Transition began for Cohort Two











Sep 2020: Second cohort of Initiatives graduated

Sep 2020: TMO graduated

Sustain Phase: Cohort Two

Ongoing: Each Transition Partner establishes infrastructure for sustainment, including securing funding and permanent staff

Appendix IV: *ReImagine* Initiatives Achievements

SHIFTS	INITIATIVES	IMPACT
<i>Restoring Market Forces</i>	 Accelerate Clinical Innovation	Established Center for Health Innovation to support innovator’s path projects that workstream
	 Bring Common Sense to Food Regulation	Achieved participation of 48 states/territories in a cooperative agreement, reducing duplication and federal burden of inspections
<i>Putting People at the Center of HHS Programs</i>	 Aim for Independence	Initiated the creation of the Council on Economic Mobility to empower citizens in achieving economic independence
<i>Generating Efficiencies through Streamlined Services</i>	 Reinvent Grants Management	Created the Grant Recipient Digital Dossier to streamline HHS Grant award risk assessment data collection time from 4 hours to 15 minutes
	 Buy Smarter	Leveraged our buying power for enterprise infrastructure, achieving over \$700M in projected savings over 10 years
<i>Leveraging the Power of Data</i>	 Get Better Insights from Better Data	Created a data-sharing platform for non-public HHS data, projected to save \$64M over 10 years
<i>Making HHS More Innovative and Responsive</i>	 Optimize Coordination Across HHS	Designed an Administrative Data Hub platform to integrate operations data with improved analytics and migrate to cloud for future cost savings
	 Optimize NIH	Implemented process and technology improvements to increase Freedom of Information Act request processing by 69% since implementation
	 Optimize Regional Performance	Developed Regional Facilities Utilization Model with 62% footprint reduction and \$150M in potential savings over 10 years
<i>Moving to a 21st Century Workforce</i>	 Maximize Talent	Used shared certificates and a new hiring platform to reduce overall time to hire by more than 75 days

Appendix V: Business Case Template

ReImagine developed business cases for each Initiative to estimate cost savings and efficiencies. Leaders detailed specific objectives, costs, and metrics for success to the best of their ability. The outline below shares potential aspects to consider when developing a reform plan.

Initiative Name:

Proposed Reform Description:

Provide a brief summary of the mission of the reform.

Rationale:

A. Situation and Imperative to Change

- Describe the issue(s) or area(s) of improvement that the reform aims to solve.

B. Evidence

- Outline the need for the reform by quantifying the issues(s).

C. Vision for Reform Proposal

- Propose solutions designed to address the issue(s).

D. Desired Outcomes

- Describe the intended outcome from the solutions and why they would be beneficial.

Summary and Implementation:

A. Reform Overview

- Provide an explanation on how proposed solutions address OMB requirements and support HHS's mission.

B. Affected Components

- List internal and external stakeholders and key partners that may be affected by the reform.

C. Key Performances Indicators

- Determine metric(s) that will be used to track progress and measure success of the reform.

D. Potential Risks or Issues

- Identify uncertainties or potential challenges that could arise when implementing the reform.

E. Immediate Next Steps

- Determine the immediate actions required to move forward with the reform.

Appendix VI: Graduation Guidelines

The TMO created a Playbook to facilitate the Transition and prepare for Graduation, including recommended Graduation Guidelines for Initiative Leads. The Guidelines were not a formal checklist with progress tracked by the TMO or leadership— instead, Initiative Leads used the Guidelines at their discretion, often delving more deeply into areas as needed with Transition Partners (TPs).

	Path to the Transition	Transition	Sustainment
Comms & Change Management	<ul style="list-style-type: none"> ✓ Strategy for relationship-building and communication among TPs has been developed ✓ Plan to preserve institutional memory has been created ✓ Analysis of cultural compatibility with TP has been conducted and mitigation strategies to address differences have been created ✓ Direct and indirect stakeholder engagement strategy has been developed 	<ul style="list-style-type: none"> ✓ Institutional knowledge has been transferred successfully ✓ Direct and indirect stakeholders understand how the transition affects them going forward 	<ul style="list-style-type: none"> ✓ All stakeholders are aware of Successor Functions' impact
Incorporation	<ul style="list-style-type: none"> ✓ Successor Functions have been identified ✓ Each Successor Function has a case for continuation ✓ TPs have been identified and can be sustained over time ✓ Invested leaders have been identified for each Successor Function ✓ Sufficient personnel are in place to support Transition ✓ Personnel scope has been defined for each Successor Function as needed (e.g. FTEs, CONOPS, etc.) 	<ul style="list-style-type: none"> ✓ TP conversations have taken place to transfer institutional knowledge ✓ Relevant documents have been shared 	<ul style="list-style-type: none"> ✓ Successor Functions have found a permanent “home” with TP ✓ In early Sustainment, TMO will provide extended support to TPs for the incorporation of Successor Functions, as needed ✓ Personnel necessary to manage Successor Functions in long-term are funded and in place
Success & Accountability	<ul style="list-style-type: none"> ✓ Current FY Milestone(s) have been achieved* ✓ Upcoming FY Milestone(s)/Measures of Success have been identified* ✓ Accountability mechanisms have been established (ex: measures of success are identified, data sources are known, monitoring structure is in place) ✓ Reporting structure/requirements are established and understood by TP(s) 	<ul style="list-style-type: none"> ✓ Milestone(s)/ Measures of Success have been identified for two FYs ✓ Mechanisms for reporting during Transition have been established (ex: responsible entity is identified, data collection continues) 	<ul style="list-style-type: none"> ✓ Mechanisms for tracking Initiative progress over time are in place (ex: dashboards) ✓ Data is collected and reported on a regular basis
Funding	<ul style="list-style-type: none"> ✓ Funding scope has been defined for Successor Functions ✓ Funding strategy for upcoming FY is known, including sources have been identified, secured, and supported by leadership ✓ Funding strategy for two FYs out are in progress ✓ Potential risks to funding and mitigation strategies have been considered 	<ul style="list-style-type: none"> ✓ Funds have been distributed ✓ Long-term funding strategy (through two FYs) has been developed 	<ul style="list-style-type: none"> ✓ A funding plan through two FYs is in place (ex: confirmed commitments from TP)

*Note: This was an expectation of all Initiatives.

Appendix VII: *ReImagine* HHS Initiatives' General Graduation Expectations

Based on learnings from Initiatives graduating in FY19, the TMO created the following updated "Graduation Expectations" checklist to support Initiatives through Transition.

General Graduation Expectations

The following apply to all Data Initiatives:

General Product Expectations:

Demonstrate real-time software functionality to specified leadership

- Obtain Division-level user feedback and incorporate into completed and prioritized use cases
- Live, tested, functional, verified, and validated product
 - Includes Authority to Operate (ATO), Enterprise Performance Life Cycle (EPLC), may be limited integration for partners/use cases
 - Includes training, documentation, and Transition plan from old process/system to new
- Newly created committees or councils should have approved charters, first meeting complete, schedule, agenda template, processes, and goals completed to ensure Sustainment and ongoing success.

Transition, Graduation, and Sustainment:

- Approve Business Plans (including return on investment calculations) and five-year funding/budget plans
 - Include Transition plans, timelines, points of contact, and suggested metrics for demonstrating future success
- Approved final report of accomplishments, lessons learned, alternatives analysis, Initiative history, archive, etc.
- Develop Knowledge Management strategy to pass institutional knowledge and data archive
 - Includes status of contracts, contractors, detailees, equipment, etc.
- Graduation Briefing with Transition Partner
- Transition Partner will report on agreed key performance indicators/metrics quarterly for the following year to track impact and progress

Appendix VIII: Preparing to Find a Transition Partner

The TMO created a document for the Transition Playbook with suggested activities and considerations for Initiative Leads as they searched for Transition Partner(s).

Identify key Successor Functions.

Successor Functions are any capabilities, work streams, or functions that will continue after into the future. Determine the most important elements of your work that will live beyond your project.

Solidify goals, objectives, and potential measures of success.

Drawing on the rationale for why this work originally started and/or the problem it seeks to address, determine if there are existing goal(s) and objective(s) for each Successor Function. If there are, decide if they should remain or be updated or changed going forward. If the work of the Successor Function has evolved over time and the goal or objective needs to be updated, consider where the status of the work will be when Transition begins. Include any potential measures of success that the Transition Partner may want to consider tracking and reporting on going forward.

Summarize the work into an “elevator pitch.”

Develop a succinct summary of Successor Function(s) that can be understood by people not familiar with the work (include relevant definitions, as needed). Consider key elements like background, goals, tangible/intangible successes, and stakeholders involved and/or impacted.

Clarify concerns.

Identify any risks, challenges, or “friction” that may exist for a Successor Function and determine ways to mitigate, to the extent possible.

Identify potential resources required.

Determine what may be needed for the continuation of the Successor Function. Resources may include FTEs; technology requirements; a ConOps; support from other areas in HHS; and/or other funding needs and potential path to obtaining them.

Consider “cultural fit.”

Using inputs from earlier suggestions, consider what cultural and value-based components are required to ensure a successful transfer of Successor Functions. This will likely differ by Successor Function, but may include considerations like team structure, working preferences, leadership and managerial style, and work location, among others.

Develop a list of potential Transition Partners.

Identify programs or Divisions whose work aligns with the Successor Function's objective(s) and key leaders within those entities. Determine where Successor Function solves an existing problem, fills a current gap, or offers an enhanced capability

Draft a business case.

Develop the rationale for why targeted Transition Partner(s) should take on this Successor Function for the next fiscal year and beyond.

- Share the summary, or “elevator pitch” of the Successor Function.
- Define the clear need why HHS generally and this Division specifically would benefit from the continuation of this Successor Function. Include how it addresses the Transition Partner's existing problem or current gap or how it offers an enhanced capability.
- Explain why the specific Transition Partner is the best fit for Successor Function, considering mission, objectives, challenges, etc.
- Include financial and operational benefits to the Transition Partner, including benefit for Transition Partner's key stakeholders.
- Include intangible or qualitative benefits to Transition Partner.
- Address risks or dependencies and mitigation strategies.

Prepare for the Transition.

Build a relationship with the Transition Partner:

- Leverage existing resources, including those found in the Playbook, and staff to ensure that relevant institutional knowledge and other key information is shared.
- Share business case and show how Successor Function solves an existing problem, fills a current gap, or offers an enhanced capability.
- Communicate objectives and goals for the Successor Function and work together to adapt as needed to fit within the Transition Partner home.
- Identify any risks with the Transition Partner (lack of staff, funding, expertise etc.), share those risks with TMO, and coordinate on ways to mitigate risks, to the extent possible.
- Develop measures of success in coordination with the TMO and the Transition Partner.
- Facilitate conversations on expectations for accountability.

Finalize the Transition.

Once a potential Transition Partner has been solidified, collaborate to determine:

- When to begin the timeline for preparing for Transition, including thinking about when detailees will return to home agencies.
- If FTEs required already exist/are available or need to be identified.
- What funding requirements are outstanding and what actions can be taken to obtain that funding.

Appendix IX: Institutional Knowledge Sharing Summary

The TMO created an Institutional Knowledge Sharing Questionnaire for the Playbook to help Initiative Leads collate and share information with Transition Partners. Below is a summary of the framework that could be used by leaders to guide their own knowledge sharing efforts.

BACKGROUND AND CONTEXT

Initiative Purpose	Major Stakeholders	Initiative Goals
The rationale for starting this work and including it in the <i>ReImagine</i> portfolio	HHS employees, “customers,” and other impacted parties that the Transition Partner should consider	Original and current goals of the Initiative

CHALLENGES, MITIGATIONS, & RISKS

Challenges	Mitigation Strategies	Ongoing Risks
Any major challenges faced by the Initiative	Any mitigation strategies used to address challenges	Any risks of which a Transition Partner should be aware

THE WAY FORWARD

Historical Milestone(s)	Measure(s) of Success	Future Funding Strategy	Requested # of FTEs
Major milestones from prior fiscal years, including those that were established and have not yet been accomplished	Any current or proposed future measures of success the Transition Partner may want to consider	Any funding that has been requested for the future or funding that should be appropriated or requested in the future	Historical FTEs required and estimated future FTEs needed for tasks

Appendix X: Joint Graduation Briefing Template

Initiatives and their Transition Partners jointly briefed the Deputy Secretary on the graduation of Initiative work from the ReImagine portfolio to its long-term home within a Division. This event both celebrated Initiative success and demonstrated Transition Partners' commitment to certain activities and milestones going forward.

INITIATIVE NAME		Initiative Lead: <Name, Division, Title>
ACCOMPLISHMENTS		Transition Partner Presenter(s): <Name, Division, Title>
<p>Initiative Lead creates and shares this portion of the presentation.</p> <p>Please share accomplishments from FY19 and through the Transition, including:</p> <ul style="list-style-type: none"> What were the Initiative's biggest successes? Who led those successes? What were the key milestones met? What work streams/activities concluded or are awaiting a final Transition Partner? What Successor Function were transitioned to Transition Partners? What intangible or qualitative accomplishments did the Initiative achieve? What key stakeholders were most positively impacted by the Initiative's work? 		
TRANSITION PARTNER NAME: FUTURE STATE VISION		
<p>Transition Partner Presenter creates and shares this portion of the presentation.</p> <p>Please share vision and/or goals for each workstream going forward, including:</p> <ul style="list-style-type: none"> What will make this work a success? Who do you anticipate being critical to its success? How do you plan to accomplish your goals? How have you engaged staff and other stakeholders to facilitate success? 		
FY20 and/or FY21 Funding	FY20 and Beyond Measures of Success	
<ul style="list-style-type: none"> What funding commitments have been made for FY20 and/or FY21 to ensure proper resources and future success of each workstream? 	<ul style="list-style-type: none"> What are future <u>milestones</u> (i.e. key activities or events that relate to process) for each workstream? What are future <u>metrics</u> (i.e. key measures that show progress toward outcomes) for each workstream? 	

Appendix XI: Initiatives and Transition Partners

Five Initiatives graduated from the ReImagine portfolio in FY2019 and moved to permanent homes with Transition Partners. The remaining five transitioned the following year. In some instances, Initiatives' functions were split out and shifted to different Transition Partners based on suitability.

INITIATIVE	TRANSITION PARTNER(S)
Graduated in FY 2019	
Accelerate Clinical Innovation	<ul style="list-style-type: none"> Office of the Secretary/Office of the Assistant Secretary for Health
Aim for Independence	<ul style="list-style-type: none"> Office of the Secretary/ Office of the Assistant Secretary for Planning and Evaluation Administration for Children and Families
Bring Common Sense to Food Regulation	<ul style="list-style-type: none"> Food and Drug Administration/Office of Regulatory Affairs
Maximize Talent	<ul style="list-style-type: none"> Office of the Secretary/ Office of the Assistant Secretary for Administration/Office of Human Resources
Optimize Regional Performance	<ul style="list-style-type: none"> Office of Intergovernmental and External Affairs Office of the Secretary/Office of the Assistant Secretary for Administration/Program Support Center
Graduated in FY 2020	
Get Better Insights from Better Data	<ul style="list-style-type: none"> Office of the Secretary/Office of the Chief Information Officer/Chief Data Officer
Reinvent Grants Management	<ul style="list-style-type: none"> Office of the Secretary/Office of the Assistant Secretary for Financial Resources/Office of Grants
BuySmarter	<ul style="list-style-type: none"> Office of the Secretary/Office of the Assistant Secretary for Financial Resources/Office of Acquisitions
Optimize Coordination Across HHS	<ul style="list-style-type: none"> Office of the Secretary/Office of the Chief Information Officer/Office of the Chief Product Officer
Optimize NIH	<ul style="list-style-type: none"> National Institutes of Health