This is a brainstorm on possible topics LHJs and RHO staff may collaborate on in the future. Roles and responsibilities must still be identified. The concept is that LHJs can ask for help or support in these areas.

These could be treated as pilots while we document roles and work to identify challenges or points of tension.

Buckets of Work/Topics	Opportunities for Collaboration	Desired Outcomes	Performance Measures
Providing backbone & support to technical teams (getting together to collaborate, share with one another & across the system)	 Help facilitate these groups coming together Bring questions, needs and feedback to DOH Organize resources/expertise available Share best practices across the system 	 Resources are brought to solve problems in a structured way not one-offs DOH learns the needs of different areas and LHJs to provide better support There are resources to share timely information across the system 	 Regularly scheduled time to make this happen Strong communication channels to share best practices Lack of duplication of asks, needs and resource deployment
Finance & Contracting	 Clear point of contact for helping with these processes. Coordinating all the parts in a way that makes it more efficient. Gathering information ahead of the start to help it go more efficiently 	 Technical support that knows the LHJs and region Improved communications Efficiencies in the process Point person that knows the key elements specific to those LHJs Process starts the right way 	 Faster completion Training for LHJ staff delivered timely Reduction in re-work and problems
Incubator for New Projects	 They start jointly and not DOH coming out with ideas already baked: "Here's what we want you to do" Regional offices can help inform differences and 	We work together on the front end to identify the highest priority items	

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	encourage collaboration early on.		
Data Systems that DOH Owns (ex. Redcap)	 Support training and technical assistance Coordinate deployment and support as we role these systems out. DOH can help share data opportunities – data sets that can support our work. 	 Staff have a point of contact to walk through the system, data sets. LHJs have understanding of all the data sets Work to report on data in regional areas, and being able to break them down for better use 	 LHJs know what data is out there and how to access it. Ability to pull data in more useful ways Pull data timely and when needed
Sharing Information Btw Siloes of Excellence (ex. EH information across the system)	DOH can pass along and share this information	Siloes are broken down, cross system communication	
Building Epi & Informatics Infrastructure	 LHJs are leading this work with UW and DOH should be at the table as a support and then can share that across the system Create larger data sets at the regional/LHJs – to share dashboards Building linked data and large data sets. And ability to access and use the data. 	 Creation of dashboards and epidemiological best practices to be shared across the system Supports local needs 	
Building out Geospatial Data (Innovation)	Create easy access and bring those resources to the table to work on sharing in topical areas	 Creating this resource for use at regional and LHJ levels Ability to use this data at zipcode/neighborhood levels 	LHJs have the data they need to share with the public and communities in dashboard format

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	 Environmental health – being able to identify key pieces to plan our work and priorities (fire risk, toxics, water) Bring the current resources together to make it useful. We have maps of disease and data sets ready to be shared. 	 Share learning across the system in like areas for learning and building. Our programs at the local level are able to be a meaningful part of the community. 	
Workforce Development & Retention	 LHJs have new staff that are coming out of school. They don't have experience. Create processes and training that will help us be more efficient in the process of on-boarding and training. Identify those areas that we can create a toolkit/resource/technical assistance to support this work that is always happening. Need might look different in different areas, because the environments and communities are different, the regional offices could help identify those differences. Address the loss of staff: maybe retain them if the work is more satisfying and we provide a better work environment – type of work, 	 Easy access resources/plans to on-board staff on ID and other technical public health areas. How to scale this to support this need in a broad way and at the same time take into account the unique nature of regions and LHJs. 	

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	 opportunities and options for flexibility. Create a larger vision for the system but allow for each area or LHJ to make it their own. Keeping in mind the bigger picture. DOH can be the backbone infrastructure to support this work and set up systems with academic institutions and training to support our public health system. 		
Accreditation	 Help with the process Sharing resources System support – what benefits can we get out of the important and valuable components of accreditation. Can we help make the process a bit simpler by sharing the great ideas used by others? 	 Help and support for locals looking to go through the process Perhaps utilize some of the areas highlighted to support best practices 	