California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Subcommittee (TASC) Meeting
Transcript (12:00 PM – 1:00 PM PT, April 10, 2025)

The following text is a transcript of the April 10, 2025, meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework TASC. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework webpage to ensure accuracy.

[Carmela Lopez (she/her)] 11:59:40

Hello and welcome. My name is Carmella and I'll be in the background answering Zoom technical questions.

[Carmela Lopez (she/her)] 11:59:46

If you experience difficulties during this session. Please type your question into the Q&A.

[Carmela Lopez (she/her)] 11:59:52

Individuals in the public audience who have a comment may insert it in the Zoom Q&A.

[Carmela Lopez (she/her)] 12:00:00

Public comment will also be taken towards the end of the meeting.

[Carmela Lopez (she/her)] 12:00:04

Live closed captioning will be available. Please click on the CC button to enable or disable.

[Carmela Lopez (she/her)] 12:00:10

Today's program is being recorded. With that, I'd like to introduce Ram Cothran.

[Rim Cothren] 12:00:19

Thank you, Carmella, and thank you everyone for attending today's participating in today's meeting.

[Rim Cothren] 12:00:26

This is the second meeting of the Social Data Exchange Focus Group.

[Rim Cothren] 12:00:30

And I appreciate we have a large group here and I appreciate everybody joining us on time.

[Rim Cothren] 12:00:37

I will continue to encourage people to turn on their cameras during the meeting. I intend for this to be a discussion, not a presentation. We have very few slides today.

[Rim Cothren] 12:00:46

And so I really do encourage people to be on camera so that we can see your faces and make this more of a conversation.

[Rim Cothren] 12:00:54

Let's go on to the next slide, please. We always start all of our meetings with our vision for data exchange in California. I'm not going to read this to you. You can all read it yourself and have probably seen it before.

[Rim Cothren] 12:01:06

If you participate in the data exchange framework. But I do want to call out, as we did last time, that this includes social service providers as part of the participants in the data exchange.

[Rim Cothren] 12:01:20

And that the intent of this focus group is to better understand how we can engage social service providers and exchange health and social services data.

[Rim Cothren] 12:01:31

Let's go on to the next slide, please. Just very briefly, our agenda for today, we'll start off with the welcome and roll call. That's where we are today, right now.

[Rim Cothren] 12:01:43

We'll talk a little bit about what we heard at our last meeting. That is an opportunity for you to point out things we may have missed in our broad notes or things that we might have gotten wrong.

[Rim Cothren] 12:01:57

So I do want people to take a look at those if you haven't already. They'll be on the slides as they come up.

[Rim Cothren] 12:02:01

And then we're going to really start discussing the reference architecture that we briefly introduced at our last meeting. We will reserve some time for public comment at approximately 10 before the hour. And then we'll touch very briefly on next steps and some closing remarks.

[Rim Cothren] 12:02:21

Let's go on to the next slide, please. In the interest of time, we usually don't do roll call at these meetings.

[Rim Cothren] 12:02:29

My partner Catalina out there will look through the participant list and record who has who is attending the meetings, but we did spend a little bit of time in our last meeting to make sure that everyone that was attending had a chance to say hello and introduce themselves.

[Rim Cothren] 12:02:47

So I want to give that opportunity to at least a few people that weren't able to join us last time.

[Rim Cothren] 12:02:53

Alexis, are you out there?

[Rim Cothren] 12:02:58

I did not see Alexis on the list. Benjamin, I did see you. You want to say hello?

[Rim Cothren] 12:03:06

Just say your name, the organization you're with and the role that you fill there.

[Benjamin R. Martin, JD] 12:03:11

Sure. Ben Martin, I very much appreciate the opportunity and very much appreciate the opportunity to be part of this group.

[Benjamin R. Martin, JD] 12:03:18

I apologize for missing the last meeting, but I have listened to the recording.

[Benjamin R. Martin, JD] 12:03:22

Had been on a prearranged trip. I work with Project Angel Food. I'm the Director of Programs and Strategy here. We are in Los Angeles and we make and deliver medically tailored meals and provide nutrition counseling to clients living with serious illness in Los Angeles. We're part of the California Food as Medicine Coalition.

[Benjamin R. Martin, JD] 12:03:44

And the National Food is Medicine Coalition. And we're currently working on improving our Data.

[Benjamin R. Martin, JD] 12:03:52

Identification and processes and analysis. And connections to healthcare systems, including lanes.

[Benjamin R. Martin, JD] 12:04:02

And otherwise, as part of our coalition and throughout the county.

[Benjamin R. Martin, JD] 12:04:06

So thank you.

[Rim Cothren] 12:04:07

Thanks, Ben. Yeah, and I think I saw you out there.

[Ken Riomales] 12:04:12

Yeah, hi, everyone. Kenriel, Senior Director of Interoperability for CalMESA. Calmesa is the joint powers authority for county behavioral health in California. I'm also the program director for CalMesa Connects, our interoperability platform.

[Ken Riomales] 12:04:26

Aimed at assisting counties with meeting all regulatory interoperability requirements as well as facilitating data exchange on a much broader scale.

[Ken Riomales] 12:04:33

Happy to be here. Thank you, everyone.

[Rim Cothren] 12:04:35

Thank you, Ken. Joe, I think I see you out there.

[Joe Sullivan] 12:04:42

Sorry. Joe Sullivan, Chief Information Officer for California Emergency Medical Services Authority.

[Joe Sullivan] 12:04:52

Happy to be here.

[Rim Cothren] 12:04:52

Thank you. Thank you, Joe. And Brian. I don't think I saw Brian on. Are you out there?

[Rim Cothren] 12:05:03

And is there anybody else that did not get a chance to introduce themselves last time but is at today's meeting? Anybody else that I skipped?

[Rim Cothren] 12:05:15

Oh, sorry, Lawrence. You were off my list and I had completely forgotten. Sorry about that.

[Lawrence Chan, PhD, CDPH] 12:05:22

No worries. Hi, everybody. My name is Lawrence Tran, research scientist supervisor with the Regional Public Health Office here at CDPH. Happy to be here and glad to be a part of this.

[Rim Cothren] 12:05:32

Thank you, Lawrence. And Lawrence raised his hand. People may feel free to do that, especially if you're having trouble getting my attention. But we tend to run these meetings very informally.

[Rim Cothren] 12:05:44

It's meant to be a discussion among you. You do not need to raise your hands unless you're just having trouble getting a word in edgewise. Let's go on to the next slide, please.

[Rim Cothren] 12:05:58

Just very briefly for members of the public that are attending today's meeting, we will be taking public comment during the time that is identified on the agenda at approximately 10 minutes before the top of the hour.

[Rim Cothren] 12:06:11

But if you are a member of the public, you can also use the Q&A feature in Zoom.

[Rim Cothren] 12:06:17

To put either comments or questions in Zoom. Anything that you put in the Q&A there can be seen both by the panelists here as well as other members of the public.

[Rim Cothren] 12:06:31

For the panelists here. I encourage you to take a look at what we see in the Q&A. If there's a comment there you want to address or you want to highlight, feel free to do so.

[Rim Cothren] 12:06:44

I'll try to be monitoring it, so don't let that distract you too much.

[Rim Cothren] 12:06:49

And then, of course, Catalina is pointing out that Cindy couldn't be with us last time. Cindy is also one of my partners helping me with these meetings. Cindy, do you want to say hi real quick?

[Cynthia Bero] 12:07:00

Thank you, Rim. Yes, I'm Sydney Barrow. I'm a senior advisor with Manat Health. Had the pleasure of working with Rim and our colleagues at CDII for the last few years on the data exchange framework.

[Rim Cothren] 12:07:14

Thanks, Cindy. Sorry to have missed you there. Let's go on to the next slide, please.

[Rim Cothren] 12:07:20

And I've got to pause a little bit from talking all of the time. We have two slides here where we tried to summarize what we could from about 15 or 20 minutes of good discussion that we had at our last meeting. We'd ask you to

[Rim Cothren] 12:07:33

Identify what the barriers were, maybe some of the issues that we needed to address in sharing Especially social data And these are some of the things that we heard.

[Rim Cothren] 12:07:46

I'll pause there and let you read through this.

[Rim Cothren] 12:08:07

Then maybe go on to the next slide and let people read through that as well.

[Rim Cothren] 12:08:11

This is really an opportunity for you to say, hey, you didn't hear that quite right.

[Rim Cothren] 12:08:16

Anything you want to expand upon or anything you didn't see here that you thought was an important point either you made or you heard somebody else make?

[Irene Lintag Alvarez, Aliados Health] 12:08:32

I think that on the previous slide, the bi-directional sharing is very important.

[Irene Lintag Alvarez, Aliados Health] 12:08:41

Definitely want to highlight that.

[Rim Cothren] 12:08:44

Thank you, Irene.

[Aparna Ramesh] 12:08:49

I have to drop off early from the last conversation. One thing to maybe include in here and just specificity around like what data and like what's the actionable data And so the example I always like to give is Is it actually helpful for folks to know who's enrolled in what program?

[Aparna Ramesh] 12:09:11

If we're trying to improve access or is it helpful to know who's potentially eligible but not enrolled in a program to improve access?

[Aparna Ramesh] 12:09:18

So really keeping that like holding social services is such a complex space and there's so many the devil's in the details in this one. So continuing to hold.

[Aparna Ramesh] 12:09:29

That complexity in these conversations and realizing that not one size is going to fit all

[Rim Cothren] 12:09:35

Thank you, Aparna.

[James Shalaby] 12:09:39

Rem, one thing that I didn't see on there, maybe I missed it, might be on the first slide.

[James Shalaby] 12:09:44

You just go back for a second.

[James Shalaby] 12:09:51

Yeah, I'm wondering if we also need to mention that the the architecture slide that we spent a fair amount of time on last meeting really represents a a union, you know, kind of an amalgamation of different capabilities, different systems. It's not a single architecture

[James Shalaby] 12:10:13

It's an amalgamation of features that we want to work through, right?

[Rim Cothren] 12:10:20

True. And thank you for that.

[Rim Cothren] 12:10:26

Anything? Yeah, go ahead, Chris.

[Chris Ticknor] 12:10:26

Another thing… Yeah, another thing to consider rem to kind of ride the coattails of the last comment was I don't see anything. I didn't catch if it was mentioned in the last meeting a real need to measure the or consider the utilization and adoption

[Chris Ticknor] 12:10:45

Of the strategy, like what methods are we using to encourage utilization and the continued adoption of the DXF framework.

[Chris Ticknor] 12:10:56

If the barrier is too high, we might start losing folks from different sectors of care.

[Rim Cothren] 12:11:03

I think that's a good point. And I do seem to recall that we touched on that, but I didn't see it in the notes here. So thanks, Chris, for bringing that back up.

[Lee Tien] 12:11:12

Can I raise, Rem just… You know, we did talk about resources last time, and I feel like maybe that's caught up a little bit in the bottom of the first slide, significant investment is needed to achieve the interoperability, except for I think it goes

[Lee Tien] 12:11:28

It's like before interoperability, right? I mean, there's significant, there are counties there are jurisdictions that don't that aren't equipped or trained to engage in a lot of this. And so it's not just interoperability is sort of getting their records

[Lee Tien] 12:11:50

In April.

[Rim Cothren] 12:11:50

So Lee, I want to expand on that a little bit. Are you talking about workforce? Are you talking about the actual service resources?

[Rim Cothren] 12:12:00

What is it that you're… that you're pointing out there.

[Lee Tien] 12:12:04

I have heard. You know, that made that the rural counties are still relying on faxes and things.

[Rim Cothren] 12:12:14

Okay.

[Lee Tien] 12:12:14

Have a standard you don't have the standard basic IT setup everywhere And I don't know that we know that What's the critical you know what's the critical mass you need across offices and entities to have what they need to actually

[Lee Tien] 12:12:35

Participate. And so I think the resource limitations issue are not just to say like related to homelessness but It may be throughout. At least I don't want to prejudge that.

[Rim Cothren] 12:12:49

Thank you, Lee. That helps. So we're talking about basic infrastructure and systems that if they don't exist, they don't interoperate with anything anyway.

[Lee Tien] 12:12:58

Right. And the training of people, because we've seen the school systems where they have equipment and then at some point, they run out of people who actually understand how to use it.

[Rim Cothren] 12:13:01

Yes.

[Alana Kalinowski, she/they 211/CIE SD] 12:13:11

I'll also, I think this is kind of what Aparna was saying too but And the bullet here of infrastructure must address the needs of configurability and conditionality of social data sharing.

[Alana Kalinowski, she/they 211/CIE SD] 12:13:22

I think maybe what could articulate this and maybe what a partner was saying too is like basically applied governments governance capabilities.

[Alana Kalinowski, she/they 211/CIE SD] 12:13:31

Because unlike, you know, record sharing for, you know. Medical records the conditionality is dictated by some of the governance. And I think that's And part of, I think, some of the wider work that we're doing is What is the relationship between local governance and

[Alana Kalinowski, she/they 211/CIE SD] 12:13:51

You know community led application of data sharing that is social data in nature And also, you know, just our wider information sharing goals But like being able to essentially account for and incorporate governance in.

[Alana Kalinowski, she/they 211/CIE SD] 12:14:12

And also, I think to Lee's point, we have a call out here for like homelessness systems, but in real life, maybe I would just say like.

[Alana Kalinowski, she/they 211/CIE SD] 12:14:19

The reality of supply and demand is across all social care in general, where there is a often a disproportionate, not often, it's almost always a disproportionate demand for supply

[Rim Cothren] 12:14:33

Thank you, Alana. Any other thoughts on anything? Yes, Aparna.

[Aparna Ramesh] 12:14:41

I have two more. I'm sorry. I arrived late for school because I did it. I wasn't part of this part of the conversation last time.

[Rim Cothren] 12:14:43

No. I don't want to hear any more apologies today.

[Aparna Ramesh] 12:14:51

Okay. So just two more thoughts. One, which I think touches on privacy and consent.

[Aparna Ramesh] 12:14:58

But also did want to, you know. Include some language acknowledging the sort of network of state and federal law that is going going to govern and the heterogeneity of that law in governing some of the specifics of some of the social services data and trying to encompass trying to find a path forward that

[Aparna Ramesh] 12:15:19

Encompasses that complexity. Without over-engineering around that complexity. So I think that's one piece and maybe that can be added to the privacy, one of the privacy bullet. And then the second is just around this balance between And really honoring like what

[Aparna Ramesh] 12:15:38

Each of the individuals were serving once. I think that comes in with consent management.

[Aparna Ramesh] 12:15:43

But I think that also comes in with this idea, and I know CDII is leaving some work around this, around trying to understand the balance It was put really well in a meeting I was in a couple days ago between convenience

[Aparna Ramesh] 12:15:57

And privacy and meeting each person where they are in sort of what they want.

[Aparna Ramesh] 12:16:04

That's a very hard ask. And I think if California can sort of lead with that in mind, it would be an empathetic care of the whole person system that also honors and meets people where they are, especially in the environment we're in.

[Aparna Ramesh] 12:16:21

I think that's like a really lovely ethos. That can be important to the center here.

[Rim Cothren] 12:16:28

Thank you, Aparna.

[James Shalaby] 12:16:34

Aaron. I'm wondering, should we start, can we start talking about forward beyond this or are we Are we wrapping up on meeting notes or where are we?

[Rim Cothren] 12:16:46

Yeah, I just wanted to give people a second more if there's anything else that you want to touch on the notes, then yes, we'll move forward.

[Rim Cothren] 12:16:56

Let's go on to the next slide then, please. Really what we wanted to start to do at this meeting is start to address the health and social data exchange reference architecture. You should have all gotten a copy of this. I think it was late last week.

[Rim Cothren] 12:17:13

And then again, this week. I am hoping to pull this down so that people can see each other's faces and talk about things.

[Rim Cothren] 12:17:24

We can always bring it back up. But if you do have access to that slide the slides that we sent out, you might want to go ahead and pull them up.

[Rim Cothren] 12:17:33

There are three big chunks in this diagram. There are the data sources on the left-hand side and the data consumers on the right-hand side. And what we thought is that that might be where we would focus today.

[Rim Cothren] 12:17:45

Is that we would talk about both ends of the architecture and then really look at capabilities for coordinating care In the middle. I will say… that this diagram might change over time. In fact, it's already been altered some from what we sent out.

[Rim Cothren] 12:18:03

And that is a result of continuing outreach that we're doing, but also the comments that you folks are making. So that's kind of our intent here.

[Rim Cothren] 12:18:11

I'm going to drop in the chat what the questions are that we put on the next slide.

[Rim Cothren] 12:18:19

And I'd really appreciate people starting to take a look at the data sources And what do you see missing from the data sources there that need to be considered? Are there data sources there that you believe are beyond scope and don't need to be included? Are there attributes

[Rim Cothren] 12:18:38

About any of these data sources that we need to make sure that we recognize as part of the context here. I'm sure that there are other things about data sources.

[Rim Cothren] 12:18:48

That may make sense to you as well. So I encourage you. I'm going to leave this up for a little bit and start taking comments and questions from folks. Julie, you had your hand up.

[James Shalaby] 12:18:52

Yeah, what?

[James Shalaby] 12:18:57

Okay.

[Rim Cothren] 12:18:59

So start with you.

[Julie Silas] 12:19:00

Hi, thank you. So I think there are some corrections to make on this one on the version six when it's specific to the counties on the HMIS.

[Julie Silas] 12:19:14

So just so that we all have the same basic understanding of how the continuum of care works for homelessness is there are three kind of lead entities, a collaborative applicant, which feeds the grants through HUD and the state to

[Julie Silas] 12:19:28

The continuum of providers who provide care. There is a HMIS lead.

[Julie Silas] 12:19:33

And there's a coordinated entry lead and um It's not always in each COC the same type of entity that does that. So I'm recommending that we do an HMIS slash gray and blue in some local communities, it's run by a city and some it's by a nonprofit and in some it's by a county.

[Julie Silas] 12:19:56

And it depends on what part of HMIS you're looking at if it's the lead who's interacting with the vendor and telling the vendor what they can and can't release.

[Julie Silas] 12:20:06

And then the role of the coordinated entry lead, which is a little different, which is the entity that uses the HMIS on a daily basis and sets the standards for how all the providers use it. And so those are very different roles. And then the collaborative applicant uses HMIS to pull data to make reports and be accountable to their funders. So there are three different roles and often it's the county who's the collaborative applicant, but San Diego.

[Julie Silas] 12:20:31

It's not the county, Tulare County. It's a nonprofit in LA County, it's a joint powers authority, which is a combination of county and city entities. So it really changes over time. So my recommendation would be to make the HMIS slash HMIS blue and gray just to make it really clear that it's complicated and it's not always the same

[Julie Silas] 12:20:54

Across California. So that's one. And then also in the version six on data sources.

[Julie Silas] 12:21:03

Alameda County is county level and it's colored as if it's a CBO.

[Julie Silas] 12:21:08

And in LA County, it should be hash blue and gray because it's a joint powers authority. So it's the county and the cities together.

[Rim Cothren] 12:21:17

Thank you, Julie. Jim, I see your hand up.

[James Shalaby] 12:21:22

Yeah, can you hear me okay? I just have to switch mics.

[Rim Cothren] 12:21:25

Yep, you're fine.

[James Shalaby] 12:21:26

Okay, yeah. So one thing that also stood out, and this is kind of a a broader categorical level is that I don't see in the architecture a place that represents the standardized you know, if there are standardized code sets or lists of

[James Shalaby] 12:21:44

Standardized referrals, referral codes, standardized assessment codes. Basically, they're data sets that potentially are either standardized locally and potentially can be shared and and harmonized or potentially may span, you know, multiple areas So one thing is just kind of in the architecture, you know, reference

[James Shalaby] 12:22:07

Reference code systems or reference terminologies or terminology sets And then the other piece that I thought would be also useful to have in the architecture is Similarly, standardized definitions of attributes of attributes a patient or an organization or a facility or a you know a referral programs but

[James Shalaby] 12:22:30

So systems, in order to operate they typically need to operate standards and terminology and standards and structure. And so I don't see those as part of the architecture. They may be implicit.

[James Shalaby] 12:22:42

In some of these areas That was something that stood out for me.

[Rim Cothren] 12:22:46

Thanks, Jim. Ambros, you have your hand up. Oh, sorry.

[Sophia Chang] 12:22:48

Bye. I just want to make one clarification in terms of as we look at data sources and are talking about what's missing.

[Sophia Chang] 12:22:57

That the list of data sources right now that are included were ones that we found as part of our initial sweep of which data sources are already being used for sharing purposes at the county level.

[Sophia Chang] 12:23:15

So we didn't intentionally not include certain data sources. It was informed by what exists.

[Sophia Chang] 12:23:24

So very happy to take on new data sources. But I just wanted to make sure that Part of what we're talking about here, just big picture is not necessarily the true like this is the ideal state but what is kind of required for what we would call like competent

[James Shalaby] 12:23:25

Oh, I see. Okay.

[Sophia Chang] 12:23:48

Social and health data sharing. So it's not a minimum viable. It's not like what is the blue sky, but it's kind of based on what exists, what could we really try to engender back to Lee's point so that a broader

[Sophia Chang] 12:24:07

Part of California can have like broader competent capability.

[Sophia Chang] 12:24:14

So it's this funny kind of mid-sizing piece, but just to give the context of even as we look at like what's missing, just to say this was informed by what exists.

[Sophia Chang] 12:24:26

And if you want to recommend something that is missing. Tell us where it exists and who is using it.

[Rim Cothren] 12:24:36

Thank you for that clarification, Sophia. Ambrush.

[Irene Lintag Alvarez, Aliados Health] 12:24:40

I have a follow-up question really quick for that, because in the general architecture, it shows hospitals and providers But it doesn't show FQHCs. Do FQHCs fall under that? Because as you're looking at by county, there are certain ones that are divided and it has its own

[Rim Cothren] 12:24:42

Okay.

[Irene Lintag Alvarez, Aliados Health] 12:24:58

Little bucket for an FQHC. So does it encompass that all

[Sophia Chang] 12:25:03

We noted them as systems of record, so it wasn't exactly who the player was. It was a clinic EHR and a hospital EHR.

[Sophia Chang] 12:25:13

But we can call out the different players.

[Rim Cothren] 12:25:17

That might be useful for people that are approaching this and trying to understand if they fit in it or if they don't.

[Rim Cothren] 12:25:24

That's a good suggestion.

[Sophia Chang] 12:25:25

Got it.

[Alana Kalinowski, she/they 211/CIE SD] 12:25:25

I would say especially because FQHCs are often that like data representation of both social and clinical care and care coordination activities with other CBOs.

[Alana Kalinowski, she/they 211/CIE SD] 12:25:36

That exists kind of structurally already. So I would call it fq8 she's separate.

[Rim Cothren] 12:25:42

Thank you. Ambrush, you've been patient.

[Irene Lintag Alvarez, Aliados Health] 12:25:43

Thank you.

[Ambrish Sharma] 12:25:47

Thank you. Just building on what Irene mentioned so um I think it would be important to include FQHCs and in addition like FQHC lookalikes and then rural health centers as well.

[Ambrish Sharma] 12:25:58

Maybe under the umbrella of community health centers. And then also you know since we at ICFS work very closely with school-based healthcare systems I think those would be

appropriate to include perhaps as part of hospitals and providers or maybe as a separate category.

[Ambrish Sharma] 12:26:18

The other comment I had was regarding regulatory requirements, which goes back to my First comment is you know we would need to expand that an opinion from HIPAA and to include like ferpa and other regulations that apply to these different populations you know there is

[Ambrish Sharma] 12:26:37

We were actually working on a crosswalk We're trying to build out a community care exchange, much like what is a community information exchange at ICFS.

[Ambrish Sharma] 12:26:47

And as part of that, we've developed like a crosswalk of all the the regulatory mechanisms that we would need to be in compliance with, like maybe the Genetic Information Act, the GINA, another one. So those are two things I just wanted to highlight.

[Rim Cothren] 12:27:03

Thank you, Ambush. Ken.

[Ambrish Sharma] 12:27:03

Thank you.

[Sophia Chang] 12:27:04

Amber, just to my question. Are you aware of any current School-based clinics who are sharing social and health data that we can learn from.

[Sophia Chang] 12:27:18

You can just message us offline if you want.

[Ambrish Sharma] 12:27:19

Um, we… Yeah, we can connect offline, Sophia. And we do have some partners that are interested in working with us.

[Ambrish Sharma] 12:27:30

Bye.

[Sophia Chang] 12:27:31

Great. Thank you.

[Rim Cothren] 12:27:34

Ken.

[Ken Riomales] 12:27:35

Yeah, thank you. I was able to review the last meeting and listen, kind of review the recording and then kind of taking a look at this architecture. One thing that I do want to stress and I want to caution is inadvertently operating exclusively in the paradigm of the healthcare data spectrum.

[Ken Riomales] 12:27:53

So with social services, at least in comparison to what healthcare does, we prominently operate in the world of USCDI, right?

[Ken Riomales] 12:28:00

We look at our fields, structured data and say, okay, if it's loin, snowman, whatever codification, great, you're up for grabs, right?

[Ken Riomales] 12:28:07

That doesn't exactly exist across the spectrum when you're talking social services.

[Ken Riomales] 12:28:13

Do we inadvertently present a proposition where we're saying, hey, come to us when we're not really considering the means and requirements of those social service entities.

[Ken Riomales] 12:28:23

I think that's a very important aspect, even within the healthcare spectrum, the concept of normalizing data and conforming it to one another so that's that kind of equal ground is still a challenging notion, let alone introducing non-healthcare organization into the fold.

[Ken Riomales] 12:28:40

So I think that's a very important aspect to call out. That lends itself to that full investment as well.

[Ken Riomales] 12:28:47

So what struck to me on the recording the last time was, and I think it was Julie who mentioned it.

[Ken Riomales] 12:28:52

These organizations are funded for the services that they give And that's it. Any expansion of those services, you're often going to get looked at with like, can't do it.

[Ken Riomales] 12:29:03

No, not going to happen. By underestimating a vital component of that data exchange, I think we're doing a disservice to what we're trying to propose.

[Ken Riomales] 12:29:13

To summarize that consideration as to whether or not USCDI is actually the North Star that we're targeting in terms of that everybody needs to play by these rules or if we're going to expand that, right? And the second aspect is.

[Ken Riomales] 12:29:25

Really potentially itemizing some of those investments that are required So that it gives a real representation of what's entailed for all of this here. I look at this and it's great we're looking at all of these components here, but I feel like this is kind of the tip of the iceberg.

[Ken Riomales] 12:29:39

You know, there's just I'm flooded with ideas and concepts in my head that said, well, how are we going to address this?

[Ken Riomales] 12:29:47

This looks like sometimes it's not really a component of the framework of the DXF, but it almost needs to be justified as a framework in itself.

[Ken Riomales] 12:29:56

So just my two cents in that sense. Thank you very much.

[Rim Cothren] 12:29:59

Thanks, Ken. I do think that we need to bear in mind, and thanks, Ken, for bringing that up, is that I hear time and time again, oh, well, USCDI includes SDOH, so we've got that covered.

[Rim Cothren] 12:30:12

I think we all need to acknowledge that that is not the case.

[Rim Cothren] 12:30:16

And that we work in an environment where there aren't many well-adopted standards that we can follow here. And so that's something we need to address as well.

[Rim Cothren] 12:30:27

Onward. Yeah.

[Mary-Sara Gordon Jones] 12:30:27

I just wanted to ask a question. There's been a couple comments regarding codes in the data formats. So if we take those comments and kind of translate them into capabilities. We've got the data transformation. We've got data segmentation.

[Mary-Sara Gordon Jones] 12:30:46

We've got a data translation. Is there another capability that we should be adding in addition to those?

[Rim Cothren] 12:31:04

Well, since I can still see… Ken's face.

[James Shalaby] 12:31:05

I'm sorry, Mary, can you repeat?

[Rim Cothren] 12:31:09

See the wheels turning with him. But then I interrupted somebody.

[Ken Riomales] 12:31:11

Okay.

[James Shalaby] 12:31:14

No, no, I was just asking Mary if she could maybe repeat that again because I didn't quite get what you You're saying?

[Rim Cothren] 12:31:20

Mary, Sarah, why don't you drop that in the chat for people and give them a chance to think about that a little bit?

[Mary-Sara Gordon Jones] 12:31:22

I'll drop it in the chat. Sure. Yep. Perfect.

[Rim Cothren] 12:31:25

I can clear some of the other hands and we'll come back to that question. How's that sound?

[Rim Cothren] 12:31:29

Anwar, you've been very patient. Thank you.

[Anwar Zoueihid] 12:31:31

Well, absolutely. No worries. One thing that I wanted to add on in terms of the data sources, and unless I'm not seeing it, is We talked about HMIS, but how about the other uh IT companies like collective medical And the closed loop referral data sources like Unidas and Find Help.

[Anwar Zoueihid] 12:31:54

I think it's important that they are part of this unless I'm not seeing where they're at.

[Anwar Zoueihid] 12:32:01

And another comment in terms of the the consent. I just wondering, and maybe I missed this at the last meeting.

[Anwar Zoueihid] 12:32:10

Did we discuss the opt-in versus opt-out? I know, Sophia, you were in the other meeting just just the last hour were uh I think Arkansas has an opt out uh in their plan. So everyone's opted in, I guess, until they decide to opt out. I'm not sure if that's feasible in the state or not, but just wanted to bring that up.

[Sophia Chang] 12:32:38

Can I quickly try to respond? Then we'll get to Eric. Sorry, I just got his hand up.

[Sophia Chang] 12:32:43

So when we talked about data sources, again, we're talking about systems of record.

[Sophia Chang] 12:32:48

So these are the original source systems. So that, for example.

[Sophia Chang] 12:32:56

I think the Vet Collective Medical, I consider them to be a vendor that pulls data from source systems and in some cases provides some of the care coordination capabilities.

[Sophia Chang] 12:33:06

So we're looking at the capabilities, not at the companies or the vendors. We purposely are vendor agnostic here. There are different vendors that provide these capabilities.

[Sophia Chang] 12:33:19

And then on the, so similarly for closed loop referral, that is a capability that we have here and that can be provided by different vendors.

[Sophia Chang] 12:33:28

So I hope it's a different way of looking at the world. And so I know that this is like, it's hard It was hard for us to even kind of figure out like how to try to represent this.

[Sophia Chang] 12:33:38

So we are purposely being vendor agnostic. And being trying to focus on the capabilities and then the existing systems of record that are used as the kind of initial pieces of what's the right way to someone help me system of record how to define it but um

[Sophia Chang] 12:33:59

As those being the data sources.

[Anwar Zoueihid] 12:34:02

So, Sophia just so so if I have Salesforce for all things care management And I feed it to the QHIO.

[Anwar Zoueihid] 12:34:10

What I'm trying to solve is having my nurses and social workers have to go to multiple platforms, then transfer the document there and then transfer it to our Salesforce, which will then be fed to QHIO rather than just having it

[Anwar Zoueihid] 12:34:25

In one centralized place. So that's the administrative burden that I'm trying to remove from the care management team so that they could do what they do best. And that's providing direct care to participants.

[Sophia Chang] 12:34:38

Right. So you're providing the care coordination platform in this case.

[Sophia Chang] 12:34:43

Via Salesforce and Salesforce is your mechanism for pulling in various data sources.

[Sophia Chang] 12:34:48

Providing a 360 view, supporting that care planning. And then you're also able to export data from that to a consumer, which could be a QHIO.

[Anwar Zoueihid] 12:34:57

Got it. Thank you.

[Rim Cothren] 12:34:59

Thanks. Eric, you've been very patient there. I also want to make sure that you get a chance if that's not why you raised your hand.

[Rim Cothren] 12:35:07

To mention what you dropped in the chat.

[Eric Nielson] 12:35:14

I don't know that I did drop anything in the chat. It may have been an accident.

[Rim Cothren] 12:35:16

Oh, nope. Sorry. It was a different Eric. And so Eric.

[Eric Nielson] 12:35:21

Yeah.

[Rim Cothren] 12:35:23

Be aware I'm going to call on you soon. Go ahead.

[Eric Nielson] 12:35:26

Yes. No, it's just I do appreciate the conversation in the chat and completely agree.

[Eric Nielson] 12:35:32

With the sentiments around the need for support and capability around interoperability and sharing. I mean, I want to highlight that for county administered social services that are often devolved from federal programs through state policy. We have really, you know, for example, CalSA is here, you know, a very

[Eric Nielson] 12:35:53

Tightly integrated system vertically right up to the Social Security Administration meds integrating with the health benefit exchange at CalHears, integrating with the state med systems.

[Eric Nielson] 12:36:04

You know, and CalSOS is that front end. And that's really built around delivery of those services, those particular programs and services. It wasn't built with a framework of sharing interoperability. And it's interesting because we have a statewide, you know, the counties have put up a statewide system

[Eric Nielson] 12:36:23

That integrates services for these programs based from the federal and state.

[Eric Nielson] 12:36:29

Policy around service delivery. So, you know, we have this view that allows us within the confines of this program to work together to share information.

[Eric Nielson] 12:36:41

But we don't have policy guidance around necessarily how do we share or integrate that with other folks and You know, I think we have med security agreement is one of the frameworks that we have to all sign on to. So unlike HIPAA, where you may have multiple health providers each using their own

[Eric Nielson] 12:36:59

System, we have one system, but no standard for interoperability. And so I just want to highlight that we really need to have policy conversations that include the state program agencies, CDSS and DHCS from the eligibility perspective.

[Eric Nielson] 12:37:18

To be engaged in policies and procedures around what can be shared And I know that from the health side, it's very kind of systems focused and kind of system standards focused. You know, we built a tightly integrated system around program.

[Eric Nielson] 12:37:34

And I think that we didn't have a conversation first about how do we share that beyond that wheelhouse. And I think that that program and policy conversation really needs to help to drive the systems consideration, at least for the sharing of that public eligibility data.

[Eric Nielson] 12:37:52

The thing that I don't hear is just within county administrative programs, there are also, you know, there's child welfare, there's adult protective services, IHSS.

[Eric Nielson] 12:38:01

There are several other programs here. Totally see that, you know, CalSOS is kind of the big player there.

[Eric Nielson] 12:38:07

But in terms of a system of record, but want to know that within that county administered family, there are other programs as well that that often are much more engaged at an individual service delivery level with care coordination.

[Eric Nielson] 12:38:21

So I'll stop there.

[Rim Cothren] 12:38:24

Thank you. If you could do me a favor and pull the slide down.

[Rim Cothren] 12:38:30

There's also been a lot in the chat. I usually really try to discourage people from putting things in the chat. I do appreciate that there's conversations going on there.

[Rim Cothren] 12:38:39

But I am going to ask that Eric and Lawrence and Alan and And Gabriel and Corey that have been putting things in there If you would go ahead and make sure that you come on camera and voice some of those opinions so that they become part of the discussion as well. Not yelling at you, just want to make sure that you get your airtime too. I'd really appreciate that.

[Rim Cothren] 12:39:04

Ben, you have your hand up.

[Benjamin R. Martin, JD] 12:39:08

Thanks so much. The conversation really helped, I think, me to crystallize One of the challenges I have with the architectural diagram.

[Benjamin R. Martin, JD] 12:39:18

And I think in a nutshell, like from a CBO's perspective I view it as more like a three-dimensional chess diagram than a two-dimensional architecture.

[Benjamin R. Martin, JD] 12:39:29

Because, and this maybe speaks to what Anwar was saying too, from, again, where we sit We're trying to connect with lanes. We're trying to use find help. We're trying to use unite us All that needs to speak to our CRM.

[Benjamin R. Martin, JD] 12:39:43

We're working with five different managed care plans in LA County, so we need to be aware of and cognizant to their portals.

[Benjamin R. Martin, JD] 12:39:50

With their portals. And then, of course, there's all of the HR and training and skills around that for our frontline staff which are really at core, most of them service providers. So that's the, I think that's the puzzle.

[Benjamin R. Martin, JD] 12:40:05

What we are as a statewide coalition trying to do is to find a minimum data set framework that allows us to capture data in a similar way that then speaks to each other and feeds into a data housing platform.

[Benjamin R. Martin, JD] 12:40:26

I can see with this bigger, even bigger ecosystem where although we want to remain vendor agnostic.

[Benjamin R. Martin, JD] 12:40:34

Having some of those criteria or guidelines in place.

[Benjamin R. Martin, JD] 12:40:39

And having that interoperability would really help functionality.

[Rim Cothren] 12:40:46

Great. Thanks, Ben. Julie, you have your hand up.

[Julie Silas] 12:40:50

Yeah, this is back to something Eric said that I just wanted to put as a pin in for later. It's data relative, but not data sources.

[Julie Silas] 12:41:01

Which is one of our experiences the ROIs and the way that county council perceives ROIs and honors ROIs is a real hindrance in terms of leveraging these data sources and there a lot of them are not fully trained in privacy and security. And so sometimes they become a barrier to

[Julie Silas] 12:41:27

Access to these data services. So as a homeless system of care, we have an ROI and then they require a second roi for any county.

[Julie Silas] 12:41:34

Agency sharing of data, even though AB 133 exists, etc. I know we're working on ASCME, but just thinking about that as a aspect of this work is bringing together some of those folks who become

[Rim Cothren] 12:41:56

Thank you, Julie. And I will go ahead and put in the room also is that our next focus group is going to be on consent and we should be thinking about that in the broader scope of not just Let's not get as focused on health data again when we have the consent discussions later.

[Rim Cothren] 12:42:13

Corey, thank you for raising your hand. I also want to acknowledge that you sent an email earlier in the day that we did get, but you might as well go ahead and talk about some of the things you put in your email there if you'd like as well.

[Corey Smith] 12:42:25

Great. Thank you, Rim. Just a couple of comments, I think, just related in the chat.

[Corey Smith] 12:42:32

This idea of representing terminology services i think And to Jim Shelby's point about reference data, reference model services I think that's something to consider, although I think it may be captured in a more coarse grained category on the architectural diagram.

[Corey Smith] 12:42:47

I think the other more substantive comment is I think also responding to discussion in the chat about you know weariness or you know uncertainty about data standards. I think I just want to acknowledge that I don't know how to do interoperability without data standards but i acknowledge

[Corey Smith] 12:43:07

That USCDI and the healthcare data standards are likely not adequate.

[Corey Smith] 12:43:14

For social care. And, uh.

[Corey Smith] 12:43:19

And I think with regard to my email rim I think some of the things have already been covered.

[Corey Smith] 12:43:25

And this might be beyond the scope of you know where we are with the state of this world I did wonder if there was any need to mention something related to AI or generative AI services in the model to support consumer facing activities or something like that.

[Corey Smith] 12:43:44

And then one last comment, I think, from my email. Just to get it all officially on the record here.

[Corey Smith] 12:43:51

And this may be covered in another category, something we're seeing in our work with New York and Gravity.

[Corey Smith] 12:43:57

Is um Translation services for clinical data, quote, clinical data or social care provider data to sort of administrative claims data We're seeing that need. And then lastly.

[Corey Smith] 12:44:14

Lastly, the last point I made was about uh Program eligibility determination or benefit checking I'm not sure where that, I saw program enrollment on here But I wasn't sure where eligibility and sort of benefit checking might fit.

[Corey Smith] 12:44:31

Thank you.

[Rim Cothren] 12:44:32

Thanks. Ken.

[Ken Riomales] 12:44:36

More of a question. And I apologize if this may have been addressed in the last meeting or in a previous document but Have we defined what kind of cadence or how frequent we're trying to establish data exchange? Are we talking real-time data exchange or are we just talking basic, the ability to access data from disparate systems?

[Ken Riomales] 12:44:54

Just wanted to ask if we need to define that clearer.

[Sophia Chang] 12:44:58

At this point, we're not talking about the definition or the specificity and we're actually not even necessarily talking about interoperability yet.

[Sophia Chang] 12:45:09

We're right now actually describing where data is actually being shared.

[Ken Riomales] 12:45:13

Got it. Thank you.

[Sophia Chang] 12:45:13

Right. And in some cases, for example, the ability to have that quote 360 view, which was seen in that architecture, was literally a view.

[Sophia Chang] 12:45:25

It was not necessarily the moving of actual data elements across systems. It was literally a poll to view.

[Ken Riomales] 12:45:26

Okay.

[Sophia Chang] 12:45:34

In order to support care coordination. And the actual data was not necessarily being moved Physically.

[Ken Riomales] 12:45:44

I would maybe recommend including that as a consideration only because a certain data architecture can change if you're trying to target real time versus just ETL type exchange Just to throw it out there to consider. Thank you.

[Sophia Chang] 12:45:54

Yeah. Yeah, no, no, absolutely. Because I think that the use case we're focused on is care coordination. So obviously as real time as possible is ideal because having information about someone's engagement or eligibility that's three months old is not that helpful.

[Mary-Sara Gordon Jones] 12:46:14

And we found a lot of variability in terms of the timeliness, depending upon what use case the counties we're going after. And so that's something that we've kind of included as guidance information that as the stakeholders come together and the use cases are identified.

[Mary-Sara Gordon Jones] 12:46:34

That determining that minimum data set along with the timeliness for all of those data elements that will get them the appropriate data, but it's going to be very varied.

[Rim Cothren] 12:46:47

I'm going to do a quick time check. We got about four minutes before we are scheduled to break for public comment. We may run into that a little bit. I have three hands up and a bunch of comments that are in the chat that people haven't raised. I would like for the folks that are

[Rim Cothren] 12:47:04

Have been in the chat to think about raising some of those real quickly to make sure that everybody sees it. So if you want to pop your hands up just to reiterate those, I'd appreciate it.

[Rim Cothren] 12:47:17

And I'm going to ask that the three hands that we have up that you be relatively quick so that we can try to, there's been a lot of conversation that we haven't talked about. So I just want to make sure we get to as much of it as we can.

[Rim Cothren] 12:47:30

That said, Hans, this is your first time raising your hand today.

[Rim Cothren] 12:47:33

I feel like I'm being mean and picking on you, but thank you for being patient.

[Hans Buitendijk] 12:47:38

No worries. And I really appreciate all the comments made. It's very insightful and informational.

[Hans Buitendijk] 12:47:45

I want to just add in one area, a comment in the chat, and Corey made some comments as well.

[Hans Buitendijk] 12:47:50

Around standards, wearing my interop hat here that I absolutely agree is that healthcare standards are not necessarily going to be very applicable in many cases in the social services space. So how do we then communicate back and forth?

[Hans Buitendijk] 12:48:05

Ccda, mouthful, but that's the full name. Are probably going to be more challenging. And the question is, are they the appropriate ones to start with?

[Hans Buitendijk] 12:48:20

But in fire, I think we have an opportunity. Great language and using language that consistently can be used across the the domain spaces. It's not the same information, but it can still be expressed.

[Hans Buitendijk] 12:48:34

In a consistent manner so that it makes it easier to do.

[Hans Buitendijk] 12:48:36

And with the work that Gravity has been doing, I think that those are good examples where it demonstrates that that is a very helpful direction to go.

[Hans Buitendijk] 12:48:46

And lastly is that UCDI doesn't include much outside of healthcare right now.

[Hans Buitendijk] 12:48:53

But it has started in a variety of places. Public health, quality measures otherwise.

[Hans Buitendijk] 12:48:58

With UCI Plus. So that might be another way that where UCI is really a scoping mechanism on what data is relevant and next to go after.

[Hans Buitendijk] 12:49:08

Is that for this space that might be an opportunity and need to establish that as well to help focus on what next.

[Hans Buitendijk] 12:49:16

It's in itself not an implementable standard. Unless you implement it with fire or something else.

[Hans Buitendijk] 12:49:22

But it's a great scoping mechanism if done right.

[Rim Cothren] 12:49:28

Thank you, Hans. I don't personally know whether social services part of USCDI+. I don't think it is. If anybody does know, you might drop it in the chat real quick.

[Hans Buitendijk] 12:49:38

Not yet.

[Rim Cothren] 12:49:39

Okay, thank you, Hans. Alana, you've been patient. Thanks. Sorry.

[Alana Kalinowski, she/they 211/CIE SD] 12:49:43

Elena, yeah, it looks like Alana. I'll just kind of call it, I have some things in chat around just maybe recommendations and considerations.

[Alana Kalinowski, she/they 211/CIE SD] 12:49:53

In centering client kind of ownership and data kind of uh ownership. I think one of the things I'll just kind of note I'm thinking about sources. While there's platforms and portals where clients are entering their own data There's also interfaces that I think do center clients as the source of the data in a different kind of way.

[Alana Kalinowski, she/they 211/CIE SD] 12:50:15

That we might want to call out, especially when we're thinking about like structural provenance and governance application of how and when data is used. And I'm thinking about that specifically also in the context of Other conversations happening around standardization for validating social data diagnoses like z codes and things like that.

[Alana Kalinowski, she/they 211/CIE SD] 12:50:32

Where being able to kind of articulate and distinguish between data collected from people directly versus other data sources.

[Alana Kalinowski, she/they 211/CIE SD] 12:50:40

It might be meaningful to have a carve out.

[Rim Cothren] 12:50:43

Thank you. Aparna.

[Aparna Ramesh] 12:50:49

Yeah, I'll be very quick, just to piggyback off of Eric's comment, some domains to consider including and potentially systems include CWCMS or CARES.

[Aparna Ramesh] 12:51:00

I think cares, probably, for child welfare. Thinking about child care data, where referrals are happening, integrating that potentially into this vision.

[Aparna Ramesh] 12:51:10

Eric mentioned IHSS. Adult Protective Services is another one. Again, where I think there's several different systems where there's one vendor who sort of has Who does the bulk of the work across the state.

[Aparna Ramesh] 12:51:27

One or two.

[Rim Cothren] 12:51:29

Thank you. Gabriel.

[Gabriel Cate] 12:51:32

Yep. Hi, everybody. Just wanted to bubble up a comment I made in the chat about data sources, maybe missing the information and referral service providers.

[Gabriel Cate] 12:51:44

I know technically they're a type of cbo So is a housing COC.

[Gabriel Cate] 12:51:50

But it is a source of of data that would be useful and a source of referrals as well.

[Gabriel Cate] 12:51:57

And then I want to underscore also a comment somebody made earlier about that we should be careful not to over medicalize social care. And that's in a lot of different contexts but One, while I'm hopeful fire We'll continue to expand and be a useful mechanism for some of this.

[Gabriel Cate] 12:52:16

Challenge we've run into is the fact that there's this patient entity and social care. We don't think of people being served as patients.

[Gabriel Cate] 12:52:24

And there's a lot of downstream effects of that distinction being made in fire that that is somewhat problematic, at least at this point.

[Gabriel Cate] 12:52:33

Might need to focus on that as we continue to peel back the layers of this problem.

[Gabriel Cate] 12:52:39

Thanks.

[Lee Tien] 12:52:41

Can I ask what you mean by that? I'm not familiar with the… with fire or or so i was wondering what the problems it causes for you guys.

[Gabriel Cate] 12:52:54

Well, I don't know if I could speak to the exact problems, but patient is a defined term.

[Gabriel Cate] 12:53:00

And… And clients are distinct from patients.

[Gabriel Cate] 12:53:06

And so there's a lot of information that's sort of inherited by virtue of using the patient resources in I think Eric Yon might be able to speak more to this than I can, but he and I talk about this in other contexts

[Gabriel Cate] 12:53:20

Quite often.

[Lee Tien] 12:53:21

Oh, thanks. I'll

[Sophia Chang] 12:53:24

Yeah, that also has to do with family units as well. It also relates to that.

[Rim Cothren] 12:53:25

Thank you.

[Alana Kalinowski, she/they 211/CIE SD] 12:53:30

I will just say it often I think relates to the type of data you're capturing.

[Gabriel Cate] 12:53:30

Yeah

[Alana Kalinowski, she/they 211/CIE SD] 12:53:36

And also the care model itself. A lot of patient like formulaic frameworks of like something screened, referrals, interventions that care model is not necessarily the same kind of model you want to use within a client framework as well.

[Gabriel Cate] 12:53:51

Much better said

[Rim Cothren] 12:53:55

I find it very painful that we got into something so meaty right before I'm going to shut things down for public comment.

[Rim Cothren] 12:54:03

I think that this might be a good place for us to open up some of the conversation in our last meeting. So don't let those ideas stray too far away.

[Rim Cothren] 12:54:13

Carmella, if you want to go ahead and bring the slides back up and move us to public comment, I'd appreciate that.

[Carmela Lopez (she/her)] 12:54:29

Thanks, Rem. Participants may submit written comments and questions through the Zoom Q&A box.

[Carmela Lopez (she/her)] 12:54:36

All comments will be recorded and reviewed by CDII staff. To make a verbal comment, members of the public must raise their hand For Zoom facilitators to unmute them.

[Carmela Lopez (she/her)] 12:54:48

If you've joined by a Zoom interface, you can click raise hand at the bottom of your screen.

[Carmela Lopez (she/her)] 12:54:54

And if you've dialed in by phone only. Press star nine to raise your hand and listen for your name to be called.

[Carmela Lopez (she/her)] 12:55:02

All individuals will be given two minutes. Please state your name and organizational affiliation when you begin.

[Rim Cothren] 12:55:12

While we're waiting to see if anybody's raised their hands, there was a question in the Q&A that I'll just go ahead and answer verbally yes, the slides that we use at these meetings are always published along with the recording of the meetings.

[Rim Cothren] 12:55:27

We are trying to get materials out in advance. Of the meetings that we don't always do that so well in the past.

[Rim Cothren] 12:55:33

So that members of the public can see the materials that are being passed on to the panelists as well.

[Rim Cothren] 12:55:40

Carmella, do we have any hands up?

[Carmela Lopez (she/her)] 12:55:42

We do not have any hands up at this time

[Rim Cothren] 12:55:45

You will get people just another minute. In case there are other public comment.

[Eric Jahn] 12:55:57

I have a quick public comment. Eric, you're on here.

[Rim Cothren] 12:56:01

While I was a member of the panelists, you can always talk.

[Rim Cothren] 12:56:05

Carmela, let's go ahead and leave the slide up in case we do get any public comment, but Eric, sure.

[Eric Jahn] 12:56:12

Sure. I just wanted to explain the comments I've been making and related to what Gabe brought up. In many places, if we have a federated system.

[Eric Jahn] 12:56:23

The definitions for terms may actually use the same term but have a slightly different definition, or those definitions may change over time.

[Eric Jahn] 12:56:32

And so what we need is some sort of ontology or data dictionary in more lay terms to define the relationships between those concepts and inversion them over time.

[Eric Jahn] 12:56:45

That also helps. I think Corey brought up the AI application, but essentially the idea would be that these definitions are also computable.

[Eric Jahn] 12:56:54

And usable not only by humans for human readable data dictionaries, but also by machines to make sure that the exact same term is specifically understood.

[Eric Jahn] 12:57:09

And there are ambiguities from reusing the same word in a different county or in a different way.

[Eric Jahn] 12:57:15

And so to build something federated like this, Neem has done something like this with their common model framework.

[Eric Jahn] 12:57:22

Fire has done it with their definitions of resources but I believe that the DXF needs some sort of artifact for communities, not only help create a common core of terms that are human services specific and then reusing the medical HL7 clinical terms from the domains for that.

[Eric Jahn] 12:57:42

And maybe even adding local clinical terms as well. But that way we'll keep everything straight. And that's really where the comment came from.

[Rim Cothren] 12:57:51

Thank you, Eric. Carmella, did we ever get any hands? So let's go ahead and move us on to the next slide, please. We have about two minutes left.

[Carmela Lopez (she/her)] 12:57:55

We do not have any hands.

[Rim Cothren] 12:58:03

Today, I thought that I would start off, I know that Mary Sarah has been watching some of the chat and there's been a lot of other comments about their data.

[Rim Cothren] 12:58:13

Mary Sarah, is there anything in particular that you want to highlight?

[Rim Cothren] 12:58:17

In the next minute before we move on.

[Mary-Sara Gordon Jones] 12:58:20

So the chat's been wonderful and thank you all for your input. They tended to, the comments focused on two different areas, updating the data providers, a lot of new data providers that have been brought up. And then on data standards, terminology services reference data, which I would kind of put together. And so we'll figure out how to clarify that within the model. Just to emphasize, though, we are very focused on what's in production today.

[Mary-Sara Gordon Jones] 12:58:54

What could be stood up tomorrow. So standards are great, but can we do them tomorrow? So keep that front of mind.

[Rim Cothren] 12:59:03

Thank you, Mary, Sarah. Just a little bit about next steps then. We will be posting the meeting materials and the recording on the webpage. People can look for those materials there in the coming days.

[Rim Cothren] 12:59:16

We may take an opportunity to revise the architecture and you may see a new copy of that come out in the next few days. We'll talk about that internally, so watch for that in case it does.

[Rim Cothren] 12:59:28

And then we will be talking, trying to summarize today's meeting again.

[Rim Cothren] 12:59:34

As we did last time. So you'll see some of at least our summary of today's discussion come up in the next slide.

[Rim Cothren] 12:59:41

I would really invite people to take a look at that and make sure that we highlight anything that we missed that we got wrong In the meantime, my ask to all of you is to watch for materials that come your way in the next couple of days.

[Rim Cothren] 12:59:56

I will also say that we are planning to get out the membership for the other three focus groups soon. So some of you applied to more than one focus group and you should see notifications for those coming out soon as well.

[Rim Cothren] 13:00:11

Thank you all for a really good discussion today and including what you did in the chat. I'm going to ask people come on camera and use their voices next time.

[Rim Cothren] 13:00:21

But do appreciate all of the good discussion today. Thank you very much.

[Lawrence Chan, PhD, CDPH] 13:00:28

Thanks.