



**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, March 27, 2025)**

The following text is a transcript of the March 27, 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.

[Alice K - Events] 15:00:32

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

[Alice K - Events] 15:00:38

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

[Alice K - Events] 15:00:44

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

[Alice K - Events] 15:00:49

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

[Alice K - Events] 15:00:53

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

[Alice K - Events] 15:00:58

With that, I'd like to introduce Rim Kothwall.

[Rim Cothren, CalHHS CDII] 15:01:03

Thank you, Alice, and thank you everyone for attending today's meeting. Welcome to our first task meeting for 2025 and our first meeting in the social data exchange focus group.

[Rim Cothren, CalHHS CDII] 15:01:15

Unlike last year's task group, we decided this year we were going to divide up the task into focus groups on four separate topics and today marks the beginning of our first focus group on social data exchange.

[Rim Cothren, CalHHS CDII] 15:01:32

I do encourage people to keep their video on, their cameras on most of this meeting. We do have quite a few slides this time that will not be how we want to operate in the future. I am going to be encouraging people to speak up and it's always good to see people's faces. I think that encourages discussion. So please

[Rim Cothren, CalHHS CDII] 15:01:52

If you are able to, please keep your cameras on. Also, today's meeting is going to be recorded and the recording will be posted along with all of the other meeting materials for today. They will all be on our webpage in the coming days.

[Rim Cothren, CalHHS CDII] 15:02:04

Let's go on to the next slide, please. We always start off all of our meetings with our vision for the data exchange in California.

[Rim Cothren, CalHHS CDII] 15:02:12

Once implemented across California, the data exchange framework will create new connections and efficiencies between health and social services providers, improving whole person care. And the DXF is operational today.

[Rim Cothren, CalHHS CDII] 15:02:26

But this focus group, we really want to focus on how we in gauge social services and encourage social data exchange, as well as health data exchanges. Most of what we've concentrated on in the last year has been on the health side.

[Rim Cothren, CalHHS CDII] 15:02:44

Let's go on to the next slide, please. Just a real quick picture of our agenda for today.

[Rim Cothren, CalHHS CDII] 15:02:50



We're in welcome and we'll turn to roll call here shortly. And roll call will include introductions of the focus group here today. We'll talk a little bit about how task works, what our role is here, and how we'll operate our meetings.

[Rim Cothren, CalHHS CDII] 15:03:05

And then we'll turn to an introduction to health and social data exchange and the reference architecture, which will be the primary topic for this focus group.

[Rim Cothren, CalHHS CDII] 15:03:17

We will save a little time for public comment about 10 minutes before the end of the meeting and then we'll finalize things with our next steps and a few closing remarks.

[Rim Cothren, CalHHS CDII] 15:03:28

Let's go on to the next slide, please. Here is where we all have a chance to get to know each other for the first I'll start us off. I am Ren Cothran. I'm a contractor to CDII and been supporting the data exchange framework.

[Rim Cothren, CalHHS CDII] 15:03:44

For a number of years now, and I will be your chair and host for these meetings.

[Rim Cothren, CalHHS CDII] 15:03:50

Cindy is not with us today. She's off enjoying herself in Lisbon, but she will be joining us for the rest of this focus group.

[Rim Cothren, CalHHS CDII] 15:03:58

Sophia, you want to say hello and introduce yourself real quickly and your role here?

[Sophia Chang] 15:04:03

Sure. I'm Sophia Chang. I'm actually a clinical informaticist, but also a clinician.

[Sophia Chang] 15:04:10

And I've been working with CDII as a consultant for almost a year and a half now, I think.

[Sophia Chang] 15:04:17

Working on the data exchange framework and in particular have been trying to spearhead how does the data exchange framework think about the sharing of social and health data. And so we're really excited to bring forward some of the early work

[Sophia Chang] 15:04:33

That Mary Sarah has really spearheaded to get feedback. So maybe with that, I'll have Mary Sarah introduce herself.

[Rim Cothren, CalHHS CDII] 15:04:43

Thanks, Sophia. Yes, Mary Sarah, can you say hi? Introduce yourself?

[Mary-Sara Gordon Jones] 15:04:48

Yes, I'm Mary Sarah Jones, and I'm an independent consultant. And as Sophia said, I've been working on the reference architecture Previously in my career, I had the pleasure of working with several counties to build social exchange frameworks. And so I am hoping that this is helping to progress things forward.

[Mary-Sara Gordon Jones] 15:05:13

Thank you.

[Rim Cothren, CalHHS CDII] 15:05:13

Thank you, Mary, Sarah. Why don't we go ahead and pull down the slides so that people can see everybody's faces.

[Rim Cothren, CalHHS CDII] 15:05:21

And we'll just run the gauntlet here real quickly. If you can again say hi and the organization you're from and maybe the role that you play there. We'll take it in the order that they are on the slides. So if you have the slides open, you can see them there.

[Rim Cothren, CalHHS CDII] 15:05:35

Irene, you want to kick us off?

[Irene Lintag Alvarez, Aliados Health] 15:05:37

Hi, everyone. I'm Irene Lintag Alvarez. I'm with Ali Autos Health and HCCN from Petaluma, we service six counties and have 17 FQHCs, and I am the program manager for interoperability, cybersecurity, and digital health. In addition to that, I have over 12 years of experience working as an EHR consultant, providing

[Irene Lintag Alvarez, Aliados Health] 15:06:03

Technical and optimization support. Glad to be here. Thank you.

[Rim Cothren, CalHHS CDII] 15:06:06

Thank you, Irene. Yes, thank you. Harmon.

[Harman Basra] 15:06:12

Hi, everyone. Harmon Bastra. I'm the network manager for the Resource Connection Network platform here in Sonoma County.

[Harman Basra] 15:06:18

We've been piloting the system for about three years now and Yeah, I'm excited to be here. Thank you everyone.

[Rim Cothren, CalHHS CDII] 15:06:26

Thank you, Harmon Hans.

[Hans Buitendijk] 15:06:28

Hello, my name is Hans Beauvinberg. I am here today representing the EHRA that is a an association of EHR vendors.

[Hans Buitendijk] 15:06:39

About 30 of them, including the larger and the smaller ones.

[Hans Buitendijk] 15:06:43



Personally, I'm actually working for Oracle Health, but in these conversations, I'm representing the EHR community through the EHRA.

[Rim Cothren, CalHHS CDII] 15:06:51

Thanks, Hans. Gabriel.

[Gabriel Cate] 15:06:54

Hi, good afternoon, everybody. I'm Gabe Kate with WellSky. I'm the Vice President of Business Development and Product Management for several different products at WellSky. We're a healthcare IT and social service IT company.

[Gabriel Cate] 15:07:08

We have HMIS solutions as well as solutions for Older Americans Act funded programs throughout the state of California and the country.

[Gabriel Cate] 15:07:16

Been working on different data exchange initiatives uh my entire career, which is about 20 years with this business started my first foray into this was in response to Katrina and all of the uh craziness that happened there and lack of ability to share data across social service providers. So really

[Gabriel Cate] 15:07:37

Pleased to be part of this group and to learn from you guys and share my experience.

[Rim Cothren, CalHHS CDII] 15:07:43

Thank you, Gabe. Michael Deering.

[Michael Deering] 15:07:47

Mike During from Lanes, I run operations and I also have the QHIO program.

[Michael Deering] 15:07:52

Lane to the QHIO. Been there for about three years. I've also been a health plan CIO.

[Michael Deering] 15:08:00

For the previous 11 before I got to Lane's. Healthcare lasts 18, 19 years.

[Michael Deering] 15:08:05

Glad to be here.

[Rim Cothren, CalHHS CDII] 15:08:07

Thank you. Alexis, are you out there?

[Rim Cothren, CalHHS CDII] 15:08:13

I didn't see Alexis. Eric.

[Eric Jahn] 15:08:18

Hi, I'm Eric Yon. I'm with BitFocus. I'm a senior interoperability architect at BitFocus.

[Eric Jahn] 15:08:25

And I'm also a member of the Direct Trust Information Exchange for Human Services subgroup, which is promoting using promoting using direct trust secure messaging to convey both fire and other human services data in it.

[Rim Cothren, CalHHS CDII] 15:08:43

Thank you, Eric. Alana.

[Alana Kalinowski, she/they 211/CIE SD] 15:08:45

Hi, everyone. Elena Kalinowski. I'm a social worker. I'm the interoperability Solutions Architect for the San Diego CIE team, and I've had the chance to be a part of that.

[Alana Kalinowski, she/they 211/CIE SD] 15:08:55

Both founding design and implementation. And then I also am part of the Gravity Project Leadership and Work Group implementation groups, along with a couple other of my colleagues here on the call, like Corey Smith and Jim Shelby so I get to play in the where data standards

[Alana Kalinowski, she/they 211/CIE SD] 15:09:12

Meet with the also kind of implementation of

[Rim Cothren, CalHHS CDII] 15:09:19

Thank you, Michael Mershon.

[Michael Marchant (Sutter Health)] 15:09:23

Good morning, Michael, or afternoon, I guess. I'm Michael Marchand. I'm the director for interoperability and Community Connect at Sutter Health, and I've been working with this group for a while on getting DXF up and running.

[Michael Marchant (Sutter Health)] 15:09:34

Glad to be

[Rim Cothren, CalHHS CDII] 15:09:36

Thank you. Benjamin, are you out there?

[Rim Cothren, CalHHS CDII] 15:09:42

I didn't see Benjamin. Eric.

[Rim Cothren, CalHHS CDII] 15:09:48

This time, Eric Nielsen, yes.

[Eric Nielson] 15:09:50

Yes. Hello. Eric Nielsen. I am... Pleased to be here. I am the county executive liaison to CalHears. It's a role that I've had since 2018 supporting the county welfare Directors Association. Prior to that, I was a director of uh

[Eric Nielson] 15:10:07

Community social services in Lassen County.

[Eric Nielson] 15:10:13

Thank you.

[Rim Cothren, CalHHS CDII] 15:10:14

Thank you, Eric. And Eric, I just want to say publicly, I really appreciate Eric has conflicts.

[Rim Cothren, CalHHS CDII] 15:10:20

Today and made time for our meeting today. And I really do appreciate that, Eric. I would imagine that's true of several of you and we really do appreciate you prioritizing these meetings.

[Rim Cothren, CalHHS CDII] 15:10:31

Aparna, are you out there?

[Rim Cothren, CalHHS CDII] 15:10:37

Don't hear it from Aparna. Ken, I know, is not available. I have to say sorry.

[Julie Silas] 15:10:41

Not.

[Call-Out User_1] 15:10:50

Can you hear me now? Great. Okay. I don't know why my phone audio is lingering as a different screen. But hi, everyone. My name is Apron Armesh. I lead the data and research team for the California Department of Social Services and lovely to be here.

[Rim Cothren, CalHHS CDII] 15:10:53

Yes.

[James Shalaby] 15:10:53

Yes.

[Rim Cothren, CalHHS CDII] 15:11:07

Thank you. And thank you, Julie. That's what I'm hoping everybody will do is shout out if I miss somebody.

[Rim Cothren, CalHHS CDII] 15:11:13

Or get hung up with something, please, as I said before, these are meant to be informal meetings.

[Rim Cothren, CalHHS CDII] 15:11:21

As I was saying, Ken said that he wasn't going to be able to make it today. Jim.

[James Shalaby] 15:11:25

Hi, I'm Jim Shalaby. I'm the CEO of Limo Informatics. I'm also a clinical informatist and I'm a physicist it's nice to see actually several faces, familiar faces on the call.

[James Shalaby] 15:11:39

In my role, I'm going to be really talking from a gravity lens or gravity perspective.

[James Shalaby] 15:11:44

Corey Smith and I work very closely. In that area. And I worked largely with implementation and real estate experiences with deploying for their HIEs.

[James Shalaby] 15:11:55

That's the perspective I'll be bringing in.

[Rim Cothren, CalHHS CDII] 15:11:59

Thank you, Jim. Embrush?

[Ambrish Sharma] 15:12:03

Hello everyone, I'm Rich Sharma. I'm the Director of Technology at Interface Children and Family Services and Manchura County, we are uh social services organization as part of my role, I am leading the development of a committee care exchange at the intersection of healthcare as well as social services data exchange.

[Ambrish Sharma] 15:12:23

And also leading the 211 technology side of things at that organization. And by background, I'm a health informatist.

[Ambrish Sharma] 15:12:31

And pleased to be here.

[Rim Cothren, CalHHS CDII] 15:12:33

Thank you. Julie.

[Julie Silas] 15:12:36

Hi, I'm Julie Silas. I'm a senior directing attorney at Homebase, which is a nonprofit organization that works federally and in California.

[Julie Silas] 15:12:45

To prevent and end homelessness. And we've done a lot of work around cross-sector data sharing with the systems and healthcare and criminal legal system.

[Julie Silas] 15:12:56

And wrote some papers on our website, homebasecc.org around breaking down silos around cross-sector work and then also a guide highlighting San Diego 211 and Alameda County's great work that they've done.

[Julie Silas] 15:13:13

About how they've done some cross-sector data sharing in the past.

[Rim Cothren, CalHHS CDII] 15:13:17

Thank you, Julie. Corey.

[Corey Smith (Gravity Project)] 15:13:20

Hello, everyone. Good afternoon. I'm Corey Smith. I am the technical director for the gravity Project.

[Corey Smith (Gravity Project)] 15:13:26

And this is my first time meeting with you all. So happy to be here.

[Rim Cothren, CalHHS CDII] 15:13:31

Thank you, Corey. Is Joe out there? I didn't see Joe.

[Rim Cothren, CalHHS CDII] 15:13:37

Brian, are you out there?

[Rim Cothren, CalHHS CDII] 15:13:43

Didn't see Brian, not hearing from brian chris

[Chris Ticknor] 15:13:47

Hey, everybody. Good afternoon. I'm Chris Tickner, the CTO for Orange County United Way, as well as I sit on the leadership committee that represents a collaborative of 11 California-based United Ways and 211s that cover about 30 counties in the state and a combined population of about 18.5 million.

[Chris Ticknor] 15:14:06

With the catalog of care about a thousand plus CBOs. Our collaborative obviously run two-on-one call centers that serve as kind of an entry point for coordinated care.

[Chris Ticknor] 15:14:16

We handle about a million calls a year. We also operate some coordinated care technology systems that include closed referral systems.

[Chris Ticknor] 15:14:26

System to system data exchanges, as well as we do data analytics.

[Chris Ticknor] 15:14:31

Becky, you're in.

[Rim Cothren, CalHHS CDII] 15:14:32

Thank you, Lee.

[Lee Tien] 15:14:35

Hey, thanks, Rim. So my name is Lee Tien. I work for the Electronic Frontier Foundation I am the legislative director there and I specialize in privacy and technology intersections and i've been working as a non, I'm completely not a health

[Lee Tien] 15:14:54

Policy person, but I've been working in this space ever since the 2008 HITAC Act, which threw a lot of money into electronic health records And beginning in like 2010, I served on the Cal PSAB and have been working in this space

[Lee Tien] 15:15:13

Trying to ensure patient privacy, full consent, and that all kinds of things relating to the protection of identity and personal information are maintained within any kind of of health exchange framework. And so the expansion to social data is of particular

[Lee Tien] 15:15:39

Concern to us, especially because A, legally HIPAA is a very different kind of privacy regime than everything else.

[Lee Tien] 15:15:48

Second, a lot of the entities here are not even covered entities. And so we have many different legal regimes. And then third.

[Lee Tien] 15:15:57

In the state of California, cities and counties are not regulated by the State Information Practices Act.

[Lee Tien] 15:16:03

And so even within the state of California's governmental entities, all of these legal regimes around privacy, confidentiality, and accessibility are very, very different. And so that's my primary focus in this and why I wanted to join the this particular task because in the wake of Dobbs, in the wake of this administration's

[Lee Tien] 15:16:28

Concerned to deport illegal people. We're worried, we're very concerned that the information that flows through these networks for social purposes and for the good of people's health is going to be weaponized against them. And so that's my primary concern here. Thanks.

[Rim Cothren, CalHHS CDII] 15:16:45

Thank you, Lee. Anwar.

[Anwar Zoueihid] 15:16:49

Good afternoon, everyone. My name is Anwarzvhad. I'm the VP and CSO, Partners in Care Foundation, a nonprofit.

[Anwar Zoueihid] 15:16:57

We're statewide. We are a care management service provider. We provide CalAIM services, waiver services for the State Department of Healthcare Services.

[Anwar Zoueihid] 15:17:09

And also we serve as a community care hub for over 165 CBOs and growing.

[Anwar Zoueihid] 15:17:18

Happy to be here. I mean, one of my goals is to really make sure that DXF is implemented and operationally effective streamlining the process of care coordination removing the silos,

reducing duplication of services improving the health of our community, equity, quality, you name it, all my passion. So happy to be here. Thank you.

[Rim Cothren, CalHHS CDII] 15:17:41

Thank you, Anwar. And John is with us today as well. John, do you want to say hi to everybody and you usually have a word of inspiration if you have anything for us today.

[John Ohanian] 15:17:52

Well, pressure, Ram. Good job. Hats off to Rim and the team for putting this on. Thanks, everyone. You probably heard enough from me over the last couple of weeks.

[John Ohanian] 15:18:01

With our summit last week. For those that didn't weren't there. We had about 250 folks last week coming together for the third time, believe it or not, July will mark four years since the governor signed legislation creating the framework.

[John Ohanian] 15:18:18

And I guess I'll share what I shared then is, you know, last year at this time, we were still having the conversation with many folks about should they sign the DSA? Do they need to sign the DSA?

[John Ohanian] 15:18:31

And I'm glad that that conversation has changed. To now that we have over 4,400 signers to the dsa we've hit critical mass and now it's about getting real with exchange. And primarily, I'll say this Not just because the task is focused on this today but

[John Ohanian] 15:18:51

It's really why the legislation was created. To begin with is while it was to strengthen health information exchange through the state It really was created. My mentor, former undersecretary, Marco Meach, who was really pivotal in getting this legislation through.

[John Ohanian] 15:19:11

Did it for the sense of how to advance full person care in the state and that we really can't achieve the vision of many of the states ambitious plans without having this what I call fundamental infrastructure. One day we'll look back and go, how did we do it without this?

[John Ohanian] 15:19:27

But now we're at the time. And we also know that we can't do it by ourselves. The state doesn't have enough resources, nor do we do the delivery for all the work.

[John Ohanian] 15:19:35

So I'm leaning on my memories of local work And leaning in on all of you because I know that you're the magic secret sauce that we're going to be able to make this happen. So really appreciate this conversation happening.

[John Ohanian] 15:19:48

And you'll continue to hear more from us, but feel free to reach out to me at any point if you'd like to give some feedback.

[John Ohanian] 15:19:55

Advice, input, love to hear from you. Thanks again. Rim. I'll hand it back to you.

[Rim Cothren, CalHHS CDII] 15:20:00

Thank you, John. Alice, why don't we bring the slides back up? We'll start off here with a little bit more housekeeping and then we really will start to turn to some real meat of the meeting today.

[Rim Cothren, CalHHS CDII] 15:20:11

We will be reserving opportunities for public comment. We will take public comment.

[Rim Cothren, CalHHS CDII] 15:20:18

During the meeting at approximately the time listed on the agenda, which is about 10 minutes before the hour.

[Rim Cothren, CalHHS CDII] 15:20:25

We will be limiting public comment to the time that's allocated then.

[Rim Cothren, CalHHS CDII] 15:20:28

Members of the public may also use Zoom's Q&A feature to ask questions or make comments. Anything that you type in there is visible to everyone, so it is an opportunity for you to make comments as well.

[Rim Cothren, CalHHS CDII] 15:20:40

For the panelists, you're welcome to monitor what's on Q&A. And if you see any interesting questions or any statements there that you want to highlight, feel free to do so.

[Rim Cothren, CalHHS CDII] 15:20:51

Let's go on to the next slide, please. A little bit about the task. Our meetings are going to be informal meetings. We may be circulating materials in advance of the meetings. And if you have the opportunity to take a look at those

[Rim Cothren, CalHHS CDII] 15:21:07

Materials may help inform the discussion at the following meeting For this particular focus group, there will be materials and you will hopefully be seeing those in your inbox next week. And again, if you have a chance to take a look at them.

[Rim Cothren, CalHHS CDII] 15:21:21

That would be appreciated. Our intent is to minimize presentation and focus on discussions. There are too many slides in today's deck. You won't see that many slides in the future decks.

[Rim Cothren, CalHHS CDII] 15:21:33

So it's really about hearing from you and not you hearing from me.

[Rim Cothren, CalHHS CDII] 15:21:39

We will summarize the feedback that we see in meetings and present that back to you in the following meeting. It's an opportunity for you to say, nope, you heard that wrong or to point out things that we may have missed.

[Rim Cothren, CalHHS CDII] 15:21:50

And all of our meetings are open to the public and we'll be posting all of the meeting materials that will include The materials that you see, the summaries, notes, and the recordings that we get from these meetings.

[Rim Cothren, CalHHS CDII] 15:22:02

Go on to the next slide, please. Just a little bit again about the task.

[Rim Cothren, CalHHS CDII] 15:22:08

Our purpose here is really to advise CDII on topics of import that requires special operational or technical expertise and for this focus group that's on social data exchange We know we've gotten a chance to learn who everyone is here.

[Rim Cothren, CalHHS CDII] 15:22:31

Our meetings, we will have four meetings in this series. They happen every other week during this hour time.

[Rim Cothren, CalHHS CDII] 15:22:38

And we do encourage people to always try to make these meetings if you can.

[Rim Cothren, CalHHS CDII] 15:22:42

If you're not able to make a meeting, as I said, we do record these. You can catch up that way or feel free to reach out if there's anything that you've heard in a meeting that you want to discuss with me personally.

[Rim Cothren, CalHHS CDII] 15:22:55

Let's go on to the next slide, please. So let's talk a little bit about the topic today. So our goals here are to talk about how health and social data may be exchanged and As Sophia and Mary Sarah said, they put together

[Rim Cothren, CalHHS CDII] 15:23:14

A framework for doing that as an architecture that we will use to spur discussion.

[Rim Cothren, CalHHS CDII] 15:23:21

And so that's going to be the prompt for our meetings. But I encourage people to talk about things that they think are important in this space, especially as we go through things in the architecture.

[Rim Cothren, CalHHS CDII] 15:23:36

A quick landscape survey that we conducted at the end of 2024 identified that there were some but limited instances of active health and social data sharing today.

[Rim Cothren, CalHHS CDII] 15:23:51

Those were used as examples to put together a consolidated architecture that we're going to use as our discussion prompt.

[Rim Cothren, CalHHS CDII] 15:24:02

And it was really a need for that architecture that we hope will promote emergence of new exchanges.

[Rim Cothren, CalHHS CDII] 15:24:12

The approach that Sophia and Mary Sarah used was to identify notable examples A real life exchange happening at the county level.

[Rim Cothren, CalHHS CDII] 15:24:23

Where health and human services data was being shared across agencies, healthcare organizations, and community-based organizations providing social services.

[Rim Cothren, CalHHS CDII] 15:24:32

The scope was limited to projects that actually were exchanging data.

[Rim Cothren, CalHHS CDII] 15:24:38

But they may be in different areas of maturity.

[Rim Cothren, CalHHS CDII] 15:24:44

And they... I believe to date, even capturing Five examples may be out of date as this is an ongoing work.

[Rim Cothren, CalHHS CDII] 15:24:55

But what we're going to be talking about at least today and probably in our next meeting are five examples with three different models.

[Rim Cothren, CalHHS CDII] 15:25:03

Driven by counties. Driven by health systems and driven by community information exchange or social health information exchange.

[Rim Cothren, CalHHS CDII] 15:25:11

The output of that work was the reference architecture that we will be discussing during our upcoming meetings and you'll see a snapshot of today.

[Rim Cothren, CalHHS CDII] 15:25:22

Really is a consolidation of everything that seemed to be important across those example models.

[Rim Cothren, CalHHS CDII] 15:25:28

And the goal is to launch a learning systems approach to creating social data, sharing ecosystem in communities across California based on the findings here to promote to promote expansion.

[Sophia Chang] 15:25:42

So Rim, can I add a couple things here? So number one, this is not meant to be like a comprehensive overview. This was like taking, starting with a few examples that look very different to try to to kind of call out the commonalities. So number one, we have a really broad group here.

[Rim Cothren, CalHHS CDII] 15:25:44

Please do, Sophia.

[Sophia Chang] 15:26:02

And so would also love to hear about where are other places or communities where data is being shared that we should probably try to kind of map to this model to see how well it works.

[Sophia Chang] 15:26:16

So reach out to me or to RIM, whoever you can find easily and just say, I have some other places that I want you to look at and please forward that to us.

[Sophia Chang] 15:26:26

The second thing is California, as you know is just super varied, right?

[Sophia Chang] 15:26:34

We do not have a statewide health information exchange infrastructure, right?

[Sophia Chang] 15:26:40

And so as we're trying to think about how do you lay social data sharing on top of that.

[Sophia Chang] 15:26:45

We are by definition looking at different models on top of varied models, right? So I think that trying to wrap our heads around this was really a challenge.

[Sophia Chang] 15:26:59

And this is a first cut. And so again, if you guys have better ideas of how to do this or ways to represent it.

[Sophia Chang] 15:27:09

One of the things that we... Well, I'll say personally I found is if we start talking about health and social data sharing. Do we even have a common language about how that works. And this is really the attempt to try to show where it's working

[Sophia Chang] 15:27:27

What capabilities are enabling that so that we can have a common understanding of how things work.

[Sophia Chang] 15:27:35

And as each of you have different perspectives, there may be a need, for example, around how we manage privacy and security and access Which is going to be like the key focus for you and your organization. And that's the opportunity for us to potentially talk about that. But it's overall making sure that the

[Sophia Chang] 15:27:59

Local ecosystems contain that capability. I mean, you can't talk about limiting access if you don't have that access capability, the consent capability, et cetera.

[Sophia Chang] 15:28:11

Kind of built into the ecosystem and so It's a very different way of thinking about architectures. This is not meant to be like a system architecture is kind of an ecosystem capability. And so we struggled even with the term architecture.

[Sophia Chang] 15:28:28

So I am asking people to think differently and to go up the 10,000 foot level and to think about capabilities.

[Sophia Chang] 15:28:37

So just to give a context here. There are communities that are doing things, starting to do things, building more, adding more, and it's really meant as a way to help inform those activities.

[Sophia Chang] 15:28:53

And I will talk a bit more about the model itself. And I may have some other thoughts there.

[Sophia Chang] 15:28:58

I'll stop. Too much talking.

[Mary-Sara Gordon Jones] 15:29:01

And I want to add just one more comment. In terms of the scope of the data exchange, we're looking at social to social.

[Mary-Sara Gordon Jones] 15:29:09

Health to social. And social to health.

[Mary-Sara Gordon Jones] 15:29:15

So it's a little different than some of the other projects have been done in the past. The social to social needs to also be accommodated.

[Rim Cothren, CalHHS CDII] 15:29:30

Thank you both. Let's go on to the next slide, please.

[Rim Cothren, CalHHS CDII] 15:29:33

And I know I'm talking about homework here already, but just to give you an idea of what you should expect for the coming meetings in preparation for next meeting, you're actually going to get a packet of materials that will include an architecture diagram and some other materials to help you understand where Sophia and Mary Sarah have

[Rim Cothren, CalHHS CDII] 15:29:52

Have been and the materials that they put together here. So you're going to get the reference architecture that we'll use for our discussions. It'll give you an overview, the architecture diagram that you're going to see a snapshot of here in a second.

[Rim Cothren, CalHHS CDII] 15:30:05

And some additional materials to help you understand how to think about that diagram.

[Rim Cothren, CalHHS CDII] 15:30:11

And there will be five county profiles and their architectures and how they map into that. That'll give you an idea of how Sophia and Mary Sarah gathered this information together and how they're thinking about how this might be used in particular implementations.

[Rim Cothren, CalHHS CDII] 15:30:31

Let's go on to the next slide and I'll pull that up. And then Hans, I see your hand up.

[Rim Cothren, CalHHS CDII] 15:30:35

Hans.

[Hans Buitendijk] 15:30:35

Yeah, just a quick clarification question, Rim. In the discussion so far, to get the mindset straight.

[Hans Buitendijk] 15:30:43

At times, at least we are hearing social services, community services.

[Hans Buitendijk] 15:30:49

As separate, as combined. I just want to make sure that when we talk about the scope.

[Hans Buitendijk] 15:30:55

If we say social services or community service or either one of those, we mean the combined scope or is there a particular subset that we're looking at just to For context.

[Rim Cothren, CalHHS CDII] 15:31:05

Yeah, I'm actually glad that you asked that question, Hans, because we do have a language problem here.

[Sophia Chang] 15:31:11

Yeah.

[Rim Cothren, CalHHS CDII] 15:31:11

And I think that you've helped us highlight that. What you didn't ask is, are we talking about human services or social services and so I think that what I would encourage us is to think about this as broad a picture as you can. We're talking about

[Rim Cothren, CalHHS CDII] 15:31:30

Government operated social services we're talking about independent, not-for-profit organizations offering social services we're talking about Health care, offering health services. We're talking about human services in general and that it may be, I would encourage us to be as broad in our thinking as we can there.

[Rim Cothren, CalHHS CDII] 15:31:52

Julie, I see your hand. Sorry, Hans, did you have something you wanted to add?

[Hans Buitendijk] 15:31:52

Thank you.

[Hans Buitendijk] 15:31:57

No, I was just thanking you for the answer. Appreciate it.

[Rim Cothren, CalHHS CDII] 15:32:01

Julie.

[Julie Silas] 15:32:02

Yeah, I wanted to just kind of flag an issue that I can just see immediately here, which is We separate out the housing COC. It's gray, and then we have the county entities, which are blue and in 75% of

[Julie Silas] 15:32:20

Continuums of care that run homeless systems. They are the county. It's run by the county. So it just complicates in a good way complicates things, but I'm just recognizing that They're both gray and blue.

[Sophia Chang] 15:32:33

Yeah, and there are several of those. So these are just example data sources. And as you'll see.

[Sophia Chang] 15:32:40

That when you go into each county, they're going to look different, right?

[Sophia Chang] 15:32:45

But this was just a generalization of what what this what these This is just the general model, which is the 10,000 foot view.

[Rim Cothren, CalHHS CDII] 15:33:01

Great. Thank you. I did say that we weren't going to really talk about the model here today.

[Rim Cothren, CalHHS CDII] 15:33:09

We can, of course, talk about the model if you want to talk about the model. We haven't given you much of the background that would go along with it.

[Rim Cothren, CalHHS CDII] 15:33:17

So it's... It's really up to you.

[Rim Cothren, CalHHS CDII] 15:33:22

Let's put up the next slide real quickly. I failed to introduce Catalina when I did introductions earlier today.

[Rim Cothren, CalHHS CDII] 15:33:33

I apologize for that. Catalina does a great deal to make sure that these meetings actually happen.

[Rim Cothren, CalHHS CDII] 15:33:39

And Catalina, if you would be so kind as to copy these questions into the chat for everybody so that we can pull the slides down.

[Rim Cothren, CalHHS CDII] 15:33:46

I'd again like to concentrate on seeing people's faces. Really, for today, I would like people to just look back at their own experiences and what are the biggest challenges to social data

exchange that you have seen. If you have any questions or any suggestions about the methodology that was used, either

[Rim Cothren, CalHHS CDII] 15:34:07

Inform you or some suggestions to Sophia and Mary Sarah about how they might adjust that. This is ongoing work and so they're continuing to work on this and what environments or use cases do you believe should be included or supported here? The focus here so far

[Rim Cothren, CalHHS CDII] 15:34:25

Has been on care coordination. So that's at least something that we should potentially talk about.

[Rim Cothren, CalHHS CDII] 15:34:33

I also want to call your attention to one of the questions that was put in the chat from Lucy Johns, shouldn't consumer, client, or patients be in data consumers?

[Rim Cothren, CalHHS CDII] 15:34:43

And if not, why not? I would encourage people to talk a little bit about their thought about the role of consumers, clients, or patients in health and social data exchange as well.

[Rim Cothren, CalHHS CDII] 15:34:57

Thank you, Jim, for raising your hand. Let's pull down the slides. And Jim.

[Rim Cothren, CalHHS CDII] 15:35:02

Please. Yes, just fine. Thank you.

[James Shalaby] 15:35:04

Okay, can you hear me okay? Just want to make sure.

[James Shalaby] 15:35:07

Okay, okay. So first, I think the model makes a lot of sense so I think, you know, at a high level Basically, it looks to me like you've surveyed a federated you kind of went for a federated model to figure out what the capabilities are of each

[James Shalaby] 15:35:25

Each system in the community, what's the common denominator and what functional areas. So reading the model, it only took a minute to understand it. It made perfect sense to me.

[James Shalaby] 15:35:35

It also looks very familiar. From my perspective, some of the greatest challenges that might be worth approaching again it's just my opinion. I'd love to have other people just jump in on this.

[James Shalaby] 15:35:50

Is talking the same language, using the same, you know, saying the same thing is really, really difficult.

[James Shalaby] 15:35:55

Even with some of the simplest concepts using you know uh common terminology that's understood, especially in a federated model more than you know any other environment.

[James Shalaby] 15:36:09

Is a good basic building block that can enable a lot.

[James Shalaby] 15:36:13

And then the second thing from my experience has been besides a common language are understanding the workflows, the common workflows and you've you've subbed them out in your model, but trying to understand a little bit of the details for what purpose, what use cases are driving what workflows.

[James Shalaby] 15:36:31

And what pieces of those workflows Like, for example, closed loop referral or referral for further assessment or or a screening.

[James Shalaby] 15:36:41

What is meant by each of the members in this community will help us all understand how to interoperate, how to communicate with each other.

[James Shalaby] 15:36:53

And then the last piece is We've seen similar models in other states. I've seen pieces and I work with a significant number of states and In gravity, we engage with a fair amount of implementers who have a lot of, you know.

[James Shalaby] 15:37:11

Different models, but California, I have to say, is a little unique.

[James Shalaby] 15:37:16

It's a little different than other states I've worked with, and that's okay you know that's okay But it poses some really interesting new challenges. But some of the similarities of what you've identified, Safia and the diagram are similar functional areas that we see in many other states.

[James Shalaby] 15:37:36

So the difference is you're federated. So they're able to standardize because they're consolidated and unified into a single model.

[James Shalaby] 15:37:44

You are planning to continue as a federated model, which means that we'll have some more challenges.

[James Shalaby] 15:37:51

I'll just stop here.

[Rim Cothren, CalHHS CDII] 15:37:53

Thanks, Jim. Julie, I see your hand up.

[Julie Silas] 15:37:56

Yeah, thank you. I'm going to just touch on some because I work in the homeless system of care, so there's a lot of challenges about data sharing, but just kind of putting sort of some foundational information to share with, because most of you come from healthcare.

[Julie Silas] 15:38:11

Is a lot of the conversations are about We don't talk about bilateral data sharing and it tends to be one way unilateral data sharing. And even as Mary Sarah, you're talking about.

[Julie Silas] 15:38:21

Healthcare to the social services and social services to healthcare. I think it always should be bilateral. We should never distinguish the two. So that's one thing just to kind of put out there. And then also the differences between some social services, but particularly I think homeless services highlights

[Julie Silas] 15:38:38

The systems are really different in terms of how they're funded, their resource capability.

[Julie Silas] 15:38:43

Sophistication and you know the privilege of having EHRs, especially being in California from back in the 2000s.

[Julie Silas] 15:38:52

2010s, just in a very different place than homeless systems and the limitations they're mostly federally funded. And so just saying before we had this new administration, the limitations about what homeless system was funded to do and how They only get funding to do what they get paid to do. And so when anytime anyone asks them to do something different.

[Julie Silas] 15:39:14

They don't have the resources. So sometimes you'll get a generous HMIS vendor who will add that to the list, but most of the time they charge for it and there's no resources to pay. We can't pay a QHIO.

[Julie Silas] 15:39:26

We won't be able to contribute as equal partners if it's a model like a QHIO. And there's a lot of things like that to say.

[Julie Silas] 15:39:33

And then also some of the challenges to get to Lucy's question is.

[Julie Silas] 15:39:39

Release of information is very complicated in the homeless system of care compared to the healthcare system and the misunderstandings from because it's a legal, it comes out of the county and you have county council who can be risk averse, who doesn't have the level of

[Julie Silas] 15:39:56

Experience around really looking at HIPAA and privacy, they will often say no. And so sometimes we have experiences where the homeless system of care gets a release for someone and then the county won't accept that, that it doesn't meet the county standards. So you'll have two or three sometimes behavioral health services will have its own level and own different release of information. And so those become big challenges but involve

[Julie Silas] 15:40:21

Consumers because they're the ones who are having, you know, they're vulnerable, they're really sick in the healthcare system or in the homeless system, and they're having to sign three, four different documents and wait till all three, four different documents before things can happen for them. So I think that's another challenge. And I have many more, but I think those are three ones to start with.

[Rim Cothren, CalHHS CDII] 15:40:40

We'll have plenty of time to talk about more challenges in the coming meetings, but thanks, Julie, for that. Elena.

[Alana Kalinowski, she/they 211/CIE SD] 15:40:46

Yeah, I really appreciate both Julie and Jim's points because I think... What Julie was just getting at, it's the The client ownership, which Lucy, thank you for always bringing this up and centering it in wherever you are. I appreciate that.

[Alana Kalinowski, she/they 211/CIE SD] 15:41:03

But there's the ownership comes with it the ability to also capture within our technology and our infrastructure the configurability and the conditionality of data sharing, which a lot of our systems are not designed for in the first place.

[Alana Kalinowski, she/they 211/CIE SD] 15:41:16

And I think that also goes kind of to Jim's point around Yes, there's data standards and things being developed to help with the actual technical and language exchange of social data.

[Alana Kalinowski, she/they 211/CIE SD] 15:41:31

But... The conditionality of redisclosure and use case And the configurability of when and how, to what extent, and for whom and for how long, all those other kind of conditional configurations of social data being in the context, whereas I think there's a lot of kind of

[Alana Kalinowski, she/they 211/CIE SD] 15:41:50

Simplicity baked into HIPAA covered medical record continuity of care data.

[Alana Kalinowski, she/they 211/CIE SD] 15:41:55

And I think the usage of social data is conditional. And having both infrastructure technology and then data classification, metadata classification of social data to be able to essentially capture its configurable needs within the redisclosure use cases i think is

[Alana Kalinowski, she/they 211/CIE SD] 15:42:12

Part of what it doesn't, I think exist And to Julie's point.

[Alana Kalinowski, she/they 211/CIE SD] 15:42:18

Because care coordination does happen, but because it's largely an unfunded activity.

[Alana Kalinowski, she/they 211/CIE SD] 15:42:24

If it's not, and let's just always remember that reimbursement is a very small subset relative to the care coordination that takes place everywhere.

[Alana Kalinowski, she/they 211/CIE SD] 15:42:33

It's not necessarily funded, so it's not necessarily structurally part of the work that we do.

[Alana Kalinowski, she/they 211/CIE SD] 15:42:38

It is a part of what people do, but it's not like funded activity and therefore incorporated into reporting and data and infrastructure from a technology lens. I think that's like

[Rim Cothren, CalHHS CDII] 15:42:53

Thank you, Elena. I do want to point out that we do have other focus groups that are coming up. The one that we will have scheduled after social data exchange will be on consent management.

[Rim Cothren, CalHHS CDII] 15:43:03

That doesn't mean that we shouldn't be talking about release of information or consent here or how we communicate the data and under what circumstances.

[Rim Cothren, CalHHS CDII] 15:43:13

But we will have a second cut at this when we talk about consent in an upcoming focus group.

[Rim Cothren, CalHHS CDII] 15:43:20

For you that are on this focus group that applied to be on that one as well, we are going to be announcing the members of future focus groups here in the next several days.

[Rim Cothren, CalHHS CDII] 15:43:33

Some of you will be on that focus group as well.

[Rim Cothren, CalHHS CDII] 15:43:37

Leanne, sorry, Lee. I see your hand up.

[Lee Tien] 15:43:41

Yeah, thanks, Rem. I just wanted to very quickly agree with what Julie said earlier about appreciating the diversity and differences among the types of social services information that are going to be handled here, which includes not only, it includes both the

[Lee Tien] 15:44:01

Thinking about the clientele. Like your homelessness example or also mentally ill patients. I had the occasion to work with a bunch of folks in the city and county of San Francisco probably 20 years ago as a number of of newfangled

[Lee Tien] 15:44:20

Software and network applications were being deployed and both patients and therapists and social workers were really concerned about how the behavioral outdated they were working with and sharing was going to be treated by ordinary doctors. These were folks who

[Lee Tien] 15:44:41

We're trying to figure out whether or not the psychotherapy notes protection in HIPAA offered them anything. And I had to tell them, no, not really. But So I really appreciate what Julie said about the diversity there. The other point I wanted to call out was with respect to the reference architecture.

[Lee Tien] 15:45:01

It seems like it would be useful Or maybe you have already done this to think and also have sort of a threat model threat modeling sort of component to this because this i think this presents the entities that we want to be, that we're thinking about within the exchanging

[Lee Tien] 15:45:20

But I'm not sure, for instance, where like epic systems, you know, the private healthcare management system that is actually causing a lot of problems for people in reproductive health care all over the country, right? Because they're in every state. And so they're not safe

[Lee Tien] 15:45:40

From a red state attorney general or something so I feel like one of the things that would make our work here more expressly addressing things like that would be actually to build a threat model architecture as well to sort of complement this.

[Lee Tien] 15:45:59

Thank you

[Rim Cothren, CalHHS CDII] 15:46:00

Thanks, Lee. Corey, I see your hand up.

[Corey Smith (Gravity Project)] 15:46:04

Everyone, I'll be brief because I think most of what I wanted to say has already been said. So just I'll call out two challenges.

[Corey Smith (Gravity Project)] 15:46:10

I think challenges to social data exchange. I think one is a lack of common reporting requirements from those who are paying for social services.

[Corey Smith (Gravity Project)] 15:46:22

The grants, the programs, et cetera, we hear often in gravity that As a social care provider, I have to enter my data into 20 different portals to get paid because I have to kind of give the funders what they asked me to give them or require me.

[Corey Smith (Gravity Project)] 15:46:38

I think that's a big barrier. And then I think I just want to emphasize against Julie, again, Julie's point to get healthcare to where it is today with regard to interoperability, which some might argue isn't that great has been a 40 plus billion dollar investment over the past 10 years, you know, 10 plus years. And so I think we have to acknowledge that as well.

[Rim Cothren, CalHHS CDII] 15:47:00

Thank you, Corey. I do want to point out that Michael dropped something in the chat about Epic implementing filtering.

[Rim Cothren, CalHHS CDII] 15:47:08

I know that, you know, Lee has pointed out a particular concern there, but we might want to think more broadly about other sensitive information, other systems outside of just EHRs or that specific EHR.

[Rim Cothren, CalHHS CDII] 15:47:23

That may have broad scope and what we need to be thinking about in segmenting and protecting the communication of data.

[Rim Cothren, CalHHS CDII] 15:47:32

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

[Eric Nielson] 15:47:36

No, thank you. And I will be brief and then maybe I can send a follow up. Just want to highlight from the public social services area those things that are often administered in county There's a gradation depending on the program and the population that we're serving in terms of the robustness of information systems architecture.

[Eric Nielson] 15:47:55

For example, when we're talking about the adult services population, there's a statewide system that counties administer, and I'll report back up to for IHSS eligibility and service delivery, for example, but there's no centralized state database or system that's shared across counties for adult protective services.

[Eric Nielson] 15:48:12

Norfolk Public Guardian, Public Conservative services that, you know, similar to the homeless may reside with counties, may exist in other entities.

[Eric Nielson] 15:48:20

With the child welfare population, there is a state managed system that counties work into that there's development on a replacement for that. But, you know, that's got kind of a robust data sharing up. And then with eligibility programs, I want to highlight, I do see Cal SAS represented in the model, but, you know, there's also the California Health Benefits Exchange, you know, and Cal here is that system, which has linkages up to the federal data

[Eric Nielson] 15:48:49

Services hub. And, you know, some of those eligibility programs are tied to agreements that we have to protect data under, for example, the Taxpayer Browsing Act for if it's tax related data or to the meds data sharing agreement with the SSA for Social Security related data. So some of that core demographic data, information management data in the eligibility systems is part of a constellation of systems around eligibility, including, you know.

[Eric Nielson] 15:49:21

Cal SAS, Cal here is the health benefit exchange for California, the meds data system.

[Eric Nielson] 15:49:27

You know, reporting up to the federal data exchange. So want to highlight that there's a fair bit of complexity there.

[Eric Nielson] 15:49:36

And a constellation of federated systems. In addition to, I think, the really good call outs around robust consent management across like a diversity of systems And the need for some threat modeling, definitely. I also want to highlight that even within the well-developed eligibility systems, for example, highlighting between the SAWS systems, the county's

[Eric Nielson] 15:49:59

Administer and that California Health Benefit Exchange, the management of data over time Including identity management becomes complex.

[Eric Nielson] 15:50:08

And want to highlight that that is an area where I think there really needs to be some very tight focus on workflows because oftentimes the individuals we're dealing with have complex lives that are undergoing changes that oftentimes outpace the ability of the ecosystem of the ecosystem

[Eric Nielson] 15:50:28

Of helpers to keep track of and so um want to highlight that we need to have some awareness that we're often dealing with data that's evolving.

[Eric Nielson] 15:50:38

And then finally, sorry, one more point, you know, just highlighting that even within our organizations, there are dimensions, right, of helping Versus, you know, compliance.

[Eric Nielson] 15:50:49

And funding versus maybe some entities that have enforcement focuses. And those are tensions that we balance oftentimes within our own organizations, but that play levers on terms of how our systems are leveraged.

[Eric Nielson] 15:51:01

And I think concerns about how data may be reshared. I will pause there.

[Eric Nielson] 15:51:07

I could go on

[Rim Cothren, CalHHS CDII] 15:51:09

Thank you, Eric. Eric talked about identity management. I want to also highlight that that is going to be one of our focus groups as well. We're scheduling that for the end of the year, primarily so that we can talk about some of these other areas and identify requirements for identity management.

[Rim Cothren, CalHHS CDII] 15:51:26

As we go through other focus groups. So feel free to continue to highlight items there that that we need to talk about later on in the year if we don't have time in this focus group.

[Rim Cothren, CalHHS CDII] 15:51:37

Hans, I'm going to turn to you and then we will go to public comment after.

[Hans Buitendijk] 15:51:42

Thank you. Two or three of the challenges that have been raised that i would like to highlight as well and emphasize from our perspective.

[Hans Buitendijk] 15:51:53

Technology infrastructure and standards from the healthcare perspective where our systems are mostly deployed into the social and community environment.

[Hans Buitendijk] 15:52:06

What the discrepancies, the availability of infrastructure is a big challenge.

[Hans Buitendijk] 15:52:10

And which then leads to what data can we share, which has been brought up. There are the questions, what data can be shared from the healthcare into the service, but also when you get information back.

[Hans Buitendijk] 15:52:23

Or initially from the Social Services and Community into healthcare How do we manage that data? How does that fit into the medical record or just sit outside next to it?

[Hans Buitendijk] 15:52:33

How do we deal with that? And that's still a question for many. What's the best way to manage it to keep those records appropriately managed?

[Hans Buitendijk] 15:52:42

And that then goes to the larger issue and appreciate really the additional time that's going to be there on consent.

[Hans Buitendijk] 15:52:49

But really, privacy and consent management combined. Privacy rules by jurisdictions at any jurisdictional level.

[Hans Buitendijk] 15:52:56

And consent by patients on what they are willing to share is an extremely complex issue and increasingly more complex at this point in time. Everybody's looking at it. Our members are looking at how they can do that.

[Hans Buitendijk] 15:53:09

They are putting in filtering mechanisms and otherwise across the board.

[Hans Buitendijk] 15:53:14

But it's really understanding how can that be done in a computable fashion Understandable. How do I compare an AB352 with a Maryland Comar with a out of state, et cetera, et cetera, but also within states, within communities, what is that?

[Hans Buitendijk] 15:53:30

And there are projects on the way to get more insights around that. H07 is trying to work on that to get better definition and ability to make that computable.

[Hans Buitendijk] 15:53:40

But that will be a big challenge for everybody across the board, whether it's at state level, local level, or national level.

[Hans Buitendijk] 15:53:48

And that's a very concerning topic that we are struggling with as well.

[Rim Cothren, CalHHS CDII] 15:53:54

Thank you, Hans. Well, I didn't have any doubts that we'd have things to talk about and people willing to talk today. I do appreciate everybody chiming in.

[Rim Cothren, CalHHS CDII] 15:54:04

Alice, why don't you bring the slides back up and take us to public comment and explain how members of the public can participate.

[Alice K - Events] 15:54:27

Thank you, Rem.

[Sophia Chang] 15:54:31

Rem, do you want to start with some of the comments that were put into the Q&A.

[Sophia Chang] 15:54:36

Or questions?

[Sophia Chang] 15:54:40

You're on mute, Rib.

[Rim Cothren, CalHHS CDII] 15:54:44

We'll start off with people that are raising their hands for the public comment period. Alice, why don't you go ahead and kick us off there?

[Alice K - Events] 15:54:51

Thanks. Participants may submit written comments and questions through the Zoom Q&A box. All comments will be recorded and reviewed by CDII staff.

[Alice K - Events] 15:55:00

To make a verbal comment, members of the public must raise their hand for Zoom facilitators to unmute them.

[Alice K - Events] 15:55:05

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

[Alice K - Events] 15:55:10

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

[Alice K - Events] 15:55:18

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

[Alice K - Events] 15:55:25

At this time, there are no hands raised from members of the public.

[Rim Cothren, CalHHS CDII] 15:55:31

Thanks, Alice. We'll give people a few more minutes. Members of the task focus group here, you will notice that there have been a few comments that were put in the Q&A.

[Rim Cothren, CalHHS CDII] 15:55:44

Most of those I think we touched on a little bit here, but you can, if you click on the Q&A down in the bottom, you can look at some of the answered or dismissed tabs that are there.

[Rim Cothren, CalHHS CDII] 15:55:56

Alice, do we have any raised hands?

[Alice K - Events] 15:55:59

No hands raised at this time.

[Rim Cothren, CalHHS CDII] 15:56:02

Give people just another minute.

[Rim Cothren, CalHHS CDII] 15:56:18

Well, if we don't have any raised hands, I do know that we have a number of members of the public out there, so I'm glad that people are participating and listening in. I would encourage people, if you do have comments.

[Rim Cothren, CalHHS CDII] 15:56:29

At our future meetings. First of all, please do call in and listen in again.

[Rim Cothren, CalHHS CDII] 15:56:34

And feel free to provide public comments. If you do have any comments outside what you want to do publicly here, you can always send them to dxf at our email address. That's dxf at chhs.

[Rim Cothren, CalHHS CDII] 15:56:49

Dot ca.gov. Alice, let's move us on to the next slide. Thank you, Catalina, for dropping that in chat. I do want to pause here for just a second and give everybody a chance to read some of the other comments that have been in the

[Rim Cothren, CalHHS CDII] 15:57:05

The chat. In the interest of time, I think people didn't raise their hands to speak but wanted to have some thoughts made public here. So I encourage you to take a quick look at those.

[Rim Cothren, CalHHS CDII] 15:57:21

Next steps, just so that you know, we will be posting meeting materials that include notes from this.

[Rim Cothren, CalHHS CDII] 15:57:28

Including information from the chat, the slides that you saw here today.

[Rim Cothren, CalHHS CDII] 15:57:34

And a recording of this meeting, that'll get posted to our webpage in the near future.

[Rim Cothren, CalHHS CDII] 15:57:40

Um and uh Based on your input here, we may make some changes to the drafts that we have for the social architecture.

[Rim Cothren, CalHHS CDII] 15:57:50

Social data exchange architecture, but just be aware that that may migrate a little bit over the course of the meetings based on your input.

[Rim Cothren, CalHHS CDII] 15:57:56

So if you don't see some of your comments put in now, that doesn't mean that we didn't hear them. It may mean that we just wanted to get something in front of you with enough time to consider for the next meeting.

[Rim Cothren, CalHHS CDII] 15:58:08

In the next few days, you will see the social data exchange reference architecture come to you via email. We'll also be posting it on our webpage.

[Rim Cothren, CalHHS CDII] 15:58:20

Encourage you to take some time to familiarize yourself with the materials there.

[Rim Cothren, CalHHS CDII] 15:58:24

Is a relatively large package. So we're going to try to get that out well in advance of our next meeting.

[Rim Cothren, CalHHS CDII] 15:58:30

And then just come prepared to talk like you were today.

[Sophia Chang] 15:58:34

Can I have one tip? So I think what people have found helpful is thinking about either the environments that you're working in or places that you have or other environments that you are familiar with.

[Rim Cothren, CalHHS CDII] 15:58:34

Let's go on to the next guest.

[Sophia Chang] 15:58:50

And actually try to overlay it onto the reference architecture. Because I think as you are familiar with other capabilities, you may look at this and say, oh, there's a whole capability here that we hadn't thought of that is really important to an existing implementation, for example.

[Sophia Chang] 15:59:10

So that's just a tip because it's kind of hard to look at this.

[Sophia Chang] 15:59:16

The county examples are again to kind of put some flesh on the bones to give you some examples of how these capabilities play out.

[Sophia Chang] 15:59:25

Again. No, we have not found any place that has all of these capabilities live.

[Sophia Chang] 15:59:31

This is a patchwork. And so we've described different capabilities and then put them together in one picture.

[Sophia Chang] 15:59:38

The other thing is because we did start with where is data being shared, we were starting with places that had some technical infrastructure, right?

[Sophia Chang] 15:59:48

We are not necessarily saying we are going to solve the problem for small CBOs who have no technology.

[Sophia Chang] 15:59:55

But we need to start somewhere. And I think it was to Han's point or someone else's point. I mean, we are all, I mean, we are as a field learning what this needs to look like and how this can happen.

[Sophia Chang] 16:00:07

And so it's very much of a, this is not a solution. It is a framework and a mechanism for us to figure out how to move forward.

[Sophia Chang] 16:00:17

So that's big picture. Sorry.

[Rim Cothren, CalHHS CDII] 16:00:19

Thank you, Sophia. Let's go on to the next slide. We need to wrap up here because we are at time just real quickly.

[Rim Cothren, CalHHS CDII] 16:00:26

What we're going to be trying to answer in our upcoming meetings is what is missing from the model, what additions to capabilities, et cetera, need to be added from your experience. Are there other ecosystem requirements that should be called out?

[Rim Cothren, CalHHS CDII] 16:00:38

And given the wide variation. Are there other ways to help inform next steps for communities? So we'll be continuing to talk touch on those topics in upcoming meetings.

[Rim Cothren, CalHHS CDII] 16:00:51

Let's put out the last slide. Thank you all for participating today. We'll see you again in two weeks at the same time.

[Rim Cothren, CalHHS CDII] 16:00:59

And please do look for the architecture coming to your inboxes in the next few days.

[Rim Cothren, CalHHS CDII] 16:01:03

Thank you very much, everyone.