California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Subcommittee Meeting
Public Comment Log (12:00 PM – 1:00 PM PT, May 8, 2025)

The table below shows public comments that were made verbally during the May 8, 2025, TASC meeting. Additional public comments can be found in the meeting's "Q&A Log" posted on the CalHHS Data Exchange Framework webpage.

Count	Name	Comment
1	Lucy Johns	Thank you. If it's allowed, I would like to cede my two minutes to Corey to just introduce what gravity did.
2	Corey Smith	I think the one comment that I wanted to say is with regard to the question of whether to do a domain by domain use case standardization. I just wanted to share that gravity's experience with that. And because we tried both, right? Gravity started off years ago with just the food insecurity implementation guide looking to standardize the closed loop referral goal setting intervention, you know, closing the loop kind of set of use cases on a domain by domain basis and we just realized that that just was not scalable. So what we ultimately ended up with was one what we say is a framework implementation guide where we look at the closed loop referral scenario, screening, assessment, goal setting, interventions, observations, making diagnosis or conditions, and then closing the loop and analyzing data - and we then created one set of exchange standards, that then varied, that could then support over 20 domains that gravity is standardized terminology around. So, I just wanted to share that was our experience at Gravity.
3	David McCann	Good afternoon. Hey, thank you for letting me watch. So I'm working with Chris Ticknor across nine 211's. I want to kind of pick up on two topics that were asked about in the meeting and give an opinion for all nine 211s. So if you intersect the comment of What API might we use? What data payloads do we use? And do we start with four or five cases? And do you do bottoms up or tops down? I say what I'd like to represent with Chris is the sort of an observation across nine 211s, that there are four or five top priority referral types that we've identified from the practical constraint on getting from theory to practice is the incumbent

Count	Name	Comment
		software platforms the CBO is using and the incumbent software platforms that Medi-Cal is using and the county. And what I would tell you is our learning thus far is we're going with a bottoms up approach. We're currently engaged with seven software vendors, and frankly, most of them do not yet have a FHIR API. And so I think the notion that eventually I think we will land on some gravity FHIR subset. I think that's a two-year journey, but I will literally talked with seven vendors around housing and a couple of other referral types -- food support -- And I think what you're going to see is we're going to have to build a gateway that does pass referrals to other referral gateways and the software vendors that we're engaging are all going to have to modify their APIs. And they're willing to do so. So I would encourage us to think in practical evolution. And I'd be interested from, I think it was Kane asked about this first, and then building on James Shalaby's comment, I'm a fan of your two comments of, you know, bottoms up top down and experiment. And I think we can do that. Would you agree?
4	Sofia Pedroza	Hi, good afternoon everyone. My name is Sofia and I'm legal counsel with Planned Parenthood Affiliates of California. We represent the seven Planned Parenthood affiliates serving patients through every county of California. I really wanted to say first that I appreciate the discussion and work of this group. I think it's been really fruitful so far. I wanted to specifically uplift a point that Lee made earlier in the conversation that collecting data about failures and cautionary tales would only benefit and serve the objectives that this group has talked about and refine our understanding of how to engage with multiple kinds of stakeholders as we work to build an architecture that is able to share information and protect patients privacy and confidentiality where appropriate.

Total Count of public comments: 4