

**California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Committee (TAC) Meeting
Chat Log (12:00 PM – 1:00 PM PT, June 26, 2025)**

The following comments were made in the Zoom chat log by Members of the TAC and staff during the June 26, 2025, meeting:

15:13:11 From David McCann to Hosts and panelists:

United Way California has dialoged with United Way 211's in 5 other states. We believe that CA is leading this consent dialog and of the 5 states outside CA, none are further along in the refined thinking you have here.

15:13:51 From David McCann to Hosts and panelists:

United Way 211's operate in most of the 50 states.. so we will continue to test for this.

15:13:55 From Rita Torkzadeh to Everyone:

I believe the goal, to Alana's point, should be "whole person" care

15:13:57 From Catalina Cole | Manatt Health to Everyone:

Please direct chats to 'Everyone' -- not 'Hosts and Panelists' -- to ensure they are visible to members of the public. Thank you.

15:14:14 From David McCann to Everyone:

United Way California has dialoged with United Way 211's in 5 other states. We believe that CA is leading this consent dialog and of the 5 states outside CA, none are further along in the refined thinking you have here.

15:14:23 From David McCann to Everyone:

United Way 211's operate in most of the 50 states.. so we will continue to test for this.

15:16:32 From Catalina Cole | Manatt Health to Everyone:

1) Last meeting, we heard that consent management models benefit from an incremental design. What's the best place to start?

a) The DxF Consent Management Roadmap recommends first advancing use cases related to the unhoused, SUD treatment, and justice-involved populations. Are these the right priorities to develop first?

b) If not, what program, what people, what data, what consent?

2) When launching a consent management model, is it better to begin with a simpler or more complex use case?

a) Should the starting point be a health care use case, a social services use case, or one that involves coordination between the two?

15:18:53 From Ambrish Sharma to Hosts and panelists:

Populations we can start with are minors, substance use disorder affected population, those subject to FERPA

15:22:09 From Ambrish Sharma to Everyone:

Population of Focus we can start with: those subject to FERPA, minors, SUDs affected populations

15:23:18 From Jennifer Womack to Everyone:

Given the earlier point about how revoking consent in one place or for one purpose could impact others should we include dependency mapping as part of the initial design criteria (if it already isn't - apologies if I missed it)

15:27:16 From Eric Jahn to Everyone:

Agreed with @Alana Kalinowski, there is low-hanging fruit in the homeless services domain.

15:38:11 From Sara Rogers to Everyone:

@eric jahn was this what you were saying about a "consent ontology"?

15:38:28 From David McCann to Everyone:

Alana, I agree. We need to "bound" the number of most likely referral types, for care, and start with a model that says "there are at least 5-7 consent types we have" for what "care purpose".

15:39:03 From Eric Jahn to Everyone:

@Sara Rogers I think this could definitely be part of one or more consent ontologies.

15:42:01 From David McCann to Everyone:

I believe we are teasing out a "Consent Framework" of 5-7 Consent Types and we should come up with a starting clarity of the 5-7 Consent types for Service and POF - population of Focus ..

15:43:59 From Rita Torkzadeh to Everyone:

@Eric is the housing payments "ontology" a standard data set?

15:45:06 From Eric Jahn to Everyone:

@Rita Yes, this work is being presented at NAEH in DC next week. The goal is a standard.

15:45:41 From Shannon Rohall to Everyone:

@Ken, I really appreciate that point and there is certainly a middle ground to navigate

15:45:57 From Rim Cothren, CalHHS CDII to Everyone:

@Eric, perhaps you can share that work with the group or let us know where to find it?

15:46:31 From Rim Cothren, CalHHS CDII to Everyone:

@Jim, perhaps you can also point people to where to find similar things in Gravity? If you send us links we can share out.

15:47:17 From Eric Jahn to Everyone:

@Ken Riomaes I agree. Usually sequence diagram/swim lane workflows go along with the community-specific ontologies (like as used in HL7 specs). The workflow then references the data types describes the concepts in the ontologies.

15:47:43 From David McCann to Everyone:

I suggest we get focused on the “live” forms of consent capture already in place. 211's in CA are capturing a consent today, for SOME data sharing, on a high % of their incoming calls. We can be sure Hospitals are capturing Consent.

15:48:30 From Jennifer Womack to Everyone:

@David agree would be great to see 211s forms

15:49:12 From James Shalaby to Everyone:

Gravity overview :

<https://confluence.hl7.org/spaces/GRAV/pages/161061071/Project+Information>

15:50:35 From James Shalaby to Everyone:

Gravity SDOH domains

<https://confluence.hl7.org/spaces/GRAV/pages/91994234/Terminology+Workstream>

15:52:13 From Eric Jahn to Everyone:

@Rim per your request, I can't share Leavitt's nascent model (NDA), but here is Bitfocus' current housing payments ontology that will link fully to Leavitt's. Identity and consent are both not yet included in this model: <https://clarityhs.github.io/housing-payment-model>

15:52:40 From Rim Cothren, CalHHS CDII to Everyone:

Thanks, Eric.

15:54:15 From Rita Torkzadeh to Everyone:

+1 Lucy

15:56:12 From Catalina Cole | Manatt Health to Everyone:

DxF@chhs.ca.gov

15:59:18 From Eric Jahn to Everyone:

food for thought, regarding the inventory of consent concepts: https://ceur-ws.org/Vol-1327/icbo2014_paper_54.pdf