Meeting Participation Options
Onsite

- Members who are onsite are encouraged to log in using their panelist link on Zoom.

    - Members are asked to **keep their laptops' video, microphone, and audio off** for the duration of the meeting.

    - The room's cameras and microphones will broadcast the video and audio for the meeting.

- Instructions for connecting to the conference room's Wi-Fi are posted in the room.

- Please email Akira Vang (akira.vang@chhs.ca.gov) with any technical or logistical questions about onsite meeting participation.

DATA EXCHANGE FRAMEWORK

Meeting Participation Options

Written Comments

- Participants may submit comments and questions through the **Zoom Q&A box;** all comments will be recorded and reviewed by CDII staff.

- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to DxF@chhs.ca.gov.

    - Questions that require follow-up should be sent to DxF@chhs.ca.gov.

DATA EXCHANGE FRAMEWORK

Meeting Participation Options
Spoken Comments

Committee members and public participants must "raise their hand" for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of the appropriate time to volunteer feedback.

Onsite		Offsite	
Logged into Zoom	**Not Logged into Zoom**	**Logged into Zoom**	**Phone Only**
If you logged on from onsite via Zoom interface	If you are onsite and not using Zoom	If you logged on from offsite via Zoom interface	If you logged on via phone-only
Press "Raise Hand" in the "Reactions" button on the screen or physically raise your hand If selected to share your comment, please begin speaking and do not unmute your laptop. The room's microphones will broadcast audio	Physically raise your hand, and the chair will recognize you when it is your turn to speak	Press "Raise Hand" in the "Reactions" button on the screen If selected to share your comment, you will receive a request to "unmute;" please ensure you accept before speaking	Press "*9" on your phone to "raise your hand" Listen for your phone number to be called by moderator If selected to share your comment, please ensure you are "unmuted' on your phone by pressing "*6"

DATA EXCHANGE FRAMEWORK

Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.

- Public comment will be limited to the total amount of time allocated for public comment on particular issues.

- The Chair will call on individuals in the order in which their hands were raised.

- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.

- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to DxF@chhs.ca.gov.

DATA EXCHANGE FRAMEWORK

Agenda

9:00 AM
Welcome

9:05 AM
CDII Organizational Update

9:15 AM
TAC Recommendations on Social Data Exchange

9:45 AM
DxF 2025 Participant Survey Results

10:30 AM
DxF Success Stories

10:50 AM
Public Comment

10:55 AM
Next Steps and Closing Remarks

DATA EXCHANGE FRAMEWORK

Welcome

Speaker Introductions

Jacob Parkinson

Deputy Director,
CDII

John Ohanian

CDO, CalHHS
Director, CDII

Cindy Bero

Senior Advisor, Manatt
Health Strategies

Elizabeth Landsberg

Director,
HCAI

Rim Cothren

Independent HIE
Consultant, CDII

Khoua Vang

DxF Grant Program
Manager, CDII

DATA EXCHANGE
FRAMEWORK

IAC Members

Name	Title	Organization
Joe Diaz	Regional Director	California Association of Health Facilities
David Ford	Vice President, Health IT	California Medical Association
Aaron Goodale	Vice President, Health IT	MedPoint Management
John Helvey	Executive Director	California Association of Health Information Exchanges
Cameron Kaiser	Deputy Public Health Officer	County of Solano
Andrew Kiefer	Vice President, State Government Affairs	Blue Shield of CA
Scott MacDonald	Chief Medical Information Officer	UC Davis Health
Amie Miller	Executive Director	California Mental Health Services Authority
Lucy Saenz	Deputy Director, Data Informatics	California Primary Care Association
Kiran Savage-Sangwan	Executive Director	California Pan-Ethnic Health Network
Linette Scott	Deputy Director and Chief Data Officer	California Department of Health Care Services
Felix Su	Director, Health Policy	Manifest MedEx

DATA EXCHANGE FRAMEWORK

CDII Organizational Update
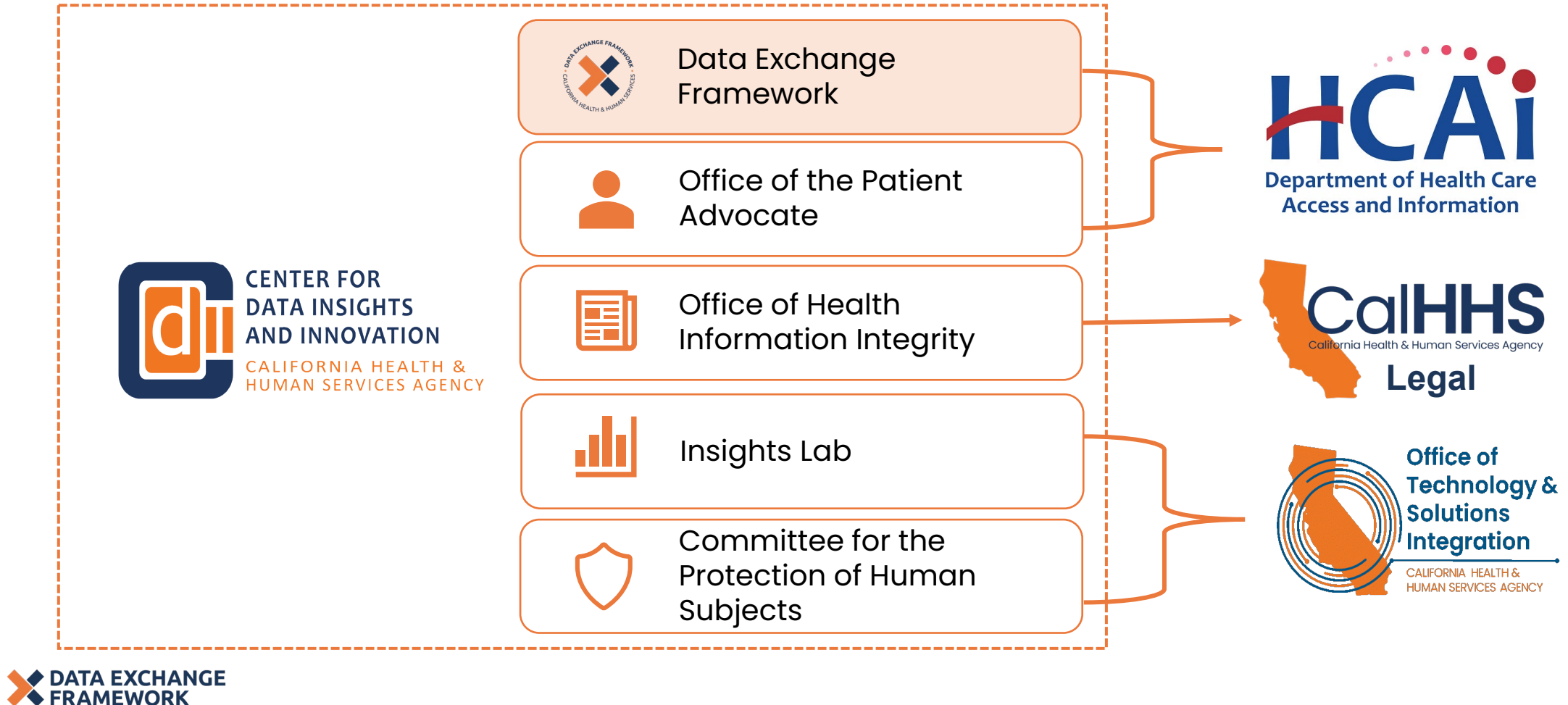
The Vision for Data Exchange in California

Every Californian, no matter where they live, should be able to walk into a doctor's office, a county social services agency, or an emergency room and be assured that their health and social services providers can access the information they need to provide safe, effective, whole-person care—while keeping their data private and secure.

California's Data Exchange Framework (DxF) will help achieve this vision and improve care for all Californians by enabling statewide, secure data exchange between health and social services providers.

DATA EXCHANGE FRAMEWORK

CDII Organizational Update

CalHHS is undertaking a strategic reorganization to align CDII's critical workstreams with the evolving missions and priorities of CalHHS' departments and offices.

CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

- Data Exchange Framework
- Office of the Patient Advocate
- Office of Health Information Integrity
- Insights Lab
- Committee for the Protection of Human Subjects

HCAi
Department of Health Care Access and Information

CalHHS
California Health & Human Services Agency
Legal

Office of Technology & Solutions Integration
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

DATA EXCHANGE FRAMEWORK

Elizabeth Landsberg,
Director, HCAI

DATA EXCHANGE
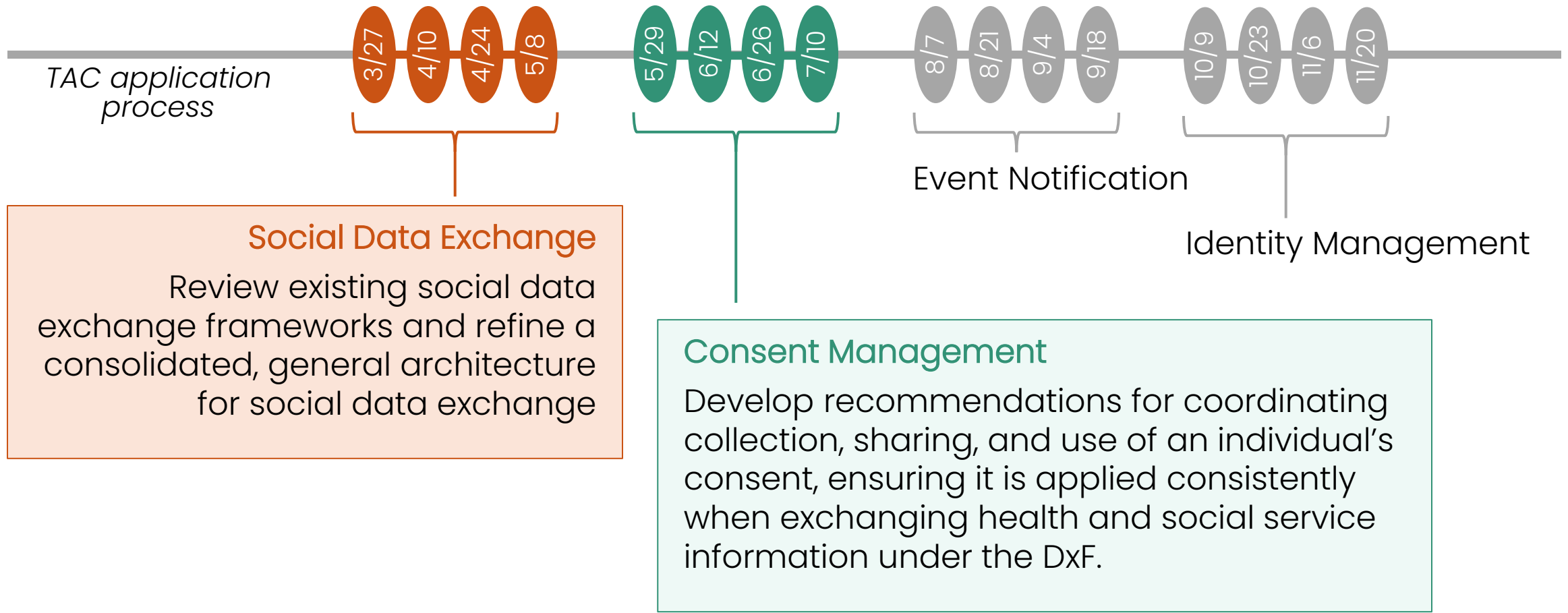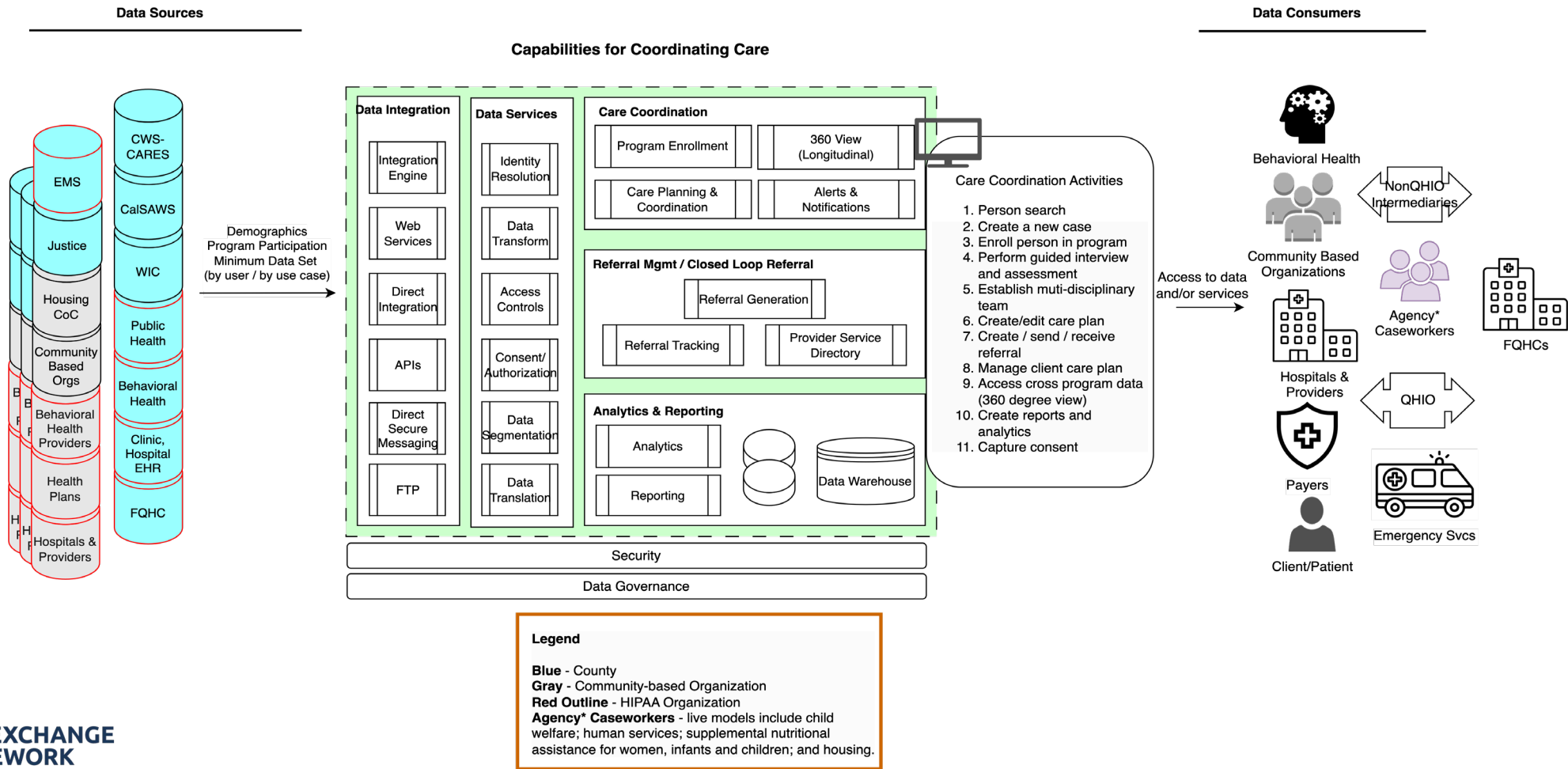FRAMEWORK

Technical Advisory Committee (TAC) Recommendations on Social Data Exchange

Technical Advisory Committee (TAC)

TAC application process

Timeline dates:
- Social Data Exchange (orange): 3/27, 4/10, 4/24, 5/8
- Consent Management (green): 5/29, 6/12, 6/26, 7/10
- Event Notification (gray): 8/7, 8/21, 9/4, 9/18
- Identity Management (gray): 10/9, 10/23, 11/6, 11/20

Social Data Exchange
Review existing social data exchange frameworks and refine a consolidated, general architecture for social data exchange

Consent Management
Develop recommendations for coordinating collection, sharing, and use of an individual's consent, ensuring it is applied consistently when exchanging health and social service information under the DxF.

Event Notification

Identity Management

DATA EXCHANGE FRAMEWORK

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TAC Series: Social Data Exchange

Consolidated general health and social data exchange capabilities

Data Sources

CWS-CARES
EMS
CalSAWS
Justice
WIC
Housing CoC
Public Health
Community Based Orgs
Behavioral Health
Behavioral Health Providers
Clinic, Hospital EHR
Health Plans
FQHC
Hospitals & Providers

Demographics
Program Participation
Minimum Data Set
(by user / by use case)

Capabilities for Coordinating Care

Data Integration
- Integration Engine
- Web Services
- Direct Integration
- APIs
- Direct Secure Messaging
- FTP

Data Services
- Identity Resolution
- Data Transform
- Access Controls
- Consent/ Authorization
- Data Segmentation
- Data Translation

Care Coordination
- Program Enrollment
- 360 View (Longitudinal)
- Care Planning & Coordination
- Alerts & Notifications

Referral Mgmt / Closed Loop Referral
- Referral Generation
- Referral Tracking
- Provider Service Directory

Analytics & Reporting
- Analytics
- Reporting
- Data Warehouse

Care Coordination Activities

1. Person search
2. Create a new case
3. Enroll person in program
4. Perform guided interview and assessment
5. Establish muti-disciplinary team
6. Create/edit care plan
7. Create / send / receive referral
8. Manage client care plan
9. Access cross program data (360 degree view)
10. Create reports and analytics
11. Capture consent

Access to data and/or services

Security

Data Governance

Data Consumers

- Behavioral Health
- NonQHIO Intermediaries
- Community Based Organizations
- Agency* Caseworkers
- FQHCs
- Hospitals & Providers
- QHIO
- Payers
- Emergency Svcs
- Client/Patient

Legend

Blue - County
Gray - Community-based Organization
Red Outline - HIPAA Organization
Agency* Caseworkers - live models include child welfare; human services; supplemental nutritional assistance for women, infants and children; and housing.

DATA EXCHANGE FRAMEWORK

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TAC Series: Social Data Exchange

Recommendations from the TAC focus group	

Recommendation	Description
Continue to develop and use the proposed general health and social data exchange capabilities.	Members agreed that the proposed framework, with some adjustments suggested in meetings, was descriptive of the needs required for health and social data exchange.

Members recommended that DxF <u>not</u> focus on a specific architecture for social data exchange at this time, but, instead, use the capabilities framework to describe health and social data sharing activities.

The DxF should support social data exchange incrementally via use cases, focus populations, and minimum data recommendations.

DATA EXCHANGE FRAMEWORK

TAC Series: Social Data Exchange

Recommendation	Description
Develop clear, actionable policy guidance on social data exchange.	Members emphasized lack of consistent state and federal guidance on what data can be shared, with whom, and under what legal authority—especially for systems and programs governed by overlapping regulations.
Develop use case to design and advance social data exchange.	Members repeatedly stressed that data exchange efforts must be grounded in specific, high-priority use cases (e.g., housing, reentry, child welfare), rather than abstract frameworks, to ensure relevance, feasibility, and stakeholder alignment.
Take small incremental steps.	Members recommended a focus on one or two populations and a well-defined but limited set of data elements in early activities rather than attempting to address all needs of all individuals.

DATA EXCHANGE FRAMEWORK

TAC Series: Social Data Exchange

Recommendation	Description
Address fragmented consent and privacy regimes that make sharing social data more challenging.	Members discussed how consent requirements vary widely across domains making it difficult to implement unified consent management or data-sharing protocols—especially for sensitive populations.
Include real-time, client-centered outcomes data.	Members called for systems that can reflect real-time changes in client status (e.g., housing secured) rather than relying on delayed reporting to avoid redundant services and improve care coordination.
Develop shared terminology and data standards for social data sharing.	Members noted the lack of consistent definitions for key terms (e.g., "household," "program," "client") across systems, emphasizing the need for semantic alignment to support interoperability and reduce confusion.

DATA EXCHANGE FRAMEWORK

TAC Series: Social Data Exchange

Proposed Next Steps

- Develop use cases and recommended data sets for homeless and housing information (Community of Practice) and requesting medically-tailored meals (Design Studio)

- Expand use cases through Design Studio activities

- Do not yet establish technical standards or minimum data requirements, waiting for input from use cases and promoting recommended data sets

- Survey regulatory landscape

- Consider initiating Policy, Operations, Privacy, and Security (POPS) Committee discussions using as input regulatory landscape and use cases in 2025 or 2026

Do you have thoughts concerning next steps?

DATA EXCHANGE FRAMEWORK

DxF 2025 Participant Survey

2025 Participant Survey

DxF established its **Impact Measurement** efforts in early 2024 to help determine if DxF vision and goals are being met.

Through Impact Measurement, DxF can better communicate its value, identify the DxF components that are working well, and identify future opportunities to expand or extend DxF.

While initially focused on quantitative measures of participation and exchange, DxF undertook a survey in early 2025 to gather input from DxF participants.

The **DxF 2025 Participant Survey** provides insights into the current state of data exchange and the future of the DxF. This survey will be repeated annually to identify trends and provide additional direction.

DATA EXCHANGE FRAMEWORK

Respondents

- Total number of survey respondents was 344 (response rate of 13.8%)

- 50% of respondents have a role in direct care or services (or adjacent)

Organization Role	Percent
Provides direct care or services	30%
Work with teams providing direct care or services	20%
Administrative role	27%
Information technology	13%
Legal or regulatory	7%
Other	2%

Organization Type	Respondents	Signatories	Percent
Acute Care	23	184	12.50%
Ambulatory Care	105	1180	8.90%
Ancillary Care	8	161	4.97%
Community-Based	76	401	18.95%
County	13	49	26.53%
EMS Provider	4	39	10.26%
Health Plan	8	75	10.67%
Subacute Care	12	237	5.06%
Other	95	169	56.21%
Total	344	2495	13.79%

California Region	Percent
Central Valley	11%
Central Coast	10%
Inland Empire	8%
Los Angeles County	21%
North Coast	2%
Other Northern California	9%
Orange County	7%
San Diego - Imperial	7%
San Francisco Bay Area	12%
Multiple regions in California	12%

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Respondents' Use of Records Systems

92% of respondents report the use of an electronic records system to manage data on the individuals they serve

- **84%** of respondents with an electronic records system report use of an electronic health record (EHR)

- Other records systems include eligibility and claims management, laboratory information systems, behavioral health software, care management software, etc.
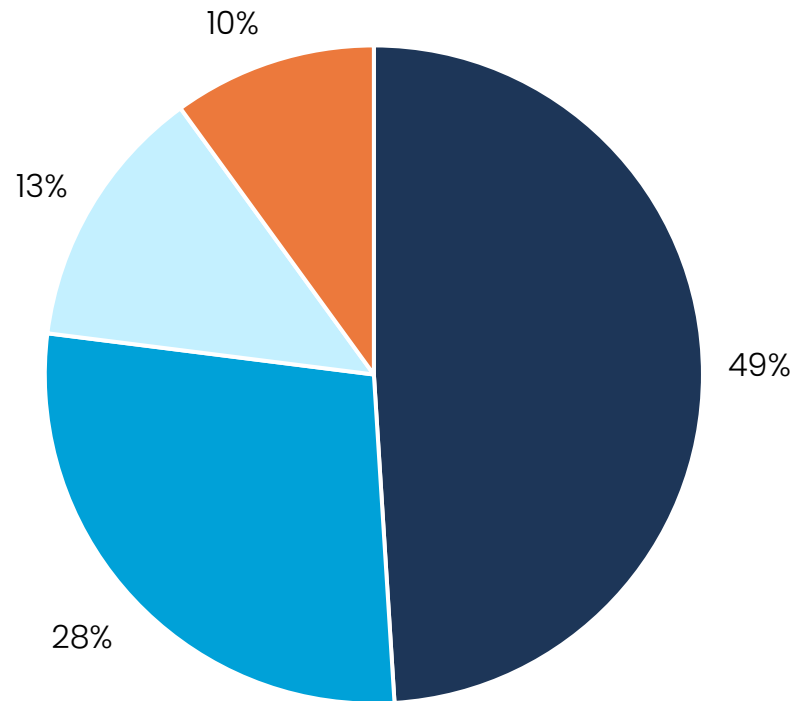
8% of respondents report no electronic records system, citing various reasons including cost, lack of staff resources to implement and support, etc.

Electronic Records System

8%

92%

■ Has Electronic Records   ■ No Electronic Records

DATA EXCHANGE FRAMEWORK
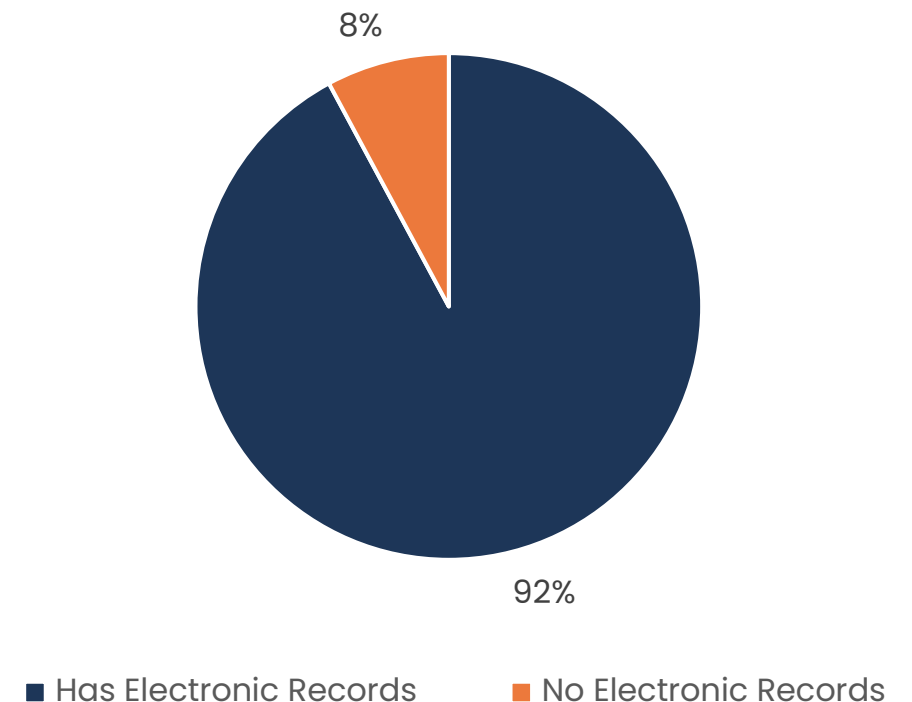
DxF 2025 Participant Survey
Frequency of Exchange

How Often Do You Seek Health Information?

How Often Do You Seek Social Services Information?

49%

28%

13%

10%

15%

24%

25%

37%

- Often
- Sometimes
- Rarely
- Never

DATA EXCHANGE FRAMEWORK
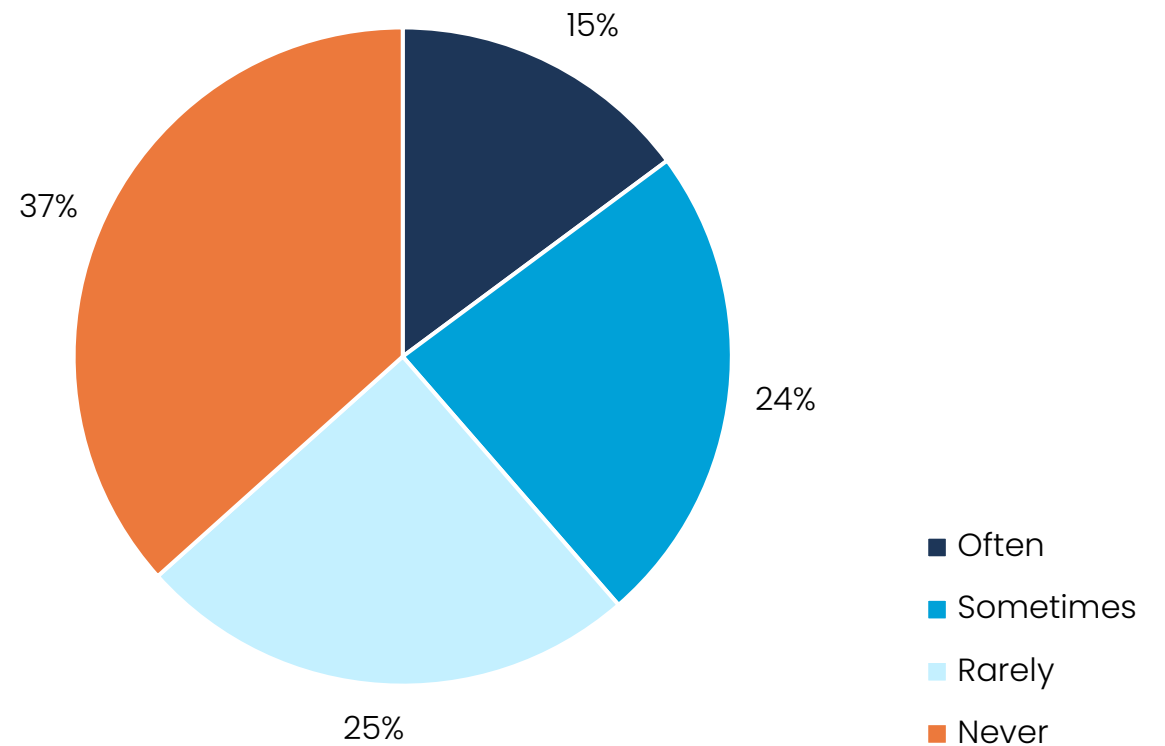
Frequency of Health Information Exchange

- 90% of respondents indicate they seek health information
- Respondents described how they make those inquiries
- Response options include Often, Sometimes, Rarely and Never

Requests for Health Information (90% of respondents)	
Action	**Often and Sometimes**
Send an **email or make a phone call**	72%
Log into a separate **portal or website**	69%
No action taken; records system automatically gets the data	50%
Use a **feature in records system to request** information	42%

Receipt of Health Information (90% of respondents)	
Action	**Often and Sometimes**
Information arrives as a **document, secure email or fax.**	78%
Print or download information from a portal or website	68%
No action taken; records system automatically takes in the data	44%
Following the request, the information is **received into records system**	37%

DATA EXCHANGE FRAMEWORK

Frequency of Social Services Data Exchange

- 63% of respondents indicate they seek social services information
- Respondents described how they make those inquiries
- Response options include Often, Sometimes, Rarely and Never

Requests for Social Services Information (63% of respondents)	
Action	Often and Sometimes
Send an **email or make a phone call.**	67%
Log into a separate **portal or website.**	48%
No action taken; records system automatically gets the data.	25%
Use a **feature in records system to request** information.	23%

Receiving Social Services Information (63% of respondents)	
Action	Often and Sometimes
Information arrives as a **document, secure email or fax.**	67%
Print or download information from a portal or website.	42%
Following the request, the information is **received into records system**	25%
No action taken; records system automatically takes in the data.	24%

DATA EXCHANGE FRAMEWORK

Event Notifications

60% of respondents are receiving event notifications

Fax and web portal are the top methods of receiving events (Note: some respondents reported receipt of notifications via multiple methods)

Recipients are generally satisfied with timeliness, information and volume of notifications*:

- 96% report notifications always or sometimes arrive in a timely manner

- 90% report notifications always or sometimes contain sufficient information to meet needs

- 62% report the volume of notifications is "just right". (16% reported too many; 22% reported too few)

DATA EXCHANGE FRAMEWORK

* Response options included: Always, Sometimes, Rarely or Never

How do you receive notifications?

Fax	54%
Web Portal	46%
EHR	36%
Direct Secure Message	27%
Another way	19%
Text followed by Web Portal	7%
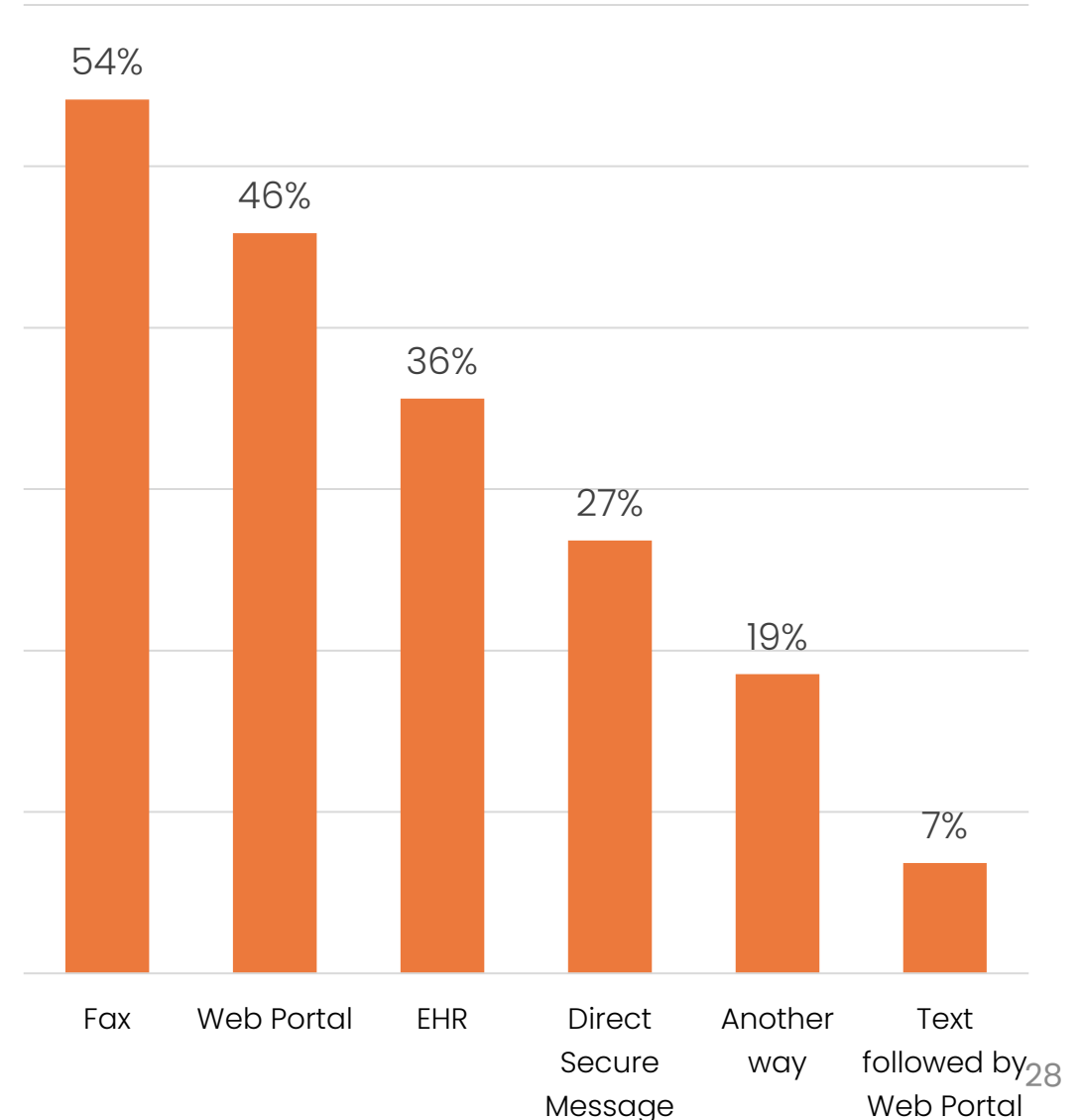
Looking Back

Over the past year, how has your ability to exchange health and social services information changed?
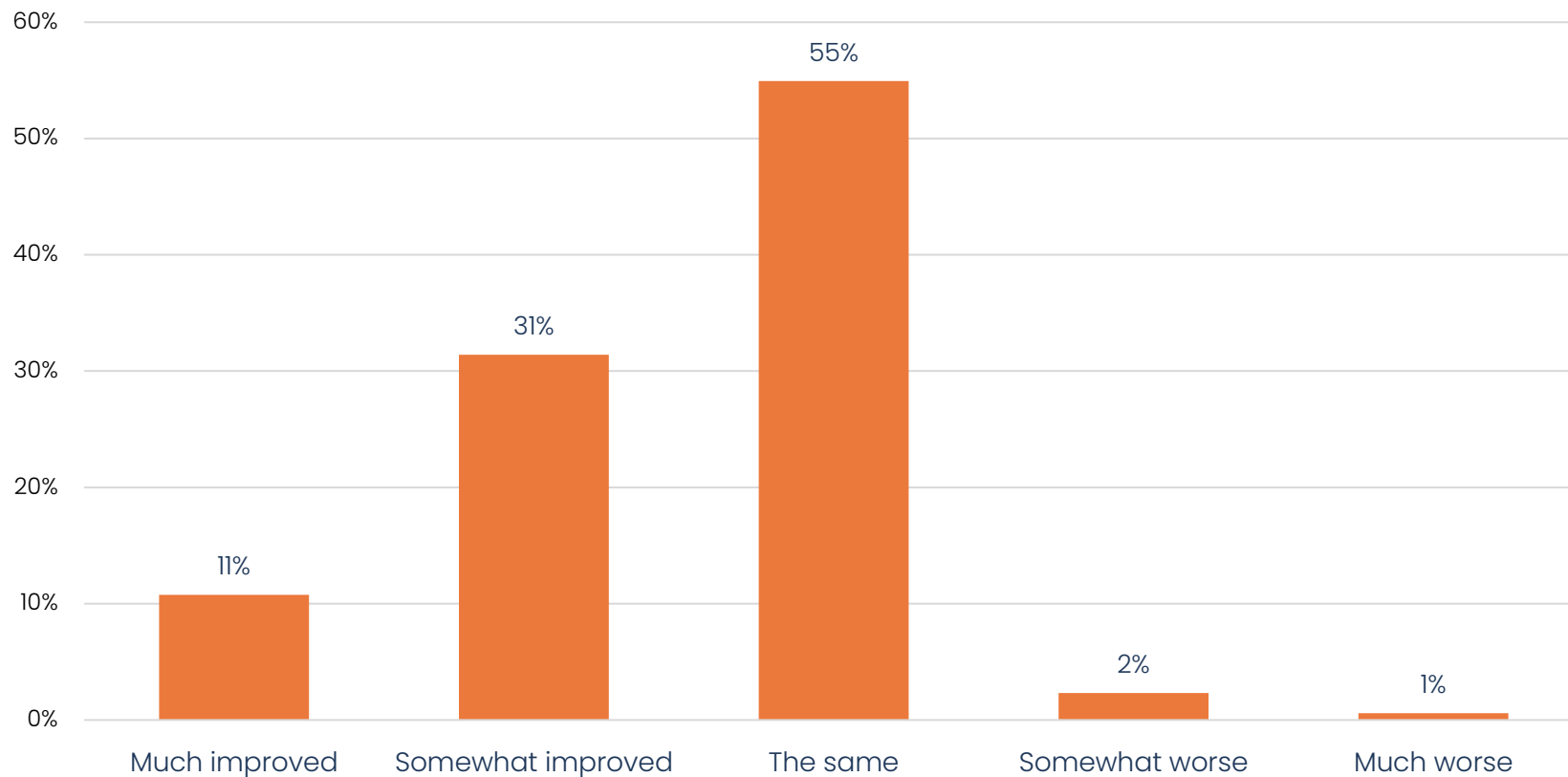
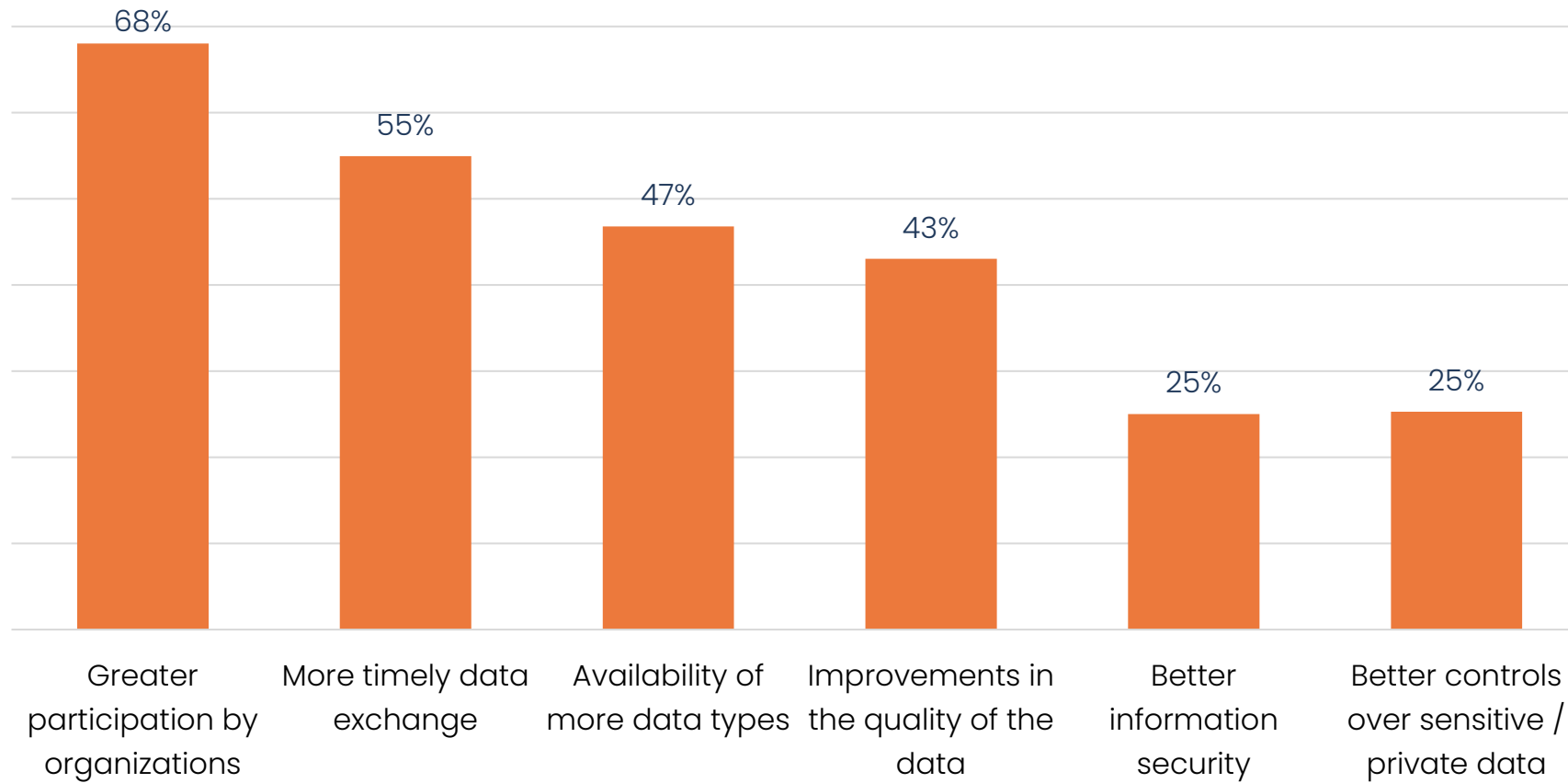**Is this assessment consistent with your experience?**

Why? Why not?

DATA EXCHANGE FRAMEWORK

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Looking Forward

In the future, which of these data exchange challenges need to be addressed?

Category	Value
Greater participation by organizations	68%
More timely data exchange	55%
Availability of more data types	47%
Improvements in the quality of the data	43%
Better information security	25%
Better controls over sensitive / private data	25%

?

Do you agree these are the challenges for the DxF to address?

Why? Why not?

DATA EXCHANGE FRAMEWORK

DxF Success Stories

Pacific Clinics Data Exchange Journey

Rachelle Grant, Executive Director, Statewide ECM/CS Services
Farrah Phillips, Director of Clinical Administration and Applications

ABOUT US

Pacific Clinics is California's largest community-based nonprofit provider of behavioral and mental health services and supports. Our team of more than 2,000 employees speak 22 languages and are dedicated to offering hope and unlocking the full potential of individuals and families through culturally-responsive, trauma-informed, research-based services for children, transitional age youth, families, adults, and older adults. We offer a full range of mental and behavioral health services, foster care and social services, housing, continuing adult education and early childhood education programs to qualifying individuals and families.

KEY FACTS

STRUCTURE

501(c)3 Non-profit

HEADQUARTERS

Los Gatos, California

2023 EMPLOYEES

2,500

Current Challenges with Data Sharing
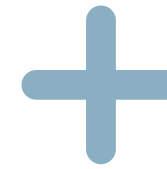
Impact to Provider Team

- Clinical teams are already working from multiple internal and external systems. HIE(s) access is an additional workflow step for providers.
- How can we increase efficient access of this information, leveraging AI technology?
- How can we access aggregate data for program reporting on specific HEDIS measures?

Impact to Administrative Team

- Need for additional mitigation of potential privacy issues.
- Administrative team workflow impacted through additional Audit Log monitoring and "opt-out" maintenance within system.

Impact to Leadership Team

- Need for Change Management planning in short and long term given addition of brand-new technology and workflows.
- No agency standard for "best practice" business processes.

Pacific Clinics

Impact with HIE Implementation

Improved Care Coordination

- Allows providers to access a patient's comprehensive medical history.
- Better coordination among different care teams and providers.
- More personalized and effective treatment plans.

Enhanced Continuity of Care

- All involved providers have access to up-to-date information (HEDIS FUH support)

Faster Access to Information

- Quick access to critical information lists, supporting crisis intervention and planning (medication lists, treatment history, lab results)

Comprehensive Care

- Insight in physical and mental health data. Holistic, whole person care approach.

Increased Client Engagement

Pacific Clinics®

Data Sharing Successes

Team has access to LANES

Building up infrastructure on how to include this in our onboarding workflows, incl. flyers, training materials, etc.

Monthly updates to patient groups; Considering more frequent updates or sorting by caseload as program grows

For our ECM team, leveraging an HIE has been invaluable for timely updates on hospitalizations and supporting successful D/C and safety planning

For our CCBHC team, partnering with a local FQHC and not being integrated into their EHR system, leveraging an HIE has been instrumental in being able to see customer's full medical history and for our prescribers to make appropriate Rx recommendations. Otherwise, we had been securely faxing customer information and not getting a full picture

Pacific Clinics.

Benefits of the DSA Signatory Grant

How did it help?

01

Funding for LANES

Develop System Design and Workflows for HIE set up and implementation within the QHIO.

02

Funding for EHR

Enhance EHR's capacity, updating configuration to be HIE compatible.

03

Getting a Jump Start

Timely access to HIE ahead of requirements. Allow time for change management.

Pacific Clinics.

CONTACT US

TO LEARN MORE ABOUT OUR SERVICES AND OPPORTUNITIES TO PARTNER

Rachelle Grant, LMFT
Executive Director, CalAIM
rachelle.grant@pacificclinics.org

Farrah Phillips, MS, MA
Director Clinical Administration and Applications
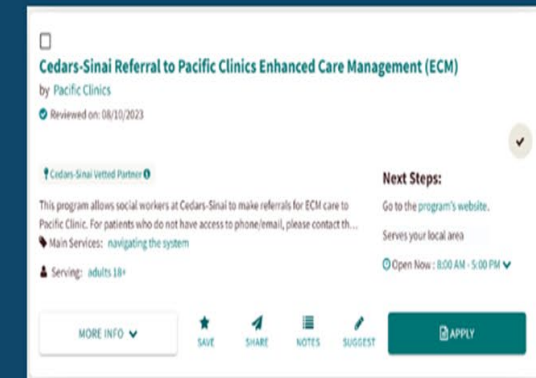fphillips@pacificclinics.org

Pacific Clinics.

CalAIMTeam@pacificclinics.org

833.426.0754

866-377-6462

Find Us on FindHelp.org

Cedars-Sinai Referral to Pacific Clinics Enhanced Care Management (ECM)
by Pacific Clinics
Reviewed on: 08/10/2023

Cedars-Sinai Vetted Partner

This program allows social workers at Cedars-Sinai to make referrals for ECM care to Pacific Clinic. For patients who do not have access to phone/email, please contact th...

Main Services: navigating the system

Serving: adults 18+

Next Steps:
Go to the program's website.
Serves your local area
Open Now: 8:00 AM - 5:00 PM

MORE INFO   SAVE   SHARE   NOTES   SUGGEST   APPLY

Michael Nashed, Data Integration Program Manager, Central California Alliance for Health (CCAH)

Dan Chavez, Executive Director, Serving Communities Health Information Organization (SCHIO)

Public Comment

Next Steps and Closing Remarks

Next Steps

CDII will:

- Consider the feedback provided by the IAC.

- Integrate IAC feedback into the analysis of Participant Survey results and proposed DxF challenges to address.

Members will:

- Share the public comment opportunity on the Technical Requirements for Exchange amendment with any appropriate colleagues.

  - *Public comment closes at 5pm PT Monday, July 21.*

- Provide any additional feedback to CDII at dxf@chhs.ca.gov.

DATA EXCHANGE FRAMEWORK

Upcoming Advisory Committee Meetings

IAC Meeting Date	Time
September 25, 2025	9:00AM – 11:30AM PT
November 20, 2025	9:00AM – 11:30AM PT

TAC Focus Group: Event Notification Architecture	Time
Thursday, August 7, 2025	12:00PM – 1:00PM PT
Thursday, August 21, 2025	12:00PM – 1:00PM PT
Thursday, September 4, 2025	12:00PM – 1:00PM PT
Thursday, September 18, 2025	12:00PM – 1:00PM PT

Stay informed!

Add yourself to our mailing
list for DxF updates.

dxf.chhs.ca.gov/stayinformed/
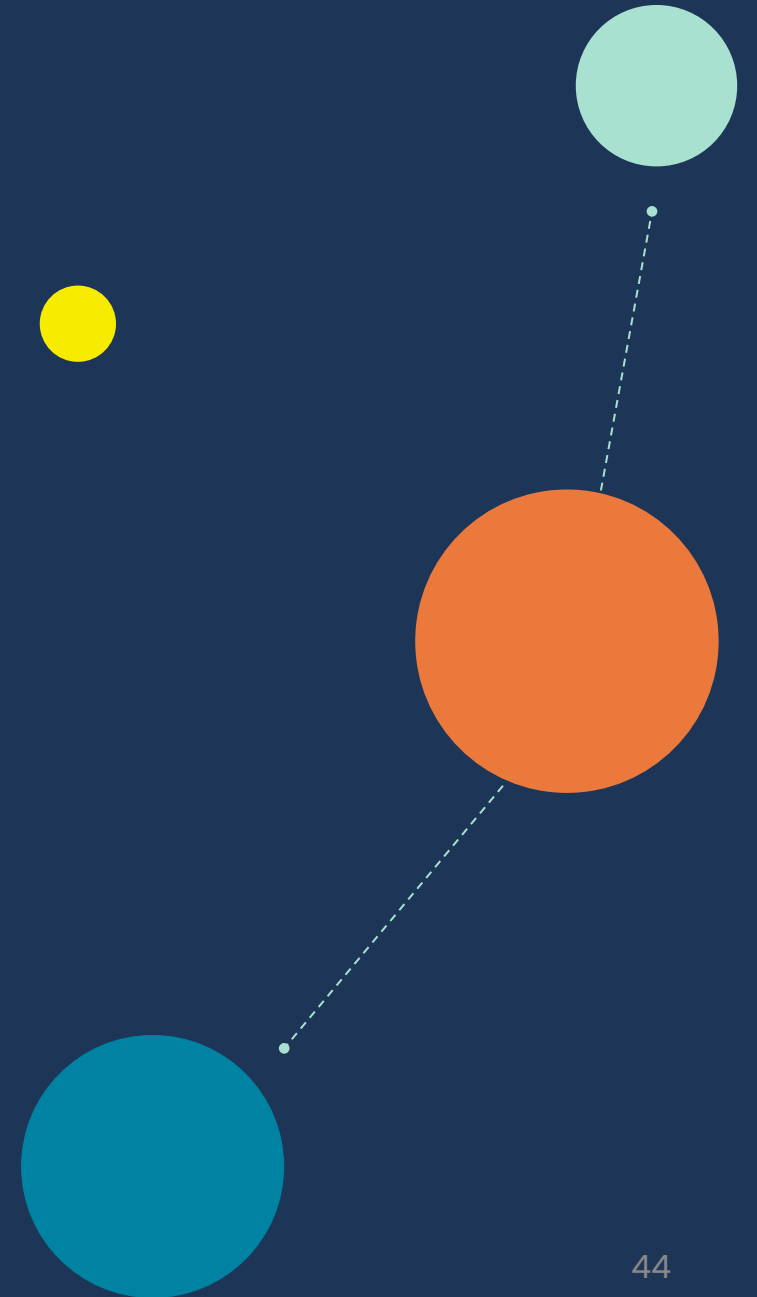
CDII DxF Webpage Resources

For more information on the DxF, please visit the CDII DxF <u>webpage</u>.

There you can find:

- The DxF, DSA, and P&Ps;
- Information about the QHIO and DxF Grant programs;
- Materials from previous and upcoming meetings, webinars, and listening sessions;
- FAQs on the DxF;
- Link to the DSA Signing Portal and Participant Directory; and
- Weekly update to the DSA Signatory List that Includes Participant Directory Fields.
- And more!

DATA EXCHANGE FRAMEWORK

DxF Implementation Updates

DxF Implementation Updates

Since the last IAC meeting, CDII & stakeholders have continued to advance DxF implementation across several domains.

Advisory Committees
- The Social Data Exchange and Consent Management TAC Focus Groups both concluded, providing various recommendations to CDII.

DSA P&P Development
- Public comment is currently open for the Technical Requirements for Exchange P&P and closes on July 21, 2025, 5 pm PT.

DxF Grants
- DSA Signatory Grantees continue to work toward their Milestone achievements.
- 2025 Quarter 2 Progress Reports were due on June 30, 2025. Milestone payments will be disbursed by July 31, 2025.

QHIO
- CDII has conducted a compliance review to confirm QHIOs are meeting fundamental program requirements
- QHIOs were notified if they passed compliance reviews, or if they are requested to undergo corrective action plans.

DxF Impact Measurement
- As of June 30, 2025, 71% of DxF Participants have entered their selections into the Participant Directory

Federal Standards Update

ASTP announced on June 30, 2025, updates to the Standards Version Advancement Process (SVAP) for 2025.

The SVAP is used by ASTP to indicate to certified HIT vendors the standard versions they may choose to use beyond those required by certification.

Summary of Applicable Updates

- Includes United States Core Data for Interoperability (USCDI) v5
- Includes FHIR® US Core IG v8 to align with USCDI v5
- Added CDA® R2 IG templates for Clinical Notes

The SVAP is used by DxF to define "National and Federally Recognized Standards" from which it may draw technical standards requirements.

Impact to DxF

- DxF will continue to advance to USCDI v3 and the associated US Core IG on January 1, 2026, per the P&P
- No changes to CDA requirements
- No plan (at this time) to convene a 2025 Standards Committee to advance DxF requirements