



California Health & Human Services Agency
Data Exchange Framework Technical Advisory Committee Meeting
Public Comment Log (12:00 PM – 1:00 PM PT, November 6, 2025)

The table below shows public comments that were made verbally during the November 6, 2025, TAC 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	Jay Kim	Yes, hello, can everybody hear me? Hi, good afternoon, everybody. My name is Jay Kim. I work at an organization called Dignify, creating a platform for incarcerated people to find reentry resources and services as they get out. And the question that I had, um, in mind... sorry, let me just pull this up here. I did have it... written... Um, I apologize, sorry, give me a second, was, um, I guess it was, um, how would... how would... how would you be able to address identity management across the reentry sector for whole person care coordination. So identity management from corrections departments, facilities, to case management to, um, to healthcare.
2	Robin Roberts	Thank you kindly. Robin Roberts with PointClick Care. Just want to say I appreciate the discussion today, um, and want to say that I identify with Danielle's comments that she made earlier about the prescriptive nature that this would be done. Lloyd, as you pointed out at the end as an authority on some of that data, there is a multitude of processes used. There are a great many vendors doing this work that are succeeding at it--People like Experian, Beck Health, etc, etc, that specialize in matching and deduplication. Um, this has been going on for a long time. I just want to say, I... while I could certainly appreciate the guidance and standards or guardrails, if you will, um, coming through the DXF, bifurcation or subsequent efforts to do something that would be more bespoke outside of the investment and efforts as an authority that goes to great lengths now to have high confidence interval or certainty in those matches and deduplication. Um, I'm just wondering what else we're taking away from our patients as we hone in on that by creating yet another layer of the same process or processes. And so, I recognize that, as well as the need for some of the specialty populations and settings of, you know, my colleagues across this call, including these expert stakeholders that are part of this in-depth discussion. And so, while I welcome the guidance, I just wanted to remark

		that I, again, I just worry about a subsequent or secondary layer of similar process.
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Total Count of public comments: 2