California Health & Human Services Agency
Data Exchange Framework Technical Advisory Committee Meeting
Public Comment Log (12:00 PM – 1:00 PM PT, October 23, 2025)

The table below shows public comments that were made verbally during the October 23, 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	**Jim St. Clair**	I'm sorry. Yep. Jim Sinclair representing my startup, my legal. I just wanted a second Eric's comments and mention that there are a number of identity working groups, digital identity, working groups largely outside the US, that are in fact taking the same thematic approach and considering that. And just adding to it that I advocate that identity and consent are two sides of the same coin and in those cases where individuals are better able to protect their own information and their identity, they may be willing to consent to things that from an information standpoint, just like Eric was mentioning, I need to know a data point for population health purposes, but I don't have to collect all of the demographics and personal information of an individual's identity to do that. You know, conversely, as you get down into something more specific in treatment plans with a physician that might need nor disclosure. So I think the relationship between consent management systems and consent workflows and identity management are very closely intertwined. Thanks.

2	**Mary-Sara Jones**	OK, great. So one thing that's really important to remember is just that the service delivery is happening locally in ecosystems and in those ecosystems you have different kinds of organizations like the HMIS is going to collect different data than your provider is, than child welfare is, than corrections is and it's really important that that ecosystem understands who that person is as they move across those organizations, those touch points. And often times that may require more of a mapping than a common identifier, but the ability to know that when I say X you understand it is Y and as long as we can do that, we've essentially got a common identifier. It doesn't matter that I call it something different. And then all of that can go upwards to to a centralized database. If you want it to be maintained at A at a state level. But it's locally where the people are in the care is going to be delivered and those systems need to be enabled across the variety of organizations. So just to keep that in mind.
3	**Doug Major**	Thank you. Just as a another local group that I think we need to tap into and that has to do with school nurses and all the database in the schools. You know we have this huge database of schools all the way through colleges that's sort of his own real world. And if that database you know is utilized, it really helps initial care going back and forth to providers because essentially we do the same thing and it's not shared, but you're going to raise a generation. See, at least you'll start with this great database that's gonna go up through the system, and that's what's sort of gone through medical through the state. Because now that 60-70% of our children are in that system, we've got this great database we need to exploit as as a starting point and all through the colleges too. So we get this great database of it's it's available, it should be integrated early and then we've got that to share and it particularly helps these kids.

		So thank you. Hope that's helpful.

Total Count of public comments: 3