

CalHHS Data Exchange Framework Technical Advisory Subcommittee (TASC) Recommendations

Date(s): March 27, 2025 – May 8, 2025

Topic: Social Data Exchange

Attendance

Facilitators: Rim Cothren, Cindy Bero, Sophia Chang, Mary-Sara Gordon Jones

Committee Members (in attendance): Irene Lintag Alvarez, Harman Basra, Hans J Buitendijk, Gabriel Cate, Lawrence Chan, Michael Deering, Eric Jahn, Alana G Kalinowski, Michael Marchant, Benjamin R. Martin, JD, Eric Nielson, Aparna Ramesh, Ken Riomales, James Shalaby, Ambrish Sharma, Julie Silas, Corey Smith, Joe Sullivan, Chris Ticknor, Lee Tien, Anwar Zoueihid

Recommendation(s)

The following recommendations were summarized by the Facilitators as the consensus of Committee Members. This summary may not reflect HCAI recommendations or intended actions.

1. 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 health and social data sharing activities.

However, members recommended that DxF not focus on a specific architecture for social data exchange at this time. Instead, the DxF should advance social data exchange incrementally and focus on priority use cases, focus populations, and minimum data recommendations.

2. 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.

3. Develop use cases to further the design of 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.

4. 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.

5. Address fragmented consent and privacy regimes that make sharing social data more challenging.

Members discussed how consent and privacy requirements vary widely across domains making it difficult to implement unified consent management or data-sharing protocols—especially for sensitive populations.

6. Include real-time, client-centered outcomes data as part of social data exchange.

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.

7. Develop shared terminology and data standards for social data exchange.

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.