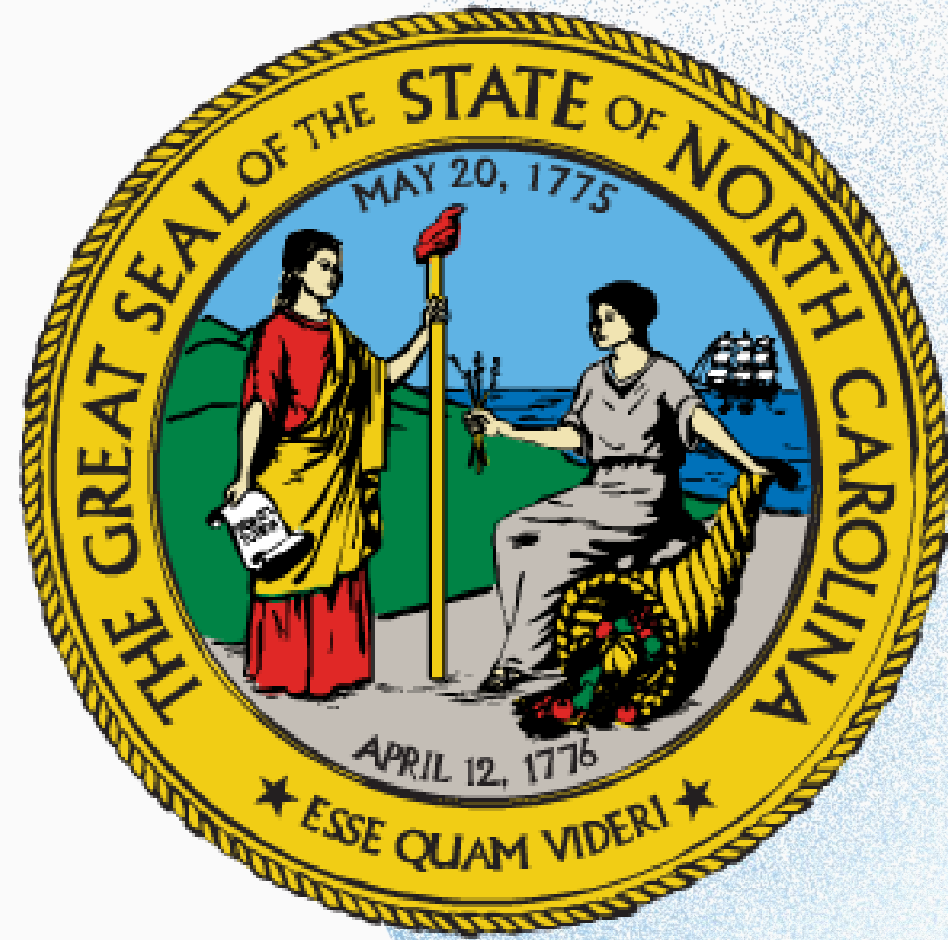


Using Data and AI to Improve Health Outcomes and Government Service Delivery

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Why Now? The Intersection of AI + Data

- AI can improve access, quality, and efficiency
- AI must be governed and grounded in trusted data
- Public trust requires transparent governance and risk-tiered controls for rights- and safety-impacting uses
- NC DHHS has enterprise structures to accelerate safe adoption

About DHHS

PRIORITY 1: Deliver critical services to improve the health and wellbeing of North Carolinians

Support timely and coordinated implementation of NC Medicaid, Supplemental Nutrition Assistance Program (SNAP) child welfare and child care services, with a focus on maintaining access, minimizing disruption for beneficiaries, and supporting state and county DSS partners

PRIORITY 2: Transform rural health

Strengthen and sustain programs, including the Rural Health Transformation Program, that enable rural communities to thrive, leveraging full federal investments and prioritizing stakeholder engagement.

PRIORITY 3: Strengthen behavioral health crisis care and its coordination with the justice system

Improve North Carolina's behavioral health crisis system to better support individuals with mental health needs, including those who are justice-involved.

PRIORITY 4: Partner with key stakeholders to drive reforms that promote affordable and accessible healthcare for every North Carolinian

Advance health care affordability and access by leveraging the Department's expertise, engaging partners, and proposing innovative solutions that lower costs and expand access to high-quality services.

More about NC DHHS

Goal Area 1: Access to Care

Support North Carolinians' ability to safely, easily and fully access the services, programs and systems of care of NCDHHS and our partners.

Goal Area 2: Whole Person Well-Being

Improve the well-being of North Carolinians by delivering comprehensive, high-quality services that address the complex factors shaping outcomes for individuals and families.

Goal Area 3: Transform and Modernize Health Care in North Carolina

Transform North Carolina's health care ecosystem by modernizing delivery, strengthening community and rural care, and optimizing strategic partnerships to expand access, improve outcomes and manage costs.

Goal Area 4: Sustainable Workforce

Develop a skilled workforce that supports North Carolinians' health and well-being through training, career pathways and innovative strategies to attract and retain talent.

Goal Area 5: Organizational Excellence

Promote efficient and effective operations through continuous improvement, leveraging data, modernizing systems, using resources wisely and strengthening accountability and transparency across the department.

More about NC DHHS

Mission

In collaboration with our partners, DHHS provides essential services to improve the health, safety and well-being of all North Carolinians.

Vision

Advancing innovative solutions that foster independence, improve health and promote well-being for all North Carolinians.

Values

- **Accountability**
We hold ourselves responsible for the work we do and outcomes achieved to display credibility and maintain public trust.
- **Communication**
We maintain an open and trusting environment by listening to gain a full understanding of issues and sharing our message thoughtfully to reach a variety of audiences.
- **Creativity**
We proactively identify and imagine ways to advance our mission, being inspired to seek opportunities and take action.
- **People First**
We are driven by our commitment to serve others, building lasting relationships with stakeholders and continuously elevating the service we provide.
- **Respect**
We interact with others in a manner that demonstrates our esteem for them and acknowledges the value of their thoughts, opinions and ideas.
- **Teamwork and Collaboration**
We recognize that we are one department, one team, working toward one goal: to improve the health, safety and well-being of all North Carolinians.
- **Transparency**
We share expertise and information readily within our divisions, department and with our stakeholders and the community.

What Are We Aiming For?

- Health: Improved care coordination, reduced disparities, and faster time to service.
- Operations: Reduced backlog, fewer manual steps, and better auditability.
- Equity and Trust: Measurable bias controls, transparent decisions, and robust privacy.

Executive Guiding Principles

1. Keep Pace, Responsibly.

Technology will not wait for our processes. Identify and mitigate meaningful risks while creating a responsible path toward adoption.

2. Evaluate the Risk of Yes and No.

Assess both sides of every decision: the risks created by adoption and the risks created by delay, inaction, or maintaining the status quo.

3. Expand the Possible.

Consider the full range of innovative alternatives rather than limiting decisions to familiar approaches.

Executive Guiding Principles

4. Make People's Lives Better.

Evaluate the impact on employees and the people we serve. Ask whether the innovation meaningfully improves their experience, work, access, outcomes, or quality of life.

5. Ask Who Bears the Risk and Who Receives the Benefit.

Consider how both risks and benefits are distributed and whether the decision creates, reinforces, or reduces inequities.

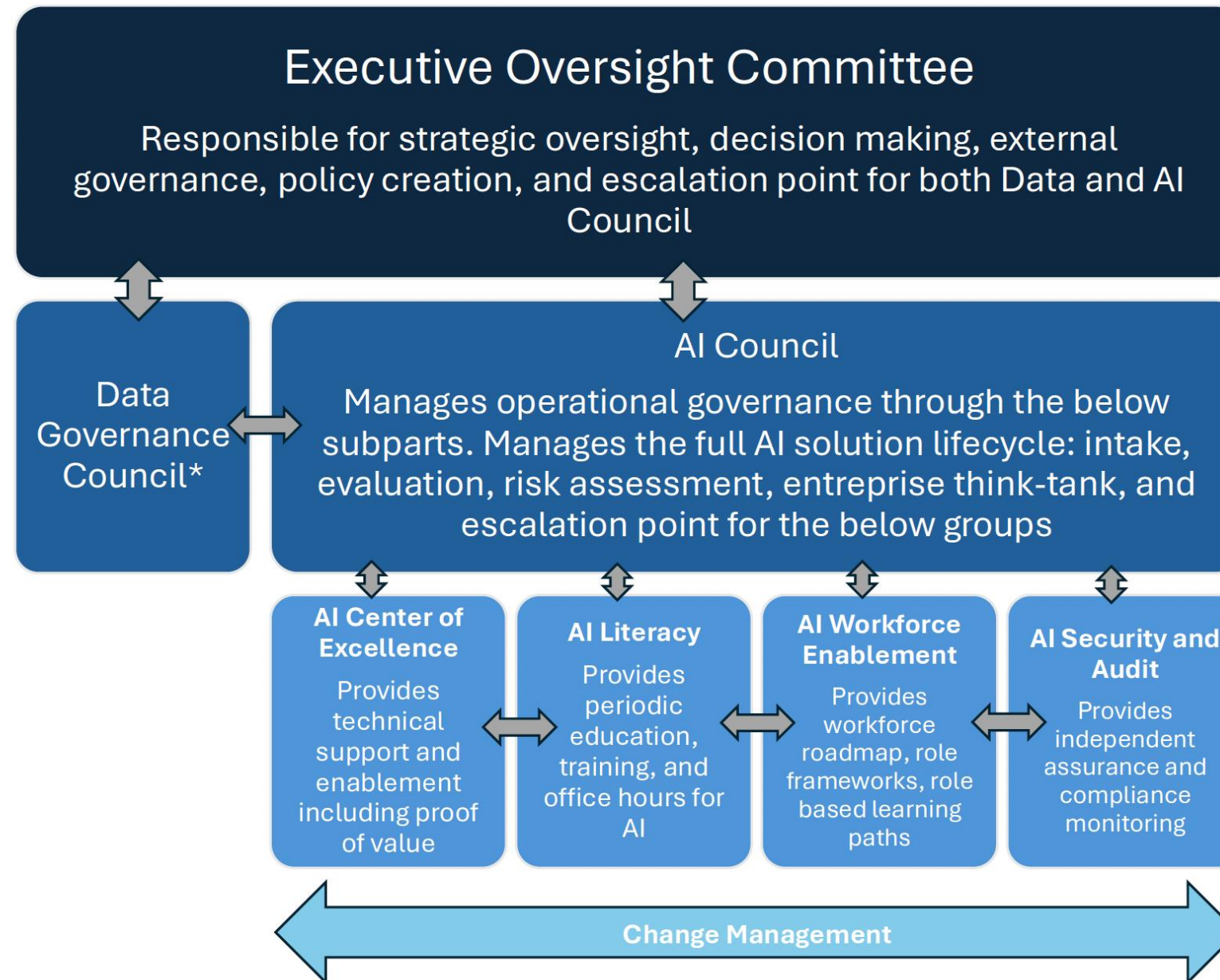
6. Understand the Process Before Evaluating the Potential of the Tool.

Technology cannot fix a broken process or poor-quality data. Applying new technology to flawed processes or unreliable data does not create operational efficiency, but it can accelerate and amplify failure. Understand and improve the underlying process first, then determine how technology can add value.

Governance

- Trustworthy data enables better health, benefits, and operations decisions
- Transparent, risk-tiered AI adoption builds public trust and protects rights
- Alignment with current federal/state guidance
- Consistent roles, decision rights, and monitoring reduce fragmentation and rework

Governance



How About the Data?

Data Sharing

Data Standards & Policies

Data Stewardship

Metadata & Data Classification

Data Sharing Guidebook



Data Sharing Guidebook

Demographic Data Standards



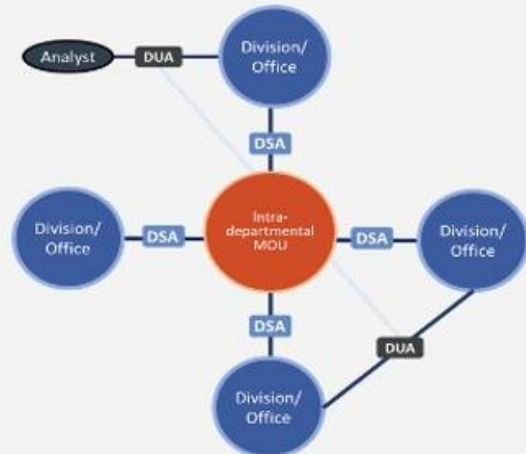
Data Gov. Organization



Data Asset Inventory

Data Asset Inventory Dashboard

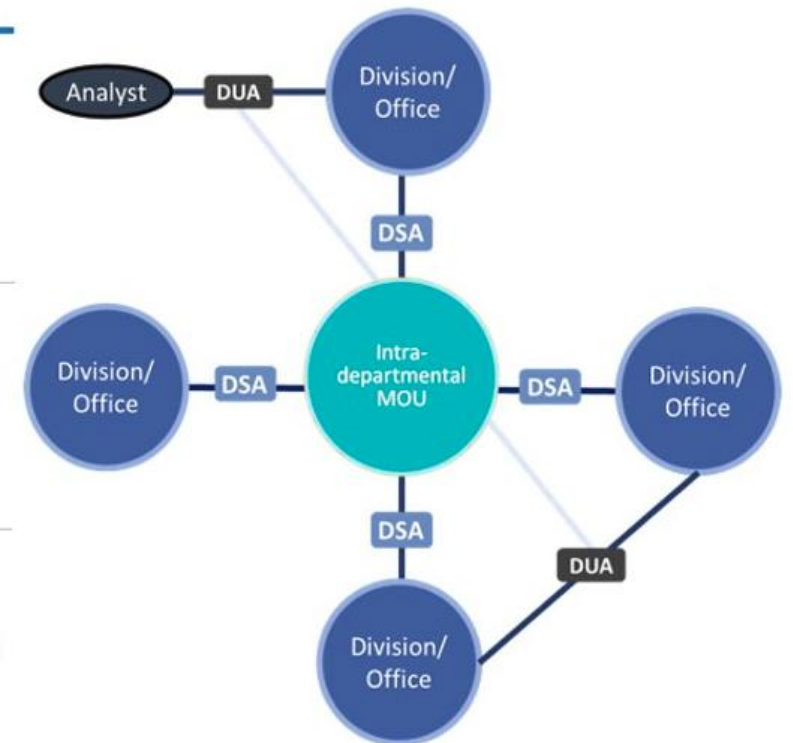
Legal Framework



Data Sharing and Legal Framework

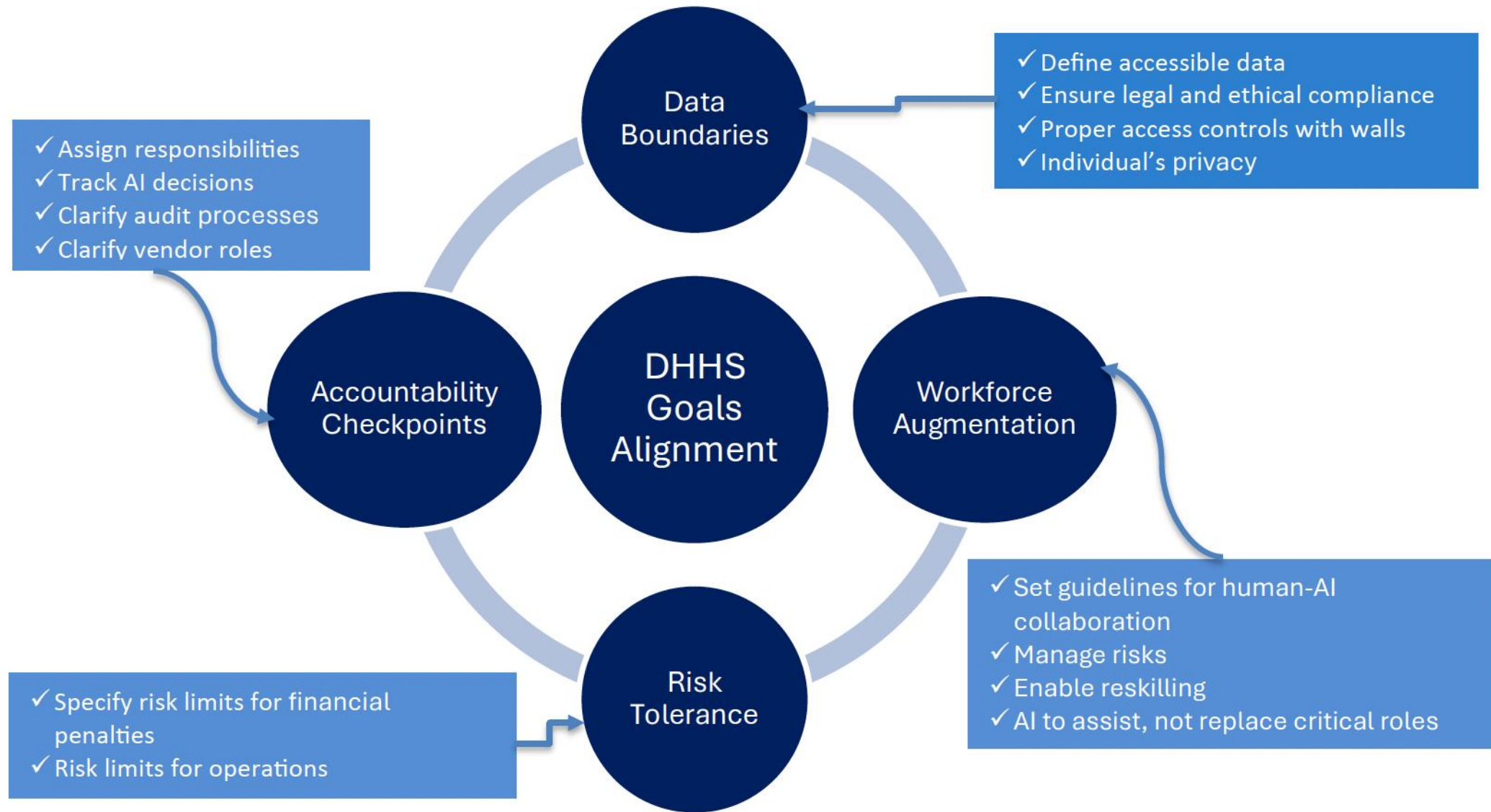
We use three main legal agreements to streamline data sharing across DHHS and with strategic partners.

Legal document	What is it for?	Who signs it?	Term
 Intradepartmental MOU (all DHHS)	The MOU outlines the overall “rules of the road” for data sharing across DHHS, including documenting the purpose and governance process for data sharing	All Division and Office Directors and the Secretary’s Office	3 years 5 years
 Data Sharing Agreements (Division-specific)	Each Division and Office outlines the terms and conditions of how *their* data need to be transferred, stored, and managed when used by others	Each Division and Office Director + Data Office + ITD	3 years
 Data Use Agreements (for specific data requests)	Only needed in special cases. Outlines the role and responsibilities of the data recipient for a specific data request outside DSA use cases, including what data they’ll get and how they’ll use it	Data owner(s) and data recipient(s)	Varies by agreement



***Note – each multi-Divisional data request is documented using the Operational Data Request Form, which is used to assess whether a DUA is needed for the request. The ODRF can also be used at the Division level to document requests for a single Division’s data if the Division does not have an existing data request form in place.**

Governance



AI + Data in Action

- X-LAB Innovation Hub with a Local University
- Rural Health Transformation: AI in Rural Health
- Communities of Practice
 - Data and Analytics
 - Data Literacy
 - Continuous Improvement
 - AI Literacy
 - AI Use
 - AI for Providers
 - Pages Platform

NC DHHS AI + Data Use Cases

Use Case	Division/Portfolio	Brief Description
Rehabilitation Counselor AI Assistant	EIPD (Voc Rehab)	Surface policy guidance, disability insights, training & casework steps
AI-Driven Contract Management	Agency Procurement Office	Standardize language, track deliverables, assess price fairness
Predict Impact of DSS Time Sampling	DSS / NC CARS	Model county revenue impacts; support statewide modernization
Workforce Succession Planning	ITD Workforce Planning	Forecast critical roles, simulate staffing; centralize knowledge
Optimize Software License Utilization	Enterprise Platform Services	Track, reallocate, and forecast licensing needs
Vendor Risk & Compliance Scoring	Procurement / Enterprise	Score vendor compliance based on submissions, audits, performance

NC DHHS AI + Data Use Cases (EOC)

Use Case	Division/Portfolio	Brief Description	Primary Data
Foster Care Medication Alerts	OWL / Medicaid (cross-division)	Alerts for high-risk medication situations in foster care	Clinical + Medicaid claims
Voc Rehab Summarization Tool	EIPD	Summarize medical/functional info to reduce admin burden; human oversight	Not specified
Clinical Documentation Drafting Assistance (DSOHF)	Facilities & Behavioral Health	Evaluate approved alternatives (e.g., Copilot) to replace personal ChatGPT use	Clinical notes (no PHI per guardrails)

When the Team Becomes the Skeptic

Concerns:

- Recent autonomous agent hack (Hugging Face) raises new risks
- Current DHHS communications did not address emerging threats
- Risks conflict with DHHS mission and may erode public trust
- Fear of reputational harm and increased breach likelihood

Suggestions:

- Temporarily pause AI adoption until autonomous agent risks are evaluated
- Increase diversity on AI committees (entry-level staff, environmental advocates, AI critics)
- Develop a plan to understand DHHS employee attitudes toward AI and respond appropriately



Now What?

- Focus on Change Management
 - Communication
 - Transparency
- Workforce, Workforce, Workforce
- Governance
- Focus on “Yes, and...”
- Enterprise Solutions

WHO
WHEN
WHERE
HOW
?

Discussion

Thank You

ClarLynda Williams-DeVane

