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**Memorandum of Understanding
Between
Bureau of Community Health Promotion
Family Health and Behavioral Health Sections
and
WIC and Nutrition Section**

Title: Information Sharing between the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Mortality Review Programs.

This Memorandum of Understanding is between the Family Health Section (FHS) and Behavioral Health Section (BHS), representing the Mortality Review Programs, and the WIC and Nutrition Section, representing the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), both in the Bureau of Community Health Promotion, Division of Public Health. The focus of the Mortality Review Programs is (1) the review of maternal, fetal, infant, and child deaths by maternal mortality review (MMR) teams, child death review (CDR) teams, and fetal infant mortality review (FIMR) teams to identify causes of all maternal, fetal, infant, and child deaths and to review overdose deaths for overdose fatality review (OFR) teams, (2) to recommend systems improvements, and (3) to encourage prevention recommendations to improve maternal and child health and prevent future deaths. This Memorandum is entered into pursuant to the authority of 7 CFR 246.26 (d) of the Federal Regulations and s. 254.13 of the Wisconsin Statutes.

This MOU extends to the Children's Health Alliance of Wisconsin (Alliance), which has a contract with the Family Health Section's Mortality Review Teams for fetal and infant mortality review and child death review. It also extends to the Wisconsin Department of Justice (DOJ) and the Medical College of Wisconsin (MCW), who are contracted by the Behavioral Health Section's Overdose Data to Action team for overdose fatality reviews, providing technical assistance and data analysis to the OFR teams.

I. Goal

The long term goals of this memorandum of understanding (MOU) are: (1) to streamline administrative procedures to minimize burdens on review teams and WIC staff when collaborating for MMR/CDR/FIMR/OFR team reviews, and (2) through the review process and findings, to assess and evaluate the responsiveness of a State's service delivery systems to WIC participant's health and health care needs. Specifically, the Memorandum will allow the sharing of WIC participant information with the MMR/CDR/FIMR/OFR teams to identify maternal, infant, and child health and social risk factors contributing to these deaths. This information will be used to enhance the health, education or well-being of WIC applicants who are currently enrolled in such programs.

This Memorandum shall provide for sharing of WIC participant information among the State WIC Office, local WIC projects, and Family Health Section/Behavioral Health Section staff or their designees participating in Mortality Reviews (including MMR/CDR/FIMR/OFR), and local health department representative of the CDR/FIMR/OFR Teams.

II. Background on relevant parties

The WIC program is governed by 7 CFR 246 and "Participant" has the meaning set forth in 7 CFR 246.

A CDR team convenes to better understand how and why children die and the circumstances leading up to the child's death. Information is shared among the team to ensure all the contributing factors of a child's death are identified and discussed.

The CDR/FIMR Team Coordinator is selected at an organizational meeting and serves at the discretion of the team. The Team Coordinator may or may not be the local health department representative.

The Alliance has a contract with the Family Health Section to provide coordination of the implementation of CDR and FIMR team reviews and to provide technical assistance to these teams.

“Confidential Information” means any information about a WIC applicant or participant, whether it is obtained from the applicant or participant, another source, or generated as a result of WIC application, certification, or participation, that individually identifies an applicant or participant and/or family member(s). The following information will not be shared, unless it has been shared directly by the participant to the WIC staff: treatment for mental illness, developmental disabilities, substance use or substance use disorder for alcohol or other drugs, or HIV infection test results or HIV status.

FIMR is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. Through the review of all fetal and infant deaths, the maternal and infant health and social risk factors contributing to these deaths can be better understood and potential protective factors can be identified. The FIMR process brings private health care providers, public health, and community service providers together with the intention of examining the current systems that support families during pregnancy, infancy, preconception, and inter-conception.

Maternal and Child Health Block Grant funding supports the comprehensive local review of child, infant, and fetal deaths. The MCH Program is funded by federal Title V Block Grant, received from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

The MMR is an action-oriented process that reviews cases in which a woman died during pregnancy or within one year of the end of her pregnancy. Cases are identified and case-specific data are collected including health, social and health care system factors that may have contributed to the death. A multi-disciplinary team (MMR Team) of professionals systematically reviews the case information, summarizes issues related to maternal mortality, and makes recommendations to improve maternal health and survival. A team of nurse consultants within the State's MMR Program conducts all of the MMR Team case abstractions, enters them in the database, creates the case summaries, and organizes the team reviews. The MMR Epidemiologist provide technical and analytic support to the abstractors and the MMR Team. The Wisconsin Section of the American College of Obstetricians and Gynecologists Representative serves as co-chair for the MMR Team, along with the DHS Chief Medical Officer for Maternal and Child Health. The remainder of the team is composed of a multi-disciplinary group of health and health care professionals all of whom are involved in some aspect of delivery of health care to pregnant women in Wisconsin.

An overdose fatality review (OFR) team brings together community partners to investigate overdose deaths and determine what events or circumstances led to the death. This better understanding of the context of these deaths assists the community in developing data-informed recommendations to help inform overdose prevention, intervention and response efforts at the local and state level. The local OFR Team Coordinator is determined by the partners and during the contracting process with DHS. The Team Coordinator may or may not be the local health department representative. However, the

local health department is a key partner in all OFR teams. The Medical College of Wisconsin (MCW) and Department of Justice (DOJ) has a contract with the Behavioral Health Section to provide coordination of the implementation of OFR team reviews, to provide technical assistance to these teams and to do data analysis. The overdose fatality reviews are jointly funded by the U.S. Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) program through the Department of Health Services (DHS), Division of Public Health (DPH) and the U.S. Department of Justice, Bureau of Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) through the Department of Justice.

“ROSIE” means the Real-Time Online Statewide Information Environment, which is the Wisconsin WIC Program data system that maintains all WIC participant data on a central database.

III. Purpose

The WIC Program will provide confidential information of specific women, infants, and children who have participated in the WIC Program and who are subjects of a CDR, FIMR, MMR, or OFR. These data will be used for public health purposes to identify maternal, infant, and child health and social risk factors contributing to these deaths.

The MMR/CDR/FIMR/OFR teams may use the case-specific confidential information only for the purpose(s) for which the WIC Program shared the confidential information and for no other purpose. WIC information may be shared in aggregate to support prevention recommendations provided by the teams.

IV. Activities

The Local Health Department Representative of the CDR/FIMR Team Agrees to:

- (1) Provide the designated WIC staff person with the potential WIC participant identifying information. It will include: deceased child’s first and last name, birth date, and mother’s first and last name, and address.
- (2) Provide training to WIC staff about the CDR and FIMR teams.
- (3) Share only the data necessary for a Child Death Review or a Fetal and Infant Mortality Review. Only pertinent information related to the case will be shared.
- (4) Use appropriate administrative, physical and technical safeguards to prevent the use or disclosure of information other than as provided by this Agreement. Information will be shared in a secure manner, and data will only be stored on a secure server or encrypted device.
- (5) Ensure appropriate destruction of personally identifying data. Hard copy media have been shredded or destroyed such that the personally identifiable information cannot be read or otherwise cannot be reconstructed. Redaction is specifically excluded as a means of data destruction. Electronic media have been cleared, purged, or destroyed consistent with National Institute of Standards and Technology “NIST” Special Publication 800-88, Guidelines for Media Sanitization, such that the personally identifiable information cannot be retrieved.
<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-88r1.pdf>

The CDR/FIMR Team Coordinator Agrees to:

- (1) Be responsible for obtaining signatures of all persons attending the CDR/FIMR team meetings on a confidentiality agreement prior to the start of any case reviews.
- (2) Ensure that if information is requested from the CDR/FIMR Team via any state or federal Open Records Law, that the CDR/FIMR Team does not release the information and refers the requester to the Title V Director within the State's MCH Program.
- (3) Ensure that the meeting can be closed to the public whenever review of specific child deaths are discussed, in accordance with the Wisconsin Open Meetings Law (Wis. Stat. 19.85). The CDR/FIMR Team Coordinator will ask the public to leave to conduct confidential business.
- (4) Ensure that all parties respect the WIC participant's right to privacy.

The MMR Epidemiologist Agrees to:

- (1) Provide the designated state WIC staff person with potential WIC participant identifying information. It will include: deceased woman's first and last name, birth date, and estimated due date/delivery date.
- (2) Provide training to WIC staff about maternal mortality reviews.
- (3) Share only the data necessary for a Maternal Mortality Review. Specific identifying information will not be shared with the MMR Team members.
- (4) Use appropriate administrative, physical and technical safeguards to prevent the use or disclosure of information other than as provided by this Agreement. Information will be shared in a secure manner, and data will only be stored on a secure server or encrypted device.
- (5) Ensure appropriate destruction of personally identifiable data received from WIC. Hard copy media have been shredded or destroyed such that the personally identifiable information cannot be read or otherwise cannot be reconstructed. Redaction is specifically excluded as a means of data destruction. Electronic media have been cleared, purged, or destroyed consistent with National Institute of Standards and Technology "NIST" Special Publication 800-88, Guidelines for Media Sanitization, such that the personally identifiable information cannot be retrieved.
<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-88r1.pdf>
- (6) Be responsible for obtaining signatures of all persons attending the MMR team meetings on a confidentiality agreement prior to the start of any case reviews.
- (7) Ensure that if information is requested from the MMR Team via any state or federal Open Records Law, the MMR Team does not release the information and refers the requester to DHS Chief Medical Officer for Maternal and Child Health.
- (8) Ensure that all parties respect the WIC participant's right to privacy.

The Data Analyst for the WI OFR Program Agrees to:

- (1) Provide the designated state WIC staff person with potential WIC participant identifying information. It will include: deceased individual's first and last name, birth date, and address to confirm participation in WIC services prior to death.

- (2) Receive the confirmation of WIC participation from the designated state WIC staff person and indicate if deceased individual participated in WIC in the secure OFR Data System housed in REDCap at Wisconsin Department of Health Services (DHS). Data use agreements governing the use of the OFR Data System exists between each local OFR team and DHS and DOJ and DHS. This will serve to notify the local OFR coordinator of WIC participation.
- (3) Use appropriate administrative, physical and technical safeguards to prevent the use or disclosure of information other than as provided by this Agreement. Information will be shared in a secure manner, and data will only be stored on a secure server or encrypted device.
- (4) Ensure appropriate destruction of personally identifiable data received from WIC. Hard copy media have been shredded or destroyed such that the personally identifiable information cannot be read or otherwise cannot be reconstructed. Redaction is specifically excluded as a means of data destruction. Electronic media have been cleared, purged, or destroyed consistent with National Institute of Standards and Technology "NIST" Special Publication 800-88, Guidelines for Media Sanitization, such that the personally identifiable information cannot be retrieved.
<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-88r1.pdf>

The OFR Team Coordinator Agrees to:

- (1) Be responsible for reaching out to the local WIC office to invite WIC staff to join the OFR, if a decedent was identified as a previous WIC client and providing education to WIC staff about overdose fatality reviews.
- (2) Be responsible for ensuring all persons attending the OFR team meetings have completed a confidentiality agreement prior to the start of any case reviews.
- (3) Share only the data necessary for an OFR. Only pertinent information related to the case will be shared.
- (4) Use appropriate administrative, physical and technical safeguards to prevent the use or disclosure of information other than as provided by this Agreement. Information will be shared in a secure manner, and data will only be stored on a secure server or encrypted device.
- (5) Ensure appropriate destruction of personally identifying data. Hard copy media have been shredded or destroyed such that the personally identifiable information cannot be read or otherwise cannot be reconstructed. Redaction is specifically excluded as a means of data destruction. Electronic media have been cleared, purged, or destroyed consistent with National Institute of Standards and Technology "NIST" Special Publication 800-88, Guidelines for Media Sanitization, such that the personally identifiable information cannot be retrieved.
<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-88r1.pdf>
- (6) Ensure that the meeting can be closed to the public whenever review of specific deaths are discussed, in accordance with the Wisconsin Open Meetings Law (Wis. Stat. 19.85). The OFR Team Coordinator will ask the public to leave to conduct confidential business.
- (7) Ensure that all parties respect the WIC participant's right to privacy

The Wisconsin WIC Program Staff Agree to:

- (1) Search ROSIE for the deceased child's and/or woman's name.
- (2) Provide the local health department representative of the CDR/FIMR Team, the MMR Epidemiologist, or the coordinator of the local OFR team with the following confidential information for both the child and the mother (range from first visit of pregnancy through life of child); including history, as needed and available:
 1. Members screen
 2. Information screen
 3. Participant Screen, education, health care coverage
 4. Anthropometrics screen
 5. Pregnancy screen
 6. Breastfeeding screen
 7. Assessment screen for health and diet information and assigned risks (excluding treatment records for mental illness, developmental disabilities, alcoholism or drug abuse, or HIV infection test results or HIV status, unless it was shared by the participant to WIC staff)
 8. Care plan-includes education and risks
 9. Extras screen for education history and referrals
 10. Benefit history screen for benefit issuance and redemption
- (3) Share the requested data through any of the following methods:
 - shared secure file on protected server at DHS
 - password protected electronic document(s) that are transmitted via electronic methods such as email
 - verbal telephone transmittal or faxes
 - in-person review of paper or electronic documents
 - verbal presentation at an MMR/CDR/FIMR/OFR Team meeting
- (4) Use appropriate administrative, physical and technical safeguards to prevent the use or disclosure of information other than as provided by this Agreement. Information will be shared in a secure manner, and data will only be stored on a secure server or encrypted device.
- (5) Ensure appropriate destruction of personally identifiable data. Hard copy media have been shredded or destroyed such that the personally identifiable information cannot be read or otherwise cannot be reconstructed. Redaction is specifically excluded as a means of data destruction. Electronic media have been cleared, purged, or destroyed consistent with National Institute of Standards and Technology "NIST" Special Publication 800-88, Guidelines for Media Sanitization, such that the personally identifiable information cannot be retrieved.
<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-88r1.pdf>
- (6) Local WIC staff will attend CDR/FIMR/OFR meetings, which is **strongly encouraged**, to explain confidential or share additional WIC participant information. If the WIC staff person brings participant records, this staff person will leave the meeting with the WIC participant records.
- (7) Provide appropriate notice in accordance with 7 CFR §246.26(h) to the parent/guardian prior to disclosing information to the MMR/CDR/FIMR team such that the notice describes pertinent information that may be disclosed to identify maternal, infant, and child health and social risk factors contributing to death.

(8) Not to act on any information obtained through the data/information sharing process and the MMR/CDR/FIMR/OFR review process, such as contacting the family for WIC enrollment.

(9) Keep confidential any names or information obtained through the data/information sharing process, even if the subject of the inquiry was not, or is currently not, a participant in the WIC program.

(10) Ensure that all parties respect the WIC participant's right to privacy.

The Family Health Section Manager Agrees to:

(1) Assure that the MMR Epidemiologist and abstractors are trained on this agreement.

(2) Communicate to the Alliance the expectation that information on this MOU is included in the training provided to CDR/FIMR Coordinators and data entry staff.

(3) Convey findings related to the WIC population of MMR/CDR/FIMR Teams to the Wisconsin WIC Program Director that can be utilized in enhancing the health, education, or well-being of WIC applicants or participants who are currently enrolled in the program.

The Behavioral Health Manager Agrees to:

(1) Communicate to MCW the expectation that information on this MOU is included in the training provided to OFR Coordinators and data entry staff.

(2) Convey findings related to the WIC population of OFR Teams to the Wisconsin WIC Program Director that can be utilized in enhancing the health, education, or well-being of WIC applicants or participants who are currently enrolled in the program.

The Wisconsin WIC Program Director Agrees to:

Consider findings of the MMR/CDR/FIMR/OFR programs for further action, with possible revisions of WIC Program policies and procedures to enhance the health, education or well-being of WIC applicants or participants.

V. Notification and Review Procedures for Publications and Presentations

State-Initiated Publications and Presentations

The WIC Director, the Family Health Section Manager, **and the Behavioral Health Section Manager** will jointly review and approve final drafts of reports and articles for publication or dissemination that include aggregate information of WIC participants. "Publication" and "dissemination" includes any written article for publication in a professional journal or other publication, or any printed material for presentation to any person, conference, or group external to the Department of Health Services. This includes providing copies of planned articles, the text of speeches, slides, and other graphics.

The review procedure is to determine if the material could have an impact on Department of Health Services' policies and procedures, if data has been misinterpreted/misrepresented, or has violated the confidentiality rights of clients/WIC participants or the Department of Health Services.

Once the publication or presentation is submitted to the WIC Director, Family Health Section Manager, and Behavioral Health Section Manager, they will have three business weeks (15 business days) to

respond with comments, questions, and revisions, and decide on whether permission is granted to disseminate or publish the presentation or publication.

In the event of a disagreement between the WIC Director, Family Health Section Manager, and Behavioral Health Section Manager about the contents of a final draft that cannot be resolved by mutual agreement, the matter under disagreement shall be forwarded to the Bureau of Community Health Promotion Director for review of the matter in controversy for a final determination.

No publication or dissemination shall occur prior to completion of the processes outlined in this section.

Local Jurisdiction or Partner-Initiated Publications and Presentations

Local jurisdiction agencies, MCW, and the Alliance must receive prior approval from the Wisconsin WIC Program Director for the release of reports and articles for publication or dissemination that specifically references WIC participants. "Publication" and "dissemination" includes any written article for publication in a professional journal or other publication, or any printed material for presentation to any person, conference, or group external to the Department of Health Services. This includes providing copies of planned articles, the text of speeches, slides, and other graphics.

The review procedure is to determine if the material could have an impact on Department of Health Services' policies and procedures, if data has been misinterpreted/misrepresented, or has violated the confidentiality rights of clients/WIC participants or the Department of Health Services.

Once the publication or presentation is submitted to the Wisconsin WIC Program Director, he or she will have three business weeks (15 business days) to respond with comments, questions, and revisions, and decide on whether permission is granted to disseminate or publish the presentation or publication.

In the event of a disagreement, the Wisconsin WIC Program Director or designee and the local jurisdiction agency or partner representative will discuss the contents of the final draft to come to a resolution.

No publication or dissemination shall occur prior to completion of the processes outlined in this section.

VI. Staff Responsibilities

All staff persons (Local Health Department Representative of CDR/FIMR Team, CDR/FIMR Team Coordinator, MMR Epidemiologist, DOJ Data Analyst for OFR Program and local OFR Team Coordinators, and State and Local Wisconsin WIC Program Staff) engaging in the data/information sharing process covered under this Memorandum will adhere to the terms of the Memorandum. Staff obligations described in this Memorandum will persist if any personnel terminate employment with the parties covered in this Memorandum. If newly hired staff are expected to participate in the data/information sharing processes outlined in this Memorandum, the supervisor of the new staff person is required to provide a copy of this Memorandum to the new staff person through either the WIC and Nutrition Section or the Family Health Section.

VII. Effective Date and Duration of Memorandum

This Memorandum shall become effective upon the latest date of signing.

This Memorandum may be amended in writing at any time by mutual consent of the parties. Amendments will be written and signed by the proper representatives of each party and shall identify the exact nature of the amendment(s). Any amendments will be attached as amendments or as clarifications to this Memorandum.


This Memorandum shall continue in effect until either party terminates this Memorandum by providing a thirty-day advance written notice to the other party or until state or federal law changes to invalidate the Memorandum. The Memorandum shall be reviewed by the Section Chiefs biennially and revised upon the mutual concurrence of the parties.

**Memorandum of Understanding
Between
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Family Health and Behavioral Health Sections
and
WIC and Nutrition Section**

Title: Information Sharing between the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Mortality Review Programs.

Signature Page


This signature page applies to the MOU entitled Information Sharing between the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Mortality Review Programs.

DocuSigned by:

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Jonette Arms
Assistant Administrator
Division of Public Health
Department of Health Services

5/31/2022


Date

DocuSigned by:

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Jennifer Ullsvik
Bureau Director
Bureau of Community Health Promotion

5/31/2022


Date

DocuSigned by:

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Ashley Bergeron
Section Manager
Family Health Section
Bureau of Community Health Promotion

5/31/2022


Date

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Christy Niemuth
Section Manager
Behavioral Health Section
Bureau of Community Health Promotion

5/16/2022

Date

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Kari Malone
Section Manager and WIC Program Director
WIC and Nutrition Section
Bureau of Community Health Promotion

5/13/2022

Date