

SEAL! Of Approval

What is the SEAL! Of Approval Program (SOAP)? The Michigan Department of Health and Human Services (MDHHS) has implemented a program for school-based dental sealant programs that are not directly funded through the SEAL! Michigan grant from the MDHHS. Participants of this program will earn the SEAL! Of Approval by entering into a Memorandum of Understanding (MOU) with the MDHHS Oral Health Program and then completing the same quality focused steps as the funded SEAL! Michigan grantees.

How can a program participate in the SOAP? Programs may qualify to be a part of the SOAP program if they are *community-based programs*. Community-based programs focus on taking care of their own community to ensure that every child (with parental consent) is provided affordable preventative dental services, are referred to a dental home, and are pain free. A significant focus of the program is to ensure that urgent situations are treated as quickly as possible so that the children are healthy and thriving. Strong collaboration with community dentists and dental clinics are a requirement. MDHHS places significant emphasis in accepting programs that operate high quality school-based dental sealant programs that ensures quality of care is delivered in the most cost efficient manner. Programs must also demonstrate continuous quality improvement and dedication to their community.

What do programs gain from becoming a SOAP? Approved programs are affiliated with the Michigan Department of Health and Human Services's Oral Health Program. Once approved, programs receive the same technical assistance and benefits as the funded SEAL! Michigan programs. This means having access to forms, printed brochures, the annual workshop in August, continuing education credits, newsletters, logo's and educational support from federal organizations in which the MDHHS collaborates with.

What is the application process for the SOAP? Programs will need to submit a letter of inquiry to the MDHHS Oral Health Program. The program will enter into an MOU that outlines the programs requirements and the MDHHS Oral Health Program requirements. SOAP requirements include provisions that programs will consent to a site visit at the school while sealants are being placed, will complete both the annual training focused on school-based programs and the OSAP checklist focused on infection control procedures, place the SEAL! Of Approval logo onto forms, and submit requested data to MDHHS twice a year in March and September. The MOU is effective for one year with renewals annually.

Contact: MDHHS-SEAL!Michigan@michigan.gov

SEAL! Of Approval Program Collaboration Agreement

Date: This agreement shall commence on October 1, _____ and continue through September 30, _____ to be renegotiated annually.

Agency/Program: AGENCY NAME/ SEAL! Of Approval Program (SOAP)

Purpose: The purpose of this agreement is to formalize a collaborative agreement between the Michigan Department of Health and Human Services Oral Health Program (MDHHS-OHP) and the above-named agency in establishing communication, activities and relationships that will benefit the oral health and total health of Michigan residents, especially those most in need via school-based dental sealant programs.

| Responsibilities of SEAL! Of Approval Program: | Responsibilities of MDHHS-OHP: |
|---|--|
| Include oral health, when appropriate, into strategic plans and activities to address disparities and disease burden issues | Include SOAP, when appropriate, into strategic plans and activities for Oral Health to address disparities and disease burden issues |
| To use SOAP logo on forms and market the program as being supported by the Michigan Department of Health and Human Services Oral Health Program | To provide technical assistance for SOAP to minimally include: access to annual training, annual workshops, webinars, newsletters, and requested non-financial support from MDHHS-OHP to help expand their program |
| To allow annual site visit review of program | To perform an annual site visit review of program |
| To submit data forms twice a year (March 1 and September 30) reflecting the services, specifically delivered. Data should include, at a minimum: number of children screened, number of children sealed, number of sealant placed, number of schools or events served | To provide brochures and publications as funds allow |
| Provide continuous ongoing evaluation of program for continual expansion and continuous quality improvement | Endorse correspondence promoting SOAP activities to schools and other interested stakeholders |
| To complete the annual training provided by the MDHHS OHP and OSAP checklist. | To provide the annual training to the SOAP |

Budget and Agreement Amount: This is a collaborative agreement that requires no funding or budget disbursement.

Performance and Progress Reports: The OHP School Oral Health Consultant working with SOAP will keep the OHP Director updated on any progress within this collaboration.

Administration: The OHP School Oral Health Consultant will work with the individual SOAP coordinator.

Modification: Any changes, amendments, or revisions to this agreement shall only be effective if made in writing with the written concurrence authorized by both the OHP and SOAP.

Termination: This agreement shall be in full force and effect for the period specified in this agreement. Either party may terminate this agreement by giving 30 days written notice, stating the reason for the termination and the effective date.

Signatures:

Printed Name of SOAP Organization: _____

Printed Name of SOAP Representative: _____

Signature of SOAP Representative: _____

SOAP Representative Phone/E-mail: _____

Date: _____

Printed Name of MDHHS-OHP Contact: _____

Signed Name of MDHHS-OHP Contact: _____

Date: _____