



Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) Training for Oral Health Providers Application (“Application”)

The Ohio Department of Health (ODH) is pleased to announce a funding opportunity, available to Ohio oral health providers (Providers) practicing in Dental Health Professional Shortage Areas (HPSA). The purpose of the funding is to address the opioid epidemic in Ohio. SBIRT training is an evidence-based approach to managing patients with or at risk of developing a substance use disorder (SUD). The funding shall be used to increase the number of Providers receiving SBIRT training and strengthen partnerships between SBIRT-trained Providers and local SUD providers. In exchange for completing the approved SBIRT training course and having a formal arrangement with a local SUD provider in place, Providers will receive \$500.

Pursuant to a Notice of Award issued by the Health Resources and Services Administration and its program titled Grants to Support Oral Health Workforce Activities, up to \$50,000 shall be awarded by ODH by Aug. 31, 2025 to fund Providers for completing SBIRT training and establishing a formal referral arrangement with a local SUD provider. One hundred (100) Providers will be eligible for an award of up to \$500.00 each.

Providers interested in pursuing this funding shall consider this Application’s prerequisites, below, and provide the requested information to apply for these funds. Funds will be awarded on a rolling basis and may be depleted before the Application’s deadline. The [program web page](#) will be updated when annual funding is exhausted.

Application Prerequisites

- a. Applicant must be an active Provider practicing within a Dental HPSA in Ohio.
- b. Applicant must complete the following course: SBIRT for Health and Behavioral Health Professionals. The course may be found at healthknowledge.org or at: [Training and Videos - SBIRT for Substance Abuse](#). Proof of course completion must be submitted.
- c. Applicant’s practice site must establish a formal referral arrangement with a SUD provider. Acceptable documents for documenting referral arrangements include signed Memorandums of Understanding, signed Memorandums of Agreement, signed contracts, or a signed and dated description of the referral arrangement. Proof of formal arrangement must be submitted.
- d. Applications must be received via email by Aug. 15, 2025. Any extension must have prior approval from ODH.
- e. Fully executed Applications shall serve as funding agreements between ODH and the Providers. The following terms and conditions shall apply to any awarded funds.
- f. Completed Applications shall be signed and emailed to Katrina.Tamimi@odh.ohio.gov.
- g. Questions regarding this funding opportunity and this Application shall be forwarded to Katrina.Tamimi@odh.ohio.gov.

Applicant Information

Oral Health Provider Name: _____

Dental Practice Location: _____

Title: _____

E-Mail Address: _____ Phone Number: _____

Supplier ID*: _____ Supplier ID Name: _____

* Supplier IDs can be obtained by creating an account at https://supplier.ohio.gov/wps/portal/sp/suppliers/login!/ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfljo8ziDRw9PT0sLQz8_L0DjQ0C3T2M_Jx9TY3NfE30vfSj8CgwMwWZYFTk6-ybrh9VkfFiSoZuZl5avH5GRn5uqm5iXn6cfrh9FyAioAhzA0UC_IDSqySzIUREA1H6uOg!!/dz/d5/L2dBISEvZ0FBIS9nQSEh/. Please note, you will first be given a user ID. Once your registration information has been verified, you will receive your Supplier ID via email. Supplier IDs are ten digits in length. Supplier IDs should be individual to the Provider.

Application Submission Checklist

- ☐ SBIRT Training for Oral Health Providers Application.
- ☐ Proof of approved SBIRT course completion.
- ☐ Proof of formal referral arrangement with SUD provider.

Signatures of Both Parties

Signature: _____ Date: _____
Provider

Signature: _____ Date: _____
Bruce Vanderhoff, MD, MBA, Director of Health

TERMS AND CONDITIONS

Term. A fully executed Application shall serve as the funding agreement between ODH and the Provider. The funding agreement will become effective upon execution by both parties and shall remain in effect until the parties' obligations are complete, or this Application is otherwise terminated by ODH.

Compliance with Federal and State Laws, Rules, and Regulations. The parties agree to comply with all federal and state laws, rules, regulations, and auditing standards that are applicable to the performance of this Application.

Applicable Law; Disputes; Partial Invalidity. This Application shall be governed by the laws of the State of Ohio, and the venue for any disputes will be exclusively with the appropriate court in Franklin County, Ohio.

Liability Requirements. Each party agrees, to the extent permissible by law, to be responsible for any liability, suits, losses, judgements, damages, or other demands brought as a result of their own respective negligent actions or omissions in the performance of this Application.

Non-Appropriation and OBM Certification. Notwithstanding any other terms of this Application, ODH's funds are contingent upon the availability of lawful appropriations by the Ohio General Assembly and/or other contract funding source. If the General Assembly or other contract funding source fails at any time to continue funding for the payments or any other obligations due by ODH under the Agreement, ODH will be released from its obligations on the date funding expires.

Entirety of Agreement. All terms and conditions of this Application are embodied herein. No other terms and conditions will be considered a part of this Application unless expressly agreed upon in writing and signed by both parties. Any proposed alteration to a Student Group's plan, above, must be submitted to ODH for its approval.

[space intentionally left blank]