| **Application Component** | **Possible Points** |
| --- | --- |
| Please indicate each level of care your organization currently provides | 5 |
| Do you have access to and can document the availability of a licensed practitioner capable of providing pharmacotherapy that meets one of the following additional requirements (mark all that apply): | 5 |
| To the best of your ability, describe how the treatment of persons with co-occurring substance use and mental health disorders is provided at your organization (according to section 245G.20) | 10 |
| To the best of your ability, describe how peer recovery supports are incorporated into treatment services at your organization (as described in section 245G.07, subdivision 2, (8); and, subdivision 2, (8)) | 10 |
| To the best of your ability, describe how psychiatric, psychological, laboratory, and toxicology services are made available to address the severity and urgency of the client’s condition at your organization | 20 |
| To the best of your ability, describe how telephone and in-person medical consultations are conducted within your organization | 20 |
| Of the following three FDA approved, evidence-based medications for the treatment of opioid dependence, which of the following is administered at your organization | 10 |
| To the best of your ability, describe your understanding of the ASAM criteria and why you and/or your organization are willing to implement the criteria | 20 |
| What do you believe are the barriers to implementing the ASAM criteria? | 10 |
| To the best of your ability, describe your organization's plans to disseminate the skills developed through the ASAM training with other organizations | 20 |
| Other items and ideas you would like to share | 10 |
| **Total:** | **140** |

| **Application Component Rating** | **Point Factor** |
| --- | --- |
| Outstanding | 1.00 |
| Above Average | 0.75 |
| Average | 0.50 |
| Below Average | 0.25 |
| Unacceptable | 0.00 |