1. **General Admission Criteria**
2. The client is over 18 years of age.
3. Diagnostic criteria for a Substance-Induced disorder are met in accordance with DSM V.
4. The Substance-Induced/Substance –Related Disorder represents a Primary diagnosis.
5. Any co-morbid disorders are secondary to the Substance-Related Disorder and are stable at this level of care. Refer to medically-managed intensive inpatient if any of the following are present:
6. Head trauma or loss of consciousness within 24 hours;
7. Active psychosis not stabilized with medications prior to admission;
8. Agitation, confusion, aggressiveness requiring behavioral monitoring;
9. Compromised mental status, cardiac function or other vital signs secondary to overdose;
10. Significant disorientation and/or dementia related to neurological/cognitive impairments (such as; Alzheimer’s disease, persistent alcohol dementia, etc.) resulting in Mini-Mental Status Exam scores below 15;
11. Active or recent esophageal varies;
12. Cardiac illness and/or surgery requiring medical management;
13. Respiratory illness such as COPD or Emphysema;
14. Active seizures not stabilized with medications prior to admission;
15. Renal disorders requiring medical treatment/monitoring;
16. Any biomedical conditions requiring infusion therapies;
17. Client is not actively suicidal; there have been no overt attempts within 72 hours; and there is no evidence of persistent ideation with details and/or plans within 24 hours; unless client has been responsive to interventions
18. Client is not actively homicidal and there is no evidence of persistent ideation with specific details or plans. There is no evidence of current violent/threatening behavior.
19. Client is currently experiencing withdrawal and/or there is evidence that severe withdrawal is imminent (see section B for guidelines for specific substances ;)
20. There is evidence that the client will not be able to complete detoxification at another level of care and successfully transition to continuing care and/or self-help recovery due to:
21. Treatment failure at a less intensive level of care; or
22. History of insufficient skills to delay gratification and maintain abstinence despite previous treatment; or
23. Presence of co-morbid physical or emotional/behavioral conditions, which are manageable at this level of care ( PTSD, chronic pain disorder, depression, anxiety, and other psychiatric disorders)