

Return-to-Use Response Policy

Grace House · Grace For Addictions 1311 9th Street, Des Moines, Iowa 50314 · Office: 515-220-8771 · Warmline: 515-310-DIAL (3425) · gracehouse@graceforaddictions.org

Print-ready and fillable: complete on paper or type directly into this document. Controlling revision: October 22, 2026.

Principle

A return to use is a medical and recovery event — **not a moral failure and not automatic discharge**. Grace House responds with safety first, dignity always, and an individualized plan.

Immediate Response

1. **Safety assessment:** Is the participant medically stable? If in doubt, call 911. Naloxone locations are posted; any suspected overdose follows the Emergency Response Protocols.
2. **Substance removal:** any substances on the property are removed and disposed of.
3. **Private conversation:** one-on-one, non-judgmental. “What do you need right now?”
4. **Community protection:** other residents’ safety and recovery are assessed and protected.

Individualized Support Pathways (chosen by assessment, not formula)

- Remain in residence with an intensified support plan (increased coach contact, added recovery activities, follow-up screening).
- Brief clinical stabilization (detox/withdrawal management) with the bed held where possible and a warm handoff both directions.
- Transition to a higher level of care with a documented re-entry pathway.

Considerations for Removal

Removal is considered only when a participant refuses to engage with support after a return to use, continues active use, brings substances into the residence, or endangers another resident’s life or recovery. Any removal follows the Unified Removal and Discharge Process in the Resident Handbook and Participant Agreement and is documented, reviewable through the grievance process, and carried out with dignity — including connection to alternative housing or care whenever possible.

Documentation

Date/discovery method · participant's account and stated needs · safety assessment · support plan and referrals · follow-up timeline. Confidential file; incident report if safety events occurred.

Acknowledged (participant): _____ Date: ____/____/____