



Treating People in Context: Why Community Conditions Matter for Recovery

2026 CARE CONFERENCE
September 18th, 2026



IOWA STATE
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PUBLIC SCIENCE
COLLABORATIVE
Data + Strategy for Action

01

**Recovery is a
Community Concept**

Reconceptualize: Change happens person
to person, but is influenced by
communities



Reconceptualize: Change happens person to person, but is influenced by communities



Design it: We'll design new solutions to common problems



Connect people: a public front door to
real recovery resources

The treatment gap is significant

52.6M

people needed substance use
treatment
18.2% of people age 12+

10.2M

people received substance use
treatment
19.3% of those who needed it

42.4M

people who needed treatment did
not receive it
80.7% of those who needed it

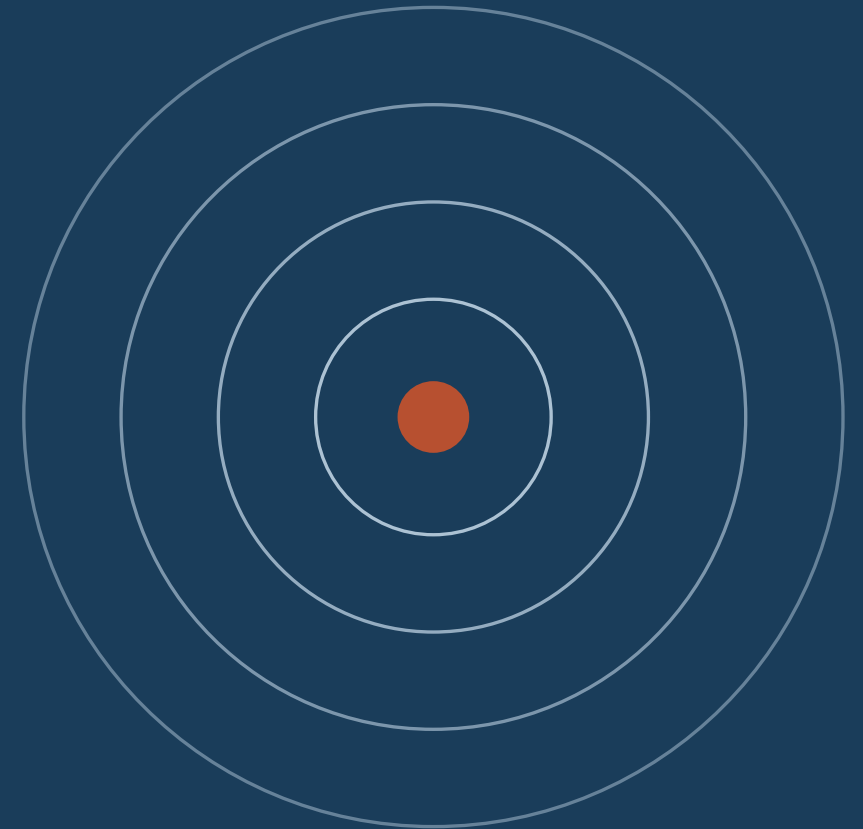


ONLY ABOUT 1 IN 5 REACHES FORMAL TREATMENT

COMMUNITY HEALTH

Most of 'health' happens outside the clinic.

You can't clinic your way to a healthy community
because most of what shapes health is decided
in the conditions of daily life.

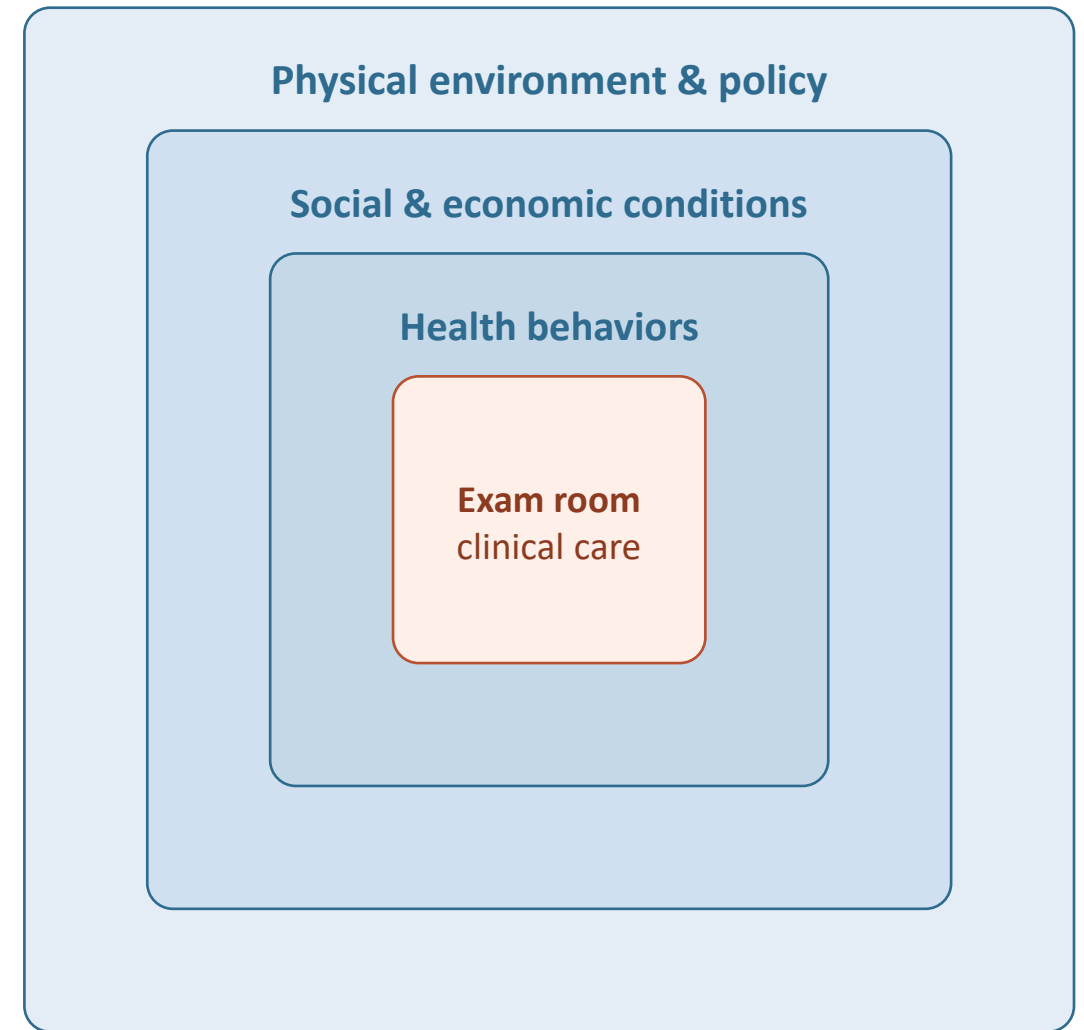


care · behaviors · conditions · environment

The exam room is where you meet people one at a time. But health is built in the widening rings around it, like:

- how people behave, what they earn
- where they live
- the air they breathe

Population health means intervening on the rings, not only the center.



most of a community's health is decided out here

The visit ends, and the patient walks back into a community whose conditions shape more of their health than formal care just did.

20%

**of health
outcomes**

shaped by the clinical care you deliver

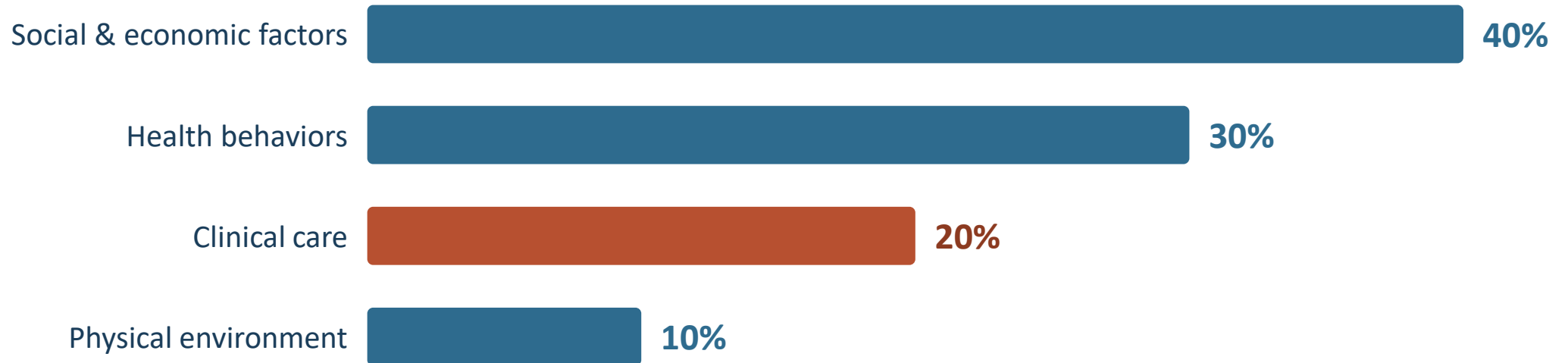
80%

**of health
outcomes**

shaped by behaviors, conditions & environment

The four forces that shape a county's health

The County Health Rankings model weights four groups of modifiable health factors. Clinical care is one of them and often the smallest lever a clinic can pull.



Clinical care is **20%**. The community conditions are the other **80%**.

Communities are recovery environments

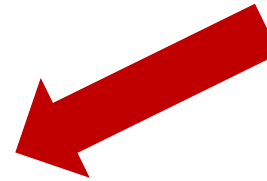
If we can measure those environments, systems of care providers can make better decisions to inform and support recovery.



Thinking Beyond the Individual



Community-as-Protective-Factor



Community-as-Risk-Factor

The Landscape of Risk (to recovery)

What conditions increase risk across the community?



Which environments quietly amplify harm?



Where does risk concentrate?



What systems shape exposure every day?

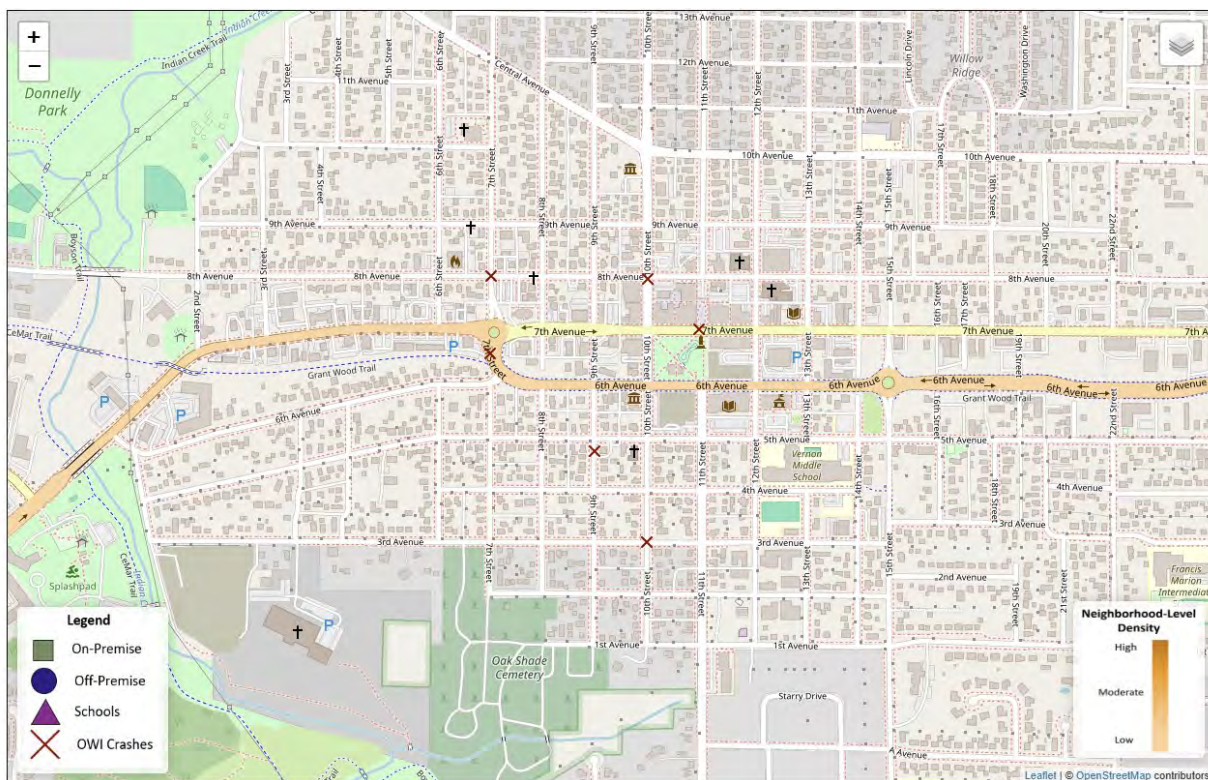


A group of people are sitting on a grassy field at sunset. The scene is dimly lit, with the warm glow of the setting sun visible on the left side. A large, semi-transparent blue and orange diagonal overlay covers the right side of the image. The text is centered over this overlay.

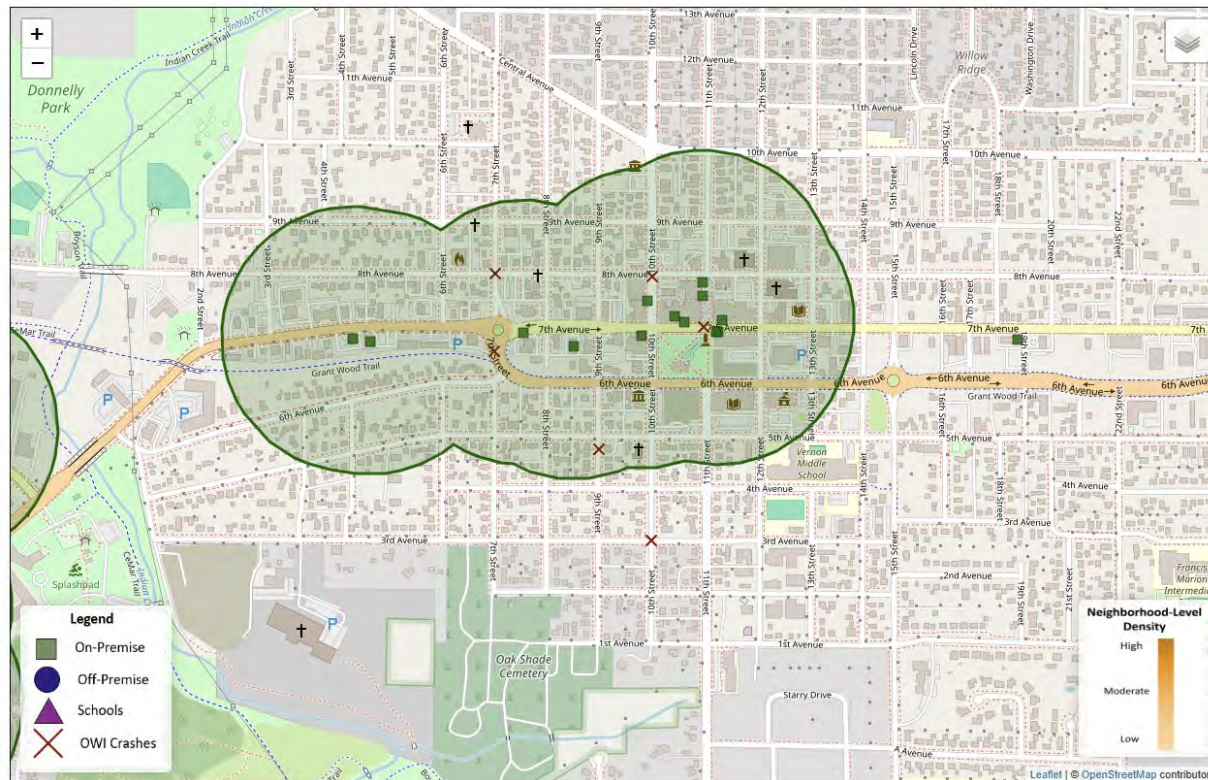
"We've spent years studying
how environments shape
health, safety, and injury risk."

Alcohol Harms and Neighborhood Design

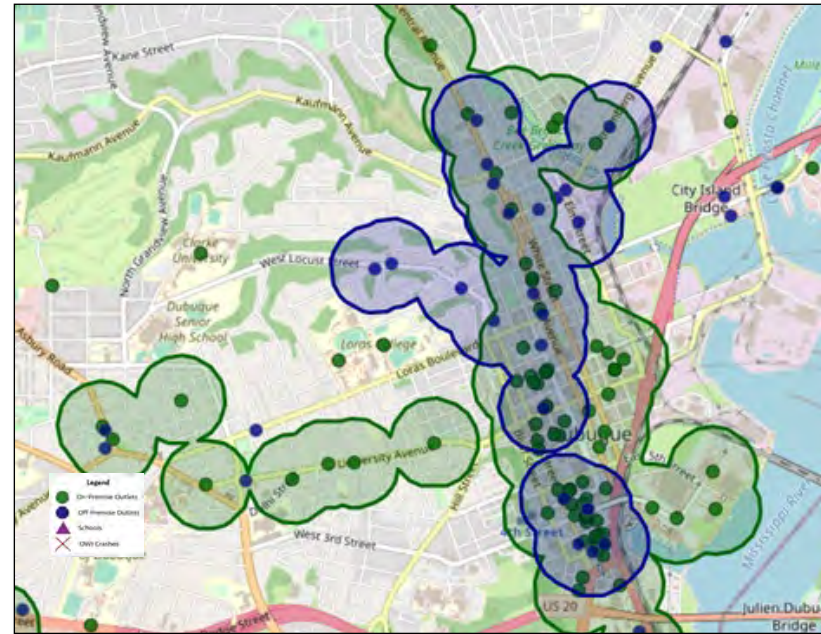
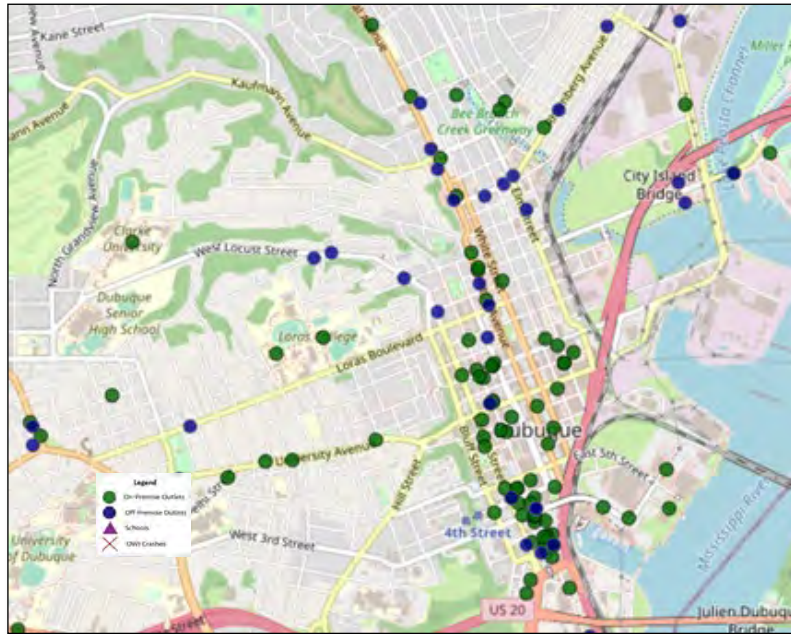
OWI Vehicle Crashes



On-Premise Alcohol Retailer Cluster



The Density of Alcohol Outlets



An alcohol cluster:

Five or more outlets within .15 miles of each other

High density of outlets tends to produce:

- Lower prices
- More advertisements
- Longer hours
- More automobile crashes
- More IPV
- More youth consumption



Steps of Hope maintains a website of the locations of the Naloxone boxes they service. Adding protective community resources like a naloxone box or a recovery community center alters the local risk environment.



The Environmental Context of Recovery

Understanding Recovery

Read the scientific literature about recovery

Analyze data from Iowa treatment centers

Collect life history interviews with people in recovery

Conduct focus groups with people in recovery

Interview recovery community center leaders around the country

Visit recovery community organizations in Iowa and places like Washington, Oregon, Colorado, Connecticut, New Jersey, and Pennsylvania



What's Good For Recovery

- Nutrition, sleep, and exercise
- Stable job and affordable housing
- Family and supportive friends
- Safe neighborhood (sound, air, light, violence, cars)
- Welcoming community (church, peer support meetings, volunteer group, club)

The Socioecological Model of Recovery

Health and Harm Are Produced Across Systems

Individual: Stress, trauma, coping, mental health

Interpersonal: Family, peers, social networks

Community: Housing quality; Neighborhood safety; Alcohol and drug availability; schools, workplaces, faith institutions, transportation, and green space

Policy & Systems: Zoning and land use; Licensing and regulation; Enforcement practices; Funding priorities



Recovery-Ready Communities

A supportive ecosystem:

Provides essential services for recovery: healthcare, housing, employment, peer support

Promotes long-term recovery through coordinated care

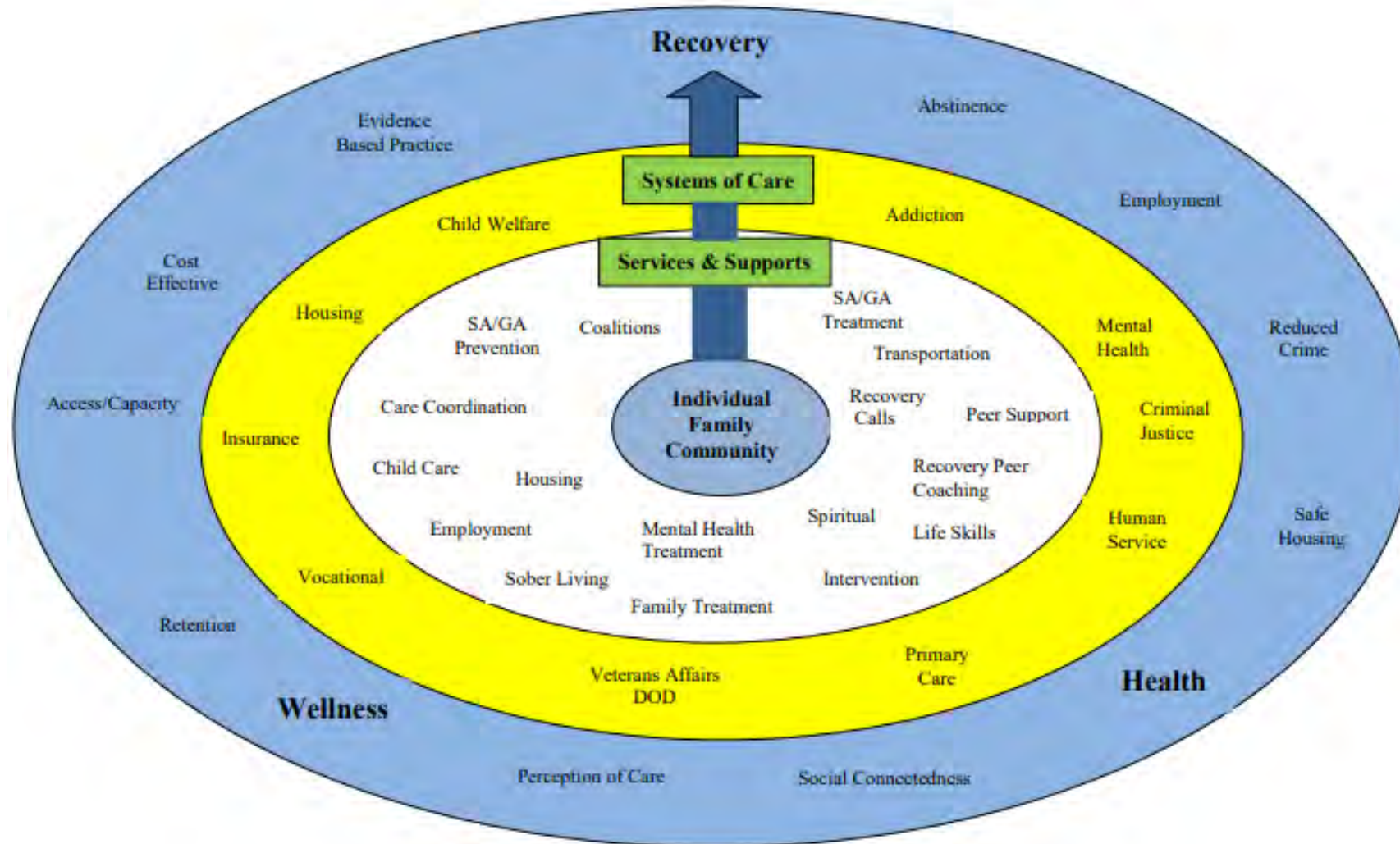
Builds a culture of inclusion, purpose, and connection

Supports multiple recovery pathways

Integrates formal and informal systems of care



Recovery-Oriented Systems of Care (ROSC)



Source: Iowa Department of Public Health (2010)



We've spent years talking
with people who have a
history of drug use.

"It was very hard, um, because my brothers were drug dealers as well in the past, and my mother knew all the right people here. So, no matter where I went it was like, "Oh, you're so and so's daughter. Yeah, here you go. Oh, you're so and so's sister, you know. Oh, yeah, you know. There you go," you know."

*"I had three years of probation which I'm still on now. Um and I got out of jail and I went to my dad's who lives in [town], and **my dad still uses to this day. So obviously, that was a bad decision** you know what I mean? I've been in jail. Obviously, there's no drugs in jail so I was clean, but I went to my dad's and started using and I'm on probation."*

Neighborhood & Family



“That was a hard adjustment for me, moving from a city to a small town like this not knowing....I spent several years just back in the back bedroom. Didn't come out. ...not everybody agrees with what I've done in my life...people aren't always—especially in a small town like this—people don't really to accept [my substance use].”

*“We want to go out like south a little bit into the country... small communities where the **kids can go outside.**”*

*“I want to move to [town]... they have more jobs available, there's **a moms club.**”*

*“We go to church every Sunday... it's **a really good church.**”*

*“I like having a big yard. I like **knowing everybody.**”*

Social Isolation



"I'm stuck here without a car. I don't have a job. I don't go to church. I'm going crazy, honestly. I am. Like, I gotta do something. It's driving me nuts."

"If I wasn't able to get on that program up in [city], I don't know what would have happened 'cause they gave me free bus passes, helped me get clothes. Um, they just helped me do a bunch of stuff to kind of you know get a foothold in cause, in my position...Some people you know when they go through treatment, they have family behind 'em to help 'em out, you know what I mean? Maybe give them rides and stuff. I didn't, I didn't have that."

Community Resources



We Noticed a Pattern & Gap



MIND THE GAP

- **Community context and social connections** were central to recovery
- **Neighborhood & community** impact substance use and recovery
- **Access to community-based resources** is important

We Documented Community Resources



Recovery Resources

- Access Centers
- Drug Drop-off Sites
- Hospitals and Clinics
- MAT/MOUD Sites
- Mental & Behavioral Health Centers
- Mutual Aid Meetings
- Peer Support (Specialists and Coaches)
- Recovery Housing
- Recovery Organizations (Community & Collegiate)
- SUD & Gambling Treatment Centers



Well-Being Resources

- Childcare Providers
- Colleges and Universities
- Intimate Partner Violence Programs
- Lakes and Beaches
- Libraries
- Parks and Playgrounds
- Places of Worship
- Schools
- Section 8 Housing
- Shelters
- Sports Facilities
- Trails
- Workforce Development Offices
- YMCAs



Recovery Readiness Assessment: Des Moines

June, 2025



Polk County



Report provided to the Iowa Department of
Health and Human Services



This project is supported by State Opioid Response funds through the Iowa Department of Health and Human Services, Bureau of Substance Use (IowaHHS) via a subaward from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, IowaHHS, SAMHSA/HHS, or the U.S. Government.

We created **Recovery Readiness Assessments** for every behavioral health district and county, and for the 300 largest communities in Iowa.

These reports can help you:



Understand your local substance-use recovery landscape.



Compare your community's resources to similar-sized cities and towns.



Identify areas that may need additional support.

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We made the reports
downloadable

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Is Your Community Recovery Ready?

The Public Science Collaborative has created **Recovery Readiness Assessments** for communities across Iowa, including every county, to help identify recovery-rich neighborhoods or areas ready for recovery resource investment.

These reports can help you:

- Understand your local substance-use recovery landscape.
- Compare your community's resources to similar-sized cities and towns.
- Identify areas that may need additional support.

Find your community's assessment below and take the first step toward a stronger recovery network!

[Share Feedback](#)

Recovery Profiles

[City Reports](#) [County Reports](#) [District Reports](#)

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Ackley	Adel	Afton	Akron
Albia	Algona	Allison	Alta
Alton	Altoona	Ames	Anamosa
Anita	Ankeny	Aplington	Asbury
Atkins	Atlantic	Audubon	Avoca

We made the data
searchable on a
map

Recovery Resources

Sometimes asking for help is the hardest thing we do.

Recovery is a journey, and seeking help is a sign of strength. Use our:

- [Recovery Resources Map](#) to find the location of medication-assisted treatment, drug drop-off locations, mental health centers, substance use and gambling help, and peer support providers.
- [Well-being Resources Map](#) to find the locations of childcare, shelters, intimate partner violence programs, and workforce development centers.
- [Physical Activity Finder](#) to find the locations of hiking trails, YMCAs, sports facilities and more!

Are there any other resources you'd like to see? Click the "Share Feedback" button at the top-right of the homepage to share any resources you'd like to see on our website.



Recovery Resources Map

Looking for recovery resources in your area? Searching online can be overwhelming, but we can make it easy. Use the [Recovery Resource Finder](#) today!



Well-being Resources Map

Iowa has many health and well-being resources, but finding them can be difficult. The [Well-being Resource Finder](#) makes it simple.

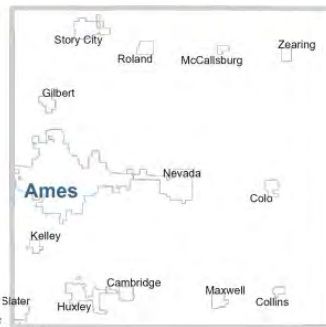
Interpretation and Insights

Recovery Readiness Assessment: Ames

June, 2025



Story County



Report provided to the Iowa Department of
Health and Human Services

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What is Recovery?

The Iowa Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA) define recovery as follows:

"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

A second useful definition of recovery, which shaped the PSC approach to recovery community readiness, was created by Bill White:

"Recovery is the experience through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life."

Common to both definitions is that recovery is not a state or moment in life, but a process of moving toward better health in an actively managed and self-directed way. Recovery takes time and often involves not just the individual, but family and community. For this reason, the external resources noted in the White definition are what motivate our emphasis on recovery-ready communities. Resources outside of the individual, including housing, transportation, recreation, and schools, can promote early recovery, as well as longer and more stable recovery. Identifying resources that support long-term recovery can help identify towns and cities rich in these recovery tools. This, in turn, enables more effective development of new community-based recovery organizations.

Peer Support

Peer support can take different forms, but it is often vital for supporting recovery in a community. Simply, peer support consists of people in recovery using their own experiences to support others in recovery who might have similar experiences. Peer support may include referring people in recovery to resources, being a model for how to recover, and being a general resource for helping someone reach and maintain their own recovery.

ery. A common form of peer support is mutual aid meetings, such as Alcoholics Anonymous or Narcotics Anonymous, where people in recovery meet in groups and have a safe setting to discuss their own recovery and support others.

There are also one-on-one opportunities for peer support. In these settings, trained specialists and coaches who have lived experience can give customized support to individuals with a similar substance use or recovery experience. These kinds of peer support include:

- **Peer Support Specialists (PSS)**: people currently living well in recovery from a serious mental illness or substance use. They provide support and hope through their own recovery experiences and provide other useful information for the people they work with.
- **Family Peer Support Specialists (FPSS)**: specialists trained to specifically work with families and have their own experiences caring for children with behavioral health needs. FPSS can give feedback that is designed and intended for parents and children, including helping families navigate support systems for children.
- **Recovery Coaches (RC)**: people in recovery from a substance use disorder, or are a family member of a person in recovery from a substance use disorder. They are able to offer their own perspectives and experiences with recovery that can help a peer to stay engaged in their recovery.

Take a look at the "Peer Support Providers" section of this report to learn more about what resources your community already has, and where there is opportunity to expand resources. To learn more about types of peer support and training opportunities, you can also go to the [University of Iowa Peer Workforce Collaborative](https://www.iowapeerworkforcecollaborative.org/)³.

Community-Based Recovery Organizations

Recovery organizations help people who are recovering from substance use disorders. They take various shapes, but they all aim to support individuals. They offer services and resources to help people stay in recovery, enhance their health, and reintegrate into society.

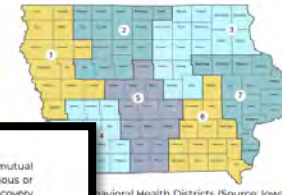
³<https://www.iowapeerworkforcecollaborative.org/>

Executive Summary

Iowa State University's [Public Science Collaborative](https://www.iowapublicsciencecollaborative.org/)¹ (PSC) created Recovery Readiness Assessments for 300 communities, 99 counties, and Iowa's seven new behavioral health districts in Iowa (2025). The community, county and district Recovery Readiness Assessments are updated annually. The reports are commissioned by the Iowa Department of Health and Human Services to support the expansion of substance use recovery services across the state. Use this report:

1. To learn about Iowa's recovery movement and resource options
2. As a reference guide for recovery resources by community, county, and behavioral health district
3. To strengthen networks and build coalitions among communities high and low in recovery resources, organizing around community assets and services
4. As a tool to allocate funding to your at-risk neighborhoods and develop recovery-oriented services

This report examines recovery resources in Ames, which is in Story County and is part of Iowa's Behavioral Health District 5 (see Figure 1). Ames has a population of 66,100.



Behavioral Health Districts (Source: Iowa HHS)

recovery-oriented services, and recovery-ready communities. We identify both strong recovery neighborhoods and areas with recovery categories and the CDC's social determinants of health

ny drug type—such as opioids, methamphetamine, heroin, alcohol—help identify prevalent recovery needs, guide resource in at-risk neighborhoods. To explore overall health vulnerabilities and help local stakeholders that could use extra support, resources, and investments to community members.

PSC's [Health Snapshot Series](https://www.iowapublicsciencecollaborative.org/health-snapshots/)² to give an overall view of health communities.

on about this report, the data tools described, or the Public to the principal investigators of this study, Dr. Shawn Dorius at sdorius@iastate.edu, MSW, LCSW at kvansel@iastate.edu.

<https://www.iowapublicsciencecollaborative.org/health-snapshots/>

gency departments to support people with substance use disorders.

• **Recovery Cafes**: These community spaces bring people in recovery together, providing a space to socialize with other people in recovery, support one another, and engage in service. Cafes often provide free hot meals, beverages, and other basic needs to support people in recovery. They might also offer peer support and other activities in a welcoming, substance-free environment. The [Recovery Cafe Network](https://www.recoverycafenetworks.org/)⁴ is a good starting place to learn more.

• **Recovery Houses**: These are safe, substance-free living environments that support people in recovery from substance use disorders. Most recovery houses provide a structured and supportive community where residents can focus on their recovery journey and live among other people in recovery. Oxford Houses are among the most well-known recovery residences.

• **Recovery High Schools and Collegiate Recovery Programs**: These educational institutions provide a supportive environment for students in recovery, helping them succeed academically while maintaining their sobriety. They do this in a similar way as community centers and cafes, by offering peer support, community, and recovery-focused activities, but focused on student needs.

Recovery Readiness

Resources such as peer support and community-based recovery organizations help promote recovery readiness in a community. However, a recovery-ready community also has other recovery and community resources that provide supports across prevention, treatment, and long-term recovery.

Key elements are:

- Accessible healthcare
- Peer support networks
- Educational and job opportunities
- Harm reduction services
- Anti-stigma initiatives
- A sense of purpose

A recovery-ready community unites members, institutions, and policymakers, working together towards a common goal. This approach helps promote lasting recovery and overall well-being.

In Iowa, a recovery-ready community provides multiple recovery pathways. It meets the needs of those in recovery through a vibrant recovery culture and it is well-coordinated across both formal and informal systems of care.

How can this guide improve recovery readiness?

This report is intended to help communities, recovery organizations, treatment providers, and other local organizations and coalitions evaluate their own recovery readiness. It helps identify the resources that communities already have, resource areas that are lacking, and where are populations with a high risk of substance use or poor general health. We hope that readers will use this information to learn about their communities and develop strategies for increasing access to recovery resources and ensuring that people in recovery are connected to those resources to best support their own paths to recovery.

⁴<https://recoverycafenetworks.org/>

Maps and Tables

SAMHSA Dimensions of Recovery Resources

As defined by SAMHSA, recovery is "A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential." Because recovery is holistic and can look different for everybody, the SAMHSA Dimensions of Recovery listed below help identify the different aspects of life that impact recovery and the different resources that are useful in supporting recovery. The following maps identify resources in Ames that fit into each of those dimensions of recovery.

The SAMHSA Dimensions of Recovery include ([Click here for more information](#)):

- **Community** (Peer Support–Specialists and Coaches, Recovery Organizations–Community and Collegiate, Mutual Aid Meetings, Libraries, Parks and Playgrounds, Lakes and Beaches, Trails, Sports Facilities)
- **Health** (Access Centers, Drug Drop Off Sites, Hospitals and Clinics, MAT Sites, Mental & Behavioral Health Centers, SUD and Gambling Treatment Centers, YMCA Gyms)
- **Home** (Childcare Providers, Recovery Housing, Section Eight Housing, Shelters, Intimate Partner Violence Programs)
- **Purpose** (Workforce Development Offices, Colleges and Universities, K-12 Schools, Places of Worship)

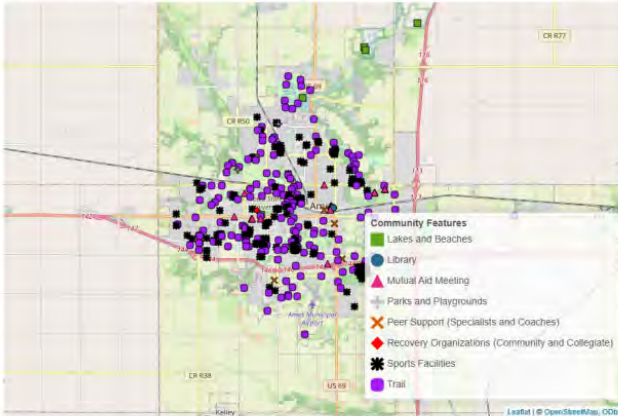


Figure 3: Community Resources in Ames

Appendix 3: Mutual Aid Meetings In Ames

Table 6: Mutual Aid Meeting Directory in Ames

Meeting Type	Group	Address	Weekly Meeting #
Alcoholics Anonymous	<u>Ames Downtowners</u>	516 Kellogg Ave, Ames, IA 50010, USA	1
Alcoholics Anonymous	<u>Come As You Are Women's Group</u>	Ames, IA 50010, USA	1
Alcoholics Anonymous	<u>EyeOpeners</u>	Ames, IA 50010, USA	1
Alcoholics Anonymous	<u>Fellowship Friday Night</u>	217 6th St, Ames, IA 50010, USA	1
Alcoholics Anonymous	<u>Friday Night Online Book Club</u>	Ames, IA 50010, USA	1
Alcoholics Anonymous	<u>Full Support Women's Group</u>	104 N Wilmoth Ave, Ames, IA 50014, USA	1
Alcoholics Anonymous	<u>Harvest Vineyard</u>	320 S 17th St, Ames, IA 50010, USA	1
Alcoholics Anonymous	<u>McCormick Clubhouse</u>	1201 McCormick Ave, Ames, IA 50010, USA	19
Alcoholics Anonymous	<u>McCormick Clubhouse - Beginners Meeting</u>	1201 McCormick Ave, Ames, IA 50010, USA	1
Alcoholics Anonymous	<u>Morning Eleventh Step Meditation</u>	1201 McCormick Ave, Ames, IA	1

Peer Support Providers

Peer support is an important kind of specialized support for people in recovery. Peer Support Providers include organizations that have trained staff members to provide specialized peer support. Some of these trained positions include peer support specialists, peer recovery coaches, and family peer support specialists. The "What is Recovery?" section at the beginning of this report has more information about each. All types of peer support are intended to provide individualized support through one-on-one meetings with people who have similar lived experience and are in recovery themselves. The University of Iowa's Peer Workforce Collaborative⁶ has more information about different types of peer support specialists and how people in recovery can themselves become peer support specialists.

Table 3 shows peer support provider organizations in behavioral health district 5. Organizations located in Ames are listed first and highlighted in bold.

Table 3: Peer Support Providers in Behavioral Health District 5

City	Organization	Family Peer Support Specialists	Peer Recovery Coaches	Peer Support Specialists	Other
Ames	Community and Family Resources	0	1	0	0
Ames	Eyerly Ball	0	0	1	0
Ames	NAMI Central Iowa	0	0	1	0
Ames	YSS	1	0	0	0
Ankeny	Four Oaks	1	0	0	0
Boone	Central Iowa Recovery	0	0	1	0

⁶<https://library.samhsa.gov/sites/default/files/cen12-recdef.pdf>

Social Determinants of Health Recovery Resources

The Social Determinants of Health is an established framework for thinking about the conditions of a person's life that contribute to their overall well-being. For example, a family that living in an area with limited resources supporting families and children (such as childcare providers and parks or playgrounds) may experience other struggles as a result, like increased transportation costs that place stressors on a family's finances. These maps can also be used in conjunction with the population data in the next section to help identify vulnerable populations and neighborhoods. Neighborhoods with health and substance use vulnerabilities may need greater access to specific supporting resources.

The SDOH categories include ([Click here for more information](#)):

- **Health Care Access and Quality** (Access Centers, Drug Drop Off Sites, Hospitals and Clinics, MAT Sites, Mental & Behavioral Health Centers, SUD and Gambling Treatment Centers)
- **Social and Community Context** (Peer Support–Specialists and Coaches, Recovery Organizations–Community and Collegiate, Intimate Partner Violence Programs, Mutual Aid Meetings, Places of Worship)
- **Neighborhood and Built Environment** (Libraries, Parks and Playgrounds, YMCA Gyms, Lakes and Beaches, Trails, Sports Facilities)
- **Education Access and Quality** (Colleges and Universities, K-12 Schools)
- **Economic Stability** (Childcare Providers, Recovery Housing, Section Eight Housing, Shelters, Workforce Development Offices)

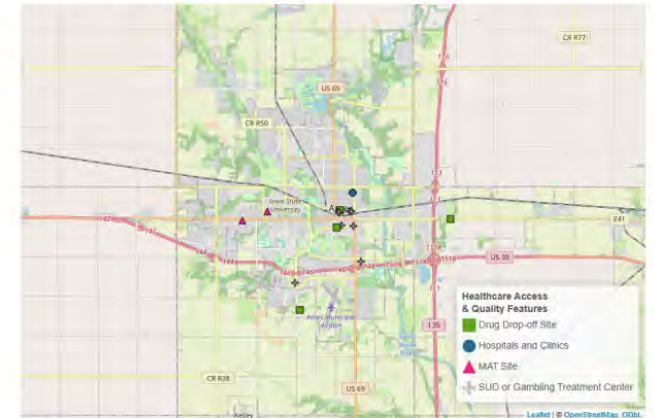


Figure 7: Health Care Access and Quality Resources in Ames

⁷<https://health.gov/healthypeople/priority-areas/social-determinants-health>

Neighborhood Risk Assessments

Which Neighborhoods in Your Community Need Additional Health Resources and Support?

Substance Use Vulnerability

The Public Science Collaborative has developed data resources to help community organizations, local governments, and public health practitioners resources more effectively target substance use prevention, treatment, and recovery interventions to the places in greatest need. Geographic 'hot spots' identify places where local residents are at exceptionally high risk for substance use disorder. We used data from two sources, the Treatment Episode Admissions Datasets (TEDS-A) and the National Survey of Drug Use and Health (NSDUH) to uncover links between substance misuse and socio-demographic factors. The maps below use Census Bureau estimates of those same neighborhood characteristics by census tract. They display indexes for each substance, identifying areas that have the characteristics of vulnerable populations. These spots need focused resources to reduce health inequities. You can explore the maps interactively and learn more about the underlying models on [PSC's dashboard for substance use vulnerability](https://publicsciencecollaborative.shinyapps.io/substance_use_vulnerability/).⁹

Identifying towns and neighborhoods with high or low risk of substance use can aid public health efforts. This knowledge helps us take targeted actions based on specific risks in those areas. To aid in this work, the following pages include substance use vulnerability maps for overall substance use, opioids, methamphetamine, heroin, alcohol, cannabis, cocaine, and benzodiazepines.

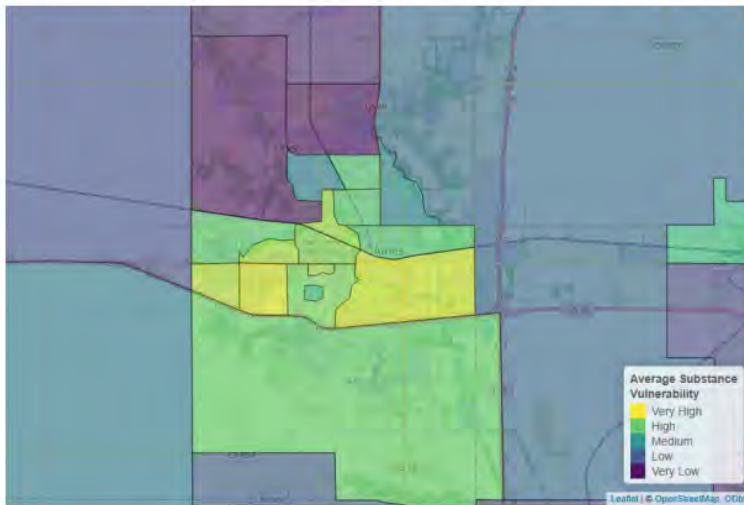


Figure 12: Overall Substance Use Vulnerability in Ames

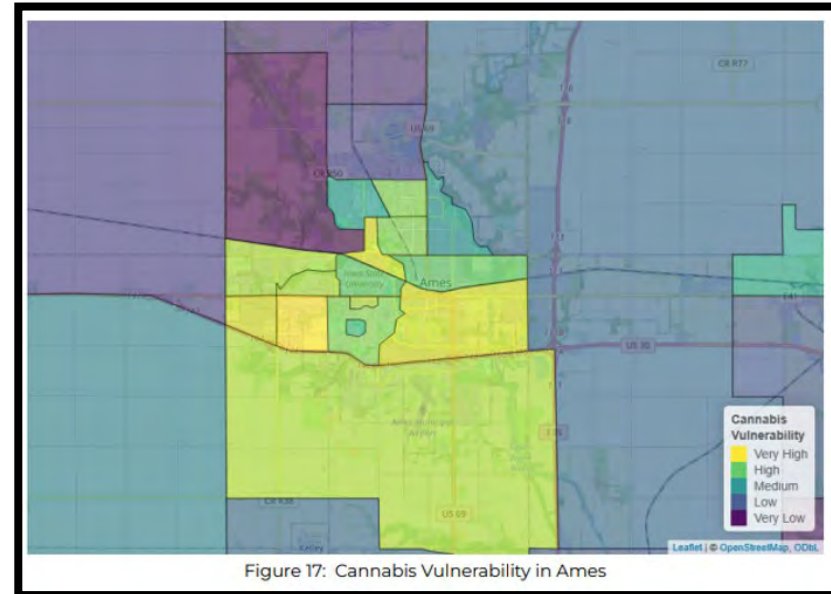


Figure 17: Cannabis Vulnerability in Ames

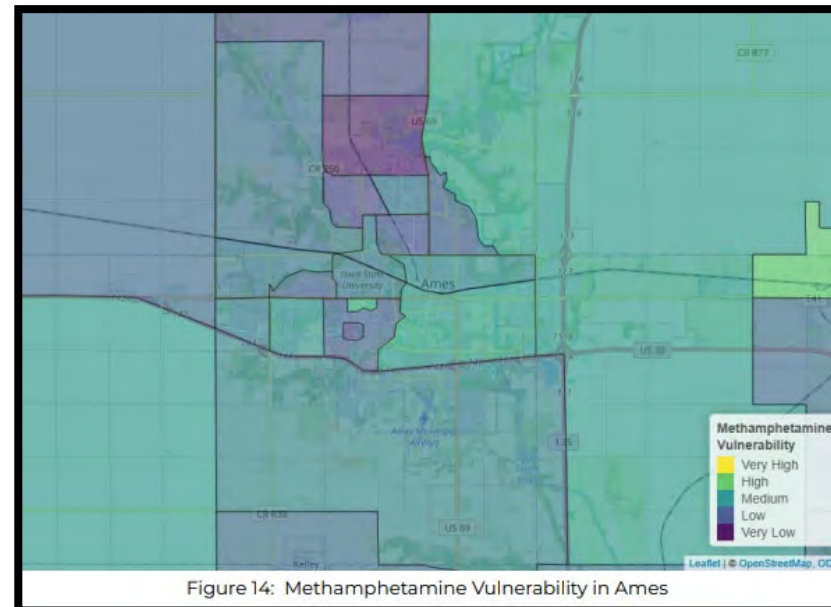


Figure 14: Methamphetamine Vulnerability in Ames

⁹https://publicsciencecollaborative.shinyapps.io/substance_use_vulnerability/

Vulnerability Indices

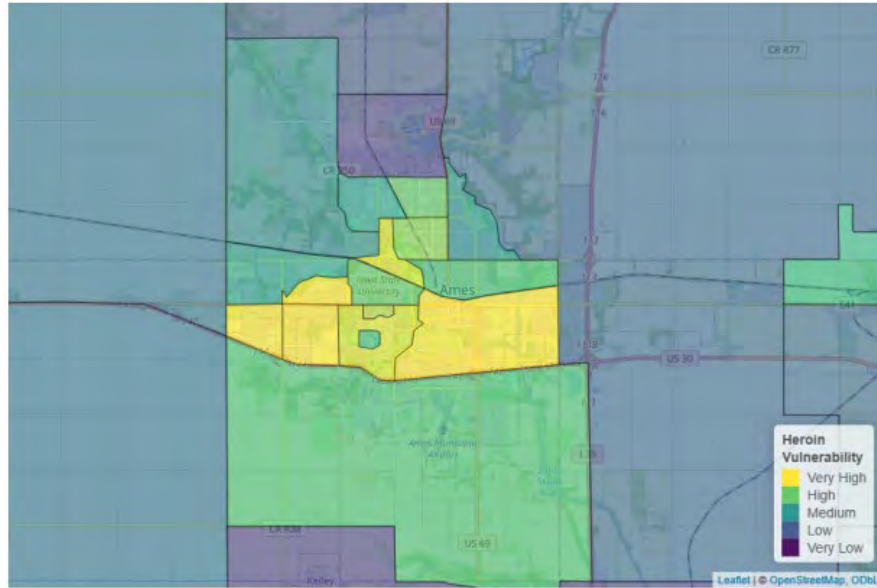


Figure 15: Heroin Vulnerability in Ames

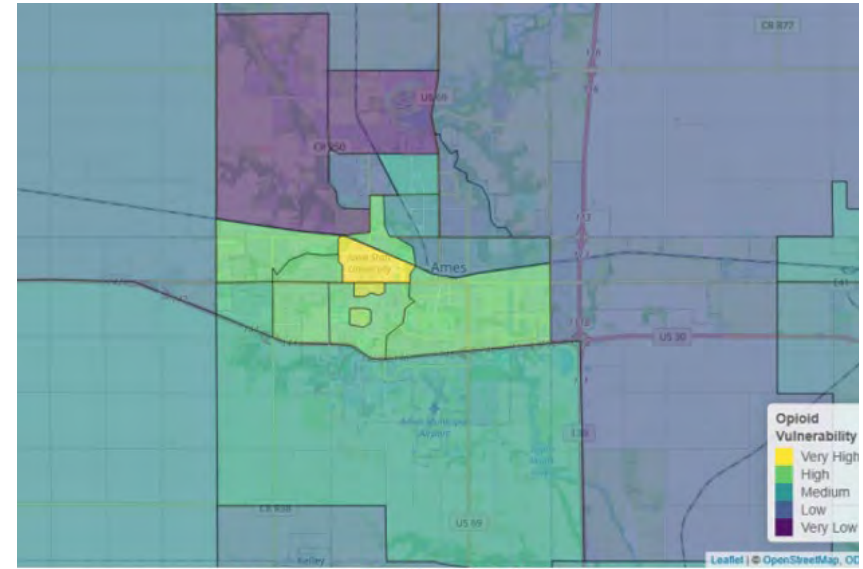


Figure 13: Opioid Vulnerability in Ames

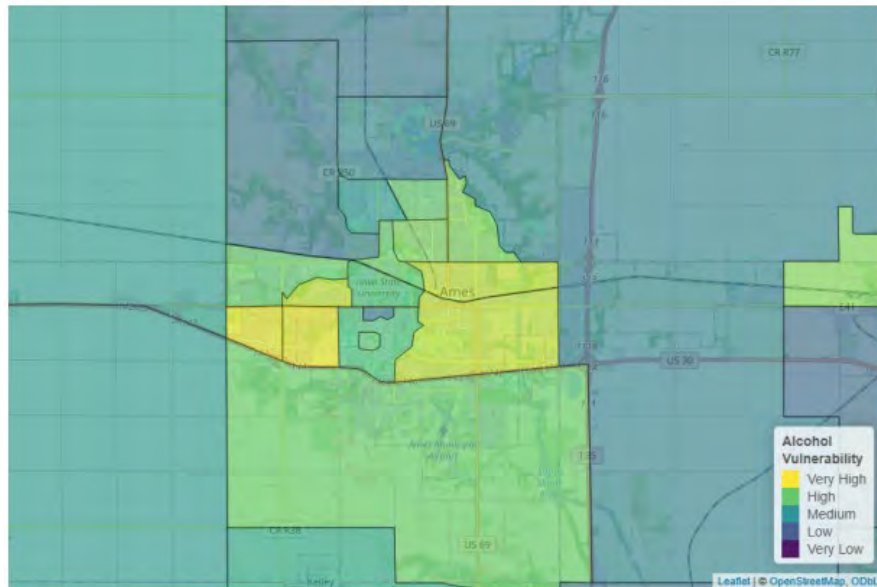


Figure 16: Alcohol Vulnerability in Ames

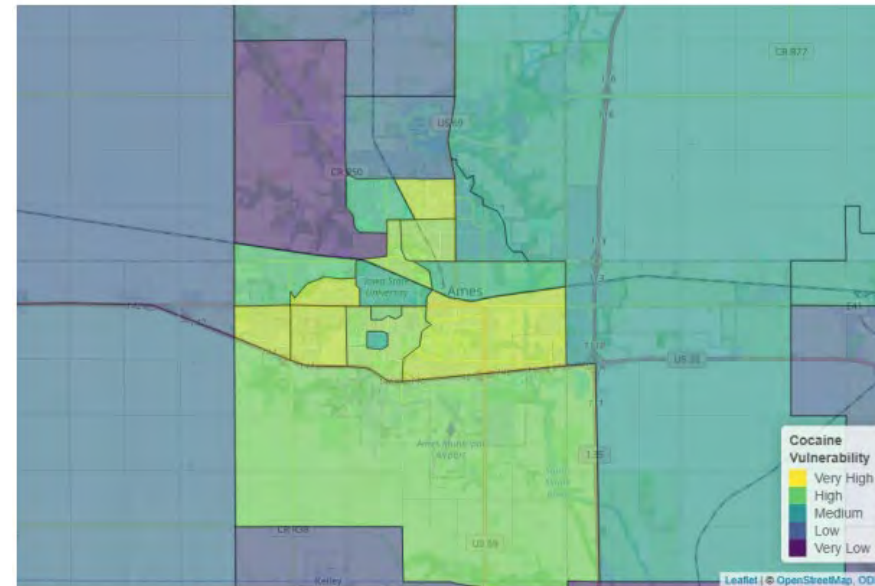


Figure 18: Cocaine Vulnerability in Ames

A Community Recovery-Readiness Index



Absolute Resource
Abundance

Total number of
recovery resources



Relative Resource
Abundance

Recovery resources per
10,000 people



Recovery Culture

Meetings per 10,000
people

Community Rankings

Appendix 2: RRCI Rankings for Cities in Behavioral Health District 5

Table 5 adds on to the Recovery Ready Community Index data found earlier in the report. This table includes all 54 cities in behavioral health district 5 that have more than 1,000 people. The table is sorted by population, to help enable comparisons between cities in the district of similar sizes. You can use the information to see the relative strengths and weaknesses of communities across the district. Cities located in Story County, including Ames, are bolded.

Table 5: RRCI in Behavioral Health District 5 Cities

City	Population	Pop. Group Rank	RRCI	Resource Abundance-Absolute	Resource Abundance-Relative	Recovery Culture
Des Moines	212,464	5 (out of 11)	64.7	1447	68.1	6.2
Ankeny	70,542	11 (out of 11)	62.3	509	72.2	3.1
West Des Moines	69,893	8 (out of 11)	63.6	506	72.4	4.0
Ames	66,112	10 (out of 11)	63.1	472	71.4	3.8
Urbandale	46,026	22 (out of 31)	62.8	258	56.1	5.2
Waukee	26,974	24 (out of 31)	62.0	214	79.3	2.2
Johnston	24,196	7 (out of 31)	68.2	282	116.5	2.1
Altoona	20,592	30 (out of 31)	60.4	117	56.8	3.4
Clive	18,776	28 (out of 31)	61.5	110	58.6	4.3
Indianola	15,918	19 (out of 31)	63.5	148	93.0	1.9
Grimes	15,810	15 (out of 31)	64.2	145	91.7	3.2
Newton	15,696	26 (out of 31)	61.7	128	81.5	1.9
Norwalk	13,610	27 (out of 31)	61.6	114	83.8	0.7
Boone	12,445	17 (out of 31)	63.8	103	82.8	4.0
Pleasant Hill	10,796	23 (out of 31)	62.7	95	88.0	2.8
Pella	10,624	3 (out of 31)	73.4	154	145.0	2.8
Bondurant	8,061	94 (out of 103)	37.8	76	94.3	0.0
Perry	7,928	58 (out of 103)	64.5	67	84.5	6.3
Webster City	7,769	81 (out of 103)	61.1	67	86.2	1.3
Knoxville	7,493	38.5 (out of 103)	68.0	76	101.4	6.7
Nevada	6,952	57 (out of 103)	64.7	74	106.4	1.4
Adel	6,259	66 (out of 103)	63.6	62	99.1	3.2
Polk City	5,833	87 (out of 103)	55.1	32	54.9	1.7
Osceola	5,495	21 (out of 103)	71.1	72	131.0	3.6
Winterset	5,384	15 (out of 103)	72.9	65	120.7	11.1
Windsor Heights	5,171	85 (out of 103)	57.5	27	52.2	5.8
Huxley	4,440	95 (out of 103)	36.7	44	99.1	0.0
Chariton	4,235	1 (out of 103)	80.9	73	172.4	9.4
Carlisle	4,187	69.5 (out of 103)	63.3	44	105.1	2.4

Figure 2 below displays recovery resources in Ames compared to the two Iowa cities most similar in population, Waterloo and Council Bluffs, as well as the state average and average for cities in a similar population group (50,000+). Appendix 2 gives additional context, showing Ames among all the communities with at least 1,000 people in behavioral health district 5.

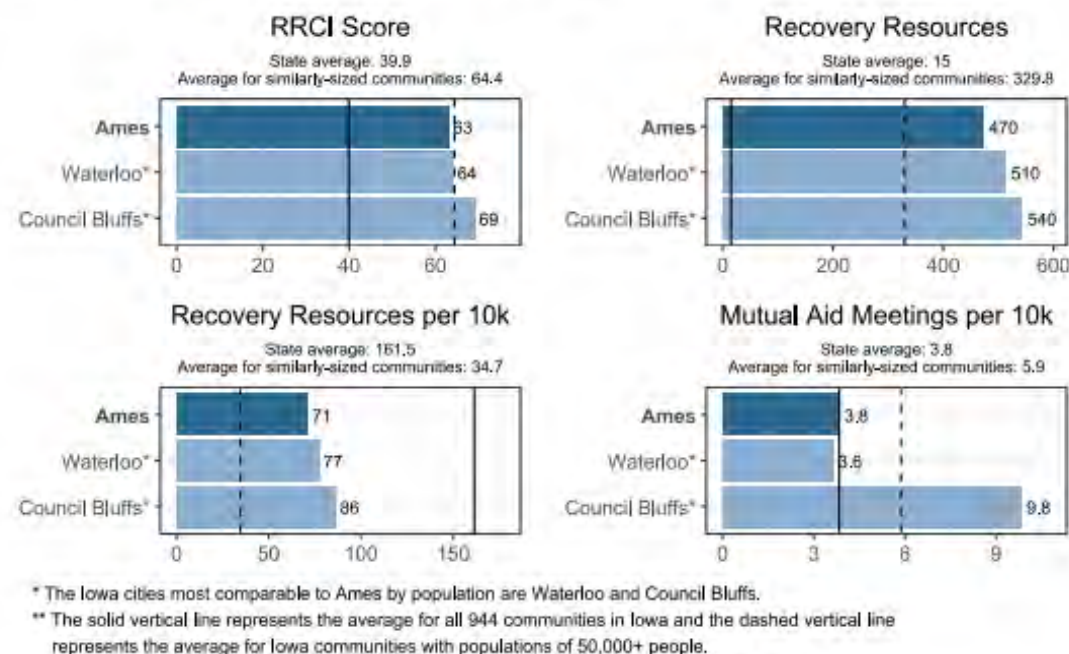
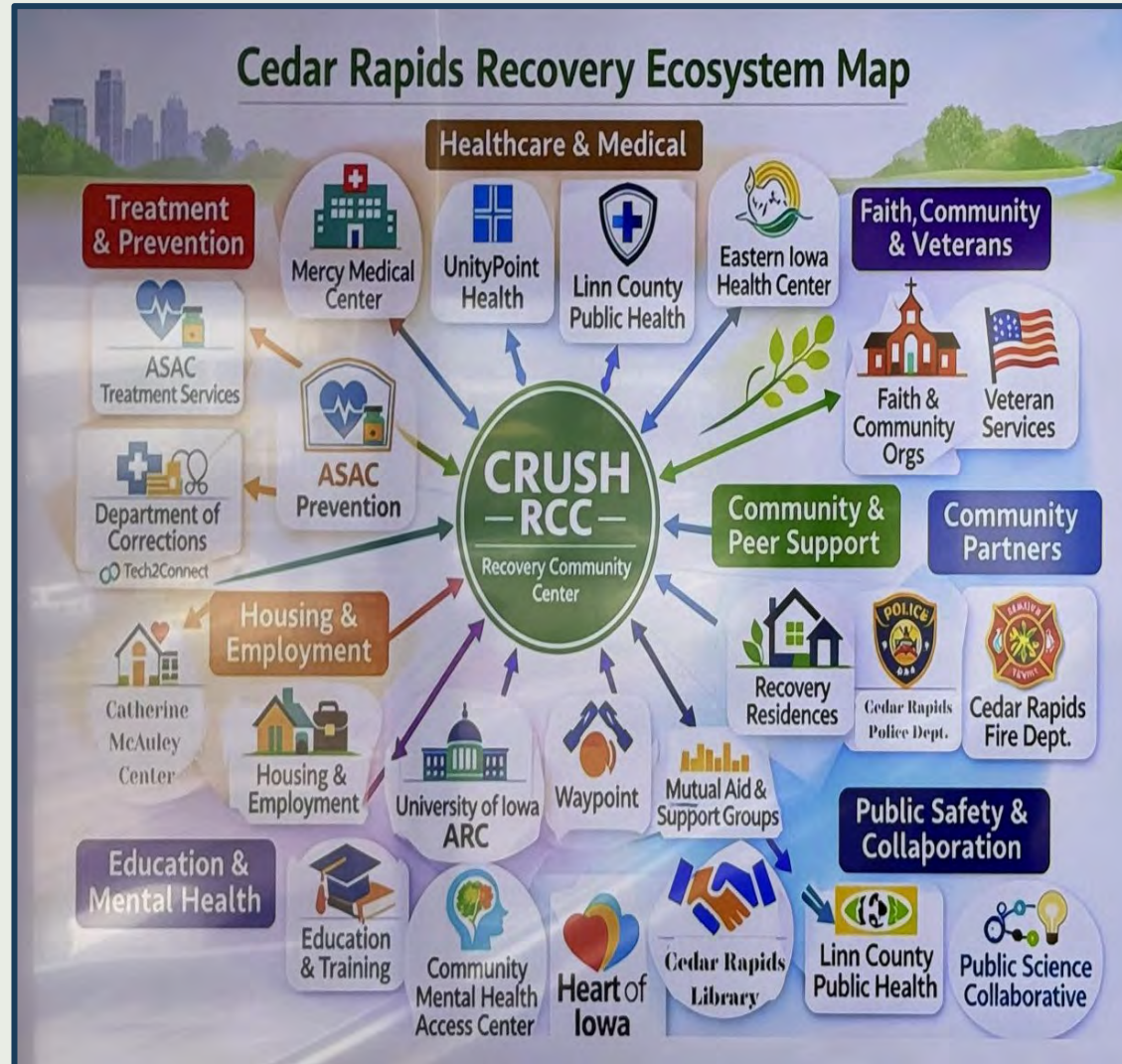


Figure 2: Recovery Resources in Ames

Ames ranks 10th of 11 on the RRCI in its population group (50,000+). Among the same group, Ames ranks 10th in total resources, 8th in resources per 10,000 people, and 9th in mutual aid meetings per 10,000 people. In addition to the RRCI, a community might also consider resource diversity. That is, whether Ames has a wide range of types of resources to support multiple pathways to recovery. On this measure, Ames has 18 types of non-meeting resources, compared to the average of 17 for cities with a population of 50,000+.

We asked providers across the system of care what the system feels like from the inside:



“There’s a bunch of people doing work in this space, and it seems like no one’s working together.”

“I’ll make those referrals, and then I’ll follow up with the families... kind of bridge the gap where sometimes referrals can get lost.”

“Well, we tried to reach out twice, and they’ve been sent a letter, and we didn’t get a response,” and so it kind of gets lost.”

“Why aren’t you working together? I don’t understand. These are the same things that you’re doing, and this other place is doing the same thing.”

“They’re being programmed to death.”



Providers are already designing around the system

“We failed at the first attempt at it.”

“We decided to try to take this outside of the center to other places to offer it.”

“Usually they are telling us more than they’re telling any other provider.”

“We’ve learned and evaluated and taken it to the next level.”

“When we do our job really, really well at a recovery community center, we provide the community support and the resources and the connection and the hope, and we watch them dig themselves out of their hole.”

SEE THE GAP

TRY
SOMETHING

LEARN FROM
FAILURE

ADAPT THE
DELIVERY

KEEP THE
RELATIONSHIP

Providers like you told us...

WHAT WE ALREADY HAVE

- skilled professionals
- peer expertise
- treatment capacity
- recovery communities
- local innovation
- people willing to collaborate

WHAT CREATES FRICTION

- fragmented organizations
- duplicated effort
- eligibility and funding rules
- overloaded providers
- weak handoffs
- gaps between formal services

Let's learn about recovery-oriented systems of care by doing systems analysis

How might we design the local recovery ecosystem so frontline providers spend less time fighting the system and more time creating recovery-supportive relationships and environments?

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