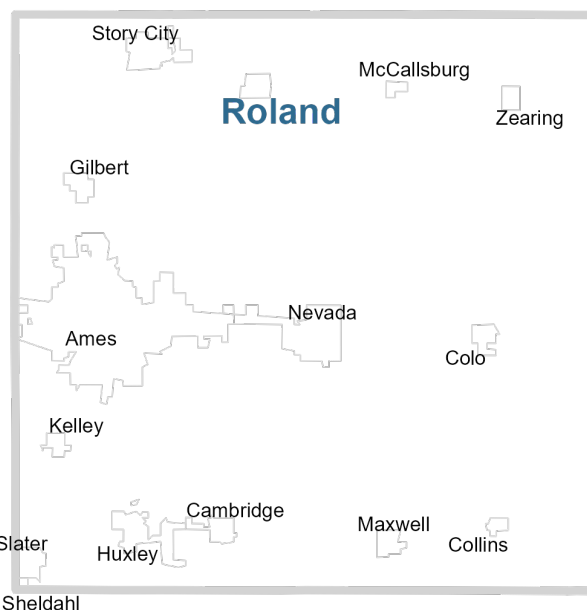


Recovery Readiness Assessment: Roland

June, 2025



Story 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.

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Executive Summary

Iowa State University's Public Science Collaborative¹ (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 Roland, which is in Story County and is part of Iowa's Behavioral Health District 5 (see Figure 1). Roland has a population of 1,500.

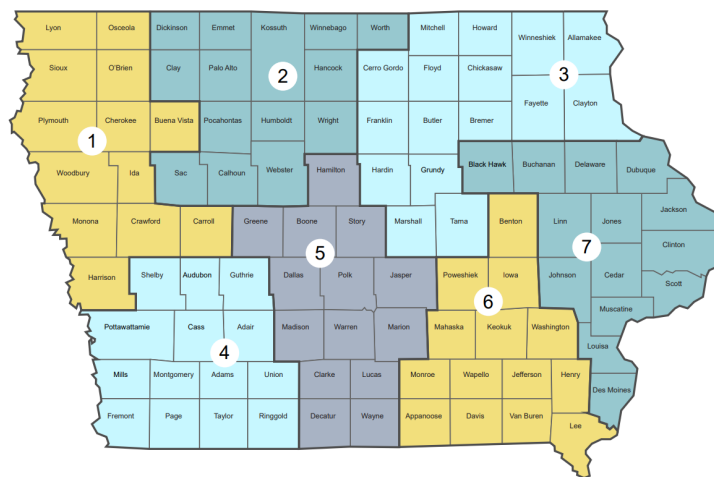


Figure 1: Iowa's Behavioral Health Districts (Source: Iowa HHS)

The following pages define recovery, recovery-oriented services, and recovery-ready communities. We evaluate Roland's recovery resources to identify both strong recovery neighborhoods and areas with growth potential, using SAMHSA's recovery categories and the CDC's social determinants of health framework.

Our report also includes:

- **Substance use vulnerability maps** by drug type—such as opioids, methamphetamine, heroin, alcohol, cannabis, cocaine, and benzodiazepines—help identify prevalent recovery needs, guide resource allocation, and inform event planning in at-risk neighborhoods.
- **Social determinants of health maps** to explore overall health vulnerabilities and help local stakeholders understand neighborhoods that could use extra support, resources, and investments to improve the health and well-being of community members.

These reports can be combined with PSC's Health Snapshot Series² to give an overall view of health and recovery in Iowa counties and communities.

For additional questions or information about this report, the data tools described, or the Public Science Collaborative, please reach out to the principal investigators of this study, Dr. Shawn Dorius at sdorius@iastate.edu, or Dr. Kelsey Van Selous, MSW, LCSW at kvansel@iastate.edu.

¹<https://publicsciencecollaborative.org/>

²<https://publicsciencecollaborative.org/research-project/iowas-health-snapshot-series/>

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.

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 (FSS):** specialists trained to specifically work with families and have their own experiences caring for children with behavioral health needs. FSS 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://iowapeersupport.sites.uiowa.edu/)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://iowapeersupport.sites.uiowa.edu/>

Most community-based recovery organizations will offer some form of peer support. This may include peer support specialists, recovery coaches, or mutual aid meetings, and a range of activities and services to grow community and connection among people in recovery. These organizations provide a substance-free environment where all are welcome. People in recovery can receive guidance in daily activities such as finding stable housing, a job, or volunteer opportunities. They might also offer recreation and social groups, or linkages to legal support.

A few of the most well-known recovery organizations include:

- **Recovery Community Centers:** These centers are free, universal access physical spaces that offer a variety of services to support individuals in recovery. A typical recovery community center will host mutual aid meetings, maintain a network of local recovery coaches, engage in community advocacy for people in recovery, and coordinate connections to general resources for recoverees. They will also coordinate with first responders, parole officers, and emergency 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 Café Network](https://recoverycafenetwork.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 academi-

cally 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://recoverycafenetwork.org/>

Is Your Community Recovery Ready?

We consulted scientific literature on substance use recovery and engaged key stakeholders, including people in recovery and individuals from around the country and in Iowa who work directly with recoverees. From these efforts, we identify 24 categories of community-based recovery resources and services. Collecting all of that data for each of Iowa’s cities and towns yielded a total of nearly 40,000 community resources that support recovery. We mapped and analyzed these resources to identify a short list of ‘Recovery Ready’ communities across the state, culminating in the first-of-its-kind index: The Recovery Ready Community Index (RRCI).

The RRCI is comprised of three components: total number of resources, total resources per 10,000 population, and total mutual aid meetings per 10,000 population (the first two categories include all resources except mutual aid meetings). A community’s overall RRCI score is calculated by taking the average of the components’ percentile ranks among all Iowa communities. For instance, the community with the most resources has a total resources percentile score of 100 (meaning the community has more resources than 100% of counties), while the one with the fewest has a score of 0.

The Public Science Collaborative designed and created a public-facing, [interactive dashboard](#)⁵ that allows people to further explore the RRCI, compare recovery readiness scores, and evaluate communities.

Figure 2 below displays recovery resources in Roland compared to the two Iowa cities most similar in population, Traer and Van Meter, as well as the state average and average for cities in a similar population group (1,000 - 2,499). Appendix 2 gives additional context, showing Roland among all the communities with at least 1,000 people in behavioral health district 5.

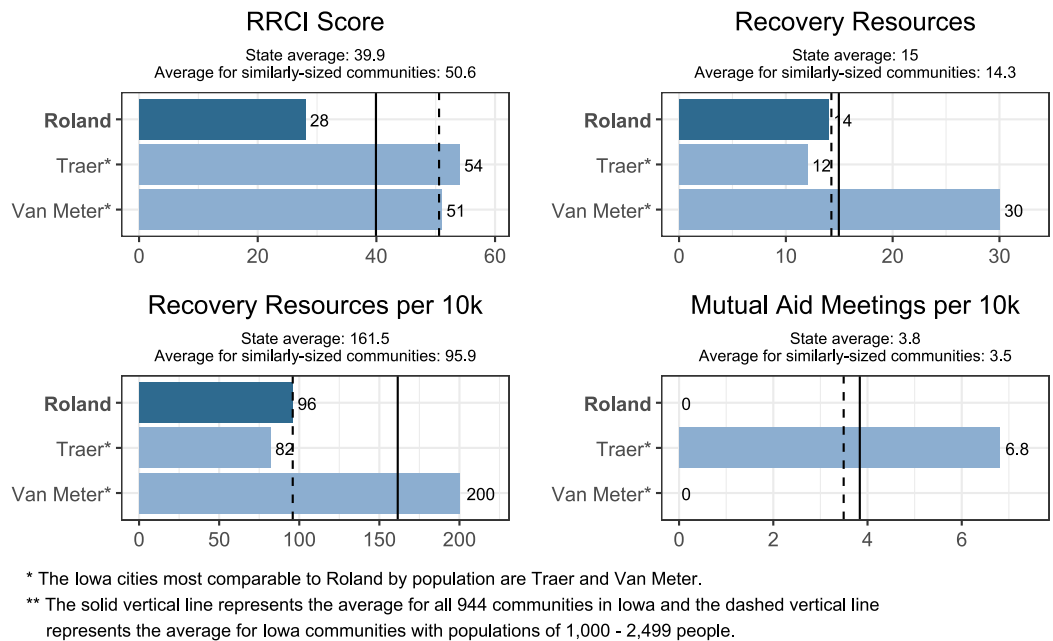


Figure 2: Recovery Resources in Roland

Roland ranks 133rd of 145 on the RRCI in its population group (1,000 - 2,499). Among the same group, Roland ranks 128th in total resources, 125th in resources per 10,000 people, and 104th in mutual aid meetings per 10,000 people. In addition to the RRCI, a community might also consider resource diversity. That is, whether Roland has a wide range of types of resources to support multiple pathways to recovery. On this measure, Roland has 5 types of non-meeting resources, compared to the average of 5.8 for cities with a population of 1,000 - 2,499.

⁵<https://publicsciencecollaborative.shinyapps.io/RRCI/>

What Are the Resources in Your Community?

Overall, Roland has 0 mutual aid meetings and 14 non-meeting recovery resources. The tables below include data about the specific kinds of mutual aid meetings and other recovery resources available in your community. Appendices 3 and 4 have a full list of these resources. Following the tables, we have prepared maps that break up the data into categories of similar types of resources and show where resources are located in Roland. These maps can be used to help identify areas that already have plentiful recovery resources and those that have limited resources and may need additional support.

Table 1: Types of Mutual Aid Meetings in Roland

Meeting Type
There are no mutual aid meetings in Roland.

Table 2: Types of Recovery Resources in Roland

Resource Type	Total Resources
Baseball/Softball Diamond	5
Place of Worship	3
Tennis Court	2
Library	1
Outdoor Basketball Court	1
School	1
Trail	1

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 Roland that fit into each of those dimensions of recovery.

The SAMHSA Dimensions of Recovery include ([Click here for more information](#)⁶):

- **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)

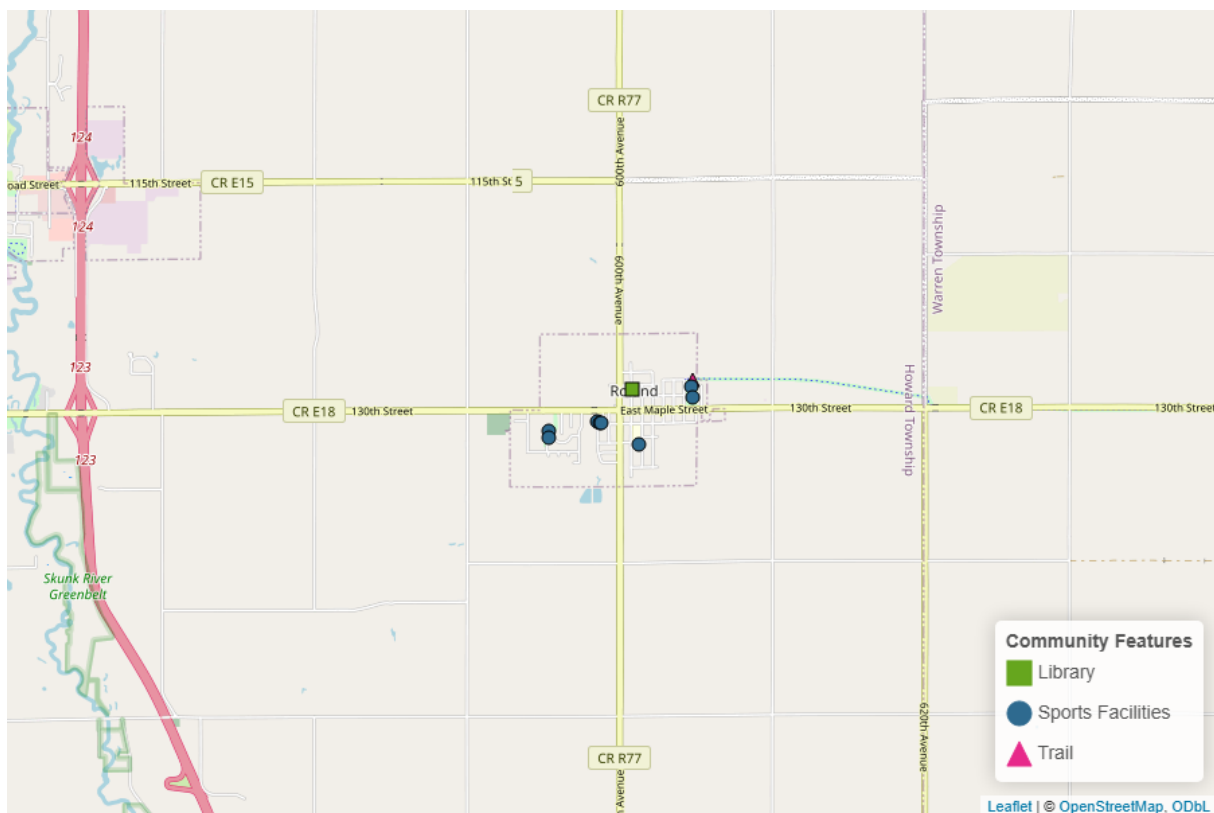


Figure 3: Community Resources in Roland

⁶<https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf>

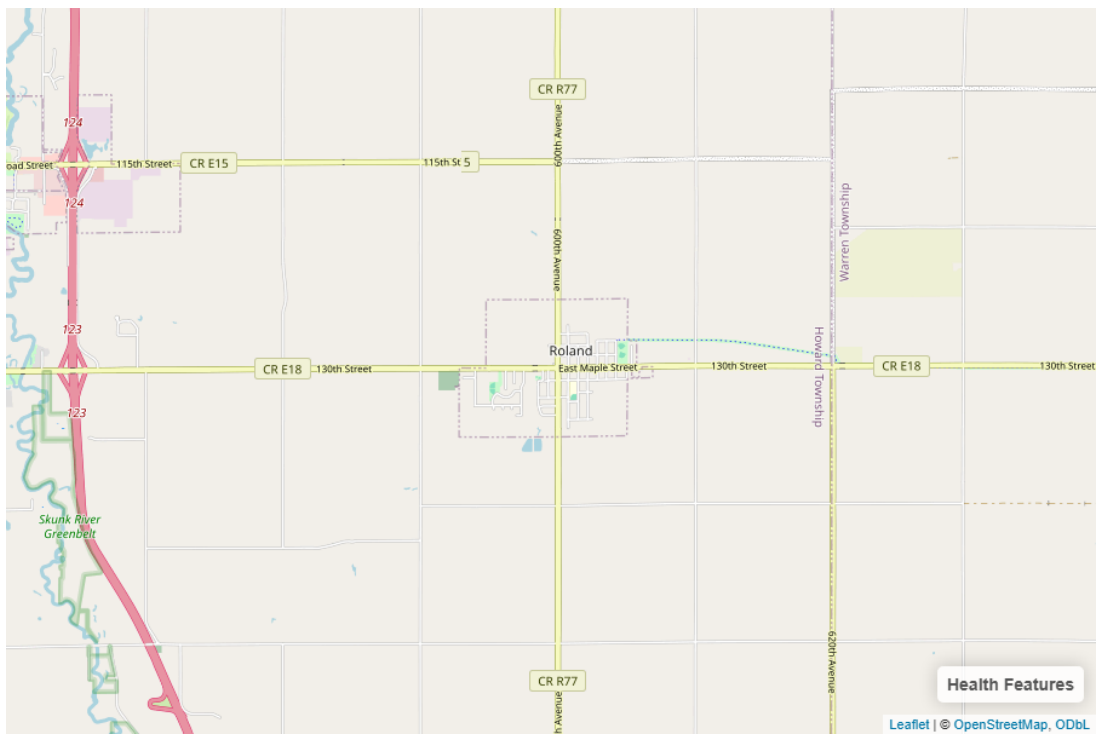


Figure 4: Health Resources in Roland

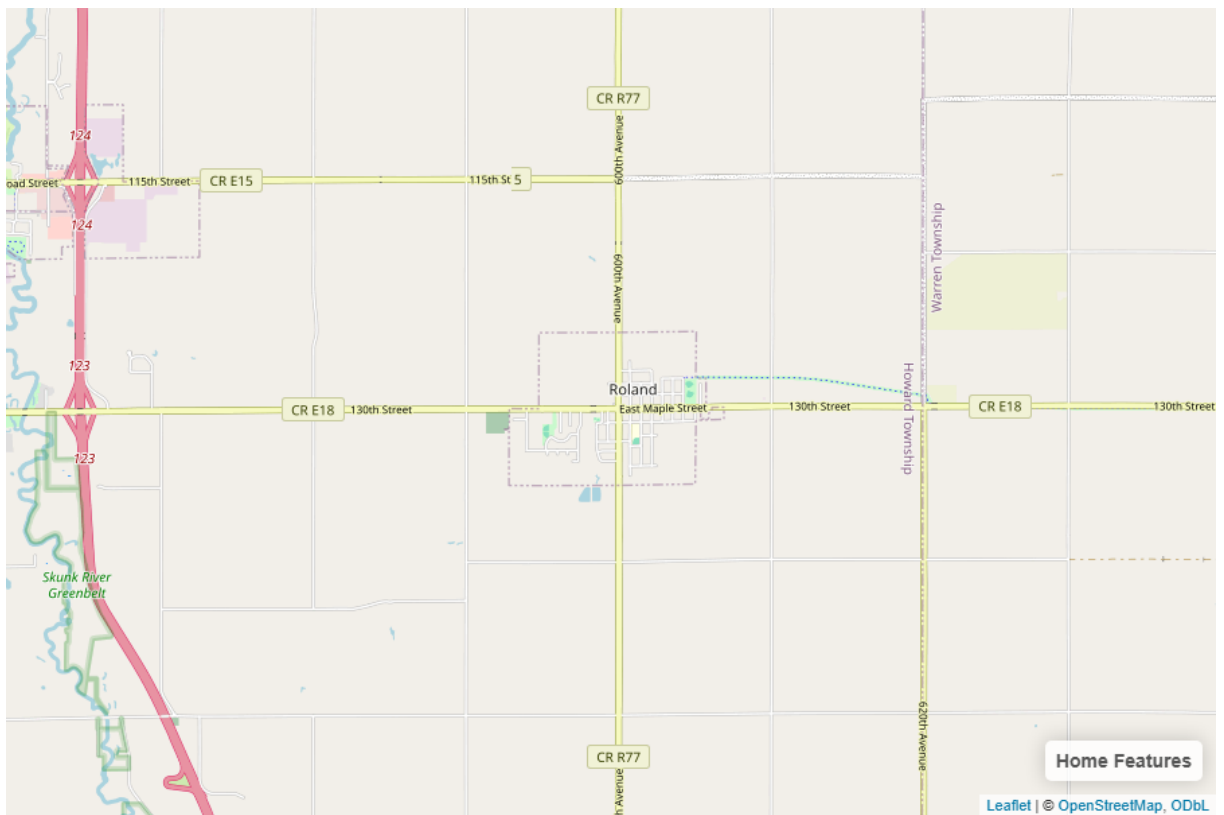


Figure 5: Home Resources in Roland

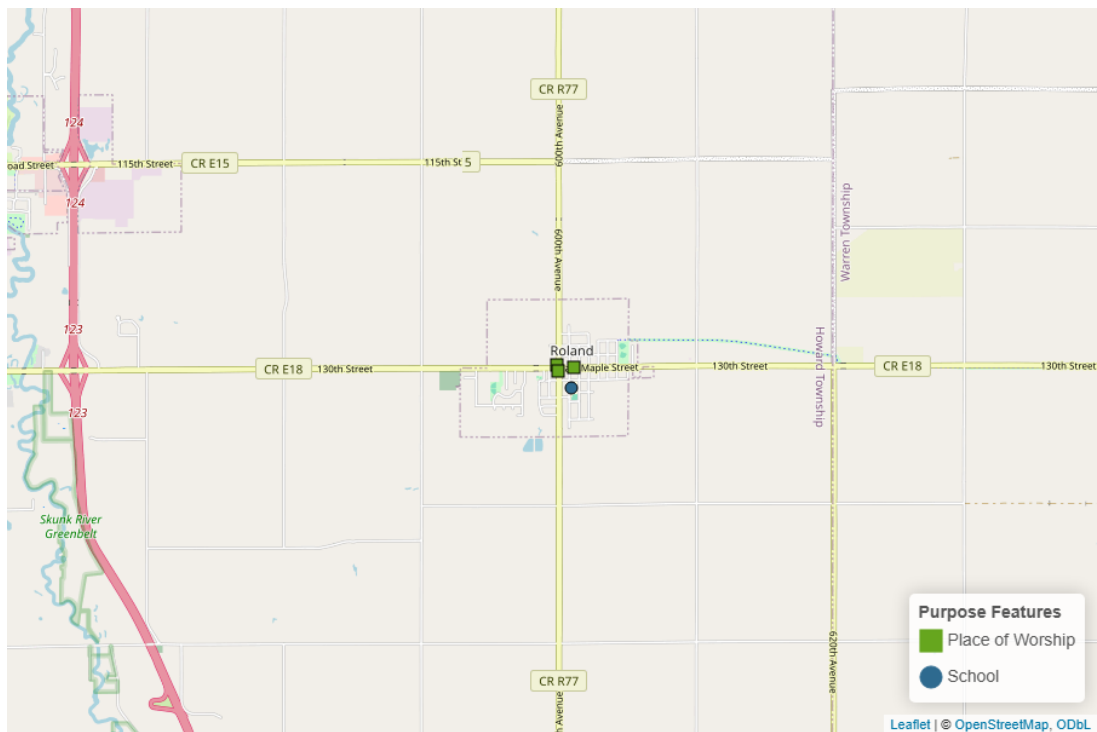


Figure 6: Purpose Resources in Roland

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](#)⁷):

- **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, Work-force Development Offices)

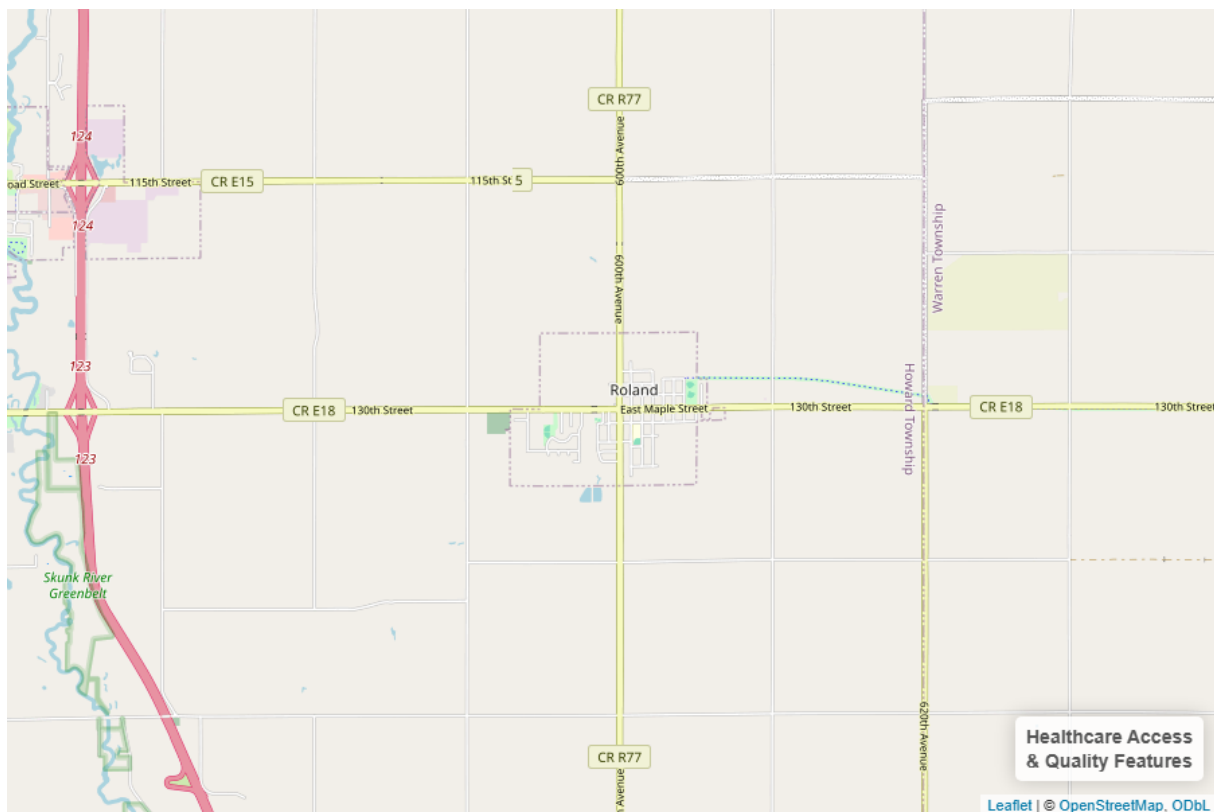


Figure 7: Heath Care Access and Quality Resources in Roland

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

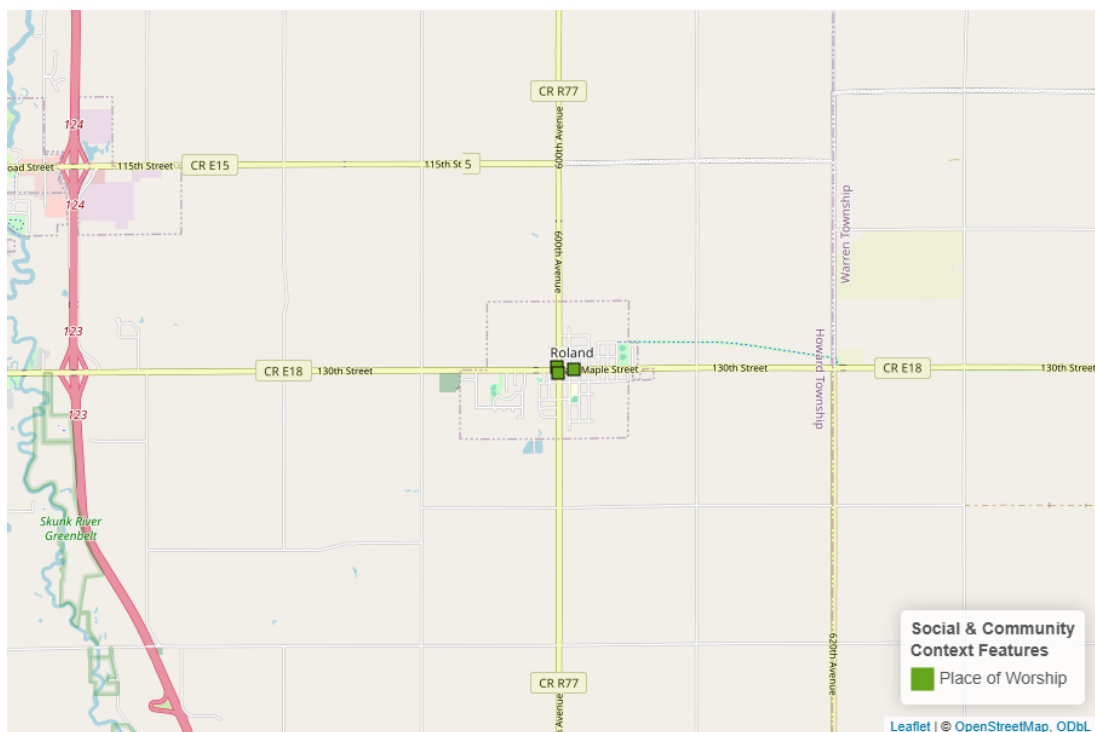


Figure 8: Social and Community Context Resources in Roland

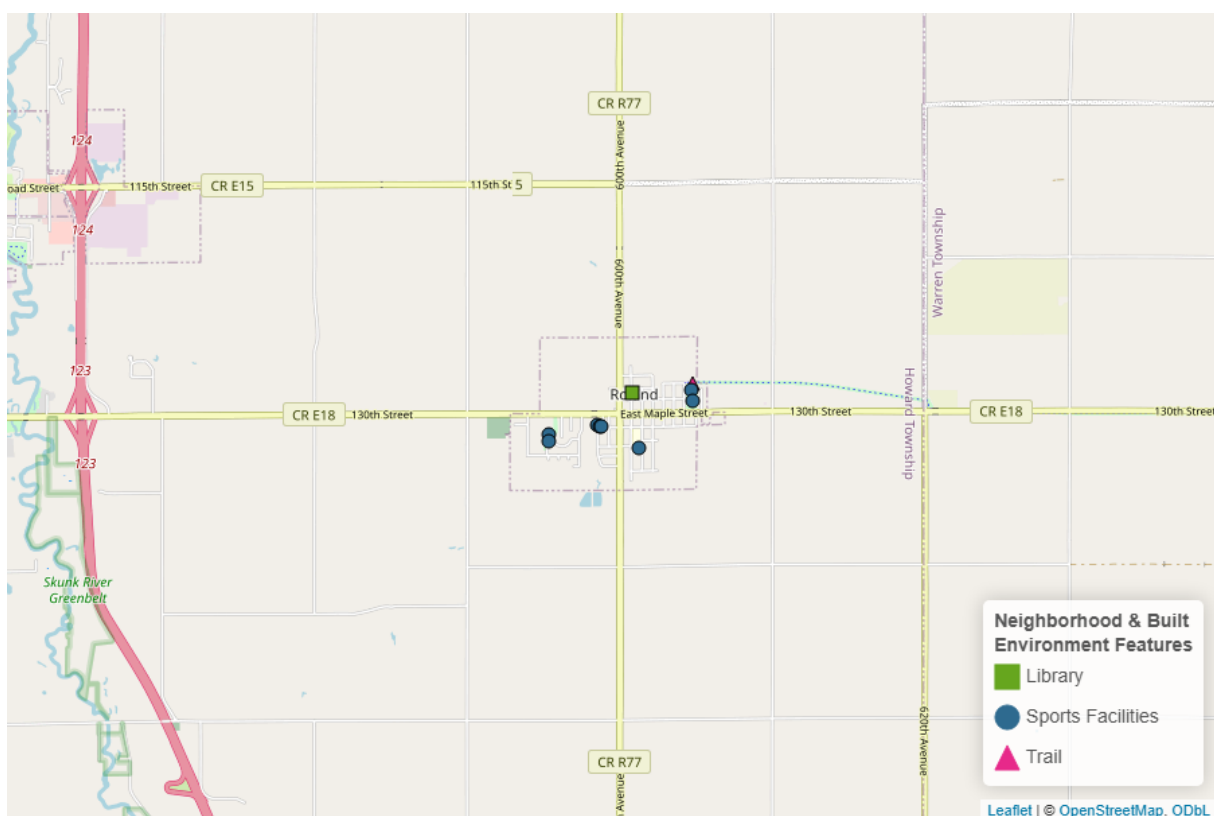


Figure 9: Neighborhood and Built Environment Resources in Roland

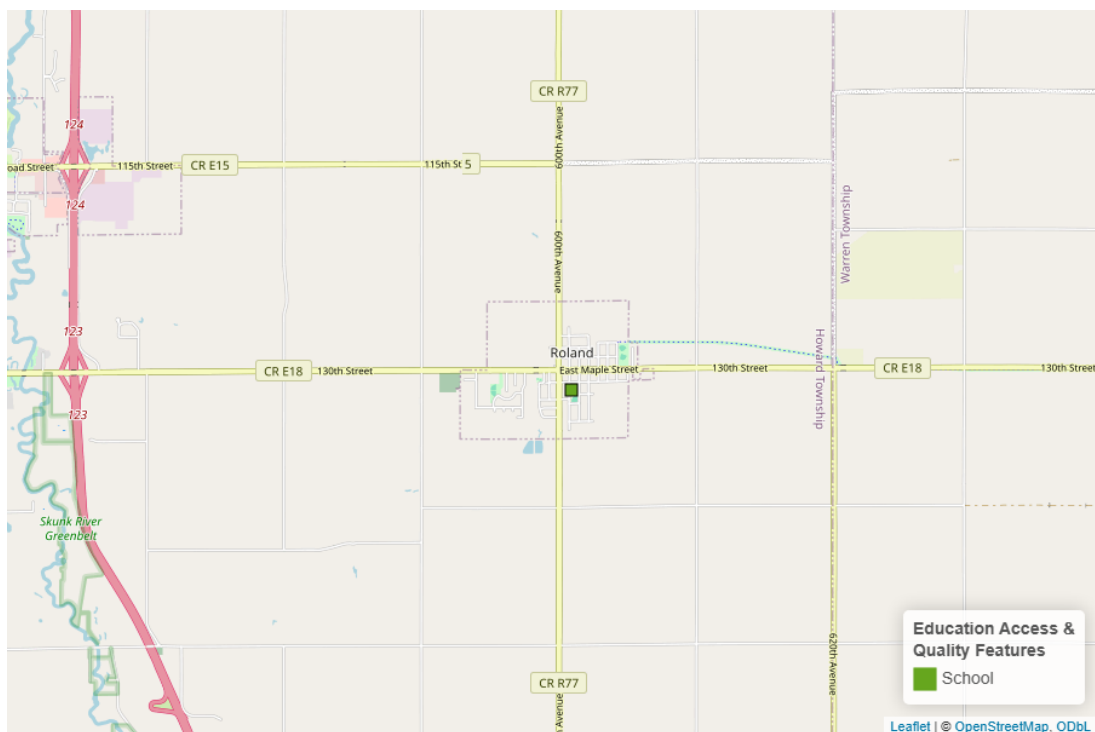


Figure 10: Education Access and Quality Resources in Roland

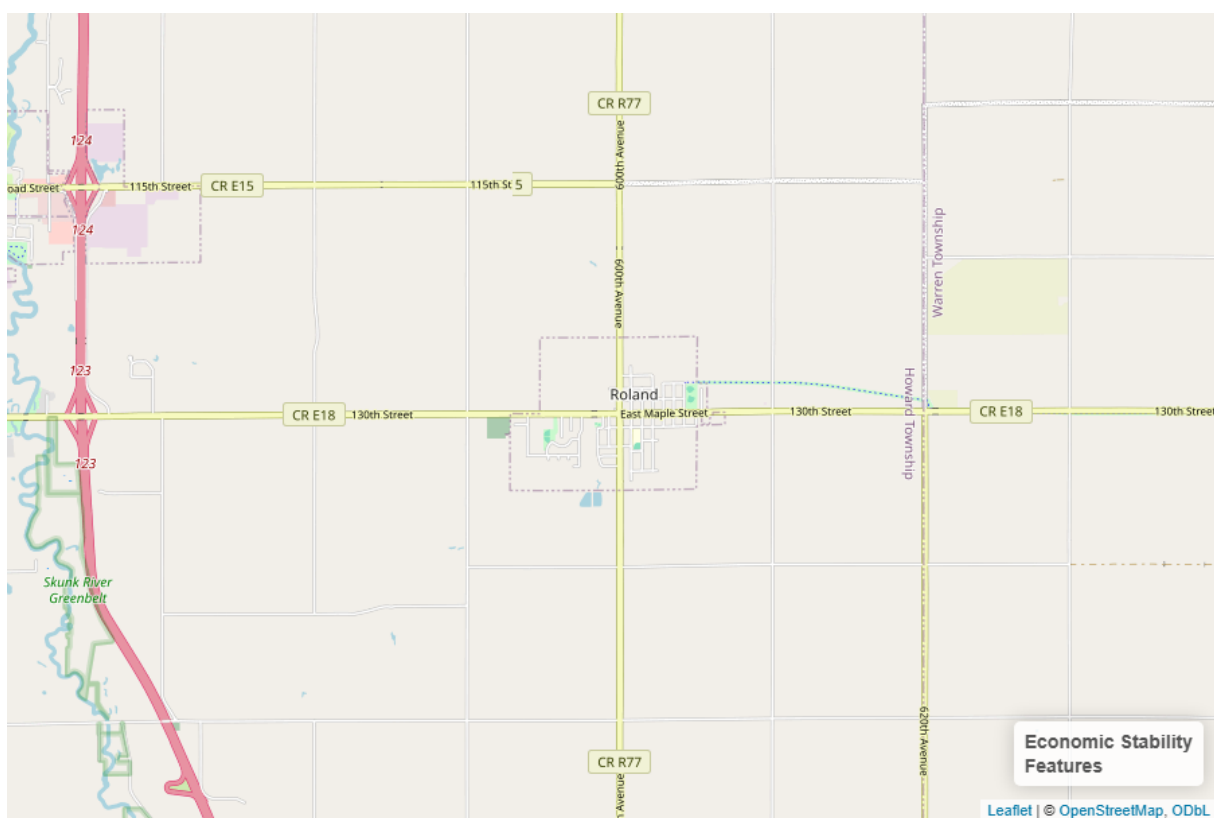


Figure 11: Economic Stability Resources in Roland

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 Collaborative⁸](https://iowapeersupport.sites.uiowa.edu/) 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 Roland 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
Des Moines	Broadlawns Medical Center	0	0	2	0
Des Moines	Central Iowa Center for Independent Living	0	0	1	0
Des Moines	Child Health Specialty Clinics (CHSC)	1	0	0	0
Des Moines	Community Support Advocates	0	0	1	0
Des Moines	Community and Family Resources	0	1	0	0
Des Moines	Easterseals Iowa	1	0	0	0
Des Moines	Eyerly Ball	0	0	5	0
Des Moines	Full Circle Recovery Community Center	0	1	0	0
Des Moines	Iowa Harm Reduction Coalition	0	0	1	0
Des Moines	MercyOne	0	1	0	0
Des Moines	NAMI Iowa	0	0	1	0
Des Moines	NAMI Iowa - Office of Recovery Services	0	0	1	0
Des Moines	Orchard Place	1	0	0	0

⁸<https://iowapeersupport.sites.uiowa.edu/>

City	Organization	Family Peer Support Specialists	Peer Recovery Coaches	Peer Support Specialists	Other
Des Moines	Primary Health Care Homeless Support Services	0	0	2	0
Des Moines	Veterans Administration	0	0	1	0
Des Moines	Wellpoint (formerly Amerigroup)	0	0	0	1
Indianola	Central Iowa Recovery	0	0	1	0
Indianola	MercyOne	0	1	0	0
Johnston	Ellipsis	1	0	0	0
Johnston	Outside The Box	0	0	0	1
Knoxville	Inside Out Wellness & Advocacy	0	1	0	0
Knoxville	Resources for Human Development	0	0	1	0
Newton	Capstone Behavioral Health	1	0	2	0
Newton	MercyOne	0	1	0	0
Osceola	Crossroads Behavioral Health Services	1	0	1	0
Perry	Inside Out Wellness & Advocacy	0	1	0	0
Pleasant Hill	Thrive Now Recovery Center	0	1	0	0
Urbandale	Mosaic Haven, LLC	1	0	0	0
Webster City	Central Iowa Recovery	0	0	1	0
West Des Moines	Community Support Advocates	1	0	2	0
West Des Moines	Stepping Stone Family Services	1	0	0	0
West Des Moines	UCS Healthcare	0	1	0	0
Winterset	Crossroads Behavioral Health Services	1	0	1	0
Woodward	Inside Out Wellness & Advocacy	0	1	0	0

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.

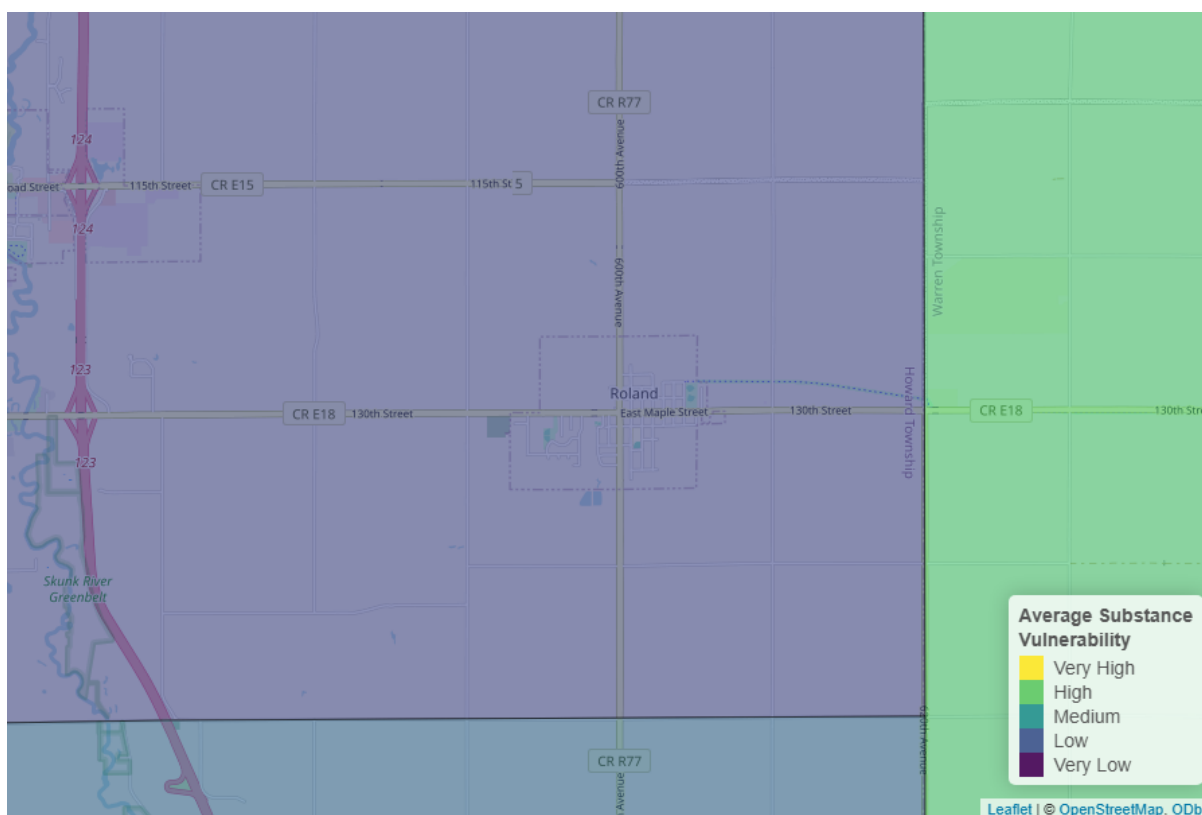


Figure 12: Overall Substance Use Vulnerability in Roland

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

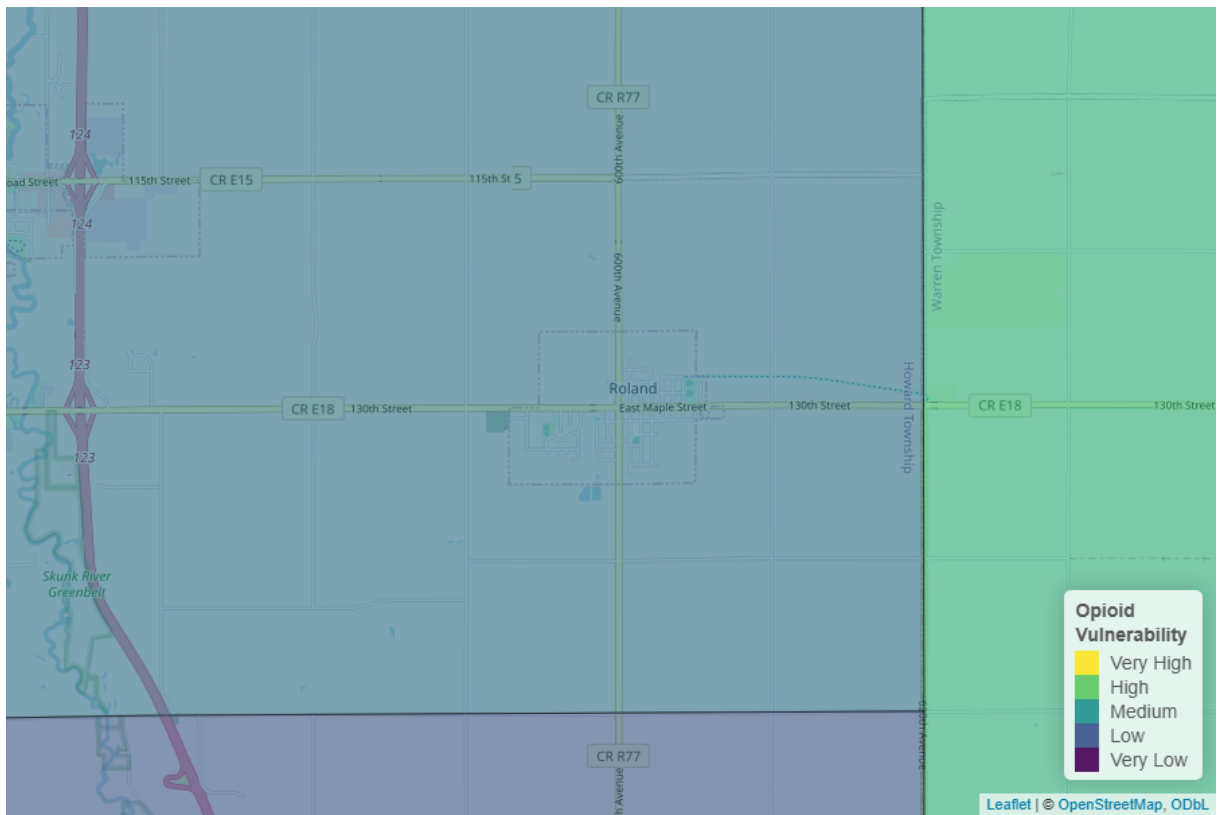


Figure 13: Opioid Vulnerability in Roland

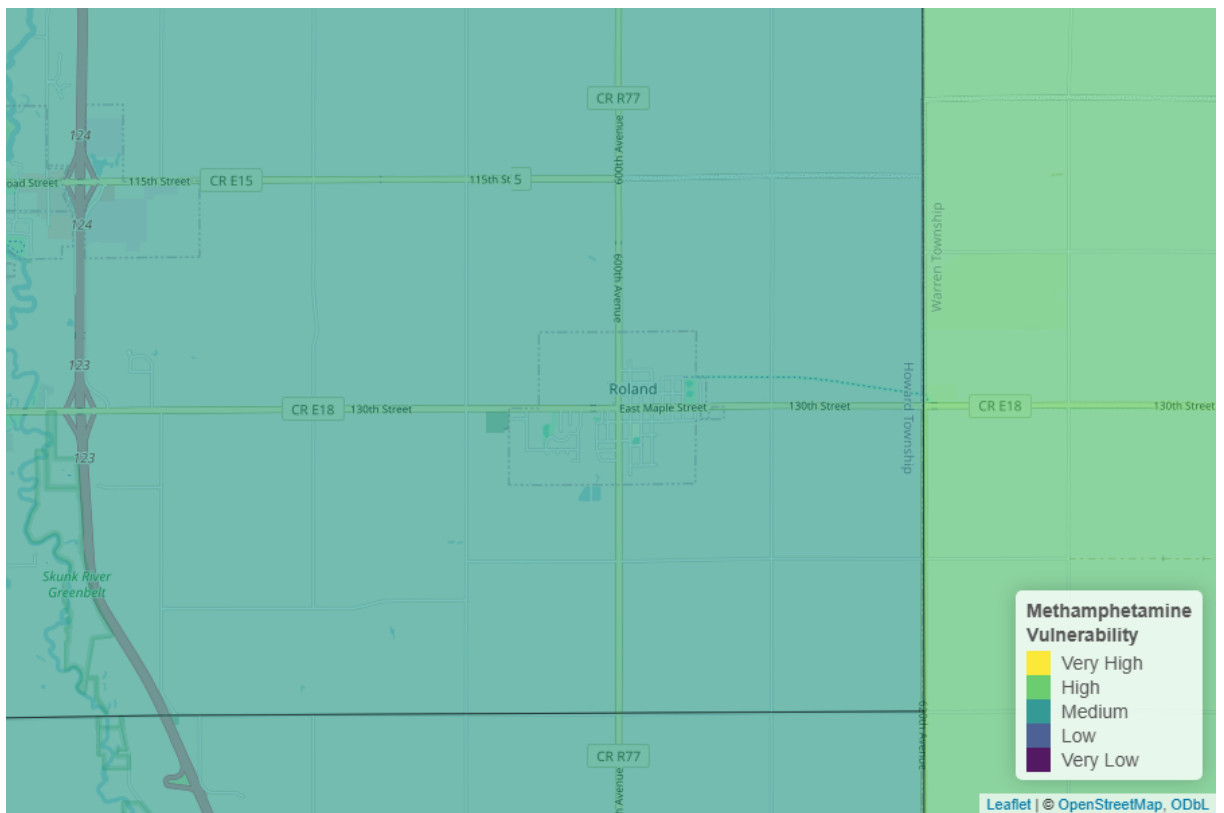


Figure 14: Methamphetamine Vulnerability in Roland

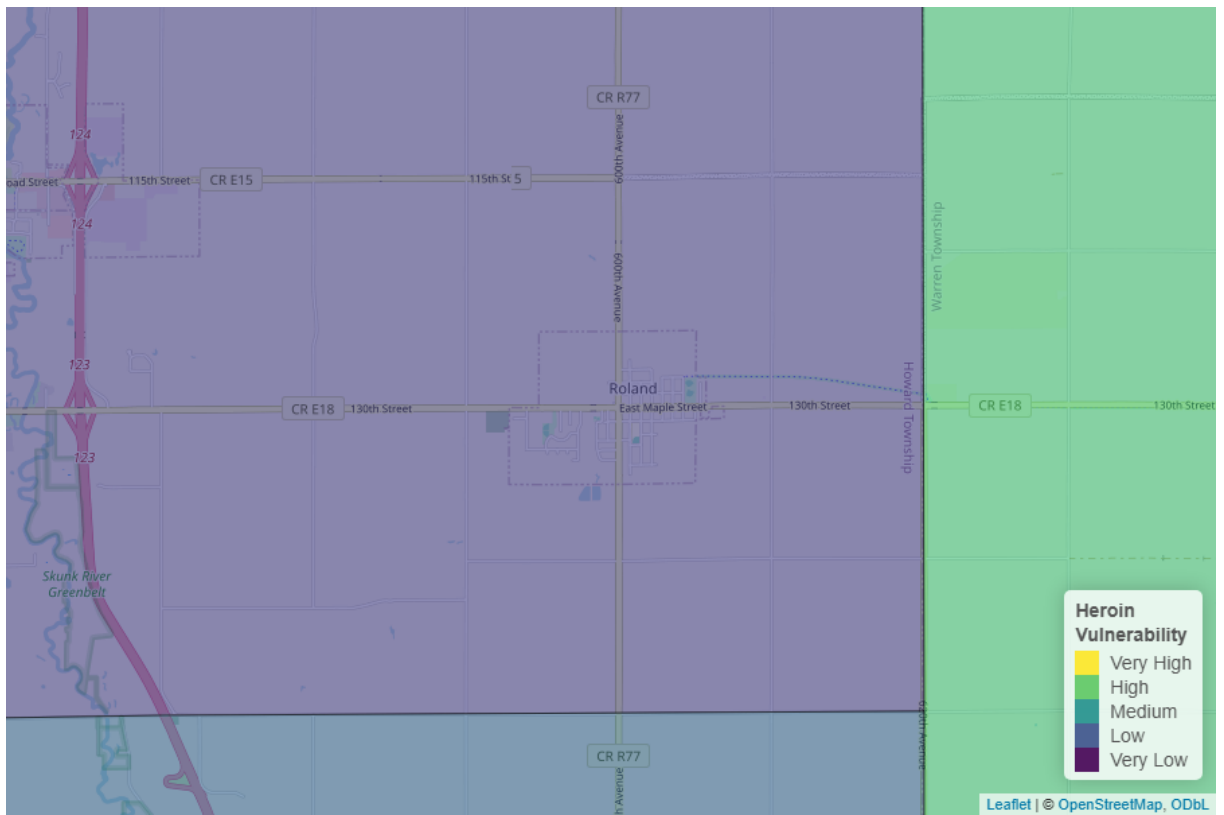


Figure 15: Heroin Vulnerability in Roland

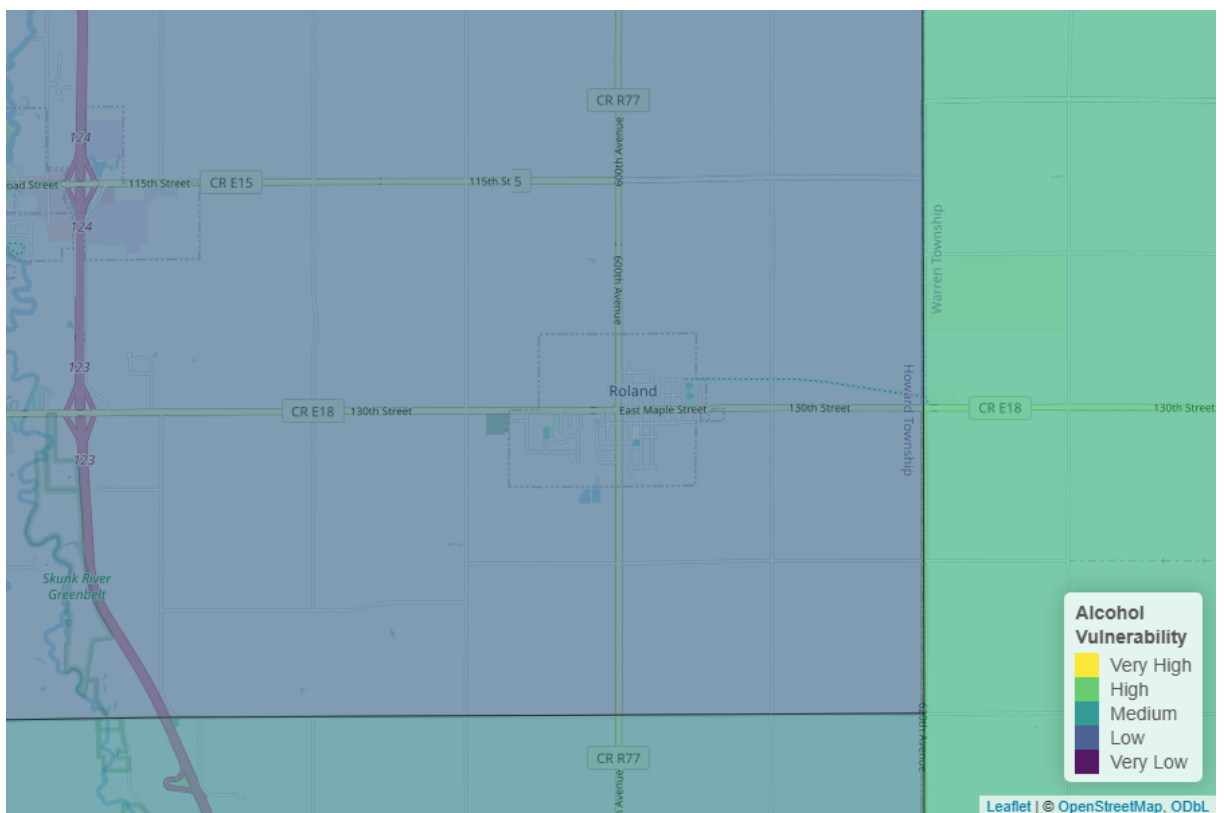


Figure 16: Alcohol Vulnerability in Roland

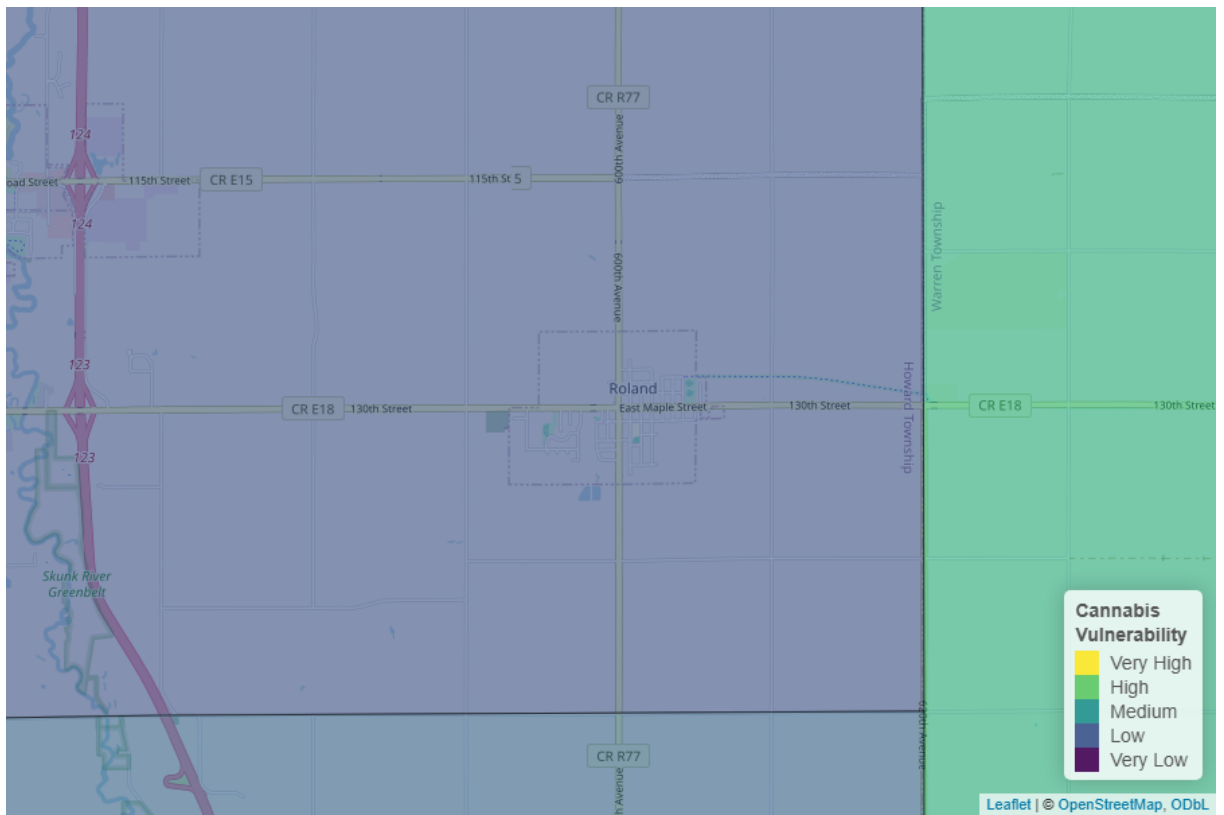


Figure 17: Cannabis Vulnerability in Roland

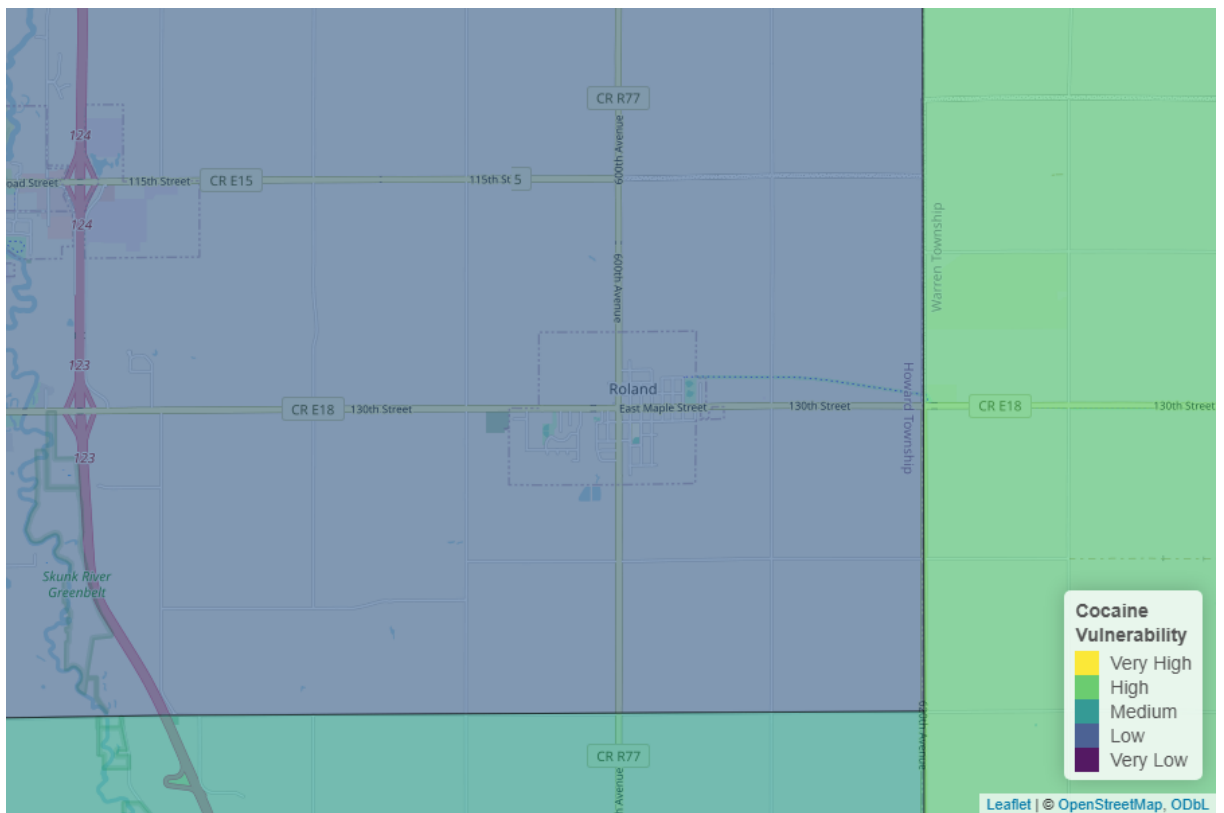


Figure 18: Cocaine Vulnerability in Roland

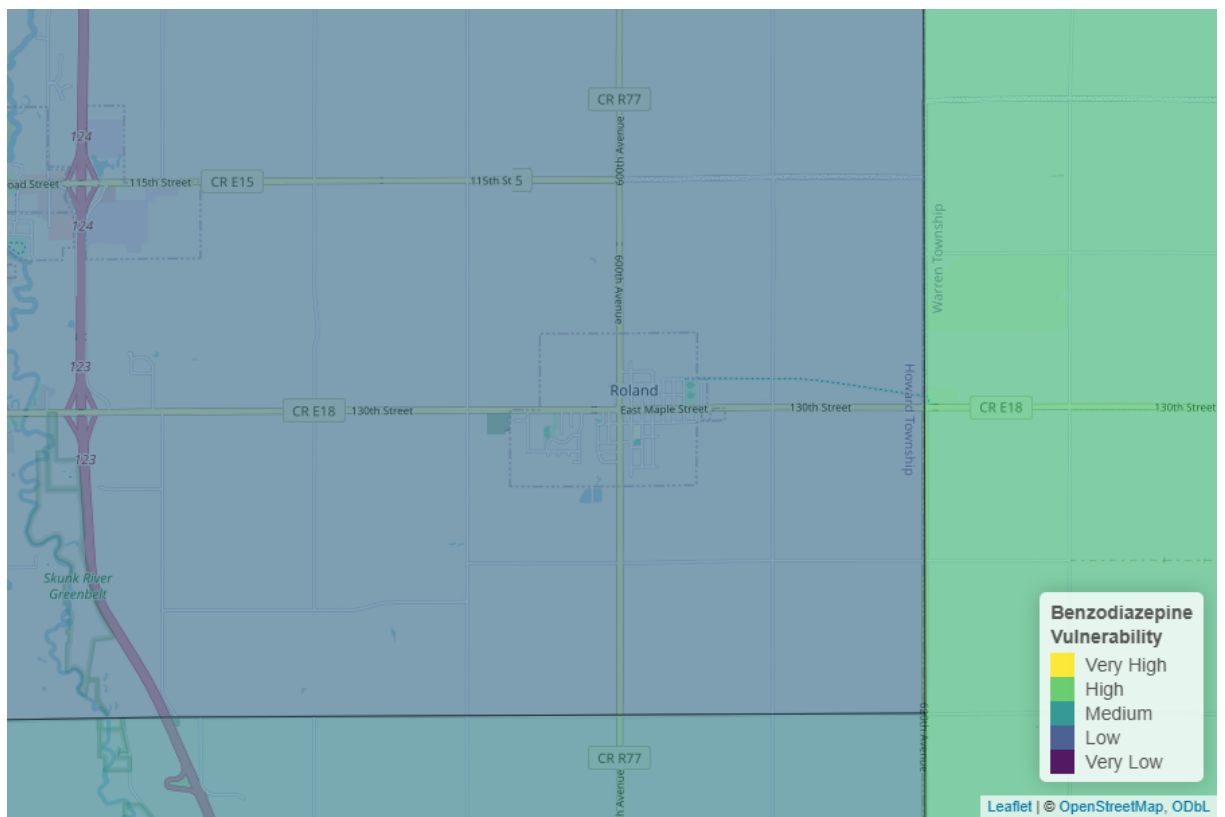


Figure 19: Benzodiazepine Vulnerability in Roland

Social Determinants of Health

In addition to the substance use vulnerability maps above, the Public Science Collaborative also explored overall health vulnerabilities and disparities in Roland, using the social determinants of health. By social determinants, we refer to social and environmental risks that impact a person's overall health and well-being. For example, in places with high average levels of education and low unemployment rates, people usually enjoy better health. In areas with low average incomes and high single parenting rates, health often suffers. Understanding social determinants of health can help community organizations and governments. It shows where there are neighborhoods that can benefit most from targeted investment to reduce health disparities. You can interactively explore social determinants of health across the state and look at individual components on [PSC's SDOH Dashboard](https://publicsciencecollaborative.shinyapps.io/sdoh/).¹⁰

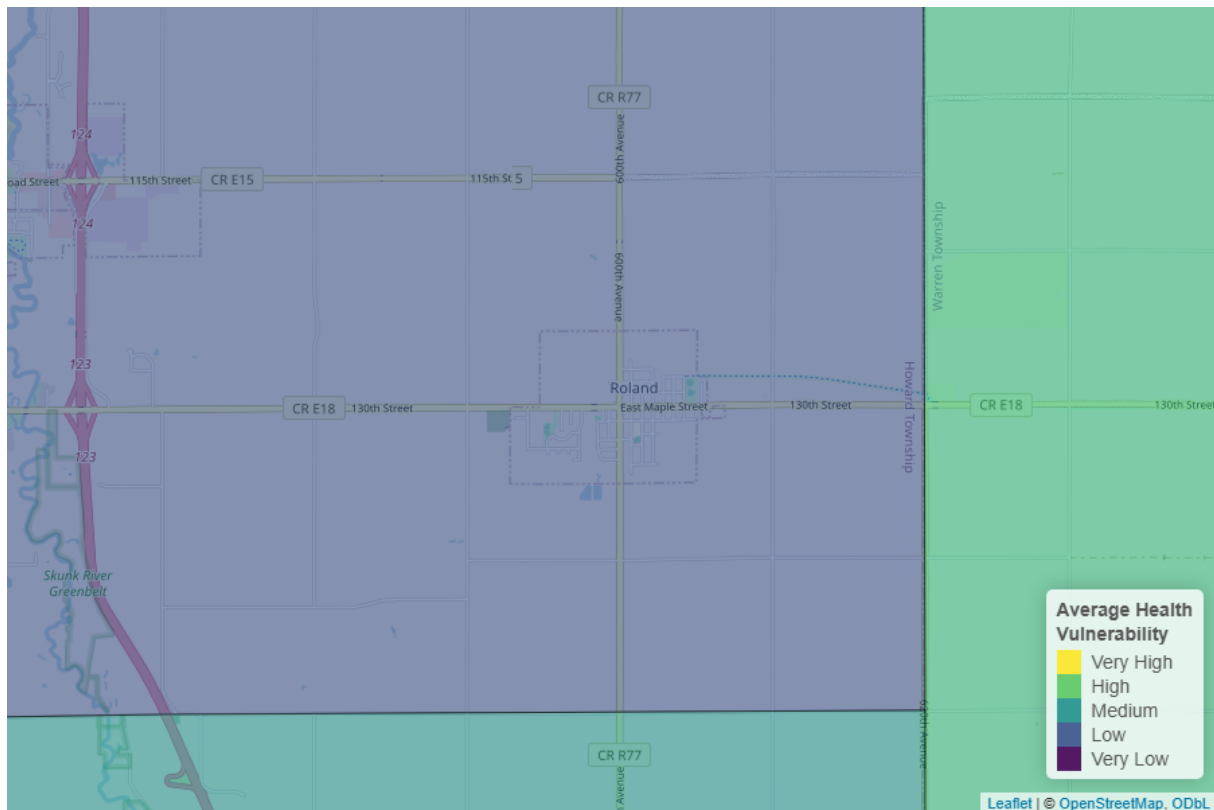


Figure 20: Overall Health Vulnerability in Roland

¹⁰<https://publicsciencecollaborative.shinyapps.io/sdoh/>

Appendix 1: Data Used in this Report

The data used in this report is a variety of recovery, community, and well-being resources that can be useful for individuals in recovery. To collect this data, we used public resources, including government agencies and recovery websites. The data sources can be found in the table below. Our collection of data may not cover every single resource in Iowa, but it represents the primarily publicly available data found through our research and following the advice of substance use experts and researchers. This data was acquired through several ways: simple downloads, manual data entry, computer reading of PDF files, scraping websites, and utilization of APIs.

There are also several resource finder tools to help find a specific resource in an area, including the [Recovery Resource Finder](#),¹¹ [Well-Being Resource Finder](#),¹² and [Physical Activity Resource Finder](#).¹³

Table 4: Recovery Resource Data Sources

Resource Type	Source
Beach	Iowa DNR
Library	Institute of Museum and Library Services
Playground	OpenStreetMap
Public Park	OpenStreetMap
Trail	OpenStreetMap
Outdoor Basketball Court	OpenStreetMap
Football Field	OpenStreetMap
Soccer Field	OpenStreetMap
Baseball/Softball Diamond	OpenStreetMap
Tennis Court	OpenStreetMap
Pickleball Court	OpenStreetMap
Outdoor Volleyball Court	OpenStreetMap
Other Sports Facilities	OpenStreetMap
Family Support Specialist	Wellpoint Peer Support Inventory
Mutual Aid Meeting	Various Websites
Peer Support Provider	Wellpoint Peer Support Inventory
Recovery Organizations (Community and Collegiate)	Manual Addition
SUD Recovery Coach	Wellpoint Peer Support Inventory
Lake	Iowa DNR
Access Center	Manual Addition
Drug Drop-off Site	Iowa Geodata
Hospital	Iowa Medicaid Provider Search
MAT Site	SAMHSA
Mental & Behavioral Health Center	Iowa DHHS
Rural Health Clinic	Iowa Association of Rural Health Clinics

¹¹<http://public-science.org/recoveryresources>

¹²<http://public-science.org/communityresources>

¹³<http://public-science.org/physicalactivity>

Resource Type	Source
SUD or Gambling Treatment Center	<u>Iowa DHHS</u>
VA Hospital or Clinic	<u>U.S. Department of Veterans Affairs</u>
YMCA	<u>Heartland YMCA Alliance</u>
Childcare Provider	<u>Iowa DHHS</u>
Recovery Housing	<u>Iowa DHHS</u>
Section 8 Housing	<u>U.S. Department of Housing and Urban Development</u>
Shelter	<u>Homeless Shelters Directory</u>
Intimate Partner Violence Program	<u>Iowa Coalition Against Domestic Violence</u>
Workforce Development Office	<u>Iowa Workforce Development</u>
College or University	<u>Wikipedia</u>
School	<u>Iowa Department of Education</u>
Place of Worship	<u>ExpertGPS.com</u>
State Park	<u>Iowa DNR</u>

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 Roland, 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

City	Population	Pop. Group Rank	RRCI	Resource Abundance-Absolute	Resource Abundance-Relative	Recovery Culture
Jefferson	4,164	53 (out of 103)	66.3	41	98.5	9.6
Saylorville	3,559	101 (out of 103)	28.1	22	61.8	0.0
Story City	3,363	98 (out of 103)	31.7	27	80.3	0.0
Madrid	2,803	72 (out of 103)	62.9	30	107.0	3.6
Mitchellville	2,557	103 (out of 103)	25.9	17	66.5	0.0
Lamoni	2,121	12 (out of 145)	81.8	47	221.6	4.7
Colfax	2,089	53 (out of 145)	60.6	19	91.0	9.6
Monroe	2,074	106 (out of 145)	38.6	26	125.4	0.0
Dallas Center	2,058	44 (out of 145)	65.6	25	121.5	4.9
Granger	1,919	56 (out of 145)	59.3	19	99.0	5.2
Ogden	1,902	23 (out of 145)	78.7	37	194.5	5.3
Pleasantville	1,883	30 (out of 145)	74.8	31	164.6	5.3
Leon	1,795	67 (out of 145)	51.8	37	206.1	0.0
Prairie City	1,649	103 (out of 145)	40.4	23	139.5	0.0
Corydon	1,566	84 (out of 145)	45.7	26	166.0	0.0
Slater	1,498	77 (out of 145)	47.9	27	180.2	0.0
Van Meter	1,469	69 (out of 145)	50.7	30	204.2	0.0
Roland	1,458	133 (out of 145)	28.1	14	96.0	0.0
Earlham	1,406	82 (out of 145)	46.9	25	177.8	0.0
Gilbert	1,300	79 (out of 145)	47.5	24	184.6	0.0
Baxter	1,251	131 (out of 145)	28.8	13	103.9	0.0
Melcher-Dallas	1,228	75 (out of 145)	48.4	24	195.4	0.0
Jewell Junction	1,225	105 (out of 145)	39.6	18	146.9	0.0
Sully	1,092	104 (out of 145)	40.3	17	155.7	0.0
Woodward	1,002	5 (out of 145)	83.7	23	229.5	29.9

Appendix 3: Mutual Aid Meetings In Roland

Table 6: Mutual Aid Meeting Directory in Roland

Meeting Type

There are no mutual aid meetings in Roland.

Appendix 4: Resources In Roland

Table 7: Recovery Resource Directory in Roland

Resource Type	Name	Address
Baseball/Softball Diamond	5 Baseball/Softball Diamonds	Roland, Story County, Iowa, 50236, United States
Outdoor Basketball Court	1 Outdoor Basketball Court	Roland, Story County, Iowa, 50236, United States
Library	Roland Public Library	221 N Main St, Story, Roland, IA, 50236
Place of Worship	<u>Bergen Lutheran Church</u>	101 W Maple St, Roland, IA 50236, USA
Place of Worship	<u>Salem Lutheran Church</u>	201 E Maple St, Roland, IA 50236, USA
Place of Worship	<u>Story City Evangelical Free Church</u>	101 S Cottonwood St, Roland, IA 50236, USA
School	Roland-Story Middle School	206 S Main St, Roland, IA
Tennis Court	2 Tennis Courts	Roland, Story County, Iowa, 50236, United States
Trail	1 Trail	No Address in Data