

Iowa HHS Behavioral Health Town Hall

May 28, 2026

Agenda

Mental Health Awareness Month

- Marissa Eyanson, Director, Behavioral Health, Iowa HHS

Awareness of Psychotic Disorders and Early Intervention

- Dr. Theresa Clemmons, DO, FAPA, Psychiatry Director, Iowa HHS

First Episode Psychosis (FEP) Program Information & Successes

- Leslie McDonald-Gonzalez, Team Harmony, Sioux City
- Sabrina DeDore, LISW, FERST, Cedar Rapids and Iowa City
- Michaela Jens, Restore, Des Moines

Upcoming Trainings & Notices

Mental Health Awareness Month

Marissa Eyanson, Director
Behavioral Health, Iowa HHS

Let's Talk About Stigma

Source: SAMHSA



Stigma refers to **negative attitudes, beliefs, and stereotypes** which can lead to shame, discrimination, and social exclusion.



Reducing Stigma:

improves access to care and outcomes as well as overall well-being.

makes it more likely that people seek care sooner, adhere to treatment, and accept support.

helps prevent relapse, promote healthy behavior, reduce mortality, and enhance quality of life.

Mental Health Awareness Month

Established in 1949 by
Mental Health America.

Goal is to increase
awareness of mental
health issues, celebrate
recovery and encourage
access to care.

2026's theme is "More
Good Days, Together."

Reflect on what a "good"
day looks like and
connect people to the
right supports at the
right time.

Why is it important?

Suicide is one of the leading causes of death in the U.S.

Since the launch of 988 in 2022, suicide rates in the U.S. have dropped by 10%.

Suicide mortality rates were higher in Iowa than the U.S. from 2018-2024.

Preliminary data shows that 555 people in Iowa died from suicide in 2025.

Almost two thirds of deaths reported in Iowa's Violent Death Reporting System (IAVDRS) in 2023 had evidence of a current mental health problem at the time of death.

Nearly half (48%) of people who died from an accidental overdose in Iowa from 2020-23 also had a mental health disorder or history of mental health diagnosis.

Ways to Participate



- ▶ Check in with yourself and others
- ▶ Share your story
- ▶ Wear **green**
- ▶ Attend or host events
- ▶ Advocate for policy and access
- ▶ Use available resources

Healthiest State Initiative – Make it OK



Launched in 2019



Community-driven campaign under the “Healthiest State” initiative.



Works to improve the physical, social and mental well-being of Iowans.



Aimed at reducing stigma around mental illness and promoting open, supportive conversations about mental health across Iowa.

Resources & Support

- ▶ **Behavioral Health Crisis Line: 988**
- ▶ **Crisis Text Line: 741741**
- ▶ **Veterans Crisis Line: Dial 988 and then press “1”**
- ▶ **Information, Referral and Support and System Navigation:**
 - **Your Life Iowa 24/7/365**
 - Call: 855-581-8111
 - Text: 855-895-8398
 - Online / chat: yourlifeiowa.org
 - **BH-ASO System Navigation for providers and partners: 515-505-8988**
- ▶ **National Alliance on Mental Illness (NAMI): 800-950-6264**
- ▶ **MindSpring Mental Health Alliance: (515) 850-1467**
- ▶ **211: Free, statewide information and referral system**

SAMHSA Weekly Themes

Week 1 – Understanding Mental Illness

Week 2 – Early Support Matters: Recognizing Signs in Children and Youth

Week 3 – Words Matter and Words can Heal

Week 4 – Supporting Loved Ones: Connection is a Powerful Form of Care

- Understanding serious mental illness helps you respond with empathy and confidence.
- Feeling heard and respected can be deeply supportive. Listening with compassion makes a difference.
- When someone you love is living with a serious mental illness, steady presence and compassion matter most.
- Maintaining healthy, clear boundaries protects both you and your loved one.
- Caring for yourself matters. Seeking support when you need it helps you show up with steadiness and compassion.

Awareness of Psychotic Disorders and Early Intervention

Theresa Clemmons, DO, FAPA

HHS Psychiatry Director

Division of Public Health

What is a psychotic disorder?

- ▶ Schizophrenia Spectrum and other Psychotic Disorders
 - Schizophrenia
 - Delusional disorder
 - Brief psychotic disorder
 - Schizophreniform Disorder
 - Schizoaffective Disorder
 - Psychotic Disorder Due to Another Medical Condition
 - Catatonia Associated with Mental Disorder or Medical Condition
- ▶ Other Mental Health Conditions
- ▶ Other Physical Conditions



Demystifying Psychotic Disorders

Why?

- Eradicate shame
- Combat discriminating stereotypes
- Promote intervention, remission, long-term wellness

• Instill **HOPE**

How?

- Create relatability
- Educate
- Clarify misconceptions and myths

• Reduce **FEAR**



Misconceptions and Myths (1)

Myth: “People with psychosis are dangerous and violent.”

Reality: Individuals with psychotic disorders are more likely to be **victims of violence** rather than perpetrators. When agitated, they are usually confused, frightened, and distressed.

False: “Psychotic disorders are caused by bad parenting or weak character.”

True: Psychotic illnesses are **legitimate medical conditions** with strong biological, neurological, and genetic foundations.

Misconception: “People with these illnesses cannot work or lead normal lives.”

Truth: Like any life-long health condition, with engagement in treatment, social supports, and accommodations (as necessary), many people maintain careers and relationships and **live fulfilling lives**.



Misconceptions and Myths (2)



Myth: "Psychotic disorders are completely untreatable."

Reality: Like many health conditions, there is no cure, but these illnesses are **highly treatable**. Early intervention and consistent treatment drastically reduces the frequency and severity of episodes, allowing many to live their lives freely.

False: "Medication is the only available treatment."

True: While medications targeting symptoms are critical, **self-help, therapies, support groups, and vocational rehabilitation are also crucial** for recovery.

Misconception: "Psychiatric medications are dangerous."

Truth: As with any medication, no psychiatric medication is 100% safe; however, when prescribed appropriately they can be **lifesaving tools that help restore brain function**.

Misconceptions and Myths (3)

Myth: “Psychosis only happens in schizophrenia.”

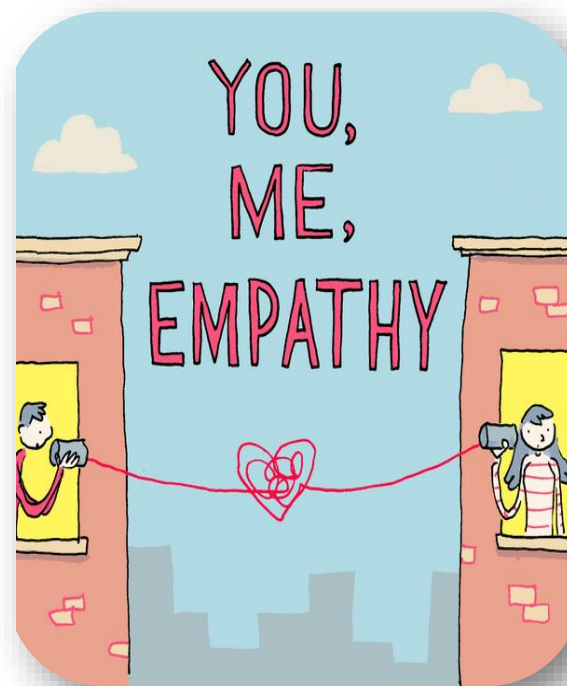
Reality: Psychosis is a symptom, not a diagnosis. This symptom can occur in many other illnesses including depression, bipolar disorder, substance intoxication or withdrawal, neurological conditions including dementias, severe infections, endocrine conditions, and extreme stress. In other words, it is a symptom of an underlying illness.

False: “It always happens all at once (sudden ‘psychotic break’).”

True: Psychosis, especially in schizophrenia, often **develops slowly over months to years**, typically starting during the teen years with subtle changes in thoughts, paranoia, depression, or social withdrawal before a full episode occurs.

Misconception: “Everyone with these conditions hear voices and talk to themselves.”

Truth: While auditory and visual hallucinations are common, each individual experiences different symptoms. Some individuals experience paranoia and disorganized thinking **without hallucinations**. Individuals who experience hallucinations, paranoia, and/or disorganized thinking are not talking to themselves, they are **responding to their reality**.



Stories Behind the Illness (1)

- ▶ “I'd like to say actually that an episode of schizophrenia is like a **waking nightmare** where you have all the bizarre images, frightening things happening. That's what it feels like, the terror, the confusion, impossible bizarre happenings that don't happen in real life but seem to be happening — happening right now. Only with a nightmare you sit up in bed and open up your eyes and it goes away. And you can't just open your eyes and make a psychotic episode go away.”
- ▶ **"I thought I could prove I wasn't really ill if I could get off the medication.** Eventually my analyst in LA said, 'You know, why don't you just stay on the meds and get on with your life. There are so many things that your life has to offer and you're spending most of your time in and out of the land of psychosis.' I resisted at first, but then I tried it — especially with the newer medications my life just started going much better."

Elyn Saks

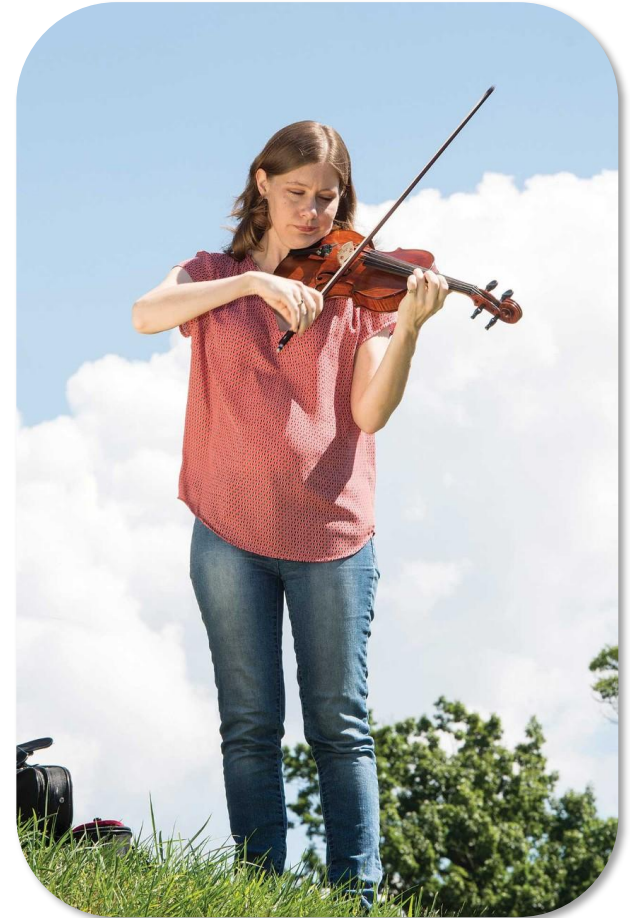
Professor of Law, Psychology, and Psychiatry and the Behavioral Sciences at the University of Southern California Gould Law School

Stories Behind the Illness (2)

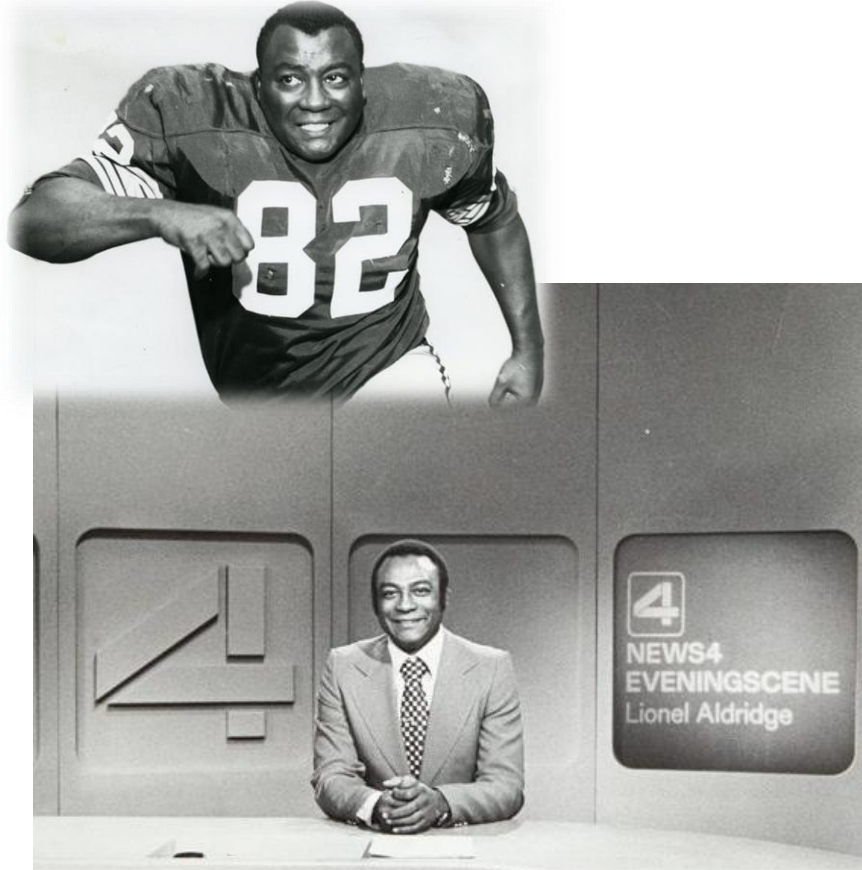
- ▶ **"My mind was like a thick cloud** where I could think of nothing but my recent trip to Africa... there was no decision to make, with my broken mind."
- ▶ "I spent the last 13 months of my four years homeless living outside. I chose to live off garbage I found and sleep outside because I was suffering from hallucinations and delusions."
- ▶ "Schizophrenia is one of the most misunderstood diseases on earth. It is a physical brain disease, like Alzheimer's, Parkinson's and stroke, but more treatable."
- ▶ **"Today, I see myself as a 'schizophrenia survivor,'** similar to a cancer survivor, and I am not ashamed about it."

Bethany Yeiser

President of the Comprehensive Understanding via Research and Education into Schizophrenia Foundation



Stories Behind the Illness (3)



Lionel Aldridge

Football player for the Green Bay Packers and announcer for Packers radio and NBC

- ▶ "One of the most frightening signs that there was something seriously wrong with me were the voices I began hearing in 1974. At first they were just stray, nagging worries that dogged me through the day, self-doubts that we all have from time to time. **They seemed to rise up out of nowhere — vague thoughts with an accusing edge.**"
- ▶ **"I became hard to get along with. I started talking back to the voices, bickering and pleading and cursing.** I am a large and imposing man; it must have scared folks half out of their wits to see me shouting at people who weren't there."
- ▶ "When I started, I did it as a way to keep myself stable, but once I got well, it serves as a way to get the information out ... My accomplishment is that people are hearing what can be done. **People can and do recover from mental illness.** The medication is important, but it doesn't cure you. I won with the things I did to help myself and people who may be suffering now or people who may know someone who is suffering can hear that."
- ▶ "I didn't consider myself a drifter; **I was just a victim of schizophrenia.** I had gone 10 years without getting any kind of treatment. Once I accepted and cooperated with the treatment, I started to beat the illness."

Stories Behind the Illness (4)

- ▶ "The voices I heard sounded oddly real, different from something coming from the imagination. It was **odd** because I didn't see anyone, but I somehow believed someone was able to talk to me in this unusual way because I 'heard' him."
- ▶ "At age thirty, right around my birthday, something significant happened, and I didn't really understand what it was: I became a schizophrenic. **I can't show you physically what I have.**"
- ▶ "The best thing that people around you can do is to **listen**. Remember, a person with schizophrenia is trying to process the things that are happening. You may not be able to see or hear the voices or things that are happening in that person's brain."

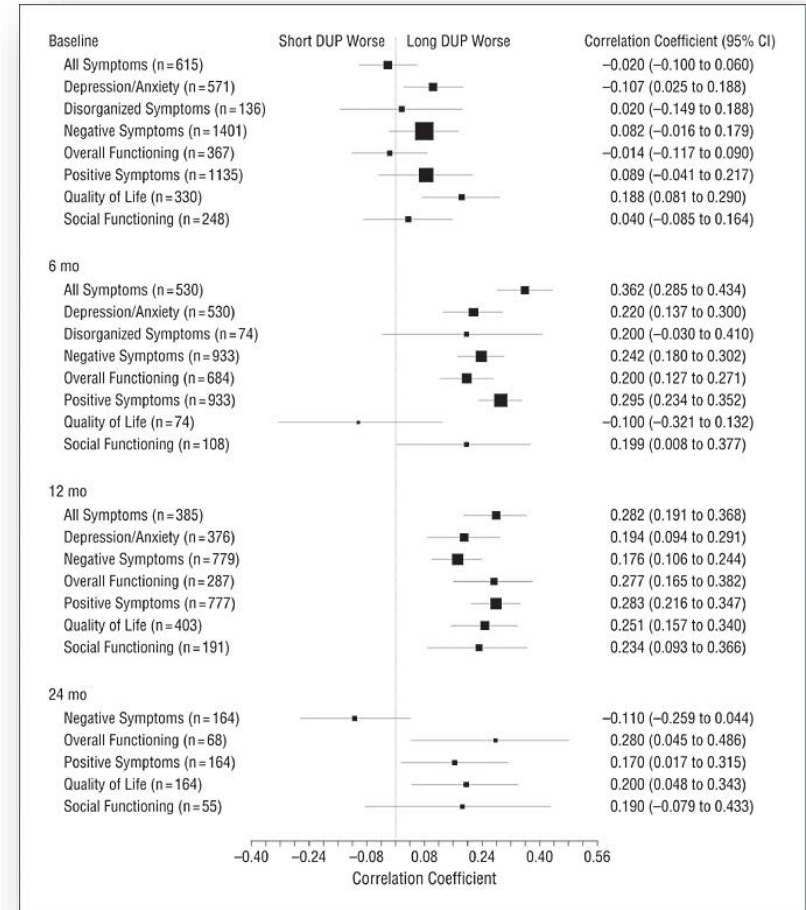


Mindy Tsai

Business development lead for global consulting firm and author of *Becoming Whole* and *I'm With Me*

Treatment Overview

- ▶ Medications are the cornerstone of treatment, but psychological and social interventions are critical and often underutilized
- ▶ **Over 65%** show significant improvement within first year of treatment
- ▶ **Longer duration of untreated psychosis (DUP) predicts worse outcomes**
 - DUP of 4 weeks \geq **20% more severe symptoms** than DUP of 1 week
 - Associated negative outcomes can **persist for 20+ years after the first episode of psychosis**



Marshall M, Lewis S, Lockwood A, Drake R, Jones P, Croudace T. "Association Between Duration of Untreated Psychosis and Outcome in Cohorts of First-Episode Patients: A Systematic Review." *Arch Gen Psychiatry*. 2005;62(9):975–983.

Importance of Early Intervention & Sustained Treatment

▶ Early Intervention Services v. Treatment as Usual:

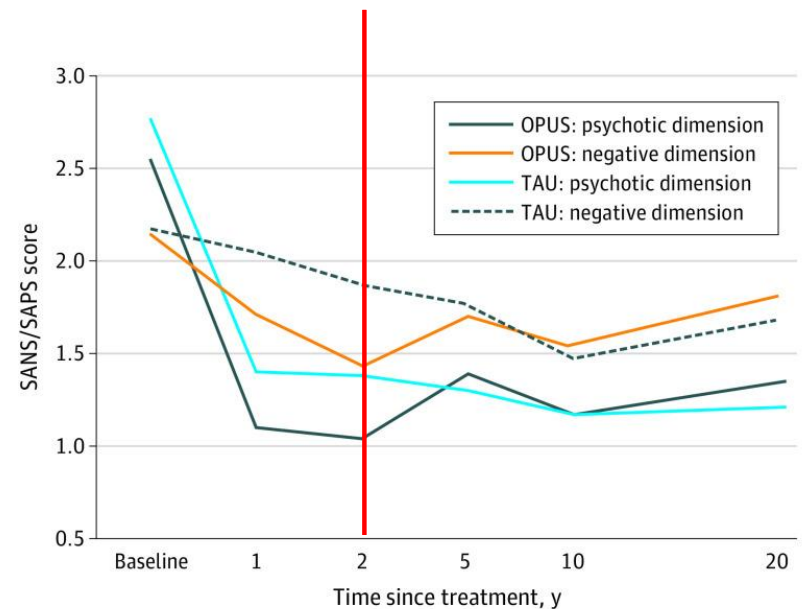
- Treatment discontinuation: ↓ 30%
- Hospitalization: ↓ 26%
- School/work involvement: ↑ 13%

▶ NAVIGATE Model and OnTrackNY Program:

- Improvement in quality of life, symptom severity, hospitalization (70% → 10%), and work/school involvement (40% → 80%)

▶ Long-term caveats:

- OPUS Trial:
 - Early intervention = improved early outcomes
 - Without long-term management, only 18% achieved clinical recovery and 40% achieved symptom remission at 20 years



Hansen HG, Starzer M, Nilsson SF, Hjorthøj C, Albert N, Nordentoft M. "Clinical Recovery and Long-Term Association of Specialized Early Intervention Services vs Treatment as Usual Among Individuals With First-Episode Schizophrenia Spectrum Disorder: 20-Year Follow-up of the OPUS Trial." *JAMA Psychiatry*. 2023 Apr 1;80(4):371-379.

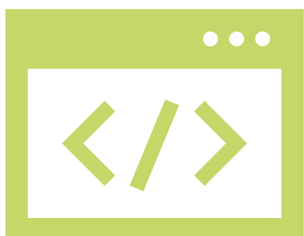


MENTAL HEALTH *Awareness* MONTH

Team Harmony Sioux City

Leslie McDonald-Gonzalez

About the Program



Program Name: Team Harmony

Program started in 2017.

29 consumers enrolled in the program.

Team Harmony



- ▶ Team includes:
 - **Leslie McDonald-Gonzalaz** as Team Lead
 - **Melissa Konken** as Medication Manager
 - **Andrea Sokolowski** as Individual Resilience Trainer (IRT)
 - **Brianna Peterson** as Family Education Provider
 - **Zaira Ramirez** as Supported Employment Specialist (SEE) & Community Support
 - **Sarah Hansen** as Peer and Family Support Specialist

FERST

Cedar Rapids & Iowa City

Sabrina DeDore, LISW

Cedar Rapids FERST team Est 2015

One of the **2** first programs in the state.



Currently serving **25 clients** (30-35 at full capacity).



Urban/industrial population.



SEE and CSS groups offered.

Success Stories:

- ▶ A client who continued to struggle with substance abuse which was contributing to their psychosis, recently underwent a 30-day treatment program and has remained sober since. They have been able to maintain employment at multiple jobs by taking charge of their treatment and recovery, with support and encouragement from the team.
- ▶ A client who started with us during high school has been able to get back on track and will be graduating high school on time this summer. She had missed a large amount of school due to her psychosis and was falling far behind, but with persistence and follow-up with the program, she has been able to get caught up to reach her graduation goal.

Meet your FERST CR Team!



Sabrina DeDore, LISW
Team Lead



Angela McKinney, LISW
Family Education Provider
(Family Therapist)



Ellen Natvig, PA-C
Medication Provider



Callyn Organ, BA/BS
Community Support Specialist

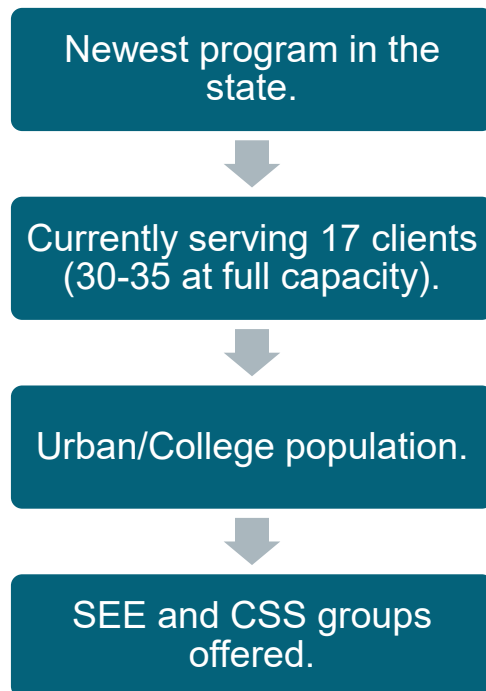


Sarah Milling, LISW
Individual Resiliency Trainer
(Individual Therapist)



Kara Kacmarynski, BA/BS
Supportive Education and Employment Specialist

Iowa City FERST team Est 2025



Success Stories:

- One of our clients, who started with the Cedar Rapids team and transitioned to IC once opened, has been able to maintain symptom remission and will be starting medical school at STL this summer. Until then, he continues to work on his research at the University of Iowa. He has remained engaged with the program and was able to navigate a second episode last year with support from his family and the team.
- A client who we have been working with since last summer, has been able to successfully manage symptoms and has been able to rebuild his business which fell to the wayside during his illness. He has recently been more motivated and has successfully maintained multiple jobs; he is working toward buying his own home.

Meet your FERST IC Team!



Sabrina DeDore, LISW
Team Lead &
Family Education Provider (Family Therapist)



Miriam Arif, LMSW
Individual Resiliency Trainer
(Individual Therapist)



Kara Kacmarynski, BA/BS
Supportive Education and Employment Specialist



Chantal Rozmus, DO
Psychiatrist
(Medication Provider)



Callyn Organ, BA/BS
Community Support Specialist &
Supportive Education and Employment Specialist

Restore Des Moines

Michaela Jens

Overview of the Des Moines Restore First Episode Program



Embedded within Eyerly Ball, the CCBHC in Des Moines.



Eyerly Ball participated in the initial RA1SE study done back in 2010. The Restore program officially started in 2014.



We have consistently served around 35 active clients. This fiscal year we have served 51 unduplicated clients total. 40% of those 51 clients have been 18 or younger.



Team is composed of two individual therapist, a family education specialist, case management, supported education and employment, Psychiatrist, nurse, peer and Director

Successes

► In the last year some of our successes have included our clients:

returning to finish a bachelors in Engineering, living on their own and maintaining employment

returning to ISU for psychology after having to drop out with first episode of psychosis

Several have secured employment at Grand View University

Secured employment at US Postal Service and returned to school

Graduated with their class – despite being told they would need to attend an additional year.

Go into phlebotomy

Get CNA

Return to teaching

Go from homelessness to having housing and full-time employment

Upcoming Trainings & Notices

Marissa Eyanson

Iowa Center of Excellence for Behavioral Health

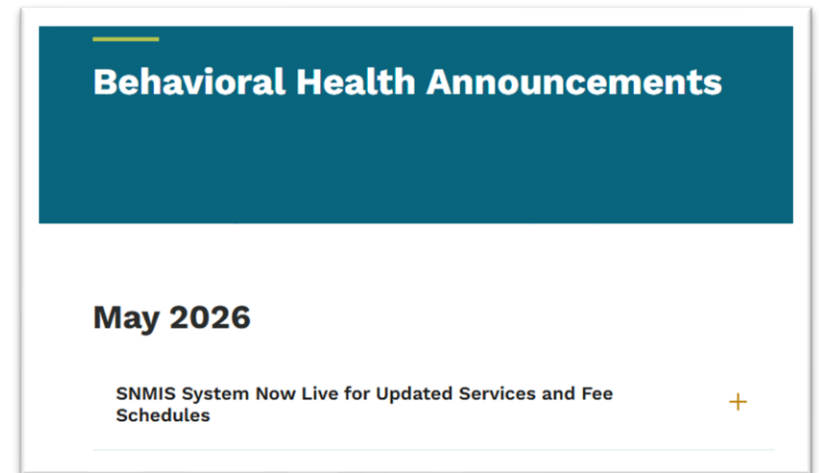
- ▶ [Connecting Paradigms: Trauma-Informed Motivational Interviewing – June 17](#)
- ▶ [On Demand Trainings](#)

Iowa PCA Trainings

- ▶ [SolutionPoint+ De-escalation Trainings](#)
- ▶ [SolutionPoint+ Crisis Intervention Trainings](#)

New Behavioral Health Announcement Webpage

- ▶ Visit the HHS website periodically to view our new Behavioral Health Announcement webpage.
- ▶ [Behavioral Health Announcements | Health & Human Services](#)



Notes



NO June Town Hall due to the District Advisory Councils.



District Advisory Councils take place June 23 – June 24. [Learn more here.](#)



We'll see you in July!