

MTSU Center for Health and Human Services Newsletter



Advancing the health and well-being of Tennesseans through collaborative research and outreach projects, addressing health disparities, and promoting healthy communities



CHANGING LIVES THROUGH RESEARCH AND SERVICE

"IN THE MIDDLE OF DIFFICULTY LIES OPPORTUNITY."

— Albert Einstein, physicist and Nobel laureate

CHHS has been consistently productive over the last quarter, and we are having a busy summer as well. With recent developments surrounding federal funding and the research landscape, we continue to explore funding paths and new opportunities as a primarily grant-funded center. We are fortunate that our existing portfolio of external projects has not changed greatly at this time, and we continue our work with the same passion and energy to advance the health and wellbeing of Tennesseans through public health research and service. A few highlights follow.

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- Our 3-year **Health Resources and Services (HRSA) Rural Communities Opioid Response Program (RCORP) Medication Assisted Treatment (MAT) Access grant** with partner **Cedar Recovery** is making a difference in six rural communities. Since August 2024 when the mobile MAT unit began providing services delivered by Cedar Recovery, there have been **195 patient visits** through the end of March and many success stories. Read more in this newsletter about how lives are being changed through the mobile unit and partnerships developed in these communities.
- Our team along with **Tennessee Department of Health** partners presented preliminary research findings for our Safe Stars evaluation project at the **Youth Sports Health and Safety Conference sponsored by the Vanderbilt Youth Sports Health Center at Monroe Carell Jr. Children's Hospital at Vanderbilt and Vanderbilt Sports Medicine. "Community feedback: A Status Update on Sports-Related Health and Safety Initiatives"** was presented at the conference which hosted 200 healthcare professionals, coaches, teachers, and parents. Preliminary findings are shared later in this publication.
- Outcomes from the first 3-year **Blue Raiders Drink Up** pilot project cooking classes have now been published, ***Influence of Culinary Interventions on Eating Habits in a Post-Secondary Educational Environment in the Journal of Family and Consumer Sciences.*** The CHHS Blue Raiders Drink Up team was pleased to partner with **Dr. Elizabeth Smith**, Associate Professor, Nutrition & Food Science and Director, Didactic Program in Dietetics and her students who led the writing team. Read more updates about this incredibly engaging campus-based program that CHHS has

implemented for six years under the direction of senior project coordinator **Christina Byrd**.

- We are pleased to have finalized two contracts totaling \$8.6 million with the **Tennessee Opioid Abatement Council** to formally launch our respite housing and capacity building projects with community partner **Hustle Recovery**. These projects are funded under a Grant Contract with the Tennessee Opioid Abatement Council. More than 90% of the funds will go to Hustle Recovery for direct services. A feature story is included in this newsletter on Hustle Recovery and project activities.



Cynthia Chafin, Ph.D., MCHES®, NBC-HWC, CHHS Director

OVERVIEW *continued from page 2*

The center continues to seek funding and opportunities that support shaping a healthier future and that advance the health and well-being of Tennesseans while addressing Tennessee's most pressing public health priorities. We also accept donations and are most appreciative. See how you can contribute to making a difference on page 4.

CHHS continues to identify collaborators and partners both on and off-campus to be involved in

CHHS projects, programs, and research. To learn more about the center and its work to promote better health and well-being for all through its existing research, projects, and programs with local, state, and national reach, take a look at our [website](#), read more throughout this newsletter and previous editions posted on the website's [publications tab](#), and follow us on social media.

continued on page 4



OVERVIEW *continued from page 3***Current Research, Projects, and Programs:**

- Rural Communities Opioid Response Program Medication Assisted Treatment (MAT) Access
- Rutherford, Williamson, and Cannon Counties Opioid Abatement Services – Office of Prevention Science and Recovery
- Infant Death Scene Investigation/Safe Sleep
- MTSU Mental Health Awareness Training
- Rural Communities Opioid Response Program Implementation Grant
- Safe Stars, Pediatric mTBI, Return to Learn Return to Play Evaluation
- Expansion of the MTSU Office of Prevention Science and Recovery, Recovery Respite Housing, and Recovery Infrastructure Support from Tennessee Opioid Abatement Funding

With our current and recent portfolio of research, projects, and programs that focus on substance use disorders, obesity and diabetes prevention, foods and agriculture, environmental health, and workforce development, we again express gratitude to our many partners who make our work possible as we make a difference in the lives of Tennesseans in initiatives that have state and national reach. CHHS looks forward to continuing to serve the public in these important areas as well as our campus community through our campus-focused grants and continues to identify collaborators and partners on and off campus to be involved in CHHS's work. Look for more updates via this quarterly CHHS newsletter, the CHHS website, and social media.

For those who are not familiar with CHHS, please take an opportunity to visit the [Center's website](#) to read more about our work. Previous editions of the CHHS newsletter are available and include spotlighted research, projects, and programs, with additional information posted on the website.

Want to donate to further the work of MTSU's CHHS?

MTSU CHHS operates primarily through external funding. To continue our mission and vision of advancing the health and wellbeing of Tennesseans, we need financial resources to continue our work. We operate from public and private grants as well as sponsorships and donations.

Please consider a donation of any size, which will go directly to CHHS.

Visit chhs.mtsu.edu, click on Donate Now, and specify that your donation is for CHHS. The site accepts MasterCard, VISA, and American Express.

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Project Spotlight and Community Partner: H.U.S.T.L.E. Recovery – Respite Housing and Capacity Building

These projects are funded under a Grant Contract with the Tennessee Opioid Abatement Council.

The Center for Health and Human Services is proud to shine the spotlight on **H.U.S.T.L.E. Recovery**, a grassroots initiative born from personal tragedy and fueled by a powerful commitment to change.

It all began with a heartbreaking phone call. On **May 1, 2020**, **Troy Sandifer** received devastating news: his best friend had died from fentanyl poisoning. He had just completed treatment three months earlier. Shocked and heartbroken, Troy didn't have a plan—but he had a purpose. He was grief-stricken but determined. Troy turned to Facebook and shared a simple but powerful message:

"If you are struggling with addiction, you don't have to die. There are people out here who will help. If you don't know where to find help, here's my number. Call me."

And people did.

The response was immediate. Calls started pouring in from strangers in need, families in panic, and individuals desperate for a lifeline. Troy didn't hesitate. He picked up the phone, contacted treatment centers, took notes, and hit the ground running. He was a man on a mission, driven by lived experience and a deep sense of purpose.

With lived experience and a drive to serve, Troy became a "boots on the ground" force. He wasn't waiting for someone else to fix things. **He became the help.** "In those early days, it was just about



Left to Right: Hustle Recovery staff John Hughes (Chief Operating Officer), Kimberly Ryan (Director of Operations), and Troy Sandifer (CEO)

getting people help," Troy recalls. "I drove across counties, picked people up off the street, called treatment centers day and night."

From that moment, **H.U.S.T.L.E. Recovery** was born—founded on the belief that **recovery is possible** and that **no one should face addiction alone**.

Word spread quickly. What began as one man in a car became a full-scale **navigation model**, linking people to over 50 treatment centers and more than 100 recovery residences. In just three years, **H.U.S.T.L.E. Recovery** has connected over **5,000 individuals** to treatment, housing, and crucial support services.



PROJECT SPOTLIGHT AND COMMUNITY PARTNER *continued from page 5*

But the journey didn't stop there.

"Along the way, I started to see the cracks in the system," Troy shares. "People would finish treatment and have nowhere to go. Others would get out of jail and relapse because they couldn't find work. Some needed stabilization before they were even ready for rehab."

Troy's work continues to evolve, now focusing not just on connection but on sustainability and systemic change. H.U.S.T.L.E. Recovery is building bridges where the system has left gaps, ensuring that people are not only reached—but truly supported on their path to recovery.

At H.U.S.T.L.E. Recovery, every program they create is designed to break down barriers; whether they're financial, logistical, emotional, or built into the system itself. From helping someone get a state ID, to securing a job, to finding treatment without insurance, they work to turn what feels impossible into something achievable.

At the heart of their approach is **navigation** and helping people make sense of a complicated system and walking alongside them every step of the way. That's how H.U.S.T.L.E. began. That's how it grew. "Every service we offer," Troy reminds us, "was born from a problem we encountered while trying to help just one more person." And that's how they keep moving forward: by building bridges where others see walls.

At H.U.S.T.L.E. Recovery, they help with everything a person needs, not just the addiction. They believe recovery is about much more than just getting sober.

They understand what it's like to carry the weight of trauma, shame, a criminal record, and fractured relationships. They've been there themselves. That's why every program we build is designed to

Today, **H.U.S.T.L.E. Recovery** offers a comprehensive **continuum of care**, including:

- **Navigation Services** – Partnering with treatment centers and recovery residences, providing transportation, and guiding individuals through the complex recovery system.
- **Respite Housing** – Immediate stabilization for those in crisis or transition.
- **Sober Living Homes** – Affordable, structured environments emphasizing peer accountability.
- **Outpatient Treatment** – Including **Partial Hospitalization (PHP)** and **Intensive Outpatient (IOP)**, blending clinical care with community and supportive housing.
- **The H.U.S.T.L.E. FARM** – A therapeutic agricultural program reconnecting individuals to work, purpose, nature, and community.

treat the **whole person**, not just their substance use. Because addiction is only one piece of a much bigger picture.

They go deeper, addressing the root causes: trauma, mental health challenges, poverty, incarceration, abuse, abandonment, racism, and more. They believe that unless recovery is holistic, it won't last. Healing is about helping people come back to themselves, whole and empowered.

PROJECT SPOTLIGHT AND COMMUNITY PARTNER *continued from page 6***MTSU CHHS and Office of Prevention Science and Recovery Partnership: Expanding Respite Housing for Individuals Awaiting Treatment**

Middle Tennessee State University's **Office of Prevention Science and Recovery** under the Center for Health and Human Services, in partnership with H.U.S.T.L.E. Recovery, is partnering to expand **respite housing capacity** across the state to better support individuals who are seeking treatment but must wait for an available bed. A grant application was made to the Tennessee Opioid Abatement Council which would fund this project was approved for funding.

The period between a person agreeing to enter treatment and actually being admitted is critical. Without a safe and supportive environment during this time, individuals are at considerable risk of returning to substance use, experiencing relapses, or even overdose. Waiting several days—or even a week—without adequate support can derail motivation, increase exposure to triggering environments, and ultimately jeopardize recovery.

This project addresses that gap by providing **clean, trigger-free, short-term housing** for individuals in transition. Respite housing offers a stable space where participants can begin engaging in recovery-oriented routines and maintain their commitment to treatment while they await placement in a formal program.

To improve statewide accessibility, the proposal includes the expansion of respite facilities through the **establishment of housing** in each of **Tennessee's three Grand Divisions**: West, Middle, and East. This builds upon the existing 10 respite beds already in operation and creates a more robust and geographically inclusive support system.

"Hustle Recovery is so very pleased to partner with MTSU Center for Health and Human Services and its Office of Prevention Science and Recovery to provide services to Tennesseans who are struggling with addiction through funding received from the Tennessee Opioid Abatement Council. Having MTSU CHHS as a partner means we at Hustle Recovery are able to focus on direct care knowing that MTSU will be there to handle the many requirements that come with grant funding and to provide expertise in the areas of evaluation, program management, and some great research opportunities as well. We are so thankful to MTSU for this partnership as well as to the Tennessee Opioid Abatement Council for the funding."

— Troy Sandifer, Executive Director,
Hustle Recovery

By bridging the gap between the decision to seek treatment and actual program entry, this initiative helps save lives, sustain momentum, and foster long-term recovery success.

Projected Impact on Respite Housing

MTSU's Center for Health and Human Services and Office of Prevention Science and Recovery, in collaboration with H.U.S.T.L.E. Recovery, will be acquiring and operating respite housing facilities in each of Tennessee's three Grand Divisions—West, Middle, and East. Each division will include separate men's and women's living spaces, accommodating up to **8 participants per house**, for a total of **48 respite beds statewide**.

These beds will serve individuals who are awaiting placement in a residential treatment facility. The **average length of stay** in respite housing is

Thank you, Tennessee Opioid Abatement Council, for supporting this important work!

PROJECT SPOTLIGHT AND COMMUNITY PARTNER *continued from page 7*

- **Estimated Number of Individuals Impacted for 3-year Project: 6,700**
- **Expected Duration of Impact: 5+ years**

approximately **one week**, providing a safe, stable, and supportive environment during a critical window in the recovery process.

With an anticipated **90% occupancy rate**, these facilities are projected to serve approximately **2,245 individuals per year**. Over the **3-year** project period, an estimated **6,700 individuals** will benefit from respite housing. The project will also support the collection of **longitudinal data** to evaluate the long-term impact of respite care on treatment engagement, retention, and overall recovery outcomes.

By bridging the gap between the decision to seek treatment and actual program admission, this initiative will significantly reduce the risk of relapses, overdose, and disengagement—providing vital support that can help save lives and promote sustained recovery.

Measuring Success: **Respite Housing**

Success for this project will be measured by tracking the connection between respite housing and a participant's continued engagement in recovery. H.U.S.T.L.E. Recovery and MTSU's Office of Prevention Science and Recovery will collect both short-term and long-term data to evaluate how

well the program supports individuals on their recovery journey.

Specifically, the project will track the length of time participants spend in respite housing before transitioning into a residential treatment facility, as well as how long they remain in treatment once admitted. Following treatment, we will measure the duration of their engagement in H.U.S.T.L.E. Recovery's post-treatment supportive services and monitor how long individuals stay in active recovery after leaving the program. In addition to these quantitative measures, we will collect qualitative data on participant involvement in recovery-related activities such as support groups, therapy, employment assistance, and other supportive services. Intake and exit assessments will be conducted to evaluate progress and identify any changes in needs over time.

Data will be collected at several critical stages: at the initial intake into respite housing, upon entry into the residential treatment facility, at discharge

"This place offers a structured, supportive approach to recovery that focuses on building a strong foundation for individuals overcoming addiction, maintaining sobriety, and fostering personal growth. This place symbolizes the cultivation of a new life, much like farming nurtures growth and renewal."

— Troy Sandifer , Executive Director,
Hustle Recovery



F.A.R.M. = Foundations for Addiction Recovery and Maintenance

PROJECT SPOTLIGHT AND COMMUNITY PARTNER *continued from page 8*

H.U.S.T.L.E = How U Survive This Life Everyday

from treatment and re-entry into H.U.S.T.L.E. Recovery's care, and during monthly check-ins throughout the 12- to 18-month supportive program. For individuals who complete or exit the program, additional follow-ups will take place at six months and again at one year to evaluate longer-term outcomes. To date, **302 individuals** have been served through the Respite Housing Program.

All collected data will be compiled and analyzed in quarterly reports. These reports will provide insight into both the effectiveness of the respite housing model and the overall success of participants in maintaining recovery, helping to guide ongoing improvements to the program.

Ensuring Accessibility of Services

This program is designed to remove common barriers that often prevent individuals from accessing treatment. By offering **respite housing**, we are directly addressing the needs of individuals in unstable or unsafe living situations who are ready to seek help but may not have a treatment bed immediately available. Respite provides a safe, stable environment during this critical waiting period, helping to preserve momentum and prevent relapse.

Transportation is another significant obstacle for many individuals pursuing recovery. This program ensures that participants do not miss out on care due to lack of access to reliable transportation. From the moment someone reaches out for help, H.U.S.T.L.E. Recovery coordinates their journey—transporting them into respite housing, into residential treatment once a bed becomes available, and eventually into ongoing post-treatment support.

While in respite care, H.U.S.T.L.E. Recovery also provides essential case management services. This includes coordinating with justice systems when needed, arranging temporary care for children or pets, securing basic necessities, and helping with healthcare access, medication, or even vehicle storage.

In short, this proposal is about more than just a bed, it's a **comprehensive support system**. It ensures that individuals not only get safely into treatment but also receive the wraparound care they need to stay on the path to recovery.

Projected Impact for Capacity Building - Residential Aftercare Program Expansion

Currently, H.U.S.T.L.E. Recovery's Residential Aftercare Program supports up to 80 individuals each year. With additional investment in staffing and infrastructure, the program's capacity could increase by 60 more individuals annually, allowing a total of 420 people to be served over the next three years.

This six-month program offers more than just a place to stay—it provides a structured, supportive environment that includes access to Medication-Assisted Treatment (MAT), wraparound services, transportation, and workforce and employment support. Following the initial six months, participants continue to receive ongoing monitoring and follow-up care for an additional 6 to 12 months, helping to ensure long-term stability.

- **Estimated Number of Individuals Impacted: 420**
- **Expected Duration of Impact: 4 years**

PROJECT SPOTLIGHT AND COMMUNITY PARTNER *continued from page 9*

The expected outcomes of this expanded program include improvements in mental and financial stability, the development of healthy coping skills, and the establishment of strong protective factors to support sustained recovery. These outcomes are supported by wraparound services that help participants build a social safety net, develop robust personal savings, obtain necessary documentation for employment, and establish a connection with a sponsor for ongoing support through a 12-step program.

By expanding this program, we aim to give more individuals the tools, structure, and support they need to transition from treatment to independence—and to continue their recovery with confidence and resilience.

Measuring Success: Capacity Building

Program success will be evaluated through a comprehensive assessment and follow-up system. Each participant completes an intake assessment upon entering H.U.S.T.L.E. Recovery's Residential Aftercare Program, followed by bi-weekly assessments throughout their enrollment. Participants are then tracked for up to 18 months, allowing for both mid-term and long-term evaluation of the program's effectiveness in supporting sustained recovery and sobriety.

Data collection encompasses individuals who remain actively engaged in the program as well as those who exit before completing the full six-month cycle. This inclusive approach ensures a more accurate analysis of outcomes across different participant experiences.

By continuously monitoring progress and outcomes, MTSU's Office of Prevention Science and Recovery and H.U.S.T.L.E. Recovery can assess whether there is a positive correlation between participation in aftercare services and long-term

engagement in recovery. Since July 1, 2024, 155 individuals have been served through this program and 98 are currently employed and continue to maintain active recovery. This highlights the powerful impact of structured, supportive aftercare.

Outcomes Tracked and Frequency of Assessment

Participants entering the H.U.S.T.L.E. Recovery Residential Aftercare Program will complete standardized assessments at intake, including the **GAD-7** (Generalized Anxiety Disorder), **PHQ-9** (Patient Health Questionnaire for depression), and **BARC-10** (Brief Assessment of Recovery Capital). These tools will help establish a baseline for each individual's mental health and recovery capital at the beginning of the program.

Beyond standardized tools, individualized outcomes will be tracked, including:

- **Financial progress**, measured by the participant's ability to build a savings account of **\$3,000–\$5,000** by program exit.
- **Employment status and attainment of required documentation** needed for stable employment.
- **Connection to a 12-Step sponsor**, providing critical social support for long-term recovery after program completion.

This combination of quantitative assessments and qualitative measures ensures a comprehensive evaluation of each participant's growth, stability, and readiness for sustained recovery.

PROJECT SPOTLIGHT AND COMMUNITY PARTNER *continued from page 10***H.U.S.T.L.E. Recovery** holistic model includes:

- **Clinical treatment** for mental health and addiction
- **Peer support** from those who've walked the same road.
- **Workforce development and reentry services**
- **Safe, supportive housing** creates a foundation for growth.
- **Healing through connection**—spiritual, creative, and therapeutic programs like our H.U.S.T.L.E. FARM
- **Vocational & Reentry Support** – Empowering individuals with criminal records, employment gaps, or trauma histories to rebuild their lives.
- **Sober and Serene Enterprises, LLC** – A social enterprise staffing agency that places individuals in early recovery into jobs, while partnering with vocational rehab to provide structure, dignity, and income.

To monitor progress, these same assessments will be administered **every two weeks** throughout the participant's enrollment in the six-month program. In addition to clinical assessments, participants will engage in **weekly sessions** with their **peer support specialists** and **care coordinators**, ensuring a consistent and holistic approach to their recovery.

Ensuring Accessibility of Services

Accessing recovery shouldn't depend on whether someone can afford housing, transportation, or treatment. H.U.S.T.L.E. Recovery's Residential Aftercare Program is designed to remove these barriers—making recovery accessible, sustainable, and successful.

Addressing Key Barriers:

- **Housing:** Every participant receives safe, stable housing where all basic needs are covered.
- **Transportation:** We provide transportation to and from outpatient treatment, work, and support services.
- **Financial Assistance:** For those without insurance—or those who are underinsured—we cover out-of-pocket costs for outpatient Medication-Assisted Treatment (MAT).

Low-Barrier Enrollment:

This program is intentionally low-barrier. The only requirement is the successful completion of a 30-day residential treatment program and a willingness to actively participate in recovery. No income threshold, no insurance required, just commitment.

Wraparound Support:

Participants receive not only housing and transportation but also access to employment supports, case management, peer recovery support, and more ensuring they have everything they need to sustain their recovery journey.

Though H.U.S.T.L.E. Recovery has grown into an organization that serves thousands, its heart remains the same: helping one person at a time, with compassion, commitment, and action.

This project is funded under a Grant Contract with the Tennessee Opioid Abatement Council.

Campus Partner Spotlight: MTSU School of Nursing



MTSU School of Nursing's Dr. Barbara Whitman Lancaster DNP, APN, WHNP-BC, NCMP, CMHIMP Associate Professor, partnered with CHHS on a class project for Nursing 4370 Caring for Community Course to give

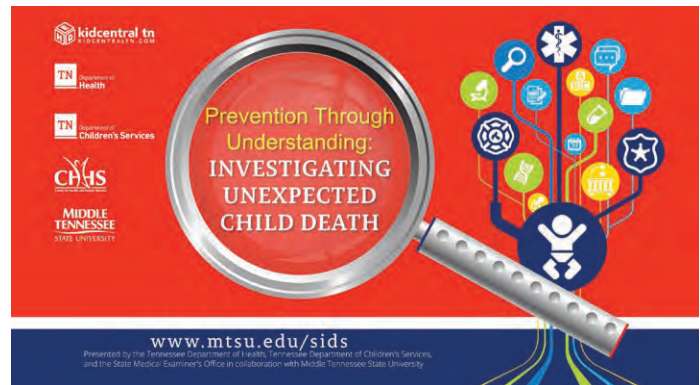
her students a taste of public health by offering several public health-focused service projects. Thirteen students assisted with updates to the CHHS produced *Sudden Unexplained Infant Death Resources – Bereavement Support Services* which is used by first responders across the state when encountering death scenes which involve an infant. CHHS in conjunction with University College and the Tennessee Department of Health State Medical Examiner's Office, has trained over 35,000 first responders since 2004.

Students researched local resources by region across the state and provided outreach to existing organizations listed in the most recent edition of the publication. Students had an opportunity to attend a live first responder training that addressed current state laws for first responders and infant death scene investigation, local and state resources for families and children, child fatality review, safe sleep, first responder self-care and grief.

NURSING STUDENTS PARTICIPATING IN THE PROJECT INCLUDED:

Hannah Grimes
Sadie Simmons
Gracie Stephens
Kinsey Keopf
Olivia McElroy
Diem Nguyen
Madelyn Harris

Kaylynn Barnard
Christine Kennedy
Maria Renteria
Caroline Lee
Emily Lovelady
Laurel Willis
Jan Laudencia



"I am so pleased that students had an opportunity to participate in this project which is a great example of public health in action. By assisting in updates to the bereavement publication, families across the state are connected with needed resources at what is likely one of the most – if not the most – tragic times of their lives. Nurses are the guardians of a community and their health and wellbeing, and these students played an important role in ensuring the information these families receive from first responders is accurate and relevant to their area of residence. Students were also invited to a live training session for first responders where materials were presented, which was a great opportunity for them to see firsthand the impact of their work. A thank-you to CHHS for this wonderful partnership!"

— Dr. Lancaster

CHHS is pleased to partner with Dr. Lancaster and the School of Nursing and looks forward to future opportunities to work together.

Project Update: Rural Communities Opioid Response Program (RCORP) Medication Assisted Treatment (MAT) Access Grant

CHHS has partnered with [Cedar Recovery](#) Recovery the last two years to establish medication-assisted treatment (MAT) access points in six rural Tennessee counties. CHHS received a \$2.9 million dollar grant from Health Resources and Services Administration (HRSA) as part of the Rural Communities Opioid Response Program (RCORP). The initiative is aimed at reducing morbidity and mortality of substance use disorders.

Cedar Recovery, a local treatment provider, is seeking to expand MAT access and supportive services. Cedar Recovery specializes in treating opioid use disorder with medications such as buprenorphine and/or naltrexone. Currently, there are eight Tennessee locations as well as a robust telemedicine platform that provide care to over 2,500 patients each month.

While Cedar Recovery provides direct services, MTSU's Center for Health and Human Services provides coordination and support services throughout the life of the grant.

Currently, we are working to expand and enhance the MAT workforce in six rural Tennessee communities through professional development opportunities and support services. We are focused on growing existing treatment and support services in target communities that include Franklin, Lawrence, Marshall, Giles, and Hickman counties through Tennessee's first mobile unit to solely offer medication assisted treatment. Additionally, a new on-site clinic in Claiborne County is part of the work plan. We want to build and/or strengthen the local drug prevention and addiction treatment coalitions in these target communities.



The MTSU MAT Access project serves six rural Tennessee communities and delivers patient care through a mobile unit provided by partner Cedar Recovery through an evidence-based approach to addiction recovery that combines Medication-Assisted Treatment, behavioral therapy, care coordination, and recovery support. Counties served include Giles, Hickman, Lawrence, Franklin, and Marshall Counties. Additional services are provided at a live site in Claiborne County.

Read more about this project later in this newsletter and in previous editions of the [Center for Health and Human Services newsletters](#) and on the [CHHS website](#).



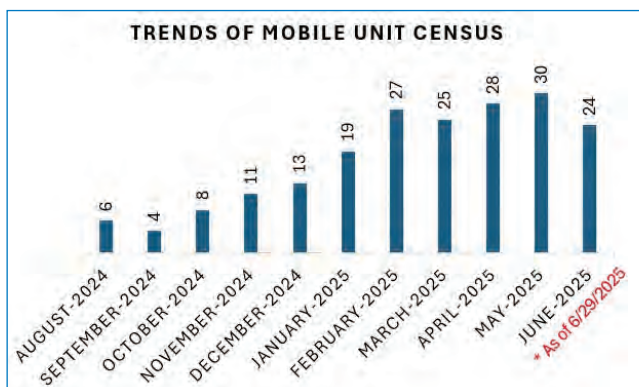
"Medication-assisted treatment saves lives while increasing the chances a person will remain in treatment and learn the skills and build the networks necessary for long-term recovery."

— Michael Botticelli, Director of National Drug Control Policy

PROJECT UPDATE *continued from page 13*

The MTSU MAT Access Team is pleased to be part of this potentially life-saving project in partnership with Cedar Recovery.

The table below displays the monthly patient visits to the MAT mobile unit from August 2024 to June 2025. Additional data and insights will be shared as they become available.

**SUCCESS STORIES****Success Story #1:**

Jim was the first referral we received from the Giles County jail. The jail contacted us, and our team visited him in early January 2025 just prior to his release. His first appointment with the mobile unit was seven days later. When Jim first came to the mobile unit, he was very discouraged. He was unemployed, had no vehicle and was living in a derelict trailer. We recommended resources to assist him with finding employment. Despite his challenges, he continued to show up for his medical and therapy appointments. After several weeks he found employment doing roofing and we started seeing a change in his demeanor. He became more upbeat and was more engaged with his treatment, especially in the group. He also applied with a local employment agency who placed him in a temporary position.

Jim is doing well in treatment. He is still doing

roofing and the company where he received a temporary position is planning to make him a permanent employee. He recently purchased a vehicle and is working on repairing his mobile home. He is also enjoying his 75-inch TV which was a recent purchase. When Jim comes for his appointments, he now laughs and talks. He speaks with pride about his job and clearly enjoys his work. His sadness and desperation have been replaced with a sense of purpose and hope.

Success Story #2:

One of the most powerful examples of success stories over the last year occurred during a Lunch and Learn event hosted in Giles County. These events are designed to educate and equip community members with knowledge about opioid use disorder, available treatment options, and harm reduction strategies—but they often become so much more.

At this particular event, a local woman attended out of a desire to better understand how the opioid crisis was affecting her community. She brought along a close family friend who was actively struggling with opioid use disorder. By the end of the training, the family friend was speaking directly with our mobile unit staff, who were on-site providing support and resources. That same day, she was connected to peer recovery services and scheduled for follow-up care.

This moment perfectly illustrates the importance of meeting people where they are—not just physically, but in moments of readiness, curiosity, and care. Without the HRSA RCORP-MAT Access award, we would not have had the resources to mobilize staff, hold these trainings, or provide immediate access to services in real time. What started as a community education session became the beginning of one individual's recovery journey.

PROJECT UPDATE *continued from page 14***Success Story #3:**

The RCORP-MAT Access award has been instrumental in strengthening our partnership with Ascension Saint Thomas Hospital in Hickman County, enabling us to expand access to evidence-based treatment and support for individuals affected by opioid use disorder in one of our region's most underserved areas. Through this collaboration, we've been able to embed MAT education, screening, and referral protocols directly into the hospital's existing workflows. One powerful example of this partnership's impact is how emergency department staff now routinely

identify and engage individuals with opioid use disorder at the point of care—something that wasn't feasible before due to resource limitations and lack of training. Thanks to this integration, more patients are receiving same-day care and a warm handoff to our mobile response team or local treatment providers.

This partnership is a clear example of how cross-sector collaboration, supported by the HRSA RCORP-MAT Access award, can create lasting systems change and directly improve health outcomes for rural Tennesseans.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,970,742 with 100% funded by HRSA/HHS and \$0 amount funded by nongovernment sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government. For more information, please visit [hrsa.gov](https://www.hrsa.gov).



"Don't wait for the right opportunity, create it."

— George Bernard Shaw

Project Update: Blue Raiders Drink Up



Blue Raiders Drink Up

just finished up its sixth successful year in June and our grant period has now concluded.

We are actively seeking funds to continue Blue

Raiders Drink Up with hopes to re-launch the program at a future date. This would allow us opportunities to reach new groups of students with needed services and education. If funded, we will continue to offer cooking classes led by a registered dietitian, individual counseling with a registered dietitian, personal training scholarships, campus-wide educational activities and events and additional activities that continue the work of addressing healthy vending options

WE'RE PUBLISHED!

Outcomes from the first 3-year Blue Raiders Drink Up pilot project cooking classes have now been published, [*Influence of Culinary Interventions on Eating Habits in a Post-Secondary Educational Environment in the Journal of Family and Consumer Sciences*](#).

A "thank you" to Dr. Elizabeth Smith, Associate Professor, Nutrition & Food Science and Director, Didactic Program in Dietetics and her students for taking the lead on this paper.



Our Future Dietetics Professionals, Hanan and Audrey, Blue Raiders Drink Up Student Ambassadors:



Hanan Baba

I feel extremely accomplished to have completed the final year of MTSU's rigorous Nutrition and Food Science program, earning my Bachelor of Science with a concentration in dietetics in May. As this chapter closes, so does my time as a Blue Raiders Drink Up project assistant and student ambassador – a combined role that has allowed the BRDU team and me to make lasting impacts on campus. Looking ahead, I plan to continue my education through the MTSU Master of Leadership in Nutrition program and the National Healthcare Corporation Dietetic Internship, with the goal of soon creating further positive influence in my community as a Registered Dietitian.

PROJECT UPDATE *continued from page 16*

on campus through policy change. In addition, programming and counseling specific to students who may have been prescribed the new GLP-1 drugs, or glucagon-like peptide-1 receptor agonists, a class of medications primarily used to treat type 2 diabetes and obesity which are seeing increased demand, will be offered to assist students in maintaining healthy eating, physical activity, and other healthy lifestyle habits.

We will soon have 3-year project outcomes to share which include student testimonies about how the program has positively impacted them, updated figures on water station refills from the 18 water refill stations installed on campus as part of this grant -the last report was 246,817 refills- and knowledge, attitude, and planned behavior changes from students participating in the cooking class series and the BRDU campus activities and events

Blue Raiders Drink Up is funded by the Tennessee Department of Health, Project Diabetes Initiative.

**Audrey Waite**

As my time with the CHHS draws to a close, I have found myself reflecting on all that I have learned and experienced over the past two years as a project assistant for the Blue Raiders Drink Up grant. This May I completed my Bachelors in Nutrition and Food Science - Dietetics, and I plan to continue with this course of study by completing the masters degree and internship required to become a registered dietitian. I feel very lucky to have chosen a course of study that is both thoroughly enjoyable and also rife with opportunity; and it would be remiss if I did not credit my time with the CHHS for much of what I have gained during my experience as an MTSU undergrad.

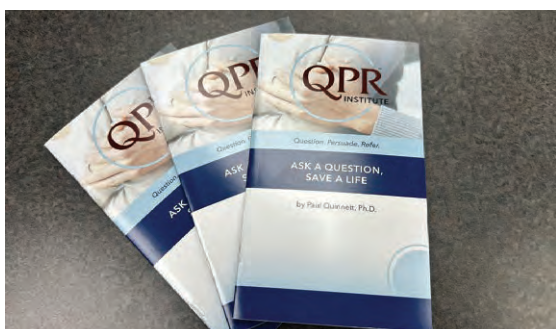


Project Update: MTSU Mental Health First Aid and QPR

QPR Suicide Prevention Training

Since 2018, The Center for Health and Human Services at MTSU has provided Mental Health Awareness training through grants awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The original offering, Mental Health First Aid (MHFA), was very popular on campus, particularly with faculty and advisors, who are often in contact with students experiencing periods of elevated life stressors. Over time, MHFA became a staple for several departments' programs for students achieving majors in their fields, either through requiring certification prior to Mental Health practicums or as extra credit in behavioral health related courses.

In the wake of the success of MHFA, the Center determined the need for training that focused specifically on suicide prevention skills that could be delivered in less than 90 minutes. The shorter class time allows for the potential for greater numbers of people to be trained, especially learners who could not commit to an all-day training, like MHFA. So, in January 2025, CHHS began offering QPR (Question, Persuade, Refer) Suicide Prevention Training on campus.



How QPR Is Taught

A person who has been trained in QPR is certified for one year as a QPR Gatekeeper. The symbolic term implies that this person stands at the gate between another person and their decision to die by suicide. The PowerPoint deck is updated by the QPR Institute every few months to include the most recent statistics and optional activities.

QPR teaches suicide prevention interventions in three basic, easy to remember steps. Once the Gatekeeper understands what clues to look for, they ask the question, "Are you thinking about suicide". Substantial focus is committed to helping the Gatekeeper understand the importance of context and one's relationship to the at-risk person, so that the "S question" reflects concern for the individual as well as confidence that if the answer is "yes", the gatekeeper can confidently assist the person with suicidal thoughts/behaviors to appropriate help.

PROJECT UPDATE *continued from page 18*

The second step, Persuade, means that the Gatekeeper persuades the person to stay alive and get help. During this segment of the training, the Gatekeeper is taught how to focus on providing hope to the person who is at-risk, listening skills, and tips for dealing with resistance.

Lastly, the Refer portion of the training covers how to provide linkage to the necessary help. Since there is a spectrum of risk with suicidal behaviors, the training provides guidance regarding best, next best, and least optimal ways to refer someone to appropriate help, as well as tips for follow-up and building teams for support. Importantly, participants are provided the National Suicide Prevention Lifeline phone number, 988 and taught the difference between this resource and the 911 emergency phone number.

Efficacy of QPR

According to the QPR website:

Official QPR training outcomes as determined by independent research reviewers of published studies for National Registry of Evidence-based Practice and Policies found that trained gatekeepers have increased knowledge, confidence and gatekeeper skills per these measures:

- **Increased declarative knowledge**
- **Increased perceived knowledge**
- **Increased self-efficacy**
- **Increased diffusion of Gatekeeper training information**
- **Increased Gatekeeper skills (ability to engage in active listening, ask clarifying questions, make an appropriate referral)**

© Paul Quinnett, 2013, QPR Institute.

988 & 911

**BOTH PROVIDE CRITICAL SUPPORT
BUT FOCUS ON DIFFERENT CRISIS TYPES**

988 specializes in behavioral health crises, offering crisis counseling and emotional de-escalation, while **911 addresses** physical dangers needing police, fire, or EMS.

988 | SUICIDE & CRISIS LIFELINE

Success of QPR on the MTSU Campus

In the three and a half months from the soft launch of QPR on campus until the last training before publication, CHHS has certified 230 participants as QPR Gatekeepers. Participants have come from all disciplines within the MTSU academic community, including; Flight School Staff, Secondary Education practicum students, LAMBDA Annual Conference attendees and MTSU Alumni Association participants, to name a few. Feedback regarding the relevance of

PROJECT UPDATE *continued from page 19*

this training has been positive, from students, staff and faculty, many of whom have lived experience of knowing someone who has been impacted by suicidal thoughts and behaviors.

Interested?

QPR Suicide Prevention training is provided at no charge to participants; all costs related to the training are grant-funded by SAMHSA. If interested in providing QPR Suicide Prevention Certification training to your student group or department, please contact Linda Williams at lindad.williams@mtsu.edu.

For more information about QPR and other CHHS initiatives at MTSU, please visit chhs.mtsu.edu.

For more information about the QPR Institute, please visit qprinstitute.com.

It's here! The evidence-based QPR Suicide Prevention Training.

CHHS is able to offer at no cost QPR (Question, Persuade, Refer) training to our campus community. QPR is a suicide prevention training for participants to be able to recognize the warning signs of suicide and question, persuade, and refer at-risk people for help. SAMHSA gave approval in August 2024 for CHHS to add this training program to its Mental Health Awareness Training (MHAT) offerings as part of the MHAT grant awarded to the center. Visit our website to learn more about the program and to see when training is offered.

chhs.mtsu.edu/mentalhealthfirstaid





Office of Prevention
Science and Recovery

Project Update: CHHS' Office of Prevention Science and Recovery

The CHHS Office of Prevention Science and Recovery (OPSR) continues to be active as opioid abatement funded projects launch from local and state abatement funds.

CHHS Office of Prevention Science and Recovery Statewide Updates Include:

- MTSU CHHS Office of Prevention Science and Recovery (OPSR) has been continuously working with three counties, Cannon, Rutherford, and Williamson. Two counties have successfully disseminated local funds into the community for this fiscal year. MTSU is in the process of working one-on-one with the individual funded grantees from those counties. The third county is entering funding cycle two of three for this fiscal year. Our OPSR program coordinator is working closely with the potential grantees and council members to support getting the funds into the community.
- CHHS Office of Prevention Science and Recovery has wrapped up the Spring semester working with MTSU Data Science Institute (DSI). DSI is an integral part of developing and tracking opioid abatement data for the county grantees. These last two quarters, DSI assisted with fiscal year annual reports, setting up new tracking systems for this current year, as well as gathering quarterly and mid-year reports. The reports are currently being shared across each respective county and their organizations.
- We have a workshop planned for this fall! The MTSU CHHS Office of Prevention Science and Recovery team is working with community partners on a joint half day grant training



CHHS OPSR staff Gabiral Cathey and Jill Thomas

workshop to be held this fall. More information is coming soon!

- Recent trips for OPSR included two program coordinators attending the Rx Summit in Nashville, Tennessee at the Gaylord Opryland Resort & Convention Center. During the Rx Summit, program coordinators were able to participate in sessions about opioid abatement which is the largest national collaboration of professionals from local, state, and federal agencies and businesses to discuss what's working in prevention, deflection, treatment,

PROJECT UPDATE *continued from page 21*

and recovery. Highlighted sessions that were attended included topics such as other states' practices and experiences with opioid abatement funds, health vending machines that support access to Naloxone, and a variety of sessions on recovery housing initiatives. All the sessions attended can be linked back to support a CHHS OPSR program or a community partner in need.

- MTSU CHHS Office of Prevention Science and Recovery will be attending the Tennessee Charitable Care Network (TCCN) Annual Conference in September 2025 where over 40+ free and charitable clinics and programs will be participating. OPSR will be an exhibitor during the three-day conference and will have multiple opportunities to network directly with TCCN members, promote CHHS OPSR organizations, and discover opportunities for deeper partnerships.

Rutherford Opioid Board (ROB):

CHHS is wrapping up its second year with the Rutherford County Opioid Board (ROB). Rutherford County established the [Rutherford Opioid Board](#) in 2022 to oversee strategic dissemination of opioid abatement funds to repair and strengthen the community. These funds are provided to counties in Tennessee as part of a \$26 billion national opioid lawsuit involving pharmaceutical distributors and a manufacturer, with Tennessee receiving \$700 million in anticipated payouts over 18 years from 2021-2038.

With Rutherford County expecting to receive nearly \$4.5 million in opioid abatement dollars from 2023-2026, the [Rutherford Opioid Board established the MTSU Office of Prevention Science and Recovery](#) to assist the county in evidence-based utilization of settlement dollars and to serve as a resource to other Tennessee counties.

Recent Updates Include:

Cycle 1 funding Community Awards for the Rutherford Opioid Board: For the **2025 fiscal year**, the Rutherford Opioid Board has allocated **\$1,320,268** in funding to 11 local nonprofit agencies to implement programs and services across the county to address community challenges and needs associated with opioid and substance use disorder.

- **Prevention: \$351,586**
Endure Athletics
Interfaith Dental Clinic
Kymari House
Prevention Coalition for Success
- **Treatment: \$523,760**
Volunteer Behavioral Health
HUSTLE Recovery
- **Recovery: \$444,922**
Thriving Together Tennessee
Community Helpers
Recovery is the New High
Murfreesboro Cold Patrol
Child Advocacy Center

In addition to the community grant programs, the Rutherford Opioid Board has also allocated **\$325,917** in funding to support the following departments to expand and enhance addiction and recovery informed practices within local government agencies. The County Government Investments from the Rutherford Opioid Board for FY 25-26 include:

- Probation
- Rutherford County Sheriff's Office
- Rutherford County School System

Additional application opportunities for community nonprofits will close on **July 15th** and **September 15th**. All application information is available on the Office of Prevention Science & Recovery website--> <https://chhs.mtsu.edu/rcos/>

Project Update: Safe Stars

Safe Stars is a collaboration between the **Tennessee Department of Health (TDH)** and the [Program for Injury Prevention in Youth Sports](#) at Monroe Carell Jr. Children's Hospital at Vanderbilt. Safe Stars' goal is to provide resources and opportunities for every youth sports league to enhance their safety standards through this free and voluntary program. The criteria for achieving recognition as a Safe Stars league has been developed by a committee of health professionals dedicated to reducing sports-related injuries among youth with three levels of recognition—gold, silver, and bronze.

The success of the Safe Stars Initiative helped inform the passage of the [Safe Stars Act](#) in 2021. This act established health and safety requirements for school youth athletic activities, ensuring that all public and charter schools in Tennessee adhere to high safety standards, and is cited as a "Success Story: Tennessee" on the Centers for Disease Control and Prevention's (CDC) website. Why was the Safe Stars Act created? According to the CDC, about 283,000 children under age 18 go to emergency departments each year for a sports- or recreation-related traumatic brain injury (TBI) in the United States, with TBIs from contact sports making up approximately 45% of these visits. Other data from the Tennessee Department of Health shows that over 1,000 Tennessee youth under age 25 experienced a TBI in 2022, with 222 being under age 10. The CDC notes that children may experience changes in their health, thinking, and behavior because of a TBI and that any brain injury can disrupt their development and limit their ability to participate in school and other activities, like sports (CDC, 2024).

Are YOU involved with youth sports? Find out if your league is a Safe Stars organization, and if not, encourage leaders to take a look at the Safe Stars [website](#).

Safe Stars Project Updates:

- The MTSU Safe Stars Evaluation team is busy working on a manuscript this summer to share evaluation outcomes specific to the Safe Stars program, the 2024 CDC Pediatric mTBI (mild Traumatic Brain Injury) Guidelines and the Return to Learn/ Return to Play protocols. A Collaborative Effort to Evaluate Programs, Practices, and Protocols Supporting Youth Sports Safety and Injury Prevention, Mild Traumatic Brain Injury, and Concussion Management.

The MTSU and TDH Evaluation Project Team

Cynthia Chafin, Ph.D., MCHES®, NBC-HWC MTSU CHHS Director, Project Director

Michelle Sterlingshires, MTSU CHHS Data Coordinator and Program Coordinator

Christina Byrd, MPH, CHES, MTSU CHHS Program Coordinator (project launch)

Angela Bowman, Ph.D., MTSU Dept. of Health & Human Performance Faculty Consultant, Evaluation

MIDDLE TENNESSEE STATE UNIVERSITY

Center for Health and Human Services

TN Department of Health

The MTSU CHHS TDH Evaluation Project Team

Dannielle Tsang, MTSU Department of Social Work MSW Candidate Spring and Summer 2025 CHHS Intern

Terrence R. Love, MS Injury Prevention Director Tennessee Department of Health

MIDDLE TENNESSEE STATE UNIVERSITY

Center for Health and Human Services

TN Department of Health

PROJECT UPDATE *continued from page 23*

- CHHS and Project Director, Cynthia Chafin and Injury Prevention Director, Tennessee Department of Health Terrence Love presented **Community Feedback: A Status Update on Sports-Related Health and Safety Initiatives in Tennessee** at the Youth Sports Health and Safety Conference hosted by **Monroe Carroll Children's Hospital at Vanderbilt**.
- Preliminary findings from the Safe Stars evaluation team are shared below. Findings for mTBI and Return to Learn/Return to Play will be shared soon.
- A social media campaign and e-blast messaging are under development and informed by evaluation outcomes to promote each of the three programs to targeted audiences.

CHHS is pleased to support Safe Stars, which positively impacts the lives of Tennesseans.

By assisting in program evaluation and providing recommendations based on findings, CHHS contributes to the health and well-being of young athletes and the policies that keep them safe through concussion education, weather safety, and injury prevention.

**SOURCES**

Centers for Disease Control and Prevention (April 2024).

Facts About TBI.

<https://www.cdc.gov/traumatic-brain-injury/data-research/facts-stats/index.html>

Centers for Disease Control and Prevention (May 2024).

Core State Injury Prevention Program (Core SIPP).

Success Story: Tennessee.

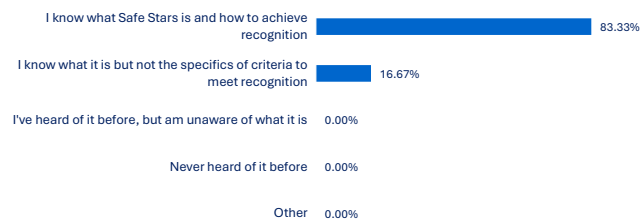
<https://www.cdc.gov/injury-core-sipp/php/story/tennessee.html>

Safe Stars Surveys – Early Responses:

Do you have recommendations for how the Tennessee Department of Health can support Safe Stars organizations to continue to meet the criteria?



What is your familiarity with the Safe Stars Initiative?

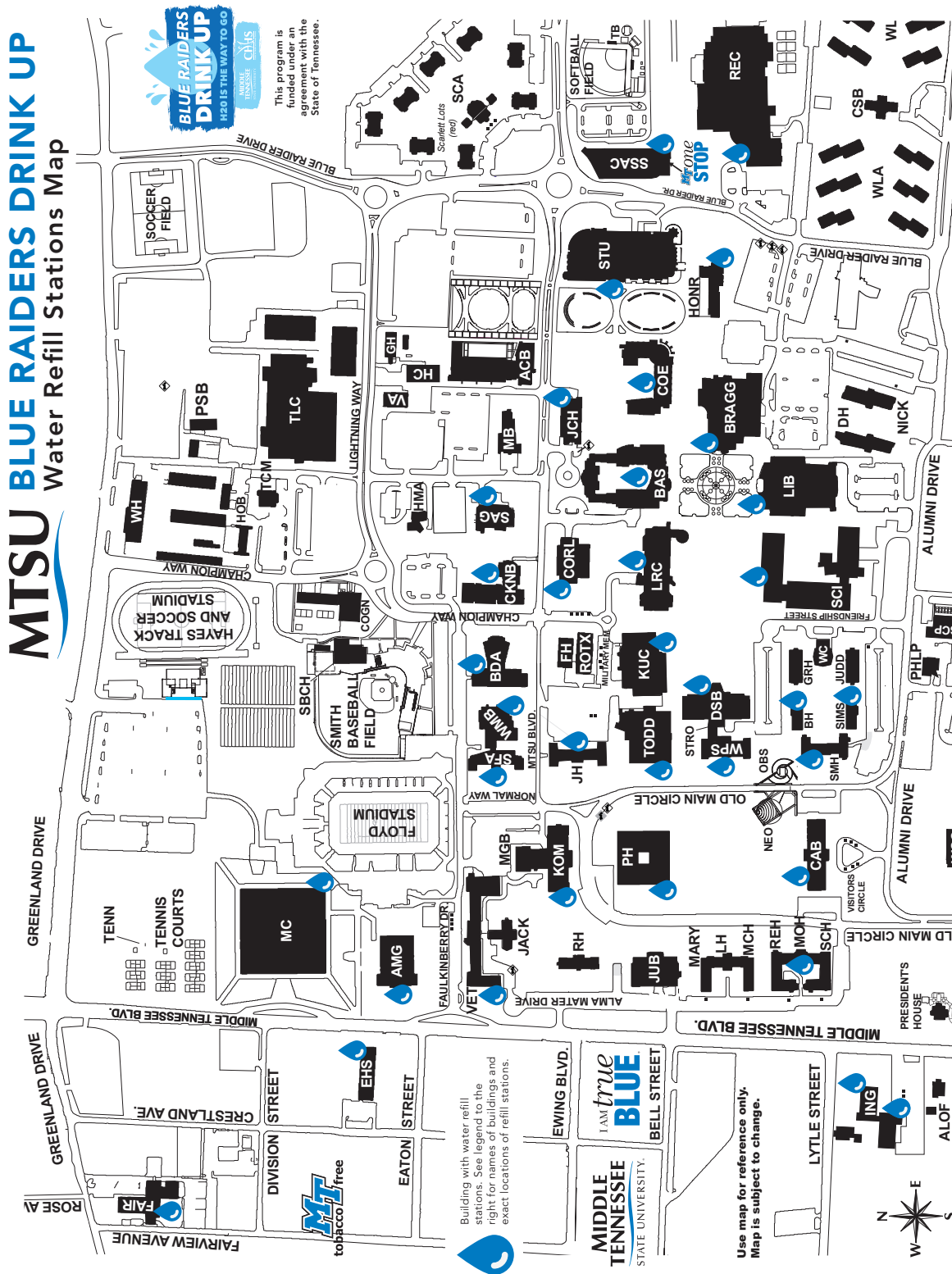


- To date, 16 organizations with existing Safe Stars designations have provided full responses.
 - **75%** urban respondents.
 - **100%** reported that their designation has increased safety policies and procedures overall.
 - **73%** are interested in information on free trainings, and a majority would like both reminders for policy compliance and quarterly Safe Stars newsletters or email updates.
- Thus far, 18 organizations who do not currently participate have given meaningful responses.
 - **72%** of respondents are from urban counties.
 - All know what Safe Stars is, and most know how to achieve recognition.
 - **100%** already have an AED on-site for all hosted events within 3-5 minutes of the site.

I AM **true**
BLUE

Trying to drink more water?

Here's a map of water refill stations on campus!

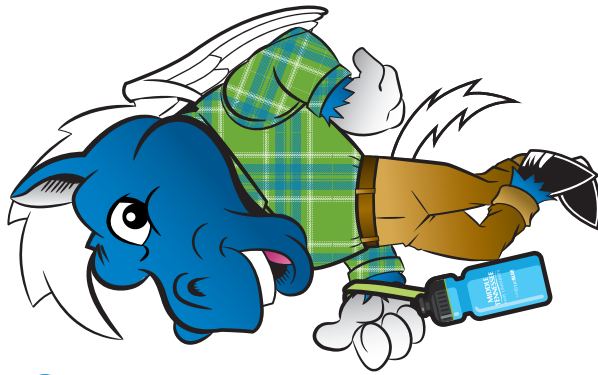


CHHS installed 18 water refill stations across campus since 2019 and through June 2024 and distributed 8,681 water bottles to students. There were 190,411 water bottles saved to date. Water bottles will continue to be provided during 2022-2025.

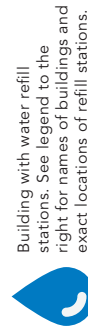
MTSU BLUE RAIDERS DRINK UP

Water Refill Stations Map

*funded by Blue Raiders Up



AMG	Alumni Memorial Gym 1-First Floor, 3-Second Floor*	LRC	Ned McWherter Learning Resources Center 1-First Floor*
BAS	Business and Aerospace Building 1-First Floor, 2-Second Floor*, 2-Third Floor*, 1-Fourth Floor*	MC	Murphy Center 4-First Floor*
BDA	Boutwell Dramatic Arts Building 1-First Floor, 1-Second Floor	MOH	Monohan Hall 1-First Floor*
BH	Beasley Hall 1-First Floor*	PH	Peck Hall 1-Second Floor
BRAGG	John Bragg Media and Entertainment Building 1-Second Floor	REC	Health, Wellness, and Recreation Center 1-First Floor, 1-Second Floor
CAB	Cope Administration Building 1-First Floor, 1-Second Floor	SAG	Stark Agriculture Center 1-First Floor
CKNB	Cason-Kennedy Nursing Building 2-First Floor*, 1-Second Floor*	SCI	Science Building 1-First Floor
COE	College of Education Building 1-First Floor	SFA	Saunders Fine Arts Building 1-Second Floor, 1-Third Floor*
COR	Corlew Hall 1-First Floor*	SIMS	Sims Hall 1-First Floor*
DSB	Davis Science Building 2-First Floor	SMH	Smith Hall 1-First Floor*
EHS	Ellington Human Sciences Building 1-First Floor	SSAC	Student Services and Admissions Center 1-First Floor, 1-Second Floor
FAIR	Fairview Building 1-First Floor	STU	Student Union Building 1-Second Floor
HONR	Paul W. Martin Sr. Honors Building 1-Second Floor	TODD	Andrew L. Todd Hall 1-First Floor*, 1-Second Floor
ING	Sam H. Ingram Building 1-Garage Level, 1-First Floor	VET	Voorhies Engineering Technology 1-First Floor
JCH	Jim Cummings Hall 1-First Floor*	WMB	Wright Music Building 1-First Floor, 2-Second Floor*
JH	Jones Hall 1-First Floor, 1-Second Floor*	WPS	Wiser-Patten Science Hall 1-First Floor
KOM	Kirksey Old Main 1-First Floor		
KUC	Keathley University Center 1-Second Floor		
LIB	James E. Walker Library 1-First Floor, 1-Second Floor		



This program is funded under an agreement with the State of Tennessee.

I AM **trueBLUE**

0324.41 / Middle Tennessee State University does not discriminate on the basis of race, sex, sexual orientation, gender identity, disability, age, status as a protected veteran, or any other category protected by law. See our full policy at mtsu.edu/ec.

Follow us on our social media,
@mtsu_chhs on Instagram and
@mtsu.chhs on Facebook for events.

Whom Do We Serve?

The Center for Health and Human Services at MTSU facilitates, through strategic partnerships, collaborative public health research and outreach projects throughout Tennessee to address health disparities and promote healthy communities. Did you know that much of our work involves off-campus initiatives? One of the more common misconceptions about

CHHS is that we solely serve the campus community. While some of our efforts do focus on our campus, the majority of our work is done in communities across Tennessee, some of which serve as models for other states. Our projects have touched all 95 Tennessee counties, with some involving multistate partnerships and others having national impact.



CHHS Campus Resources

MTSU Mental Health First Aid and QPR Suicide Prevention Training

CHHS is now offering QPR training FREE to the campus community as part of a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Visit the CHHS website Mental Health Awareness Training tab to learn more.

Over 1,000 participants have been trained in Mental Health First Aid since CHHS launched the second multi-year grant in 2023, with 165 in the first six months of this grant year alone. As of end of June, there have been 230 participants certified in QPR since its launch date of January 28, 2025. We will continue to share updates, and we'll continue to serve the campus community with these evidence-based programs. We also have provided training to six college campuses across the state through this grant: Belmont University, Cumberland University, Columbia State Community College, Rhodes College, Cleveland State Community College, and University of Tennessee Southern.



Mental Health
FIRST AID

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

CHHS is currently unable to offer a Mental Health Awareness Training self-pay option to those not affiliated with our campus or another university. Community partners and outside organizations can find trainings/instructors available in their area (or virtual options) at the Mental Health First Aid website or QPR websites. Non-university partners wishing to have a training session just for their group may find local training opportunities using search tools on the websites: • mentalhealthfirstaid.org/take-a-course/find-a-course • qprinstitute.com



Ash Abro and Rose Chilsen, MTSU
Dietetics graduates and former CHHS staff

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facebook.com/mtsu.chhs

CHHS Featured Staff Gabiral Cathey

This quarter CHHS is pleased to shine the spotlight on Gabiral “Gabby” Cathy. Gabby’s interview is below.



Gabiral Cathey

CHHS: How long have you been with CHHS and what is your role?

GC: I have been with CHHS since September 2024, so I have been here for 9 months! My

role with CHHS is as a Statewide Senior Project Coordinator for the Office of Prevention Science and Recovery.

CHHS: What is your favorite aspect of the job?

GC: My favorite aspect is getting to travel and meet people from across the state! Each county and organization that I meet with is different and has different needs. When approaching each need and working with that organization one on one to develop a course of action for them makes each day slightly different.

CHHS: What would a movie or book about your life be titled?

GC: All at Once.

CHHS: How do you use your free time? Hobbies?

GC: We are currently building a house, so all my free time is going to do that, but when I do have time, I love to thrift and yard sale on the weekends.

CHHS: What advice do you have for incoming MTSU freshmen? Graduating Seniors? Or New Employees?

GC: Don’t be afraid to ask the question and take the step. Either one of those things could you somewhere knew, introduce you to someone that could become a mentor, or help push you to the next step so always ask and then take the next step.

CHHS: What is the best piece of advice you have ever received?

GC: Don’t be afraid to accept the help, especially if you need it.

Thank you, MTSU Mental Health Awareness Training Team!

Thank you to **Kit Donovan**, **Chloe Keating**, and **Rin Kochenderfer** for serving as student ambassadors and project assistants for during the first two years of our 4-year Mental Health Awareness grant.



We appreciate your dedication and commitment and wish you the very best in your future endeavors!

FEATURED STAFF *continued from page 28*

Sarah Gwinn, MPA

Congratulations to **Sarah Gwinn** for earning a Master of Public Administration (MPA) degree from East Tennessee State University this spring while balancing an incredibly demanding professional workload. Her dedication and perseverance are truly inspiring and we celebrate this remarkable achievement.

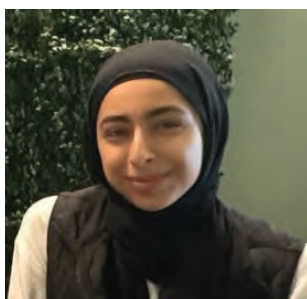
Sarah is well-positioned for even greater success in her current role with CHS Office of Prevention Science and Recovery and beyond.

The future is bright and we can't wait to see all she accomplishes.



Team Member News and Shout-Outs

Hanan Baba & Audrey Waite



Congratulations to our Blue Raiders Drink Up Student Ambassadors, **Hanan Baba** and **Audrey**

Waite on their spring graduation with a Bachelor of Science in Nutrition and Food Science, Dietetics Concentration. Hanan graduated Summa Cum Laude and Audrey Magna Cum Laude. Congratulations to both!

In addition to their degrees, Hanan and Audrey have been an integral part of the Blue Raiders Drink Up project for three years. Thank you for your many contributions, Hanan and Audrey.

CHHS is proud of you and the bright future that we know is ahead!



CHHS Staff and Faculty Partners

The CHHS reports to David L. Butler, Ph.D., Vice Provost for Research at Middle Tennessee State University.

DIRECTOR:

Cynthia Chafin, Ph.D., MCHES®, NBC-HWC
cynthia.chafin@mtsu.edu

CHHS GRANT COORDINATORS:

Vacant

Post-Award Grants Coordinator

Vacant

Grants and Development Specialist

Sarah Gwinn, MPA

Office of Prevention Science and Recovery –
 Rutherford County
sarah.gwinn@mtsu.edu

Michelle Sterlingshires, M.S.

CHHS Evaluator and Technical Writer
 Data Coordinator – Safe Stars, Pediatric mTBI,
 Mental Health First Aid, Blue Raiders Drink Up,
 Rural Communities Opioid Response Program
 MAT Expansion Project
michelle.sterlingshires@mtsu.edu

PROJECT COORDINATORS:

Christina Byrd, M.P.H., CHES®

Blue Raiders Drink Up: Healthy Choices for
 Healthy Students, Death Scene Investigation/
 Sudden Unexpected Infant Death, Rural
 Communities Opioid Response Program
 MAT Expansion Project
ctb4f@mtmail.mtsu.edu
christina.byrd@mtsu.edu

Gabiral Cathey, B.S.

Office of Prevention Science and Recovery –
 Statewide Projects
gabiral.cathey@mtsu.edu

Jill Thomas, M.Ed.

Office of Prevention Science and Recovery –
 H.U.S.T.L.E. Respite Housing and
 Infrastructure Projects
jill.thomas@mtsu.edu

Linda Williams, M.A.

Mental Health Awareness Training –
 Mental Health First Aid and QPR
lindad.williams@mtsu.edu

PROJECT AND STUDENT ASSISTANTS:

Hanan Baba

Blue Raiders Drink Up Student Ambassador
hmb6c@mtmail.mtsu.edu

Audrey Waite

Blue Raiders Drink Up Student Ambassador
acw8b@mtmail.mtsu.edu

Dannielle Tsang

Spring/Summer 2025 Intern,
 Department of Social Work
dkt2z@mtmail.mtsu.edu

CHHS STAFF AND FACULTY PARTNERS *continued from page 30***GRANT SUPPORT STAFF:****Sarah Nicolette, M.S., RD**Blue Raiders Drink Up Dietitian
sarah.nicolette@mtsu.edu**Lisa Sheehan-Smith, Ed.D., RD**Blue Raiders Drink Up Cooking
Class Dietitian
lisa.sheehan-smith@mtsu.edu**MTSU MENTAL HEALTH FIRST AID
FACULTY TRAINERS:****Mary Beth Asbury, Ph.D.**Department of Communication Studies
marybeth.asbury@mtsu.edu**Deborah Lee, Ph.D., RN, NBC-HWC**School of Nursing, NHC Chair of Excellence
deborah.lee@mtsu.edu**Seth Marshall, Ph.D.**Department of Psychology
seth.marshall@mtsu.edu**Sara Shirley, Ph.D.**Department of Economics and Finance and
Data Science Institute
sara.shirley@mtsu.edu**Chipper Smith, M.P.H.**Department of Health and Human Performance
chipper.smith@mtsu.edu**Jeff Stark, Ph.D.**Department of Economics and Finance and
Data Science Institute
jeff.stark@mtsu.edu**Kahler W. Stone, Dr.P.H.**Department of Health and Human Performance
kahler.stone@mtsu.edu**David Jean**

Graduate Student, Data Science Institute

Pallavi Suram

Graduate Student, Data Science Institute

CAMPUS AND FACULTY PARTNERS:**Angela Bowman, Ph.D.**Department of Health and Human Performance
angie.bowman@mtsu.edu**John M. Burchfield, M.B.A.**University College
john.burchfield@mtsu.edu**Richard Chapman, M.B.A., M.S.H.A.**Student Health Services
richard.chapman@mtsu.edu**Keith Gamble, Ph.D.**Department of Economics and Finance,
and Data Science Institute
keith.gamble@mtsu.edu

*"Success is where preparation
and opportunity meet."*

— Bobby Unser, legendary American race car driver

**MIDDLE
TENNESSEE**
STATE UNIVERSITY.

I AM *true* **BLUE**.

THOSE WHO TOUCH THE BLUE HORSESHOE
WILL BE GRANTED GOOD LUCK.

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