



MIDDLE TENNESSEE
STATE UNIVERSITY
CENTER FOR HEALTH AND HUMAN SERVICES

2025 Annual Report: Honoring 30+ Years of Service. Celebrating a Decade of Growth.

Reflecting Fiscal Year 2025 Achievements (July 1, 2024–June 30, 2025)



**Applied Research, Evaluation, and
Partnerships for a Healthier Tennessee**

A Message from the Director



As we release our inaugural annual report, we celebrate not only the milestones of fiscal year 2025 but also the enduring legacy of the MTSU Center for Health and Human Services (CHHS), which has served Tennessee communities for more than 30 years. Over the past decade, since aligning under MTSU's vice provost for research in 2016, CHHS

has experienced extraordinary growth in both scope and impact—a reflection of our dedicated staff, supportive University leadership, and strong community partnerships. CHHS has strengthened its capacity to deliver applied public health

research, evaluation, and community engagement, building on the strong foundation established by its founding leadership.

Just 10 years ago, our average annual budget was just over \$400,000 (2016-17), supported by a single state grant and a staff of fewer than three full-time employees. Today, we manage twelve active projects totaling \$4.6 million, supported primarily through federal and state grants, and engage a talented, multidisciplinary team of faculty, staff, and students. This growth reflects the confidence of our funders, the support of University leadership, and the dedication of those who bring our mission to life each day. Together, we are advancing public health research, outreach, and education across Tennessee.

Cynthia Chafin, Ph.D., MCHES®, NBC-HWC
Director, MTSU Center for Health and Human Services

Our Legacy



Founded in 1993 by Jo Edwards, Ed.D., the inaugural Adams Chair of Excellence in Health Care Services, the Center for Health and Human Services has spent more than three decades advancing public health across Tennessee through collaboration, research, and community engagement. Since moving under the

direction of MTSU's vice provost for research in 2016, CHHS has operated as an independent center, expanding its reach and impact while continuing to build on the vision established by Edwards and the center's founding leadership.



Mission | Vision | Core Values

Mission

Facilitate collaborative public health research and outreach projects addressing disparities and promoting healthy communities.

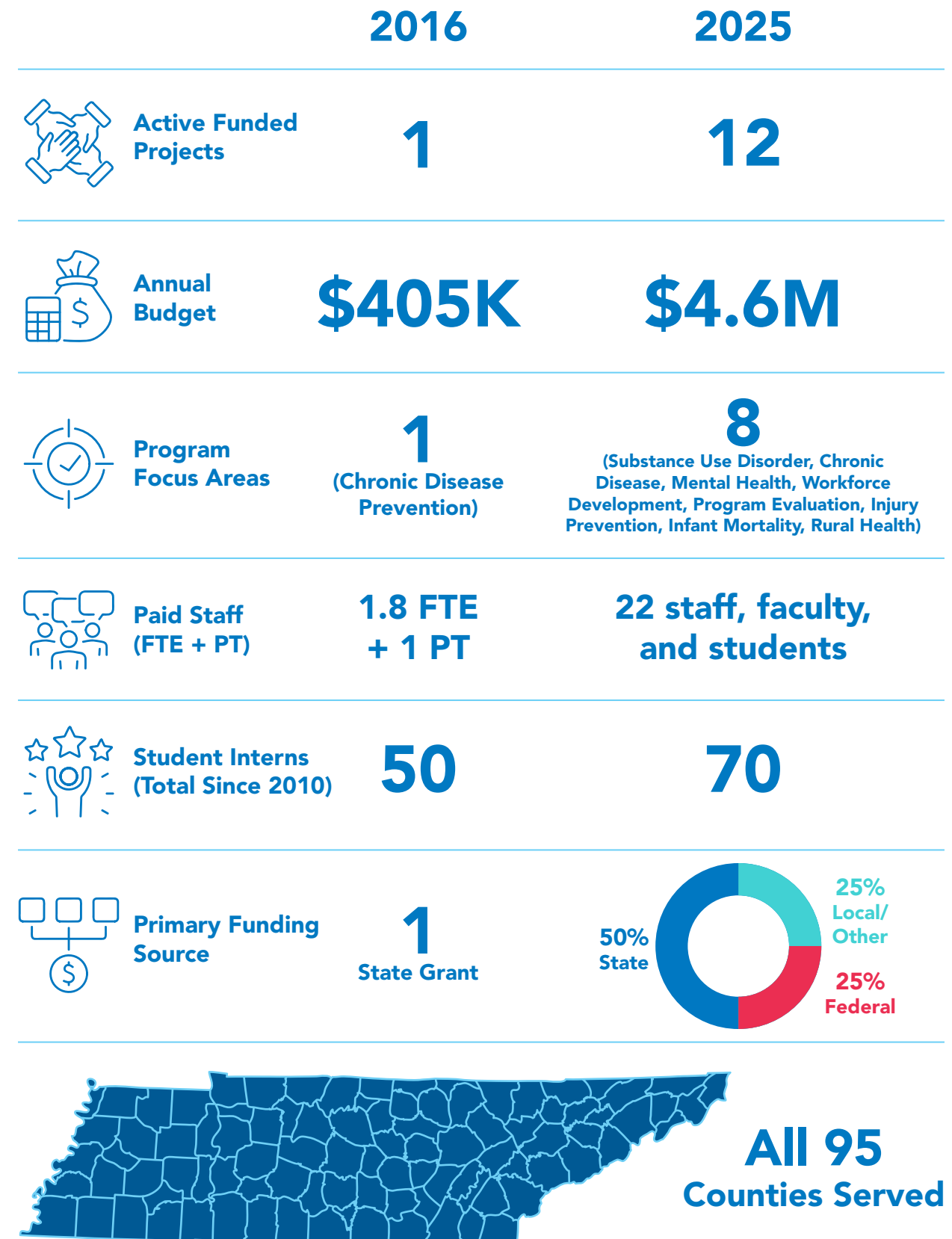
Vision

Shape a healthier future for Tennesseans through innovation and collaboration.

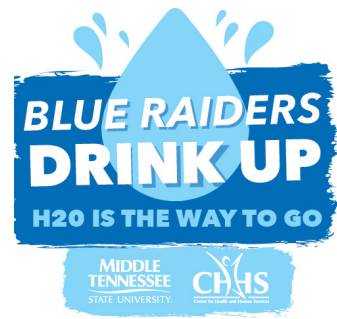
Core Values

Collaboration, Innovation, Excellence, Engagement

A Decade of Growth: 2016 → 2025



Blue Raiders Drink Up: Healthy Choices for Healthy Students (BRDU 1.0 and 2.0)



Supported by the Tennessee Department of Health's Project Diabetes initiative, BRDU promotes hydration, nutrition literacy, and healthy lifestyle habits among MTSU students through cooking workshops; hydration "stations"; one-on-one visits with a

registered dietitian, certified health coach, or personal trainer; and peer-led activities.

Outcome: Early evaluation data showed increased fruit and vegetable intake, higher confidence in meal preparation, and reduced consumption of sugar-sweetened beverages among participants. Findings from the BRDU pilot were published as "Influence of Culinary Interventions on Eating Habits in a Post-Secondary Educational Environment" in the *Journal of Family and Consumer Sciences* (2024).

This project is funded under an agreement with the State of Tennessee Project Diabetes Initiative.



Infant Death Scene Investigation and Safe Sleep



In partnership with the Tennessee Department of Health and the Office of the State Chief Medical Examiner, CHHS and University College supported statewide training to improve infant death scene investigation and related reporting in accordance with state law and promote infant safe sleep practices.

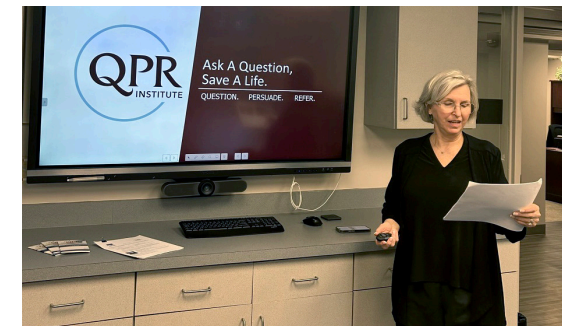
Outcome: There were 1,638 first responders—fire services, law enforcement, and emergency services—trained in Infant Death Scene Investigation by the MTSU and Tennessee Department Health training team during FY 2025. Training included proper documentation and reporting to meet state mandates and national reporting requirements; best practices for investigations; managing grief; and self-responder self-care. Training materials were developed, with 3,931 disseminated to trainees. An additional 101 public health and social services professionals were trained in current child fatality review topic areas.

Mental Health Awareness Training (Mental Health First Aid and QPR Suicide Prevention)

Through a Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Awareness Training grant, CHHS provided Mental Health First Aid (MHFA) and QPR suicide-prevention training to students, faculty, staff, first responders, and community members.

Outcome: Post-training evaluations demonstrated increased participant knowledge, confidence, and preparedness to recognize and respond to mental health crises. A total of 537 individuals were trained in MHFA or QPR during FY 2025, with 626 trained on referring someone in need of mental health support to appropriate services.

This project is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$498,700 with 100% funded by SAMHSA/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 SAMHSA/HHS, or the U.S. Government. For more information, please visit samhsa.gov



Rural Communities Opioid Response Program (RCORP): Wilson County

The RCORP Implementation project, funded by the Health Resources and Services Administration (HRSA), strengthened Wilson County's opioid response capacity through coalition engagement, needs assessment and gap analysis, data coordination, outreach, prevention activities, treatment services, provision of transportation, jail-based reentry services, and community education.

Outcome: The project achieved three years of measurable progress in coalition development; improved coordination of data collection and services; and provision of funding for needed treatment, wraparound services, and related transportation to hundreds of Wilson County residents. Evaluation results were presented in "Launching a Comprehensive Opioid Intervention in One Rural Tennessee County—Successes, Challenges, Lessons Learned, and Outcomes" at the Rural Health Association of Tennessee Annual Conference (2024). A comprehensive stigma research study was conducted assessing stigma toward those with substance use disorder, which informed the overall project and community.

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 \$1,000,000 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.

Rural Communities Opioid Response Program Medication Assisted Treatment (MAT) Access Grant—6 Rural Tennessee Communities

This HRSA-funded project expands access to medication-assisted treatment in six rural Tennessee counties through mobile health services, telehealth-supported care, and provider partnerships. Residents of Giles, Hickman, Lawrence, Franklin, Marshall, and Claiborne counties who are uninsured or underinsured are able to receive treatment services at no cost through this grant.

Outcome: During FY 2025, the second year of this project and the first year where the mobile unit was in service, there were 195 unique patient visits to the mobile clinic and 70 unique patients. Medications and services provided through this grant for FY 2025 totaled \$108,637.

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 \$2,921,726 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.



Office of Prevention Science and Recovery (OPSR)—Statewide Infrastructure and Technical Support

CHHS' Office of Prevention Science and Recovery, with funding from a Tennessee Opioid Abatement Council Community Grant, provided technical assistance through grant application reviews, application coaching, and evaluation planning support for counties and community partners engaged in opioid settlement activities.



Outcome: Communities receiving CHHS assistance submitted stronger, more competitive opioid abatement proposals with clearer goals, stronger logic models, and enhanced evaluation readiness.

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

Local Opioid Abatement Support—Rutherford, Williamson, and Cannon Counties

CHHS provided targeted technical assistance to community organizations preparing opioid settlement-funded abatement proposals, including needs assessments, planning support, and data guidance. CHHS also provided technical assistance to county governments, including development of application templates; review processes; screening and review of grantee proposals; summarizing and making recommendations to local boards; and monitoring grantee performance.

Outcome: Several county partners successfully submitted opioid abatement proposals with CHHS technical support, helping align local planning with state priorities. Rutherford County Opioid Board provided \$1,103,893 to 11 agencies for prevention, treatment, and recovery activities during FY 2025, with CHHS reviewing and scoring proposals as well as post-award grantee performance management. For Williamson and Cannon counties, funding disseminated during FY 2025 totaled \$1,115,669 and \$211,864 respectively, with CHHS also facilitating pre- and post-award processes.

Safe Stars and Pediatric mTBI / Return-to-Learn and Return-to-Play Evaluation

CHHS supported statewide youth sports health and safety efforts through evaluation of Tennessee Department of Health and Vanderbilt Youth Sports Health Center's Safe Stars standards, concussion (mTBI) initiatives, and school-based return-to-learn/return-to-play protocols.

Outcome: Evaluation findings identified barriers and facilitators to participating in the Safe Star initiative, and sector-specific gaps in concussion prevention and management. Results were presented in "Community Feedback: A Status Update on Sports-Related Health and Safety Initiatives in Tennessee" at the Monroe Carell Jr. Children's Hospital Youth Sports Health and Safety Conference, as well as at multiple other professional meetings and events.

The TDH Evaluation Project team: (top l-r) Cynthia Chafin, Michelle Sterlingshires, Christina Byrd, (bottom l-r) Angela Bowman, Dannielle Tsang, Terrence R. Love.

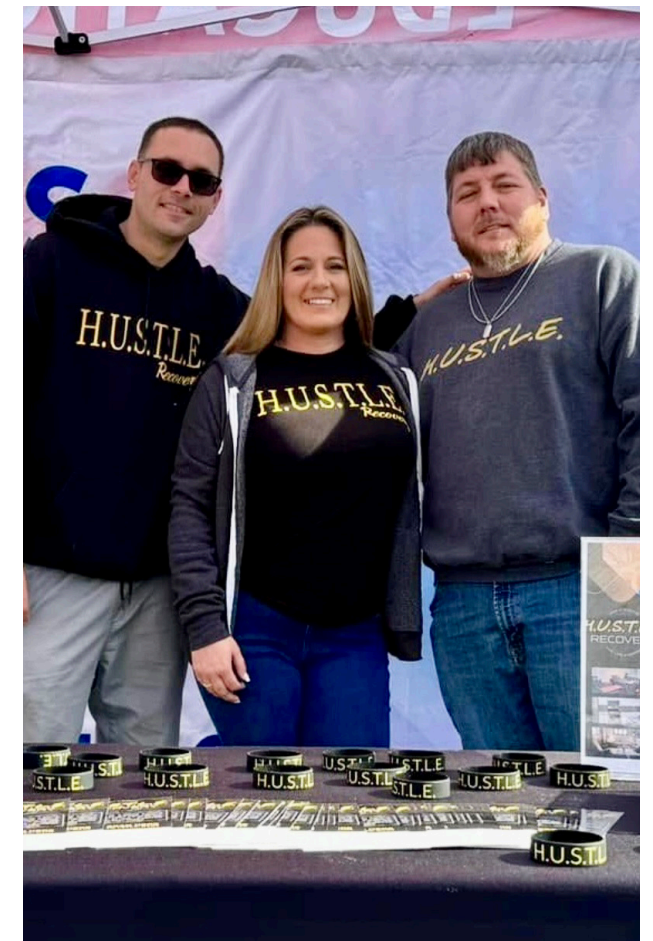


H.U.S.T.L.E. Recovery—Respite Housing Project and Residential Aftercare and Capacity Building Project

CHHS, in partnership with H.U.S.T.L.E. Recovery, and with funding from a Tennessee Opioid Abatement Council Community Grant, expands access to respite housing and stabilization supports for individuals exiting crisis situations. To improve statewide accessibility, this grant includes the expansion of respite facilities through the establishment of housing in each of Tennessee's three Grand Divisions (west, middle, and east) and builds upon the existing 10 respite beds already in operation, creating a more robust and geographically inclusive support system. Through the Residential Aftercare and Capacity Building grant, Hustle Recovery is able to offer 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 six to 12 months, helping to ensure long-term stability. CHHS provides technical support, evaluation, research, and grant management services, freeing Hustle Recovery to do what it does best—care for those struggling with addiction.

Outcome: For the Respite Housing Project in FY 2025, 544 individuals were admitted into Hustle Recovery's respite housing, and 502 of those—over 92%—successfully transitioned. This high transition rate demonstrates the effectiveness of respite housing as a bridge to formal care. For the Residential Aftercare and Capacity Building Project, participants demonstrated measurable improvement in employment, financial stability, and recovery capital.

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



Project Outcomes and Dissemination

Every CHHS project includes measurable outcomes and evaluation components shared through reports, presentations, and publications.

Recent Highlights:

- **Blue Raiders Drink Up: Healthy Choices for Healthy Students** (obesity and diabetes prevention): Outcomes from the first three-year pilot project of campus-based faculty and student-led cooking classes were published as "Influence of Culinary Interventions on Eating Habits in a Post-Secondary Educational Environment" in the *Journal of Family and Consumer Sciences* (2024), with lead author Elizabeth Smith, associate professor of Nutrition and Food Science and director of MTSU's Didactic Program in Dietetics, her students, and the CHHS Blue Raiders Drink Up team.

- **Safe Stars Initiative** (youth sports health and safety): Evaluation outcomes were presented as "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 Carell Jr. Children's Hospital at Vanderbilt (June 2025).
- **Rural Communities Opioid Response Program (RCORP) Wilson County Grant** (opioid response): Findings were presented as "Launching a Comprehensive Opioid Intervention in One Rural Tennessee County—Successes, Challenges, Lessons Learned, and Outcomes" by CHHS Director Cynthia Chafin and Associate Professor Kahler Stone, MTSU Public Health, at the Rural Health Association of Tennessee Annual Conference (November 2024).

Impact Spotlight: Changing Lives

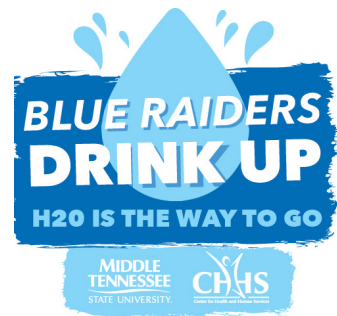
The Rural Communities Opioid Response Program (RCORP) Medication Assisted Treatment (MAT) Access Grant is making a difference. While charts and figures are important, so are the personal stories of those impacted by CHHS' projects. This story is shared by project partner Cedar Recovery.

Jim's Story

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.

Impact Spotlight: Healthy Students



Success Story: Blue Raiders Drink Up

"The program was very helpful to me. I was on the edge of being diagnosed prediabetic and with guidance I was able to fix things quickly. I'd say, if you find yourself here, do your best to follow

suggestions as best as you can, and I'm positive you'll reach your goal."

– Anonymous MTSU student

"I am an undergrad in biology. I was so busy every day with research and coursework that I began forgetting to eat and lost fifteen pounds. This program helped me find eating habits to suit my limited time and appetite issues."

– Anonymous MTSU student

At the end of FY 2025 and as the semester wrapped up, two graduate students, with the guidance and support of this project's registered dietitian, Sarah Nicolette, successfully lowered their A1C levels below the prediabetic range by the time of their graduation.

These examples, among many others, underscore how BRDU equips MTSU students with life skills—such as healthy eating

and living—that extend far beyond their college years. These habits not only shape their personal well-being but influence their entire life trajectory, impacting careers, families, and communities.

This project is funded under an agreement with the State of Tennessee Project Diabetes Initiative.



Impact Spotlight: Changing Lives (continued)

Success Story: H.U.S.T.L.E. Recovery

"Hustle didn't see me as an inmate or an addict—they saw me as a person worth fighting for. Hustle fought beside me to get a furlough so I could enter their vocational rehabilitation program. Today, everything about my life is different. I graduated from Hustle's program. I got hired full time at AO Smith, where I make \$24 an hour. I've been promoted to team lead—a job I never would have been considered for without Hustle's support. Hustle didn't just help me recover—they gave me my life back. They gave my children their mother back. And they gave our community one less person lost



to addiction and incarceration."

– Anonymous participant



Three Cores in Action

Teaching (Learning in Action): Applied internships and paid learning positions that extend MTSU's teaching mission beyond the classroom.

Research and Evaluation (Evidence in Practice): Externally funded projects with measurable outcomes and shared findings.

Service (Community Engagement): Outreach, technical assistance, and partnerships improving health across Tennessee.

Strategic Goals for 2025–2030

- Sustain a \$3M+ annual budget, aiming for \$6M by 2030.
- Expand partnerships (5+ new collaborations yearly).
- Support five internal positions (program coordinators, pre-award specialist, evaluator/writer, associate director).
- Publish and/or disseminate one or more scholarly products per project to include manuscripts, publications, and conference and other presentations.
- Enhance professional development.
- Grow philanthropic support.

Success is the sum of small efforts—repeated day in and day out.

–Robert Collier



Acknowledgments

With gratitude to CHHS staff, University leadership, community partners, and funders.

Special thanks to David Butler, vice provost for research and dean of the College of Graduate Studies, for his encouragement, support, and oversight, and to Provost Mark Byrnes, for his ongoing support and confidence in CHHS' mission and vision.

The work described in this publication was supported in part by the Substance Abuse and Mental Health Services Administration (SAMHSA); the Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP); the Tennessee Department of Health (Project Diabetes, Injury and Violence Prevention Program and Safe Stars Initiative, and Child Fatality Review Program); the Tennessee Opioid Abatement Council; and county government partners including the Rutherford Opioid Board, the Williamson County Opioid Task Force, and the Cannon County Opioid Committee.

The contents of this publication are solely the responsibility of the MTSU Center for Health and Human Services and do not necessarily represent the official views of SAMHSA, HRSA, the Tennessee Department of Health, the Tennessee Opioid Abatement Council, or county partners.



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