



Lori A. Weaver
Commissioner

Morissa Henn
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER

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November 12, 2024

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, to enter into an educational tuition agreement and to pay said costs in an amount of \$1,433.25 as follows:

Institution:	Southern New Hampshire University P.O. Box 55008 Boston, MA 02205-5008
Course Title(s):	Foundations in Statistics
Course Date(s):	Begin: 01/06/2025 End: 03/10/2025
Employee:	Caitlin Hand
Funding Source:	05-95-42-421010-32200000-066-500543
Total Cost of Course(s):	\$1,433.25
State Share:	\$1,433.25
Source of Funds:	Employee Training; 78% Federal, 22% General

EXPLANATION

This education will benefit the Department of Health and Human Services (DHHS) and Caitlin Hand by improving the overall efficiency of the employee's work. It will enhance Caitlin's knowledge of how and why proven statistical interventions supports the Division of Children, Youth, and Families (DCYF)'s overall mission to keep children and families safe in their communities, whenever possible.

This Course, *Foundation in Statistics*, provides a systematic introduction to statistics in quantitative research and mixed methodologies. Caitlin will have the opportunity to explore the analysis of real-world data, research situations to illustrate the process of interpreting the meaning of the underlying data, and how statistics can be utilized to address important questions. Completing this course is part of Caitlin's pursuit to obtain a Master's Degree in Psychology.

Caitlin Hand has been employed with the DHHS for nine (9) years, three (3) years in the current position as a 21-1020 Social Worker-5 (Supervisor IV) with the Division of Children, Youth, and Families (DCYF). In this position, Caitlin is responsible for providing direct supervision to assigned Child Protective Service Workers (CPSW) and other staff in the Southern District office to assure quality in child welfare services. Additionally, Caitlin must attend scheduled supervisory meetings to receive/disseminate information, participate in program development, and conduct unit staff meetings to inform the staff of agency decisions.

The Department of Health and Human Services encourages and supports employees who wish to further their professional growth through continuing education in disciplines that are mutually advantageous. Successful completion of the courses will add to the overall strength of the Department to perform its mission for the residents of New Hampshire.

This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

Respectfully submitted,



Lori A. Weaver
Commissioner



THE STATE OF NEW HAMPSHIRE
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 23 day of October 2024 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and Caitlin Hand (hereinafter referred to as the "Recipient"). The State and the Recipient do hereby mutually agree as follows:

1. The State shall pay to the named institution the sum of \$ 1433.25 , which monies shall be used for the purpose of enrolling the Recipient in: Foundations in Statistics (course name), which course is being offered by: Southern New Hampshire University and which course shall commence on January 6 20 25 and terminate on March 10 20 25.
2. The Recipient shall complete and achieve a passing grade in each course named in paragraph 1.
3. Should the Recipient fail to complete or achieve a passing grade in each course named in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, provided, however, that if more than one course is named in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
4. Upon the satisfactory completion of the courses named in paragraph 1, the Recipient shall continue in the employ of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for a period of six (6) months.
5. The Recipient shall work in any area of the State to which he/she may be assigned, provided that such assignment will not constitute a severe hardship to said Recipient.
6. Should the Recipient breach any of the conditions set forth in paragraphs 4 and 5, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to the Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.
7. The Recipient shall not raise any setoff or counterclaim against the State in any action brought by the State to collect any amount due under this agreement.
8. Should any amount be found to be due the State in any action brought against the Recipient pursuant to this Agreement, the State shall, in addition to said amount, be entitled to an award of costs and a reasonable amount in "attorney" fees.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their hands on the date first above written.

RECIPIENT
(signature) [Signature] (printed name) Caitlin Hand

NOTARY State of New Hampshire, County of Hillsboro

On this the 23rd day of OCT., 2024, before me, Karen Jones, the undersigned officer, personally appeared, Caitlin Hand (recipient) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes herein contained.

In witness whereof I hereunto set my hand and official seal.

[Signature]
Notary Public/Justice of the Peace Signature

THE STATE OF NEW HAMPSHIRE
DHHS Commissioner or Designee Signature [Signature]
(printed name, title) Arin H. Landy, Assoc. Commissioner
(date) 11/14/24

KAREN B. JONES - Notary Public
State of New Hampshire
My Commission Expires July 14, 2026