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

Lori A. Weaver
Commissioner

Morissa Henn
Deputy Commissioner

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June 23, 2025

Her Excellency, Governor Kelly A. Ayotte
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 \$1,482.75 as follows:

Institution:	Southern New Hampshire University P.O. Box 55008 Boston, MA 02205-5008
Course Title:	Intervention Strategies
Course Date:	Begin: 08/25/25 End: 11/02/25
Employee:	Sarah Draper
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course:	\$1,482.75
State Share:	\$1,482.75
Source of Funds:	Employee Training; 20% Federal, 80% General

EXPLANATION

This education will benefit the Department of Health and Human Services (DHHS) and Sarah Draper by improving the overall efficiency of the employee's work. Through enhanced understanding of intervention strategies for child and adolescent development, including identification of issues, assessment, and planning, this employee will better work with the Bureau for Family Centered Services (BFCS) to serve New Hampshire families with children who have special medical needs.

This course, *Intervention Strategies*, will teach Sarah about various contemporary and traditional strategies and theories, along with their application to development programs and field services. Sarah will have opportunities for practice using real world scenarios to identify developmental issues through formal testing and to use appropriate strategies and methods based on a specific diagnosis. Completing this course is also part of Sarah's longer-term goal of obtaining a Master's Degree in Psychology with a concentration in Child and Developmental Psychology.

Sarah Draper has been employed with the Department of Health and Human Services for two and a half (2.5) years and currently serves as a 43-6010 ADMIN ASSTS-4 (Clinical Program Assistant II) in the Division of Long Term Supports and Services (DLTSS). In this position, Sarah manages client communication, processes and directs program referrals, collaborates with contract agencies for clinical programs, and assists the data coordinator with data system work and updates.

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 28 day of May 2025 by and through the Department of Health and Human Services (hereinafter referred to as the "State") and Sarah Draper

(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 \$ 1482.75, which monies shall be used for the purpose of enrolling the Recipient in: PSY636: Intervention Strategies (course name), which course is being offered by: Southern New Hampshire University and which course shall commence on August 25 20 25 and terminate on November 02 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)

[Handwritten Signature]

(printed name)

Sarah Draper

NOTARY

State of New Hampshire, County of Rockingham:

On this the 27 day of June 20 25, before me, Kim Faucher the undersigned officer, personally appeared,

Sarah Draper (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.

[Handwritten Signature]
Notary Public/Justice of the Peace Signature

THE STATE OF NEW HAMPSHIRE

DHHS Commissioner or Designee Signature

[Handwritten Signature]

(printed name, title)

Ann Landry, Assoc. Commissioner

(date)

6/23/25

KIMBERLY A. FAUCHER - Notary Public
State of New Hampshire
My Commission Expires May 7, 2030