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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

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 1-800-852-3345 Ext. 9200
Fax: 603-271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

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 \$2,240.00 as follows:

Institution:	Boise State University Student Financial Services Administration Building, Room 101 1910 University Dr Boise, ID 83725
Course Title:	Needs Assessment
Course Date:	Begin: 08/25/25 End: 12/12/25
Employee:	William Humphrey
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course:	\$2,240.00
State Share:	\$2,240.00
Source of Funds:	Employee Training; 20% Federal, 80% General

EXPLANATION

This education will benefit the Department of Health and Human Services (DHHS) and William Humphrey by improving the overall efficiency of the employee's work. Through enhanced capacity to assess and address training needs systematically, this employee will be better prepared to help the DHHS workforce to deliver high-quality services and maintain program integrity.

This course, *Needs Assessment*, will help William to identify performance gaps, uncover root causes, and design targeted, data-informed solutions. William will gain hands-on experience in performance analysis through real-world team projects and structured assessments. This deeper understanding of needs assessment will enhance this employee's effectiveness in developing impactful training and will contribute to the overall success of the Bureau of Family Assistance and the Department's broader goal of supporting the well-being and self-sufficiency of New Hampshire residents. Completing this course is part of William's pursuit of a Master's Degree in Organizational Performance and Workplace Learning.

William Humphrey has been employed with the Department of Health and Human Services for just over two (2) years and currently serves as a 13-1150 Training and Development Specialist-5 (Training Coordinator) in the Bureau of Family Assistance (BFA). In this position, William must plan, develop, coordinate, and deliver training on program policies, procedures, and technical systems such as New HEIGHTS, Bridges, and NECSES. William's work includes creating comprehensive curricula, participant guides, case scenarios, and visual materials to support new and experienced staff, while tailoring training to ensure accessibility and accommodate a variety of learning styles. William also keeps training materials current with policy and system updates, collaborates closely with end users and leadership, and provides feedback to support improvements in policy, practice, and system design.

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 05 day of 27 2025 by and through the Department of Health and Human Services (hereinafter referred to as the "State") and William L. Humphrey (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 \$ 2240.00, which monies shall be used for the purpose of enrolling the Recipient in: Needs Assessment (course name), which course is being offered by: Bolse State Unversity: School of Engineering and which course shall commence on August 25 2025 and terminate on December 12 2025.
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 Ohands on the date first above written.

RECIPIENT

(signature) William L. Humphrey (printed name) 5-27-25

NOTARY State of New Hampshire, County of Merrimack:

On this the 27 day of May, 2025, before me, Samantha Kearn, the undersigned officer, personally appeared, William Humphrey (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.

Samantha Kearn
Notary Public/Justice of the Peace Signature

THE STATE OF NEW HAMPSHIRE

DHHS Commissioner or Designee Signature

(printed name, title) Ann H. Landay, Assoc. Commissioner

(date) 6/23/25

Samantha Kearn
Notary Public, State of New Hampshire
My Commission Expires Sept 15, 2026