



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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September 24, 2026

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 \$1,593.00 as follows:

Institution:	Southern New Hampshire University 2500 N. River Rd. Manchester, NH 03106
Course Title(s):	Forensic Psychology Seminar Criminal Minds
Course Date(s):	Begin: 10/26/2026 End: 12/20/2026
Employee:	Lilly Crowl
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$1,593.00
State Share:	\$1,593.00
Source of Funds:	Employee Training; 27.47% Federal, 67.95% General, 4.58% Other

EXPLANATION

This education will benefit the Department of Health and Human Services (DHHS) and Lilly Crowl by improving the overall effectiveness of the employee's work in the Bureau of Family Assistance (BFA). Lilly will expand her knowledge of ethical standards, evidence-based practices, and diversity, leading to a better understanding of the clients she serves. In addition, she will enhance her understanding of the challenges faced by individuals post incarceration, including the impact on their families. As a result, Lilly will be better equipped to advance the DHHS mission by providing the highest level of service to BFA clients, assisting them in bettering themselves for the long term.

The first course, *Forensic Psychology Seminar*, explores the knowledge and skills within the forensic psychology arena. It will allow Lilly to analyze the application of and the relationship between criminological, psychological, and sociological factors in authentic scenarios that demonstrate the demands professionals face in the field. The second course, *Criminal Minds*, analyzes the influence of development, personality, and environment on the roots of criminal behavior and deviancy. Lilly will gain an understanding of investigation and crime analysis, helping her to recognize patterns associated with both perpetration and victimization. Completing these courses is part of Lilly's pursuit of a bachelor's degree in psychology with a concentration in mental health.

Lilly Crowl has been employed with DHHS for a little over two (2) years in the position of 43-4060 Elig. Interviewers - 2 (Human Services Associate) with the Bureau of Family Assistance. Her duties include reviewing program applications, answering client questions, addressing customer service issues, and identifying the most beneficial resources for clients. She serves a diverse client population daily and has learned many ways to explain BFA programs and to defuse difficult situations.

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.

These courses 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 17 day of August 20 26 by and through the Department of Health and Human Services (hereinafter referred to as the "State") and Lilly Crowl (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 \$ 796.50, which monies shall be used for the purpose of enrolling the Recipient in: Forensic Psychology Seminar (course name), which course is being offered by: Southern New Hampshire University and which course shall commence on October 26 20 26 and terminate on December 20 20 26.
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) Lilly Crowl (printed name) Lilly Crowl

NOTARY State of New Hampshire, County of _____ :

On this the 17 day of Aug. 2026, before me, Melissa G. Nichols the undersigned officer, personally appeared, Lilly Crowl (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.

Melissa G. Nichols
Notary Public/Justice of the Peace Signature

THE STATE OF NEW HAMPSHIRE

DHHS Commissioner or Designee Signature [Signature]

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

(date) 9/28/2026

MELISSA G. NICHOLS - Notary Public
State of New Hampshire
My Commission Expires October 30, 2029



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EDUCATIONAL TUITION AGREEMENT**

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

Melissa G Nichols
Notary Public/Justice of the Peace Signature

THE STATE OF NEW HAMPSHIRE

DHHS Commissioner or Designee Signature

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

(date) 9/28/2026

MELISSA G. NICHOLS - No. _____
State of New Hamps
My Commission Expires October 2022