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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE COMMISSIONER

129 PLEASANT STREET, CONCORD, NH 03301-3857 603-271-9389 1-800-852-3345 Ext. 9389 Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dbhs.nh.gov

September 17, 2019

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 \$1,860.00 as follows:

Institution:	Rivier University 420 South Main Street Nashua, NH 03060
Course Title(s):	Behavioral Health & Health Promotion
Course Date(s):	Begin: 10/23/2019 End: 12/13/2019
Employee:	Elizabeth L. Biron
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$1,860.00
State Share:	\$1,860.00
Source of Funds:	Employee Training, 25% Federal, 75% General

Jeffrey A. Meyers Commissioner

EXPLANATION

This course, Behavioral Health & Health Promotion, will benefit the Department and Ms. Biron by deepening her knowledge and understanding of theoretical and conceptual frameworks of the public health research and practice that informs models of health promotion and public health practice as well as health behaviors in the context of 21st century public health. She will increase her understanding of innovative approaches to community engagement and collaborative practice that will promote the health of NH communities. Ms. Biron will apply this knowledge to her current responsibilities, further strengthening her current skill set. Knowledge gained through this course will be shared with colleagues and other stakeholders so that all will benefit from her participation in this course.

Elizabeth L. Biron has been employed by the Department of Health and Human Services for twelve (12) years and is currently the Oversight and Monitoring Coordinator for the Ryan White Care Program (NH CARE Program) contracts. Ms. Biron has wide ranging responsibilities including: directing the coordination of monitoring and evaluating NH CARE program provider contract compliance with state and federal requirements; developing, testing, and updating programmatic and fiscal monitoring tools; coordinating quality assurance projects; and coordinating and conducting correspondence which includes conference calls with contracted providers. She is a member of the NH CARE Program Quality Management Committee and takes leadership roles within the HIV Planning Group, and the Quarterly HIV Medical Case Managers Meetings.

Ms. Biron's goal is to further enhance her professional and analytical skills by informing and advancing her work as oversight and monitoring coordinator of contracted providers with the objective of completing a Master in Public Health. Successful completion of this program will add to the overall strength of the Department to perform its mission to the residents of New Hampshire.

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.

This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

pectfully submitted.

Jeffrey A. Meyers Commissioner



THE STATE OF NEW HAMPSHIRE

EDUCATIONAL TUITION AGREEMENT

Agreement dated this 23 day of August, 2019 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and <u>Elizabeth L. Biron</u> (hereinafter referred to as the "Recipient"). The State and the **Recipient** do hereby mutually agree as follows:

- The State shall pay to the named institution the sum of \$1,860.00, which monies shall be used for the purpose of enrolling the Recipient in: <u>Behavioral Health & Health Promotion (course name)</u>, which course(s) is being offered by <u>Rivier University</u> and which course(s) shall commence on October 23, 2019 and terminate on December 13, 2019.
- 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 rate 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

(printed name) Elizabeth L. Biron

NOTARY

State of New Hampshire, County of Merrimack:

On this the <u>23</u> day of August, 20<u>19</u>, before me, <u>Gabaac</u>, the undersigned officer, personally appeared, <u>Chyabart</u> <u>Dr</u>(*Pecipient*) 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.

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tary Public/Justice of

THE STATE OF NEW HAMPSHIRE (signature) Lori Weaver

(date) _ 9.17.19

BARBARA A. WHITE, NOTARY PUBLIC STATE OF NEW HAMPSHIRE MY COMMISSION EXPIRES December 6, 2022

(printed name, title) fund-tuition-agree

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