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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 30, 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 \$3,000.00 as follows:

Institution:	Tennessee Technological University One William L. Jones Drive Cookvielle, TN 38505
Course Title(s):	Health Care of Community
Course Date(s):	Begin: 8/21/25 End: 12/5/25
Employee:	Kimberly Palmer
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$3,620.00
State Share:	\$3,000.00
Source of Funds:	Employee Training, 20% Federal, 80% General

EXPLANATION

This education will benefit the Department of Health and Human Services (DHHS) and Kimberly Palmer by improving the overall efficacy and efficiency of the employee's work. Kimberly will incorporate the knowledge gained from this course into the current position by better identifying the determinants of health, public health, and the broader healthcare needs of various communities, including those with mental health challenges. This aligns with the mission of DHHS and New Hampshire Hospital (NHH) to provide high quality, comprehensive healthcare services to individuals in the community, particularly those with psychiatric or behavioral health conditions.

This course, *Health Care of Community*, will help enhance Kimberly's understanding of how to design, implement, and evaluate community-based health programs to better address mental health and community care issues. This will prepare Kimberly to work in multidisciplinary teams that include social workers, psychologists, physicians, and other healthcare professionals. This collaborative approach is essential for managing patients with complex mental health needs in both inpatient and outpatient settings.

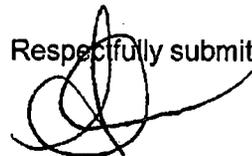
Kimberly has been employed by the Department of Health and Human Services for three (3) years, in the current position of 29-1140 Registered Nurse-3 with New Hampshire Hospital. This employee provides services for patients in an acute psychiatric care facility in many ways, including but not limited to: serving as the Nurse-in-Charge in the absence of the nurse specialist; collaborating with interdisciplinary team members to formulate an individualized treatment plan; evaluating the effectiveness of care plans and revising plans on a continuing basis as indicated; collaborating with unit staff and coordinators to establish and maintain a therapeutic milieu environment; and leading quality improvement activities to improve workflow and patient care.

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 course 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 5 day of 6 2025 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and Kimberly Palmer

(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 \$ 3000.00, which monies shall be used for the purpose of enrolling the Recipient in: NURS 5350 Health Care of Community (course name), which course is being offered by: Tennessee Technological University and which course shall commence on August 21 2025 and terminate on December 05 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 hands on the date first above written.

RECIPIENT
(signature) Kimberly Palmer (printed name) Kimberly Palmer

NOTARY State of New Hampshire, County of Merimack :

On this the 5th day of June, 2025, before me, Molly Baca, the undersigned officer, personally appeared, Kimberly Palmer (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.

Molly A. Baca
Notary Public/Justice of the Peace Signature

THE STATE OF NEW HAMPSHIRE
DHHS Commissioner or Designee Signature [Signature]
(printed name, title) Ann Landry, Assoc. Commissioner
(date) 6/23/25

MOLLY A. BACA - Notary Public
State of New Hampshire
My Commission Expires January 10, 2029