1C- 7/29/26

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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July 13, 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 $3,000.00 as follows:

Institution:	Tennessee Technological University One William L. Jones Drive Cookvielle, TN 38505
Course Title(s):	Advanced Family Psychiatric Nursing III & Practicum
Course Date(s):	Begin: 8/20/26 End: 12/4/26
Employee:	Kimberly Palmer
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	$5,592.00
State Share:	$3,000.00
Source of Funds:	Employee Training; 27.52% Federal, 68.10% General, 4.38% Other

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 employees' work. It will strengthen Kimberly's ability to provide evidence-based, patient-centered mental health care. This aligns with the mission of DHHS to improve the health and well-being of individuals and communities across the state.

This course, *Advanced Family Psychiatric Nursing III, and the associated practicum,* will enhance Kimberly's knowledge of psychiatric assessment, diagnosis, psychopharmacology, and evidence-based treatment of mental health disorders across diverse populations. Kimberly will also develop stronger clinical decision-making and therapeutic communication skills through supervised practicum experiences that will enhance her effectiveness and confidence as a psychiatric nurse. The advanced clinical knowledge, diagnostic skills, and practicum experience will help Kimberly to improve access to quality mental health services, promote early intervention, and support interdisciplinary collaboration for vulnerable populations in New Hampshire.

Completing these courses is part of Kimberly's pursuit of a master's degree in nursing with a Psychiatric/Mental Health Nurse Practitioner concentration.

Kimberly has been employed by the Department of Health and Human Services for four (4) years, in the current position of 29-1140 Registered Nurse-BW-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: providing direct nursing care; serving as the nurse-in-charge in the absence of the nurse specialist; collaborating with interdisciplinary team members to formulate individualized treatment plans; evaluating the effectiveness of care plans and revising as indicated; and identifying complex treatment-related problems and workflow issues and presenting possible solutions.

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,

Ann Ch. N. Landry For:

Lori A. Weaver
Commissioner

THE STATE OF NEW HAMPSHIRE

EDUCATIONAL TUITION AGREEMENT

Agreement dated this 9th day of June 2026 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and Kimberley 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 $3,000.00, which monies shall be used for the purpose of enrolling the Recipient in: Adv. Family Psy Nursing III w/practicum *(course name)*, which course is being offered by: Tennessee Technological University and which course shall commence on Aug 20th 20 26 and terminate on Dec 4th 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 0hands on the date first above written.

RECIPIENT

(signature) KPalmer *(printed name)* Kimberley Palmer

NOTARY **State of New Hampshire, County of** Merrimack :

On this the 9th day of June, 2026, before me, Maureen Cloutier the undersigned officer, personally appeared, Kimberley 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.

Maureen Cloutier
Notary Public/Justice of the Peace Signature

MAUREEN P. CLOUTIER - Notary Public
State of New Hampshire
My Commission Expires May 21, 2030

THE STATE OF NEW HAMPSHIRE

DHHS Commissioner or Designee Signature Ann H Landry

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

(date) 7/13/2026