



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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August 12, 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 as follows:

Institution:	St. Joseph School of Nursing 5 Woodward Ave Nashua, NH, 03060
Course Title(s):	Nursing 210: Complex Health Caring Concepts
Course Date(s):	Begin: 09/08/2026 End: 12/17/2026
Employee:	Sandy Healy
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$4,790.00
State Share:	\$3,000.00
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 Sandy Healy by strengthening the quality of patient-centered care at New Hampshire Hospital (NHH). This course explores concepts of nursing and healthcare, including the biophysical, psychosocial / developmental, and social functioning of patients. Emphasis is placed on cellular regulation, inflammation and infection, immunity, family health, wellness, illness, reproduction, clinical decision-making, caring interventions, and safety. All of this will contribute to Sandy's goal of providing more advanced direct care in a psychiatric healthcare setting.

This course, *Nursing 210: Complex Health Caring Concepts*, will help Sandy to develop clinical judgment and the capacity to care for patients with complex conditions, including cardiac, respiratory, and neurological issues, multi-organ complications, and critical illness. She also will build skills in communicating with doctors and interdisciplinary teams, educating patients and families about serious conditions, and documenting accurately and efficiently. Upon completion of this course, Sandy will be better equipped to provide safe, competent, and compassionate nursing care to patients across the lifespan. In her work at NHH, she will have enhanced clinical insight and critical thinking when responding to patient behaviors, allowing for effective de-escalation and crisis management. Completing this course is part of Sandy's pursuit of an Associate of Science degree in Nursing.

Sandy Healy has been employed with DHHS, New Hampshire Hospital, for six years and ten months. She holds the title of 31-1133 Psych Aide-2 (Mental Health Worker II / nursing assistant). Sandy serves as a role model for behavior and communication in a therapeutic milieu; she is integral to patient recovery and stability. She plays an important role in supporting patients and clinical staff in the psychiatric hospital setting. Sandy's duties, both patient-centered and team-oriented, include, but are not limited to, monitoring patients for behavior and physical changes; assisting patients with hygiene, meals, and coping skills; ensuring safety; and communicating with nurses, psychiatrists, and other team members during shift reports and emergencies.

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 01 day of July 20 26 by and through the Department of Health and Human Services (hereinafter referred to as the "State") and Sandy Healy

(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: Complex Health Caring Concepts course name, which course is being offered by: St. Joseph School of Nursing and which course shall commence on Sept 08, 20 26 and terminate on Dec 17, 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: Sandy Healy (printed name: Sandy Healy)

NOTARY State of New Hampshire, County of Merrimack:

On this the 29 day of June, 2026, before me, Julie Stewart-PHELPS, undersigned officer, personally appeared Sandy Healy (recipient) known to me (or satisfied by me) on 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.

Julie Stewart-PHELPS
Notary Public/Justice of the Peace Signature
JULIE A. STEWART-PHELPS - Notary Public
State of New Hampshire
My Commission Expires April 15, 2031

THE STATE OF NEW HAMPSHIRE

HHHS Commissioner's Office Signature

Printed name of: Ann H. Landry, A. Commissioner

Date: 8/12/26