



Lori A. Weaver  
Interim Commissioner

Katja S. Fox  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION FOR BEHAVIORAL HEALTH

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April 11, 2023

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Pursuant to New Hampshire RSA 21-I:54, authorize the Department of Health and Human Services, Division for Behavioral Health to **retroactively** continue three full-time, temporary positions: Positions 8T3054 (Administrator III) Salary Grade 31, 8T3055 (Business Systems Analyst II) Salary Grade 30, and 8T3057 (Program Specialist IV) Salary Grade 25. Effective retroactive to March 17, 2023, upon Governor and Executive Council approval through March 17, 2024. 100% General Funds.

Funding is available in account Office of the Director as follows:

		<u>FY 2023</u>	<u>FY 2024</u>
05-95-92-920010-7877-059-500117	Temp Full Time	\$61,993	\$168,268
05-95-92-920010-7877-060-500601	Benefits	\$24,122	\$65,473
	Totals	\$86,115	\$233,741

**EXPLANATION**

This request is **retroactive** due to a change in financial management staffing between the time when the positions were created and when they expired. This staffing change resulted in missing the expiration date of the positions. Through the budget process, the Department has requested that two of the three positions be made permanent, and steps have been taken to ensure that this does not happen again. The third position was included as a class 59 position in the SFY 2024/2025 budget.

The Administrator III, Business Systems Analyst II, and Program Specialist IV positions are assigned to the Division for Behavioral Health, Behavioral Health Operations, and expired on March 17, 2023. The positions were created to support planning, implementation, improvement, and maintenance for the CTI Program. Pursuant to Chapter 91, Laws of 2021, Section 41, CTI was identified as one of the transformation projects for the Department. The CTI program was identified as a key program due to outcomes associated with the Critical Time Intervention model, including minimizing readmissions to psychiatric hospitals, reducing State costs, and improving the model of care through evidence-based practices. The above positions allow for leadership and continuity in program work to accomplish the key outcomes of the CTI model.

Respectfully Submitted,

Lori A. Weaver  
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