



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

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Lori A. Weaver
 Commissioner

Katja S. Fox
 Director

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February 17, 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, Division for Behavioral Health, to amend an existing contract with Growth Partners, LLC (VC#319255), Lincoln, NE, which was a result of a competitive solicitation, to continue the statewide certification program that maintains nationally recognized industry standards for recovery residences, by exercising a contract renewal option by increasing the price limitation by \$849,994 from \$599,992 to \$1,449,986 and extending the completion date from June 30, 2026 to June 30, 2027, effective upon Governor and Council approval. 100% General Funds.

The original contract was approved by Governor and Council on June 12, 2024, item #21, and amended on February 26, 2025, item #5B.

Funds are available in the following accounts for State Fiscal Years 2026 and 2027, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS; DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% OTHER FUNDS)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2025	102-500731	Contracts for Prog Svc	92058505	\$299,998	\$ 0	\$299,998
2026	102-500731	Contracts for Prog Svc	92058505	\$299,994	\$ 0	\$299,994
			<i>Subtotal</i>	\$599,992	\$0	\$599,992

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS; DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% GENERAL FUNDS)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	102-500731	Contracts for Prog Svc	92058505	\$0	\$200,000	\$200,000
2027	102-500731	Contracts for Prog Svc	92058505	\$0	\$649,994	\$649,994
			<i>Subtotal</i>	\$0	\$849,994	\$849,994
			TOTAL	\$599,992	\$849,994	\$1,449,986

EXPLANATION

The purpose of this request is to exercise an available contract renewal option to continue operating a statewide certification program that maintains nationally recognized standards for recovery residences.

The Contractor will continue to maintain a certification process that upholds industry best practices; supports a safe, healthy, and effective recovery environment; evaluates residence's ability to assist individuals in achieving long-term recovery goals; protects residents against unreasonable and unfair practices; and verifies good standing with local, state, and federal laws, regulations, and ordinances. Services include providing outreach to non-certified residences, targeted technical assistance to owners and operators who are willing to establish recovery residences, and ongoing support for owners and operators throughout the certification and re-certification processes. The Contractor will also continue maintaining a process to receive and investigate complaints regarding non-compliance with Standards.

Pursuant to NH RSA 172-B:2, Provision of Services: Acceptance Into Treatment, the Department is required to designate an entity to serve as the certifying body for a voluntary certification program for recovery residences. The Contractor was selected to serve in this capacity through a procurement process.

Recovery housing is an essential need for many people in early recovery from substance use disorders. Research has demonstrated that recovery housing is associated with a variety of positive outcomes for residents, including decreased substance use, reduced likelihood of return to use, lower rates of incarceration, higher income, increased employment, and improved family relationships (Substance Abuse and Mental Health Services Administration. Best Practices for Recovery Housing. Publication No. PEP23-10-00-002. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration, 2023). This Agreement provides accountability and accessibility to meet this need and expands on available certified recovery residences in underserved geographical areas in New Hampshire.

The Department and the Contractor have implemented revised standards and processes to align with nationally recognized standards, which involved extensive outreach, technical assistance, and full reviews of recovery residences statewide. These changes, combined with the need to address a backlog of certifications and expand services to underserved areas, have increased the scope of work beyond what was anticipated under the original contract. Additional funding will support these expanded responsibilities and sustain program quality.

Approximately 25 new recovery homes will be certified and approximately 85 existing certified recovery homes will be recertified through June 30, 2027.

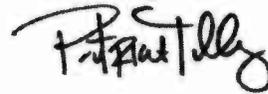
The Department will continue monitoring services through regularly scheduled meetings and review of quarterly reports and other required documents to track contract deliverables and ensure continual performance quality, assess progress, and adjust program delivery and policy based on challenges and barriers encountered and successful outcomes.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreement, the parties have the option to extend the agreement for up to five (5) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the five (5) years available.

Should the Governor and Council not authorize this request, New Hampshire may not have a documented certification process that ensures individuals in need of recovery housing are provided with a safe environment that meets established best practices and quality standards, supports residents' recovery, and connects them to community services.

Area served: Statewide.

Respectfully submitted,



For:

Lori A. Weaver
Commissioner

**State of New Hampshire
Department of Health and Human Services
Amendment #2**

This Amendment to the Certifying Body for NH Recovery Residences contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Growth Partners, LLC., ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 12, 2024 (Item # 21), as amended on February 26, 2025 (Item #005B), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:
June 30, 2027
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$1,449,986
3. Modify Exhibit A - Revisions to Standard Provisions, by adding Subsection 1.4., to read:
 - 1.4 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
 - 6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
4. Modify Exhibit B, Amendment 1, Scope of Services, Section 1.2.18. to read:
 - 1.2.18. The Contractor must conduct a recovery residence gaps analysis to identify underserved areas in New Hampshire using surveys, professional networks, publicly available data, community needs assessments, and Geographic Information System (GIS) data.
5. Modify Exhibit C, Payment Terms; Section 1., to read:
 1. This Agreement is funded by:
 - 1.1. 58.6% Other Funds (Governor's Commission).
 - 1.2. 41.4% General Funds.
6. Modify Exhibit C, Payment Terms, Section 2., to read:
 2. For the purposes of this Agreement the Department has identified the Contractor as a Contractor.
7. Modify Exhibit C, Payment Terms, Section 3., to read:

3. Payment shall be on a cost reimbursement basis for actual allowable expenditures incurred under this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Amendment #2, Budget.
8. Modify Exhibit C, Payment Terms, Section 4.4., to read:
 - 4.4. Includes supporting documentation of allowable costs, labeled by budgeted line item with each invoice that may include, but are not limited to, timesheets, payroll records, receipts for purchase, and proof of expenditures as applicable.
9. Modify Exhibit C, Payment Terms, Section 6, by adding Subsection 6.1 to read:
 - 6.1. The Contractor shall submit all final State Fiscal Year (SFY) and Federal Fiscal Year (FFY) year-end invoices no later than forty (40) calendar days following the close of the respective fiscal year. The Department requires receipt of all final invoices in order to meet mandatory reporting deadlines. Invoices submitted after this timeframe may result in delayed payment or non-reimbursement of costs.
10. Modify Exhibit C-1 Budget, by replacing it in its entirety with Exhibit C-1, Amendment #2, Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

2/5/2026

Date

DocuSigned by:

Katja S. Fox

ED9D06804C68442...

Name: Katja S. Fox

Title: Director

Growth Partners, LLC.

2/5/2026

Date

DocuSigned by:

Jeff Barr

852B32EB2CB64D5

Name: Jeff Barr

Title: COO

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2/6/2026

Date

DocuSigned by:
Robyn Guarino

748734844941460
Name: Robyn Guarino

Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Exhibit C-1, Budget

New Hampshire Department of Health and Human Services Contractor Name: <i>Growth Partners, LLC</i> Budget Request for: <i>Certifying Body for NH Recovery Residences</i> Indirect Cost Rate (if applicable) 10.00%						
Line Item	Program Cost - Funded by DHHS SFY 25	Anticipated Revenue from Fees SFY 25	Program Cost - Funded by DHHS SFY 26	Anticipated Revenue from Fees SFY 26	Program Cost - Funded by DHHS SFY 27	Anticipated Revenue from Fees SFY 27
1. Salary & Wages	\$214,050	\$18,182	\$373,291	\$22,727	\$449,780	\$20,000
2. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0
3. Consultants	\$15,600	\$0	\$11,000	\$0	\$11,000	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0	\$0	\$0	\$0	\$0
5 (a) Supplies - Educational	\$0	\$0	\$0	\$0	\$0	\$0
5 (b) Supplies - Lab	\$0	\$0	\$0	\$0	\$0	\$0
5 (c) Supplies - Pharmacy	\$0	\$0	\$0	\$0	\$0	\$0
5 (d) Supplies - Medical	\$0	\$0	\$0	\$0	\$0	\$0
5 (e) Supplies Office	\$4,325	\$0	\$3,000	\$0	\$2,628	\$0
6. Travel	\$6,000	\$0	\$10,000	\$0	\$14,000	\$0
7. Software	\$9,000	\$0	\$22,000	\$0	\$32,000	\$0
8. (a) Other - Marketing/ Communications	\$4,450	\$0	\$7,450	\$0	\$10,000	\$0
8. (b) Other - Education and Training	\$2,000	\$0	\$3,500	\$0	\$14,800	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (Current Expenses)</i>	\$14,800	\$0	\$14,600	\$0	\$0	\$0
<i>Other (Occupancy)</i>	\$2,500	\$0	\$5,000	\$0	\$6,000	\$0
<i>Other (Legal)</i>	\$0	\$0	\$0	\$0	\$10,000	\$0
<i>Other (Telephone)</i>	\$0	\$0	\$600	\$0	\$1,800	\$0
9. Subrecipient Contracts	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$272,725	\$18,182	\$454,541	\$22,727	\$565,408	\$20,000
Total Indirect Costs	\$27,273	\$1,818	\$45,453	\$2,273	\$84,586	\$2,000
Subtotals	\$299,998	\$20,000	\$499,994	\$25,000	\$649,994	\$22,000
TOTAL Program Cost - Funded by DHHS					\$1,449,986	

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that GROWTH PARTNERS, LLC is a Nebraska Limited Liability Company registered to transact business in New Hampshire on July 02, 2020. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **845612**

Certificate Number: **0007776910**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of February A.D. 2026.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Laurie Barger Sutter, hereby certify that:

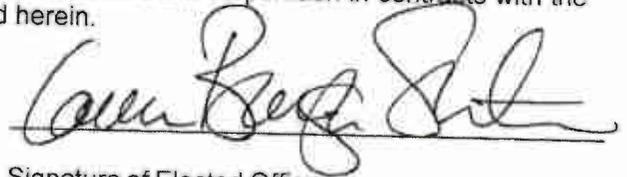
1. I am the Chief Executive Officer of Growth Partners, LLC; and

2. The following is a true copy of a vote taken at a meeting of the Directors duly called and held on January 1, 2026, at which a quorum of the Directors were present and voting.

VOTED: That Jeff Barr, Chief Operating Officer, is duly authorized on behalf of Growth Partners, LLC to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority was **valid thirty (30) days prior to and remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: February 5,
2026



Signature of Elected Officer
Name: Laurie Barger Sutter
Title: Chief Executive Officer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/5/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Williams Insurance, Inc. 2127A Winthrop Ave Lincoln NE 68502	CONTACT NAME: PHONE (A/C, No, Ext): 402-802-9966 FAX (A/C, No): E-MAIL ADDRESS: austin@williams.insure
INSURED Growth Partners, LLC Laurie Sutter 1900 B St. Lincoln NE 68502	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Travelers Casualty Ins Co of America 19046 INSURER B : The Travelers Property Casualty Ins Co of America 25674 INSURER C : The Phoenix Insurance Company 25623 INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: 103083988 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6809P082341	8/3/2025	8/3/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6809P082341	8/3/2025	8/3/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 5,000			CUP0X487723	8/3/2025	8/3/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y N/A	UB2R393326	8/3/2025	8/3/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord NH 03301-3857	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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