

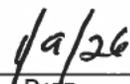
Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 1) Hawaii Compliance Express Certificate (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds ([Link](#))
 - b) Personnel salaries and wages ([Link](#))
 - c) Equipment and motor vehicles ([Link](#))
 - d) Capital project details ([Link](#))
 - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing


AUTHORIZED SIGNATURE

Nicole Hokoana, Chief Executive Officer
PRINT NAME AND TITLE


DATE



STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

Vendor Name: ALOHA HOUSE, INC.

DBA/Trade Name: ALOHA HOUSE, INC.

Issue Date: 12/18/2025

Status: **Compliant**

Hawaii Tax#: [REDACTED]
New Hawaii Tax#: [REDACTED]
FEIN/SSN#: [REDACTED]
UI#: XXXXXX0641
DCCA FILE#: 33535

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
8821	Internal Revenue Service	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	A status determination has not yet been made
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

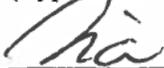
- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided; and
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

Pursuant to Section 42F-103, Hawaii Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Aloha House, Inc.

(Typed Name of Individual or Organization)



(Signature)

1/9/24

(Date)

Nicole Hokoana
(Typed Name)

Chief Executive Officer
(Title)

Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to [Section 42F-102, Hawaii Revised Statutes](#).

If awarded, these funds are to be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes in that Aloha House, Inc. will use the funds to provide medically managed withdrawal treatment for clients of the Aloha House substance use disorder treatment program. These individuals are also members of the general public.

Application for Grants

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Certification – Please attach immediately after cover page

1. Hawaii Compliance Express Certificate (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a Hawaii Compliance Express Certificate from the Comptroller of the Department of Accounting and General Services that is dated no earlier than December 1, 2025.

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with [Section 42F-103, Hawaii Revised Statutes](#).

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to [Section 42F-102, Hawaii Revised Statutes](#).

II. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;

Aloha House, Inc. (AHI) was established in 1977 to provide sober living accommodations for adults in recovery. Since then, the continuum of care has grown to include medically monitored withdrawal management, residential treatment, outpatient and intensive outpatient services, and a sober living program. AHI is the only low-cost/no cost provider in Maui County able to provide the full range of treatment services necessary to meet the diverse needs of the adults served. With its "no one is turned away" policy, AHI provides services even to those who do not have the means to pay or are uninsured.

AHI has provided substance use disorder treatment services for over forty (40) years. Throughout this time, the agency has expanded its array of services to meet the unique needs of Maui County residents and families. The current services span the continuum, from pre-treatment and outpatient services to Medically Monitored Withdrawal Management (MMWM), formerly referred to as the Interim Care and Stabilization

Program), and residential treatment. AHI has also established several sober living houses that provide subsidized sober group living for approximately fifty-seven (57) people concurrently. The organization is accredited and licensed by the State Department of Health as a special treatment facility, and holds national accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), effective through June 30, 2027.

2. The goals and objectives related to the request;

AHI operates the only Medically Monitored Withdrawal Management facility in Maui County. Before individuals can enter residential treatment for substance use disorder, they must first be free of the physical effects of substance dependence. Without 24/7 medically monitored withdrawal services, those who are physically dependent on drugs and/or alcohol face difficult and potentially life-threatening complications when attempting withdrawal alone, and would be unable to tolerate a treatment environment in this condition.

The goals of the medically monitored withdrawal management program are to prevent life-threatening complications through continuous medical supervision during detox from drugs and alcohol, to decrease costly hospitalizations and emergency visits by providing appropriate withdrawal management in a structured setting, and to increase engagement in ongoing substance use treatment, improving long-term recovery outcomes.

Around-the-clock nursing is essential to monitor patients, manage symptoms, administer medications, and respond to emergencies promptly, navigating clients through a safe and effective withdrawal process and promoting successful recovery outcomes. This grant will ensure the continuation of critical client care for approximately 400 individuals over the grant period by supporting the salaries of essential staff and supervisory personnel within AHI's MMWM program.

3. The public purpose and need to be served;

Substance use is a serious issue that can be devastating to individuals and cause irreparable damage to those around them, including their children, partners, coworkers, and the community. The need for services to address substance use and addiction is supported by 70% of surveyed Maui County residents, who, according to the Maui County DHC Community Needs Assessment Survey of 2025, identified mental health/substance abuse treatment as, "critically needed," in community.

From 2022-2024, the Maui Memorial Medical Center's emergency department reported 5,464 discharges related to substance use, with 406 of these discharges fitting the Drug Overdose Surveillance and Epidemiology criteria, and 910 discharges related to a co-

occurring mental health diagnoses and substance use disorder (488 MH/SUD, 422 SUD/MH). Discharges related to a co-occurring mental health diagnoses and substance use disorder were significantly greater in 2024 than previous years, indicating an ongoing and increasing need for services to address these issues.

According to the U.S. Department of Health and Human Services, substance misuse has an annual economic impact of approximately \$249 billion for alcohol and \$193 billion for illicit drugs. Beyond the financial burden, substance use disorder (SUD) affects society through crime, unemployment, domestic violence, homelessness, family disruption, health complications, and increased use of taxpayer-funded resources such as emergency care, criminal justice, and social services. These costs ripple across businesses, communities, and families.

Treatment for SUD significantly reduces these costs. Cost-benefit analyses consistently show that every dollar spent on treatment yields \$4–\$7 in savings through reduced crime and criminal justice expenses, lower healthcare costs, improved workplace productivity, and fewer drug-related accidents, overdoses, and deaths. Investing in treatment not only improves individual health and social functioning but also delivers substantial economic and public health benefits.

AHI addresses these needs through a multi-tiered continuum of care and provides the highest level of withdrawal management services in the state of Hawai'i. Treatment typically begins with a referral from a medical professional and participation in MMWM, where clients spend several days detoxing from drugs and/or alcohol. After detox, participants transition to the Residential Substance Use Treatment Program. Approximately 400 individuals complete residential treatment annually.

Withdrawal from drugs and alcohol is often painful and can pose serious health dangers without proper medical supervision. Alcohol withdrawal may lead to seizures, delirium tremens (DTs), and cardiovascular collapse, with DTs carrying a mortality rate of up to 10% if untreated. Benzodiazepine withdrawal can cause life-threatening seizures, delirium, and psychosis. Opioid withdrawal often results in severe dehydration and electrolyte imbalances, increasing the risk of heart related issues. These complications underscore the need for 24/7 nursing care to monitor symptoms, administer medications, and respond to emergencies, ensuring patient safety during detoxification.

Proper withdrawal management not only ensures client safety but also reduces the likelihood of complications that lead to costly hospitalizations or additional medical care. Clients of AHI's MMWM program receive comprehensive support during detox and are seamlessly connected to ongoing treatment options such as residential and outpatient programs, improving recovery outcomes and long-term success.

The primary purpose of providing medically monitored withdrawal management is to safely manage sub-acute withdrawal symptoms when individuals discontinue substances

and/or alcohol use. The withdrawal management experience is influenced by substance of use in combination with the frequency and duration of use. Withdrawal can be an uncomfortable, painful, and dangerous experience and is known to cause relapse. Medications used in withdrawal management help keep participants comfortable following the end of use. The second, critical reason to provide sub-acute withdrawal services is to introduce and connect participants to treatment options, supporting their continued recovery journey beyond the initial medical stabilization.

4. Describe the target population to be served; and

The target population is adults aged 18+ who meet ASAM Criteria, 4th Edition, for withdrawal management services delivered within a Level 3.7 medically monitored residential setting for medically monitored withdrawal management. Eligible participants are primarily residents of Maui County who demonstrate with reasonable certainty both a willingness to partner with program staff for the duration of withdrawal management as well as an ability to benefit from the treatment service. Prospective participants must not be a danger to self or others at the time of service entry, or beyond ability to medically manage.

5. Describe the geographic coverage.

All AHI programs primarily serve Maui County residents; however, referrals are also received from Hawaii CARES and other partner agencies around the state.

III. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. Describe the scope of work, tasks and responsibilities;

AHI MMWM services provide 24/7 care to manage moderate to severe withdrawal symptoms for individuals with alcohol or substance use disorders. AHI offers oversight by a board-certified Psychiatric-Mental Health Nurse Practitioner (PMHNP), who monitors medications and addresses withdrawal symptoms that pose significant physical risks. Participants receive appropriate medications, supportive counseling, substance use education, and continuous nursing care throughout the process. Full-time Registered Nurses (RNs) provide round-the-clock monitoring of withdrawal symptoms and coordinate with the PMHNP to ensure safe and effective care.

The MMWM program provides safety, housing, food, medical care, and counseling for up to ten days during withdrawal. AHI incorporates best-practice interventions, including medication-assisted treatment (MAT) using FDA-approved medications for tobacco and opioid use disorders. MAT stabilizes brain chemistry, blocks opioid effects, reduces cravings, and normalizes body functions, which improves abstinence rates and treatment retention. AHI staff screen all individuals seeking withdrawal management to determine MAT eligibility.

Once an individual is referred to AHI from a hospital or the community, a physical exam and withdrawal management orders are reviewed by a qualified nurse. If appropriate for care, the individual is admitted, typically within the same day to two weeks depending on bed availability and client readiness. Upon arrival, intake and preliminary assessments are completed, followed by a nursing assessment, vital signs check, and initiation of a care plan. The participant is oriented to the program, provided a bed and hygiene items, and closely monitored during the first one to three days as they recover from substance effects. MMWM registered nurses track vital signs and administer withdrawal medications as needed, with the Psychiatric-Mental Health Nurse Practitioner available for consultation. As participants stabilize, they receive individual counseling, substance use education, and assistance in planning next steps toward recovery, including referrals to residential or outpatient treatment. While entry into further treatment is encouraged, it is not required to access withdrawal management services. AHI MMWM staff support transition planning and connect clients to ancillary services as needed. Length of stay ranges from one to ten days.

In addition to the tasks and responsibilities listed above, the Lead MMWM Registered Nurse plays a critical role in ensuring the delivery of safe, high-quality, and integrated care within AHI programs. This position provides leadership in nursing operations, including hiring, training, and scheduling staff to maintain adequate coverage and compliance with state and agency standards. By overseeing all medication management, health assessments, and coordination of medical appointments, the lead nurse works to ensure smooth transitions for participants from admission through all levels of care. In collaboration with clinical leadership and adherence to best practices, the Lead MMWM Nurse strengthens AHI's capacity to provide comprehensive, person-centered treatment that promotes recovery and well-being for individuals and families in the community.

The primary positive change in the target population that results from this service is the achievement of abstinence from substances. The secondary positive change that results from this service is participant agreement to seek additional treatment or addiction services of their choice. Aloha House program outcomes for the last fiscal year, FY2025, are: 85% of all medically monitored withdrawal management participants safely achieved abstinence and 78% of those who safely withdrew transitioned into residential treatment. These individuals were able to accept that their struggle with addiction is greater than their ability to individually cope. Sometimes it takes several Medically

Monitored Withdrawal Management visits for individuals to realize this. This is a common problem that all substance use disorder treatment providers contend with.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

AHI MMWM staff provides continuous services, operating 24 hours a day, 7 days a week, 365 days a year. Program outcomes are systematically monitored and reported on a quarterly basis throughout the fiscal year (July–June).

3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

The Medically Monitored Withdrawal Management program follows a comprehensive Quality Assurance framework. Performance is tracked through Quarterly Management Report (QRM) measurements, including clinical safety, admission timeliness, and discharge linkage. Results are monitored monthly and reviewed in Performance Improvement and Quality (PIQ) meetings, where data trends, client feedback, and corrective actions are discussed among program directors and agency leadership. Continuous improvement is driven by documented action plans. Additionally, an annual program evaluation assesses overall effectiveness, compliance, and client outcomes, ensuring the program meets or exceeds quality standards and regulatory requirements.

The MMWM program is CARF-accredited, demonstrating compliance with nationally recognized standards for withdrawal management services. This ensures continuance of evidence-based practices, client-centered care, and adherence to regulatory requirements.

Quarterly Managers Report (QMR) measures are documented to track key performance indicators such as admission timeliness, Against Medical Advice discharge rates, and linkage to ongoing care. These measures are reported quarterly to identify program strengths and successes, as well as opportunities for improvement. Quality Assurance (QA) processes include routine chart audits, incident reviews, and compliance checks against CARF standards.

These required activities provide consistent program monitoring and improvement to ensure that clients have the highest level of care possible.

4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the

measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

Measures of effectiveness are as follows:

Annual Program Evaluation Projected Impacts (List appropriate measure – number of persons, activities, etc.)	ANNUAL GOAL	Data Source (ex. Sign-in sheets, database, client log, survey, pre/post-test, etc.)
Total Unduplicated Persons Served:	400	
Total Duplicated Persons Served:	15	
Outcome 1: Participants will Safely Withdrawal from Alcohol and/or other Substances as Evidenced by Clean Urinalysis	300	Clinical case record
Output 1a: Admissions Counselor will admit 400 participants to the program	415	Client log
Output 1b: Registered Nurse will complete entry urinalysis screening, nursing assessment and initiate treatment as ordered by Medical Doctor for 400 participants	415	Clinical case record
Output 1c: Staff will complete discharge urinalysis screening, with participant achieving negative screening results prior to discharge or transition	300	Clinical case record
Outcome 2: After Withdrawal Management is Achieved, Participants will Enter a Residential Treatment Program, Outpatient Services or have Plan for Continued Care As Evidenced By Discharge Summary and/or Transition Plan in Clinical Record	300	Clinical case record
Output 2a: Staff will provide information regarding treatment options and provide each participant with one (1) supportive counseling session to encourage engagement in treatment	350	Client log
Output 2b: Counselor will invite the participant to sign a continued care agreement to informally commit to engaging in treatment services	350	Clinical case record
Output 2c: Participant will transition successfully into Residential Treatment or Outpatient services	300	Transition Plan in Clinical case record
Outcome 2: Forty uninsured participants in need of detox will lack the required documentation to enroll in or reinstate Medicaid insurance coverage	40	Billing Log, unpaid claims
Output 2a: Uninsured participants will be admitted to Detox program regardless of ability to pay. Staff will work with participants to secure documents to enroll or reinstate Medicaid insurance	40	Billing Log; unpaid claims

Annual Program Evaluation Projected Impacts (List appropriate measure – number of persons, activities, etc.)	ANNUAL GOAL	Data Source (ex. Sign-in sheets, database, client log, survey, pre/post-test, etc.)
Outcome 3: 200 bed days will be covered by additional County funds to ensure no person in need of detox is turned away	280	Billing Log; unpaid claims
Output 3a: Participants will be admitted to the detox program regardless of ability to pay. Staff will work with participants to secure documents to enroll or reinstate Medicaid insurance	280	Billing Log; unpaid claims

IV. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds ([Link](#))
 - b. Personnel salaries and wages ([Link](#))
 - c. Equipment and motor vehicles ([Link](#))
 - d. Capital project details ([Link](#))
 - e. Government contracts, grants, and grants in aid ([Link](#))

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2027.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$125,000	\$125,000	\$125,000	\$125,000	\$500,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2027.
 1. County of Maui grant funding
 2. Private foundations
 3. Individual donors

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

Not Applicable

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2027 for program funding.

See Attachment

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2025.

Balance: \$7,897,205

V. Experience and Capability

1. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

AHI has operated the only Medically Monitored Withdrawal Management (MMWM) facility on Maui for over two decades. Founded approximately twenty (20) years ago through a collaborative effort with the County of Maui and Maui Memorial Medical Center, the program is designed to ease the problems encountered in the emergency room with persons needing safe withdrawal from substances. While these individuals need medical intervention, they do not require a hospital setting. As a result of this original collaboration, the MMWM program stands today as verifiable experience that demonstrates AHI's commitment to acting as a team player within the community to address shared concerns.

AHI MMWM provides physician services by a board-certified Psychiatric-Mental Health Nurse Practitioner (PMHNP) to oversee medication monitoring and address medical intervention withdrawal symptoms that pose a substantial physical risk. MMWM services operate twenty-four (24) hours a day, seven (7) days a week, all year round, staffed with full-time state licensed Registered Nurses (RN) who provide careful medical monitoring of withdrawal symptoms and communicate with the PMHNP regarding client care. Dual diagnosis care is available for those with co-occurring mental health conditions, ensuring integrated treatment.

AHI's experience and appropriateness for the proposed services are evidenced by measurable outcomes and clinical operations. In FY 2025, 85% of MMWM participants safely achieved abstinence and 78% of those who safely withdrew transitioned to residential treatment, reflecting effective stabilization and coordinated care. The MMWM

team is trained in evidence-based practices and competencies critical to detox safety and quality, including standardized withdrawal assessments (e.g., CIWA-Ar, COWS), medication safety, crisis de-escalation, emergency transfer criteria, and 42 CFR Part 2/HIPAA privacy compliance.

MMWM participants are supported through a continuum of services across Maui Behavioral Health Resources, a nonprofit umbrella for Aloha House, Malama Family Recovery Center, and Maui Youth & Family Services. The three agencies work together to help thousands of individuals and families affected by behavioral health and other related issues each year. AHI and its affiliated organizations have been providing behavioral health, substance use treatment, and related services since 1977. Together, the three agencies employ a cadre of highly trained and skilled professional staff, including licensed psychiatrists, psychologists, social workers, marriage and family therapists, certified substance abuse counselors, and prevention specialists who oversee and deliver direct behavioral health care. In addition, paraprofessional staff members are trained in evidence-based practices such as Motivational Interviewing and Trauma Responsive Care. All three organizations are accredited by the Hawaii Alcohol and Drug Abuse Division and by the Commission on Accreditation of Rehabilitation Facilities. All residential homes served by the organizations are state licensed, either by the Department of Health or the Department of Human Services.

Aloha House and its affiliated agencies also have the following requisite resources and experience, including:

- Proven track record of providing quality behavioral health care in the Maui community for decades;
- High caliber of professional program staff and administrative staff;
- Sustainability and stability, as evidenced by repeated awards of multi-year contracts and grants from many State and local government and private funding sources;
- State and national accreditation and licensing;
- Financial stability;
- Proven track record of successfully completing several capital improvement projects in recent years;
- High staff retention rates;
- Strong leadership, including a diverse Board of Directors broadly representative of the Maui community.

Aloha House Inc., along with its partner agencies Malama Family Recovery Center and Maui Youth & Family Services, is financially sound and has had many years of operation without running deficits. The financial strength of the three agencies in the tri-agency partnership, combined with an ongoing need in the community for the services they provide, further attest to the long-term viability of this project and the tri-agency partnership programs.

Verifiable Experience:

FY 25/26

Project/Contract: Medically Monitored Detoxification Services

Funder: County of Maui- Department of Housing and Human Concerns

Grant No.: G6180

Term: July 1, 2024 – June 30, 2026

FY 25/26

Project/Contract: Behavioral Health Substance Use Disorder Continuum of Care Service Array for Adults and Adolescents

Funder: State of Hawaii Department of Health, Alcohol and Drug Abuse Division

LOG NO. 25-056

Term: October 1, 2024 – September 30, 2026

FY 24

Project/Contract: Aloha House PH2 Construction

Funder: County of Maui- Department of Housing and Human Concerns

Grant No.: G6172

Term: June 6, 2024 – Dec 1, 2025

FY 23/24

Project/Contract: Medically Monitored Detoxification Services

Funder: County of Maui- Department of Housing and Human Concerns

Grant No.: G5626

Term: July 1, 2022 – June 30, 2024

2. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

The MMWM program is located on the AHI Residential Substance Abuse Treatment rural campus at 200 Ike Drive, in Makawao, Maui. The unit features four bedrooms with two beds each, as well as two shared bathrooms to accommodate up to eight participants at a time. A secured nurse's office within the unit provides for 24/7 medical oversight, ensures all medications are safely stored and inaccessible to participants, and upholds strict client-provider privacy protocols. Additional amenities include a washer and dryer and a patio area with seating outdoors.

The kitchen on campus provides three healthy meals per day to all AHI Residential and MMWM participants.

VI. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

The MMWM program is supported by a structured staffing model designed to ensure safe, high-quality care for individuals undergoing withdrawal from alcohol and other substances. With an eight-bed capacity, the program maintains 24/7 service model that includes full-time Registered Nurses (RN), Licensed Practical Nurses (LPN), and Mental Health Technicians (MHT), all of whom work collaboratively under an established supervisory and clinical structure.

The program's service capacity is structured to safely care for eight individuals at any given time, with an average length of stay between one and ten days, depending on the severity of withdrawal symptoms and individual clinical needs. This capacity results in an estimated census of six to eight participants daily.

During their shift, the RN provides continuous clinical oversight of the MMWM program and is responsible for all nursing assessments, medication administration, and monitoring of participants during the withdrawal process. The LPN is supervised by the RN on site and plays a key role in participant monitoring, administration of prescribed withdrawal medications, clinical documentation. The MHT offers support to participants by performing regular safety checks and providing transportation assistance and therapeutic engagement. This team collaboration ensures appropriate and consistent monitoring of all MMWM participants.

The qualifications and experience of program leadership and staff reflect a deep level of expertise in clinical service delivery, substance use disorder treatment, and crisis intervention. The program is overseen by Chief Clinical Officer Dr. Lisa Ponichtera, who holds a PhD in Clinical Psychology and is both a Certified Substance Abuse Counselor (CSAC) and a Licensed Marriage and Family Therapist (LMFT). Dr. Ponichtera has more than two decades of experience working with individuals and families and provides clinical supervision across AHI programs to ensure adherence to clinical standards and evidence-based practices.

Additional program oversight is provided by Max Dosland, LMFT, Clinical Director of Crisis Services. Max has over ten years of experience in mental health, crisis intervention, and case management, and offers clinical leadership and supervision to the detox program. Daily operations are managed by Program Director Geraldine Urquidez Thompson, who has an associate's degree in human services and substance abuse counseling, a bachelor's degree in social sciences, and a master's degree in social work. She is also a CSAC and is responsible for staff supervision, operational management, and quality assurance functions within the program.

The nursing team consists of Hawai'i-Licensed Registered Nurses with extensive backgrounds in medical, hospital, and correctional settings. MMWM RNs are experienced in familiar with high-acuity and co-occurring populations often treated in detox services. Licensed Practical Nurses hold active Hawai'i licensure and meet all required competencies for providing direct care within a medically monitored withdrawal setting. Mental Health Technicians meet minimum qualifications of a high school diploma with at least 1.5 years of relevant experience and/or certification as a CNA or Mental Health Technician with preparation for client support roles.

AHI demonstrates strong capability to supervise, train, and provide administrative direction for the MMWM services. Staff receive structured onboarding, including training in withdrawal assessment tools (such as CIWA-Ar and COWS), trauma-informed care, crisis de-escalation, emergency response, and medication safety. Ongoing training includes regular in-service sessions, annual competencies, policy reviews, and documented supervisory meetings.

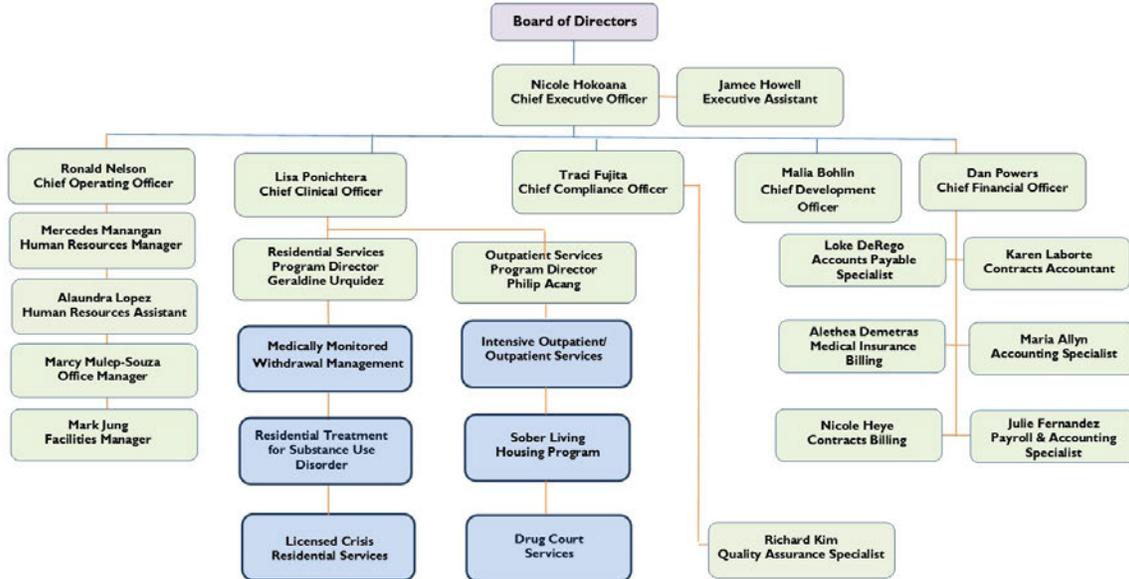
Through a comprehensive staffing model, clearly defined service capacity, highly qualified personnel, and robust supervision and training structure, AHI demonstrates the capability to continue to operate its Medically Monitored Withdrawal Management program.

2. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.



Aloha House, Inc.
Organizational Flow Chart
Residential Treatment for Substance Use Disorder



Effective December 01, 2025

3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

Chief Executive Officer \$160,000 - \$180,000

Chief Operating Officer \$90,000 - \$100,000

Chief Clinical Officer \$90,000 – \$100,000

VII. Other

1. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Aloha House, Inc. is not a party to any pending litigation, however, is in receipt of a Demand for Arbitration and Statement of Claim dated December 31, 2025 regarding an alleged partnership with the Maui Counseling Management Group.

2. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

Aloha House, Inc. is licensed by the state Office of Healthcare Assurance as a Special Treatment Facility and is accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities.

3. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see [Article X, Section 1, of the State Constitution](#) for the relevance of this question.

This grant will not be used to support or benefit a sectarian or non-sectarian private educational institution.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2027 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2027, but
- (b) Not received by the applicant thereafter.

Medically Monitored Withdrawal Management services are an expensive level of care due to 24/7 nursing care, room, and board. To address these costs, AHI utilizes a variety of funding sources. Current funding sources include the Hawaii Department of Health's Alcohol and Drug Abuse Division fee for service funding, participant private insurance and co-pays, and Maui County funding.

AHI works with a wide range of private insurances and all QUEST providers. This allows the agency to access medical insurance as a source of payment for services. Medical insurance payments are a substantial source of funding; however, most plans do not cover the full cost of treatment and often limit the amount of treatment the participant is able to obtain. Regardless of ability to pay, AHI provides treatment to people in need. This sets the agency apart from other for-profit providers, and is one of the reasons the organization consistently requires government support.

AHI is part of Maui Behavioral Health Resources, a nonprofit umbrella for Aloha House, Malama Family Recovery Center, and Maui Youth & Family Services. The three agencies work together to help thousands of individuals and families affected by behavioral health and other related issues each year. This consolidated administration improves cost effectiveness by providing financial management, fundraising, IT and operational support, facilities management, and board governance for all three agencies. Each retains its own 501(c)(3) nonprofit status, unique mission, and independent funding streams, working together to maximize resource and reduce expenses with this central administration and Board of Directors.

AHI also receives funding from local and national private foundations, businesses, and individual donors. These funds supplement public funding, and help pay for expenses not covered under contractual agreements.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2025 to June 30, 2026

Applicant: Aloha House, Inc.

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	500,000		117,496	
2. Payroll Taxes & Assessments			12,771	
3. Fringe Benefits			14,733	
TOTAL PERSONNEL COST	500,000		145,000	
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	500,000		145,000	
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	500,000	Karen Laborte 808-579-8414 x8116		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested	145,000	Signature of Authorized Official Date		
(d) Total Private/Other Funds Requested				
TOTAL BUDGET	645,000	Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2025 to June 30, 2026

Applicant: Aloha House, Inc.

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Chief Clinical Officer	1.00	\$ 102,000.00	5.00%	\$ 5,100.00
Clinical Director of Crisis Services	1.00	\$ 96,000.00	10.00%	\$ 9,600.00
Program Director	1.00	\$ 90,000.00	5.00%	\$ 4,500.00
Registered Nurse	1.00	\$ 93,600.00	100.00%	\$ 93,600.00
Registered Nurse	1.00	\$ 93,600.00	100.00%	\$ 93,600.00
Registered Nurse	1.00	\$ 93,600.00	80.00%	\$ 74,880.00
Registered Nurse	1.00	\$ 93,600.00	25.00%	\$ 23,400.00
Licensed Practical Nurse	1.00	\$ 74,256.00	100.00%	\$ 74,256.00
Licensed Practical Nurse	1.00	\$ 74,256.00	25.00%	\$ 18,564.00
Mental Health Technician	1.00	\$ 45,760.00	100.00%	\$ 45,760.00
Administrative Staff				\$ 56,740.00
TOTAL:				500,000.00

JUSTIFICATION/COMMENTS: The administrative staff is budgeted at 12.8% of direct wages.

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2026 to June 30, 2027

Applicant: Aloha House, Inc.

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS: <p style="text-align: center;">N/A</p>				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS: <p style="text-align: center;">N/A</p>				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2025 to June 30, 2026

Applicant: Aloha House, Inc.

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY:2023-2024	FY:2024-2025	FY:2025-2026	FY:2025-2026	FY:2026-2027	FY:2027-2028
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION	\$218,754.00	\$250,000.00				
EQUIPMENT						
TOTAL:	\$218,754.00	\$250,000.00				
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Aloha House, Inc.

Contracts Total:

\$5,924,808.00

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	Residential, Intensive Outpatient, Sober Living, and Medically Monitored Detoxification Treatment (Drug/Alcohol Use)	10/1/23 - 9/30/27	Adult Drug Abuse Division	State of Hawaii	not to exceed, \$1,000,000 per year
2	Maui Drug Court In-Community Treatment	7/1/24 - 6/30/27	Judiciary Services	State of Hawaii	not to exceed, \$1,213,808 per year
3	Maui Drug Court In-Custody Treatment	7/1/24 - 6/30/27	Judiciary Services	State of Hawaii	\$81,000 per year
4	Residential Treatment (Drug/Alcohol Use)	7/1/24 - 6/30/27	County of Maui	Maui County	\$175,000 per year
5	Medically Monitored Detoxification Treatment	7/1/24 - 6/30/27	County of Maui	Maui County	\$145,000 per year
6	Enhanced Coordinated Care Program	7/1/24 - 6/30/27	County of Maui	Maui County	\$323,000 per year
7	Child Welfare Substance Use/Assessment Services	7/1/24 - 6/30/27	Dept of Human Services	State of Hawaii	\$40,000 per year
8	Crisis Mobile Outreach	2/1/23 - 1/31/27	Adult Mental Health Division	State of Hawaii	\$900,000 approx
9	Crisis Services Management	2/1/23 - 1/31/27	Adult Mental Health Division	State of Hawaii	\$600,000 approx
##	Community Based Crisis Management	2/1/23 - 1/31/27	Adult Mental Health Division	State of Hawaii	\$90,000 approx
##	Licensed Crisis Residential Services	2/1/23 - 1/31/27	Adult Mental Health Division	State of Hawaii	\$630,000 approx
##	Crisis Mobile Outreach	7/1/23 - 9/30/27	Child and Adult Mental Health Division	State of Hawaii	\$210,000 per year
##	Substance Use Treatment Services	9/1/22 - 4/30/27	Management & Training Corporation	U.S./ Utah	\$65,000 per year
##	Tobacco Cessation Treatment	7/1/24 - 6/30/28	Hawaii Community Foundation	State of Hawaii	\$80,000 per year
##	Building Pilina & Purpose - Maui Fire Disaster	1/1/24 - 9/30/26	Papa Ola Lokahi Foundation	State of Hawaii	\$175,000 per year
##	Community Outreach - Maui Fire Disaster	1/1/25 - 11/30/26	Americares Grant	Stamfort, Ct	\$47,000 per year
##	Maui Ola Training - Resilience -Based, Hawaiian Ancestral Practices in Sacred Spaces for Disaster Recovery & Wellness	1/1/25 - 12/31/26	NoVo Foundation	Hurley, NY	\$150,000 per year
##	Renovation of Existing Sober Living Rental Housing	4/1/23 - 3/31/25	Grant in Aid	State of Hawaii	\$218,754.00
##	New Dormitory Project	12/1/24 - 11/30/25	Grant in Aid	State of Hawaii	\$250,000.00
##					
##					
##					
##					
##					
##					
##					
##					

Aloha House, Inc.

Investment Account Balance(s)

For Month of: December 2025

Location:

Morgan Stanley

Account Name

Endowment Account

Beginning Total Value	\$	621,089.21
Ending Total Value	\$	622,734.50

Tier 2 Account

Beginning Total Value	\$	2,198,128.51
Ending Total Value	\$	2,195,270.36

Tier 3 Account

Beginning Total Value	\$	5,065,832.08
Ending Total Value	\$	5,079,199.79

Total Combined Ending Value
\$ 7,897,204.65

*Includes Accrued Interest.