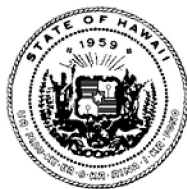


JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



**DEPT. COMM. NO. 360**

RYAN I. YAMANE  
DIRECTOR  
KA LUNA HO'OKELE

JOSEPH CAMPOS II  
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KA HOPE LUNA HO'OKELE

STATE OF HAWAII  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
KA 'OIHANA MĀLAMA LAWELawe KANAKA  
Office of the Director  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

TRISTA SPEER  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

December 16, 2024

The Honorable Ronald D. Kouchi, President  
and Members of the Senate  
Thirty-Third State Legislature  
State Capitol, Room 409  
Honolulu, Hawaii 96813

The Honorable Nadine K. Nakamura, Speaker  
and Members of the House of  
Representatives  
Thirty-Third State Legislature  
State Capitol, Room 431  
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

Enclosed is the following report submitted in accordance with Act 253, Session Laws of Hawaii 2023, relating to the Neighbor Island Blind and Visually Impaired Pilot Program.

Per section 93-16, HRS, this report will be available to review electronically at the Department's website, at <https://humanservices.hawaii.gov/reports/legislative-reports/>. For questions regarding this report, contact Lea Dias, Administrator, Division of Vocational Rehabilitation, at email [Ldias@dhs.hawaii.gov](mailto:Ldias@dhs.hawaii.gov).

Sincerely,

A stylized signature of Ryan I. Yamane, consisting of a series of connected loops and a long horizontal stroke.

Ryan I. Yamane  
Director

Enclosure

- c: Governor's Office  
Lieutenant Governor's Office  
Department of Budget and Finance  
Senator Donovan M. Dela Cruz, Chair, Senate Committee on Ways and Means  
Representative Kyle Yamashita, Chair, House Committee on Finance  
Legislative Auditor  
Legislative Reference Bureau Library (1 hard copy)  
Hawaii State Public Library, System State Publications Distribution Center (2 hard copies, one electronic copy)  
Hamilton Library, Serials Department, University of Hawaii (1 hard copy)

REPORT TO THE THIRTY-THIRD HAWAII STATE  
LEGISLATURE 2025

IN ACCORDANCE WITH ACT 253, SESSION LAWS OF  
HAWAII 2023,  
ON THE NEIGHBOR ISLAND BLIND AND VISUALLY  
IMPAIRED PILOT PROGRAM.

DEPARTMENT OF HUMAN SERVICES  
Division of Vocational Rehabilitation  
December 2024



## Introduction

[Act 253](#) ("Act 253"), Session Laws of Hawaii 2023, established the Neighbor Islands Blind and Visually Impaired Service Pilot Program with the goal of bridging the gaps in services for blind and low vision residents across the State, focusing on neighbor islands residents. Act 253 directed the Department of Human Services (DHS) to conduct stakeholder meetings with neighbor island residents who are blind or have low vision. The Act also provides that the pilot program be designed to support residents' independence and social integration by expanding resources in transportation, technology access, enrichment activities, and workforce development. Unlike the department's current vocational rehabilitation (VR) programs delivered by the Division of Vocational Rehabilitation (DVR), which focuses on gaining skills toward employment, this pilot program requests the development of services for non-employment needs that support broader lifestyle and life skills training.

Unfortunately, efforts to conduct stakeholder meetings for the pilot program were delayed by the devastating August 2023 Maui wildfires and the department's emergency relief efforts. DHS staff and resources were shifted to attend to the needs of Maui residents and Maui-based staff as part of the State's emergency response. Consequently, the Act 253 deadlines to provide a report and establish the pilot program were missed; because of the delay, DHS was not able to access the funds appropriated in Act 253.

However, DHS and DVR leadership remained dedicated to implementing the pilot program, as neighbor island communities have long requested assistive and other services that increase their residents' independence and well-being. The DHS administration identified available funds that DVR could use. In July 2024, DVR procured a consultant to convene stakeholders and gather information that forms the basis of this report and its recommendations. Summary recommendations include:

- Changing the term "visually impaired" to "low vision" to be more inclusive and less stigmatizing;
- Describing the outreach and stakeholder process;
- Describing the pilot program implementation plan and resource needs;

- Proposing legislation that amends Act 253 to change the pilot program's name, adjust the reporting requirements, delete the start date, make appropriations, and other technical amendments to the pilot program. See attachment.

## Legislation & Background

[Act 253](#) established the Neighbor Islands Blind and Visually Impaired Services Pilot Program to enhance support for neighbor island residents who are blind or have low vision. Notably, in the spirit of the Structured Discovery model, the pilot program's identified curriculum recognizes "low vision" as preferred to "visually impaired" as it de-stigmatizes a person's lack of vision. This report will use the phrase "blind and low vision," which is more inclusive and acknowledges that many people who may benefit from these kinds of services may have some form of vision and are not defined by that characteristic. The report also recommends amending Act 253 by replacing "visually impaired" with "low vision."

Act 253 did not define the blind or visually impaired, so DVR looked to the definition of blindness or otherwise identified as a person with low vision as provided by sections 235-1 and 347-2, Hawaii Revised Statutes (HRS), for the stakeholder groups. As services are available to O'ahu residents, the pilot program aims to provide more equitable support across all islands.

Regarding the potential population to be served by the pilot program, in the preamble of Act 253, the legislature estimated that approximately 2,000 residents on neighbor islands did not have access to services in their communities. To further understand the demographics of the blind and low vision community, high-level findings from a report by the U.S. Centers for Disease Control and Prevention (CDC) show:

- "In 2017, over 7 million Americans had vision loss or blindness based on best corrected visual acuity in their better-seeing eye (using autorefraction).
  - Approximately 6 million Americans have vision loss, and 1 million have blindness.
- More than 1.6 million Americans who are living with vision loss or blindness are younger than age 40.

- Over 350,000 people with vision loss or blindness are living in group quarters, such as nursing homes or prisons.
- 20% of all people older than 85 years experience permanent vision loss.
- More females than males experience permanent vision loss or blindness.
- There is a higher risk of vision loss among Hispanic/Latino and Black individuals than among White individuals.
- The prevalence of vision loss varies by state, ranging from 1.3% in Maine to 3.6% in West Virginia.”<sup>1</sup>

The same report includes prevalence data per county, reporting Hawai‘i County having a prevalence of 2.69%; Maui County with a prevalence of 1.68%; Honolulu City & County with a prevalence of 1.4%; and Kaua‘i County with a prevalence of 2.09%.<sup>2</sup> Broken down for adjusted prevalence by county, the CDC’s Vision and Eye Health Surveillance System’s 2017 estimate of blindness (visual acuity less than 20/200, with correction) is shown in Table 1.

*Table 1. Estimate of blind and low vision residents of the State, by County, and estimates of individuals, by County, Ages 18–55, based upon CDC's 2017 data.*

<i>Jurisdiction</i>	<i>All Ages (est.)</i>	<i>Ages 18-55 (est.)</i>
Total State of Hawaii	4,033	539
Hawai‘i County	824	111
Honolulu C&C	2,369	331
Kaua‘i County	251	32
Maui County*	394	63

*\*Includes Kalawao County Estimates*

The first column lists the statewide and county point prevalence estimates using the 2017 data. The second column breaks out the target population (ages 18 - 55) by county using

<sup>1</sup> U.S. Centers for Disease Control and Prevention. (2024, May 15). VEHSS Modeled Estimates for Vision Loss and Blindness, at <https://www.cdc.gov/vision-health-data/prevalence-estimates/vision-loss-prevalence.html>

<sup>2</sup> Ibid., see Figure 3. Crude or Adjusted Prevalence (Percentage of US Resident Population) with Vision Loss (Best Corrected Visual Acuity 20/40 Or Worse) or Blindness (Best Corrected Visual Acuity 20/200 Or Worse) by County.

the same CDC report and methodology. The 2017 estimates are the latest data available from the CDC.<sup>3</sup>

While we have the CDC prevalence data, in designing the potential population the pilot program will serve, DVR aims to be as inclusive as possible, especially in rural communities where access to public transportation is limited, or the distances are lengthy, which hamper access to existing programs. Currently, the Department of Education (DOE) and DVR provide services to individuals who are blind or have low vision not related to employment, with the DOE providing services to its K-12 students and DVR providing services for residents 55 and older. Therefore, we propose neighbor island residents, ages 18-55, as the primary target population of the pilot program.<sup>4</sup>

Act 253 describes that the pilot program can offer various services, including peer-to-peer outreach, adjustment counseling, mobility training, and assistance with daily living skills. It also speaks to improving access to telecommunication and technology, ensuring participants can stay connected and informed. As noted above, transportation assistance is identified as a necessary service to facilitate access to other services of the pilot program.

To develop and implement the program, DHS convened a working group composed of neighbor island residents who are blind or have low vision. Act 253 described that the pilot program is to use qualified volunteers trained in Structured Discovery methods to deliver services that promote independence and self-determination among participants. The pilot program is scheduled to sunset on June 30, 2029, notwithstanding future legislative action to codify or extend the program.

### **Structured Discovery**

Act 253 requires DHS to develop the pilot program in alignment with the core tenets of Structured Discovery. Structured Discovery is an educational and empowerment model

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<sup>3</sup> U.S. Centers for Disease Control and Prevention. (2017). Vision & Eye Health Surveillance System (VEHSS), Vision Health Initiative. URL: <https://www.cdc.gov/visionhealth/vehss/project/index.html>

<sup>4</sup> For background, DVR's federally funded Older Individuals Who Are Blind Program (OIB) assists elderly blind and visually impaired adults 55 years or older to adjust to their vision loss. In federal fiscal year 2024, the OIB program served 286 individuals statewide per DVR program figures.

designed to help individuals who are blind or have low vision learn skills for independence, resilience, and self-confidence. This approach emphasizes practical skill-building through guided discovery, encouraging individuals to solve real-world problems with a focus on exploration and self-advocacy. Unlike traditional training models that focus on accommodating limitations, Structured Discovery encourages individuals to actively engage with their surroundings, embracing non-visual skills to complete tasks.<sup>5</sup> The New Visions Program offered on O‘ahu by DVR's Ho‘opono Service for the Blind is modeled on this curriculum.

At its core, Structured Discovery uses non-visual training methods such as long cane techniques for navigation and adaptive approaches for daily living tasks, like cooking and shopping, that do not rely on sight. Rather than relying heavily on visual tools, participants learn problem-solving skills and methods that they can apply across different environments. For example, training may involve learning how to navigate unfamiliar spaces by listening to environmental cues and using tactile feedback.<sup>6</sup> This skill-building technique reinforces confidence and adaptability, empowering individuals to take control of their mobility and independence regardless of location.

Structured Discovery also emphasizes the role of peer support and mentorship, often delivered by trainers who are blind themselves. Thus, a foundation of shared experiences and mutual understanding is created. This peer-based model has been found to be highly effective, as individuals can relate to and learn from mentors who understand their journey firsthand.<sup>7</sup> These peer-led training sessions build skills and foster a sense of community and belonging among participants, which is particularly vital for individuals in rural or isolated areas who may feel disconnected from the resources available on O‘ahu.

Additionally, Structured Discovery promotes a growth mindset, encouraging individuals to take risks and embrace challenges as learning opportunities. By challenging individuals to step outside their comfort zones, this model instills a resilient approach to problem-solving.

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<sup>5</sup> Wienholt, J. (2015). *Structured Discovery in Orientation and Mobility: Foundations and Techniques*. Insight Publishing.

<sup>6</sup> National Federation of the Blind. (2021a). Structured Discovery Learning: A Path to Independence for Blind Individuals. Retrieved from <https://nfb.org>.

<sup>7</sup> Wienholt, J. *Supra* note 4.



Through Structured Discovery, individuals learn to rely on their strengths, embrace their unique skills, and develop an empowered mindset that allows them to thrive.<sup>8</sup>

Ultimately, Structured Discovery empowers individuals who are blind or have low vision to become active, engaged members of their communities. In Hawai'i, where community and taking care of those in need are fundamental values, this approach resonates with many. Structured Discovery offers skills and instills an enduring sense of independence, purpose, and connectedness, encouraging participants to set their own goals and live rich lives in their local communities across the islands as they see fit.

## Stakeholder Engagement and Outreach

DVR's Ho'opono team began communicating the launch of the pilot project in July 2024 by creating a webpage ([bit.ly/neighborislands](https://bit.ly/neighborislands)) and multiple email communications to key stakeholders and advocates in the blind and low vision community. A sign-up form was created to allow individuals to be added to the communication distribution list in addition to the standard outreach list that Ho'opono maintains for key contacts.

### Community Members

In-person meetings were held on the neighbor islands in August 2024 to introduce the project team from Ho'opono and offer the stakeholders a chance to speak about their lived experiences. See Table 2 below. At these meetings, the team provided a brief overview of the project and then left the remaining time open for participant feedback. Each 90-minute meeting was advertised beginning in July and promoted through local and community networks. The dates and locations are listed below. The team was scheduled to meet with stakeholders on Moloka'i on August 23. However, travel issues<sup>9</sup> prevented that from occurring as scheduled. To accommodate this, an online form was developed to allow individuals to provide feedback that otherwise would have been collected at these meetings.

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<sup>8</sup> National Federation of the Blind, *supra* note 5.

<sup>9</sup> Mokulele Airlines grounded flights on August 17, 2024; see <https://themolokaidispatch.com/mokulele-temporarily-grounded-wins-lanai-eas-bid/>

*Table 2. In-person meeting locations and dates across the Neighbor Islands.*

Island	Date	Location
Hawai‘i – Hilo	August 19	Hilo State Office Building
Hawai‘i – Kona	August 19	DVR Field Office - Kuakini Tower
Maui	August 21	JW Cameron Center
Kaua‘i	August 22	Lihue State Office Building
Lāna‘i	August 26	Lanai Filipino Community Coalition

Following the in-person meetings, monthly virtual meetings via Zoom were held to continue collecting feedback and providing updates to program participants. This helped ensure that residents unable to attend in person were still given an opportunity to participate while also conserving pilot program resources. These meetings were held on September 19, October 17, and November 12, 2024. In total, there were approximately 30 unique participants across the in-person and virtual meetings.

### **Advocates**

Separate from the stakeholder meetings, advocates had the opportunity to share their perspectives in ad hoc meetings with the project team. This included legislation sponsors and state advocacy organizations. These individuals provided additional information on the legislative context of the pilot program and clarity around the design. These conversations also were used to help check various themes and suggestions that had been provided during the stakeholder meetings.

### **Other States**

Part of the effort to study this issue and potential challenges in launching a program like this included outreach to state peers through the National Council of State Agencies for the Blind to see what the national landscape looked like with respect to non-VR programs for individuals who are blind or have low vision. Several states responded to the inquiry and provided feedback regarding the need for such programs and possible analogs.

*Table 3. Responses by State from the NCSAB inquiry regarding non-VR funded programs for blind and low vision services.*

State	Response
Colorado	Independent living services are available to serve individuals with any disabilities, including blindness and low vision. To qualify, the individual must be living independently.
Florida	Adults 18 to 54 are eligible for independent living services; however, the state has been promoting Vocational Rehabilitation services in lieu of this.
Montana	It does not have such a program, but it indicates there is a need.
Rhode Island	The state Center for Independent Living uses Title VII funds (Part B) to serve people with blindness and low vision needs, but the state blind and low vision agency is ideally used for orientation and mobility training as well as other low vision-specific training.
Wisconsin	The State Medicaid agency uses independent living funds for individuals over 55 or not in the workforce to learn adult daily living skills.

## Findings

From the multiple meetings held with stakeholders, the following themes emerged.

### Transportation

Reliable and accessible transportation is a significant concern. Stakeholders emphasized that existing paratransit services are inconsistent, with limited weekend availability that hampers access to essential services and social activities. Solutions suggested include bolstering local transit infrastructure and developing ride-share or volunteer driver programs to fill current gaps. It was also suggested that consideration be given to allowing blind and low vision individuals to receive handicap permits as a means of incentivizing assistance from friends and family for rides (with the presumption that lack of parking is sometimes a barrier).

### Community-Building and Enrichment Activities

Stakeholders highlighted the vital role of community-building activities in reducing social isolation and enhancing engagement for individuals who are blind or have low vision, especially in the multicultural landscape of Hawai'i. While the challenges of the COVID-19 pandemic were not unique to the blind and low vision community, the pandemic exacerbated the already predominant feeling of isolation. It thus underscored the necessity of addressing this issue as



part of the pilot program. Ho‘opono has provided enrichment activities in the past, but funds for these activities were reduced or eliminated during the Great Recession and subsequent economic recovery periods.

Providing structured opportunities for social support and relationship-building addresses the emotional and mental needs of belonging. It serves to reinforce skills taught during training and promote long-term resiliency. This is particularly true in the sense of providing a communications network to make community members aware of changes and news. Stakeholders suggested these activities include things such as support groups, where participants can share experiences and strategies for managing vision loss in a culturally respectful setting, and skills workshops that empower individuals to gain greater independence in daily tasks. Social outings also help raise awareness within the community for sighted people who can see blind and low vision people in a new way: through a lens of independence and self-agency.

Research on community engagement among people with disabilities underscores that culturally relevant social networks significantly improve mental health outcomes and enhance resilience against stigma.<sup>10</sup> In a state that prides itself on the importance of *‘ohana* (family) and *ho‘oponopono* (reconciliation; to make right), the need to create opportunities for community-building and interconnectedness within blind and low-vision groups is critical. Through shared experiences and culturally resonant activities, participants can build lasting relationships, increase self-confidence, feel more deeply connected to their communities, and be less isolated, thus enriching their overall quality of life.

### **Stigma and Counseling**

The stigma surrounding blindness and low vision remains a significant barrier, often leading to social isolation and limiting opportunities for individuals to participate fully in their communities. This stigma can create feelings of marginalization, impacting mental health and diminishing self-esteem among those who are blind or have low vision. Recognizing these

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<sup>10</sup> American Foundation for the Blind. (n.d.). *Social Support and Community Building for People Who Are Blind*. Retrieved from <https://www.afb.org> and National Federation of the Blind. (2021b). *Building Stronger Communities for the Blind: A Guide to Engagement and Inclusion*. Retrieved from <https://nfb.org>

challenges, stakeholders emphasized the critical need for education and counseling services that support individuals and their families in adjusting to vision loss. Such services provide a safe, supportive space to address emotional challenges, build resilience, and help actualize the training received to navigate daily life with confidence.

Additionally, stakeholders have called for more general awareness and sensitivity training to counter common misunderstandings. By educating communities, these training sessions could help dispel misconceptions about blindness and highlight the capabilities and contributions of individuals who are blind. With increased awareness, the program seeks to create a more inclusive environment across Hawai'i, encouraging neighbors, employers, and public service providers to actively support and engage with individuals who are blind or have low vision. This dual approach—empowering individuals through counseling and fostering a more inclusive community—embodies the program's mission to enhance independence and community participation for individuals across the islands.

### **Limitations of VR-Related Programs**

Traditional vocational rehabilitation services most often focus exclusively on people seeking employment, which excludes those who have acquired blindness at different stages of life or may not need help finding work but simply training for life skills and social integration support. Stakeholders highlighted that broadening program eligibility would significantly enhance service outreach and better reflect the progression of blindness over an individual's life course.

### **Technology Needs**

The breadth of assistive technology to help individuals living with blindness or low vision is truly remarkable and has helped many individuals with essential daily tasks. However, access to assistive technology and knowledge of how to use it effectively remains an unmet need. Stakeholders noted that while some individuals have the technology, training and ongoing support are often lacking. The most-cited approach to this issue was relying on uncompensated peers and volunteers in the community to provide their perspective as a trusted resource as to which tools were the best and how to troubleshoot problems. What is particularly challenging about this approach is that assistive technology should be configured to a particular person's

needs and preferences; using uncompensated peers who are sharing only their self-taught solutions does not support the community in fully utilizing the tools available to them. Some suggested that a hotline would be helpful or experts from other organizations might be able to help, particularly for Android users, which seems to be a newer challenge within the blind and low vision community.

### **Infrastructure and Workforce Concerns**

Participants emphasized the importance of having trained, culturally competent staff and peer mentors with lived experience to support individuals in the pilot program. There was a strong preference for peer educators who could comfortably describe and share their stories. However, this preference was not universal, and some felt that a blend of sighted staff and blind or low vision peers would be an appropriate balance.

In general, staff who understand the unique values and challenges of the community can effectively connect with participants, providing support that respects the dignity of the program participant. Peer mentors who have personally navigated the challenges of vision loss bring invaluable insights, offering guidance grounded in real experience that can inspire and empower others.

Participants also recommended strengthening program delivery and reach by building partnerships with local organizations that already serve diverse communities. By collaborating with trusted, established groups, the pilot program can broaden its impact and enhance its capacity to meet the needs of residents across all islands. This approach ensures a support system rooted in cultural sensitivity and local partnership.

## **Implementation Plan**

Act 253 requires DHS to develop an implementation plan for the pilot program based on the Act's parameters and in consultation with neighbor island stakeholders. This section of the report outlines a plan based on the information gathered and DVR's analysis of the current programmatic landscape.

## Recommendations

### Eligibility and Program Structure

Currently available federal funding is focused on vocational training and job placement; there is no federal funding for non-vocational related training for blind and low vision individuals ages 18 through 54. As such, individuals are only eligible for services through DVR's Ho'opono if they indicate they are seeking work and require training to accommodate their blind or low vision status. Thus, the pilot program should target individuals aged 18 to 55 who require support for daily living, regardless of employment status. Individuals who are younger than 18 years old or still eligible to receive educational services would be served through the state DOE. Individuals who are 55 and older would be eligible for services through the DVR's Older Individuals Who Are Blind (OIB) program. Per the blind and low vision prevalence estimates from the 2017 CDC data (Table 1), the Neighbor Islands pilot program would serve approximately 250 people.

Notably, many of the services discussed in these recommendations would be covered under the federally-funded OIB program for the 55-and-older population. It is possible that raising awareness of blind and low vision services would generate more enrollments in these kinds of programs across the spectrum that might outpace their federal allocations, which have been relatively stagnant in terms of funding increases over the past decade. This may put pressure on state-funded programs, such as the pilot program contemplated here, though it may also encourage or motivate those residents aged 18 through 54 to engage in VR services.

While the Act today requires adherence to the Structured Discovery model, it is clear from conversations that the pilot program should offer flexibility based on the individual's needs for services. Some of the criticisms of the Structured Discovery model are that it is too structured and not adaptable to individual needs or cultural considerations. An assessment for each applicant should be conducted once approved for enrollment in the program. Based on the individual's needs, a program plan can be developed that would identify the program services recommended.

### Service Delivery Locations

To ensure accessibility, services should be offered both in community centers and through in-home visits for those with limited travel ability or access to reliable transportation. This would be best determined during the individual assessment and intake meeting to minimize the potential for the person to become disconnected or feel overwhelmed when making particular arrangements.

Virtual service options should complement in-person options. This will address individual preferences and ultimately maximize the program budget while continuing to reach remote participants. Programs like the “Business of Being Blind” course offered by Ho’opono and similar didactic instruction are well suited to this format.

### Staffing and Partnerships

The program should recruit and train volunteer staff familiar with local culture and community dynamics. Partnerships with local organizations and volunteer networks, especially those involving individuals with lived experience, will enhance service delivery.

Initially, training of volunteers should address the following skills and services:

- orientation and mobility;
- technology assistance;
- community enrichment activities or opportunities; and
- transportation planning

This training would also need to align with the Structured Discovery model, which may entail certification requirements.

To implement and oversee the pilot program, DVR requires the addition of two full-time state positions to administer the program and process eligibility. Current DVR staff cannot absorb the workload of this new pilot program because of federal prohibitions limiting federally funded program staff to only those functions directly related to the funded program. Additionally, the staffing levels for Ho’opono have not recovered from the cuts made during the Great Recession, and thus, staff are already at capacity.

DVR will need to contract a service provider to facilitate the recruitment, training, and coordination of peer educators, whether paid or volunteers. One stakeholder suggested that graduates of the New Visions program at Ho’opono could potentially help fill the workforce



need. This should undoubtedly be a long-term goal of the program. However, DVR is concerned about whether there is sufficient volunteer capacity to address the needs of the program right away, which is why funding will be needed for training, staff, and contractors.

As part of the coordinated communications for this program, outreach to clinicians, their staff, and the public is necessary to ensure they are aware of the program and how to make referrals. Multiple stakeholders described their experience of being diagnosed and not having any resources given to them. The service provider could help coordinate and implement a communications strategy as part of the procurement scope of work.

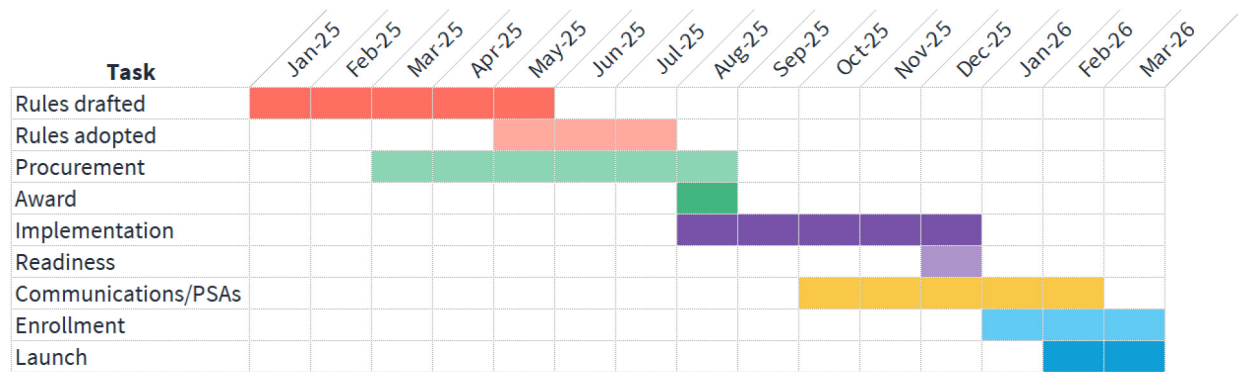


Figure 1. Gantt Chart showing the sequence of events for implementation, dependent upon funding.

## Timeline

The pilot program is proposed to follow this sequence based on current pilot program goals and the expected implementation activities. Namely, the promulgation of rules and awarding a procurement – if ultimately required – would dictate the length of time required to implement the program prior to enrolling participants. A proposed Gantt chart above outlines the sequence of activities; the actual months will differ if appropriations become available in July 2025.

## Budget

DVR estimates that the pilot program will require a general fund appropriation of \$2,301,730 to initiate implementation activities and launch it in 2026. See Table 4 below. DHS is preparing an administration measure to amend Act 253, request two full-time equivalent

positions, and request appropriations for both years of the biennium. A draft proposal is attached. This appropriation request includes one-time implementation and start-up costs as well as ongoing operational costs.

*Table 4. Table showing the requested budget appropriation to implement and operate the pilot program through July 2027.*

<i>Expense Type</i>	<i>Total</i>
<i><u>Requested</u></i>	
<i><u>Salaries</u></i>	<i>\$ 188,106</i>
<i>Program Specialist IV (SR-22)</i>	
<i>Administrative Asst II (SR-14)</i>	
<i><u>Professional Services &amp; Supplies</u></i>	
<i>Implementation support</i>	<i>\$ 70,000</i>
<i>Program costs &amp; supplies</i>	<i>\$ 85,000</i>
<i><u>Direct Services</u></i>	
<i>Contracted provider</i>	<i>\$1,625,000</i>
<i>Assistive technology</i>	<i>\$ 325,000</i>
<i><u>Administrative</u></i>	
<i>Travel</i>	<i>\$ 8,624</i>
<i><b>Total projected budget:</b></i>	<i><b>\$2,301,730</b></i>

While the pilot program may utilize volunteers and other peer educators, DVR will need two state-funded full-time equivalent positions to administer the pilot program. Additionally, there will be administrative and overhead costs related to supplies, technology needs, training, and travel.

Finally, the pilot program envisions that DVR will procure the services of a provider to operate the program on a day-to-day basis and coordinate the volunteers and peer educators. Contract costs will include professional fees as well as administrative costs for background checks, technology, and insurance. The assistive technology costs are estimates based on the potential need for readers, canes, and other items that are necessary for a person with blindness or low vision to independently complete activities of daily living with minimal

obstacles. Reducing barriers to completing activities of daily living will help reduce unnecessary hospitalizations and keep people who are blind or have low vision out of institutional settings.

## Conclusion

Services envisioned by the pilot program will begin to serve the unmet needs of Hawaii's blind and low vision neighbor island residents. The Department believes this pilot program represents a pivotal step toward inclusivity and independence for blind and low-vision residents in Hawai'i. By addressing accessibility, community engagement, and technological needs, the state is ensuring this program delivers meaningful change and sets a foundation for future statewide support. The Department is committed to addressing this gap and is eager to begin implementing the pilot program contemplated in Act 253 once appropriations and approvals are supplied. Lastly, the attached bill proposal incorporates necessary amendments to Act 253 and includes a request for appropriations. See attachment.

The Ho'opono team expresses its gratitude and thanks to those residents and stakeholders who participated in this planning effort.



\_\_\_\_.B. NO. \_\_\_\_\_

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# A BILL FOR AN ACT

RELATING TO ACT 253, SESSION LAWS OF HAWAII 2023.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1       SECTION 1. Act 253, Session Laws of Hawaii 2023,  
2       established the neighbor islands blind and visually impaired  
3       service pilot program within the department of human services.  
4       The goal of Act 253 is to bridge the gaps in services for blind  
5       and low vision residents across the State, particularly focusing  
6       on those living on the neighbor islands. The department's  
7       efforts to implement the Act were delayed until July 2024 as the  
8       department's staff were responding to the needs of staff and  
9       residents impacted by the August 2023 Maui wildfires.

10       Despite the delays, the department engaged a consultant,  
11       posted a survey, and had several in-person and virtual meetings  
12       to gather information from blind and low vision neighbor island  
13       residents to discuss potential training and services that the  
14       pilot program may offer. A report to the legislature was  
15       submitted in December 2024 detailing the department's efforts,  
16       findings, and recommendations that include requests for two  
17       additional temporary full-time equivalent positions within the  
18       department and appropriations to implement the pilot program.

\_\_\_\_.B. NO.\_\_\_\_

1       The purposes of this Act are to:

2       (1)   Rename the pilot program to replace the term "visually  
3           impaired" with the less stigmatizing term "low  
4           vision";

5       (2)   Clarify the pilot program's implementation timeframes,  
6           and

7       (3)   Request additional human resources and appropriations  
8           to implement the pilot program.

9       SECTION 2.   Act 253, Session Laws of Hawaii 2023, section  
10   2, is amended as follows:

11       1.   By amending subsections (a) and (b) to read:

12       "(a)   The department shall establish a neighbor islands  
13   blind and [~~visually-impaired~~] low vision service pilot program  
14   to provide training and other services to blind and [~~visually~~  
15   ~~impaired~~] low vision individuals residing on the neighbor  
16   islands.

17       (b)   The pilot program shall provide peer-to-peer outreach,  
18   sight loss adjustment, peer counseling support, and mobility  
19   training to program participants, including:

20       (1)   Outreach efforts to identify individual and program  
21           needs;

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- (2) Coordination with existing programs to ensure that existing services are identified and used to the maximum extent possible;
- (3) Adjustment services, including individual and group counseling;
- (4) Access to and training for use of telecommunications services to receive current news, weather alerts, and other vital public information;
- (5) Awareness development and training for the use of technology, including but not limited to computers, smart phones, and other communications devices;
- (6) Daily living, self-care, and home management skills;
- (7) Orientation and mobility training;
- (8) Advocacy training and assistance to secure needed benefits, services, and individual rights; and
- (9) Other services, including peer support needed for program participants to sustain independence and social integration.

The services provided by the pilot program pursuant to this subsection shall be provided by volunteers, who shall be recruited, assigned, and supervised by the department or an entity contracted by the department to organize and implement

\_\_\_\_.B. NO.\_\_\_\_

1 the pilot program. All volunteers shall have the necessary  
2 qualifications, be chosen based on experience and training, and  
3 use training methods consistent with the structured discovery  
4 approach used by the new visions program operated by the Ho'opono  
5 services for the blind branch within the department's division  
6 of vocational rehabilitation."

7 2. By amending subsections (f) to (h) to read:

8 "(f) The department shall enter into a contract with a  
9 nonprofit organization to recruit, train, and supervise  
10 volunteer service corps members and oversee the pilot program;  
11 provided that existing department personnel may be assigned to  
12 fulfill administrative and fiscal responsibilities of the pilot  
13 program. Any contract entered into pursuant to this subsection  
14 shall be exempt from chapters 103D and 103F. Any nonprofit  
15 organization contracted under this subsection shall have:

16 (1) The knowledge, experience, and qualifications  
17 necessary to provide peer support services to program  
18 participants;

19 (2) A management team, consisting of officers and  
20 directors, of whom a majority are blind or ~~visually~~  
21 ~~impaired;~~ low vision; and

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1           (3) Membership chapters or organization subunits located  
2                   on the neighbor islands that will be served by the  
3                   pilot program.

4           (g) The department shall establish a neighbor islands  
5 blind and [~~visually impaired~~] low vision service pilot program  
6 working group composed of neighbor island residents who are  
7 blind or [~~visually impaired~~] low vision to make recommendations  
8 regarding the establishment and implementation of the pilot  
9 program. The department, in collaboration with the working  
10 group, shall develop a written implementation plan that includes  
11 a pilot program performance period and program budget, and shall  
12 submit the plan, including any proposed legislation, to the  
13 legislature no later than twenty days prior to the convening of  
14 the regular session of [~~2024.~~] 2025. The working group shall be  
15 exempt from the requirements of part I of chapter 92, Hawaii  
16 Revised Statutes.

17           (h) The department shall submit a report of its findings  
18 and recommendations pertaining to the neighbor islands blind and  
19 [~~visually impaired~~] low vision service pilot program to the  
20 legislature no later than thirty days prior to the convening of  
21 the regular session of 2029. The report shall include:

\_\_\_\_.B. NO.\_\_\_\_

1 (1) A record of pilot program activities and  
2 accomplishments;

3 (2) A recommendation on whether to extend the pilot  
4 program; and

5 (3) Any proposed legislation."

6 3. By amending subsections (j) and (k) to read:

7 "(j) The pilot program [~~shall begin no later than January~~  
8 ~~1, 2024, and~~] shall cease to exist on July 30, 2029.

9 (k) For purposes of this section:

10 "Department" means the department of human services.

11 "Neighbor island" means a county with a population less  
12 than five hundred thousand.

13 "Pilot program" means the neighbor islands blind and  
14 [~~visually impaired~~] low vision service pilot program established  
15 pursuant to this Act.

16 "Program participant" means a resident of a neighbor island  
17 whose mobility or ability to live independently is substantially  
18 limited due to loss of sight and who is participating in the  
19 neighbor islands blind and [~~visually impaired~~] low vision  
20 service pilot program.

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1 "Special needs transportation" means transportation  
2 provided to program participants at times or for trips when  
3 public transportation is not a reasonable option."

4 SECTION 3. There are appropriated out of the general  
5 revenues of the State of Hawaii the sum of \$612,210 or so much  
6 thereof as may be necessary for fiscal year 2025-2026 to fund  
7 the neighbor islands blind and low vision service pilot program,  
8 including the hiring of one temporary full-time equivalent (1.0  
9 FTE) program specialist IV SR-22 and one temporary full time  
10 equivalent (1.0 FTE) administrative assistant SR-14, and the sum  
11 of \$1,694,644 or so much thereof as may be necessary for fiscal  
12 year 2026-2027 for the pilot program, including the hiring of  
13 staff, purchase of contracted services, and necessary equipment  
14 and system modifications.

15 Any funds appropriated pursuant to this section shall be in  
16 addition to and shall not supplant any portion of the base  
17 budget for any state or county agency providing services for  
18 persons who are blind or low vision.

19 The sums appropriated shall be expended by the department  
20 of human services for the purposes of this Act.

21 SECTION 4. Statutory material to be repealed is bracketed  
22 and stricken. New statutory material is underscored.

\_\_\_\_.B. NO.\_\_\_\_

1           SECTION 5. This Act, upon its approval, shall take effect  
2 on July 1, 2025, and shall be repealed on June 30, 2029.

3

4

INTRODUCED BY: \_\_\_\_\_

5

BY REQUEST



\_\_\_\_.B. NO.\_\_\_\_

**Report Title:**

DHS; Neighbor Islands Blind and Low Vision Service Pilot Program; Appropriations

**Description:**

Updates the name of the Neighbor Islands Blind and Visually Impaired Service Pilot Program established by Act 253, Session Laws of Hawaii 2023, by replacing the term "visually impaired" with the term "low vision" and clarifies the pilot program's implementation timeframes. Appropriates funds. Sunsets 6/30/2029.

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