

# Homelessness and Public Safety in Hawaii: The Island-Specific Framework Required

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## EXECUTIVE SUMMARY

More than 4,000 people experience homelessness on Oahu at any given time, with documented growth on neighbor islands despite \$33 million in Hawaii County investments. The intersection of homelessness and public safety in Hawaii requires an island-specific policy framework that accounts for three conditions absent from continental homelessness policy models: geographic containment that prevents the dispersal strategies available to mainland cities, workforce social density that complicates the clinical objectivity of outreach and assessment, and law enforcement capacity constraints that limit the response options available when homeless-related incidents occur. This brief examines what the evidence most strongly supports for Hawaii's specific environment.

## KEY FINDINGS

- Oahu's Point-in-Time Count documents more than 4,000 people experiencing homelessness — among the highest per-capita rates in the nation, reflecting structural housing cost conditions that no outreach program alone can address.
- Hawaii County invested \$33 million in homelessness programs over four years with disappointing results — a documented policy effectiveness gap that ISPI's analysis attributes to continental program models applied without island-specific adaptation.
- Governor Green's kauhale tiny home village model — 25 villages open as of 2026, targeting 30 by year end — represents the most evidence-aligned approach in Hawaii's homelessness policy history, incorporating cultural community structures that continental shelter models do not.
- HPD's 80% staffing level directly degrades the department's capacity to manage public safety consequences of homelessness — creating a compound crisis where the policy problem and the response capacity are degrading simultaneously.

- Healthcare cost data shows significant reductions in emergency department utilization following permanent housing placement — supporting housing-first investment as a healthcare cost reduction strategy as well as a public safety strategy.

## **Why Continental Homelessness Frameworks Fail in Hawaii**

Continental homelessness policy frameworks were built for environments where dispersal is possible — where homeless populations can be encouraged or compelled to move to communities with more services, lower costs, or more available shelter. On an island, dispersal is not available. Hawaii's homeless population cannot move to cheaper communities. The geographic containment of island life means that every person experiencing homelessness in Hawaii will continue to experience it in Hawaii, regardless of how enforcement-oriented the policy response becomes.

This geographic reality is the most important design constraint for Hawaii homelessness policy that continental frameworks do not account for. It means that the only sustainable policy response is one that addresses the underlying conditions — housing cost, mental health, substance use, economic opportunity — rather than managing or displacing the population.

## **The Public Safety Intersection**

The public safety consequences of homelessness in Hawaii are compounded by the law enforcement workforce crisis. HPD operating at 80% of authorized strength means fewer officers available for community engagement, mental health crisis response, and the patient, relationship-based work that effective homelessness-adjacent policing requires. Mandatory overtime at understaffed agencies elevates officer wellness risk and accelerates the attrition that perpetuates the staffing crisis.

ISPI's community policing research identifies community embeddedness as the primary effectiveness driver for law enforcement in small island communities — and identifies the homelessness crisis as the single greatest current threat to that embeddedness, as documented community safety concerns erode the trust relationships that community policing depends on.

## **What the Evidence Most Strongly Supports**

### **Housing-First With Cultural Architecture**

The kauhale model — small, culturally grounded permanent housing communities — is supported by Hawaii-specific evidence that continental shelter models are not. The integration of ohana and community accountability structures addresses behavioral health and substance use within a cultural framework that Hawaiian and Pacific Islander populations respond to more effectively than clinical intervention models designed for continental populations.

### **Healthcare Integration**

Governor Green's integration of mental health care and addiction treatment into the homeless strategy reflects the strongest available evidence on what breaks the cycle of chronic homelessness. Healthcare cost data supporting permanent housing placement should be developed and published to establish the return-on-investment case for sustained housing-first investment.

### **Law Enforcement Workforce as a Homelessness Policy Variable**

Solving Hawaii's law enforcement staffing crisis is a homelessness policy intervention — not merely a public safety workforce issue. An HPD at full authorized strength has materially more capacity for the community engagement and crisis response work that effective homelessness-adjacent policing requires.

#### **POLICY RECOMMENDATIONS**

- 1.** Sustain and expand the kauhale tiny home village model as the primary housing-first infrastructure investment — prioritizing cultural community architecture over continental shelter models.
- 2.** Commission independent research quantifying healthcare cost reductions following permanent housing placement to establish the full return-on-investment case for housing-first investment.
- 3.** Integrate law enforcement workforce stabilization into the homelessness policy framework — recognizing that HPD staffing recovery is a homelessness response capacity investment.
- 4.** Develop island-specific homelessness program evaluation criteria that account for Hawaii's geographic containment constraint — replacing continental dispersal-based effectiveness metrics.
- 5.** Establish inter-agency data sharing between HPD, the Department of Health, and the State Office on Homelessness to enable compound-crisis tracking and response coordination.