

California's hidden crisis: Mental Illness, addiction and the justice system

By Michael K. Wendler

In May 2025, as part of the Hoover Institution's Veteran Fellowship Program, we gathered at Stanford University to confront a quiet crisis: how to truly fix the way California's criminal justice system handles mental health and substance abuse. This crisis is filling our jails, draining public resources and affecting the very people our systems should be helping.

The symposium we hosted brought together top minds from across disciplines to tackle this mounting and costly challenge—California Attorney General Rob Bonta, former Rep. Jackie Speier, retired National Security Adviser H.R. McMaster and award-winning journalist Kevin Fagan. They helped guide open and candid discussions with law enforcement officers, mental health professionals, judges, economists, service providers and people with lived experience in the system.

What emerged was a consensus more powerful than any speech or statistic: California's approach to mental illness and addiction in the justice system needs improvement—and we know how to fix it.

Across our courts, jails and streets, we see the same story unfold daily: people in crisis—often veterans, trauma survivors and those battling addiction or untreated mental illness—cycling through a justice system that was never designed to be their doctor, therapist or social worker. We ask police to respond to psychiatric emergencies, judges to prescribe stability and correctional facilities to cure disease. It's no wonder we keep seeing the same faces return.



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Today, jails and prisons have become the largest providers of mental health services in the country—not by design, but by default. People with untreated mental illness are arrested for behaviors that stem from their conditions. They sit in cells receiving care from jail staff. They cycle through courtrooms and crisis centers. And they are disproportionately poor and homeless.

This is a public health crisis as much as it is a public safety problem. On the one hand, the solutions are simple. On the other hand, the solutions are extremely complex and require challenging our beliefs, honest conversations and overcoming politics to help our most vulnerable.

But hope isn't lost. Throughout our symposium, we heard from counties that are piloting innovative solutions and using artificial intelligence to better serve our vulnerable population. We learned about crisis response teams that pair police with clinicians, reducing arrests and saving lives. We saw data showing how mental health and drug treatment courts significantly lower recidivism. We reviewed research indicating that community-based treatment costs a fraction of incarceration—and yields better outcomes.

We also examined economic models showing that every dollar spent on behavioral health treatment can return up to \$5 in reduced crime and

incarceration costs. In Santa Clara County, a housing-first model for people with serious mental illness and substance use issues achieved an 86% success rate. In San Mateo County, leaders are investing in wraparound services to meet people where they are—before a crisis lands them in jail.

These are not isolated success stories. They are roadmaps for reform.

Our next step must be action. We need sustained funding for local and regional treatment infrastructure. We must empower counties to scale diversion programs, mental health courts and peer-led recovery services. We need to reform outdated data-sharing laws that prevent coordination among courts, health providers and law en-

forcement. And above all, we must stop confusing illness with criminality.

This is not just a moral imperative—it's smart policy. By investing in mental health and substance use treatment across all levels of the justice system, California can help its most vulnerable residents, reduce crime and save taxpayer dollars. The experts have solutions based on their experience in shelters, clinics, courtrooms, jails and on the streets. But local successes often struggle to survive because they depend on unstable funding and shifting political winds.

What we need now is for policymakers to listen to those men and women in the arena who witness the human cost of inaction and the tangible results of compassion paired with accountability. The path forward is complex, but it is not mysterious. The experts in the room offer the roadmap; what's needed now is for those in power to listen, fund and act boldly. The answers aren't hidden in think tanks or partisan platforms—they're found in the daily experiences of those who respond to crises, build trust and guide people toward recovery. It's time their voices shaped policy.

We know what works. The only question left is whether we have the will to act.

The Hoover Institution will host its third symposium on mental health and the criminal justice system next May, bringing together judges, law enforcement, policymakers, treatment professionals and community leaders to continue this vital conversation. Those who share this commitment—and who have ideas, research or on-the-ground experience to contribute—

are invited to join us. The solutions we seek are within reach, but it will take collaboration, courage and sustained attention to turn progress into policy. I welcome anyone who wishes to be part of that effort to reach out and participate in the discussion.

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