California’s Electric Vehicle Future

We begin this issue of the Inland Empire Outlook with an examination of California's push to a future that bans the sale of new gasoline-powered cars, requires the state to get 90% of its electricity from clean sources by 2035, and could impose zero emission mandates on truck fleets as well. The electric vehicle mandates come at a time when the California electrical grid cannot handle peak demand and the state's network of chargers is woefully inadequate. Moreover, potential mandates on truck fleets will hit the logistics industry in the Inland Empire hard.

For our final article, we present an overview of programs used by Los Angeles County, San Bernardino County, and Riverside County to combat the opioid epidemic. There were 6,843 opioid overdoses in California in 2021 and addressing this crisis is a priority. California has spent over $1 billion on opioid programs since Gavin Newsom became governor. We outline the framework for statewide programs and examine supplemental programs instituted by Los Angeles County, San Bernardino County, and Riverside County.

We hope you find this edition of Inland Empire Outlook a useful guide. Please visit our website, www.RoseInstitute.org, for information on more Rose Institute research.
California has long taken pride in leading the country in setting standards on environmental issues. Recent regulations will push the Golden State toward a future that bans the sale of new gasoline-powered cars and requires the state to get 90% of its electricity from clean sources by 2035. Regulations mandating zero emission truck fleets have also been unveiled and are currently under discussion. The electric vehicle mandates are likely to increase demand for electricity at a time when California’s electrical grid is barely keeping up with demand. Moreover, the state of California’s electric vehicle charging network is woefully inadequate. It will take a massive effort to meet rising demand.

The 2020 and 2022 summer heatwaves brought increases in electricity demand, mostly from residents trying to cool their homes, bringing the power grid to its knees. Heatwaves like that are only expected to get worse, further intensifying the demand on the grid. Researchers at the Georgia Institute of Technology found that California is particularly at risk of being unable to meet demand by 2050. The study suggests that an increase in demand in combination with rising temperatures reducing power generation capabilities will be the primary causes of California’s power grid woes. Their conclusion, that California will be unable to meet demand, is consistent with a 2021 report from the California Independent System Operator (CAISO). CAISO found that in 2020 and 2021, it was unable to fully meet the demands of its customers, particularly during high-load days.

Electric vehicles currently account for 1% of power used during peak hours. The California Energy Commission (CEC) projects that to increase to 5% in 2030 and 10% in 2035. The CEC predicts that the state will have to triple its power generation capacity by 2045. It is confident that the state will meet future demand, but observers note that its projections rely on uncertain and best-case assumptions. Writing for CalMatters, Nadia Lopez observes that California will have to do the following to meet expected demand for electricity:

- Convince drivers to charge their cars during off-peak hours, which may not be feasible for many people with restricted access to chargers.
• Build solar and wind facilities at an unprecedented pace.
• Develop an entire new industry: offshore wind farms.
• Increase the number of public chargers from the current 70,000 to 1.2 million by 2030.
• Expand vehicle-to-grid technology to allow electric cars to send energy back to the grid at times of high demand. This technology is new and still untested.
• Increase electrical production by up to 42% in 2035 and by as much as 85% in 2045.

In the past decade, fossil fuel usage has received increasing attention from politicians, who have pushed for a shift towards a power grid based on renewable energy. To that end, in 2018 California passed S.B 100, requiring that California get 100% of its power from renewable sources by 2045. This requires the build-out of clean energy generation to occur at a “record-breaking rate” for the next 25 years. The CEC estimates that the transition will cost over $4.5 billion by 2045.

The CEC defines renewable energy to include solar, wind, geothermal, or small (under 30 MW). Solar and wind have both increased substantially in the past ten years, with solar going from a negligible portion in 2011 to 14% in 2021 and wind from 5% to 11% of all electric power in California. Geothermal stayed constant at 5%. All hydro sources dropped from 15% in 2011 to 10% in 2021 due to the prolonged drought. California has consistently been importing around 30% of its electricity.

According to the Environmental Protection Agency, the transportation sector is the largest contributor to greenhouse gas emissions in the United States with passenger vehicles being the largest component. This suggests that if California is able to utilize zero-emission vehicles and power them with clean energy, their total greenhouse gas emissions would be significantly reduced. It is for this reason that Governor Newsom signed an executive order requiring that all new vehicles sold in California be zero-emission by 2035. The California Air Resources Board (CARB) adopted regulations codifying that order on August 25, 2022. However, electric vehicles need chargers. Researchers from the National Renewable Energy Laboratory released a study showing that infrastructure investments, specifically in charging stations, are the most effective policy to both incentivize EV adoption and lower greenhouse gas emissions.

California thus has three specific priorities for its Electric Vehicle infrastructure policy: the expansion of electricity generation, the transition of this generation to clean sources, and the move from fossil fuel-powered cars to electric vehicles.

### Sum of Electric Generation (GWh) - California + Imports

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<td>296,628</td>
<td>295,407</td>
<td>292,039</td>
<td>277,702</td>
<td>277,764</td>
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Source: California Energy Commission, 2009-2021, Total System Electric Generation Spreadsheet, [https://www.energy.ca.gov/media/7311](https://www.energy.ca.gov/media/7311).
The Expansion of EV Infrastructure

California will have to invest heavily in electric charging stations to meet its lofty goals. The state plans to have over 250,000 charging stations by 2025. There are currently only 80,027 total chargers and over half of them (43,528) are “shared private,” meaning that they are only available to employees of specific businesses or residents of specific buildings. There are only 36,489 chargers available to the general public. Additionally, the benchmark of 250,000 was made before Governor Newsom’s EV mandate. The California Energy Commission estimates that 1.2 million chargers will be needed for passenger vehicles by 2030, and 157,000 chargers will be needed for medium to heavy vehicles. To reach this goal California will have to double the number of chargers in the state every two years until 2030.

California plans to use funding from the Infrastructure Investment and Jobs Act (IIJA) of 2021 to address this charger deficit. The IIJA is a $1.2 trillion spending bill with about $550 billion going toward nationwide infrastructure improvements. California is expected to receive about $41.9 billion in funding for new projects and improvements over five years. Out of California’s share, only $384 million is to be spent on Electric Vehicle infrastructure improvements, but there are an additional $2.5 billion in other grants that California can apply for. Almost none of this money is being spent on improving California’s power grid. California plans to connect the entire state via a modern network of electric vehicle charging stations.

The California Department of Transportation and the California Energy Commission began developing California’s deployment plan for the allocated IIJA funds in February 2022. So far most of these plans have focused on improving the infrastructure for electric cars. Based on the timeline given in the “California’s Deployment Plan for the National Electric Vehicle Infrastructure Program,” the final proposal will not be completed until the first quarter of 2023. The first two years of IIJA funding (about $134 million) will be used mainly to increase the number of passenger vehicle charging stations. It complements subsidy bills such as H.R. 1271, The Electric CARS Act of 2021, and H.R. 4817, The Affordable EVs for Working Families Act, which seek to directly subsidize EVs, and encourage their adoption.

The hope is that this massive infrastructure build-out will permit not only current electric vehicles to travel across the state more easily, but will also boost the rate
at which electric vehicles are purchased. A substantial body of research shows charging investment to be one of the best ways to incentivize electric vehicles purchases. This is largely by addressing one of the primary reasons people are hesitant to buy EVs: range anxiety, the fear that an electric vehicle will run out of power before reaching its destination.

The plan to invest directly into infrastructure is not unique to California. Other states are also using IIJA funding to invest primarily in charging infrastructure. Texas, for instance, is planning to spend over $400 million dollars to expand its charging network, while New York has appropriated over $175 million dollars.

These new chargers require energy to power them. In both the five-year infrastructure plan from the Office of Governor Newsom and the Draft Zero-Emission Vehicle Infrastructure Plan from the California Energy Commission, there is little mention of any grid improvements. While discussing the potential impact electric vehicles will have on the grid, the Infrastructure Plan states, “there is work to be done, and the state’s planners are working to ensure the grid will be capable of supporting increased transportation electrification.” It goes on to discuss how options are being explored and there is more research to be done. From 2009 to 2021, California electricity production decreased from 298,313 GWh to 277,764 GWh while consumption increased from 278,986 to 280,738 GWh. At its peak in 2014, California consumed 197,434 GWh more than it produced.

California is not unique in its power grid woes. The 2021 winter storm power crisis in Texas showed that grid infrastructure needs to be improved nationwide. However, out of the $550 billion Infrastructure Investment and Jobs Act of 2021, only about $75 billion is going towards energy and power. None of that money appears to

| How Much Electricity Does California Import (GWh)? |
|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|
|                 | 2011           | 2013           | 2015           | 2017           | 2019           | 2021           |
| California      | 200,986        | 199,783        | 196,195        | 206,336        | 200,475        | 194,127        |
| Southwest Imports| 57,447         | 61,759         | 63,412         | 45,830         | 53,297         | 51,064         |
|                 | 293,653        | 296,628        | 295,407        | 292,039        | 277,702        | 277,764        |
| Import Percent  | 32%            | 33%            | 34%            | 29%            | 28%            | 30%            |


be used to increase total electricity generation. Instead, it will fund projects such as making the grid more resilient against natural disasters, investing in research & development, and transitioning the grid towards clean energy.

In August, 2022, President Biden signed the Inflation Reduction Act (IRA). It allocates nearly $370 billion for a range of tax credits to stimulate adoption of green energy technologies, including extending an existing tax credit for the purchase of new EVs and a new credit for used EVs, credits to companies building new sources of emissions-free electricity, and subsidies for clean energy manufacturing. It does not contain specific provisions for California or allocations for infrastructure funding. The California Chamber of Commerce notes that much of the spending in California either supplements similar state programs, or would offset some costs of California mandates.

Planned Alternative Fuel Corridors for Electric Vehicles

Inland Empire

The Inland Empire is especially likely to be affected by ZEV policies as it is now an important hub for the logistics industry. From 2014 to 2019, the Warehouse and Storage sector has been the fastest growing industry for the region, with employment growing 131% over the period. When the Covid-19 pandemic hit in early 2020, growth accelerated as more and more people began to shop online. In 2022 alone, 24,400 new jobs were created in the industry. With new jobs come new warehouses and more trucks. According to CalMatters, the Inland Empire is now home to over 4,000 warehouses, covering about one billion square feet of land and generating over 600,000 daily truck trips. This growth continues in the coming year. Amazon’s new Ontario Fulfillment Center, when completed in 2024, will add an additional four million square feet of warehouse space along with 1,500 new jobs.

With the increase in shipping and logistics comes, of course, an increase in emissions. The vast majority of commercial trucks in the United States, around 76%, run on diesel fuel. Among Class 8 trucks, over 97% are diesel powered. In California, medium-heavy duty vehicles make up only about 7% of the total on-road vehicles, but are responsible for 62% of all NOx emissions and 56% of particulate matter emissions. Like many other industrial emissions, diesel exhaust has been linked to a heightened chance of developing a multitude of health problems. Most notably, diesel has been linked with increased rates of asthma, pulmonary inflammation, thrombosis, raised blood pressure, and many other cardiopulmonary diseases. As the number of warehouses and goods being shipped through the Inland Empire rises, the number of diesel vehicle miles traveled rises with it. The end result being more diesel pollution in Inland Empire air. According to the American Lung Association, both San Bernardino and Riverside counties have some of the worst air not just in California, but the country. The effects of these emissions have led some journalists and community leaders to refer to the area as a “diesel death zone.” It should be noted, however, that these issues are not new. A 2008 study by researchers at Portland State University predicted that “the estimated excess mortality associated [with diesel exhaust] is 32–64 cases per year, with a combined excess mortality and morbidity value of $247–$455 million per year.” Although the researchers also recognized that industrial expansion would coincide with job growth,

**Total Energy Consumption vs Production in California (2009-2021)**

they predicted that “44%–81% of the estimated wages generated by industry growth” would go towards health costs.

These health issues have driven some in the Inland Empire to call for government regulation to curb the growing rate of emissions. Organizations such as The People’s Collective for Environmental Justice have been petitioning local and state governments to enact policies that address their concerns, and are starting to make some headway. On May 7, 2021 the South Coast Air Quality Management District adopted Rule 2305 or the “Warehouse Indirect Source Rule.” It requires warehouses larger than 100,000 square feet to earn a certain amount of points each year or face a fee. The points will be earned by completing specified actions that are aimed at reducing the levels of emissions emanating from these warehouses. The South Coast AQMD expects this to reduce emissions by 10-15%. However, change is coming not only at the local level. The state has passed several measures to reduce transportation-related emissions such as the California Air Resource Board’s Advanced Clean Trucks Regulation in January 2021. Advanced Clean Trucks sets requirements for truck manufacturers to sell ZEV as an increasing percentage of their total sales from 2024 to 2035. The purpose of this regulation is to not only decrease total emissions but to create an incentive for the supply side of the industry. The strictest of these measures is one still being debated - Advanced Clean Fleets. Advanced Clean Fleets serves as an excellent medium to analyze the current debates surrounding the transition towards ZEV freight infrastructure. Before doing so, we need to examine the current landscape of ZEV medium and heavy-duty trucks.

Renewable energy shipping is still in its infancy. In 2023 it is estimated that the heavy-duty truck market will offer 152 different diesel-powered models and only 10 EVs. When it comes to trucks on the road, things are not much different. According to the CEC, as of Q2 of 2022, there are 1,943 ZEV medium-heavy duty vehicles on California roads. However, when you look at only trucks...
and vans, that number drops down to 574, with 52 in San Bernardino and only 13 in Riverside, an abysmal number when compared to the over 1.8 million gasoline powered medium-heavy duty vehicles operating in the state.

Traveling east from Los Angeles into the Inland Empire, there is a steep drop-off of available charging stations. Currently there are about 3,108 total chargers in the area, servicing a population of about 4.6 million. Additionally, not all chargers are suitable for medium and heavy-duty vehicles. Level 2 chargers, which make up 72% of all chargers in the area, need 80-100 hours to fully charge a heavy-duty truck. For this reason, medium-heavy duty trucks require DC Fast chargers, which are able to charge in a shorter time. For a region that is the seat of California warehousing and shipping, DC Fast chargers are sadly few and far between.

Where Advanced Clean Trucks was meant to stimulate supply of zero-emission trucks, Advanced Clean Fleets is designed to stimulate demand. In addition to a general requirement for all new class 2b-8 trucks to be ZEV by 2040, there are specific requirements for both private and public fleets.

If adopted, the regulation requires significant changes to the medium-heavy duty trucking ecosystem. CARB predicts that by 2035, ACF in conjunction with ACT will result in there being 510,000 ZEVs by 2035. Based on the current number of 1,943, this would represent a 262,481% increase over the next 12 years. Even if some portion of this extraordinary growth comes to pass, all of these vehicles will need to be charged. Currently, there are 8,528 DC Fast chargers in California, of which, only 874 are located within the Inland Empire. In 2021, before ACF was proposed, the CEC estimated that by 2030 there would be “an additional 157,000 chargers...needed to support 180,000 medium- and heavy-duty vehicles anticipated for 2030.” Just as in the case of light-duty vehicles, the charging infrastructure is simply not there. As to what the state is doing to meet charger demand, CARB cites a task force formed to “create a common solution for high-power charging of fully commercial heavy-duty EVs and is working out the requirements for connectors, EVSEs, vehicles, communications, safety and related hardware.”

Replacing trucks is not a cheap proposition. CARB estimates that the cost of buying a new ZEV box truck will be upwards of $100,000, and a new Class 8 Sleeper Cab costing north of $250,000. While it is true that there will likely be some economies of scale, the transition will still result in businesses being forced to spend millions on new trucks. Some may argue that this is a cost that would have occurred anyway due to normal depreciation.

of internal combustion engine (ICE) trucks. It must be remembered that new trucks will have to be purchased when a truck reaches its minimum useful life, not its true useful life. New trucks are not the only source of expenditure. CARB recognizes that, at least in the near future, much of the charging infrastructure investment will have to be done by the private sector. This means businesses will have to spend additional millions of dollars simply so their trucks can fuel up. Thus, in the end, the cost of these investments will be primarily borne by consumers, that is, the people of California. CARB acknowledges that upfront costs will be steep, but claims that in the long run there will be $22 billion in net savings as operating ZEVs will be significantly cheaper. However, the short run is not something to just be tossed aside. As Keynes said, “in the long run we’re all dead.”

Many California tax payers argue that they are already overburdened by the transportation industry through hospital bills and lives lost. This debate was at the center of an October 27th, 2022 public hearing held by CARB to consider ACF. Over the span of five hours, stakeholders from both sides voiced their commendations and concerns about ACF. The most salient worries from the opposition were the lack of a definition of commercially available trucks, the inability for ZEVs to meet the needs of many industries, the cost of transitioning, and the lack of necessary infrastructure. Those opposed consisted not only of businesses and trucking associations, but also utility companies from across the state. They fear that because of the nature of their work, only ICE vehicles will be suitable to carry out both daily and emergency events. Utility representatives warned that if this regulation was put into place without stronger exemptions, the state’s infrastructure will be put at serious risk. The opposition also warned that due to many truckers being employed as independent contractors, they - not companies - will primarily bear the cost of transitioning to ZEVs.

There were just as many in attendance who strongly supported the regulation. The “Clean Air Caravan,” as they called themselves, consisted of several community and environmental organizations from the Inland Empire who drove up to Sacramento to voice their support. Their comments on the regulation can be summed up in two numbers: 2036 and 10. Instead of the current plan to require all truck sales to be ZEV by 2040, they urged CARB to accelerate the timeline to 2036. They argued that any additional costs are well worth the lives and pain saved by reducing harmful emissions. Their second

**Shared DC Fast Charging Stations, Public and Private. Density Map of Los Angeles-San Bernardino-Riverside**


point was to reduce the fleet threshold from 50 trucks to 10. This decrease will bring more companies under the umbrella of ACF, and thus further decrease emissions. They stressed the importance to first “make it easier for our communities to breathe and soothe industry anxieties next.”

As with all other ZEV regulations, ACF has raised fears of the grid’s capacity to adapt to increased demand. In its report, CARB identifies some strategies that can be implemented to increase electricity production, but states no plans as to what is being done. When asked by a member of the board how utility companies plan to meet demand, Yulia Schmidt (California Public Utilities Commission) stated that “CARB is already undertaking some mapping efforts that we hope to incorporate into utility planning to help us forecast where fleets are going to need electricity. Uh, but it is a process that will be undertaken for the next several years.” Many stakeholders, including those in the Inland Empire, experienced the blackouts of this previous summer, and are skeptical of an electric future. The California electricity grid is already in a precarious position.

Over the next 13 years, the state will attempt to increase the number of ZEV trucks from about 2,000 to 510,000 and the number of stations from almost 80,000 to over 1.2 million. All of these plans are still in their early stages, but a project of this scale is bound to have a massive impact on the state. If successful, it will combine with other initiatives to see a massive increase in the number of electric vehicles on the road and a significant decrease in harmful emissions. There are many questions that still need to be answered about this project, but one thing is certain: California will require a massive boost in electricity generation to meet these goals.
Bibliography


In 2009, a federal three-judge panel ordered California to reduce its state prison population, leading the state legislature to pass AB 109, commonly referred to as the realignment bill. AB 109 instituted three significant changes in California’s correctional system. First, it shifted the housing of certain felons from state prisons to local jails. Second, it changed sentencing rules for lower-level felons. It permitted felons of non-serious, non-violent, and non-sex crimes to receive split-sentencing, meaning some of their jail time could be replaced with community-based sentencing options. Finally, AB 109 changed the structure of post-release supervision for convicted felons. For those receiving split-sentencing, parole was replaced with mandatory supervision by local law enforcement.

The primary goal of AB 109, to address overcrowding, was achieved. According to the Public Policy Institute of California, the state prison population fell below the court-mandated target of 137.5% of designed capacity beginning in January 2015, a steep decline from 190% in 2009. A secondary goal of realignment was the reduction of recidivism rates. As a part of AB 109, the state encouraged counties to create, rework, or increase funding for rehabilitative services. Counties, however, were given discretion to allocate their AB 109 funding as they saw fit, so attention toward rehabilitative services varied significantly county to county. At the outset of realignment, the Community Corrections Partnerships estimated that the percentage of realignment funding allocated to evidence-based programming was 21-40% in San Bernardino County, 61-80% in Riverside County, and 81% or higher in Los Angeles County.

SUD Treatment Funding and Recidivism in Los Angeles County

AB 109 tasked the Community Corrections Partnership (CCP) with designing a realignment implementation plan in Los Angeles County. As a part of its implementation plan, the CCP assigned the Department of Public Health - Substance Abuse Prevention and Control (DPH-SAPC) the task of providing offenders released from prison with substance use disorder treatment. Therefore, annual funding for the Department of Public Health provides a general guideline as to whether funding for Substance Use Disorder (SUD) treatment services is increasing or decreasing.
According to the Los Angeles County Probation Department (LACPD) Public Safety Realignment Implementation January 2021 Update, the Public Health Department divides its funding among three categories: Client Engagement and Navigation Services, Community Based Treatment, and Administrative Oversight.

**Table 1. Annual Realignment Funding Allocated to the Los Angeles County Department of Public Health**

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<th>LA County Funding for DPH</th>
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<td>2020-2021</td>
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*Source: 2011-2021 AB 109 reports by the Los Angeles County Probation Department*

The annual realignment funding allocated to the Department of Public Health steadily increased from 2011 to 2016, peaking at $17,780,000. This increased funding appears to have been accompanied by improvements in access to and efficacy of SUD treatment programs in Los Angeles County. Greater funding for the Department of Public Health lines up with decreasing recidivism rates for AB 109 offenders, as illustrated in Graph 1. This correlation supports the hypothesis that participation in substance abuse treatment programs can reduce recidivism for offenders.

**Graph 1: Recidivism vs. Funding for Substance Abuse Treatment in Los Angeles County**

*Source: 2011-2021 AB 109 reports by the Los Angeles County Probation Department*
SUD Treatment Funding and Recidivism in Riverside County

The Riverside University Health System Behavioral Health Department (RUHS-BH), which is made up of three branches, Mental Health Services, Substance Use Services, and the Public Guardian's Office, is primarily responsible for providing SUD treatment services to AB 109 offenders in Riverside County. RUHS-BH offers an array of SUD treatment programs, as well as educational and screening services, and partners with both the Probation Department and the Sheriff Department to serve AB 109 offenders. The Probation Department provides SUD treatment services as well; however, it does so mainly through day-reporting centers in collaboration with RUHS-BH. Thus, tracking the amount of realignment funding allocated to RUHS-BH provides a good representation of funding for SUD treatment services.

Table 2. Annual Realignment Funding Allocated to the Riverside University Health System Behavioral Health Department

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Data collected from 2011-2021 AB 109 reports by the Riverside County Probation Department. Realignment Funding for RUHS-BH is listed as funding for the Health and Human Services Working Group.

AB 109 funding allocated to the RUHS-BH increased steadily from 2011 to 2015, at which point it plateaued at $27 million - $29 million per year. As is the case in Los Angeles County, this increase in funding for evidence-based treatment programs seems to be accompanied by a reduction in recidivism of AB 109 offenders in Riverside County. This correlation is illustrated in the graph below.

Graph 2: Recidivism vs. Funding for Substance Abuse Treatment in Riverside County

Recidivism data collected from California Department of Corrections and Rehabilitation. Funding data collected from AB 109 reports by the Riverside County Probation Department.
While the post-release community supervision (PRCS) population does not capture all AB 109 offenders, recidivism rates for that group might offer insight into the general effectiveness of post-release community programs and services. As conveyed in the table above, recidivism rates for PCRS offenders decreased from 53.4% in 2011 to 47.5% in 2015. These findings suggest that increased funding for evidence-based treatment through Riverside University Health Systems may contribute positively to a reduction in recidivism for AB 109 offenders.

**SUD Treatment Funding and Recidivism in San Bernardino County**

Tracking SUD treatment funding in San Bernardino County is slightly more complicated. Several departments participate in SUD treatment screening, programming, and education. These departments include the Probation Department, the Sheriff’s Office, the Department of Public Health (DPH), and the Department of Behavioral Health (DBH). However, the Probation Department’s SUD services are provided primarily through day-reporting centers (DRCs), which are generally staffed and run in conjunction with the DBH. The Sheriff’s Office provides inmate SUD programs to any incarcerated individuals in need, not just those sentenced under AB 109; furthermore, SUD treatment services encompass only a small part of the Sheriff’s Office AB 109 programming. The Department of Public Health also participates in providing SUD educational services in DRCs; however, funding for the DPH is minimal and not consistently tracked. The DBH provides the bulk of SUD treatment services in San Bernardino County; therefore, tracking funding for the DPH is an effective way of measuring San Bernardino County’s prioritization of SUD treatment programming. Still, the budget data provided below should not be used as a definitive measure of all realignment funding used for SUD treatment services. Rather, the data is useful in estimating the relative prioritization of behavioral health treatment, including SUD treatment, in San Bernardino County by year.

**Table 3. Annual Realignment Funding Allocated to the San Bernardino County Department of Behavioral Health**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>AB 109 Funding for DBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>Not available</td>
</tr>
<tr>
<td>2012-2013</td>
<td>$3,845,216</td>
</tr>
<tr>
<td>2013-2014</td>
<td>$4,335,308</td>
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<tr>
<td>2014-2015</td>
<td>$4,124,016</td>
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<td>2015-2016</td>
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<td>$5,813,950</td>
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<tr>
<td>2018-2019</td>
<td>$6,065,950</td>
</tr>
<tr>
<td>2019-2020</td>
<td>$6,501,388</td>
</tr>
</tbody>
</table>

Source: California Board of State and Community Corrections

AB 109 funding allocated to the San Bernardino Department of Behavioral Health increased steadily from 2011 to 2020. However, this funding increase has not been nearly as steep as in either Riverside County or Los Angeles County. Still, recidivism rates for the PRCS population decreased in the period from 2011-2015. As is the case in Los Angeles County and Riverside County, there is an inverse correlation between PRCS recidivism rates and Behavioral Health funding. This correlation is illustrated in Graph 3 below.

While it is tempting to attribute the reduction in recidivism of AB 109 offenders to increases in funding for community-based treatment, it is important to note that recidivism rates for the general population decreased in that time period as well. Furthermore, additional reform measures in California after 2011 also might have contributed to reductions in recidivism. For example, in 2014, Proposition 47 reclassified certain crimes from felonies to misdemeanors and used the subsequent custody savings to treat people already in the system. These investments could have
contributed to reductions in recidivism. Therefore, it is difficult to tell if the reduction in recidivism for AB 109 offenders in these three counties can be attributed to the efficacy of community-based corrections, or if it is just a by-product of a more general pattern. Still, if we focus on supplemental data from Los Angeles County, the efficacy of SUD treatment programs appears more clear. Los Angeles County spends the greatest percentage of its AB 109 budget on evidence-based programming (81% or more) and has the most available data on outcomes of community-based treatment approaches.

**Graph 3: Recidivism vs. Funding for Substance Abuse Treatment in San Bernardino County**

![Graph 3: Recidivism vs. Funding for Substance Abuse Treatment in San Bernardino County](image)

Recidivism data collected from California Department of Corrections and Rehabilitation. Funding data collected from California Board of State and Community Corrections.

**Supplemental Data on SUD Treatment Programming in Los Angeles County**

While data on the recidivism rates for offenders who utilize SUD treatment programs is not consistently measured, the DPH has published some promising results. For example, in 2014, the LACPD reported in 2014 “a significant reduction in primary substance use among AB 109 clients from admission (9 days) to discharge (4 days),” as well as a 21% reduction in homeless status, a 38% reduction in hospitalizations, a 36% reduction in emergency room visits, and a 30% reduction in physical health problems. Thus, the SUD treatment programs being used in Los Angeles County seem to improve offender outcomes by several measures. The DPH also reported in 2014 that post-release arrests were lower for offenders who complied with SUD treatment, as illustrated in Graph 4.

**Graph 4: New Arrest Rate Based on SUD Treatment Compliance**

![Graph 4: New Arrest Rate Based on SUD Treatment Compliance](image)

Source: Los Angeles County Probation Department, Public Safety Realignment 3-Year Report
Additionally, the Countywide Criminal Justice Coordination Committee reported recidivism rates of 11% for participants in the Substance Treatment and Re-entry Transition (START) program, which was implemented in 2016 as a collaboration between the Los Angeles County Sheriff’s Department (LASD) and the Department of Health Services.

Further evidence suggests that level of engagement with mental health treatment, including SUD treatment, significantly affects recidivism outcomes. The LACPD reported that of offenders with severe mental illness (SMI), one in three individuals in the PRCS group stably engaged in mental health treatment programs within the first year of their supervision. Justice outcomes for individuals with SMI were far more favorable when they stably engaged in mental health treatment services after release. As illustrated in Figure 1, the conviction rate for 2014 PRCS individuals with SMI was 43% when they were stably engaged in mental health treatment, but 65% when they were not. These numbers were similar in 2015, at 45% and 62% respectively. The LACPD notes that outcomes were similar for the split-sentenced population.

Figure 1: Outcomes for Offenders on Post-Release Community Supervision Based on Stable Engagement in Mental Health Treatment

These findings are promising for the future of realignment, as they suggest that community-based treatment programs have the capacity to reduce recidivism rates in released offenders. Furthermore, the efficacy of these mental health treatment services suggests that similar treatment programs focusing specifically on substance use disorders might be similarly effective.

Realignment and Crime Rates: LA, Riverside, and San Bernardino Counties

A major public concern regarding realignment was the effect it might have on crime rates. However, crime rates in Riverside, San Bernardino, and Los Angeles Counties do not seem to have increased since the passage of AB 109 in 2011.

According to data from the California Department of Justice Criminal Justice Statistics Center, the implementation of AB 109 in 2011 does not appear to have caused an increase in property crime rates in Los Angeles County, Riverside County, or San Bernardino County, as illustrated in Graph 5. In fact, the reported number of property crimes (which include burglary, motor vehicle theft, and larceny-theft) were lower in all three counties in 2021 than they were in 2011. Notably, the number of reported property crimes per year in both Riverside County and San Bernardino Coun-

Source: Los Angeles County of Probation Department 2020 Public Safety Realignment Report.
ty generally declined from 2012 to 2021. In Riverside County, reported property crimes per 100,000 residents per year fell from 2,774 in 2012 to 2,039 in 2021. Meanwhile, in San Bernardino they decreased from 2,529 in 2012 to 1,554 in 2021. In Los Angeles County, property crime rates fluctuated more significantly during that time period, increasing between 2014 and 2016 and decreasing from 2016 to 2020. Realignment could be responsible for this 2014-2016 rise in property crime; however, even if such a correlation existed, its effects appear to have been short-lived. The reported number of property crimes per year in Los Angeles County fell below the 2011 level in 2019.

Graph 5: Property Crimes Reported in Los Angeles, Riverside, and San Bernardino Counties per 100,000 people (2009-2021)

The number of violent crimes (which include homicide, rape, robbery, and aggravated assault) reported per year appears to have increased in all three counties from 2011 to 2021, as illustrated in Graph 6. This change is most pronounced in Los Angeles County where 469.1 violent crimes were reported per 100,000 residents in 2011 compared to 591.8 in 2021. In Riverside County, cases of violent crime increased from 269.4 per 100,000 people in 2011 to 293 in 2021; in San Bernardino County, cases increased from 389.6 to 580.2. However, this increase in violent crime could be attributable to a myriad of factors unrelated to realignment. For instance, in 2014, the FBI significantly broadened its definition of rape, leading to an increase in the instances of rape counted as a part of the violent crime category in this dataset. Additionally, law enforcement agencies have indicated that instances of sexual violence have become more widely reported in recent years due to changes in societal attitudes. These factors may have contributed to the recent spike in the number of violent crimes reported each year in California, whether or not the actual amount of sexual violence increased.

The passage of AB 109 increased the funding and attention devoted to the behavioral health departments (which run substance use disorder treatment programs for released offenders) of Los Angeles County, Riverside County, and San Bernardino County. Simultaneously, recidivism rates for AB 109 offenders (those on PRCS in Los Angeles County, Riverside County, and San Bernardino County, as well as split-sentenced offenders in Los Angeles County) generally decreased from 2011 to 2015. However, there are many variables at play here, especially because offenders utilizing SUD treatment comprise only a portion of the AB 109 population. Thus, supplemental data on SUD treatment programs are helpful in illustrating the effects of increased funding for community-based treatment programs on recidivism rates.
In each of the three counties, realignment seems to have been successful at reducing recidivism without increasing crime levels. While preliminary data suggests that SUD treatment programs have contributed to the efficacy of AB 109 implementation, counties need to track offender outcomes more consistently in order to verify this claim. For now, we can reasonably infer that SUD treatment programs have helped reduce recidivism rates for AB 109 offenders.

Source: California Department of Justice, Criminal Justice Statistics Center, https://oag.ca.gov/cjsc/spereq.
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California is feeling the impact of America’s opioid epidemic, especially since the onset of the COVID-19 pandemic. Opioids are drugs designed to reduce pain. They include prescription medications such as OxyContin, Vicodin, morphine, and methadone; the more powerful painkiller, fentanyl; and the illegal drug heroin. These substances can be addictive and deadly. In recent years, their abuse has sharply increased throughout California and across the nation. This article summarizes the scope of the epidemic and government’s response in California and in San Bernardino and Riverside Counties.

According to the California Department of Public Health, in 2021 the state recorded 14,777,578 opioid prescriptions and 6,843 opioid overdose deaths. This epidemic is considered one of California’s greatest policy challenges. Since Governor Gavin Newsom took office, the state has spent more than $1 billion to counter opioid abuse. California’s massive investment in programming to combat the opioid epidemic is best split into three categories: the Drug Medi-Cal Organized Delivery System (DMC-ODS), Overdose Education and Naloxone Distribution (OEND), and syringe exchange programs.

A primary part of California’s opioid epidemic response is the DMC-ODS, which expands access to Substance Use Disorder (SUD) treatment for Medi-Cal enrollees. The UCLA 2021 Drug Medi-Cal evaluation reports that the DMC-ODS waiver program exists in 36 counties and covers 95.9% of the state population. The waiver improves the accessibility, quality, and coordination of substance use disorder treatment, and the remaining counties without DMC-ODS implementation operate under a county-developed, non-waiver-based system. An important aspect of the DMC-ODS is its funding for outpatient Opioid Use Disorder (OUD) treatment and increased county access to medication-assisted treatment (MAT), a combined approach of therapy and medications to treat OUD.

Whereas the DMC-ODS program has produced high treatment penetration rates (55.2% as of 2020) for people who recognize their need for care, the general treatment penetration rate was much lower at only 5%. Also, while the DMC-ODS waiver improves the quality of treatment, it is not perfectly tailored to youth substance addiction and treatment plans. DMC-ODS also lacks a
A standardized assessment tool for California to track the program’s progress. Moreover, under the DMC-ODS program, transferring care between substance use disorder treatment programs is difficult. While the program benefits from clients and providers fostering a relationship and long-term outlook on treatment, only a small percentage of case managers reap the benefit of buy-ins. Plus, the coordination of the DMC-ODS system is not well enough organized to be a meaningful stand-alone strategy. The most obvious shortcoming of the DMC-ODS program stems from its limited reach. The DMC-ODS system is available to only about one-third of Californians who enroll in Medicaid programs, and the system’s self-evaluation indicates that it is insufficient to address the magnitude of the current and growing drug crisis.

A second prong of California’s opioid epidemic response is the provision and distribution of naloxone, a medication that reverses opioid overdoses. Naloxone can be administered through a nasal spray or injection to the thigh. California legislation, such as AB 635, protects the purchase and use of naloxone by eliminating liability for healthcare providers to prescribe the drug and for individuals to administer it, with proper training. Likewise, in 2016, California passed a law that allowed trained pharmacists to supply naloxone without a prescription, making naloxone available upon patient request at pharmacies. Yet, two years later, audits of naloxone availability in California pharmacies reported that only 23.5% of retail pharmacies furnished the life-saving drug, and about half of the naloxone-providing pharmacies offered nasal naloxone.

Local jurisdictions have adopted a number of successful Overdose Education and Naloxone Distribution (OEND) pilot programs. Notable programs have emerged.
through California county jails. For example, the San Francisco County jail system shows the positive impact of OEND programs. According to a 2019 study, within four years of introducing OEND programs in San Francisco jails, 67% of participants received naloxone upon release, and 32% of these participating ex-inmates used the drug to prevent overdoses. Similarly, in Los Angeles County, all inmates receive free naloxone and training on overdose prevention and response. During the first eight months of 2020, the Los Angeles County jails distributed more than 20,000 doses of naloxone from free vending machines.

A third major facet of California’s opioid epidemic response is harm reduction drug policy. Harm reduction acknowledges the availability of drugs and adopts a somewhat unorthodox approach to drug policy—that is, promoting the safer use of drugs. Unlike other approaches to opioid use, which aim for total abstinence from drugs, harm reduction seeks to reduce the adverse outcomes of drug use. Harm reduction drug policy aims to save lives and prevent overdoses and transmission of diseases such as HIV/AIDS, which can spread through intravenous drug use.

California’s syringe exchange programs are long-standing forms of harm reduction drug policy. These program initiatives began in California in the late 1980s in response to the HIV/AIDS epidemic in San Francisco. They were later decriminalized by AB 136 in 2000, which allowed the distribution of safe injection equipment through syringe exchange programs when there has been a local emergency declaration because of regional public health crises. More recently, California established the Syringe Exchange Supply Clearinghouse, which funded and supplied statewide syringe exchange programs, increasing their stability. Then, in 2021, AB 1344 authorized specific syringe exchange programs to provide free hypodermic needles for intravenous drug users. For many clients, syringe exchange programs are their only contact with healthcare providers. Also, many intravenous drug users later act upon employees’ advice on recommended services. Clients often favor syringe exchange programs: out of 75 surveyed clients, 90% would recommend the services to friends with “similar needs.” Syringe exchange programs can also be economically advantageous by not adding to the statewide healthcare costs of AIDS, an estimated $385,200 lifetime cost.

Syringe exchange programs, however, are not always popular or effective. In 2021, multiple California county syringe exchange programs shut down because of environmental concerns. For example, the Santa Ana city
council banned syringe exchange programs because of excessive syringe litter in downtown areas, even though academic studies indicate that non-syringe exchange program cities have eight times as many littered needles as cities with these programs. Also, the uneven geographic distribution of these programs causes the inequitable distribution of safe, clean needles. In the past five years, the number of syringe exchange programs in California increased by 60%, but access to free and safe injection equipment largely depends on where individuals live. The National Harm Reduction Coalition reports that 40% of California syringe exchange programs are the only clean needle distribution program in their county, and 22 counties still lack any syringe exchange program infrastructure.

Much of California’s state-level opioid response is supplemented by county-level programs. The following sections summarize the responses of San Bernardino and Riverside Counties to the epidemic, as well as their recent rates of opioid overdose deaths, hospitalizations, emergency department visits, and prescriptions.

San Bernardino County Response

In late 2022, San Bernardino County announced a public health advisory due to increasing opioid overdoses. Between 2018 and 2021, annual fentanyl-related opioid deaths increased significantly in the county, with more than 309 such deaths in 2021. Much of the county’s programming uses anti-fentanyl campaigns, and many coalitions focus on youths aged 12-24 and their increased risk of substance use and fentanyl overdose. The San Bernardino County Youth Opioid Response (SB-CYOR), a program coordinated by county officials, partners with San Bernardino County’s Probation, Behavioral Health, and Fire departments alongside the county school districts and treatment courts. SB-CYOR aims to reduce overdoses in San Bernardino — especially lethal overdoses — through services and education within the county.

In 2015, San Bernardino County adopted the DMC-ODS, meaning it also utilizes California state programming to offer medication assisted treatment to treat OUD. The county also furnishes Vivitrol, an injectable form of naloxone, and offers multiple methadone clinics to help people with Substance Use Disorder (SUD) treatment. Additionally, the Department of Behavioral Health, which coordinates the San Bernardino County opioid response, offers a hotline for information on SUD and a 211 number which provides residents with SUD with detoxification, treatment, and prevention programs. The Department of Behavioral Health takes a broad approach to SUD. It offers residential, outpatient, and intensive outpatient treatment, alongside demographic-specific programs targeting youths and mothers. San Bernardino also offers OEND materials and programming.

San Bernardino County’s Department of Behavioral Health is a member of the Inland Empire Opioid
Crisis Coalition (IEOCC), a coalition supported by California’s state health care service department and funded by the Inland Empire Health Plan, a governing board of Riverside and San Bernardino County representatives. These organizations work to provide medical access for low-income Inland Empire residents. San Bernardino offers harm reduction through these organizations, which help people find treatment, reduce stigma around opioids through substance use support groups, provide details on acquiring naloxone, and serve as a resource for clinicians on healthy opioid prescribing methods. But, other than furnishing naloxone and offering MAT through California state programs, San Bernardino County does not implement harm reduction policies. For example, while San Bernardino County provides many sharps disposal sites, it notably lacks any syringe exchange programs, even though the rates of HIV transmission are concerning high. In fact, both San Bernardino County and Riverside Counties rank in the top 57 America locales with the most pressing rates of HIV transmission.

**Riverside County Response**

Riverside County’s response to the opioid epidemic has focused mainly on the pervasiveness and lethality of fentanyl. Between 2017 and 2021, the county’s annual fentanyl-related overdose deaths rose from 28 to 406. The county responded to the sharp increase in fentanyl abuse with large-scale drug confiscations; between January and October 2022, local law enforcement in Riverside County seized more than 3.7 million fentanyl pills and almost 400 pounds of fentanyl powder. Meanwhile, the county centered its fentanyl response programming on the Faces of Fentanyl campaign and set aside $300,000 for the program in late 2022. The Riverside District Attorney’s office also combined forces with its counterparts in San Bernardino County and the U.S. Attorney’s Office, as well as the federal Drug Enforcement Administration, to localize anti-drug programming. The collaboration resulted in law enforcement training, Inland Empire school education initiatives, and community public service announcements in Riverside County. The county has also supported educational programming through Friday Night Live, Club Live, and Friday Night Live Kids, programs that also exist in San Bernardino and many other counties in the state, to model healthy living and decrease risky substance use behavior.

Riverside County relies on California state resources to fight the opioid epidemic. It uses the Drug Medi-Cal Organized Delivery System (DMC-ODS) to streamline Substance Abuse Disorder treatment for Medi-Cal recipients. It also offers county-specific programming. Coordinated through the Riverside Department of Mental Health, the county provides inpatient and outpatient SUD treatment, including medication-assisted treatment, recovery services, educational programs, and crisis intervention. Certain intervention programs target specific at-risk populations, like the MOMS Perinatal Program, which supports pregnant or postpartum women with SUD, transports them and their young children to SUD treatment pro-
grams, and educates them on childcare.

Unlike San Bernardino County, Riverside County offers some harm reduction resources. The county maintains 21 sharps disposal sites where injecting drug users can safely dispose of needles. Additionally, Riverside has two syringe exchange programs managed by Inland Empire Harm Reduction (IEHR) and DAP Health. These organizations work in tandem with Riverside County to supplement its opioid response with harm reduction programs that provide harm reduction resources to Inland Empire residents. Notably, they furnish and distribute naloxone and act as a syringe exchange program but otherwise focus on education on and de-stigmatization of SUD.

**Inland Empire Opioid Statistics**

Riverside County has higher per capita rates of opioid-related deaths than San Bernardino County and the state overall. As the number of opioid deaths rose sharply across the country between 2019 and in 2021, the toll in Riverside County increased from 5.7 to 19 deaths per 100,000 residents, while rising from 4.7 to 16 deaths per 100,000 residents in San Bernardino County and from 5.8 to 16.7 deaths per 100,000 residents statewide. The effects of COVID-19 are visible in these findings, with increases corresponding to the pandemic.

San Bernardino County, Riverside County, and California have similar rates of opioid-related emergency department visits, with all seeing historically increases in visits at the start of the COVID pandemic. According to the California Department of Public Health, San Bernardino County experienced nearly double the trips to the emergency room, an increase of from 25.8 visits per 100,000 people to 46.8 visits. Riverside County experienced an increase from 26.7 to 49.6 visits, and California's overall number of visits increased from 21.4 visits per 100,000 people to 52.1.

The Inland Empire has achieved some success in decreasing the number of opioid-related hospitalizations. After hospitalization rates spiked through the early 2010s, in 2014, numbers decreased across San Bernardino County, Riverside County, and the state as a whole, a trend that lasted until the pandemic. The subsequent

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increase in hospitalization for opioid abuse was not as
drastic as the increase in emergency visits and deaths.
As of 2021, Riverside and San Bernardino Counties, had
nearly identical opioid-related hospitalization rates of
10.88 and 10.62 per 100,000 residents.

An additional area of progress can be seen in
the reduction of opioid prescriptions in the Inland Em-
pire. The number of prescriptions was very high after a
sizable increase between 2013 and 2015. In 2015, San
Bernardino had 739 prescriptions per 1,000 residents,
Riverside County had 659, and California 587. Since then,
the number of opioid prescriptions has decreased in the
Inland Empire, although on a per capita basis, prescrip-
tions in the region still exceed the state as a whole.

Like many parts of the nation, the Inland Empire
has been hit by the tragic epidemic of opioid abuse. The
problem has been more acute in the region than in the
state as a whole. San Bernardino and Riverside Counties
have devoted much attention and many resources to
combat the epidemic – with limited success. While the
number of prescriptions and hospitalizations are down
from their peaks, emergency room visits and deaths re-
main high. It is clear that this epidemic will remain a seri-
sous challenge for the region for some time to come.

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