



UNIVERSITY OF CALIFORNIA

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December 9, 2024

The Honorable Scott D. Wiener
Chair, Joint Legislative Budget Committee
1020 N Street, Room 553
Sacramento, California 95814

Dear Senator Wiener:

Pursuant to Item 6440-001-0001 of the 2018 Budget Act, Provision 2.2(d), enclosed is the University of California's annual report to the Legislature on the 2024 Psychiatry Graduate Medical Education (GME) and Expansion of Telemedicine University of California, Riverside.

If you have any questions regarding this report, Associate Vice President Cain Diaz would be pleased to speak with you. Cain can be reached by telephone at (510) 987-9350, or by e-mail at Cain.Diaz@ucop.edu.

Sincerely,

Michael V. Drake, MD
President

Enclosure

cc: Senate Budget and Fiscal Review
The Honorable John Laird, Chair
Senate Budget and Fiscal Review Subcommittee #1
(Attn: Mr. Diego Lopez)
(Attn: Mr. Kirk Feely)
The Honorable David A. Alvarez, Chair
Assembly Education Finance Subcommittee #3
(Attn: Mr. Mark Martin)
(Attn: Ms. Sarah Haynes)
Mr. Hans Hemann, Joint Legislative Budget Committee
Mr. Chris Ferguson, Department of Finance
Ms. Rebecca Lee, Department of Finance
Ms. Gabriela Chavez, Department of Finance
Mr. Gabriel Petek, Legislative Analyst Office
Ms. Jennifer Pacella, Legislative Analyst Office

CAMPUSES

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San Diego
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Santa Barbara
Santa Cruz

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Lawrence Livermore
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DIVISION OF AGRICULTURE AND NATURAL RESOURCES

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Chancellor Kim A. Wilcox, UC Riverside
Vice Chancellor Gerry Bomotti, UC Riverside
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Associate Vice President Cain Diaz

**UNIVERSITY OF CALIFORNIA
2024 Psychiatry Graduate Medical Education (GME)
and Expansion of Telepsychiatry
University of California, Riverside**

This report is submitted by the University of California (UC) in response to language contained in Item 6440-001-0001 of the 2018 Budget Act (SB 840, Chapter 29, Statutes of 2018), which states:

“(d) Until funds appropriated as identified in this provision are expended, the University of California shall annually report to the Legislature, by January 1 of each year, (1) a list of grant recipients each year, (2) the amount awarded to each grantee, (3) the growth in residency positions as a result of the grant program, (4) employment information on grant-supported residents a few years after completing the program for the purpose of gauging whether the funded slots resulted in more physicians in areas of high need, and (5) the type of services provided.”

One-time state funding in the amount of \$15 million was allocated to UC in the 2018 Budget Act to support the expansion of accredited psychiatry residency programs that utilize telemedicine in a UC school of medicine that does not have a medical center. Over the last five years, we have made significant progress in not only establishing but in reinforcing a solid foundation for the psychiatry residency programs. This has been key for our program, as the UC Riverside School of Medicine (UCR SOM) is the only UC medical school that qualifies to receive these funds, as it does not own nor operate a medical center. As we come to the end of the five-year period, this report will also focus on outlining the significant milestones we were able to achieve as a result of this appropriation.

As previously stated, the appropriation provided in the Budget Act allowed the UCR SOM to begin expanding the program in July 2019 and lay the foundation for future growth. Progress toward implementation remains active. This report details program activities, services, and the overall financial activity through the end of Fiscal Year (FY) 2023-24, thus accounting for the entire \$15 million appropriation.

I. Introduction and Background

Established in 2013, the UCR SOM aims to both expand the physician workforce in inland Southern California and to improve the health of people living in the region. Composed of Riverside and San Bernardino counties, inland Southern California has the greatest shortage of primary care and specialist physicians per capita of any region in California, according to the California Health Care Foundation. Compared to the statewide average of 11.0 psychiatrists per 100,000 people¹, inland Southern California has an estimated 7.1 psychiatrists per 100,000 people.

¹ https://hcai.ca.gov/wp-content/uploads/2022/07/Agenda-Item-9-HCAI-HWET-Council-07-12-2022_Final-ADA-Accessible.pdf

According to a Merritt Hawkins study, to adequately serve the needs of the community², a minimum of 14.7 psychiatrists per 100,000 people are needed. Ratios for psychologists, licensed clinical social workers, and marriage and family therapists also fall substantially below the California average.

The UCR SOM has employed an array of strategies to address these healthcare challenges, including the creation of Graduate Medical Education (GME) programs in high need medical specialties, such as general adult psychiatry and child and adolescent psychiatry. UCR SOM's GME programs currently enroll more than 115 resident physicians and fellows in partnership with area hospitals and clinics.

II. Growth in Psychiatry GME and Expansion of Telepsychiatry Services to Rural and/or Underserved Populations of California

A. Expansion of the core residency and fellowship programs: The UCR SOM's Psychiatry Residency Program has experienced significant growth, supported by state funding and strategic partnerships, with plans to enhance training opportunities, expand residency positions, and develop new fellowship programs in underserved communities.

The UCR SOM Psychiatry Residency Program began in July 2014 with four first-year psychiatry residents and has progressively grown and sustained a robust residency program. Thanks to the State funding and local healthcare affiliation agreements in FY2023-24, the GME program has sustained enrollment of 36 including 31 psychiatry residents (nine 1st years, eight 2nd years, seven 3rd years, seven 4th years), and five child and adolescent psychiatry fellows (three 1st year fellows, and two 2nd year fellows).

Since the beginning of the appropriation period, UCR SOM has joined several clinical training partners in rural, underserved Coachella Valley and Morongo Basin to facilitate the future growth and reach of psychiatry GME and telemedicine practice. These partners include the Desert AIDS Project, the Neurovitality Center, Acadia Indio Behavioral Health Hospital, Clinicas De Salud del Pueblo (Innecare), the Morongo Basin Healthcare District, and the Desert Healthcare District and Foundation (DHDF). UCR SOM Psychiatry leadership is actively involved in the ongoing strategic planning efforts of DHDF, and our Child and Adolescent Psychiatry division plans to establish a school-based mental health services program at a local school district in La Quinta, improving access to care for this population and providing additional training opportunities for child and adolescent psychiatry fellows. We are exploring the development of a psychiatric consultation service at Dignity Health St. Bernardine Medical Center in San Bernardino County.

These affiliations place the UCR SOM Psychiatry Department in a strong position for continued growth and expansion in the Coachella Valley. The department has successfully applied for funding through the California Department of Health Care Access and Information (HCAI)

² [Merritt Hawkins White Paper: The Silent Shortage, 2018](#)

Psychiatric Education Capacity Expansion (PECE) and will receive \$1.4 million between FY2023-24 and FY2026-27 to support expansion of the general psychiatry residency. The department is also constantly searching for supplemental funding opportunities for the general psychiatry residency program, and the child and adolescent psychiatry fellowship program, and new strategic opportunities for expanding telepsychiatry and other services in Inland Southern California and underserved communities.

The Accreditation Council for Graduate Medical Education (ACGME) has granted UCR SOM approval to expand the Child and Adolescent Psychiatry Fellowship program to a total of three fellows per year, for a total of six fellows in the program. The UCR SOM Graduate Medical Education Committee (GMEC) has approved the expansion of the psychiatry residency training program from the current eight residents per year to ten per year.

UCR SOM continues to lay the foundation for the development of additional psychiatry fellowship GME programs in Consultation and Liaison Psychiatry, Addiction Psychiatry, Forensic Psychiatry, and Geriatric Psychiatry as part of a long-term goal to better serve the region. Developing these programs is dependent on identifying qualified and willing partners who can provide long-term commitment for faculty and training sites. UCR SOM Psychiatry hopes to successfully launch 1-2 new fellowships in the coming years, and active conversations with partners are underway. These additions will establish psychiatry training programs that will foster a pathway for students and residents who complete their training in the underserved communities of inland Southern California. It is well-known that residency and fellowship graduates are more likely to remain to practice in the geographical areas in which they train. The additional UCR training programs will support the inland Southern California physician pipeline and increase the number of sub-specialized psychiatrists ready to serve this region.

From FY2018-2024, the UCR SOM Psychiatry GME programs have expanded steadily with the support of the appropriation. See Display 1 below for details.

| Display 1: Total Filled Residency Positions | | | | | | | | | |
|--|--------------|------------------------|--------------|--------------|--------------|--------------|-------------------|--------------------|---|
| | FY2017-18 | FY2018-19 ¹ | FY2019-20 | FY2020-21 | FY2021-22 | FY2022-23 | FY2023-24 | FY2024-25 | Total Training Positions at Steady State ² |
| General Psychiatry Residency | 14.00 | 18.00 | 24.00 | 28.00 | 30.00 | 32.00 | 31.00 | 31.00 ⁴ | 40.00 |
| Child/ Adolescent Fellowship | 2.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 5.00 | 7.00 ⁵ | 6.00 |
| New Forensic Psychiatry Fellowship | | | | | | | | 0.00 | 0.00 |
| Addiction Psychiatry Fellowship | | | | 2.00 | 2.00 | 2.00 | 0.00 ³ | 0.00 | 0.00 |
| Total Trainees² | 16.00 | 22.00 | 28.00 | 34.00 | 36.00 | 38.00 | 36.00 | 38.00 | 46.00 |

¹ 2018-19 first partial year of new funding.

² Total Training Positions represented in the blue column and row include the planned enrollment at steady state for all residents and fellows within the Department of Psychiatry and Neuroscience, which are supported in part through the 2018 State Budget Act Appropriation.

³ In FY23-24, the Addiction Medicine Fellowship went through a planned transition in sponsorship to Eisenhower Health.

⁴ Residents are able to fast track into the child/adolescent fellowship and do not have to complete PGY-4 Year; Three PGY-3 left for fellowship thus reducing our numbers.

⁵ Additional Child/ Adolescent Fellow due to extension of fellowship

B. Sustainable Funding for GME expansion in Shortage Areas: The UCR SOM has successfully sustained funding for its Psychiatry Department through various sources, enabling the expansion of training programs and services in underserved California regions.

The UCR SOM has made significant efforts to identify and expand funding opportunities to sustain and grow the Psychiatry training programs. Partnerships with regional health systems provide funding through affiliation agreements, provide opportunities for residency growth, and strategically support learning opportunities related to providing care to underserved populations.

The UCR SOM has been successful in sustaining funding sources including clinical revenue generated in the UCR SOM Department of Psychiatry and Neuroscience (via telepsychiatry services), Centers for Medicare & Medicaid Services (CMS) funding (via affiliate hospital partners), and Veterans Affairs (VA) funding (via active partnerships with the Loma Linda VA and Long Beach VA Healthcare Systems). UCR SOM will grow GME via the VA rural clinics in underserved regions of California. First-year residents now act as psychiatric consultants in the Loma Linda VA emergency room, gaining hands-on experience in emergency psychiatry while working with the veteran population in San Bernardino County. Third-year residents provide psychodynamic psychotherapy to veterans, working in an interdisciplinary team with psychology, social work, and chaplaincy trainees to discuss case formulations. Fourth-year residents take on a junior supervisory role, guiding and supporting residents earlier in their training, fostering their skills as teachers and junior supervisors. Furthermore, there is active engagement with other community mental health providers through the Desert Healthcare District strategic planning process to address rural healthcare needs. In partnership with Riverside Office of Education, UCR SOM opened the Desert Hot Springs CAREspace to expand

community access to behavioral/mental health services. Through this partnership, UCR SOM provided therapeutic services and case management to 164 children, provided group mental health education to 541 persons, and trained future mental health professionals. However, given the immense needs to continue to extend Psychiatry GME and telemedicine services to many more rural, undeserved regions, such as Coachella Valley and Morongo Basin, some of the strategies and implementation efforts across these areas and others are just beginning. As a result, continuous efforts to identify additional long-term funding will be important and essential in our ability to progress.

C. Program graduates and employment locations: Most residency and fellowship program graduates have remained employed in inland Southern California. Based on UCR SOM experience with recent graduates, it is expected that most UCR graduates will remain in inland Southern California. Fifty-nine percent (59%) of the total psychiatry GME graduates were employed in inland Southern California as of this writing (see Display 2 below). Since the first-year funding was received in 2019, 22 of 37 UCR SOM Psychiatry program graduates have remained in inland Southern California.

| Display 2: Employment Locations of UCR SOM Psychiatry Resident and Fellowship Residents | | | | | | | |
|--|---------------|---------------------------|---------------|---------------|--------------------------------|---------------|--------------|
| | FY2019 | FY2020¹ | FY2021 | FY2022 | FY2023 | FY2024 | TOTAL |
| General Psychiatry Residents | | | | | | | |
| Total Graduates | 1 | 2 | 3 | 4 | 8 | 7 | 25 |
| Number (%) employed in Inland Empire | 1 (100%) | 1 (50%) | 2 (66.7%) | 3 (75%) | 2 (25%) | 2 (29%) | 11 |
| Child/Adolescent Psychiatry Fellowship | | | | | | | |
| Total Graduates | 2 | 2 | 2 | 2 | 2 | 2 | 12 |
| Number (%) employed in Inland Empire or other area of high need | 2 (100%) | 2 (100%) | 2 (100%) | 2 (100%) | 1 (50%) | 2 (100%) | 11 |
| | | | | | Grand Total: 22/37= 59% | | |

¹ FY2020 was the first year that the four program graduates received partial salary support for their final year of the program

D. Extension of the UCR SOM’s telepsychiatry services: UCR SOM expanded its telepsychiatry services to multiple new locations through strategic partnerships, significantly increasing the proportion of care provided via telepsychiatry from under 5% to 95% during the COVID-19 pandemic and continues to prioritize telepsychiatry as a primary service mode for psychiatry and interdisciplinary care.

In FY2019-20, UCR SOM expanded the reach of its telepsychiatry services to eight new clinical locations through partnerships with Clinicas de Salud del Pueblo (Hemet, Mecca, Brawley,

Calexico, Coachella, and El Centro) and the Riverside-San Bernardino Indian Health Services, Inc. (San Manuel and Soboba). In FY2021, the Morongo Basin Healthcare District was added as a new site to expand telepsychiatry services in the region and extend support to this underserved community. Implementation of this latter plan is underway, but progress was slowed due to changes in leadership within both organizations, along with some attrition of UCR Psychiatry faculty in early FY2022.

As recruitment to restore faculty continues, the planned expansion of third-year resident outpatient rotations into UCR Health outpatient clinics in Riverside is also being implemented. Since FY2021, UCR Health has seen an increase of approximately 30% per year in total senior-level (PG3 and PG4) resident FTE allocated to outpatient longitudinal continuity-of-care rotations which primarily involve telepsychiatry services. The expansion of telepsychiatry initiated with the 2018 Budget Act appropriation was further potentiated by the pandemic as detailed in the previous year's report. UCR Psychiatry was positioned well by the appropriation for the universal pivot to telepsychiatry services that ensued in response to the public health emergency brought on by COVID-19. In a matter of months, telepsychiatry services expanded as a proportion of total psychiatric services provided by UCR Health from well under 5% to 95%, and even at this time, the proportion of UCR Health telepsychiatry visits remains high in the 85-90% range. Telepsychiatry practice will continue to constitute our primary service mode for the foreseeable future. UCR SOM is committed to exploring the telepsychiatry model further to expand the provider network and referral processes and more effectively coordinate care. In addition, we have begun to expand our multidisciplinary capacity through the addition of master's level therapists who allow us not only to provide psychotherapy to a greater number of patients than can be accommodated by only psychiatry residents, but also to foster interdisciplinary collaboration as a residency training experience within UCR Health and especially within the telepsychiatry model. The addition of the therapists allows for an interdisciplinary training experience, which benefits both trainees and patients, while fostering genuine collaboration and respect among disciplines.

E. Deployment of a mobile treatment unit to reach uninsured and unserved patient populations: UCR SOM is enhancing care access by partnering with Rainbow Pride Youth Alliance (RPYA) for mobile health services, supporting telepsychiatry with information technology (IT) assistance, collaborating on community health models, and exploring geographic analysis to overcome telepsychiatry access limitations.

While the UCR SOM initially sought to partner with existing community organizations to develop a sustainable model for expanding access to care for these vulnerable populations, the pandemic created some unexpected delays. We are now beginning to explore the utility of geographic information analysis in understanding the limitations to telepsychiatry access that may be imposed by virtue of limited infrastructure for internet access.

III. Program Expenditures

During this last program year, FY2023-24, the UCR SOM committed the remaining \$3.4 million balance of the \$15 million in the Budget Act appropriation to continue to support programmatic

leadership and administrative activities that included additional partnerships for expansion and extensive telepsychiatry practice educational activities through new teaching services and directorships, among other programmatic activities. In addition, we continued to use the funds to support portions of resident salaries and benefits that were not covered by affiliation agreements with partners or other sources. See Display 3 for more details.

| Display 3: Residents/Fellows funded by State, FY2023-24 | | | | |
|--|------------------------------|---|---------------------------|-----------------------------------|
| Program | # of Grant Recipients | Avg. % of Salary Funded by State | Total Funding (\$) | Avg. Funding per Recipient |
| General Psychiatry Residency | 31 | 62% | \$1,736,009 | \$56,000 |
| Child/Adolescent Fellowship | 6 | 7% | \$205,798 | \$34,300 |

The UCR SOM also applied funds to expand the number of faculty dedicated to teaching. In FY2023-24 faculty members' salaries and benefits were partially funded by the appropriation. On average for faculty receiving salary and/or stipend support for teaching and telepsychiatry expansion, the appropriation supported partial salary and benefits coverage of \$77,325 per faculty member and academic stipends of \$11,975 per faculty member in FY2023-24, as depicted on Display 4 below.

| Display 4: Faculty Expenses funded by State, FY2023-24 | | | |
|---|-------------------------------------|---------------------------|---|
| | # of Faculty members covered | Total Funding (\$) | Avg. Funding per Faculty member (\$) |
| Partial salary (including benefits) coverage | 9 | \$695,924 | \$77,325 |
| Academic stipends covered | 3 | \$35,926 | \$11,975 |

The UCR SOM also continued to leverage the funding to support staff salaries, including benefits. In FY2023-24, the salary and benefits of five staff members were partially state-funded. On average, the appropriation supported partial salary and benefit coverage of \$41,197 per staff member, as depicted in Display 4a below.

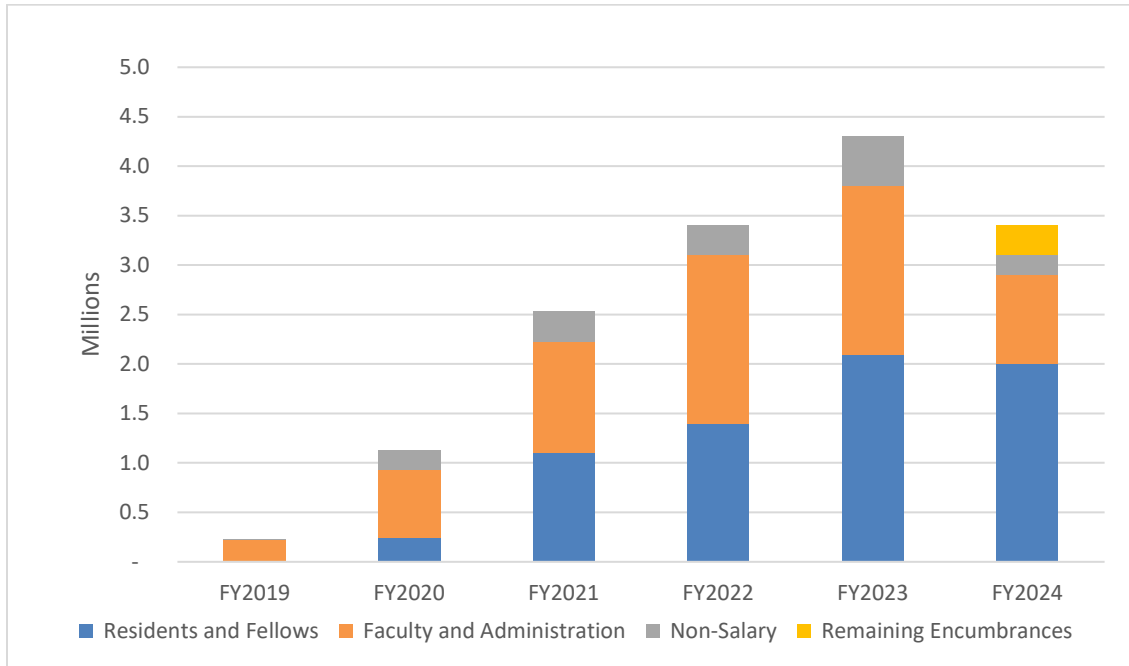
| Display 4a: Staff Support Expenses funded by State, FY2023-24 | | | |
|--|-----------------------------------|---------------------------|---|
| | # of Staff members covered | Total Funding (\$) | Avg. Funding per Staff member (\$) |
| Partial salary and benefits coverage | 5 | \$205,984 | \$41,197 |

Lastly, the UCR SOM also utilized the appropriation to support non-salary programmatic expenses such as leases, equipment, supplies, etc. In FY2023-2024, the UCR SOM used \$213,031 to support such non-salary expenses. UCR SOM will continue to invest in telepsychiatry non-salary program expenses.

| Display 5: Non-Salary Expenses funded by State, FY2023-24 | |
|--|-----------|
| Non-Salary Costs (leases, equipment, supplies, etc.) | \$213,031 |

The overall spend-down of the \$15 million appropriation is illustrated in Display 6. Specifically, the final balance of \$3.4 million was fully spent and/or encumbered by June 2024. The final contingencies recorded prior to June 2024 were slightly delayed due to financial system changes; however, these final contingencies are expected to be recorded by November 2024.

Display 6: UCR School of Medicine – Planned Expenditures for Growth of Psychiatry GME and Telemedicine



IV. Conclusion

In summary, the UCR SOM has set its course toward incrementally building the necessary infrastructure, expanding faculty hires, and addressing other critical needs to improve the health of people living in inland Southern California. The State Budget Act of 2018 provided \$15 million as a one-time funding allocation for the UCR SOM to support the expansion of accredited psychiatry residency and fellowship programs that utilize telemedicine in a UC school of medicine that does not have a medical center. Thus, UCR SOM’s opportunity to have been granted this appropriation helped advance key aspects of the program that will have long-lasting benefits and opportunities for the UCR SOM Psychiatry Residency Program.

The \$15 million authorized in the 2018 State Budget Act provided the UCR SOM with the opportunity to build and expand the overall program, and some of the key highlights and accomplishments are outlined below:

- Successfully expanded total enrollment from 19 psychiatry residents before the funding, to 36 psychiatry residents and fellows, including 31 general psychiatry residents, and five child and adolescent psychiatry fellows.
- Established new partnerships where the program has now expanded its footprint across the Inland Empire, with more educational and training opportunities for the residents.
- Expanded GME program's telepsychiatry services, with the proportion of UCR Health telepsychiatry visits remaining in the high 85-90% range.

Overall, the appropriation provided to the SOM Psychiatry department was a ground-breaking opportunity that does not end here. The UCR SOM is committed to continuing its focus on the advancement and strategic growth in the academic and patient care missions that now include a broader and more robust program graduating psychiatrists with expertise in telepsychiatry, with new aspects of the program that did not previously exist. The UCR SOM has already fostered strong collaborative partnerships with several clinical training partners in rural, underserved Coachella Valley and Morongo Basin that leave the UCR SOM poised for continued growth and sustainability of Psychiatry GME and telemedicine practice. UCR SOM will continue to lay the foundation for the development of additional Psychiatry GME fellowship programs, build upon the incredible work over the last five years, and seek advancement opportunities, including but not limited to the launch of new fellowships in the coming years as we identify additional funding and clinical affiliations.

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