UNIVERSITY OF CALIFORNIA

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April 10, 2025

The Honorable Scott D. Wiener
Chair, Joint Legislative Budget Committee
1020 N. Street, Room 553
Sacramento, California 94814

Dear Senator Wiener:

Pursuant to Section 16(d) of the 2013 Budget Trailer Bill (AB 94, Chapter 50, Statutes of 2013), enclosed is the University of California's Progress Report to the Legislature on the School of Medicine at the 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
Ms. Jessica Holmes, Department of Finance
Ms. Jessica Deitchman, Department of Finance
Ms. Gabriela Chavez, Department of Finance
Mr. Gabriel Petek, Legislative Analyst Office
Ms. Jennifer Pacella, Legislative Analyst Office
Mr. Ian Klein, Legislative Analyst's Office

Chancellor Kim A. Wilcox, UC Riverside
Vice Chancellor Gerry Bomotti, UC Riverside
Dean Deborah Deas, UC Riverside
Chief of Staff and Assistant Dean Katherine Browder
Executive Vice President David Rubin, M.D
Associate Vice President Deena McRae
Senior Vice President Meredith Turner
Executive Vice President and Chief Financial Officer Nathan Brostrom
Associate Vice President and Director Kathleen Fullerton
Associate Vice President Cain Diaz

Progress Report on the School of Medicine at the University of California, Riverside

Response to Item 6440-001-0001 of Section 2.00 of the Budget Act of 2013-14 states:

"On or before April 1 of each year, the University of California shall provide progress reports to the relevant policy and fiscal committees of the Legislature pertaining to funding, recruitment, hiring, and outcomes for the School of Medicine at the University of California, Riverside. Specifically, the report shall include, but not be limited to, information consistent with the published mission and vision for the School of Medicine at the University of California, Riverside, in all of the following areas:

(1) The number of students who have applied, been admitted, or been enrolled, broken out by race, ethnicity, and gender.

(2) The number of full-time faculty, part-time faculty, and administration, broken out by race, ethnicity, and gender.

(3) Funding and progress of ongoing medical education pipeline programs, including the UCR/UCLA Thomas Haider Program in Biomedical Sciences.

(4) Operating and capital budgets, including detail by funding source. The operating budget shall include a breakdown of research activities, instruction costs, administration, and executive management.

(5) Efforts to meet the healthcare delivery needs of California and the inland empire region of the state, including, but not limited to, the percentage of clinical placements, graduate medical education slots, and medical school graduates in primary care specialties who are providing service within California's medically underserved areas and populations.

(6) A description of faculty research activities, including information regarding the diversity of doctoral candidates, and identifying activities that focus on high priority research needs with respect to addressing California's medically underserved areas and populations."

I. EXECUTIVE SUMMARY

The School of Medicine at the University of California, Riverside (UCR SOM) opened in 2013 as the first public MD-granting medical school to open in California in over 40 years. It has a specific mission to train a diverse physician workforce to serve the Inland Empire (Riverside, San Bernardino, and Imperial counties) and to deliver programs in clinical care and research that address the needs of this medically underserved region, which according to the California Department of Consumer Affairs, has the greatest shortage of primary care and specialist physicians of any region in California.[1] In its first twelve years, the UCR SOM has been successful in recruiting and training a culturally competent and

[1] *California Health Care Almanac, "California Physicians: A Portrait of Practice"*, Report of the California Health Care Foundation, March 2021.

diverse student body, and in expanding residency and fellowship programs in the region with the goal of increasing the number of licensed, board-eligible/certified physicians in the Inland Empire. To further improve access to high-quality, cutting-edge care to the community, the UCR SOM is engaging in research that is targeted toward improving the health of people living in the region, and has launched and expanded its clinical enterprise, UCR Health.

The State of California provided the UCR SOM with $15 million base funding in 2013 to launch the first phase of the establishment of the medical school with an initial class size of 50 students. The School currently has 376 MD students, 31 PhD students, and 40 students pursuing an MS in Biomedical Sciences. In addition, the UCR SOM-sponsored graduate medical education programs have a total of 120 residents and fellows in accredited graduate medical education programs. To fully deliver on its mission, the UCR SOM aspires to increase enrollment to 500 medical students over the coming years. This requires an increase in capital and operating funds, as well as an increase in reliable clinical training experiences at local affiliate sites. The UCR SOM is now on a path toward achieving this growth thanks to the leadership support and following investments from the University of California, the California Legislature, and the Governor:

1) Capital for the campus-based training needs were addressed through the State Budget Act of 2019, which authorized funding to build a new School of Medicine education and administration building on the UCR campus to accommodate increased enrollment. To address the sustained need for more physical space, the School of Medicine Education Building II (SOM Ed II) opened its doors in September 2023.

2) In the 2020 State Budget, Governor Gavin Newsom included $25 million in new ongoing annual operating funding for the UCR SOM.

3) The State Budget Act of 2021 included one-time appropriations of $25 million to support and stabilize the clinical enterprise (SB 170 (Skinner)), and $10 million for the exploration of Acute Care Teaching Hospital partnerships or a hospital acquisition (SB 129 (Skinner)). Both one-time appropriations are based on an implementation plan of 3-5 years. These funds will be spent in support of academic and clinical training expansion through FY2025-26.

4) The State Budget Act of 2023 included $2 million of additional ongoing support for the UCR SOM, equivalent to a 5% increase on the existing $40 million.

Together, these investments are supporting expanded enrollment and increased operational costs for the UCR SOM.

The School faces challenges in securing stable clinical training experiences for both undergraduate medical education (UME) and graduate medical education (GME). While many medical students rotate through the UCR Health ambulatory clinics, the majority of training occurs through 15 major affiliation agreements with hospitals and health care facilities in the region. While discussions are ongoing, none of the current partner agreements guarantee the adequate number of required rotations to support expansion to 500 total students.

UCR-sponsored residency and fellowship programs are successfully addressing the physician shortage in the Inland Empire. As UCR SOM grows, it aspires to open new programs in additional specialties that will further address the needs of this underserved region. However, the School has struggled to secure committed and long-term hospital partners. Many of the hospital facilities in the region choose to sponsor their own residency training programs, and while UCR SOM faculty participate in several of these programs, UCR does not have the ability to control the program quality nor academic rigor.

UCR continues to pursue a range of strategies to address these challenges. In a desired future state, UCR would have operational control of facilities necessary to support its training programs, while continuing to utilize other existing clinical facilities in the Inland Empire for specific training opportunities that are of particularly high educational value and/or required by the Liaison Committee on Medical Education (LCME) or the Accreditation Council for Graduate Medical Education (ACGME) and cannot be obtained elsewhere. This would give UCR reliable training experiences with a level of quality control and regulatory compliance that it currently lacks, and which is critical to the medical school's long-term success and the Inland Empire's access to health care.

II. BACKGROUND AND APPROACH

The UCR SOM has a mission distinctive among U.S. medical schools: to expand and diversify the physician workforce in the Inland Empire and to develop research and health care delivery programs that will improve the health of the people living in the region. The Inland Empire – a geographically large, ethnically diverse, and rapidly growing region of 4.64 million people – has barely half of the primary care doctors it needs. There are only 41 primary care physicians (PCPs) for every 100,000 people (as compared to the recommended ratio of 60-80 PCPs per 100,000 according to the Council on Graduate Medical Education), and the region is underserved in many medical specialties as well.[2] Two of California's nine regions (the Inland Empire and the San Joaquin Valley) have fewer than 50 primary care physicians per 100,000 people, the legally required ratio for managed care plans.[3] The Inland Empire performs poorly in relation to most other California regions in many measurable health outcomes, such as diabetes and coronary heart disease.

Unlike the five other health systems in the University of California system, the UCR SOM does not own a hospital, and does not have access to robust clinical funds flow to help support its educational mission. As a community-based school of medicine, the UCR SOM partners with community hospitals and other medical providers across the Inland Empire area to provide training locations for medical students and residents. As a result, the School faces an array of distinct challenges, which are outlined above.

The School's ambulatory clinical enterprise, UCR Health, provides services to the community and additional training experiences for students and residents, while also increasing the number of physicians in primary care and other medical subspecialties lacking in the region.

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[2] *California Health Care Almanac, "California Physicians: A Portrait of Practice"*, Report of the California Health Care Foundation, March 2021.

[3] Coffman, J., Geyn, I., Himmerick, K,. (2017) *"California's Primary Care Workforce: Current Supply, Characteristics, and Pipeline of Trainees."* Healthforce Center, University of California, San Francisco. https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/Research-Report_CA-Primary-CareWorkforce.pdf.

To fully respond to the physician shortage and health care needs in Inland Empire, the UCR SOM developed a focused, community-based approach to its student recruitment and admissions, curricula, research activities, and clinical activities. Priorities include:

1) **Student recruitment focused on the Inland Empire region.** The UCR SOM seeks to increase the enrollment of mission-fit students and trainees with ties to the Inland Empire in undergraduate and graduate medical education programs. Of the most recent cohort, the Class of 2028, 80% of incoming students have ties to the Inland Empire.
2) **Medical education highlights issues that are relevant to and prevalent in the community.** The curricula focus on care for under-resourced populations in ambulatory settings, prevention, wellness, chronic disease management, health disparities, and cultural competence.
3) **Expansion of graduate medical education (GME) opportunities in the region in partnership with community providers.** The best predictors of a physician's ultimate practice location are where they are raised (or have important family or community ties) and where they complete residency training.[4] The UCR SOM has developed GME programs in primary care and other high-demand specialties – family medicine, internal medicine, interventional cardiology, adult psychiatry, and child & adolescent psychiatry, cardiovascular disease, gastroenterology, critical care medicine, and minimally invasive gynecological surgery. As the UCR SOM grows, it aspires to open new programs in additional specialties that will further address the needs of this medically underserved region.
4) **Scholarship award programs that provide access to medical education and encourage physicians to remain in the region.** The UCR SOM's Mission Scholarship Award program provides an enrollment incentive for students by alleviating medical school debt, with the contingency that students return to Inland Empire following completion of residency training. Scholarships are awarded solely to students committed to practicing medicine in one of the following high-demand specialties - Pediatrics, Family Medicine, Internal Medicine, OB/GYN, General Surgery, Emergency Medicine or Psychiatry. For recipients who meet the above requirements, their award becomes final, and tuition debt is removed after the individual practices medicine in the Inland Empire for five years (following residency training) in one of the aforementioned specialties. Failure to meet these requirements automatically results in the conversion of the scholarship award into a loan that must be repaid. Seventy-nine currently enrolled medical students are recipients of these scholarships, which in total are valued at almost $3.1 million. Mission Awards are funded by the UCR SOM, private individuals, and various philanthropic foundations, and the medical school is continuing to raise external funds to establish additional scholarships. To date, seventy-eight UCR SOM graduates have received Mission Awards, and seventy-four are on track to fulfill their commitment by returning to practice in the Inland Empire.
5) **Pathway programs[5] that increase access to medical school for students who may be educationally or economically disadvantaged**. A robust set of programs that span middle school to undergraduate levels are designed to help more of the region's students become competitive applicants for admission to medical school. These programs served 2,394 students in 2023-2024, consistently engaging 700 students each year from Riverside and San Bernardino counties.

[4] Report on Residents: Executive Summary. AAMC, December 2019. https://www.aamc.org/data-reports/students-residents/data/report-residents/2019/executive-summary

[5] Programs are compliant with state and federal law, such as Prop. 209.

6) **Research programs that prioritize community-engaged research and address issues that are relevant to the community.** The UCR SOM's Department of Social Medicine, Population and Public Health, and the Center for Healthy Communities are actively engaged with research that is co-led and co-developed by community members.
7) **Expansion of the UCR Health clinical enterprise.** UCR Health has expanded access to primary care and has three clinic locations, two located in Downtown Riverside and the other in La Quinta in the eastern Coachella Valley. Additionally, UCR Health has added specialty physicians in areas such as neurology/multiple sclerosis, minimally invasive gynecologic surgery, and pain management, increasing access to care that was previously limited in the community.
8) **Master of Public Health.** The Department of Social Medicine, Population, and Public Health established an interdepartmental MPH program to train the next generation of public health leaders. The program builds upon the existing strengths of UCR in teaching, research, and service in public health and health equity. The overarching goal of the program is to increase the public heath workforce to serve the needs of the Inland Empire. The program received system-wide University of California Academic Senate approval in November 2023 with an inaugural class that started in Fall 2024.

III. STUDENT RECRUITMENT AND MATRICULATION

A. Recruitment and Application Process

Recruitment activities focus heavily on schools located within the Inland Empire, including high schools and community colleges involved in UCR's pathway programs and four-year institutions such as California State University, San Bernardino. Additionally, a minimum of 24 of the medical school seats are reserved for students who earn their bachelor's degree at UC Riverside – maintaining the original charter of UCR's former UCLA/UCR Thomas Haider two-year medical education program to recruit, admit, and support students from UCR who aspire to become physicians.

UCR SOM's admissions process uses a holistic review to select future physicians who are most likely to fulfill the School's mission. The UCR SOM applicants apply through the American Medical College Application Service. For the twelfth class of 87 medical students (Class of 2028), application statistics include:

Academic Year 24-25 Admissions Statistics

Total Applications Received	6,464
Completed Secondary Applications Received	4,932
Candidates Interviewed	311
Offers of Admission	158
Matriculants	87

The UCR SOM has a Conditional Admission Program for promising UCR undergraduates who would benefit from an extra year of preparation prior to medical school. Additionally, an Early Admissions Program is available for applicants to the Thomas Haider Program (the aforementioned 24 reserved seats). The latter program is designed to accept the top applicants before they apply to other medical schools and commit them to the UCR SOM.

B. Medical Student Enrollment

The UCR SOM has recruited twelve classes of high-quality, diverse students. The current first-year class is composed of 87 matriculants: 54% are female, 53% self-identify as being underrepresented in medicine.[††] By comparison, AAMC national enrollment data for FY2023-24 medical school matriculants indicates that 54.6% are female and 23.1% self-identify as being underrepresented in medicine.[‡‡] In addition, 43% of students in the current first-year class are from socioeconomically and/or educationally disadvantaged backgrounds, 80% have ties to the Inland Empire, and 41% are the first in their family to complete a bachelor's degree. Further demographic characteristics are illustrated in the following tables:

Gender for 2024-2025 Matriculants of the UCR School of Medicine			
	Applicants	**Admits**	**Matriculants**
Female	3,488 (54%)	87 (55%)	44 (50%)
Male	2,544 (39%)	63 (40%)	38 (44%)
Gender Non-conforming	94 (1%)	1 (1%)	1 (1%)
Gender Identity Blank	338 (5%)	7 (4%)	4 (5%)
Total	6,464	158	87
TOTAL ENROLLMENT CLASS OF 2028: 87 Students			

[††] Per the AAMC definition of "Underrepresented in medicine" which refers to those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population, these students self-identified as being Black/African-American, LatinX, American Indian/Alaska Native, or Native Hawaiian/ Pacific Islander.

[‡‡] 2023 FACTS: Enrollment, Graduates, and MD-PhD data. AAMC, October 2023. https://www.aamc.org/data-reports/students-residents/data/2023-facts-enrollment-graduates-and-md-phd-data

Race/Ethnicity for 2024-2025 Matriculants of the UCR School of Medicine			
	Applicants	**Admits**	**Matriculants**
Asian	2,299 (35%)	42 (27%)	26 (31%)
Mexican American/Hispanic	399 (6%)	46 (29%)	25 (29%)
African American	395 (6%)	16 (10%)	3 (3%)
Native Hawaiian/ Pacific Islander	13 (1%)	1 (1%)	0 (0%)
White	1351 (21%)	18 (11%)	9 (10%)
American Indian/Alaska Native	24 (1%)	1 (1%)	1 (1%)
No response	1,151 (18%)	22 (14%)	15 (17%)
Other	322 (5%)	6 (4%)	5 (6%)
Multiracial	510 (8%)	6 (4%)	3 (3%)
Totals	6,464	158	87
TOTAL ENROLLMENT CLASS OF 2028: 87 Students			

Notes: Admission and matriculation data were analyzed from students' self-reported application information; "Filipino" identification was included in "Asian".

C. Master of Public Health Students

The School of Medicine Department of Social Medicine, Population and Public Health (SMPPH) enrolled its inaugural MPH class in Fall 2024. The program was marketed to UCR graduates as well as graduates from institutions throughout Southern California and beyond, including individuals with undergraduate, medical, health professional (e.g., PharmD, MSN, DDS), and other degrees (MPP, MEd, MSW, JD, PhD) who seek training in public health. Marketing efforts included distribution of recruitment flyers at outreach tabling events and information sessions, along with promotion through UCR campuswide student and staff affinity groups and Riverside and San Bernardino county health departments. Of the 15 students that matriculated, 67% identify as Hispanic, and 73% identify as female. Total enrollments in the 2-year program for the future are projected to be 32 matriculants in Year 2, 35 in Year 3, 39 in Year 4, and 43 in Year 5. SMPPH seeks opportunities to collaborate with other UCR and UCR SOM partners to promote the MPH program. Future opportunities to enhance marketing efforts include expanding campuswide promotions to include recruitment activities such as the UCR Health Professions Fair, along with the UCR SOM Open House and UCR SOM Advisor Summit.

The UCR SOM supports a UCR PhD graduate program in Biomedical Sciences and MS graduate degree program with a mission to bridge the gap between basic research and new translational and clinical innovations. PhD students are embedded in the first-year medical school curriculum so that they can learn the same human pathophysiology required to conduct medically translational research. These students are also preparing to be liaisons among practicing clinicians, experimental clinical trials, patient advocates, and basic researchers. Thirty-two students are currently enrolled and of these, 40% are from groups that are underrepresented in medicine.

IV. FACULTY AND ADMINISTRATION

Improving access to education and high-quality health care is at the core of University of California Health and UCR School of Medicine's mission. The UCR SOM aims to attract and retain a talented workforce who will contribute to the School of Medicine's goals, mission, and vision. The UCR SOM also seeks to recruit not only trainees, but also employees who are from disadvantaged backgrounds (socioeconomically and/or educationally), are multilingual, completed high school in the region (preferably from medically underserved areas), and/or are first-in-family to attend college. Demonstrated scholarly, educational, or service contributions to diversity are also built into the recruitment process and evaluated as part of the academic hiring process. Consistent with Prop. 209, guidelines from the University of California Office of the President (APM-210) enable search committees to give consideration to a number of factors in faculty and academic appointments.[§§]
These include, but are not limited to:

- A candidate's efforts to advance equitable access to science participation by underrepresented groups
- Acknowledging barriers candidates faced as evidenced by a candidate's life experiences and educational background
- A candidate's significant experience teaching students who are underrepresented in the sciences
- An individual's potential to bring research to the creative critical discourse that comes from their non-traditional educational background or training

Once appointed to the faculty, the UCR SOM strives to provide a supportive and collegial environment, in part through mentorship by peers both within and outside of the medical school. Both academic divisions in the medical school, Biomedical Sciences and Clinical Sciences, provide newly appointed and junior faculty members mentorship to assist them in navigating local systems and culture and to support their scholarly success. UCR SOM provides a new faculty orientation on a bi-annual basis and an extensive array of faculty development workshops that cover topics such as professionalism, effective teaching skills, navigation of the advancement process, promotion of an inclusive working/learning environment, and assessment techniques.

[§§] UCOP APM 210: Review and Appraisal Committees https://www.ucop.edu/academic-personnel-programs/academic-personnel-policy/policy-issuances-and-guidelines/apm-210.html

UCR SOM utilizes a number of internal and campus-wide resources that ensure that equal employment opportunity principles are embedded into the School's recruitment, selection, retention, and advancement practices. The following table provides the demographics of the faculty and administrative staff.

	UCR School of Medicine							
	Faculty and Staff Headcounts by Race/Ethnicity and Gender (Self-Reported) *							
	Faculty**				Non-Faculty Academic and Administrative Staff***			
Race/Ethnicity	**Male**	**Female**	**Decline to state**	**Total**	**Male**	**Female**	**Decline to State**	**Total**
American Indian or Alaskan Native	1 (1%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	2 (1%)	0 (0%)	2 (1%)
Asian	55 (23%)	36 (30%)	0 (3%)	91 (25%)	54 (35%)	59 (19%)	3 (12%)	116 (24%)
Black/African American	8 (3%)	7 (5%)	0 (0%)	15 (4%)	6 (3%)	23 (7%)	0 (0%)	29 (6%)
Decline to State	79 (33%)	35 (30%)	10 (100%)	124 (34%)	8 (5%)	6 (2%)	5 (21%)	19 (4%)
Hispanic	17 (7%)	12 (10%)	0 (0%)	29 (7%)	39 (25%)	142 (46%)	6 (25%)	187 (39%)
Native Hawaiian or Pacific Islander	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	1 (1%)
White	79 (33%)	27 (23%)	0 (0%)	106 (28%)	45 (29%)	73 (24%)	10 (41%)	128 (26%)
TOTAL	**239**	**117**	**10**	**366**	**152**	**306**	**24**	**482**

*Statistics current as of 1/03/2025 and pulled from UC Path Human Resources Data Warehouse (HRDW. Does not include community-based clinical teaching faculty or student employees.
**Includes administrative leaders who also hold faculty appointments.
***Per Diem Physicians with academic appointments counted on paid appointment

Additionally, the UCR SOM has more than 1,000 community-based volunteer clinical teaching faculty. These community faculty members serve as supervisors and educators in the clinical environment, classroom, and simulation settings. An important priority for the upcoming year, made possible by the increase in ongoing state funding to support medical student enrollment and teaching, will include efforts focused on the recruitment and hiring of additional full-time faculty.

V. MEDICAL EDUCATION OUTREACH AND PATHWAY PROGRAMS

Working in partnership with community stakeholders, the UCR SOM's goal is to produce culturally responsive, service-minded physicians who are drawn largely from the Inland Empire and thus more likely to remain in the region to practice. As previously noted, the UCR SOM is continuing the tradition of providing a unique pathway into medical school for UCR students, similar to the former UCR/UCLA Thomas Haider Program in Biomedical Sciences, the precursor to UCR's four-year independent medical school. The Thomas Haider Program at the UCR SOM maintains the charter of its predecessor to recruit, admit, and support students who attend UC Riverside. A minimum of 24 medical school seats each year are filled by students who attend UCR for at least six consecutive academic quarters and complete their bachelor's degree at UCR.

The UCR SOM continues to expose local tribes to UCR SOM's mission and opportunities in hopes to strengthen collaboration. The Office of Student Affairs maintains strong partnership with the Native American Student Programs Office and partners on shared programming. UCR SOM leadership has identified conferences that have a significant focus on American Indian health, while also collaborating with UCR's Native American Resource Center and Vice Chancellor.

The UCR SOM also offers a series of student pathway and outreach programs to increase medical school access for socio-economically and/or educationally disadvantaged students. External organizations support these initiatives, including the Foundation for California Community Colleges, the California Wellness Foundation, and the Department of Health Care Access and Information (HCAI), as well as private donors.

The UCR SOM also devotes core personnel resources to coordinating pathway programs, which are listed below. There are 10 programs and initiatives which create a comprehensive approach, addressing the different needs of aspiring physicians at each stage of their educational pathways.

UCR SOM Pathway Programs

UCR SOM's Pathway Programs are designed to prepare prospective high school, community college, and undergraduate students for admission to medical school. The Office of Pathway Programs recruits students who attend schools in the Inland Empire, are socio-economically disadvantaged, reside in medically underserved communities, attended high schools in underserved communities, are first generation to college, or speak English as a second language. During 2024, most of the programs were offered in hybrid formats or in person. Increased collaborations include monthly meetings with UCR Native American Student programs. Additionally, an alumni tracking project started in Fall 2024 shows that at least 173 participants of Pathway Programs matriculated to the UCR SOM MD program between Fall 2013 and Fall 2024, or the former UCR/UCLA Thomas Haider Program, which last admitted medical students in fall 2012. Each program is described below.

1) **JumpStart** is a one-week commuter program for recent high school graduates who will be incoming UCR first-year students. The goal of the program is to increase the number of students who identify as first-generation college and from low socioeconomic backgrounds to pursue careers in medicine. The program provides the academic and social support needed to help students persist and succeed in their higher education goals. It helps prepare students with the background and skills necessary to begin with a strong start in their college education by providing workshops covering study skills, campus resources, an introduction to health professions, and other enrichment opportunities. Perhaps most importantly, JumpStart students receive critical mentoring from faculty, staff, and students committed to providing academic and adjustment guidance and support that continue beyond the one-week program. Twenty-five students enrolled in the 2024 program and all students successfully completed JumpStart.
2) **Medical Scholars Program (MSP)** is a comprehensive learning community designed to provide academic, personal, and professional development support for socio-economically and/or educationally disadvantaged students. The academic focus is on the sciences, with the goal of increasing students' graduation rates and promoting their entrance to medical school, graduate school, or other health profession postgraduate programs. The Medical Scholars Program provided resources, activities, and speaker programs. Over its 20-year history, over 1,200 students have participated in the program.
3) **Pre-Medical Post-Baccalaureate Scholars Program** is a partnership with the Division of Biomedical Sciences to provide premedical advising, MCAT prep, and AMCAS application support to students enrolled in the MS in Biomedical Sciences and who plan to apply to medical school within one to two years. A career planning seminar is offered quarterly with enrollment growth from 14 to 18 students over the first year. This partnership was developed from a 14-year experience offering a one-year, non-degree program. The current partnership is funded by grants and supports pre-medical Biomedical Sciences master's degree students with premedical advising, a free MCAT course, application assistance and scholarship opportunities.
4) **K-8 Outreach**: UCR partners with local Kaiser Permanente Hippocrates Circle Programs to provide student panels and campus tours for 30-60 of their middle school students on an annual basis. In 2024, students from Indio Middle School visited UCR for Open House including tours and interactive activities.
5) **Medical Leaders of Tomorrow** is a mentorship program for high school juniors administered in collaboration with the San Bernardino County Superintendent of Schools. In 2023-24 the program was offered in a hybrid format through monthly Saturday sessions and a two-day summer program where 24 high school juniors and 12 seniors participated in the program. The program seeks to: 1) increase students' awareness and interest in health care careers; 2) increase students' awareness and interest in higher education; and 3) inform students' parents about the significance, affordability, and accessibility of a college education.
6) **Health Sciences Partnership (HSP)** is an outreach program and partnership with local schools and STEM organizations. Current HSP programming includes information sessions at health career conferences for high school students and tours at UCR. Established in 2001, the program serves three regional areas: Coachella Valley, Riverside, and San Bernardino. In 2023-2024, staff delivered virtual and in-person presentations, reaching over 500 high school students.

7) **Future Physician Leaders (FPL)** is a summer internship program providing mentorship for pre-health community college students and university students. Established in 2009, the program includes four components: a team-based community health project proposal supervised by public health professionals, a weekly Leadership Lecture Series with industry professionals, a symposium in which teams present their health education project, and a mentorship program. The program enrolled 50 students, and the mentorship and leadership development components were significantly expanded with 31 medical students volunteering to mentor participants.
8) **California Medicine Scholars Program (CMSP)** is a four-year pathway program from community college to medical school. In 2024, 100 students were in the program (two cohorts of 50 students). This year, CMSP scholars transfer outcomes are 20 transfers to UCR, 5 transfers to CSUSB, and 11 to other colleges/universities. With grant funding, 43 students received a stipend for summer internships in clinical, research and community health settings. The program has eight community college partner institutions: Barstow College, Chaffey College, College of the Desert, Crafton Hills College, Riverside City College, San Bernardino Valley College, Norco College, and Victor Valley College. Funding for this program is provided by the Foundation for California Community Colleges. UCR SOM, in collaboration with eight community colleges, established the Inland Empire Regional Hub of Healthcare Opportunity (IE-RHHO) to support institutional collaboration and to recruit 50 students annually into the California Medicine Scholars Program.
9) **Bridges to Baccalaureate (B2B)** is now housed at the UCR Bourns College of Engineering. UCR SOM faculty host B2B community college students in their laboratories for a summer research experience.
10) **Mini-Medical School** allows UCR undergraduate students to develop supervised health education projects reviewed by subject matter experts who include clinicians, public health professionals and medical students. Each health education project aims to inform the community about important health issues. Over 200 students presented on 32 different topics to audiences in K-12 schools, churches, family engagement centers, free clinics, and health fairs.
11) **Health Coach Program** is a partnership with Riverside University Health System that trains undergraduate volunteers annually as health coaches. In 2023-2024, 30 volunteers supported approximately 1,500 patients with chronic conditions (diabetes, dyslipidemia, and hypertension). Health coaches volunteer eight hours per week in clinics and Community Health Centers operated by the county hospital. Health coaches receive premedical advising and attend professional development workshops given by the SOM faculty and staff.

While not a specific program, the School of Medicine also partners closely with the campus Health Professions Advising Center, which serves all UCR students and alumni interested in careers in the health professions. Professional staff and peer mentors are available to guide students and graduates in planning pre-health professions course work, gaining health-related experiences, completing service work, and preparing to apply for admission to graduate and professional programs. Highlights of the collaborations includes HPAC serving as a partner on the California Medicine Scholars Program advisory group and joint programming for applicants (e.g. interviewing skills development) for prospective students to the Thomas Haider Early Assurance Program.

VI. OPERATING AND CAPITAL BUDGETS

A. Operating Budget

During the first eleven years of its existence, operations were subsidized through support from the central UCR campus and initial startup funding from the UC Office of the President. The State Budget Act of 2020 included an additional $25 million in annual operating support for the UCR SOM, augmenting the $15 million in annual support approved previously and bringing total operating support to $40 million in ongoing State General Fund. The State Budget Act of 2021 included appropriations of $25 million one-time to support and stabilize the clinical enterprise (SB 170), and $10 million one-time for the exploration of Acute Care Teaching Hospital partnerships or a hospital acquisition (SB 129). Both one-time appropriations are based on an implementation plan of three to five years. These funds will be spent in support of academic and clinical training expansion through FY2025-26.

The State Budget Act of 2023 included an additional $2M of ongoing State funding, equivalent to a 5% increase to the existing $40 million appropriation.

The FY2024-25 operating budget appears in the table below, showing total core state funding of $44.8 million. In the current fiscal year, this additional funding has been used to: 1) cover existing ladder-rank faculty positions and fixed costs, as well as other non-salary expenses previously subsidized by Central Campus, with a total net value of $11.3 million this fiscal year; 2) sustain current operations; 3) add additional faculty and staff in the medical education program; and 4) fund student support areas in an effort to ensure sufficient personnel and infrastructure for teaching and learning activities, and 5) replace depreciated equipment.

In summary, the UCR SOM projects a Current Year Net Operating Loss of -$21.5 million, compared to a Net Operating Loss of -$6.3 million in FY2023-24. However, this deficit loss is reduced to a deficit of only -$.8 million when use of carryforward is recognized. In other words, some expenditures occurring this fiscal year are part of the Budget Act of 2021 and the fund balances for these initiatives make up part of our carryforward funds. Specifically, carryforward balances depicted below the *Net Operating Loss*, include 1) *Budget Act of 2021* cumulative carryforward funding and 2) *Other Carryforward Funding* balances that consist of $9 million from the *2021 Budget Act* and $11.8 million from other SOM resources. However, we recognize that the Budget Act 2021 funding used to help reduce the deficit will end in FY2025-26. The UCR SOM has taken key actions to help reduce the deficit next fiscal year and beyond. Specifically, there are many strategic changes around UCR Health, as the Budget Act 2021 funds are set to expire. These changes include, but are not limited, to significant performance productivity efficiencies that have resulted in 1) increased patient volume, 2) increased overall capacity at all UCR Health clinics, 3) reduction of operational costs, and 4) restructure of the overall payor contracts portfolio, including expansion of managed care agreements, to improve payor rates. When combined, all these operational efficiencies result in increased clinic patient revenue and reduction in clinics operating, which help reduce or eliminate the overall operating loss in the upcoming years.

SCHOOL OF MEDICINE OPERATING BUDGET FY24/25 - PROJECTED ($ In Millions)	
Classification	**Projected $ Amount**
Revenues	
Core Funds	
State Funds[1]	44.8
SOM Tuition and Other State Funds[2]	1.2
Professional Degree Supplemental Tuition (PDST) Gross	8.8
Indirect Cost Recovery (ICR)[3]	2.0
Other Student Fees	.5
Core Funds Total	**57.3M**
Non-Core Funds	
Clinical - Patient Billing	18.4
Clinical - Professional Services Agreement (PSA)	4.0
Graduate Medical Education (GME)	13.8
Contracts & Grants (C&G)[4]	14.2
Gifts & Endowments	2.1
Sales & Service	.1
Non-Core Funds Total	**52.6M**
Other Transfers [5]	**-2.4M**
Total Revenue	**107.5M**
Expenses	
Academic Salaries	40.0
Staff Salaries	30.6
Employee Benefits	21.0
Salaries and Benefits Total	**91.6M**
General Supplies and Expenses	30.2
Equipment/Other Inventorial	1.1
Facilities	3.3
Recharge[6]	2.8
Non-Salary Support Total	**37.4M**
Total Expenses	**129.0M**
Net Operating Income/(Loss)	**-21.5M**
Budget Act of 2021 - Carryforward Funding[7]	**9.0M**
Other Carryforward Funding[8]	**11.8M**
Adjusted Net Operating Income/(Loss)	**-.8M**

Footnotes:

[1] Original $15M State allocation approved in FY12-13, plus FY20-21 allocation of $25M and FY23-24 allocation of $2M, net of campus cost adjustments ($4.3M) and campus space adjustments (-1.5M) to date.

[2] Includes 50% tuition paid by medical students (remaining 50% is retained by campus) and other state funds, such as funds allocated directly to faculty, etc.

[3] Indirect Cost Recovery (ICR) is calculated based on the previous year's actual indirect costs, of which 40% are returned to the School in total (25% to School, 10% to Departments, and 5% to Principal Investigators) and the remainder goes to other campus managed fund sources.

[4] Excludes Indirects.

[5] Includes projected UC required financial aid set-aside.

[6] Recharge of $2.8M represents General, Automobile, and Employment assessments and intracampus recharges from other UCR Campus units (Administrative Cost Recovery, etc.)

[7]For illustration purposes only, adding the portion of the $35M one-time State allocation carryforward budgeted this fiscal year, which is valued at $9.0M. Details on actual cumulative spend by fiscal year reflected in tables on section B Below.

[8]For illustration purposes only, adding significant fund sources where carryforward funding is being used for current year budget including $11.8M of other SOM resources including spend on start-up and other PI balances, coverage of FY24 encumbered expenses, etc.

Summary of SOM Expenses Previously Subsidized by Campus now included on Operating Budget Above

SCHOOL OF MEDICINE SCHEDULE OF EXPENSES - PREVIOUSLY PAID BY UCR CAMPUS *($ In Millions)*	
Classification	**Projected $ Amount**
Expenses	
Personnel (Fixed) Costs Augmentations	2.8
Debt Service/Operation and Maintenance of Plant (OMP)	2.0
Other Non-Salary Expenses	5.0
Previous year costs paid in FY25	1.6
Total Expenses[2]	**11.3M**
Footnotes:	
[1] These expenses are included in the projected operating budget schedule above.	

[2] Please note that this expense total will increase proportionally based on costing increases. The incremental change of $2.1M in FY25 includes 500k of new costs to SOM assessed by campus as well as $1.6M previous costs encumbered in FY24. All campus subsidy costs are reflected in the SOM P&L expense section.

Budget Act of 2021 Budget Detail Schedules

Budget Act of 2021: One-Time Appropriations
Riverside
UC Riverside School of Medicine Facilities

	FY 2021-22 (Actual)	FY 2022-23 (Actual)	FY 2023-24 (Actual)	FY 2024-25 (Projected)	FY 2025-26 (Projected)	Total
One Time Appropriation	25,000,000	-	-	-	-	25,000,000
Total Budgeted Revenue	$25,000,000	$ -	$ -	$ -	$ -	$25,000,000
Payroll Expenses	5,803,387	2,359,476	2,696,925	5,058,505	2,516,543	18,434,837
Supplies and Expenses	49,103	1,320,308	388,392	646,200	321,476	2,725,480
Operation and Maintenance of Plant (OMP)	910,946	636,550	901,580	928,627	461,980	3,839,683
Total Expenditures	$6,763,436	$4,316,334	$3,986,897	$6,633,333	$3,300,000	$25,000,000

Budget Operating Income	$18,236,564	$(4,316,334)	$(3,986,897)	$(6,633,333)	$(3,300,000)	-

Carryforward	$18,236,564	$13,920,230	$9,933,333	$3,300,000	-	-

The increase in payroll expenses from FY2023-24 to FY2024-25 is due to ramp up in clinical operations to enhance operational efficiencies and overall patient care. Increase in personnel has been key to the stabilizing operations and in addressing changes in patient volume, all of which directly align with the purpose of these funds under Budget Act 2021.

Budget Act of 2021: One-Time Appropriations
Riverside
UC Riverside School of Medicine Acute Care Teaching Hospital

	FY 2021-22 (Actual)	FY 2022-23 (Actual)	FY 2023-24 (Actual)	FY 2024-25 (Projected)	FY 2025-26 (Projected)	Total
One Time Appropriation	10,000,000	-	-	-	-	10,000,000
Total Budgeted Revenue	$10,000,000	$ -	$ -	$ -	$ -	$10,000,000
Payroll Expenses	-	-	-	1,193,281	3,768,598	4,961,879
Supplies and Expenses	-	-	-	-	-	-
Operation and Maintenance of Plant (OMP)	-	-	-	-	-	-
Outside Services/ Subawards	469,599	342,631	2,417,275	1,146,808	661,808	5,038,121
Total Expenditures	$469,599	$342,631	$2,417,275	$2,340,089	$4,430,406	$10,000,000
Budgeted Operating Income	$9,530,401	$(342,631)	$(2,417,275)	$(2,340,089)	$(4,430,406)	-
Carryforward	$9,530,401	$9,187,770	$6,770,495	$4,430,406	$ -	-

B. Capital Budget

Prior to the UCR SOM's opening, the UCR campus made a significant investment in two necessary facilities – the School of Medicine Education Building (renovation of the Statistics building constructed in the 1960s) and the School of Medicine Research Building. The budget for these two buildings totaled approximately $58 million, with funding comprised of campus equity funds ($24 million from campus discretionary funds and indirect cost recovery), external financing ($30 million with debt service provided by the campus), and Federal Grant Funds ($4 million). Another very important capital budget project that is now allowing the School of Medicine to make significant changes this fiscal year is the SOM Education Building II funded by the State of California. Highlights of the project and cascading changes as a result of this important milestone are noted below.

Inauguration of School of Medicine's Education Building II

The State Budget Act of 2019 included language that authorized the University of California to pursue a medical school project at the UCR campus using external financing supported by State General Funds as allowed under Section 92493 et seq. of the Education Code. The campus determined that a maximum project budget of $100 million was appropriate for the School of Medicine Education Building II (SOM Ed II) in consideration of the School's programmatic space needs.

In Fall 2023, the UCR SOM opened its doors to the SOM Education Building II (SOM Ed II). The SOM Ed II building includes 57,000 assignable square feet and 95,000 gross square feet which has enabled the School to make significant changes to enhance the educational experience for the medical students and comply with Liaison Committee on Medical Education (LCME) requirements pertaining to study, lounge, and storage space. LCME is the accrediting body for medical schools and has very specific requirements for physical space and resources with in-person site visits.

With the exception of the Center for Simulated Patient Care (CSPC) and Anatomy lab activities, all medical school didactics and curricular activities have been relocated from the Orbach Library and Education Building I to SOM Ed II, enabling students to have access to a larger classroom space with state-of-the-art technology, fully utilize and enjoy ample relaxation and study space across the building, and have the necessary lockers and other space that has been limited in the past. Medical education support staff offices are also located in the building, allowing the students to be within close proximity to medical education faculty and staff. This promotes easy access to advisors, associate deans, financial aid, and other support staff, which is important for LCME accreditation.

Space Changes Prompted with the Opening of SOM Ed II

Effective FY2023-24, most medical educational activities have been relocated to the Education II building. The School of Medicine Education Building I (SOM Ed I) will continue to provide educational and administrative space, including space for small-group, problem-based learning sessions and Objective Structured Clinical Examinations. It will also continue to provide space for Biomedical Sciences' Doctor of Philosophy (PhD) and Master of Science (MS) courses, as well as Master of Public Health (MPH) classes in FY2024-25.

The recently upgraded CSPC will continue to be utilized exclusively for medical educational activities and is in convenient proximity to the SOM Education Buildings I and II. As previously noted, the CSPC provides the necessary space needed to expand medical simulation and clinical skills training facilities. The original project budget for CSPC was $7.0 million and funded by campus funds. Construction on these nearly 13,000 gross square feet (gsf) of renovated space became available for use in March 2021.

The principal and guiding objective of the center continues to be to advance and improve patient care, as well as patient and clinician safety. This objective is accomplished by a combination of assessment,

team-building activities, and analysis of innovative techniques of instruction, treatment, management, communication, and recovery.

As described in last year's 2023 report, in addition to the changes related to SOM Ed I, the SOM Ed II project has enabled the School to make strategic accommodation for the Clinical Sciences Division and other school-wide administrative groups. Specifically, we officially integrated these critical units with other members of the SOM Ed I and II, thus bringing all the SOM teams together. This improved collaborative efforts and overall strategies across the SOM, most of which have a direct impact to students. All administrative (including compliance) and clinical academic units previously housed at the Intellicenter facility are thriving in the new collaborative SOM Ed I and SOM Ed II spaces. Overall, the UCR SOM has been able to strategically leverage all the new space, while continuing to rely on research space made available in the campus' Multidisciplinary Research building.

In addition, the SOM Research Building (a $37 million project opened in 2010) a three-floor, 58,000- square-foot building, continues to serve as the initial research platform for the medical school. This enables the recruitment of additional faculty needed to support scholarly work among the trainees to work on innovative projects to improve health outcomes. As originally planned, the research staff was officially relocated to SOM Ed I, allowing more space for research faculty, but most importantly, allowing for interdisciplinary work to be promoted.

Finally, the additional laboratory space provided in 2019 in the recently completed Multidisciplinary Research Building (MRB) remains in use by medical school faculty and is imperative in our ability to advance the research mission. The 180,000 gsf, five-floor building provides wet and dry research laboratories, shared instrumentation, a vivarium, and faculty and administrative support. The MRB continues to be a shared building among several UCR schools and colleges and will help accommodate planned growth of the medical school's basic science faculty into the next decade.

VII. RESIDENCY TRAINING AND MEETING HEALTH CARE DELIVERY NEEDS

A. Graduate Medical Education Training

A key strategy for addressing the Inland Empire's physician shortage and improving access to care is creating and sustaining residency training programs that meet the community's needs. The UCR SOM has established residency training program in the following primary care and short-supply specialties: internal medicine, family medicine, and psychiatry. In addition, fellowship programs are operating in child and adolescent psychiatry, gastroenterology, cardiovascular disease, critical care medicine (internal medicine), minimally invasive gynecologic surgery and interventional cardiology. There are a total of 120 resident and fellow physicians training in UCR-sponsored postgraduate programs for the academic year 2024-2025.

Number of Trainees in UCR SOM-Sponsored Training Programs – FY2024-25

Residency Programs	
Internal Medicine	55
Family Medicine*	0
Psychiatry	31
Fellowships	
Cardiovascular Disease	12
Child and Adolescent Psychiatry	7
Gastroenterology	6
Interventional Cardiology**	0
Critical Care Medicine (Internal Medicine)	7
Minimally Invasive Gynecologic Surgery	2
Total	120

In 2024, UCR SOM-sponsored residencies and fellowships graduated a total of 54 residents in Internal Medicine, Family Medicine, Psychiatry, and fellows in Cardiovascular Disease, Interventional Cardiology, Addiction Medicine, and Child & Adolescent Psychiatry. Among these graduates, 78% remained in California, and 39% chose to stay in the Inland Empire to practice. Since 2016, 272 residents and fellows have completed residencies and fellowships sponsored by the UCR SOM.

The medical school continues to be successful in securing extramural funding to augment support of several GME programs through the HCAI-Song-Brown Workforce Training grants and CalMedForce grants. CalMedForce administers annual grants to fund new residency positions at graduate medical education (GME) programs throughout California using revenues from Proposition 56 funds. Currently, we have received CalMedForce multi-year awards that run from FY2024-25 through FY2026-27, with a total value of $675K, resulting in an average annual budget allocation of approximately $225K per year, available to support 2-4 resident FTE per fiscal year. The medical school also received support in the State Budget Act of 2018 to expand the psychiatry residency program and psychiatric telemedicine in underserved areas, however those funds have expired.

Sixty-seven individuals, or 96%, of the sixty-eight UCR SOM Class of 2024 graduates matched into residency training programs. For the Class of 2024, 34 graduates (50%) matched into primary care

* Initial Family Medicine program sunset in June 2024. New Family Medicine program approved by ACGME and scheduled to start in June 2025.

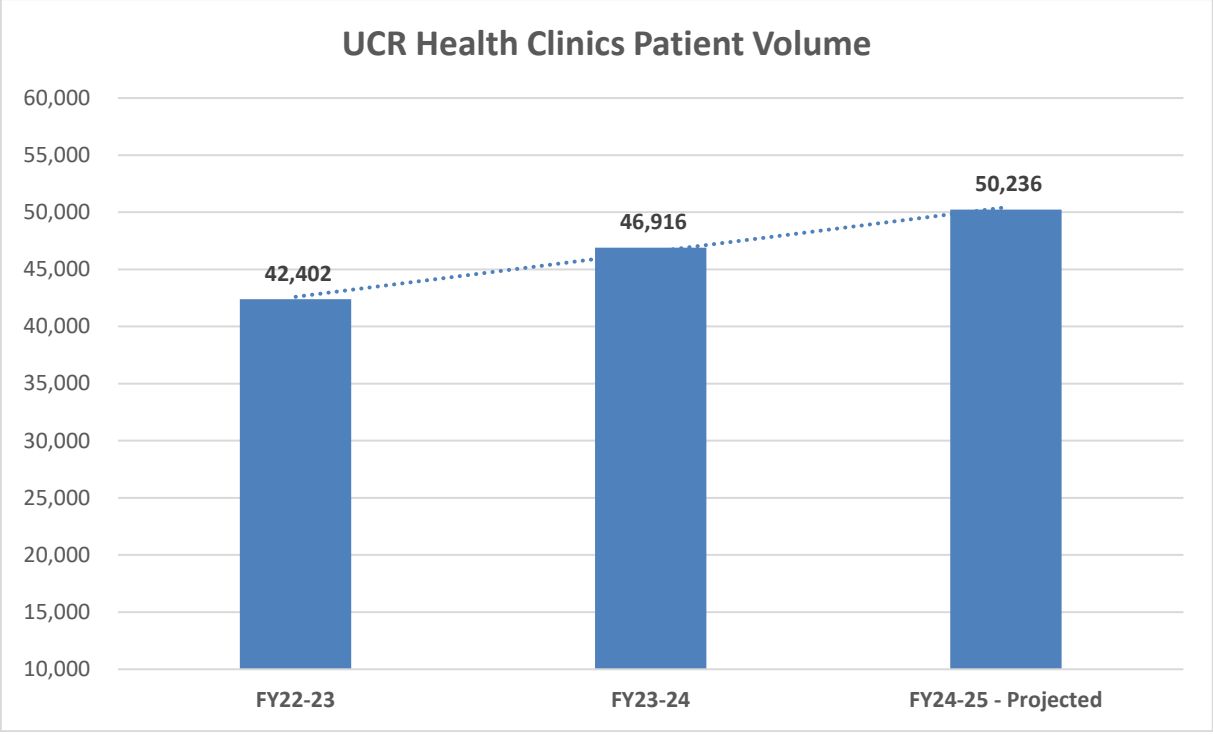
** Due to increased competition, unable to fill in the match in 2023-24. Actively recruiting for 2024-25.

residencies, 27 graduates (26%) secured residency training in the Inland Empire, including five in UCR psychiatry programs. Fifty-eight graduates (85%) remained in California to complete their residency training.

B. UCR Health

UCR Health continues to be a vital component of the UCR SOM, enabling the School's ability to meet two critical strategic goals: the delivery of health care services to the Inland Empire community and the provision of educational and clinical experiences to our medical students and residents. As of Fall 2024, UCR Health has consolidated into three outpatient clinics across the Riverside and Coachella Valley. Moreover, as illustrated below, patient volume resulted in a net increase of 2% from FY2022-23 to FY23-24 and projects a 7% growth by the end of FY2024-25. The FY2023-24 final visits were slightly lower than originally projected due to physician turnover. However, UCR Health's ability to optimize operational efficiencies has been key in minimizing the impact on the overall patient volume growth and the expansion of our aggregate patient base. Clinical performance productivity efficiencies include, but are not limited, to increased capacity at clinics and operational efficiencies resulting in reduced overall costs per patient visit.

A summary of the volume trend is illustrated below.



VIII. FACULTY RESEARCH ACTIVITIES

The UCR SOM continues to build on the current research strengths at UCR through the recruitment and retention of clinical, population, and basic science faculty and an enhanced support infrastructure. Faculty are pursuing new medical discoveries and health care innovations to serve the needs of the region while training physicians in basic principles of evidence-based medical research and practice. School of Medicine faculty demonstrate success in a broad range of scholarship from traditional "wet lab" biomedical research to securing grants that support innovation in translational research and drug development, teaching, health care delivery, and population and community health. Doctoral students, including 40% of which are underrepresented in medicine, have access to state-of-the-art research equipment and facilities and receive rigorous training and mentorship in research and transferable skillsets, providing them with attractive career options upon graduation from academic research to industry.

Many research activities are organized as specialized centers with goals that align with the School's unique mission to promote the health of people in the Inland Empire and to develop innovative research to address diseases that impact the community. All centers conduct frequent meetings and organized annual symposia that provide a forum for discussion and collaboration, as well as opportunities for students, both Doctoral and MD, to network, present their data and gain feedback.

- **The Center for Healthy Communities** collaborates with campus scholars and community partners to develop research initiatives aimed at improving the health of the culturally and economically diverse communities in the Inland Empire.
- **The BREATHE Center (Bridging Regional Ecology, Aerosolized Toxins, and Health Effects)** focuses on regional climate modeling, culture and policy studies on (1) air quality and health, (2) environmental justice and health disparities, and (3) health impacts.
- **The Center for Health Disparities Research** was established in July 2019 with a five-year, $16 million grant from the National Institutes of Health. One of only 13 centers in the nation, this Center brings together environmental scientists, biomedical scientists, and social scientists to study health disparities. In addition, the Center offers pilot grants to UCR researchers interested in working on health disparity projects and provides training and support to the next generation of investigators seeking to develop community-engaged research projects.
- **Community Responsive and Engaged Equity Research (CREER) Center,** housed in the UCR Department of Psychiatry and Neurosciences, focuses on community partnered research for advancing science and mental health equity, and includes NIH and foundation funded research. Projects include clinical trials in digital health interventions co-designed with youth and youth peer ambassadors for expanding access to care, and community led research aimed at developing interventions that address root causes of health and mental health disparities in the Inland Empire, across California and beyond.
- **The University of California Riverside Center for Cannabinoid Research (UCRCCR)** was created to serve as a community of diverse scientists and clinicians with common goals aimed at

advancing the understanding of roles for the endocannabinoid system in health and disease, and the impact that cannabis use has on these processes.

- **The Center for RNA Biology and Medicine** is a multi-disciplinary research center that builds upon UCR's deep and unique strengths in RNA research and facilitates interdisciplinary interactions to promote fundamental science discoveries and to address RNA-centric industrial, biomedical, and therapeutic needs.
- **The Center for Molecular and Translational Medicine** is a multi-disciplinary center that translates basic science findings into diagnostic therapeutics and tools.
- **The Center for Glial-Neuronal Interactions** is a "brain health" center that focuses on prevention and therapeutic intervention of neurodevelopmental, neurologic, and neurodegenerative diseases, such as Alzheimer's disease, autism spectrum disorders and epilepsy, among others.
- **The School of Medicine Research Unit** also offers research grants to trainees (Dean's Innovation Grant, Dean's Postdoc to Faculty) and Faculty (Dean's Collaborative grant) to support research projects that address the School of Medicine mission.

Medical school faculty have been successful in competing for research funding from diverse sources including the National Institutes of Health, the National Cancer Institute, Patient-Centered Outcomes Research Institute (PCORI), Substance Use and Mental Health Services Administration (SAMSHA), private foundations, and state and county agencies. The majority of grants include support of trainees (MD and PhD) to support their research efforts. Examples of grant awards and funding from this academic year include:

- Dr. Iryna Ethell, a professor of biomedical sciences in the School of Medicine at the University of California, Riverside, has been awarded a five-year grant of $2.4 million from the National Institutes of Health to study mechanisms of hyperexcitability and seizures in neurodevelopmental disorders such as such as attention-deficit/hyperactivity disorder and autism.

- Dr. Andy Obenaus was awarded a $3.5 million grant jointly to the University of California, Riverside, and Indiana University to examine how traumatic brain injury at different ages and genetic risk factors leads to Alzheimer's disease and related dementia.

- Dr. Maurizio Pellecchia and Dr. David Lo lead a cancer education and outreach core in a 5-year $13.7 million U54 NIH grant entitled Drug Development and Capacity Building: a UCR/City of Hope-CCC Partnership aimed to educate trainees in research to find new therapeutics for cancers that disproportionately affect our community.

- Dr. Lisa Fortuna, Professor and Chair of Psychiatry and Neurosciences at the School of Medicine, has been awarded a three-year $900,000 award by SAMHSA for *Promoting Access to Treatment and Health Equity (PATH) for Substance Use Care*. She will lead a

multidisciplinary cross-campus team to develop and implement a curriculum that offers education on substance use disorders to medical students in an integrated fashion throughout their medical education at UCR. It has significant evaluation and dissemination materials to educate the field and will serve as a curriculum model for teaching students about substance use disorders in medical schools.

Dr. Fortuna also leads the UCR Academic Partner for the innovative NIH Community Partners to Advance Science for Society (ComPASS) mechanism designed to support community organizations to co-develop and implement interventions to address structural determinants of health. The award for the initial five-year subcontract is $1,374,764 with an opportunity for the project to be renewed for another five years.

- Dr. Kimberley Lakes, Professor of Psychiatry and Neurosciences at the UCR School of Medicine has newly funded federal, state, and county projects to address mental health for children and adolescents. She was awarded $747,296 for a three-year Agency for Healthcare Research and Quality (AHRQ) R33 intervention study: *Digital Health Intervention for Children with ADHD: Improving Mental Health Intervention, Patient Experiences, and Outcomes*. She also received a two-year grant of $749,967 from the Department of Health Care Services (DHCS) as part of California's Children and Youth Behavioral Health Initiative (CYBHI): *Trauma-Informed Programs and Practices*. Locally, she received a one-year $135,000 grant for *Behavioral Health Support for CAREspace* from the Riverside County Office of Education.

- The Inland Empire Community Foundation (IECF) has awarded $10,000 scholarships to 58 UCR School of Medicine students, for a total gift of $580,000. The awards come from the S.L. Gimbel Foundation Scholarship Fund at Inland Empire Community Foundation, Where Giving Grows, with the goal of supporting low-income students at the UCR SOM.

- The UCR School of Medicine's Program in Medical Education (PRIME) has received an Association of American Medical Colleges NEXT Grant of $40,000 over two years to support a project that will work to help under-resourced populations develop self-advocacy skills to achieve better symptom management, overall health, increased confidence, and satisfaction with health care services. UCR SOM is one of five institutions to receive the competitive grant.

- American Association of Gynecologic Laparoscopists (AAGL) has awarded a $24,000 grant to the UCR School of Medicine Department of Obstetrics and Gynecology in support of the 2023-2024 Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) program.

IX. CONCLUSION

In summary, the UCR SOM has set its course toward increasing enrollment to 500 total medical students, and toward incrementally building the necessary infrastructure, expanding faculty hires, and addressing other critical needs. While some challenges still exist and we project an operating loss this fiscal year, the UCR SOM has also taken some intentional steps to address and reduce operating losses in the future, particularly around clinical operations. Specifically, the State Budget Act of 2021, which provided $35 million in one-time funding for the clinical stabilization and expansion of UCR Health, and to explore the future model of UCR's academic health system, has been vital to this future outlook, and has been leveraged effectively by helping UCR Health strategize around normalizing clinical operations. Through the successful execution of clinical performance productivity efficiencies, UCR Health has effectively implemented strategies to increase patient volume, increase capacity at clinics, and has also made key operational changes intended to reduce overall costs per patient visit. With the additional $2 million in annual operating support authorized in the State Budget Act of 2023, and other campus support, the UCR SOM's ongoing state funding is valued at $44.8 million as of FY2024-25. This increase has enabled the UCR SOM to continue its focus on the advancement and strategic growth of the academic and patient care missions. Nonetheless, we continue to leverage the funds to support the educational mission, including relevant operational costs.

As the School seeks to increase enrollment to 500 medical students, the need to double the capacity for clinical rotations will remain a prerequisite to increase in class size, yet it faces a significant challenge in absence of a hospital. The continued reliance on affiliates to provide all clinical experiences is unsustainable and contributes to capacity limitations, putting the UCR SOM in a very vulnerable position due to increased competition with other schools and programs in the region that can afford to pay for all rotations. It is important to note that this is not just a UCR risk but rather, a statewide risk, creating vulnerability for the UC's educational footprint that is prone to shrinking as other competing organizations buy them out of all viable clinical rotations. Until this challenge is solved, the School will be unable to fully grow as planned, and the ability to expand clinical specialties and residencies will remain severely limited. As such, the School will indeed continue to focus on investing time and effort to secure reliable training sites and high-quality faculty to address the physician shortage in the Inland Empire and improve access to health care for people in the region. However, the competitive challenges within the region resulting from the absence of a hospital facility must be taken seriously and seen as an opportunity to continue to provide high-quality medical care for the Inland Empire.