



UNIVERSITY OF CALIFORNIA

James B. Milliken  
President

April 9, 2026

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1111 Franklin Street  
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The Honorable John Laird  
Chair, Joint Legislative Budget Committee  
1020 N Street, Room 502  
Sacramento, California 95814

Dear Senator Laird:

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](mailto:Cain.Diaz@ucop.edu).

Sincerely,

James B. Milliken  
President

Enclosure

CAMPUSES

- Berkeley
- Davis
- Irvine
- UCLA
- Merced
- Riverside
- San Diego
- San Francisco
- Santa Barbara
- Santa Cruz

MEDICAL CENTERS

- Davis
- Irvine
- UCLA
- San Diego
- San Francisco

NATIONAL LABORATORIES

- Lawrence Berkeley
- Lawrence Livermore
- Los Alamos

DIVISION OF AGRICULTURE AND NATURAL RESOURCES

- cc: Senate Budget and Fiscal Review
- The Honorable Lena Gonzalez, Chair
- Senate Budget and Fiscal Review Subcommittee #1
- (Attn: Mr. Diego Lopez)
- (Attn: Mr. Kirk Feely)
- The Honorable David A. Alvarez, Chair
- Assembly Budget Subcommittee #3
- (Attn: Mr. Christian Griffith)
- (Attn: Mr. Tobias Wolken)
- 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
- Ms. Florence Bouvet, Legislative Analyst’s Office
- Chancellor S. Jack Hu, UC Riverside
- Vice Chancellor Sandra Kim, UC Riverside

Dean Deborah Deas, UC Riverside  
Chief of Staff and Assistant Dean Katherine Browder  
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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.<sup>1</sup> In its first

<sup>1</sup> *California Health Care Almanac, “California Physicians: A Portrait of Practice”,* Report of the California Health Care Foundation, March 2021.

thirteen years, the UCR SOM has been successful in recruiting and training a culturally competent and 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 UCR 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 current first-year class is composed of 90 matriculants. As of fall 2025, the School has 394 MD students, 34 PhD students, 42 students pursuing an MS in Biomedical Sciences, and 27 Master of Public Health (MPH) students. In addition, the UCR SOM has a total of 134 residents and fellows in accredited graduate medical education programs. The UCR SOM achieved this growth due 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. 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 support expanded enrollment and increased operational costs for the UCR SOM, as well as growth of the UCR Health clinical enterprise.

To fully deliver on its mission, the UCR SOM aspires to increase the class size to 125 achieving a total enrollment of 500 medical students over the coming years. This requires additional investments in capital and operating funds, as well as an increase in reliable clinical training experiences at local affiliate sites.

Despite successful enrollment of students in alignment with the mission, the UCR SOM community-based model poses significant challenges to the School's long-term stability and growth. The primary issue is securing reliable clinical training experiences for both undergraduate medical education (UME) and graduate medical education (GME). Although students and residents rotate through the UCR Health ambulatory clinics, most training occurs via 17 affiliation agreements with regional hospitals and health care facilities. However, no current affiliate guarantees sufficient rotations to support expansion to 500 students. Without a dedicated, mission-aligned clinical platform and direct hospital affiliation, UCR

Health struggles to generate adequate clinical revenue for expanding care to the medically underserved and to meet the goal of 500 students.

UCR residency and fellowship programs remain critical to addressing the physician shortage in the Inland Empire and aspires to establish new programs in specialties that will further address the needs of this underserved region. However, securing long-term hospital partners has proven difficult. Many regional hospitals choose to sponsor their own residency training programs, and while UCR SOM faculty participate in several, the School cannot control program quality or 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 42 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.<sup>2</sup> 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 recommended ratio for managed care plans.<sup>3</sup> 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 UCR SOM faces an array of distinct challenges, which are outlined above.

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<sup>2</sup> *California Health Care Almanac*, "California Physicians: A Portrait of Practice", Report of the California Health Care Foundation, March 2021.

<sup>3</sup> 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](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, 90% 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.<sup>4</sup> 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) **The Mission Award programs provide access to medical education and encourage physicians to remain in the region.** The UCR School of Medicine's Mission Award program offers students an enrollment incentive by reducing medical school debt. To qualify, students must commit to practicing medicine in inland Southern California after graduation and completing residency training. Mission awards are specifically awarded to students dedicated to practicing a specific specialty, as outlined within their award. Recipients who fulfill these requirements will have their mission award finalized after practicing medicine in the Inland Empire for up to five years (post-residency) in one of the specified disciplines. If the conditions are not met, the Mission will be converted into a loan that must be repaid, underscoring the significance of the commitment. Currently, 80 enrolled medical students are recipients of these mission awards, totaling nearly \$3.3 million. Mission Awards are funded by the UCR School of Medicine, private individuals, and various philanthropic foundations. The medical school is actively raising additional external funds to create more Mission Awards, further enhancing its impact on the community.
- 5) **Pathway programs 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 2,654 students in 2024-2025, consistently engaging 700 students each year from Riverside and San Bernardino counties.

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

- 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 continues to expand its clinical footprint and strengthen access to care across the Inland Empire. UCR Health currently operates three clinic locations- two in Riverside and one pediatric-focused site in La Quinta serving the eastern Coachella Valley. Building on this foundation, UCR Health is developing an integrated physician network anchored by direct managed care contracts with major health plans, which marks a significant milestone for the clinical enterprise. As network membership grows, UCR Health will strategically recruit physicians to meet rising patient demand and to advance integration across the continuum of care. Recent additions include specialists in geriatrics and cardiology, with active recruitment underway for primary care, endocrinology, neurology, and obstetrics and gynecology (including general and minimally invasive gynecologic surgery). Through this continued expansion, UCR Health is improving access to high-quality, patient-centered care and supporting the academic and community mission of the UCR School of Medicine.
- 8) **Master of Public Health (MPH).** The Department of Social Medicine, Population, and Public Health established an interdepartmental MPH program to expand the public health workforce and to train the next generation of public health leaders in that region. The program builds upon the existing strengths of UCR in teaching, research, and service in public health and health equity. The program received system-wide University of California Academic Senate approval in November 2023 with an inaugural class that started in Fall 2024. The MPH program has enrolled 2 cohorts of 15 students, and the first cohort will graduate in June 2026.

### 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, at least 24 medical school positions are reserved for students who earn bachelor's degrees at UC Riverside, honoring the founding charter of the former UCLA/UCR Thomas Haider program.

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 thirteenth class of 90 medical students (Class of 2029), application statistics include:

### Academic Year 25-26 Admissions Statistics

Total Applications Received	6,508
Completed Secondary Applications Received	5,113
Candidates Interviewed	324
Offers of Admission	131
Matriculants	90

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 thirteen classes of high-quality students. The current first-year class is composed of 90 matriculants: 57% are female, 41% self-identify as being underrepresented in medicine.<sup>5</sup> By comparison, AAMC national enrollment data for FY2024-25 medical school matriculants indicates that 55% are female and 13% self-identify as being underrepresented in medicine.<sup>6</sup> In addition, 51% of students in the current first-year class are from socioeconomically and/or educationally disadvantaged backgrounds, 90% have ties to the Inland Empire, and 40% are the first in their family to complete a bachelor's degree. Further demographic characteristics are illustrated in the following tables:

Gender for 2025-2026 Matriculants of the UCR School of Medicine			
	Applicants	Admits	Matriculants
Female	3,516 (54%)	71 (54%)	51 (57%)
Male	2,496 (38%)	55 (42%)	35 (39%)
Non-conforming	84 (1%)	1 (1%)	0 (0%)
Gender Identity Blank	412 (6%)	4 (3%)	4 (4%)
Total	6,508	131	90
<b>TOTAL ENROLLMENT CLASS OF 2029: 90 Students</b>			

<sup>5</sup> 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.

<sup>6</sup> 2024 FACTS: Enrollment, Graduates, and MD-PhD data. AAMC, October 2024. <https://www.aamc.org/data-reports/students-residents/data/2023-facts-enrollment-graduates-and-md-phd-data>

<b>Race/Ethnicity for 2025-2026 Matriculants of the UCR School of Medicine</b>			
	<b>Applicants</b>	<b>Admits</b>	<b>Matriculants</b>
<b>Asian</b>	2,782 (43%)	43 (33%)	32 (36%)
<b>Mexican American/ Hispanic</b>	984 (15%)	44 (34%)	26 (29%)
<b>African American</b>	407 (6%)	12 (9%)	-
<b>Native Hawaiian/ Pacific Islander</b>	46 (1%)	1 (0.8%)	-
<b>White</b>	1,041 (16%)	12 (9%)	-
<b>American Indian/ Alaska Native</b>	35 (1%)	1 (0.8%)	-
<b>No response</b>	325 (5%)	5 (4%)	4 (4%)
<b>Other</b>	731 (11%)	10 (8%)	-
<b>Multi-racial</b>	157 (2%)	3 (2%)	-
<b>Totals</b>	6,508	131	90
<b>TOTAL ENROLLMENT CLASS OF 2028: 90 Students</b>			

## Notes:

- Admission and matriculation data were analyzed from students' self-reported application information; "Filipino" identification was included in "Asian".
- Cell sizes smaller than 10 are suppressed for matriculants.

### C. Master of Public Health Students

The School of Medicine's Department of Social Medicine, Population, and Public Health (SMPPH) launched its inaugural Master of Public Health (MPH) cohort in Fall 2024, advancing the School's mission to strengthen the public health workforce and improve health outcomes across the Inland Southern California region. The program was promoted 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 and outreach initiatives emphasized community engagement and institutional collaboration. Strategies included distribution of recruitment materials at outreach and tabling events, targeted information sessions, and partnerships with UCR student and staff affinity groups. The program also participated in campuswide and regional recruitment activities, including the UCR Health Professions Fair, the UCR School of Medicine Open House, and outreach collaborations with the Riverside and San Bernardino County health departments.

The Master of Public Health two-year program currently comprises 27 students, including 13 continuing students from the inaugural cohort and 14 newly matriculated students from the Fall 2025 cohort. Among the incoming students, 71% identify as Hispanic, 86% identify as female, and 64% identify as first-generation college graduates, reflecting the program's ongoing commitment to diversity and inclusion.

Projected enrollment for future academic years is anticipated to include 30 matriculants in Year 3, 33 in Year 4, and 36 in Year 5, indicating steady program growth and sustained student interest.

#### **D. Biomedical Sciences**

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-four students are currently enrolled and of these, 44% 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 underserved backgrounds (socioeconomically and/or educationally), speak English as a second language, completed high school in the region (preferably from medically underserved areas), and/or are first-in-family to attend college.

Once appointed to the faculty, the UCR SOM strives to provide a supportive and collegial environment. The Biomedical Sciences and Clinical Sciences divisions provide mentorship to newly appointed and junior faculty members, assisting them to navigate local systems and culture and to promote their scholarly success. UCR SOM provides a new faculty orientation on a bi-annual basis and an extensive array of professional development workshops that cover topics such as professionalism, effective teaching skills, the advancement process, promotion of an inclusive working/learning environment, and assessment techniques.

UCR SOM utilizes internal and campus resources to 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) *									
Race/Ethnicity	Faculty**					Non-Faculty Academic and Administrative Staff***			
	Male	Female	Decline to state	Total		Male	Female	Decline to State	Total
American Indian or Alaskan Native	-	-	-	-		-	-	-	-
Asian	55 (14.4%)	35 (9.1%)	0 (0.0%)	90 (23.5%)		58 (11.4%)	59 (11.6%)	2 (0.4%)	119 (23.4%)
Black/African American	-	-	-	18 (4.7%)		-	-	-	34 (6.7%)
Decline to State	91 (23.8%)	39 (10.2%)	3 (0.8%)	133 (34.7%)		9 (1.8%)	8 (1.6%)	7 (1.4%)	24 (4.7%)
Hispanic	20 (5.2%)	13 (3.4%)	0 (0%)	33 (8.6%)		40 (7.9%)	148 (29.1%)	6 (1.2%)	194 (38.2%)
Native Hawaiian or Pacific Islander	-	-	-	-		-	-	-	-
White	77 (20%)	31 (8%)	0 (0%)	108 (28%)		44 (8.7%)	78 (15.4%)	13 (2.6%)	135 (26.6%)
<b>TOTAL</b>	<b>253</b>	<b>127</b>	<b>3</b>	<b>383</b>		<b>158</b>	<b>322</b>	<b>28</b>	<b>508</b>

\*Statistics current as of 10/10/2025 and extracted 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.

\*\*\*Physicians with paid staff appointments and WOS academic appointments counted on paid staff appointment.

NOTE: Cell sizes smaller than 10 are suppressed. In cases where the suppressed cell can be deduced from the group total the next largest cell is also suppressed regardless of size.

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

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 the Vice Chancellor for Diversity, Equity and Inclusion.

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. Increased collaborations include monthly meetings with UCR Native American Student programs. Additionally, an alumni tracking project shows that at least 197 participants of Pathway Programs matriculated to the UCR SOM MD program between Fall 2013 and Fall 2025, 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 to college and/or economically disadvantaged backgrounds to pursue careers in medicine. To help students attain their higher education goals, the program provides academic and social support through study skills workshops, campus resources, an introduction to health professions, and other enrichment opportunities. Perhaps most importantly, JumpStart students receive ongoing mentorship from faculty, staff, and students beyond the one week of this program. Twenty-four students enrolled in the 2025 summer program and all students successfully completed JumpStart.
- 2) **Medical Scholars Program (MSP)** is an academic enrichment program designed to provide advising, mentorship, a guest speakers series, and professional development for students who are first generation to college and/or economically disadvantaged students. Drop-in peer mentoring and staff advising hours are provided weekly by a team of 12 mentors and the program coordinator; first year students are matched with a peer mentor for biweekly meetings. In 2024-2025, 201 students were enrolled in the program with 72 students graduating with a baccalaureate degree.

- 3) **Pre-Medical Post-Baccalaureate Scholars Program** is a partnership with the Division of Biomedical Sciences to provide premedical advising, free MCAT prep, AMCAS application support, and scholarship opportunities to students enrolled in the MS in Biomedical Sciences and who plan to apply to medical school within one to two years. A weekly career planning seminar is offered quarterly with enrollment growth from 18 to 25 students.
- 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 2025, students from Indio Middle School visited UCR for a campus tour and team-building exercises.
- 5) **The Medical Leaders of Tomorrow** program was discontinued due to significant changes in costs and declining participant attendance. New outreach and recruitment opportunities are being explored to continue engagement with educators and counselors of high school medical pathways.
- 6) **Health Sciences Partnership (HSP)** is an outreach program and partnership with local schools and STEM organizations. HSP programming includes information sessions at health career conferences for high school students, tours at UCR, and collaborations on summer programs. Our current partners include the UCR Early Academic Outreach Program, Moreno\_Valley TRiO Medi-GOAL Student Leadership Conference, Doctor's Corner at Hillcrest High School, Reach Health Professions Conference, and STEM Solutions. Established in 2001, the program serves three regional areas: Coachella Valley, Riverside, and San Bernardino. In 2024-2025, faculty, professional staff, premedical students and medical students delivered virtual and in-person presentations, reaching over 500 high school students.
- 7) **Future Physician Leaders (FPL)** enrolls 50 college and university students in a six-week summer program designed to expose undergraduate students to community and public health issues affecting the Inland Empire. The program has four major components: a) weekly Leadership Lectures, where students deepen their understanding of health professions and hone their leadership skills; b) medical student mentorship, where students foster their self-development and build confidence to successfully navigate the medical school application process; c) community health workshops that build students' foundational public health knowledge and issues facing Inland Southern California by completing a team-based community health project; and d) a symposium with presentations of students' community health projects. In summer 2025, the program enrolled 50 students, and 30 medical students provided mentoring for participants.
- 8) **California Medicine Scholars Program (CMSP)** is a four-year pathway program from community college to medical school. Together with community partners, four-year institutions and the community, UCR SOM leads the Inland Empire Regional Hub of Healthcare Opportunity (IE-RHHO), promoting institutional collaboration across the region. 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, Moreno Valley College, Norco College, and Victor Valley College. Funding for this program is provided by the Foundation for California Community Colleges. In 2025, the third cohort of 50 community college students were admitted to the program. This year,

17 CMSP scholars transferred to UCR, 1 transferred to CSUSB, and 10 transferred to other 4-year colleges/universities. With grant funding, 42 students received a stipend for summer internships in clinical, research and community health settings.

9) **Mini-Medical School** is a program for UCR undergraduate students who are motivated to understand the health care challenges in Inland Southern California. Mentorship and networking activities demystify the medical school admissions process, foster a collaborative environment, and provide a supportive community that will support students throughout their undergraduate years. Students also benefit from monthly events, which include UCR SOM faculty who share their powerful stories about working in the community with emphasis on the importance of regional service. In 2024-2025, over 200 students benefited from the program

10) **Health Coach Program** is a partnership with Riverside University Health System that trains undergraduate volunteers annually as health coaches. In 2024-2025, 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 quarterly professional development workshops given by the SOM faculty and staff.

The School of Medicine also partners closely with the UCR Division of Undergraduate Education Pre-Professional Advising Center (PPAC), which serves all UCR students and alumni interested in careers in the health professions and law. Professional advising staff and peer mentors guide students and alumni 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 PPAC collaborations include their representation 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. The Pre-Professional Advising Center offers 50+ events/workshops annually and supports 1200+ applicants each year.

## VI. OPERATING AND CAPITAL BUDGETS

### A. Operating Budget

During the first years of the UCR SOM's existence, funding for operations came from some campus support, initial startup funding from the UC Office of the President (UCOP), and some community contributions, in addition to the initial \$15M operating State budget. The UCR SOM revenue sources have changed significantly since inception. First, 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 2023 included an additional \$2M of ongoing State funding (equivalent to a 5% increase to the existing \$40 million appropriation), bringing the total annual support to \$42 million.

In addition, 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 FY2025-26 operating budget appears in the table below, showing total core funding of \$49.3 million (State and tuition). In the current fiscal year, this additional funding has been used to: 1) cover existing ladder-rank faculty positions and fixed costs, 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 and UCR Health project a combined Current Year Net Operating Loss of -\$19.1 million, compared to a combined Net Operating Loss of -\$21.5 million in FY2024-25. Of note, Graduate Medical Education (GME) activity increased in FY26 due to the establishment of a Family Medicine GME program. Contracts and Grant (C&G) activity increased in FY26 due to the onboarding and ramp-up of research efforts of new faculty. Because the budget presentation is cash-based, it is necessary to recognize the utilization of existing carryforward funds for the operating budget. 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 the carryforward funds. As such, these carryforward funds, valued at \$8.6 million, are expected to be used in FY2025-26. Overall, 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 the final \$8.6 million balance from the *2021 Budget Act* and \$10.6 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 reduce the deficit and is working with the campus to achieve budget alignment. Some of these changes include significant performance productivity efficiencies that have resulted in 1) increased patient volume, 2) increased overall capacity at all UCR Health clinics, and 3) reduction of operational costs. The change that is anticipated to be of most significance is the planned UCR Health expansion recently approved by the UC Regents.

<b>UCR SCHOOL OF MEDICINE and UCR HEALTH OPERATING BUDGET FY25/26 - PROJECTED (\$ In Millions)</b>			
<b>Classification</b>	<b>UCR SOM</b>	<b>UCR Health</b>	<b>Total</b>
<b>Revenues</b>			
<b><u>Core Funds</u></b>			
State Funds <sup>1</sup>	47.2	.0	47.2
Indirect Cost Recovery (ICR) <sup>2</sup>	2.1	.0	2.1
<b>Total State Core Funds</b>	<b>49.3M</b>	<b>.0M</b>	<b>49.3M</b>
Professional Degree Supplemental Tuition (PDST) Gross	9.5	.0	9.5
Other Student Fees	.5	.0	.5
<b>Core Funds Total</b>	<b>59.4M</b>	<b>.0M</b>	<b>59.4M</b>
<b><u>Non-Core Funds</u></b>			
Clinical - Patient Billing	1.0	18.0	18.9
Clinical - Professional Services Agreement (PSA)	5.2	.0	5.2
Graduate Medical Education (GME)	18.0	.0	18.0

Contracts & Grants (C&G) <sup>3</sup>	25.7	.0	25.7
Gifts & Endowments	2.2	.0	2.2
Sales & Service	.1	.0	.1
<b>Non-Core Funds Total</b>	<b>52.2M</b>	<b>18.0M</b>	<b>70.2M</b>
<b>Other Transfers</b>	<b>-.5M</b>	<b>2.0M</b>	<b>1.5M</b>
<b>Total Revenue</b>	<b>111.1M</b>	<b>19.9M</b>	<b>131.0M</b>
<b>Expenses</b>			
Academic Salaries	36.6	6.3	43.0
Staff Salaries	22.9	8.6	31.5
Employee Benefits	21.5	5.8	27.3
<b>Salaries and Benefits Total</b>	<b>81.0M</b>	<b>20.7M</b>	<b>101.8M</b>
Equipment/Other Inventorial	.6	.2	.8
Facilities	2.0	1.2	3.3
Financial Aid	4.1	.0	4.1
General Supplies and Expenses	32.1	8.1	40.2
<b>Non-Salary Support Total</b>	<b>38.8M</b>	<b>9.6M</b>	<b>48.4M</b>
<b>Total Expenses</b>	<b>119.8M</b>	<b>30.3M</b>	<b>150.2M</b>
			0
<b>Net Operating Income/(Loss)</b>	<b>-8.7M</b>	<b>-10.4M</b>	<b>-19.1M</b>
<b>Budget Act of 2021 - Carryforward Funding<sup>4</sup></b>	<b>.0M</b>	<b>8.6M</b>	<b>8.6M</b>
<b>Other Carryforward Funding<sup>5</sup></b>	<b>10.6M</b>	<b>.0M</b>	<b>10.6M</b>
<b>Adjusted Net Operating Income/(Loss)</b>	<b>1.9M</b>	<b>-1.9M</b>	<b>.0M</b>

**Footnotes:**

<sup>1</sup> Original \$15M State allocation approved in FY12-13, plus FY20-21 allocation of \$25M, net of cost adjustments. Also 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.

<sup>2</sup> 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.

<sup>3</sup> Excludes Indirects.

<sup>4</sup> For illustration purposes only, adding the portion of the \$35M one-time State allocation carryforward budgeted this fiscal year, which is valued at \$8.6M. Details on actual cumulative spend by fiscal year reflected in tables on section B Below.

<sup>5</sup> Given that the budget presentation is cash-based, this line represents the utilization of existing carryforward funds for the current year operating budget.

<sup>6</sup> \$10M in residents payroll included in Academic salaries but benefits costs valued at ~\$1.6M included under non-salary as resident benefits get procured at UC-level and costs allocated to each campus.

**B. Budget Act of 2021 Budget Detail Schedules**

Budget Act of 2021  
 Budget Detail - One-time Appropriations  
Riverside  
UC Riverside School of Medicine Facilities

	FY2021-22 (Actual)	FY2022-23 (Actual)	FY2023-24 (Actual)	FY2024-25 (Actual)	FY2025-26 (Projected)	Total
One Time Appropriation	25,000,000	-	-	-	-	25,000,000
<b>Total Budgeted Revenue</b>	<b>\$ 25,000,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 25,000,000</b>
Payroll Expenses	5,803,387	2,359,476	2,696,925	5,304,658	3,635,990	19,800,436
Supplies and Expenses	49,103	1,320,308	388,392	956,342	-	2,714,145
Operation and Maintenance of Plant (OMP)	910,946	636,550	901,580	36,344	-	2,485,420
<b>Total Expenditures</b>	<b>\$ 6,763,436</b>	<b>\$ 4,316,334</b>	<b>\$ 3,986,897</b>	<b>\$ 6,297,344</b>	<b>\$ 3,635,990</b>	<b>\$ 25,000,000</b>
<b>Budget Operating Income</b>	<b>\$ 18,236,564</b>	<b>\$ (4,316,334)</b>	<b>\$ (3,986,897)</b>	<b>\$ (6,297,344)</b>	<b>(3,635,990)</b>	<b>-</b>
<b>Carryforward</b>	<b>\$ 18,236,564</b>	<b>\$ 13,920,230</b>	<b>\$ 9,933,333</b>	<b>\$ 3,635,990</b>	<b>-</b>	<b>-</b>

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 stabilizing operations and addressing changes in patient volume, all of which directly align with the purpose of these funds under Budget Act 2021.

Budget Act of 2021  
 Budget Detail - One-time Appropriations  
Riverside  
UC Riverside School of Medicine Acute Care Teaching Hospital

	FY2021-22 (Actual)	FY2022-23 (Actual)	FY2023-24 (Actual)	FY2024-25 (Actual)	FY2025-26 (Projected)	Total
One Time Appropriation	10,000,000	-	-	-	-	10,000,000
<b>Total Budgeted Revenue</b>	<b>\$ 10,000,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,000,000</b>
Payroll Expenses	-	-	-	918,109	3,432,852	4,350,961
Supplies and Expenses	-	-	-	935,278	-	935,278
Operation and Maintenance of Plant (OMP)	-	-	-	-	-	-
Outside Services/ Subawards	469,599	342,631	2,417,275	-	1,484,256	4,713,761
<b>Total Expenditures</b>	<b>\$ 469,599</b>	<b>\$ 342,631</b>	<b>\$ 2,417,275</b>	<b>\$ 1,853,386</b>	<b>\$ 4,917,108</b>	<b>\$ 10,000,000</b>
<b>Budgeted Operating Income</b>	<b>\$ 9,530,401</b>	<b>\$ (342,631)</b>	<b>\$ (2,417,275)</b>	<b>\$ (1,853,386)</b>	<b>\$ (4,917,108)</b>	<b>-</b>
<b>Carryforward</b>	<b>\$ 9,530,401</b>	<b>\$ 9,187,770</b>	<b>\$ 6,770,495</b>	<b>\$ 4,917,108</b>	<b>\$ -</b>	<b>-</b>

### **C. Capital Budget**

The SOM capital infrastructure has evolved since the inauguration of the SOM. 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). As previously reported, the SOM continues to thrive and advance its strategic objectives, partly as a result of the recent inauguration of SOM Education Building II. Below is a description of how the building has brought the SOM community closer together.

#### **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. With consideration of programmatic space needs, 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 Fall 2023, the UCR SOM opened its doors to the SOM Education Building II (SOM Ed II). The SOM Ed II building consists of 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.

Since the inauguration of the SOM Education Building II, 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. Students now have access to a larger classroom space with state-of-the-art technology, ample relaxation and study space, lockers and other space that has been limited in the past. Also, medical education support staff offices are located in the building, thus allowing the students to be within close proximity to medical education faculty and staff. Their improved accessibility to advisors, associate deans, financial aid, and other support staff, has improved the school's compliance with LCME accreditation requirements.

#### **Continued Utilization of Newly Inaugurated SOM Ed II**

As previously reported, effective FY2023-24, most medical educational activities continue to take place in the new Education II building. The School of Medicine Education Building I (SOM Ed I) continues to be used for educational and administrative space, including space for small-group, problem-based learning sessions and Objective Structured Clinical Examinations. The building also continues to be used for Biomedical Sciences' Doctor of Philosophy (PhD) and Master of Science (MS) courses, as well as Master of Public Health (MPH) classes.

The recently upgraded CSPC continues to be utilized exclusively for medical educational activities, such as simulation and clinical skills labs, and is in convenient proximity to the SOM Education Buildings I and II. The original project budget for CSPC was \$7.0 million, using campus funds. Construction on this 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 the 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 within close proximity, improving the integration of SOM teams. This improved collaborative setting has enabled the SOM to provide and sustain a welcoming environment for students. Since the move to SOM Ed I and SOM Ed II, the administrative and clinical academic units, which were previously housed at the Intellicenter, are now thriving. Overall, the UCR SOM's strategic decision to leverage all the new space, while continuing to rely on research space made available in the campus' Multidisciplinary Research building, has been a success and has continued to help in effectively supporting our student population.

Additionally, as previously reported, the SOM Research Building (a \$37 million project opened in 2010) is a three-floor, 58,000- square-foot building, which continues to serve as the initial research platform for the medical school. This has helped with faculty recruitments who have been key to the support of scholarly work among the trainees. Additionally, the research staff have been relocated to SOM Ed I, enabling the recruitment of additional faculty needed to support scholarly work among the trainees. Also, now that the research staff has been relocated to SOM Ed I for over a year, the strategic move has enabled us to free up more space for research faculty, while allowing for more interdisciplinary collaboration to take place.

Finally, the additional Multidisciplinary Research Building (MRB) laboratory space provided in 2019 remains in use by medical school faculty and remains 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. Yet, it continues to help the UCR SOM with accommodating planned faculty growth within the medical school's basic science division.

## **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

134 resident and fellow physicians training in UCR-sponsored postgraduate programs for the academic year 2025-2026.

### Number of Trainees in UCR SOM-Sponsored Training Programs – FY2025-26

<b>Residency Programs</b>	
Internal Medicine	55
Family Medicine <sup>7*</sup>	8
Psychiatry	35
<b>Fellowships</b>	
Cardiovascular Disease	12
Child and Adolescent Psychiatry	6
Gastroenterology	7
Interventional Cardiology <sup>8**</sup>	0
Critical Care Medicine (Internal Medicine)	8
Minimally Invasive Gynecologic Surgery	3
<b>Total</b>	<b>134</b>

In 2025, UCR SOM-sponsored residencies and fellowships graduated a total of 41 residents in Internal Medicine, Family Medicine, Psychiatry, and fellows in Cardiovascular Disease, Interventional Cardiology, Addiction Medicine, and Child & Adolescent Psychiatry. Among these graduates, 66% remained in California, and 34% chose to stay in the Inland Empire to practice. Since 2016, 313 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 graduate medical education (GME) programs through the HCAI-Song-Brown Workforce Training grants and CalMedForce grants. The purpose of CalMedForce grants is to sustain or expand residency positions in accredited GME programs in California using tobacco tax revenue from Proposition 56 funds. UCR has received CalMedForce multi-year awards in the amount of \$675,000, which run from FY2024-25 through FY2026-27, resulting in an average annual budget allocation of approximately \$225,000 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.

Seventy-three individuals, or 98%, of the seventy-four UCR SOM Class of 2025 graduates matched into residency training programs. For the Class of 2025, 24 graduates (32%) matched into primary care residencies, 27 graduates (36%) secured residency training in the Inland Empire, including one in a UCR

<sup>7\*</sup> Initial Family Medicine program sunset in June 2024. New Family Medicine program approved by ACGME and started in July 2025.

<sup>8\*\*</sup> Due to increased competition, unable to fill in the match in 2024-25. Actively recruiting for 2025-26.

psychiatry program. Sixty-two graduates (84%) remained in California to complete their residency training.

## **B. UCR Health**

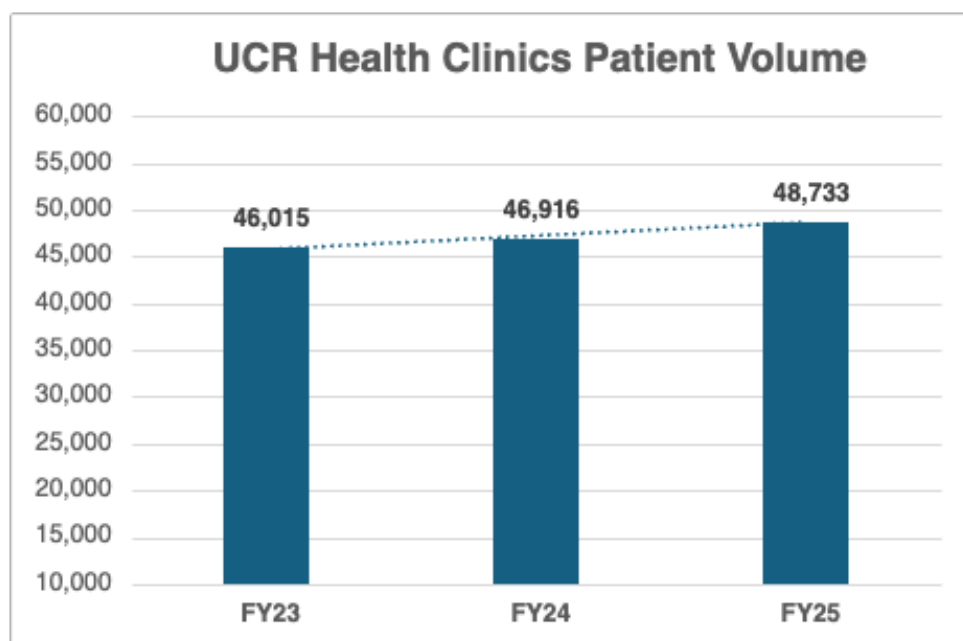
UCR Health continues to serve as a vital partner to the UCR School of Medicine, supporting its dual mission of expanding access to high-quality health care in the Inland Empire and providing essential educational and clinical experiences for medical students and residents. Together, UCR SOM and UCR Health are addressing the region's physician shortage and advancing health equity through a community-based academic delivery model.

As of Fall 2025, UCR Health operates three outpatient clinics- two in Riverside and one pediatric-focused clinic serving the Coachella Valley. Plans are underway to open seven new clinics in strategically identified geographic areas. Total patient volume grew by 4% in FY2025, reaching nearly 49,000 visits across all departments. FY2024 totals were modestly below expectations due to provider turnover within select specialties; however, operational efficiencies such as optimized scheduling, expanded capacity, and reduced visit costs have mitigated the negative impact on overall growth.

Strong year-over-year gains were observed in Pediatrics (+35%) and Family Medicine (+7%), reflecting increased demand for primary care and successful provider recruitment. OB/GYN also maintained steady growth (+6%) through expanded service offerings and sustained patient retention. Psychiatry (-15%) experienced a temporary decline due to provider transitions and capacity constraints, expected to stabilize in FY2026 as recruitment concludes.

Looking ahead to 2029, UCR Health will advance the development of the Canyon Springs campus, strategically located at the border of Riverside and Moreno Valley. This transformative project is situated on UC-entitled land and will serve as a cornerstone of UCR Health's long-term academic and clinical expansion. The site is envisioned as a comprehensive medical hub that will anchor patient growth across Riverside County by centralizing key outpatient services, including an ambulatory surgery center, expanded radiology and laboratory capacity, and additional multidisciplinary clinic space. The campus plan also anticipates a future academic acute-care facility supported by a dedicated parking structure and an adjacent medical office building. As UCR Health's network continues to grow, the Canyon Springs campus will provide the essential infrastructure required to meet rising demand and ensure high-quality, integrated care for the region's rapidly expanding population.

Overall, UCR Health continues to demonstrate resilience and operational discipline. A summary of these trends is presented below.



### UCR Health Clinic Volume Trends

Department	FY 2022	FY 2023	FY 2024	FY 2025	% Change FY24→FY25
SOM Family Medicine	4,433	4,716	5,480	5,843	+7%
SOM Internal Medicine	5,232	5,670	4,523	4,665	+3%
SOM Neuroscience (Psychiatry)	15,888	16,284	15,425	13,052	-15%
SOM OB/GYN	8,620	9,393	11,047	11,665	+6%
SOM Pediatrics	7,880	9,542	9,775	13,183	+35%
Other	348	410	666	325	-51%
<b>Total</b>	<b>42,401</b>	<b>46,015</b>	<b>46,916</b>	<b>48,733</b>	<b>+4%</b>

## 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 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 organize 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** has been dedicated to improving the health and well-being of Inland Empire residents since its inception in 2014. This team of health professionals bridges the gap between the community and UCR's health scholars and experts by advancing service, education, and research to achieve equitable health outcomes.
- **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 initially established in July 2019 with a five-year, \$16 million grant from the National Institutes of Health. The funding for this center has now concluded.
- **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** offers research grants to trainees (Dean’s Innovation Grant, Dean’s Postdoc to Faculty) and Faculty (Dean’s Collaborative grant) to support projects that advance 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:

- A \$3.5 million grant to the University of California, Riverside, and Indiana University, from the National Institute of Neurological Disorders and Stroke at the National Institutes of Health will now examine how traumatic brain injury (TBI) at different ages and genetic risk factors can result in the accelerated development of Alzheimer’s disease and related dementia (ADRD). Andre Obenaus, PhD a professor of biomedical sciences, is the principal investigator of the three-year grant. An expert on TBI, stroke, Alzheimer’s, and epilepsy, Obenaus has worked on TBI for more than two decades. He joined the UCR faculty in March 2024. They will be joined in the research project by Adam Godzik, PhD, and Devin Binder, MD, PhD, professors of biomedical sciences in the UCR School of Medicine.
- The UCR SOM has received a \$900,000 grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), a department within the US Department of Health and Human Services, to develop and implement a new curriculum that offers education on substance use disorders to medical students early and throughout their education.
- The UCR SOM has been awarded \$250,000 through the Eugene Washington PCORI Engagement Award Program, an initiative of the Patient-Centered Outcomes Research Institute (PCORI). The funds will support a two-year project titled “Latinx and Indigenous Mexican Communities Partnering for Improved Mental Health.”
- Natalie Zlebnik, PhD, an assistant professor of biomedical sciences, has received a two-year, \$35,000 NARSAD Young Investigator Award from the Brain and Behavior Research Foundation. The grant will support her research into how endocannabinoids, or ECBs, may help prevent cocaine addiction relapse.
- Denise Martinez, MD, and Iryna Ethell, PhD, have received an Advancing Faculty Diversity award of \$550,000 from the University of California Office of the President for a project titled “Advancing Clinical Faculty Diversity through Transformative Hiring for Representation, InclusiVity, and Excellence (THRIVE) at UCR SOM.”
- A research team led by Meera G. Nair, PhD, that includes co-investigators Adam Godzik, PhD, and Djurdjica Coss, PhD, all professors of biomedical sciences in the UCR School of Medicine, have received a \$3.7 million grant from the National Institutes of Health to study the role of sex-specific immune responses in obesity and parasitic worm infections — both significant global public health concerns.

## IX. CONCLUSION

In summary, the UCR SOM has set its course toward increasing enrollment to 500 total medical students, and toward building the necessary infrastructure, expanding faculty hires, and addressing other critical needs. While some challenges still exist and an operating loss is projected this fiscal year, the UCR SOM has also taken some intentional steps to reduce operating losses in the future, particularly around clinical operations. The State Budget Act of 2021 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. This investment has proven critical, enabling UCR Health to normalize clinical operations and plan strategically for growth. Through the successful improvement of clinical performance productivity efficiencies, UCR Health has effectively implemented strategies to increase patient volume, increase clinic capacity, and reduce overall costs per patient visit. With the additional \$2 million in annual operating support authorized in the State Budget Act of 2023, and tuition, the UCR SOM's ongoing state funding is valued at \$49.3 million as of FY2025-26. This increase has enabled the UCR SOM to maintain focus on the advancement of the academic and patient care missions.

As UCR SOM 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 without its own hospital. The continued reliance on affiliates for clinical experiences is unsustainable and limits capacity, putting the UCR SOM in a vulnerable position due to increased competition with other schools and programs that pay for 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 at risk for shrinking as other competing organizations buy them out of clinical rotations. To effectively address California's physician shortage and bolster regional economic health, continued partnership and investment are essential. Until this problem 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 continue 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.