Coachella Valley Health and Wellness Campus

Concept proposal, campaign priorities, and thirty year financial analysis

Prepared by Ted Stoner | September 2026

Concept rendering for community discussion

THE SITE VISION

A campus built around connected care

The former Palm Valley School property offers an existing 36-acre campus with separate classroom buildings, a gym, a theater, athletic fields, courtyards, and parking. The concept favors adaptive reuse and phased improvements so useful programs can begin while the larger partnership develops.

Conceptual layout only. It is not a surveyed site plan, approved design, or commitment to a specific building assignment.

Zone	Campus use	Purpose
1	Community Health and Navigation	Public entrance, care navigation, rotating clinics, and telehealth support.
2	Healthcare Workforce Center	Classrooms, simulation labs, career pathways, and clinical education.
3	Behavioral Health and Family Services	Private outpatient care, youth support, recovery services, and family resources.
4	Healthy Aging and Wellness	Caregiver support, prevention, rehabilitation, nutrition, and social connection.
5	Community Wellness Park	Gym, fields, walking programs, senior fitness, youth activity, and health fairs.
6	Health Data and Partnership Hub	Shared evaluation, public reporting, partner coordination, and innovation.

THE PROPOSAL

The idea in plain language

I believe the Desert Healthcare District should evaluate a shared regional health campus that helps existing organizations do more. The District would own the public asset and set the standards. Hospitals, clinics, colleges, universities, local governments, and community organizations would provide most of the care, education, and services.

The campus would give the Coachella Valley something it does not have today: one place where healthcare access, workforce training, behavioral health, prevention, community navigation, and regional health data can work together. Mobile services, telehealth, partner clinics, and community access points would carry those benefits beyond the campus to all seven District zones.

Why this moment matters

DHCD expects an initial $100 million hospital lease payment in 2027 and approximately $646.2 million in scheduled lease payments through 2057. Its adopted strategic plan also calls for the District to become a Health System Amplifier: an organization that connects partners, builds shared infrastructure, and measures whether public investment is improving care.

A campus is one way to put that strategy into practice. The initial payment could help create a long-lived public asset, while future revenue, investment earnings, earned campus revenue, and partner support help sustain the work. The proposal only makes financial sense if the District shares the cost and protects its grant program.

What residents could find there

Campus function	What it could provide
Community Health Center	Primary care, rotating specialty clinics, dental care, imaging, pharmacy, telehealth, and shared clinical space.
Healthcare Workforce Institute	Nursing and clinical training, simulation labs, classrooms, clinical placements, and local career pathways.
Behavioral Health and Youth Wellness	Mental health, substance use, youth and family support, peer services, and telepsychiatry.
Community Navigation	One trusted place for referrals, benefits, transportation, coverage questions, and connections to care.
Healthy Aging and Prevention	Chronic disease prevention, nutrition, fall prevention, caregiver support, classes, and social connection.
Health Data and Innovation	Shared measures, privacy-protected analysis, evaluation, and a public dashboard showing results.

The final service mix would depend on community input, feasibility findings, licensing requirements, site conditions, and binding partner agreements.

How the campus would strengthen the whole system

DHCD does not need to become another hospital system or directly operate every program. Its most useful role may be to build the shared platform that other organizations can use. That is what makes the campus an amplifier.

Amplifier function	What it means for the Coachella Valley
DHCD builds shared capacity	The District invests in facilities, navigation, data, telehealth, and training infrastructure that many organizations need.
Partners bring services and people	Healthcare providers supply licensed care. Educational institutions provide faculty and training. Community organizations connect residents to support.
Agreements turn space into results	Each partner commits to services, access, reporting, financial participation, and measurable community benefit.
The hub supports the entire Valley	Mobile programs, telehealth, partner locations, and community access points extend benefits beyond one building.
The public can see what changed	DHCD reports added appointments, provider capacity, workforce placements, wait times, geographic reach, and financial performance.

What success should look like

- More primary, specialty, dental, and behavioral health appointments, with shorter waits.
- More Valley residents completing healthcare education and taking local jobs.
- A simpler path through referrals, coverage, transportation, and social support.
- Earlier help for young people, families, older adults, and residents managing chronic conditions.
- Public reporting by geography so the District can see whether every part of the Valley benefits.
- More outside resources supporting regional healthcare for every DHCD dollar invested.

A campus and a regional network

The building would be the hub, not the entire strategy. Partner clinics, schools, libraries, senior centers, community centers, mobile units, and telehealth rooms could serve as the spokes. Service agreements could require minimum mobile days, telehealth access, regional clinical rotations, and public reporting by District zone.

THE CAMPAIGN FRAMEWORK

Four pillars for a healthier Coachella Valley

The campus connects directly to the four priorities at the center of my campaign. Together they describe a healthcare system that expands access, builds a local workforce, reaches people throughout the Valley, and earns public trust through responsible stewardship.

Campaign pillar	How the campus advances it
Care Starts Here	Recruit, train, and retain the healthcare professionals the Valley needs.
Care Without Walls	Bring services, navigation, and follow-up into communities throughout the District.
Care Built on Trust	Make major investments transparent, financially responsible, and accountable for results.
Care Amplified	Use the District as a convener so partners can combine space, people, programs, and funding.

Care Starts Here and Care Without Walls

The campus can become the home base for a Valley workforce strategy while supporting services that reach residents where they live. These priorities reinforce each other: a stronger local workforce makes broader access possible.

What these priorities mean for the campus

- Coordinate nursing, allied health, behavioral health, and physician training with colleges and healthcare providers.
- Use mobile clinics, telehealth, community care days, and navigation support to extend the campus across the Valley.
- Measure providers recruited, students trained, local placements, residents reached, referrals completed, and avoidable readmissions.

Care Built on Trust and Care Amplified

A bold investment must remain understandable to the public and financially sustainable. The District should bring partners together, require clear commitments, publish results, and protect the grant program that already supports organizations across the Coachella Valley.

The accountability test

Every major investment should answer four questions: What did we promise? What did we spend? What did we accomplish? What happens next?

Success should be measured by the care, workforce, access, and public benefit the investment produces, not simply by the amount of money the District spends.

DHCD begins from a position of strength

The 30-year model starts with DHCD's audited FY2025 finances and the Board-approved FY2027 budget. It then applies the executed Tenet lease schedule, including the $100 million initial payment in FY2027 and the $100 million final payment in FY2057.

Financial measure	Amount	Planning basis
Cash	$12.2M	FY2025 audited
Investments	$65.9M	FY2025 audited
Total assets	$95.2M	FY2025 audited
Total liabilities	$5.9M	FY2025 audited; no outstanding debt reported
Unrestricted net position	$72.8M	FY2025 audited
Projected ending cash and investments	$178.3M	FY2027 Board-approved budget

Lease revenue in the model

Lease component	Timing	Nominal amount
Initial payment	FY2027	$100.0M
Annual payments	FY2028 to FY2046	$19.5M rising to $27.9M
Payment gap	FY2047 to FY2056	$0
Final payment	FY2057	$100.0M
Total scheduled payments	FY2027 to FY2057	$646.2M

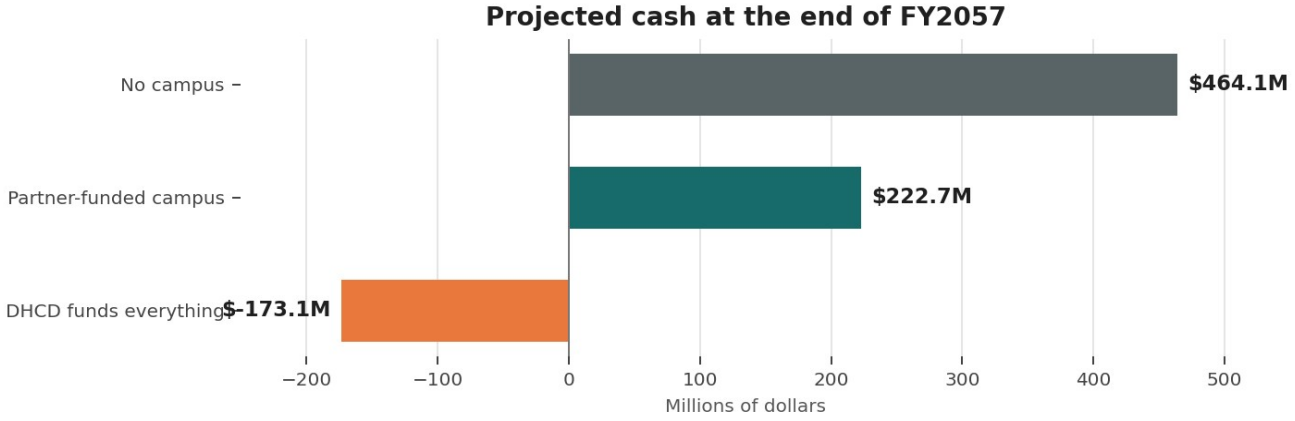
The payment gap matters. The District cannot rely on the final FY2057 payment to solve liquidity problems that arise during the ten years without annual lease receipts. The model therefore tests the lowest cash balance before the final payment arrives.

Financial statements, budget figures, and lease payments are inputs to a planning model. The results are not an audited forecast, appraisal, construction estimate, or financing feasibility study.

A shared project is financially possible

The financial model covers FY2027 through FY2057. It begins with DHCD's projected FY2027 ending cash and investments of $178.3 million, uses the executed lease payment schedule, and continues the current grant program while adding a phased grant expansion. It also accounts for construction, campus operations, investment earnings, and rising costs.

Scenario	DHCD capital	DHCD campus support	Lowest cash balance	FY2057 cash
No campus	$0	$0	$178.3M	$464.1M
DHCD funds everything	$100.0M	$308.4M	-$222.2M	-$173.1M
Partners share the campus	$50.0M	$92.5M	$157.1M	$222.7M



The conclusion is straightforward. DHCD should not carry the entire project by itself. Under the partnership case, the District contributes about $142.5 million over 30 years: $50 million for capital and about $92.5 million for campus support. Partners and earned sources provide about $265.9 million. The District remains above the model's $50 million planning floor and ends FY2057 with about $222.7 million.

The no-campus case ends with more cash because it makes no campus investment. The difference is the price of creating a regional asset and operating it for decades. The decision is whether the added healthcare capacity, workforce, and public benefit justify that investment. The model makes that tradeoff visible.

Planning assumptions include a $100 million capital program, capital spending from FY2028 through FY2032, first full campus operations in FY2032, 3 percent annual campus cost growth, and a 3 percent investment return. Figures are nominal and are not an audited forecast.

The project works only when partners share the cost

The base partnership case assumes a $100 million capital program. DHCD supplies half of the capital and 30 percent of the annual campus requirement. Partners, leases, reimbursements, grants, and philanthropy supply the remaining resources. These shares are illustrative until organizations sign binding agreements.

Illustrative capital contributor	Amount	Share
DHCD	$50.0M	50%
Riverside County	$10.0M	10%
Nine valley cities	$9.0M	9%
College of the Desert	$4.0M	4%
CSUSB	$3.0M	3%
UCR	$4.0M	4%
Desert Care Network	$7.0M	7%
Eisenhower Health	$7.0M	7%
Kaiser Permanente	$6.0M	6%

What the downside tests show

Sensitivity case	FY2057 cash	Lowest cash	Result
Base partnership	$222.7M	$157.1M	Above floor
20% capital overrun	$200.6M	$135.6M	Above floor
2% investment return	$113.2M	$51.4M	Above floor
Partner funding shortfall	$113.5M	$54.3M	Above floor
Combined downside	-$23.3M	-$79.8M	Below floor

The lesson is discipline. The partnership structure can absorb individual setbacks in this model, but a combined capital overrun, weaker investment returns, and a larger DHCD operating share would become unsustainable. Written commitments, phased construction, and annual reforecasting are essential.

The grant program remains protected

The campus should expand DHCD’s impact without turning grants into the project’s emergency funding source. In the partnership model, the existing grant program continues and grows with inflation. A separate grant expansion begins in FY2030 and reaches $5 million in FY2033 before growing over time.

Grant commitment	Thirty year total	How the model treats it
Existing grant program	$475.8 million	Continues from FY2028 through FY2057 and grows 3 percent annually.
Added grant expansion	$191.3 million	Begins at $2 million in FY2030, reaches $5 million in FY2033, then grows 3 percent annually.
Total modeled grant funding	$667.1 million	Available under all three scenarios in the financial model.

How the Valley could benefit economically

The public benefit is broader than the District’s balance sheet. Construction, ongoing campus operations, and a stronger workforce would circulate money through the regional economy. These are preliminary planning ranges, not a formal economic impact study.

Economic channel	Illustrative regional benefit
Construction period	$75M to $115M in one-time regional activity and 300 to 600 construction and supplier job-years.
Ongoing campus operations	$8M to $11M in annual regional activity and 70 to 100 ongoing direct and ripple-effect jobs.
First ten operating years	$155M to $225M in cumulative regional activity, including the construction period.
Workforce pipeline at scale	About 90 to 225 local hires a year and $5M to $18M in annual gross earnings, depending on completions and local placement.

These figures should not be added into one “total benefit” number. Grant funding, campus spending, labor income, and economic activity overlap. The responsible approach is to report each measure separately and track what the project actually produces.

Start with proof before construction

This proposal is an invitation to evaluate the idea, not a request to write a blank check. The next step should be a transparent feasibility and partner-development process. DHCD should commit major capital only after the project proves that it will add healthcare capacity, serve the entire Valley, attract credible partners, and remain financially sustainable.

Financial guardrails

- Require binding partner commitments before major construction contracts are awarded.
- Release DHCD capital in stages tied to design, cost, fundraising, and service milestones.
- Keep campus capital and operating accounts separate from community grantmaking.
- Adopt a formal reserve policy and reforecast the full 30-year plan every year.
- Require leases, program commitments, maintenance funding, and replacement rights if a major partner leaves.
- Use independent appraisal, environmental review, seismic analysis, legal review, and validated construction estimates before a site commitment.

A practical sequence

Illustrative timing	What should happen
First 9 months	Validate needs, map service gaps, listen to residents, develop site criteria, and seek serious partner interest.
6 to 18 months	Compare sites, complete due diligence, define the program, test costs, and obtain letters of intent.
15 to 30 months	Negotiate binding agreements, approve the operating plan, complete design and entitlement work, and finalize the capital structure.
30 to 60 months	Build or renovate in phases, launch services, establish baseline measures, and begin public reporting.

The decision in front of the Valley

DHCD has an opportunity to use one-time capital to build something lasting while continuing the grants that support organizations throughout the Coachella Valley. The partnership model shows a path that can protect liquidity, expand grantmaking, and create a shared platform for care, training, prevention, navigation, and public accountability.

The idea deserves serious study because it could help the District become the healthcare amplifier described in its strategic plan. It should move forward only if feasibility confirms the need, partners share the cost, commitments remain public, and the long-term numbers continue to work.

Sources and status *Primary sources: DHCD Strategic Report FY2027–2031, FY2026–27 Board Approved Budget, FY2025 audited financial statements, executed 2024 DHCD–Tenet lease agreement, and the DHCD 30-Year Campus Financial Analysis. This is a concept for discussion, not an adopted plan, approved site, capital authorization, formal cost estimate, audited forecast, economic impact study, or partner commitment.*