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California Health Facility Construction Loan Insurance Program

(Commonly known as Cal-Mortgage Loan Insurance)

2009 State Plan

Distributed April 2010

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Appreciation to all who contribute to the Loan Insurance Program's success.

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2009 State Plan

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2009 State Plan

for the

California Health Facility Construction Loan Insurance Program

Introduction and Purpose

Created in 1969 and modeled after federal home mortgage programs, the California Health Facility Construction Loan Insurance Program (**Program**) enables public and nonprofit healthcare facilities to obtain private financing, without cost to taxpayers, to develop or expand their services in communities throughout California.

The Program's objective is to stimulate the flow of private capital into nonprofit and public health facility construction in order to assure accessibility to needed healthcare services.

With the passage of AB 282 in October 1999, amendments to Section 129020 of the Health and Safety Code require the Office of Statewide Health Planning and Development (**OSHPD**) to develop a state plan every odd-numbered year for the Program. (See **Exhibit 1**.)

In this 2009 State Plan, OSHPD provides a summary of the Program, identifies current trends that affect the Program, and specifies goals and objectives in order to continue to focus the Program on equitable accessibility to quality healthcare.

This State Plan's contents are current as of January 1, 2009, unless specifically noted otherwise.

Section I. Status Report of the Loan Insurance Program

A. History of the California Health Facility Construction Loan Insurance Program - First Forty Years

The California Health Facility Construction Loan Insurance Program (**Program**) was authorized in 1968 by an initiative vote, which added the following section to the State Constitution (reference Article 16, Section 4):

"The Legislature shall have the power to insure or guarantee loans made by private or public lenders to nonprofit corporations and public agencies, the proceeds of which are to be used for the construction, expansion, enlargement, improvement, renovation or repair of any public or nonprofit hospital, health facility, or extended care facility, facility for the treatment of mental illness, or all of them, including any outpatient facility and any other facility useful and convenient in the operation of the hospital and any original equipment for any such hospital or facility, or both."

Legislation enabling the Program was passed by the Legislature in 1969.

Modeled after federal home mortgage programs, the Program makes it possible for nonprofit healthcare facilities to obtain private financing without cost to taxpayers to develop or expand their services in communities throughout California. Without such a guarantee, many of these facilities simply could not arrange the financing required to serve their communities.

Under the administration of the Office of Statewide Health Planning and Development (**OSHPD**), the California Health Facility Construction Loan Insurance Program insures loans to nonprofit and public healthcare facilities for construction projects that improve access to needed healthcare. OSHPD can insure loans to nonprofit public benefit corporations or public entities (cities, counties, hospital districts, or joint power authorities) in which the State of California guarantees the payments of principal and interest on the loans. The loan insurance allows the borrowers' access to lower interest rates, similar to the tax exempt bond rates available to the State. (See **Exhibit 2.**)

The California Health Facility Construction Loan Insurance Law established the Health Facility Construction Loan Insurance Fund (**Insurance Fund**). The Insurance Fund is used as a depository of fees and insurance premiums and may be used to pay administrative costs of the Program and shortfalls resulting from defaults by insured borrowers. As a trust fund, the Insurance Fund and the interest (or other earnings) generated may not be used for non-Program purposes.

The Program was validated by the California Supreme Court in 1971, which determined that both the Constitutional amendment and the enabling legislation creating the Program were constitutional.

In 1972, OSHPD insured its first loan with the full faith and credit of the State guaranteeing the loan.

The enabling legislation required OSHPD to develop a plan and allocate loan insurance based on its findings, so that needed facilities would be constructed or expanded. OSHPD originally used Hill-Burton planning documents as the plan.

In 1976, the Certificate of Need laws were enacted, which required health facilities to go through an independent review process to assure that community need existed for the project prior to construction. During the years the Certificate of Need program was active, the statutes were amended to delete the separate planning requirement. In 1979, the statutes were revised to require that a Certificate of Need or a Certificate of Exemption be obtained as a condition to eligibility for loan insurance.

When the Certificate of Need program was suspended in 1987, OSHPD requested the California Health Policy and Data Advisory Commission (**CHPDAC**) form a task force to assess the continuing need for the Program. While the task force concluded that the Program performed a valuable function, it recommended that: (1) there should be a total dollar cap on the Program, that could be re-evaluated periodically by the Legislature; and (2) the Program should be guided by some kind of non-regulatory state plan.

OSHPD sought legislation to implement these two recommendations. Senate Bill 1293, passed in 1989, established the requirement for OSHPD to develop a state plan and allocate resources according to that state plan. At the same time, a \$2 billion cap was established on loan guarantees.

In 1991, legislation raised the cap on loan guarantees to \$2.5 billion. It also provided that the cap could be raised to \$3 billion, with the completion of a state plan. The first State Plan was finished in July 1992. Effective January 1, 1993, the amount that OSHPD was authorized to insure was raised to \$3 billion.

In September 1993, Triad Healthcare Corporation (**Triad**) defaulted on an insured loan of \$167 million. Due to this large default, OSHPD declared a moratorium on new applications. A review of the Program found that OSHPD still could continue to meet the requirement that the Program be administered without cost to the State. Due to the findings of this review, the moratorium was lifted and OSHPD began accepting new applications in May 1994.

From the Loan Insurance Program's inception, the Advisory Loan Insurance Committee (**ALIC**) has been utilized to review loan insurance applications,

including Cal-Mortgage staff analyses, and to make recommendations to the OSHPD Director. The ALIC has been comprised of public and government members with expertise in financing, health planning, construction, and healthcare facility operations.

During the moratorium, the Advisory Loan Insurance Committee (**ALIC**) was restructured. OSHPD appointed new members to the ALIC, including a representative from the Department of Finance. In 1995, regulations were amended to increase the number of members on the ALIC from seven to nine.

In order to strengthen OSHPD's ability to deal with facilities in serious financial trouble, Senate Bill 1705 was passed in September 1994. This bill gave OSHPD authorization to assume or direct managerial control of borrowers in default.

In October 1998, a report by the California State Auditor identified opportunities to improve the review of applications and the monitoring of insured borrowers. OSHPD implemented the recommendations made in the Auditor's report. The most significant items were: (1) establishing written guidelines for the review of loan applications; (2) utilizing financial analysis software to analyze an applicant's financial performance; (3) upgrading and reprogramming the project database to assist the staff and Program management in monitoring borrowers; and (4) preparing, in conjunction with OSHPD accounting staff, an ongoing report of assets and liabilities related to defaulted projects.

During the 1998-1999 Legislative session, a cooperative effort by the State Legislature, the State Auditor's staff, and OSHPD staff resulted in passage of AB 282 (Chapter 848, Statutes of 1999). The statutes made changes to improve the Program. They (1) authorized a one-time, up-front insurance premium; (2) established, in law, the Advisory Loan Insurance Committee with expanded responsibilities; (3) required preparation of a biennial State Plan; and (4) required preparation of annual reports to the Legislature.

B. Developments Since the Previous State Plan

1. Changes in the Program's Portfolio

Since the prior State Plan, the Program's insured loan portfolio increased 9.5% to slightly less than \$1.4 billion (**Exhibit 13**). The number of insured loans decreased from 149 to 137 (**Exhibit 14**).

The decrease in the number of insured loans is linked to the decline in interest rates. Borrowers were able to refinance out of the Program and achieve lower interest costs (generally from about 7% to below 6%). Over the last two years, nineteen projects refinanced and left the Program. Two other borrowers paid off their debt. When these borrowers (with loans insured before 2001) paid off their

loans, their annual insurance premiums were eliminated. Even though 21 projects left the Program during this two year period, many of these projects were relatively small, with principal balances of less than \$5 million.

In summary, the profile of the insured portfolio, based upon the percentage of projects by type, remained relatively unchanged between June 2004 and June 2008. (See **Exhibit 16.**) Similarly, based upon the insured loan amount, the profile remained relatively unchanged. (See **Exhibits 8 & 17.**)

2. Implementation of Priority Needs Identified in the Prior State Plan

The 2007 State Plan established certain priorities, which are indicated in the following summary listing. Loan insurance activities have reflected those priorities. From July 1, 2006 through June 30, 2008, OSHPD insured 13 projects. (Please note: Since a project may address more than one priority area, the combined total of all priority areas exceeds 13.)

- 1) Six projects were in medically underserved areas or serve medically underserved populations.
- 2) Two projects involved meeting compliance with hospital seismic safety standards (SB1953).
- 3) Two projects enhanced the actuarial stability of the Program.
- 4) Four projects targeted special needs populations and created community-based treatment environments: four projects for the elderly, three projects for persons with mental or developmental disabilities, and three projects for persons needing substance abuse therapy.
- 5) Five projects promoted access to primary care services.
- 6) Four projects provided solutions to healthcare delivery problems in rural areas, for patients with chronic health problems, or by developing continuums of care.
- 7) Four projects included opportunities to refinance debt and reduce the borrower's risk to the Program's insurance fund.

Exhibit 5 shows projects that were insured from July 1, 2006 to June 30, 2008.

3. Changes to the Fund Balance of the Loan Insurance Program

The Fund Balance (refer to **Exhibit 3**) is determined by taking the cash balance, adding the value of assets (obligations due to OSHPD for defaulted projects), and subtracting the liabilities (obligations of OSHPD for defaulted projects). The

Fund Balance of the Program increased from \$63.2 million on June 30, 2006, to \$85.0 million on June 30, 2008 or a total of \$21.3 million. The cash balance increased by \$13.3 million, because of a high volume of newly insured loans in FY2008. Obligations to OSHPD declined by \$11.3 million, due to two Triad principal payments.

C. Description of Program Operations

1. Administration

As one of thirteen departments in the California Health and Human Services Agency, OSHPD's vision is "equitable accessibility to quality healthcare." Its mission is to be a leader in analyzing California's healthcare infrastructure, promoting a diverse and culturally competent healthcare workforce, informing the public about healthcare quality, assuring the safety of buildings used in providing healthcare, insuring loans to develop healthcare facilities, and facilitating development of sustained capacity for communities to address healthcare issues.

OSHPD administers the California Health Facility Construction Loan Insurance Program through its Cal-Mortgage Loan Insurance Division (**Cal-Mortgage**). For FY 2008-09, the Cal-Mortgage Loan Insurance Division was authorized for 22 employees and an annual budget of \$4.8 million.

OSHPD uses the Advisory Loan Insurance Committee (**ALIC**) to provide technical review and analysis of applications. The ALIC independently recommends to the OSHPD Director whether an application should be approved and whether additional conditions should be attached to the approval. The ALIC also assists the OSHPD Director in formulating policy and providing advice on the State Plan. The ALIC is comprised of nine members. Seven members are citizens with expertise in areas of finance, healthcare facility management, and construction. Two members are appointed from State government: one of which is appointed by the Director of Finance.

OSHPD is also assisted by the California Health Policy and Data Advisory Commission (**CHPDAC**). The CHPDAC gives OSHPD and the Cal-Mortgage Loan Insurance Division general advice by periodically reviewing the Program and serving as a review body for applicants whose applications for loan insurance are denied by OSHPD. Since the Program's inception in 1972, one hearing has been requested and conducted.

The California Health Facility Construction Loan Insurance Law also established the Health Facility Construction Loan Insurance Fund (**Insurance Fund**). The Insurance Fund is used as a depository of fees and insurance premiums. It is invested in the California State Pooled Money Investment Account Portfolio managed by the State Treasurer and earns interest equivalent to the rate earned

by other State Treasury funds. The Insurance Fund is a trust fund and may only be used to pay administrative costs of the Program and shortfalls resulting from defaults by insured borrowers. As a trust fund, the Insurance Fund and interest (or other earnings) generated may not be used for non-Program purposes.

OSHPD contracts for actuarial and consultant services. It obtains legal services from the State Attorney General's office and private law firms on specific items.

Cal-Mortgage staff provide reports to OSHPD's Director, the California Health and Human Services Agency (**CHHSA**), and the State Legislature. Cal-Mortgage staff also prepare monthly and annual reports showing Program activity, the cash balance of the Insurance Fund, and, in conjunction with OSHPD's accounting staff, the assets and liabilities of the Program. (See **Exhibit 3**.) For anticipated events, the Cal-Mortgage staff submit Week Ahead Reports to OSHPD administration. In even-numbered years, OSHPD contracts for an actuarial study of the Program. (Refer to Section I E for a summary of this report.) Starting with the fiscal year ending June 30, 2000, OSHPD has prepared annually two reports for the Legislature: (1) Financial Status of the Program and (2) Borrowers' Compliance with their Community Service Obligations.

Reports on the activity of the Program are published monthly and are available upon request or on the OSHPD Web site (www.oshpd.ca.gov/CalMort).

2. Application Process

Loan insurance applications follow a six step application and credit evaluation process. By structuring the process in several steps or stages, the goal is to make determinations about an application as early in the process as possible. In this way, if an applicant is not eligible, the applicant's costs are minimized.

Step One: The Cal-Mortgage Account Manager conducts a preliminary review of the application to determine eligibility of the applicant for loan insurance and to generally assess the community need and feasibility of the proposed project.

Step Two: The applicant submits additional documentation that expands on and confirms the information provided in the preliminary review. To initiate this review, the applicant must submit a \$500 non-refundable application fee. The key question under consideration at this stage is whether the proposed project is financially feasible. Following written guidelines, Cal-Mortgage staff assesses the project and financial projections. The applicant's financial performance is analyzed using a customized financial analysis software computer program.

Cal-Mortgage staff also evaluates other factors, including the project scope, community demand, expertise of the applicant's management team, and collateral. The applicant describes the community needs that the healthcare facility will meet and provides data and information to substantiate these needs.

The Account Manager assesses the proposed project's consistency with the State Plan. Finally, the Account Manager conducts a financial sensitivity analysis, using different levels of need and reimbursement to assess changes in the proposed project's financial feasibility.

The Account Manager writes a Project Summary and Feasibility Analysis (**PS&FA**). This PS&FA includes a recommendation for approving the application and a proposed set of conditions. Then, the application is scheduled for review by the Advisory Loan Insurance Committee (**ALIC**).

Step Three: In a public meeting, the ALIC reviews the application. This review provides an independent analysis of the project and a forum for consideration of input from the general public. During this meeting, the ALIC votes on whether to recommend the project for approval to the Director and, if so, whether the applicant should meet additional specific conditions prior to final issuance of the loan guarantee.

Step Four: Following the Advisory Loan Insurance Committee meeting, the Director of OSHPD makes a decision to approve or disapprove the application.

If the Director concurs with the recommendation of the Cal-Mortgage staff and the Advisory Loan Insurance Committee to approve the application, OSHPD issues a preliminary letter of commitment specifying any conditions the applicant must meet prior to the issuance of loan insurance.

If the Director decides to guarantee a loan that the Advisory Loan Insurance Committee recommended not to insure, the Director is to notify the Secretary of the California Health and Human Services Agency and document, in writing, the programmatic or policy reasons for his decision. The Secretary may request that the California Health Policy and Data Advisory Commission (**CHPDAC**) conduct a hearing to review the application, the ALIC recommendation, and the Director's decision. If there is a hearing, CHPDAC makes its recommendation to the Secretary. At any point in this review process, the Secretary may decide to sustain the decision, modify the loan insurance guarantee, deny the application, or direct another review by the ALIC or Cal-Mortgage staff.

If the application for loan insurance is denied, the applicant may petition for a fair hearing before the California Health Policy and Data Advisory Commission.

Step Five: This step involves the sale of the bonds or certificates of participation. At this stage, the applicant must provide OSHPD with documentation that conditions contained in the commitment letter have been met.

Step Six: The final step is the close of escrow, at which point the loan is made and loan insurance is effective. Loans are secured by a first mortgage, first deed of trust, or other first priority lien and other security in the borrower's assets.

Borrowers are also subject to security agreements, which specify conditions, covenants, and restrictions.

Exhibit 4 shows a listing of insured projects. **Exhibits 7 & 8** show projects by facility type. And, **Exhibits 9 & 10** show projects by county .

3. Program Fees and Charges

The Program charges an application fee (\$500), a one-time certification and inspection fee of four-tenths of one percent (0.4 percent) of the insured loan, and an insurance premium fee. Effective January 1, 2001, the insurance premium for new loans is a one-time amount not to exceed three percent of total principal and interest on the loan. Regulations, adopted in March 2001, allow for a discounted premium rate for those applicants who obtain a credit rating or assessment from Standard & Poor's, Moody's, or Fitch.

4. Project Monitoring

Following the close of escrow, OSHPD's Cal-Mortgage staff monitor each borrower for compliance with loan covenants. The Account Manager reviews periodic financial reports, payment information, and insurance coverage. The Account Manager also visits the facility site in order to verify the ongoing ability to make timely payments and the continuing viability of the borrower to provide healthcare services in the community.

The monitoring process is intended to detect, as early as possible, potential problems. If a problem is detected, the Account Manager and Cal-Mortgage management assist the borrower in resolving the financial problem.

Cal-Mortgage staff monitor all borrowers and assigns a risk rating (A to F) to each project. Risk ratings may be revised during the year as circumstances relating to a borrower change. The risk ratings have a corresponding relationship to various stages of default:

- A no problems
- B minor problems
- C moderate problems
- D serious problems; missed payments
- E default anticipated
- F defaulted; Insurance Fund being used

A computer database is maintained about all borrowers and insured projects. Various monitoring reports are produced for Cal-Mortgage staff.

5. Remedies for Projects with Problems

When an insured borrower fails to submit a required payment or defaults on the contractual terms or covenants of the insured loan, OSHPD informally communicates with the facility's management or borrower. To facilitate communication and collaboration, the Account Manager may visit the facility. OSHPD's approach is to solve the problem by working with the facility's management and governing board to develop a plan of correction. If the borrower fails to submit the required report or correct the default, OSHPD sends a formal notice in writing stating the nature of the default. If the borrower further fails to submit a plan or submits a plan that is unacceptable to OSHPD, then OSHPD conducts additional onsite visits. If OSHPD determines that the borrower is not making sufficient progress in submitting required reports or correcting defaults, OSHPD with the approval of the Director, may require the borrower, at the borrower's expense, to employ an independent consultant to conduct an audit of the facility's performance and make recommendations.

6. Other Practices to Lower Insurance Risk in the Program

OSHPD requires the borrower, through the Contract of Insurance, to certify periodically that the financial performance of the healthcare facility meets or exceeds specific financial ratios. OSHPD, also, requires that the borrower obtain OSHPD's approval before taking on additional debt or selling facility assets.

OSHPD requires the borrower to maintain property and casualty insurance, such as fire, boiler, earthquake, general liability, and professional liability (malpractice).

OSHPD protects the Program and the Insurance Fund from the potential insolvency of a borrower by requiring a debt service reserve fund, equal to one year's debt service payments of principal and interest.

D. Provisions to Assist Small Healthcare Facilities

Based upon Health and Safety Code Section 129355 (b), small facilities were defined as those with projects less than \$5 million. Small facilities may have loans insured up to 95 percent of the total construction cost, per Health and Safety Code Section 129020 (m). They are required to make at least a 5 percent equity contribution. This compares to a 10 percent requirement for large facilities which have greater ability to generate an equity contribution.

Health and Safety Code Section 129355 (d) states that any State Plan shall identify impediments that preclude small facilities from utilizing the California Health Facility Construction Loan Insurance Program and shall include programmatic remedies to enable small projects to utilize the Program.

In 2007, Cal-Mortgage staff identified that a potential impediment for small projects may be the increasing cost of construction. A survey from a construction consulting firm, in 2006, indicated that hospital construction costs had risen more than 66 percent over the prior three years. The \$5 million definition was set in 1995. OSHPD proposed a revision of Section 129020 (m) to \$10 million. In August 2008, legislation (SB 1272) was passed and signed by the Governor.

Overall, the portfolio is substantially composed of smaller types of healthcare facilities. The proportion of the portfolio related to smaller, community-based projects (primary care clinics, chemical dependency recovery facilities, group homes, mental health programs, etc.) remains above 50 percent when using a \$5 million threshold. These projects represented 47 percent in December 1995, 66 percent in June 2001, 58 percent in June 2004, 55 percent in June 2006, and 52 percent in June 2008. With the new definition of small at less than \$10 million, the proportion of the portfolio related to smaller, community-based projects is now 75 percent. (See **Exhibits 11 & 18.**)

OSHPD has had success in providing loan insurance to a number of small facilities. But, it should be noted that healthcare delivery is constantly changing and evolving. To assure equitable accessibility, OSHPD will continue to monitor the kinds of projects that the Program insures and will continue to be alert for new impediments and the corresponding remedies. (See **Exhibit 6.**)

E. Actuarial Studies

When the Program was established in 1969, it was not funded with a capital reserve fund, as the Program was backed by the full faith and credit of the State. With the receipt of premiums and fees since 1972, the Insurance Fund was \$187 million at the end of the FY 2007-08. (See **Exhibits 3 & 15.**) In spite of the defaults discussed in Section I. F. of this State Plan, the Insurance Fund has maintained a positive balance.

Since 1992, OSHPD has contracted every even-numbered year for a study.

2008 Actuarial Report

The most recent actuarial study was conducted by Oliver Wyman. Their report, completed and finalized in February 2009, addressed the following objectives:

- Determine the reserve sufficiency of the funds in the Insurance Fund as of June 30, 2008 to adequately respond to potential foreseeable risks, including extraordinary administrative expenses and actual defaults.
- Assess the risk to the State's General Fund of the Loan Insurance Program.

As to the first item, Oliver Wyman found that when compared to California statutory standards, there is a \$52.8 million shortfall between sufficient reserves

and the Insurance Fund balance. As to the second item, Oliver Wyman concluded that assuming “normal and expected” conditions, the Loan Insurance Program should maintain a positive Insurance Fund balance during at least the next 30 years. Oliver Wyman estimated that the highest risk to the General Fund would derive from its most pessimistic scenario, which is a ten percent annual probability of a catastrophic claim. Oliver Wyman noted that such a scenario is highly unlikely and that, even if it did occur, the Program would have funds for 9 years.

F. Defaulted Loans Requiring Payments from Insurance Fund

Since 1992, 13 borrowers (with 15 loans) defaulted, resulting in payments from the Insurance Fund. (See **Exhibit 23.**) Since the 2007 State Plan, no other loans have defaulted and used the Insurance Fund for interest and principal payments. A brief description for each default follows (listed in chronological order of payments from the Insurance Fund):

CACCOA. Community Adult Care Centers of America (**CACCOA**) was a nonprofit corporation that planned to acquire a 78-bed skilled nursing facility in Long Beach, an 83-bed board and care facility in Los Angeles, and adjacent sites at each location to construct additional facilities. In 1990, OSHPD insured this project for \$10 million.

Due to CACCOA's failure to develop the project as required, OSHPD declared it in default in May 1992 and paid off the insured note with approximately \$4.5 million from the Insurance Fund. In July 1992, OSHPD instituted legal proceedings to recover expended funds. In a settlement agreement, reached in 1999, the assets were sold to unrelated parties for approximately \$1.5 million. OSHPD received payments from the note on this sale until November 1, 2004, when the note was paid off.

Lytton Gardens (#1). In 1981, OSHPD insured a \$9.6 million loan to construct a 120-bed, multi-story skilled nursing facility in Palo Alto.

In 1994, due to operational problems, Lytton Gardens defaulted on two loan payments. OSHPD made these two payments from the Insurance Fund. In 1995, Lytton Gardens resumed its monthly debt service payments. In December 1999, the loan was refinanced, which included full repayment with interest to the Insurance Fund.

Triad. Triad Healthcare Corporation was a nonprofit corporation formed to purchase two hospitals in Sherman Oaks and Canoga Park from a for-profit corporation. In 1991, OSHPD insured \$142 million in short-term taxable notes to acquire the hospitals.

In 1993, Triad defaulted on its loan as a result of losses from operations. In February 1994, Triad filed for Chapter 11 protection in Federal Bankruptcy Court. In April 1995, the borrower, renamed as Sherman Oaks Health System, exited bankruptcy and continued operating Sherman Oaks Hospital and Medical Center. The second facility (West Valley Hospital) was sold with the proceeds going to the Loan Insurance Fund. The bankruptcy court restructured Triad's obligation to OSHPD. OSHPD is responsible for making the payments on the restructured debt. OSHPD filed lawsuits against individuals and entities involved in the Triad financing to recover damages. OSHPD has received settlements of \$54 million.

Subsequent hospital operations were not sufficiently profitable to maintain required monthly debt payments. On December 30, 2005, Sherman Oaks Health System was sold to a for-profit entity for net proceeds of \$16,564,971. The Attorney General consented to the sale. All proceeds from the sale were put into an escrow account and were used to refund bonds at the earliest call date of August 1, 2008.

Los Medanos. In 1990, OSHPD insured an \$11.1 million loan to the Los Medanos Health Care Corporation, a healthcare district in Pittsburg. The project was for renovation and expansion of Los Medanos Community Hospital, paying off existing debt, and providing funds for capital projects.

In 1994, Los Medanos defaulted on the loan and subsequently filed for Chapter 9 bankruptcy. A settlement agreement was signed in September 1998. Property owners in the healthcare district continue to pay a property tax in order to repay amounts due OSHPD in the settlement agreement. Payments are expected to continue through 2017 at \$100,000 per year.

Healthcare Delivery Systems. In 1992, OSHPD insured a \$9.93 million loan to Healthcare Delivery Services (**HCDS**) for the acquisition of a group home for emotionally disturbed children on a 2.68-acre campus in Van Nuys.

As a result of a variety of problems, the facility license was suspended and clients were moved to other facilities. Unable to operate the facility, HCDS defaulted on its loan. OSHPD made payments from the Insurance Fund starting in 1995 until December 2000, when OSHPD accelerated the debt and repaid the outstanding bonds. In November 1997, OSHPD foreclosed and took title to the property. The facility was sold in 2001 to an unrelated corporation for \$3.3 million. Mortgage payments are being paid to OSHPD.

Villa View. In 1984, OSHPD insured a \$6.9 million loan to Villa View Community Hospital, a 100-bed acute care hospital with psychiatric services in San Diego. The project was for refinancing a prior bond issue, remodeling the hospital, and acquiring new equipment.

As a result of operational problems, Villa View defaulted on its bond payments in August 1997. OSHPD foreclosed and sold the hospital and the original bonds were paid off. The new owner filed for bankruptcy and the facility was sold for a second time. In August 2006, Villa View was sold again to a for-profit entity. The new owners then paid \$1.55 million to discharge OSHPD's outstanding lien.

Third Floor. In 1991, OSHPD insured a loan totaling \$3.2 million to the Third Floor for the purchase of land and buildings for a residential substance abuse facility in Fresno.

In the mid-1990s, this program's federal funding was reduced. The project was unable to make mortgage payments from 1996-1998. In April 1998, OSHPD declared the loan to be defaulted and paid off the loan. The building was sold with partial repayment made to the Insurance Fund. The Third Floor continued its other operations and made regular payments to the Insurance Fund. In April 2001, the Third Floor obtained new financing and made a full repayment.

Hernandad. In 1994, OSHPD insured a \$4,385,000 loan to Hernandad Mexicana Nacional, Inc. to acquire, renovate, and purchase equipment for two primary care and dental clinic properties located in Los Angeles and North Hollywood.

Hernandad failed to open the clinics and, as a result of a deteriorating financial condition, stopped making loan payments in 1998. Since December 1998, OSHPD has paid the semi-annual payments from the Insurance Fund. In May 1999, the East Los Angeles Health Task Force (ELATF) began operations in the Los Angeles clinic without making any debt service payments. ELAHTF vacated the property in September 2005. In 2006, the South Hill property was marketed for sale. A purchase offer was accepted. Then, the escrow was cancelled at the purchaser's request. Hernandad agreed to resolve various IRS and governmental tax liens and transfer the property to OSHPD. OSHPD took possession of the South Hill property in January 2009 and will market it for sale. Hernandad agreed to a debt restructure agreement and will make payments on the Sherman Way property. The outstanding bonds of \$3.2 million are being accelerated.

Kazi House. In August 1991 and January 1992, OSHPD insured two loans totaling \$2.67 million to Kazi House for a 120-bed residential drug and alcohol facility in South Central Los Angeles.

After losing its contract with the Department of Corrections in 1994, Kazi House started experiencing lower activity. With OSHPD's support, Kazi tried developing new relationships with various entities that could provide assistance or potential referrals, but all efforts failed. In December 1999,

OSHPD sent Kazi a Notice of Default and began making payments from the Insurance Fund. In March 2000, OSHPD discovered that Kazi had ceased operations and abandoned its facility. In December 2000, OSHPD paid off the bondholders. OSHPD foreclosed and took possession of the property in May 2001. The building was demolished in April 2005. The property has been sold to a housing developer, but escrow has not closed, with expected net proceeds of \$2.2 million.

Sierra Sunrise. In 1991, OSHPD insured a loan totaling \$15 million to Sierra Sunrise Senior Village to construct 130 units of independent living and 24 assisted living units in Chico. OSHPD also insured an additional debt of \$5.27 million in 1993 for the construction of a 90- bed skilled nursing facility adjacent to the prior units.

In March 2001, the owner, Walker Senior Housing Corporation VII, notified OSHPD that it intended to file bankruptcy unless OSHPD took over the facility. The Sierra Sunrise Board of Directors retained two different facility managers in an attempt to improve operations and sought interested buyers for the property. In January 2005, the Board signed a sale agreement. In July 2005, a lawsuit from the original real estate development partner was filed against OSHPD and the title company. The foreclosure process and sale were on hold until January 2006 when the issues were resolved. On April 10, 2006, the foreclosure action and property sale occurred. The sale price of \$16.8 million paid off bond holders and repaid \$1.2 million to the Insurance Fund. As the Corporation closed down, OSHPD received \$500,000 in January 2007. Final funds of \$338,490 were received upon the dissolution of the Corporation in August 2007.

Apple Valley. In 1990, OSHPD insured a loan totaling \$8.5 million to the Apple Valley Christian Centers to acquire land and construct a 99-bed skilled nursing facility (SNF) in the Town of Apple Valley. In May 2001, Apple Valley refinanced for \$9.5 million at lower interest rates.

In late 2000, due to certification problems with the Department of Health Services, management was replaced. In late 2001, Apple Valley began missing its monthly debt service payments. From 2001 to 2003, Apple Valley had recurring issues with Department of Health Care Services (**DHCS**) licensing, patient admissions and occupancy, and professional liability insurance. In June 2003, new board members were appointed and a new management agent was hired. DHS issues were resolved. Occupancy and financial issues continued until 2006. Beginning July 2006, operations became more stable and debt service payments resumed. Several payments have been made to reimburse the Insurance Fund. Cal-Mortgage staff continue to work with the management agent and the Board to assure the turnaround.

Sunset Haven. Sunset Haven is a multi-level senior living facility. In 1991, OSHPD insured a loan totaling \$6.2 million to Sunset Haven to build a 70-bed skilled nursing unit in Upland. In August 1997, the loan was refinanced for \$6.3 million.

Beginning in February 2002, Sunset Haven started missing monthly debt service payments. In October 2003, Sunset Haven's Board hired a new management company. A turnaround was unsuccessful. Due to continuing financial losses, cash flow difficulties, and low potential for financial improvement, the Board decided to sell to another healthcare provider. On August 11, 2006, Generations Healthcare signed a sales purchase agreement. The Attorney General consented to the sale. On January 2, 2007, escrow closed with the outstanding insured loan of \$4.9 million and outstanding \$900,000 line-of-credit paid off. As the Corporation ceases operations, which is expected to take three years due to liability settlements, OSHPD will receive additional funds.

Lytton Gardens (#2). After refinancing in 1999, Lytton Gardens made timely payments until April 2003. They claimed that insufficient Medi-Cal reimbursement and escalating nursing expenses made it uneconomical for skilled nursing services. They wanted to convert a floor to an Alzheimer's assisted living unit. The DSRF was depleted. The Insurance Fund was then used for two bondholder payments.

In January 2004, the CEO resigned. In April 2004, Board and management decided not to pursue an alternative business strategy and to reestablish skilled nursing services on all floors. In March 2005, the beds were re-licensed. Within months, regular monthly debt service payments renewed. With the closure of two nearby SNFs and a subsequent increase in Medi-Cal reimbursement, a turn-around was fully accomplished within twelve months. The Insurance Fund was fully repaid.

In order to achieve greater operational and fiscal strength, in September 2007, the Board finalized an affiliation agreement with another senior healthcare provider, the Episcopal Homes Foundation.

Burt Center. Burt Center operates a group home for mentally disabled or emotionally disturbed children in San Francisco. In April 2001, OSHPD insured a loan for \$3,200,000 to refinance loans on two buildings and remodel one of the buildings to house an additional 12 children. In June 2003, OSHPD insured a line-of-credit to provide emergency cash.

In August 2002, the founder, Mary Burt, passed away. Her passing caused disruption to the Burt Center. They were unable to keep both of the facilities at capacity. They decided to move all children into the Grove Street facility and to sell the Baker Street facility. During this time, Board membership

also changed. Burt staff implemented programs that are reimbursable, providing additional revenue. Operations improved so that Burt resumed some monthly debt service payments. In October 2006, the Board accepted a purchase offer for the Baker Street facility. The sale reduced debt to a manageable level and allowed Burt Center to continue providing services. In 2007, San Francisco and other surrounding counties started moving away from group homes for mentally disabled children (and to keeping children in their homes by providing outside services). In late 2008, Burt began merger discussions with another non-profit provider. Burt is marketing the facility for sale to pay off the debt.

Since the 2007 State Plan, one default occurred and was resolved without negative impact to the Program. A primary care clinic declared bankruptcy and was sold to another clinic provider before any monthly Trustee payments were missed. Because it was uncertain if the tax-exempt financing could be maintained with the sale and change of ownership, the bonds were accelerated and the new clinic is paying off the debt directly to OSHPD.

OSHPD staff will continue to manage defaulted loans in order to minimize financial impact to the Program.

G. Partnership with Other State Agencies

Since projects insured by OSHPD often rely heavily on State, Federal, or local government funding, OSHPD coordinates its loan insurance activities within the program priorities of other State agencies.

OSHPD obtains letters from State and local departments that provide the principal source of funding to the applicant, documenting that the applicant's project is consistent with the program plans of the funding source.

OSHPD has regular meetings and discussions to review programmatic changes or issues with the licensing divisions and the reimbursement divisions of the Department of Health Care Services and with other state departments, as needed.

Section II. Evaluation of the Program's Success in Meeting Its Mission

The purposes of the Program are twofold: (1) to provide, without cost to the State, a loan insurance program for health facility construction, improvement, and expansion projects, thus increasing the availability of private capital for health facilities; and (2) to rationally meet the need for new, expanded, or modernized public and nonprofit health facilities necessary to protect the health of all Californians. The provisions of the California Health Facility Construction Loan Insurance Law are to be "liberally construed" to achieve these purposes (Health & Safety Code Section 129005).

Without Cost to the State of California

The Program has operated since 1972, insuring more than \$6 billion in loans to over 500 healthcare facilities, many in underserved and rural areas of the State.

The Program is entirely self-supporting from its insurance premiums and related income. As of December 31, 2008, the Insurance Fund had a cash balance of \$195.5 million. In the past 36 years, 15 defaults have occurred with all required payments coming from the Insurance Fund. The Program has operated without cost to the State General Fund.

According to the 2008 Actuarial Report, the Program is projected to remain solvent under normal operating conditions (without catastrophic losses) and operate without cost to the State through the forecast period of 2038.

To Meet the Need for Facilities

The basic purpose of meeting healthcare facility construction needs has not changed over the years. What has changed are the locations and methodologies by which healthcare is being delivered (for example, in-patient to out-patient). This has had an effect on the types of healthcare facilities that are needed.

In order to reflect California's changing needs, the statutory definition of eligible "health facility" has been expanded over time. While originally focusing on hospitals (and those facilities that were necessary adjuncts to hospitals), California has recognized that some services, which traditionally were delivered in the hospital or other institutions, have become separate facilities. Today, many different facility types are eligible for loan insurance, such as community care facilities, primary care clinics, specialty care clinics, substance abuse treatment facilities, group homes, skilled nursing facilities, and "multi-level" facilities designed to prevent institutionalization of the elderly. (See **Exhibits 7, 8, 16, & 17.**)

OSHPD loan insurance activities continue to evolve to reflect California's changing health needs:

- The 2001 State Plan noted that the changing healthcare marketplace called for the Program to include projects that were financially stronger and able to obtain independent credit ratings. Since January 1, 2001, thirteen new projects with independent credit ratings or credit opinions have been insured, representing \$621,280,000, or 50 percent of the total portfolio.
- As with the 1995 State Plan, the subsequent State Plans included emphasis on facilities with senior healthcare, such as multi-level facilities. Since the prior State Plan, one such project was insured. As of December 31, 2008, five senior healthcare facilities were in the "pipeline": one with a letter of commitment and four in pre-application review.

This continual adaptation of OSHPD's review and project approval process and the resulting increase in financially stronger borrowers and senior healthcare facilities reflect the continuing relevance of the Program in a dynamic healthcare market place.

Commitment to Mission

OSHPD and the Cal-Mortgage staff remain committed to continuing the careful management of the Program in order to benefit communities throughout California, at no cost to State taxpayers.

Section III. Overview of Trends in Healthcare

Many trends are affecting healthcare facilities. These trends also affect the operations of the Loan Insurance Program. OSHPD views the following issues as those which currently have significant impact on the Program:

- Access to healthcare for Californians.
- Growth in the number of older adults.
- Hospital implementation of seismic safety requirements.
- Financial solvency challenges.
- Governance and management still critical for success.

A. Access to Healthcare for Californians

Throughout California many rural and urban areas and populations are recognized as medically underserved. Factors contributing to these areas' healthcare needs not being met include poverty, local economy, shortages of healthcare personnel, and geographic barriers.

OSHPD's California Healthcare Workforce and Policy Commission (supported by the OSHPD Healthcare Workforce Development Division staff) have collected data and developed a methodology that ranks the 541 urban, rural, and frontier medical service study areas in California relative to their need for primary care services. **Exhibit 19** is the most currently available map showing those areas of critical need throughout California. More than 5.7 million Californians reside in those areas of critical need. In addition, OSHPD, in cooperation with the federal government, identifies areas in the State that have a shortage of healthcare professionals (primary care, mental, and dental). These areas are called "Health Professional Shortage Areas." **Exhibits 20, 21, and 22** are the most currently available maps of these areas throughout the State.

The maps are included in this report to illustrate the large number of areas identified with healthcare service needs. When a loan insurance application is received, Cal-Mortgage staff check with the Shortage Designation Program staff to see if the healthcare facility is located in a currently designated medically underserved area or health professional shortage area.

OSHPD, through the California Health Facilities Construction Loan Insurance Program, will continue to complement these efforts by insuring loans in areas where healthcare facilities are needed.

B. Growth in the Number of Older Adults

Although the State's population is relatively young, with only 10 per cent of Californians 65 or older, more seniors reside in California than in any other state. Between 2000 and 2020, the number of seniors living in California is expected to jump from 3.7 million to 6.6 million (Reference #1). In four decades, the number of older adults is expected to triple, to more than 10 million. Most of this growth is predicted to occur between 2010 and 2030 as baby boomers enter their retirement years (Reference #2).

During these same four decades, the number of those ages 85 and older is likely to increase, perhaps as much as fourfold. This population growth for those over 85 years is likely to have great impact on health and support systems since the frail elderly need more health and support services.

Historically, the elderly are cared for in institutional settings, such as nursing homes. California has more than 1,400 nursing homes, 15 percent of which are not-for-profit. More than 100,000 Californians reside in skilled nursing facilities.

As California's population ages, the need for long-term care will expand. The pattern of long-term care will change as more options become available to address the desires of the state's older population to maintain their highest level of independence for as long as possible.

As the need for long-term care grows and the pattern of long-term care changes, the need for additional skilled nursing facilities and more community-based health centers will increase. These are opportunities where the Loan Insurance Program could benefit the borrowing organization.

C. Hospital Implementation of Seismic Safety Requirements

The Alfred E. Alquist Hospital Facilities seismic Safety Act of 1983 established new seismic standards for hospital construction.

In January 1994, the Northridge earthquake rendered parts of eleven hospitals unfit for occupancy and resulted in \$3 billion in damage to healthcare facilities. In its wake, legislation (SB1953) was passed that put hospitals on a firm schedule for achieving seismic safety requirements.

Facilities deemed to be at greatest risk for collapse – Structural Performance Category – 1 (SPC-1) buildings – were required to mitigate the collapse risk by 2008 or face closure. The law further required that all at-risk hospital buildings – including those designated as SPC-2, structures not in danger of collapse but

with potentially interrupted operations – comply by 2030 to standards that would ensure continued operation in the event of a major earthquake.

Legislation was enacted that allowed extensions to the 2008 deadline to be granted by OSHPD's Facilities Development Division. The maximum length of these extensions was five years to 2013.

As the 2013 deadline approaches, additional legislation has been passed. Hospitals making significant construction progress will be allowed an additional two years to achieve seismic safety compliance.

In addition, major strides in earthquake risk engineering have occurred. The Federal Emergency Management Agency developed the Hazards U.S. (**HAZUS**) technology. OSHPD's Facilities Development Division is using HAZUS at the owner's request to re-evaluate SPC-1 buildings. SPC-1 buildings passing HAZUS reassessment are reclassified to a lower risk category and have until 2030 to meet seismic safety requirements.

As seismic safety deadlines approach, a significant amount of hospital construction is expected. The Loan Insurance Program is a financial resource to assist hospitals in borrowing funds at lower interest rates to undertake construction or retrofit projects for compliance with seismic safety requirements.

D. Financial Solvency Challenges

Many healthcare facilities in California continue to confront financial issues.

Payers have tried to maintain or reduce healthcare payments. While over the past two years, payments from Medicare, Medi-Cal, and health insurance plans have increased, large purchasers of healthcare services and health insurance plans continue to try to restrain increases in provider payments.

Operating issues continue to affect costs. The shortage of nurses and other healthcare professionals is creating inflationary pressure on staffing costs (wages, benefits, training costs, retention/recruitment bonuses, and temporary coverage expenses). Insurance coverage (workers' compensation, professional liability, and health) premium increases are impacting many healthcare facilities. Drugs that provide more effective therapy are more expensive than those previously used.

The impact of additional uninsureds on a healthcare facility is expected to increase. Services are provided with no payment or revenue. Operating costs increase as the number of un-insured treatments increase.

The combination of payment constraints and increasing costs has the effect of compressing operating margins and putting pressure on financial liquidity.

These financial circumstances present ongoing challenges for the Cal-Mortgage staff. Loan insurance can only be approved for financially feasible projects and, thus, “at no cost to the State.” The Cal-Mortgage staff will need to continue to carefully evaluate loan insurance applications and to diligently monitor existing insured borrowers.

E. Governance and Management Still Critical for Success

Governance and management remain the essential component for successful healthcare facilities.

A strong governing board provides strategic direction and general support for the healthcare facility's initiatives in meeting its mission. In addition to their fiduciary responsibility of reviewing financial performance and prudently managing the facility's assets, governing boards must be reviewing market conditions of healthcare services, professional staff, physicians, and insurance plans in an organized way. Governing boards also are key in identifying new ways to raise capital and frequently are the cornerstone of successful fund raising efforts.

Good management has an ability to chart a clearly defined course and lead the organization. With numerous financial pressures (changing reimbursement, cost increases, health manpower shortages, economic changes, and new information technology), management must be prepared to develop new strategies.

Healthcare leadership must be creative, flexible, and disciplined to adapt to the quickly changing healthcare marketplace. Together, the governing board and management both need to demonstrate a willingness to make tough decisions.

The evaluation of an applicant for loan insurance involves, in general terms, three areas of assessment: capacity, collateral, and character. The assessment areas for financial capacity (ability to repay) and financial collateral have established objective measures for evaluating an applicant and the proposed project. Character (strong governance and good management) is intangible and requires subjective evaluation. While past successes are usually a good indicator, with the constantly changing healthcare environment, it is important that an assessment of character is also done during the application review. The Account Manager, Cal-Mortgage Division management, and the Advisory Loan Insurance Committee collectively assess the borrower for governing board strength and management depth and skill.

F. Conclusion

Healthcare remains dynamic and challenging. The demand for healthcare services continues to grow. Health facilities and the roles they play in the healthcare delivery system are continually evolving.

To successfully carry out the Loan Insurance Program's mission, the Cal-Mortgage staff must monitor the changing business environment in which applicants operate in order to prudently approve insurance for those borrowers who provide needed healthcare services and can remain viable and competitive in this dynamic and challenging environment.

In an era with increasing demand for services coupled with payment constraints, increasing operating costs, and added building and technology requirements, the ability for healthcare facilities to access low cost capital remains an important component in OSHPD's vision of providing "equitable accessibility to quality healthcare."

Section IV. Overview of Changes in the Healthcare Loan Insurance and Debt Financing Industries (Markets)

Since the previous State Plan, in general, healthcare financing and loan insurance markets were stable until the last half of 2008. Then, the credit crisis hit the tax-exempt market with increased interest rates and “froze” borrowing.

It began when increasing defaults on home loans created mounting losses on securities collateralized by home mortgages. This eventually eroded financial institutions’ capital and caused firms to retrench, giving rise to the credit crunch. As the housing and credit bubble burst, many financial institutions faced increased difficulty obtaining credit. This pushed large parts of the financial system to the brink of extinction by threatening to grind the wheels of credit (that keep the economy rolling) to a halt. In response, many governments and central banks have taken aggressive and unprecedented actions.

A general economic trend that influences the Program is interest rates. As of early 2009, the steepening of the interest yield curve and the expansion of bond rates between credit categories makes it more economically attractive for loan insurance. This is particularly true for Cal-Mortgage loan insurance when the State of California’s credit rating is “A” or higher.

For a short period of time, the State’s credit rating in July 2004 was lowered to “BBB” and revised upward to “A” in August 2004. When the State’s credit rating is lowered, interest rates for new Cal-Mortgage insured debt rise. The resulting impact is that a healthcare facility pays more interest costs, which makes a proposed project more expensive, and decreases the value of the Program’s loan insurance. Financial advisors (with the assistance of Cal-Mortgage staff) were able to supplement the State loan insurance with “wrap” insurance. “Wrap” insurance is additional insurance coverage from a commercial insurance company, which insures that the Program and the State will fulfill their loan insurance obligations. (See **Exhibit 2.**) The impact on a healthcare facility that borrowed or refinanced during this time with “wrap” insurance was a greater up-front loan insurance premium to achieve a lower interest rate. As a result, in fiscal years 2004 and 2005, 15 insured borrowings were “wrapped” by commercial loan insurance. In May 2006, Standard & Poor’s upgraded the credit rating for the State of California to “A+” from “A” and correspondingly changed the ratings of debt insured by the Loan Insurance Program.

In the 2007 State Plan, the new trend of large healthcare systems using variable rate debt and sometimes with a variable-to-fixed swap was described. The Cal-Mortgage insured portfolio had four borrowers with variable rate debt and none with interest rate swaps. During the credit crisis in late 2008, variable rate debt with auction rate bonds failed. For two borrowers, the result was greatly increased interest rates until they converted their loans to fixed rate. For the other two borrowers, after an initial interest rate spike, the interest rates fell back

to an acceptable level. None of the four borrowers were at risk of default because Cal-Mortgage staff had developed strong underwriting criteria and only borrowers with very strong cash positions were approved for variable rate debt.

A trend first mentioned in the 2005 State Plan continues with district hospitals using tax initiatives (parcel taxes, sales tax enhancements, and general obligation bonds) to provide a steady source of revenue for capital projects. With these predictable revenue sources, healthcare districts are able to enter into debt financings without loan insurance.

Finally, another trend in healthcare finances, first mentioned in the 2005 State Plan, continues. Underwriting efforts of the Loan Insurance Program are affected by the observed growing separation between financially strong facilities and financially weak facilities; especially among nonprofit hospitals (References #3 and #4). If financially weak facilities continue to become weaker, when they need to undertake construction or replacement projects and apply for loan insurance, the challenge for Cal-Mortgage staff will be to have refined the Program's underwriting criteria so that only the facilities with the ability to survive and repay debt are identified and approved for loan insurance.

Beginning in late 2007, a new source of financing started. UnitedHealth Group made operational their California Health Care Investment Program. In mid-2008, they added their Small Issuance Program. The purpose is "to provide access to capital through a dedicated investment portfolio for health care entities providing services to currently underserved, low-income, and underinsured communities and/or populations." As of May 2009, UnitedHealth Group had undertaken 13 investments, 6 with Cal-Mortgage. UnitedHealth Group's special participation allowed these six facilities to borrow funds at below market rates.

In conclusion, there are some general observations to make, some with positive and negative impacts to the Loan Insurance Program's future:

- Healthcare facilities are still important to the delivery of quality care.
- Besides the construction push related to seismic safety, healthcare facilities want to modernize. Some need to be replaced. Some need to be expanded. This is good for the future of the Loan Insurance Program.
- The debt markets are demanding high interest rates (relative to recent historical averages). This tends to make projects unfeasible financially.
- The high level of interest rates has expanded the credit curve to make greater differences between different credit ratings. This can create more opportunities for healthcare facilities with lower credit ratings to use the State's through the Loan Insurance Program.
- The State's credit rating may be downgraded from "A". This will devalue Cal-Mortgage Loan Insurance and could reduce applications.

When the 2009 State Plan underwent review, approval and distribution, the healthcare financing markets remained uncertain.

Section V. Guiding Principles

OSHPD has authority to insure up to \$3 billion in loans. With an insured loan amount of \$1.64 billion as of December 31, 2008, there is an additional capacity of \$1.36 billion.

In order to focus the Program on the needs of California's healthcare system, it is administered according to guiding principles. These principles enable potential applicants to assess the consistency of their project goals with current Program policy. They also provide a frame of reference for Cal-Mortgage staff to use in determining which applications to recommend for review by the Advisory Loan Insurance Committee and for approval by OSHPD's Director.

The guiding principles are intended to be non-regulatory and flexible, except where specifically required by statute.

A. Guiding Principles of the Loan Insurance Program

- **Equitable Accessibility to Care.** The primary purpose of the Program is to assist in ensuring that needed healthcare facilities are available to provide equitable accessibility to quality healthcare. The Program should be available to assist facilities obtain financing, especially where financing alternatives are limited or non-existent. OSHPD believes this is an issue for projects in medically underserved areas, and for nonprofit or government providers who serve a disproportionate share of publicly sponsored or indigent patients.
- **Financial Feasibility.** The Program is required by Health & Safety Code Section 129005 to operate "without cost to the State." All projects must be able to service all debt, including their insured loan. When projects depend heavily on government programs for reimbursement, applicants should have strong support from the appropriate principal Federal, State or local agencies that administer programs supporting services provided by the applicant.
- **Community Need.** Applicants must provide a description of the community needs that the facility will meet and data to substantiate these needs. OSHPD staff evaluate feasibility information to determine if the facility is needed by the community to provide the specified services. Where there is significant competition among multiple providers for the same patient population, such competition can be an indicator that there is adequate service capacity available to the patient population.

- **Actuarial Stability.** OSHPD encourages applications from borrowers that have sufficient credit quality and applications for projects that, if approved, would improve the Program's actuarial stability.
- **Diversification of Portfolio.** OSHPD recognizes the need to provide for a reasonable balance among all types of healthcare facilities. It is also important to maintain geographic diversity with all regions of the state included in the portfolio.
- **Access to Capital.** OSHPD recognizes the particular problems faced by very small projects (generally those requiring less than \$10 million) and will work pro-actively with small applicants, the financial community, and other State agencies to help meet their needs for capital.
- **Adequate Collateral Security.** Applicants must provide collateral security to cover the insured loan. Projects insured by OSHPD must be built on land owned by the applicant or on land with a long-term lease.
- **Obligation to Provide Community Service.** Under existing law, Cal-Mortgage insured projects have a community service obligation. To be eligible for insurance, applicants are required to offer reasonable assurance that the services of the healthcare facility will be available to all persons residing or employed in the area served by the facility.
- **Program Exposure.** The Program should be managed and loan applications should be approved within the context that no one individual project should be so large that it makes the Program actuarially unsound and potentially jeopardizes the Program's ability to operate without State funds.

B. Guiding Principles for Applicants and Borrowers

An applicant is expected to make an equity contribution to the project. The applicant's equity should be from operating surpluses or donations. The contributed equity should be in any combination of real property, personal property, or cash.

If an applicant owes debt to a related corporation, the related corporation will be expected to agree that, in the event the borrower defaults in its loan payments insured by OSHPD, the debt to the related corporation will be forgiven.

Each applicant must certify that board members, officers, employees, or their families will not receive a direct benefit from the bond proceeds.

The healthcare facility is expected to be owned and operated by an existing nonprofit organization. A situation where an existing healthcare facility is being sold by a for-profit corporation to a nonprofit organization is generally inconsistent with program eligibility.

The construction phase of the project is expected to be scheduled to begin within an appropriate period from the close of the insured loan transaction.

A borrower's activities are expected to be complementary to the program policies of State, Federal, and local governmental agencies.

A borrower is expected to comply with the laws and regulations of the State, Federal, and local governments.

Section VI. Goals and Objectives: 2009 - 2011

A. Proposals to Ensure the Program Effectively Addresses the Healthcare Needs of Californians

1. Identify Priority Needs

In previous State Plans, OSHPD had identified priority needs to provide a framework for staff and the Advisory Loan Insurance Committee in reviewing new applications. For purposes of this State Plan, OSHPD has determined that the following types of projects are deemed to have high priority and will be encouraged (for profile of potential applications, see **Exhibit 6**):

- Projects in medically underserved areas or projects that serve medically underserved populations.
- Projects that involve compliance with hospital seismic safety standards (SB1953).
- Projects that enhance the actuarial stability of the Program. Projects that are especially strong financially and are able to obtain an independent credit rating.
- Projects that provide services to keep people with special needs functioning optimally in a community-based environment and avoiding the need for institutional placement. Special needs populations would include, but not be limited to, the elderly, children, persons with mental or developmental disabilities, and persons in substance abuse therapy.
- Projects that promote access to primary care services.
- Projects that provide innovative solutions to healthcare delivery problems. These may include projects that promote the development of healthcare networks in rural areas, projects that provide integrated services for persons with chronic health conditions, or projects that develop continuums of service.
- Projects that make use of new technologies to improve access to needed care or improve the quality of care.
- Projects that reduce risk to the Program's Insurance Fund. This would include projects to refinance debt already insured by OSHPD to substantially reduce interest rates and projects to merge facilities already insured by the Program in order to realize economies of scale or other operating efficiencies.

2. Work Closely with Investment Bankers and Financial Consultants

OSHPD's Cal-Mortgage staff will increase its efforts to work closely with investment bankers and financial consultants in order to have Program requirements responsive to potential borrowers' needs, while maintaining appropriate security for the repayment of the loans.

Prior to 2000, OSHPD focused the Program to those borrowers that did not have other financing options. The current belief is that the Program can more effectively address the needs of all Californians if the Program insures loans with a greater diversity of credit ratings.

There are opportunities to implement programmatic changes that are responsive to a wider range of healthcare facilities. Revisions in the insurance premium structure, proposed revisions of covenants, and the introduction of variable rate bond financing arrangements will be further refined.

Our goals are to remain the primary loan insurer for essential healthcare facilities and to expand the availability of the Program to financially "stronger" borrowers.

3. Collaborate with Healthcare Associations

OSHPD's Cal-Mortgage staff will continue to work in collaboration with various healthcare associations to identify problems and evaluate options for healthcare facility financing throughout California.

B. Proposals to Reduce Program Risk

1. Increase Diversity in the Portfolio's Range of Borrowers' Credit Ratings

Presently, the portfolio consists substantially of non-investment grade credit-rated borrowers. Overall, increasing the proportion of investment grade borrowers would reduce Program risk, as the risk of default is estimated to be lower for investment grade credit rated organizations.

- To facilitate this goal, tiered discounts to the one-time, up-front insurance premium were implemented.
- OSHPD intends to examine the usefulness of creating covenant flexibility within the legal documents to recognize the differences between borrowers' financial strength.
- OSHPD also intends to consider the appropriate use of variable rate debt in conjunction with fixed rate debt.

The goal of revising the loan insurance premium schedule, the loan covenants, and the debt financing options is to create a better balance of borrower credit risk within the Portfolio and thus reduce the overall insurance risk in the Program.

To date, this goal has been successfully achieved. Since January 1, 2001 when tiered discounts were instituted, 57% of the newly insured loans (based upon the loan amount) have been with investment grade credit rated borrowers. In FY 2008, three of the eight new insured loans were done with borrowers with independent credit ratings.

2. Develop and Implement Annual Business Plan

In the finance world, whether business or personal, it is generally accepted that a written plan will help organizations and individuals achieve success better than an oral plan.

Over the years, the OSHPD Director, ALIC members, and Cal-Mortgage staff have each known that the following produced good results for the Program:

- Insuring loans
- Having no defaults
- Staying within the administrative budget
- Having a prudent insurance reserve in order to generate interest earnings

These objectives have not always been met every year. There have been defaults. New insured loan volume has been low in some years. While always

within budget, administrative expenses have been higher in some years. In late 2008, the investment rate of return on the Insurance Fund was below 3% and is expected, in the near term, to decrease further.

This proposal is to identify and quantify the key factors in the Program's business model. By compiling each fiscal year's business plan in writing and discussing this annual plan with the OSHPD Director and the ALIC, it is believed that efforts will be more focused and coordinated:

- Marketing efforts will be enhanced.
- Underwriting analysis will be sharper.
- Monitoring will be more diligent.
- Problem identification will be more proactive.
- Defaults will be resolved quicker.

The business plan is similar in some respects to the Program's actuarial study, but does not use long range assumptions, those covering 30-year time frames.

The business plan is intended to guide staff to find objectives to achieve positive results. A positive result for the Program on an annual basis is an increase to the Insurance Fund cash balance or positive net income.

By striving to have positive net income each year and increasing the Program's insurance reserves, the goal of operating the Program at no cost to the State can be maintained, as it continues to contribute to the development of the California healthcare infrastructure.

Section VII. Public Comment

The Office of Statewide Health Planning and Development invited public comment on the Draft 2009 State Plan.

First, OSHPD requested input from June 2, 2009, through July 17, 2009. Written notices (**Exhibit 24**) with copies of the Draft 2009 State Plan were sent to 73 interested persons. Written notices (**Exhibit 25**) of the Draft 2009 State Plan were sent to 103 insured borrowers. Copies of the Draft 2009 State Plan were sent to those 11 borrowers who requested a copy. (20 borrowers requested a copy of the Final 2009 State Plan.) One written comment was received.

Second, OSHPD solicited input via the public meeting of the Advisory Loan Insurance Committee (**ALIC**) on October 15, 2009. No comments were made. The ALIC recommended approval of the 2009 State Plan.

Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division

2009 State Plan

References List

- #1 CAHSA (California Association of Homes and Services for the Aging), *Industry Facts Continuum of Care for the Elderly 2001*, page 2.
- #2 Lee, Ronald and Valentine Villa, "Population Aging in California," *CPRC Brief - Strategic Planning on Aging*, No. 2, May 2001, page 1 – 2, (California Policy Research Center).
- #3 Shattuck Hammond Partners, "The Financial Health of California's Hospitals," July 2001, chapter 9, page 8.
- #4 Standard & Poor's, "The California Health Care Market: Recent Strength Defies Expectations," June 2, 2004, page 14.

Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division

2009 State Plan

List of Exhibits

<u>Number</u>	<u>Type</u>	<u>Title / Topic</u>
1.	Citation:	Health and Safety Code - Section 129020
2.	Explanation:	Loan Insurance and "Wrap" Insurance
3.	Summary Table:	Financial Status and Activity Report
4.	Listing:	Insured Projects
5.	Summary Table:	Projects Insured Since the Prior State Plan
6.	Summary Table:	Number of Applications Pending and Pre-Applications by Facility Type
7.	Summary Table:	Number of Projects and Insured Risk by Facility Type
8.	Listing:	Insured Projects by Facility Type
9.	Summary Table:	Insured Projects by County
10.	Listing:	Insured Projects by County
11.	Listing:	Insured Projects by Size of Insured Loan Amount
12.	Listing:	Ten Largest Borrowers
13.	Graph:	Insured Risk
14.	Graph:	Number of Insured Loans
15.	Graph:	Cash Balance in Health Facility Construction Loan Insurance Fund (HFCLIF)
16.	Pie Chart Graphs:	Percentage of Types of Projects, by Total Number Insured
17.	Pie Chart Graphs:	Percentage of Types of Projects, by Total Amount Insured
18.	Pie Chart Graph:	Number of Insured Projects by Size of Insured Amount
19.	California Map:	Medically Underserved Areas (MUA) and Medically Underserved Populations
20.	California Map:	Primary Care Health Professional Shortage Areas
21.	California Map:	Mental Health Professional Shortage Areas
22.	California Map:	Dental Health Professional Shortage Areas
23.	Summary Table:	Net Payouts for Defaulted Projects from Health Facility Construction Loan Insurance Fund
24.	Copy:	Sample Letter of General Notice with Copy Regarding Draft 2009 State Plan
25.	Copy:	Sample Letter of Notice to Insured Borrowers Regarding Draft 2009 State Plan
26.	Copy:	Written Comment Received Regarding Draft 2009 State Plan

Health and Safety Code Section 129020

Requirement for State Plan

129020. The office shall implement the loan insurance program for the construction, improvement, and expansion of public and nonprofit corporation health facilities so that, in conjunction with all other existing facilities, the necessary physical facilities for furnishing adequate health facility services will be available to all the people of the state.

Every odd-numbered year the office shall develop a state plan for use under this chapter. The plan shall include an overview of the changes in the health care industry, an overview of the financial status of the fund and the loan insurance program implemented by the office, a statement of the guiding principles of the loan insurance program, an evaluation of the program's success in meeting its mission as outlined in Section 129005, a discussion of administrative, procedural, or statutory changes that may be needed to improve management of program risks or to ensure the program effectively addresses the health needs of Californians, and the priority needs to be addressed by the loan insurance program.

The health facility construction loan insurance program shall provide for health facility distribution throughout the state in a manner that will make all types of health facility services reasonably accessible to all persons in the state according to the state plan.

What is Loan Insurance?

Loan insurance is, as the term implies, insurance to assure that a loan will be repaid. If a **borrower** is unable to pay, the **insurer** (in this case, OSHPD and the State of California) guarantees that the **lender** (typically bondholders or banks) will be paid. The **insurer** accepts the repayment risk of the **borrower** in exchange for a premium.

A **borrower** receives financial value in having loan insurance. The **lender** (bondholders, investment bankers, etc.) recognizes this guarantee and loans funds to the **borrower** at lower interest rates. Because in the financial markets, a **borrower** with a stronger credit rating pays lower interest rates. And conversely, a **lender** demands higher interest rates from a **borrower** with a weaker credit rating. See attached graph (**Exhibit 2**, page 2).

Loan insurance improves the credit rating of the **borrower**. The credit rating of the **insurer** is “transferred” to the **borrower**. And, the **borrower** receives the economic benefit of lower interest costs which offsets the loan insurance premium. See attached example (**Exhibit 2**, page 3). Financial consultants and investment bankers advise the **borrower** of this trade-off and calculate the cost-benefit relationship.

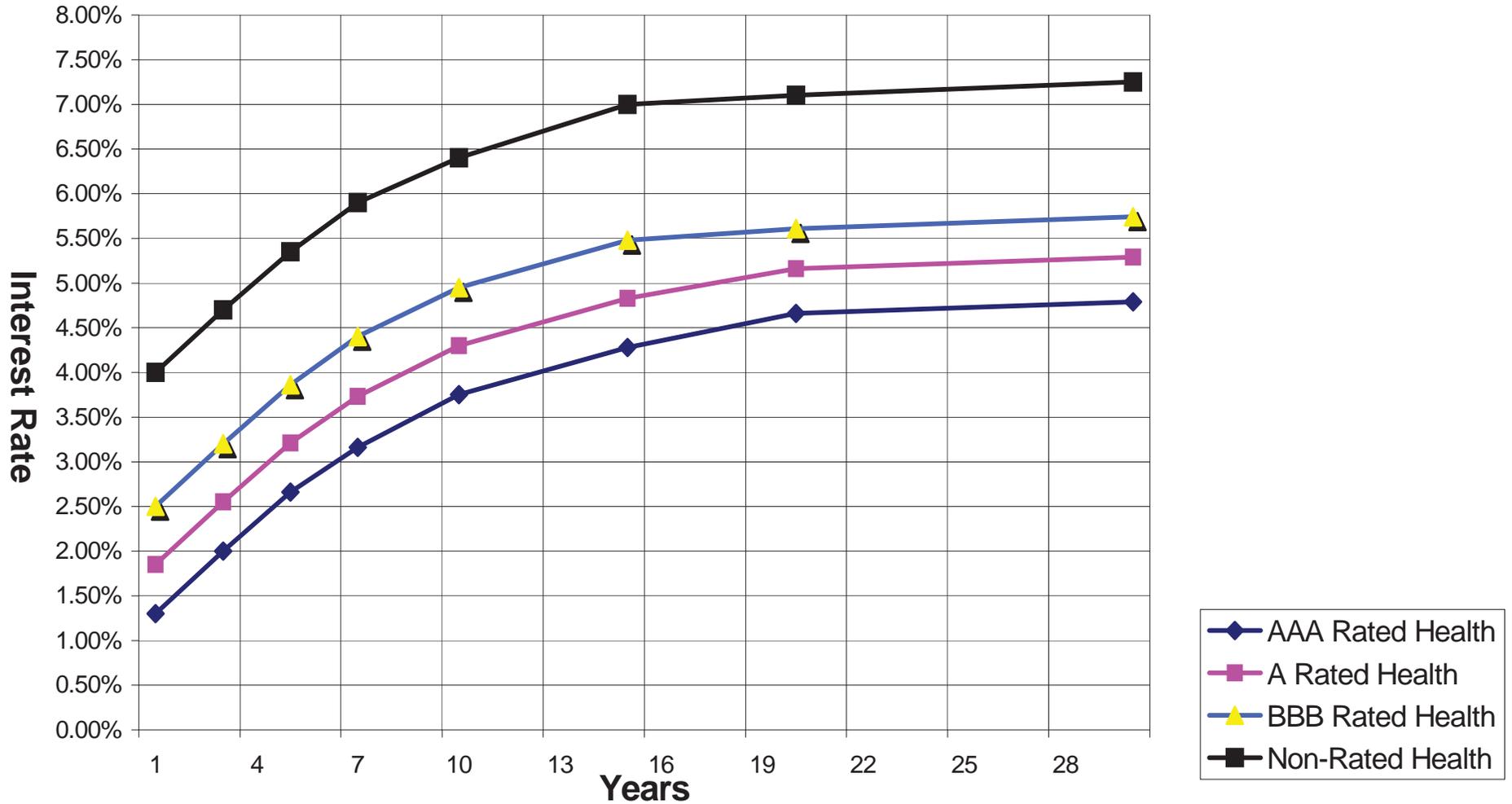
Just as **borrowers** with better credit ratings can borrow at lower interest rates, an **insurer** with a stronger credit rating (for example AAA or AA) will be able to better assist a **borrower** with lower interest rates versus an **insurer** with a lower credit rating.

What is “Wrap” Loan Insurance and How was it Used?

Because the State of California backs the loan insurance guarantee, the State’s credit rating is used when determining the interest rate for insured loans.

When the State’s (and the Program’s) credit rating was downgraded in July 2003 from “A” to “BBB”, interest rates increased for applicants and borrowers on new loans. (Refer to the attached graph as an example.) Some borrowers and financial consultants found a mechanism to augment the Program’s loan insurance by purchasing commercial “wrap” loan insurance. This loan insurance wraps around the Loan Insurance Program (and the State) and guarantees that this Program’s funds (or the State’s) would, if necessary, pay the lenders. Following the economic exchange described above, these commercial loan insurance companies had very strong credit ratings (“AAA” or “AA”), which allowed the borrowers to borrow at even lower interest rates and more than offset the additional “wrap” insurance premium cost.

Yield Curve Example



Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division

Comparison of Examples of
Debt Without and With Loan Insurance

	<u>Without</u>	<u>With</u>
Amount	\$ 10,000,000	\$ 10,600,000
Term	30 years	30 years
Credit Rating	Unrated	A
Interest Rate	7.0%	6.0%
Monthly Payment	\$ 67,155	\$ 64,173

Office of Statewide Health Planning and Development
 Cal-Mortgage Loan Insurance Division

**California Health Facility Construction
 Loan Insurance Program**

Financial Status and Activity Report

<u>Activity</u>	<u>June 30, 2006</u>	<u>June 30, 2007</u>	<u>June 30, 2008</u>
Number of Insured Projects	149	139	137
<u>Insured Portfolio</u>			
Total Amount of Insured Loans	\$1,254,779,406	\$1,132,647,525	\$1,374,064,775
<u>Financial Status of Health Facility Construction Loan Insurance Program</u>			
HFCLIF cash balance	\$173,933,343	\$175,219,057	\$187,183,615
Obligations to OSHPD After Default - Payments to HFCLIF	33,389,033	30,353,483	\$30,707,555
Direct Obligations of OSHPD - Payments from HFCLIF	- 144,100,000	- 138,625,000	- 132,880,000
Fund Balance of Loan Insurance Program	<u>\$ 63,222,376</u>	<u>\$ 66,947,540</u>	<u>\$85,011,170</u>

Footnotes:

- Source: Cal-Mortgage Monthly Reports June 30, 2006, June 30, 2007, and June 30, 2008

Office of Statewide Health Planning and Development
 Cal-Mortgage Loan Insurance Division
Insured Projects

(sorted by Borrower Name)

as of June 30, 2008

Borrower Name	Borrower City	Facility Type	Date Loan Insured	Original Insure Amount	Current Principal Balance
Advent Group Ministries	San Jose	GH-MD	27-Jan-2005	\$400,000	\$327,902
AIDS Healthcare Foundation	Los Angeles	HOSPICE	21-Jul-2005	\$7,250,000	\$6,515,000
Aldersly	San Rafael	MULTI-CCRC	26-Sep-2002	\$7,125,000	\$6,435,000
Aldersly	San Rafael	MULTI-CCRC	19-Jul-2004	\$1,200,000	\$1,031,918
AltaMed Health Services	Commerce	CLINIC-PC	28-Apr-2000	\$5,250,000	\$4,070,000
Apple Valley Christian Centers	Apple Valley	SNF	24-May-2001	\$9,525,000	\$8,065,000
Apple Valley Christian Centers	Apple Valley	SNF	16-Jun-2003	\$500,000	\$136,250
Ararat Home of Los Angeles	Mission Hills	MULTI-OTH	29-Apr-1998	\$6,460,000	\$4,495,000
Asian Community Skilled Nursing Facility	Sacramento	SNF	12-Apr-2005	\$2,070,000	\$1,560,000
Asian Community Skilled Nursing Facility	Sacramento	SNF	03-Oct-2007	\$19,405,000	\$19,405,000
Asian Health Services	Oakland	CLINIC-PC	21-Nov-1995	\$6,500,000	\$4,505,000
Beacon House	San Pedro	CDRF	08-Dec-1993	\$2,280,000	\$1,675,000
Becoming Independent	Santa Rosa	ADC-DD	29-Feb-1996	\$1,665,000	\$1,125,000
Becoming Independent	Santa Rosa	ADC-DD	21-Jan-2004	\$5,000,000	\$4,660,000
Behavioral Health Services	Gardena	CDRF	07-Nov-1996	\$10,845,000	\$7,520,000
Burt Center	San Francisco	GH-MD	18-Apr-2001	\$3,200,000	\$2,725,000
Burt Center	San Francisco	GH-MD	19-Jun-2003	\$300,000	\$299,980
California Autism Foundation	Richmond	GH-DD/MD	12-Apr-2005	\$3,950,000	\$3,380,000
California Nevada Methodist Homes	Oakland	MULTI-CCRC	03-May-2006	\$42,280,000	\$42,280,000
CARES	Sacramento	CLINIC-AIDS	30-Apr-1998	\$3,330,000	\$2,465,000
Catholic Healthcare West	San Francisco	MULTI-OTH	17-Mar-1993	\$9,360,000	\$5,445,000
Central Valley Indian Health	Clovis	CLINIC-PC	28-Apr-2000	\$1,055,000	\$800,000
Children's Institute International	Los Angeles	GH-MD	27-Feb-1992	\$5,635,000	\$4,095,000
Clare Foundation	Santa Monica	CDRF	29-Apr-2003	\$1,750,000	\$1,455,000
Clinicas de Salud del Pueblo	Brawley	CLINIC-PC	11-Mar-2008	\$3,925,000	\$3,925,000
Clinicas del Camino Real	Ventura	CLINIC-PC	12-Apr-2005	\$9,440,000	\$8,535,000
Community Church Retirement Center	Mill Valley	MULTI-OTH	11-Mar-1997	\$6,115,000	\$4,250,000

Borrower Name	Borrower City	Facility Type	Date Loan Insured	Original Insure Amount	Current Principal Balance
Community Health Centers of the Central Coast	Nipomo	CLINIC-PC	17-Jul-1990	\$770,000	\$495,000
Community Health System	Riverside	CLINIC-PC	30-Aug-2000	\$1,295,000	\$1,095,000
Community Medical Center	Stockton	CLINIC-PC	12-Apr-2005	\$3,220,000	\$2,895,000
Corcoran District Hospital	Corcoran	HOSP-DIST	23-Jul-1992	\$1,555,000	\$605,000
Corcoran District Hospital	Corcoran	HOSP-DIST	01-Aug-2001	\$800,000	\$664,843
Del Norte Clinics	Yuba City	CLINIC-PC	28-Apr-2000	\$1,105,000	\$840,000
Del Norte Clinics	Yuba City	CLINIC-PC	23-Dec-2003	\$8,795,000	\$7,865,000
Desarrollo Familiar	Richmond	CLINIC-MH	23-Dec-1986	\$150,000	\$80,000
Desert AIDS Project	Palm Springs	CLINIC-AIDS	26-Apr-2001	\$3,570,000	\$2,940,000
Drug Abuse Alternatives Center	Santa Rosa	CDRF	18-Nov-1993	\$1,825,000	\$1,245,000
Eastfield Ming Quong	San Jose	CLINIC-MH	11-Mar-1997	\$7,025,000	\$4,650,000
El Centro Regional Medical Center	El Centro	HOSP	26-Apr-2001	\$39,300,000	\$34,000,000
Elder Care Alliance of Union City	Union City	MULTI-OTH	08-Jun-2004	\$15,685,000	\$15,685,000
Exceptional Children's Foundation	Culver City	GH-DD/MD	27-Sep-1995	\$2,990,000	\$1,970,000
Families First	Davis	GH-DD/MD	15-Mar-2000	\$17,600,000	\$14,750,000
Family Health Care Network	Porterville	CLINIC-PC	15-Apr-2008	\$7,910,000	\$7,910,000
Feedback Foundation / Senior Services	Anaheim	ADHC	01-Dec-1992	\$2,140,000	\$1,499,625
Fellowship Home	Modesto	MULTI-OTH	27-Aug-1996	\$6,065,000	\$4,075,000
Front Porch Communities and Services	Burbank	MULTI-CCRC	17-Sep-1997	\$4,430,000	\$2,815,000
Front Porch Communities and Services	Burbank	MULTI-CCRC	25-Feb-1999	\$5,685,000	\$4,470,000
Golden Valley Health Centers	Merced	CLINIC-PC	28-Jan-1994	\$3,785,000	\$2,225,000
Henrietta Weill Memorial	Bakersfield	CLINIC-MH	14-Oct-1992	\$1,445,000	\$600,000
Henry Mayo Newhall Memorial Hospital	Valencia	HOSP	21-Feb-2001	\$54,895,000	\$49,460,000
Henry Mayo Newhall Memorial Hospital	Valencia	HOSP	15-Jun-2003	\$7,000,000	\$2,916,663
Henry Mayo Newhall Memorial Hospital	Valencia	HOSP	01-Aug-2007	\$45,000,000	\$45,000,000
Henry Mayo Newhall Memorial Hospital	Valencia	HOSP	01-Aug-2007	\$30,000,000	\$30,000,000
Hernandad Mexican Nacional	Los Angeles	CLINIC-PC	06-Jan-1994	\$4,385,000	\$3,330,000
Hernandad Mexican Nacional	Los Angeles	CLINIC-PC	25-Apr-2004	\$200,000	\$118,319
Hill Country Community Clinic	Round Mountain	CLINIC-PC	30-Oct-2007	\$5,250,000	\$5,250,000
Home for Jewish Parents	Danville	MULTI-OTH	09-Jul-1997	\$12,555,000	\$9,285,000
HOPE Services	San Jose	ADC-DD	11-Jun-2002	\$5,845,000	\$4,595,000
Humboldt Open Door Clinic	Arcata	CLINIC-PC	28-Apr-2000	\$1,195,000	\$745,000

Borrower Name	Borrower City	Facility Type	Date Loan Insured	Original Insure Amount	Current Principal Balance
Keiro Nursing Home	Los Angeles	SNF	29-Sep-2004	\$8,665,000	\$6,775,000
Kern Valley Healthcare District	Mountain Mesa	HOSP-DIST	23-Jun-2006	\$1,000,000	\$955,945
Kern Valley Healthcare District	Mountain Mesa	HOSP-DIST	26-Sep-2003	\$17,770,000	\$15,220,000
Kern Valley Healthcare District	Mountain Mesa	HOSP-DIST	04-Oct-2006	\$1,000,000	\$0
Kinship Center	Salinas	CLINIC: MULT	14-Mar-2006	\$2,910,000	\$2,765,000
Lifelong Medical Care	Berkeley	CLINIC-PC	14-Dec-1998	\$2,970,000	\$2,380,000
Lincoln Child Center	Oakland	GH-MD	23-Nov-1999	\$2,900,000	\$2,315,000
Lincoln Glen Manor for Senior Citizens	San Jose	MULTI-OTH	09-Mar-2000	\$7,500,000	\$6,285,000
Lodi Memorial Hospital Association	Lodi	HOSP	26-Oct-2000	\$12,570,000	\$4,380,000
Lodi Memorial Hospital Association	Lodi	HOSP	13-Dec-2007	\$150,000,000	\$150,000,000
Lompoc District Hospital	Lompoc	HOSP-DIST	23-Sep-1998	\$6,375,000	\$3,630,000
Los Angeles Centers for Alcohol & Drug Abuse	Santa Fe Springs	CDRF	30-May-2007	\$2,795,000	\$2,715,000
Los Angeles Jewish Home for the Aging	Reseda	MULTI-OTH	17-Dec-2003	\$80,000,000	\$77,950,000
Los Angeles Jewish Home for the Aging	Reseda	MULTI-OTH	14-Feb-2008	\$59,595,000	\$59,595,000
Lytton Gardens	Palo Alto	SNF	09-Dec-1999	\$16,355,000	\$15,970,000
Marshall Medical Center	Placerville	HOSP	06-Oct-1993	\$19,975,000	\$8,615,000
Marshall Medical Center	Placerville	HOSP	13-May-1998	\$28,030,000	\$21,500,000
Marshall Medical Center	Placerville	HOSP	25-Mar-2004	\$30,000,000	\$29,800,000
Marshall Medical Center	Placerville	HOSP	25-Mar-2004	\$20,000,000	\$20,000,000
Mayers Memorial Hospital District	Fall River Mills	HOSP-DIST	28-Mar-2007	\$6,005,000	\$5,335,000
Mayers Memorial Hospital District	Fall River Mills	HOSP-DIST	12-Jul-2007	\$1,000,000	\$0
Mendocino Coast Healthcare District	Fort Bragg	HOSP-DIST	28-Aug-1996	\$4,030,000	\$2,660,000
Mendocino Coast Healthcare District	Fort Bragg	HOSP-DIST	23-Apr-2008	\$1,000,000	\$0
Momentum for Mental Health	San Jose	GH-MD	13-Nov-2003	\$10,500,000	\$8,740,000
Mountain Valley	Bieber	CLINIC-PC	28-Oct-1992	\$1,000,000	\$730,000
Mountain Valley	Bieber	CLINIC-PC	24-Mar-1993	\$900,000	\$630,000
Native American Health Center	Oakland	CLINIC-PC	07-Jun-2007	\$7,829,359	\$7,829,359
North County Health Services	San Marcos	CLINIC-PC	14-Mar-1996	\$5,500,000	\$3,875,000
North County Serenity House	Escondido	CDRF	28-Jan-2003	\$5,795,000	\$5,065,000
Northern California Retired Officers Community	Fairfield	MULTI-CCRC	19-Dec-2002	\$49,755,000	\$42,975,000
Northern California Retired Officers Community	Fairfield	MULTI-CCRC	20-Dec-2005	\$16,125,000	\$16,125,000
Odd Fellows Home of California	Saratoga	MULTI-OTH	06-Oct-1993	\$18,995,000	\$14,185,000

Borrower Name	Borrower City	Facility Type	Date Loan Insured	Original Insure Amount	Current Principal Balance
Odd Fellows Home of California	Saratoga	MULTI-CCRC	14-Oct-1999	\$34,500,000	\$29,190,000
Odd Fellows Home of California	Saratoga	MULTI-CCRC	07-Jan-2003	\$80,000,000	\$77,035,000
Options Family of Services	Morro Bay	GH-DD	30-May-2007	\$3,090,000	\$3,035,000
Orange County A R C	Anaheim	ADC-DD	17-Nov-1999	\$4,500,000	\$3,690,000
Oroville Hospital	Oroville	HOSP	15-Oct-1997	\$27,670,000	\$17,570,000
Orange County A R C	Oroville	HOSP	08-Nov-2000	\$2,500,000	\$744,239
Principles	Pasadena	CDRF	29-Apr-2003	\$2,040,000	\$1,700,000
Prototypes	Culver City	CDRF	23-Jun-1993	\$2,530,000	\$1,115,000
Prototypes	Culver City	CDRF	27-Jun-2001	\$4,195,000	\$3,530,000
Redwoods Rural Health Center	Redway	CLINIC-PC	13-Mar-1990	\$1,250,000	\$830,000
Retirement Housing Foundation	Long Beach	MULTI-OTH	28-Dec-2000	\$19,375,000	\$16,595,000
San Fernando Com. Hosp. - Mission Com. Hosp.	Panorama City	HOSP	11-Dec-2001	\$35,445,000	\$30,900,000
San Fernando Com. Hosp. - Mission Com. Hosp.	Panorama City	HOSP	02-Apr-2008	\$2,000,000	\$0
San Fernando Valley Com. Mental Health Center	Van Nuys	ADHC	26-Jun-1998	\$3,700,000	\$2,760,000
Sansum Clinic	Goleta	CLINIC: MULT	01-May-2002	\$32,600,000	\$27,730,000
Scott Street Senior Housing Complex	San Francisco	MULTI-OTH	18-Jun-1998	\$37,770,000	\$29,760,000
Sequoia Community Health Foundation	Fresno	CLINIC-PC	18-Nov-1993	\$2,430,000	\$520,000
Sequoia Community Health Foundation	Fresno	CLINIC-PC	28-Apr-2000	\$1,905,000	\$1,350,000
Sierra View Homes	Reedley	MULTI-OTH	18-Dec-1996	\$4,425,000	\$3,045,000
Social Model Recovery Systems	Covina	CDRF	27-Jun-2001	\$1,890,000	\$1,550,000
Social Model Recovery Systems	Covina	CDRF	12-Apr-2005	\$955,000	\$830,000
Social Science Services	Bloomington	CDRF	28-Apr-2000	\$1,970,000	\$1,490,000
Solheim Lutheran Home	Los Angeles	MULTI-CCRC	02-Dec-2004	\$6,415,000	\$5,110,000
Solvang Lutheran Home	Solvang	MULTI-CCRC	27-Aug-1996	\$5,210,000	\$3,315,000
Sonoma Valley Healthcare District	Sonoma	HOSP-DIST	30-Apr-2004	\$7,540,000	\$4,770,000
Sonoma Valley Healthcare District	Sonoma	HOSP-DIST	17-Mar-2008	\$500,000	\$0
South Bay Alcoholism Services	Torrance	CDRF	24-Mar-1993	\$1,290,000	\$910,000
Southern California Development - V O A	San Diego	GH-MD	11-Jan-1996	\$3,500,000	\$1,895,000
Southern California Alcohol & Drug Program	Downey	CDRF	18-Dec-1997	\$4,095,000	\$3,070,000
Southern California Alcohol & Drug Program	Downey	CDRF	30-May-2001	\$1,780,000	\$1,465,000
Southern California Alcohol & Drug Program	Downey	CDRF	12-Apr-2005	\$1,885,000	\$1,695,000
Tarzana Treatment Center	Tarzana	CDRF	09-Dec-1998	\$1,950,000	\$1,515,000

Borrower Name	Borrower City	Facility Type	Date Loan Insured	Original Insure Amount	Current Principal Balance
The Episcopal Home Communities	Alhambra	MULTI-CCRC	26-Feb-2002	\$90,000,000	\$82,855,000
The HELP Group	Sherman Oaks	CLINIC-MH	22-May-1998	\$17,275,000	\$13,020,000
The HELP Group	Sherman Oaks	CLINIC-MH	25-May-2000	\$17,620,000	\$15,060,000
Thessalonika Family Services	Temecula	GH-DD/MD	19-Dec-1995	\$1,360,000	\$535,000
TLC Child & Family Services	Sebastopol	GH-DD/MD	17-Sep-1997	\$1,700,000	\$1,255,000
TLC Child & Family Services	Sebastopol	GH-DD/MD	17-Oct-2000	\$2,400,000	\$2,030,000
United Health Center of the San Joaquin Valley	Parlier	CLINIC-PC	28-Apr-2000	\$950,000	\$725,000
Valley Health Team	San Joaquin	CLINIC-PC	11-Mar-2008	\$2,325,000	\$2,325,000
Verdugo Mental Health	Glendale	CLINIC-MH	12-Apr-2005	\$1,025,000	\$910,000
Verdugo Mental Health	Glendale	CLINIC-MH	07-Mar-2007	\$5,505,000	\$5,415,000
Victor Valley Community Hospital	Victorville	HOSP	26-May-2000	\$8,470,000	\$4,160,000
Victor Valley Community Hospital	Victorville	HOSP	30-Jul-2007	\$4,900,000	\$4,554,733
Walden House	San Francisco	CDRF	30-Dec-2004	\$7,475,000	\$6,455,000
West Oakland Health Council	Oakland	CLINIC-PC	21-Jul-2003	\$2,225,000	\$1,795,000

Facility Type Abbreviations

ADC-DD - Adult Day Care: Developmentally Disabled
ADHC - Adult Day Health Care
CDRF - Chemical Dependency Recovery Facility
CLINIC-MULTI - Clinic: Multi-Specialty and Diagnostic Services
CLINIC-AIDS - Clinic: AIDS
CLINIC-MH - Clinic: Mental Health
CLINIC-PC - Clinic: Primary Care
GH-DD - Group Home: Developmentally Disabled
GH-DD/MD - Group Home: Developmentally Disabled and Mentally Disabled or Emotionally Disabled
GH-MD - Group Home: Mentally Disabled or Emotionally Disabled
HOSP - Hospital: General Acute Care
HOSP-DIST - Hospital: District
HOSPICE - Hospice
MULTI-CCRC - Multi Level: Continuing Care Retirement Community
MULTI-OTH - Multi Level: Other (Month-to-Month)
SNF - Skilled Nursing Facility

Office of Statewide Health Planning and Development
 Cal-Mortgage Loan Insurance Division

Projects Insured Since the Prior State Plan

Sorted by Date Loan Closed
 (Not Including Projects that are Lines of Credit)
 (as of June 30, 2008)

Facility Name	Facility Type	Facility Location	Date Loan Closed	Insured Loan Amount
Fiscal Year 2006-07				
Verdugo Mental Health	Clinic-Mental Health	Glendale	03/07/07	\$5,505,000
Mayers Memorial Hospital	Hospital-District	Fall River Mills	03/28/07	\$6,005,000
Options Family of Services	GH-DD/MD	Morro Bay	05/30/07	\$3,090,000
Los Angeles Centers for Alcohol and Drug Abuse	CDRF	Santa Fe Springs	05/30/07	\$2,795,000
Native American Health Center	Clinic-PC	Oakland	06/07/07	\$7,829,359
		Subtotal	5	\$25,224,359
Fiscal Year 2007-08				
Henry Mayo Newhall Memorial Hospital	Hospital	Valencia	08/01/07	\$75,000,000
Asian Community Skilled Nursing Facility	SNF	Sacramento	10/03/07	\$19,405,000
Hill Country Community Clinic	Clinic-PC	Round Mountain	10/30/07	\$5,250,000
Lodi Memorial Hospital Association	Hospital	Lodi	12/13/07	\$150,000,000
Los Angeles Jewish Home for the Aging	Multi Level-Other	Reseda	02/14/08	\$59,595,000
Clinica de Salud del Pueblo	Clinic-PC	Brawley	03/11/08	\$3,925,000
Valley Health Team	Clinic-PC	San Joaquin	03/11/08	\$2,325,000
Family Health Care Network	Clinic-PC	Porterville	04/15/08	\$7,910,000
		Subtotal	8	\$323,410,000
		Total	13	\$348,634,359

Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division

**Number of Applications Pending and Pre-Applications
by Facility Type**

as of June 30, 2008

Type of Facility	Applications Pending		Pre-Applications	
	Number	Projected Loan Amount	Number	Projected Loan Amount
Hospital	2	\$300,670,000	1	\$25,000,000
Clinic ⁽¹⁾	1	\$18,500,000		
Multi-Level ⁽²⁾	2	\$65,320,000		
SNF ⁽³⁾				
CDRF ⁽⁴⁾	1	\$4,900,000	1	\$14,000,000
Group Homes ⁽⁵⁾				
Other ⁽⁶⁾	1	\$1,100,000	2	\$3,000,000
Total	7	\$390,490,000	3	\$42,000,000

(1) Primary Care Clinics

(2) Multi-level facilities that include residential units for the elderly, coupled with a skilled nursing facility, an intermediate care facility, or a general acute care hospital.

(3) Skilled Nursing Facility and Intermediate Care Facility. Some skilled nursing facilities may actually be part of multi-level facility, but Cal-Mortgage / OSHPD is only asked to insure the skilled nursing facility portion.

(4) Chemical Dependency Recovery Facility, Adult Drug Abuse Treatment Facility, Alcohol Recovery Facility, Alcohol Free Living Centers, and Substance Abuse Recovery Facility.

(5) Group Homes include group homes for the developmentally disabled, community care facilities for the developmentally disabled, group homes for the developmentally disabled and mentally disabled or emotionally disturbed (provides residential care), group homes for the mentally disabled or emotionally disturbed (provides residential care), community care facility – group home (provides residential care).

(6) Other includes adult day care for the developmentally disabled, adult day health care, blood banks, birthing centers, AIDS clinics, dialysis clinics, mental health clinics, community mental health clinics, hospices, and intermediate care facilities for the developmentally disabled.

Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division

Number of Projects and Insured Risk by Facility Type

as of June 30, 2008

Type of Facility	Number	Current Loan Amount
Hospital	29	\$487,441,422
Clinic ⁽¹⁾	27	\$77,592,678
Multi-Level ⁽²⁾	25	\$564,286,918
SNF ⁽³⁾	6	\$51,911,250
CDRF ⁽⁴⁾	18	\$45,000,000
Group Homes ⁽⁵⁾	14	\$47,352,882
Other ⁽⁶⁾	18	\$100,479,625
Total	137	\$1,374,064,775

(1) Primary Care Clinics

(2) Multi-level facilities that include residential units for the elderly, coupled with a skilled nursing facility, an intermediate care facility, or a general acute care hospital.

(3) Skilled Nursing Facility and Intermediate Care Facility. Some skilled nursing facilities may actually be part of multi-level facility, but Cal-Mortgage / OSHPD is only asked to insure the skilled nursing facility portion.

(4) Chemical Dependency Recovery Facility, Adult Drug Abuse Treatment Facility, Alcohol Recovery Facility, Alcohol Free Living Centers, and Substance Abuse Recovery Facility.

(5) Group Homes include group homes for the developmentally disabled, community care facilities for the developmentally disabled, group homes for the developmentally disabled and mentally disabled or emotionally disturbed (provides residential care), group homes for the mentally disabled or emotionally disturbed (provides residential care), community care facility – group home (provides residential care).

(6) Other includes adult day care for the developmentally disabled, adult day health care, blood banks, birthing centers, AIDS clinics, dialysis clinics, mental health clinics, community mental health clinics, hospices, and intermediate care facilities for the developmentally disabled.

Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division

Listing of Insured Projects by Facility Type

as of June 30, 2008

Facility Type	Borrower Name	Project Name (if Different)	Project City	Date Loan Insured	Original Insured Amount	Current Principal Balance
ADC-DD	Becoming Independent		Santa Rosa	2/29/1996	\$1,665,000	\$1,125,000
ADC-DD	Becoming Independent		Santa Rosa	1/21/2004	\$5,000,000	\$4,660,000
ADC-DD	HOPE Services		San Jose	6/11/2002	\$5,845,000	\$4,595,000
ADC-DD	Orange County A R C		Anaheim	11/17/1999	\$4,500,000	\$3,690,000
Total	Adult Day Care: Developmentally Disabled			4	\$17,010,000	\$14,070,000
ADHC	Feedback Foundation / Senior Services		Anaheim	12/1/1992	\$2,140,000	\$1,499,625
ADHC	San Fernando Valley Com. Mental Health Center		Van Nuys	6/26/1998	\$3,700,000	\$2,760,000
Total	Adult Day Health Care			2	\$5,840,000	\$4,259,625
CDRF	Beacon House		San Pedro	12/8/1993	\$2,280,000	\$1,675,000
CDRF	Behavioral Health Services		Gardena	11/7/1996	\$10,845,000	\$7,520,000
CDRF	Clare Foundation		Santa Monica	4/29/2003	\$1,750,000	\$1,455,000
CDRF	Drug Abuse Alternatives Center		Santa Rosa	11/18/1993	\$1,825,000	\$1,245,000
CDRF	Los Angeles Centers for Alcohol & Drug Abuse		Los Angeles	5/30/2007	\$2,795,000	\$2,715,000
CDRF	North County Serenity House		Escondido	1/28/2003	\$5,795,000	\$5,065,000
CDRF	Principles		Pasadena	4/29/2003	\$2,040,000	\$1,700,000
CDRF	Prototypes		Pomona	6/23/1993	\$2,530,000	\$1,115,000
CDRF	Prototypes		Pomona	6/27/2001	\$4,195,000	\$3,530,000
CDRF	Social Model Recovery Systems		Covina	6/27/2001	\$1,890,000	\$1,550,000
CDRF	Social Model Recovery Systems		Orange	4/12/2005	\$955,000	\$830,000
CDRF	Social Science Services		Bloomington	4/28/2000	\$1,970,000	\$1,490,000
CDRF	South Bay Alcoholism Services		Long Beach	3/24/1993	\$1,290,000	\$910,000
CDRF	Southern California Alcohol & Drug Program		Downey	12/18/1997	\$4,095,000	\$3,070,000
CDRF	Southern California Alcohol & Drug Program		Downey	5/30/2001	\$1,780,000	\$1,465,000
CDRF	Southern California Alcohol & Drug Program	Heritage House	Downey	4/12/2005	\$1,885,000	\$1,695,000
CDRF	Tarzana Treatment Center		Long Beach	12/9/1998	\$1,950,000	\$1,515,000
CDRF	Walden House		San Francisco	12/30/2004	\$7,475,000	\$6,455,000
Total	Chemical Dependency Recovery Facility			18	\$57,345,000	\$45,000,000

Facility Type	Borrower Name	Project Name (if Different)	Project City	Date Loan Insured	Original Insured Amount	Current Principal Balance
CLINIC: MULTI	Kinship Center		Salinas	3/14/2006	\$2,910,000	\$2,765,000
CLINIC: MULTI	Sansum Clinic		Goleta	5/1/2002	\$32,600,000	\$27,730,000
Total	Clinic: Multi-Specialty and Diagnostic Services			2	\$35,510,000	\$30,495,000
CLINIC-AIDS	CARES		Sacramento	4/30/1998	\$3,330,000	\$2,465,000
CLINIC-AIDS	Desert AIDS Project		Palm Springs	4/26/2001	\$3,570,000	\$2,940,000
Total	Clinic: AIDS			2	\$6,900,000	\$5,405,000
CLINIC-MH	Desarrollo Familiar		Richmond	12/23/1986	\$150,000	\$80,000
CLINIC-MH	Eastfield Ming Quong		Campbell	3/11/1997	\$7,025,000	\$4,650,000
CLINIC-MH	Henrietta Weill Memorial		Bakersfield	10/14/1992	\$1,445,000	\$600,000
CLINIC-MH	The HELP Group		Sherman Oaks	5/22/1998	\$17,275,000	\$13,020,000
CLINIC-MH	The HELP Group		Culver City	5/25/2000	\$17,620,000	\$15,060,000
CLINIC-MH	Verdugo Mental Health		Glendale	4/12/2005	\$1,025,000	\$910,000
CLINIC-MH	Verdugo Mental Health		Glendale	3/7/2007	\$5,505,000	\$5,415,000
Total	Clinic: Mental Health			7	\$50,045,000	\$39,735,000
CLINIC-PC	AltaMed Health Services	East LA / Whittier	Los Angeles	4/28/2000	\$5,250,000	\$4,070,000
CLINIC-PC	Asian Health Services		Oakland	11/21/1995	\$6,500,000	\$4,505,000
CLINIC-PC	Central Valley Indian Health		Clovis	4/28/2000	\$1,055,000	\$800,000
CLINIC-PC	Clinicas de Salud del Pueblo	Brawley Health Clinic	Brawley	3/11/2008	\$3,925,000	\$3,925,000
CLINIC-PC	Clinicas del Camino Real		Oxnard	4/12/2005	\$9,440,000	\$8,535,000
CLINIC-PC	Community Health Centers - Central Coast	Nipomo Com. Medical Ctr.	Nipomo	7/17/1990	\$770,000	\$495,000
CLINIC-PC	Community Health System	Inland Empire Health Ctr.	Bloomington	8/30/2000	\$1,295,000	\$1,095,000
CLINIC-PC	Community Medical Center	Channel Medical Center	Stockton	4/12/2005	\$3,220,000	\$2,895,000
CLINIC-PC	Del Norte Clinics	Orland Clinic	Orland	4/28/2000	\$1,105,000	\$840,000
CLINIC-PC	Del Norte Clinics	Chico, Gridley, & Oroville	various	12/23/2003	\$8,795,000	\$7,865,000
CLINIC-PC	Family Health Care Network		Porterville	4/15/2008	\$7,910,000	\$7,910,000
CLINIC-PC	Golden Valley Health Centers	Childs Avenue Clinic	Merced	1/28/1994	\$3,785,000	\$2,225,000
CLINIC-PC	Hernandad Mexicana Nacional		North Hollywood	1/6/1994	\$4,385,000	\$3,330,000
CLINIC-PC	Hernandad Mexicana Nacional		North Hollywood	4/25/2004	\$200,000	\$118,319
CLINIC-PC	Hill Country Community Clinic		Round Mountain	10/30/2007	\$5,250,000	\$5,250,000
CLINIC-PC	Humboldt Open Door Clinic		Arcata	4/28/2000	\$1,195,000	\$745,000

Facility Type	Borrower Name	Project Name (if Different)	Project City	Date Loan Insured	Original Insured Amount	Current Principal Balance
CLINIC-PC	Lifelong Medical Care	Over 60 Health Clinic	Berkeley	12/14/1998	\$2,970,000	\$2,380,000
CLINIC-PC	Mountain Valley	Butte Valley - Tulelake	Tulelake	10/28/1992	\$1,000,000	\$730,000
CLINIC-PC	Mountain Valley	Big Valley Medical Center	Bieber	3/24/1993	\$900,000	\$630,000
CLINIC-PC	Native American Health Center		Oakland	6/7/2007	\$7,829,359	\$7,829,359
CLINIC-PC	North County Health Services	San Marcos Health Clinic	San Marcos	3/14/1996	\$5,500,000	\$3,875,000
CLINIC-PC	Redwoods Rural Health Center		Redway	3/13/1990	\$1,250,000	\$830,000
CLINIC-PC	Sequoia Community Health Foundation	Divisadero	Selma	11/18/1993	\$2,430,000	\$520,000
CLINIC-PC	Sequoia Community Health Foundation	South Elm	Fresno	4/28/2000	\$1,905,000	\$1,350,000
CLINIC-PC	United Health Center of the San Joaquin Valley		Parlier	4/28/2000	\$950,000	\$725,000
CLINIC-PC	Valley Health Team	San Joaquin Health Ctr.	San Joaquin	3/11/2008	\$2,325,000	\$2,325,000
CLINIC-PC	West Oakland Health Council	East Oakland Health Ctr.	Oakland	7/21/2003	\$2,225,000	\$1,795,000
Total	Clinic: Primary Care			27	\$93,364,359	\$77,592,678
GH-DD	Options Family of Services		Santa Maria	5/30/2007	\$3,090,000	\$3,035,000
Total	Group Home: Developmentally Disabled			1	\$3,090,000	\$3,035,000
GH-DD/MD	California Autism Foundation		Richmond	4/12/2005	\$3,950,000	\$3,380,000
GH-DD/MD	Exceptional Children's Foundation		Los Angeles	9/27/1995	\$2,990,000	\$1,970,000
GH-DD/MD	Families First		Davis	3/15/2000	\$17,600,000	\$14,750,000
GH-DD/MD	Thessalonika Family Services		Temecula	12/19/1995	\$1,360,000	\$535,000
GH-DD/MD	TLC Child & Family Services		Sebastopol	9/17/1997	\$1,700,000	\$1,255,000
GH-DD/MD	TLC Child & Family Services		Sebastopol	10/17/2000	\$2,400,000	\$2,030,000
Total	Group Home: Developmentally Disabled and Mentally Disabled or Emotionally Disabled			6	\$30,000,000	\$23,920,000
GH-MD	Advent Group Ministries		San Jose	1/27/2005	\$400,000	\$327,902
GH-MD	Burt Center		San Francisco	4/18/2001	\$3,200,000	\$2,725,000
GH-MD	Burt Center		San Francisco	6/19/2003	\$300,000	\$299,980
GH-MD	Children's Institute International		Los Angeles	2/27/1992	\$5,635,000	\$4,095,000
GH-MD	Lincoln Child Center		Oakland	11/23/1999	\$2,900,000	\$2,315,000
GH-MD	Momentum for Mental Health		San Jose	11/13/2003	\$10,500,000	\$8,740,000
GH-MD	Southern California Development - V O A		El Centro	1/11/1996	\$3,500,000	\$1,895,000
Total	Group Home: Mentally Disabled or Emotionally Disabled			7	\$26,435,000	\$20,397,882

Facility Type	Borrower Name	Project Name (if Different)	Project City	Date Loan Insured	Original Insured Amount	Current Principal Balance
HOSP	El Centro Regional Medical Center		El Centro	4/26/2001	\$39,300,000	\$34,000,000
HOSP	Henry Mayo Newhall Memorial Hospital		Valencia	2/21/2001	\$54,895,000	\$49,460,000
HOSP	Henry Mayo Newhall Memorial Hospital		Valencia	6/15/2003	\$7,000,000	\$2,916,663
HOSP	Henry Mayo Newhall Memorial Hospital		Valencia	8/1/2007	\$45,000,000	\$45,000,000
HOSP	Henry Mayo Newhall Memorial Hospital		Valencia	8/1/2007	\$30,000,000	\$30,000,000
HOSP	Lodi Memorial Hospital Association		Lodi	10/26/2000	\$12,570,000	\$4,380,000
HOSP	Lodi Memorial Hospital Association		Lodi	12/13/2007	\$150,000,000	\$150,000,000
HOSP	Marshall Medical Center		Placerville	10/6/1993	\$19,975,000	\$8,615,000
HOSP	Marshall Medical Center		Placerville	5/13/1998	\$28,030,000	\$21,500,000
HOSP	Marshall Medical Center		Placerville	3/25/2004	\$30,000,000	\$29,800,000
HOSP	Marshall Medical Center		Placerville	3/25/2004	\$20,000,000	\$20,000,000
HOSP	Oroville Hospital		Oroville	10/15/1997	\$27,670,000	\$17,570,000
HOSP	Oroville Hospital	Oroville Hospital - LOC	Oroville	11/8/2000	\$2,500,000	\$744,239
HOSP	San Fernando Community Hospital	Mission Com. Hospital	Panorama City	12/11/2001	\$35,445,000	\$30,900,000
HOSP	San Fernando Community Hospital	Mission Com. Hospital	Panorama City	4/2/2008	\$2,000,000	\$0
HOSP	Victor Valley Community Hospital		Victorville	5/26/2000	\$8,470,000	\$4,160,000
HOSP	Victor Valley Community Hospital		Victorville	7/30/2007	\$4,900,000	\$4,554,733
Total	Hospital: General Acute Care			17	\$517,755,000	\$453,600,634
HOSP-DIST	Corcoran District Hospital		Corcoran	7/23/1992	\$1,555,000	\$605,000
HOSP-DIST	Corcoran District Hospital	Corcoran - LOC	Corcoran	8/1/2001	\$800,000	\$664,843
HOSP-DIST	Kern Valley Healthcare District	Kern Valley - LOC	Mountain Mesa	6/23/2006	\$1,000,000	\$955,945
HOSP-DIST	Kern Valley Healthcare District		Mountain Mesa	9/26/2003	\$17,770,000	\$15,220,000
HOSP-DIST	Kern Valley Healthcare District		Mountain Mesa	10/4/2006	\$1,000,000	\$0
HOSP-DIST	Lompoc District Hospital		Lompoc	9/23/1998	\$6,375,000	\$3,630,000
HOSP-DIST	Mayers Memorial Hospital District		Fall River Mills	3/28/2007	\$6,005,000	\$5,335,000
HOSP-DIST	Mayers Memorial Hospital District		Fall River Mills	7/12/2007	\$1,000,000	\$0
HOSP-DIST	Mendocino Coast Health Care District		Fort Bragg	8/28/1996	\$4,030,000	\$2,660,000
HOSP-DIST	Mendocino Coast Health Care District		Fort Bragg	4/23/2008	\$1,000,000	\$0
HOSP-DIST	Sonoma Valley Health Care District		Sonoma	4/30/2004	\$7,540,000	\$4,770,000
HOSP-DIST	Sonoma Valley Health Care District		Sonoma	3/17/2008	\$500,000	\$0
Total	Hospital: District			12	\$48,575,000	\$33,840,788

Facility Type	Borrower Name	Project Name (if Different)	Project City	Date Loan Insured	Original Insured Amount	Current Principal Balance
HOSPICE	AIDS Healthcare Foundation		Los Angeles	7/21/2005	\$7,250,000	\$6,515,000
Total	Hospice			1	\$7,250,000	\$6,515,000
MULTI-CCRC	Aldersly		San Rafael	9/26/2002	\$7,125,000	\$6,435,000
MULTI-CCRC	Aldersly		San Rafael	7/19/2004	\$1,200,000	\$1,031,918
MULTI-CCRC	California Nevada Methodist Homes	Forest Hill Manor	Oakland	5/3/2006	\$42,280,000	\$42,280,000
MULTI-CCRC	Front Porch Communities and Services	Sunny View Lutheran Home	Cupertino	9/17/1997	\$4,430,000	\$2,815,000
MULTI-CCRC	Front Porch Communities and Services	Sunny View Lutheran Home	Cupertino	2/25/1999	\$5,685,000	\$4,470,000
MULTI-CCRC	Northern California Retired Officers Community	Paradise Valley Estates	Fairfield	12/19/2002	\$49,755,000	\$42,975,000
MULTI-CCRC	Northern California Retired Officers Community	Paradise Valley Estates	Fairfield	12/20/2005	\$16,125,000	\$16,125,000
MULTI-CCRC	Odd Fellows Home of California	Saratoga Retirement Ctr.	Saratoga	10/14/1999	\$34,500,000	\$29,190,000
MULTI-CCRC	Odd Fellows Home of California	Saratoga Retirement Ctr.	Saratoga	1/7/2003	\$80,000,000	\$77,035,000
MULTI-CCRC	Solheim Lutheran Home		Los Angeles	12/2/2004	\$6,415,000	\$5,110,000
MULTI-CCRC	Solvang Lutheran Home		Solvang	8/27/1996	\$5,210,000	\$3,315,000
MULTI-CCRC	The Episcopal Home Communities	The Covington	Alhambra	2/26/2002	\$90,000,000	\$82,855,000
Total	Multi Level: Continuing Care Retirement Community			12	\$342,725,000	\$313,636,918
MULTI-OTH	Ararat Home of Los Angeles		Mission Hills	4/29/1998	\$6,460,000	\$4,495,000
MULTI-OTH	Catholic Healthcare West	Mercy McMahon Terrace	Sacramento	3/17/1993	\$9,360,000	\$5,445,000
MULTI-OTH	Community Church Retirement Center	The Redwoods	Mill Valley	3/11/1997	\$6,115,000	\$4,250,000
MULTI-OTH	Elder Care Alliance of Union City		Union City	6/8/2004	\$15,685,000	\$15,685,000
MULTI-OTH	Fellowship Homes	Casa de Modesto	Modesto	8/27/1996	\$6,065,000	\$4,075,000
MULTI-OTH	Home for Jewish Parents		Danville	7/9/1997	\$12,555,000	\$9,285,000
MULTI-OTH	Lincoln Glen Manor for Senior Citizens		San Jose	3/9/2000	\$7,500,000	\$6,285,000
MULTI-OTH	Los Angeles Jewish Home for the Aging		Los Angeles	12/17/2003	\$80,000,000	\$77,950,000
MULTI-OTH	Los Angeles Jewish Home for the Aging		Los Angeles	2/14/2008	\$59,595,000	\$59,595,000
MULTI-OTH	Odd Fellows Home of California	The Meadows of Napa	Napa	10/6/1993	\$18,995,000	\$14,185,000
MULTI-OTH	Retirement Housing Foundation	The Gateway	Poway	12/28/2000	\$19,375,000	\$16,595,000
MULTI-OTH	Scott Street Senior Housing Complex	Rhoda Haas Goldman Plaza	San Francisco	6/18/1998	\$37,770,000	\$29,760,000
MULTI-OTH	Sierra View Homes		Reedley	12/18/1996	\$4,425,000	\$3,045,000
Total	Multi Level: Other (Month-to-Month)			13	\$283,900,000	\$250,650,000

Facility Type	Borrower Name	Project Name (if Different)	Project City	Date Loan Insured	Original Insured Amount	Current Principal Balance
SNF	Apple Valley Christian Centers	Apple Valley Retirement	Apple Valley	5/24/2001	\$9,525,000	\$8,065,000
SNF	Apple Valley Christian Centers	Apple Valley - LOC	Apple Valley	6/16/2003	\$500,000	\$136,250
SNF	Asian Community Skilled Nursing Facility		Sacramento	4/12/2005	\$2,070,000	\$1,560,000
SNF	Asian Community Skilled Nursing Facility		Sacramento	10/3/2007	\$19,405,000	\$19,405,000
SNF	Keiro Nursing Home		Los Angeles	9/29/2004	\$8,665,000	\$6,775,000
SNF	Lytton Gardens		Palo Alto	12/9/1999	\$16,355,000	\$15,970,000
Total	Skilled Nursing Facility			6	\$56,520,000	\$51,911,250

Facility Type Abbreviations

ADC-DD	- Adult Day Care: Developmentally Disabled
ADHC	- Adult Day Health Care
CDC-DD	- Children Day Care: Developmentally Disabled
CDRF	- Chemical Dependency Recovery Facility
CLINIC-MULTI	- Clinic: Multi-Specialty and Diagnostic Services
CLINIC-AIDS	- Clinic: AIDS
CLINIC-MH	- Clinic: Mental Health
CLINIC-PC	- Clinic: Primary Care
GH-DD/MD	- Group Home: Developmentally Disabled
GH-DD/MD	- Group Home: Developmentally Disabled and Mentally Disabled or Emotionally Disabled
GH-MD	- Group Home: Mentally Disabled or Emotionally Disabled
HOSP	- Hospital: General Acute Care
HOSP-DIST	- Hospital: District
HOSPICE	- Hospice
ICF-DD	- Intermediate Care Facility: Developmentally Disabled
MULTI-CCRC	- Multi Level: Continuing Care Retirement Community
MULTI-OTH	- Multi Level: Other (Month-to-Month)
SNF	- Skilled Nursing Facility

Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division

Insured Projects by County

as of June 30, 2008

County	Number of Projects	Original Principal Balance	Current Principal Balance
Alameda	6	\$38,109,359	\$34,509,359
Butte	3	\$38,965,000	\$26,179,239
Contra Costa	3	\$16,655,000	\$12,745,000
El Dorado	4	\$98,005,000	\$79,915,000
Fresno	6	\$13,090,000	\$8,765,000
Glenn	1	\$1,105,000	\$840,000
Humboldt	2	\$2,445,000	\$1,575,000
Imperial	3	\$46,725,000	\$39,820,000
Kern	4	\$21,215,000	\$16,775,945
Kings	2	\$2,355,000	\$1,269,843
Lassen	1	\$900,000	\$630,000
Los Angeles	35	\$445,635,000	\$399,379,982
Marin	3	\$14,440,000	\$11,716,918
Mendocino	2	\$5,030,000	\$2,660,000
Merced	1	\$3,785,000	\$2,225,000
Monterey	2	\$45,190,000	\$45,045,000
Napa	1	\$18,995,000	\$14,185,000
Orange	4	\$97,595,000	\$88,874,625
Riverside	2	\$4,930,000	\$3,475,000
Sacramento	4	\$34,165,000	\$28,875,000
San Bernardino	6	\$26,660,000	\$19,500,983
San Diego	3	\$30,670,000	\$25,535,000
San Francisco	4	\$48,745,000	\$39,239,980
San Joaquin	3	\$165,790,000	\$157,275,000
San Luis Obispo	1	\$770,000	\$495,000
Santa Barbara	4	\$47,275,000	\$37,710,000
Santa Clara	10	\$172,240,000	\$154,077,902
Shasta	3	\$12,255,000	\$10,585,000
Siskiyou	1	\$1,000,000	\$730,000
Solano	2	\$65,880,000	\$59,100,000
Sonoma	7	\$20,630,000	\$15,085,000
Stanislaus	1	\$6,065,000	\$4,075,000
Tulare	1	\$7,910,000	\$7,910,000
Ventura	1	\$9,440,000	\$8,535,000
Yolo	1	\$17,600,000	\$14,750,000
35 Counties	137	\$1,582,264,359	\$1,374,064,776

Office of Statewide Health Planning and Development
 Cal-Mortgage Loan Insurance Division
Insured Projects by County

(sorted by County and then Borrower Name)

as of June 30, 2008

Borrower Name	Project Name (if Different)	Project City	ZIP	County	Facility Type	Date Loan Insured	Original Insured Amount	Current Principal Balance
Asian Health Services		Oakland	94607	Alameda	CLINIC-PC	11/21/1995	\$6,500,000	\$4,505,000
Elder Care Alliance of Union City		Union City	94587	Alameda	MULTI-OTH	6/8/2004	\$15,685,000	\$15,685,000
Lifelong Medical Care	Over 60 Health Clinic	Berkeley	94702	Alameda	CLINIC-PC	12/14/1998	\$2,970,000	\$2,380,000
Lincoln Child Center		Oakland	94602	Alameda	GH-MD	11/23/1999	\$2,900,000	\$2,315,000
Native American Health Center		Oakland	94601	Alameda	CLINIC-PC	6/7/2007	\$7,829,359	\$7,829,359
West Oakland Health Council		Oakland	94621	Alameda	CLINIC-PC	7/21/2003	\$2,225,000	\$1,795,000
Alameda						6	\$38,109,359	\$34,509,359
Del Norte Clinics	Chico, Gridley, & Oroville	various	95965	Butte	CLINIC-PC	12/23/2003	\$8,795,000	\$7,865,000
Oroville Hospital		Oroville	95966	Butte	HOSP	10/15/1997	\$27,670,000	\$17,570,000
Oroville Hospital	Oroville Hospital - LOC	Oroville	95966	Butte	HOSP	11/8/2000	\$2,500,000	\$744,239
Butte						3	\$38,965,000	\$26,179,239
California Autism Foundation		Richmond	94806	Contra Costa	GH-DD/MD	4/12/2005	\$3,950,000	\$3,380,000
Desarrollo Familiar		Richmond	94805	Contra Costa	CLINIC-MH	12/23/1986	\$150,000	\$80,000
Home for Jewish Parents		Danville	94506	Contra Costa	MULTI-OTH	7/9/1997	\$12,555,000	\$9,285,000
Contra Costa						3	\$16,655,000	\$12,745,000
Marshall Medical Center		Placerville	95667	El Dorado	HOSP	10/6/1993	\$19,975,000	\$8,615,000
Marshall Medical Center		Placerville	95667	El Dorado	HOSP	5/13/1998	\$28,030,000	\$21,500,000
Marshall Medical Center		Placerville	95667	El Dorado	HOSP	3/25/2004	\$30,000,000	\$29,800,000
Marshall Medical Center		Placerville	95667	El Dorado	HOSP	3/25/2004	\$20,000,000	\$20,000,000
El Dorado						4	\$98,005,000	\$79,915,000
Central Valley Indian Health		Clovis	93612	Fresno	CLINIC-PC	4/28/2000	\$1,055,000	\$800,000
Sequoia Community Health Foundation	Divisadero	Selma	93662	Fresno	CLINIC-PC	11/18/1993	\$2,430,000	\$520,000
Sequoia Community Health Foundation	South Elm	Fresno	93706	Fresno	CLINIC-PC	4/28/2000	\$1,905,000	\$1,350,000
Sierra View Homes		Reedley	93654	Fresno	MULTI-OTH	12/18/1996	\$4,425,000	\$3,045,000
United Health Center of the San Joaquin Valley		Parlier	93648	Fresno	CLINIC-PC	4/28/2000	\$950,000	\$725,000
Valley Health Team	San Joaquin Health Center	San Joaquin	93660	Fresno	CLINIC-PC	3/11/2008	\$2,325,000	\$2,325,000
Fresno						6	\$13,090,000	\$8,765,000

Borrower Name	Project Name (if Different)	Project City	ZIP	County	Facility Type	Date Loan Insured	Original Insured Amount	Current Principal Balance
Del Norte Clinics	Orland Clinic	Orland	95963	Glenn	CLINIC-PC	4/28/2000	\$1,105,000	\$840,000
				Glenn		1	\$1,105,000	\$840,000
Humboldt Open Door Clinic		Arcata	95521	Humboldt	CLINIC-PC	4/28/2000	\$1,195,000	\$745,000
Redwoods Rural Health Center		Redway	95560	Humboldt	CLINIC-PC	3/13/1990	\$1,250,000	\$830,000
				Humboldt		2	\$2,445,000	\$1,575,000
Clinicas de Salud del Pueblo		Brawley	92227	Imperial	CLINIC-PC	3/11/2008	\$3,925,000	\$3,925,000
El Centro Regional Medical Center		El Centro	92243	Imperial	HOSP	4/26/2001	\$39,300,000	\$34,000,000
Southern California Development - V O A		El Centro	92243	Imperial	GH-MD	1/11/1996	\$3,500,000	\$1,895,000
				Imperial		3	\$46,725,000	\$39,820,000
Henrietta Weill Memorial		Bakersfield	93309	Kern	CLINIC-MH	10/14/1992	\$1,445,000	\$600,000
Kern Valley Healthcare District		Mountain Mesa	93420	Kern	HOSP-DIST	6/23/2006	\$1,000,000	\$955,945
Kern Valley Healthcare District		Mountain Mesa	93420	Kern	HOSP-DIST	9/26/2003	\$17,770,000	\$15,220,000
Kern Valley Healthcare District	Kern Valley - LOC	Mountain Mesa	93240	Kern	HOSP-DIST	10/4/2006	\$1,000,000	\$0
				Kern		4	\$21,215,000	\$16,775,945
Corcoran District Hospital		Corcoran	93212	Kings	HOSP-DIST	7/23/1992	\$1,555,000	\$605,000
Corcoran District Hospital	Corcoran - LOC	Corcoran	93212	Kings	HOSP-DIST	8/1/2001	\$800,000	\$664,843
				Kings		2	\$2,355,000	\$1,269,843
Mountain Valley	Big Valley Medical Center	Bieber	96009	Lassen	CLINIC-PC	3/24/1993	\$900,000	\$630,000
				Lassen		1	\$900,000	\$630,000
AIDS Healthcare Foundation		Los Angeles	90002	Los Angeles	HOSPICE	7/21/2005	\$7,250,000	\$6,515,000
AltaMed Health Services	East LA / Whittier	Los Angeles	90022	Los Angeles	CLINIC-PC	4/28/2000	\$5,250,000	\$4,070,000
Ararat Home of Los Angeles		Mission Hills	91345	Los Angeles	MULTI-OTH	4/29/1998	\$6,460,000	\$4,495,000
Beacon House		San Pedro	90731	Los Angeles	CDRF	12/8/1993	\$2,280,000	\$1,675,000
Behavioral Health Services		Gardena	90249	Los Angeles	CDRF	11/7/1996	\$10,845,000	\$7,520,000
Children's Institute International		Los Angeles	90005	Los Angeles	GH-MD	2/27/1992	\$5,635,000	\$4,095,000
Clare Foundation		Santa Monica	90404	Los Angeles	CDRF	4/29/2003	\$1,750,000	\$1,455,000
Exceptional Children's Foundation		Los Angeles	90008	Los Angeles	GH-DD/MD	9/27/1995	\$2,990,000	\$1,970,000
Henry Mayo Newhall Memorial Hospital		Valencia	91355	Los Angeles	HOSP	2/21/2001	\$54,895,000	\$49,460,000
Henry Mayo Newhall Memorial Hospital		Valencia	91355	Los Angeles	HOSP	6/15/2003	\$7,000,000	\$2,916,663
Henry Mayo Newhall Memorial Hospital			91355	Los Angeles	HOSP	8/1/2007	\$45,000,000	\$45,000,000
Henry Mayo Newhall Memorial Hospital			91355	Los Angeles	HOSP	8/1/2007	\$30,000,000	\$30,000,000
Hermanidad Mexicana Nacional		North Hollywood	91605	Los Angeles	CLINIC-PC	1/6/1994	\$4,385,000	\$3,330,000

Borrower Name	Project Name (if Different)	Project City	ZIP	County	Facility Type	Date Loan Insured	Original Insured Amount	Current Principal Balance
Hermandad Mexicana Nacional		North Hollywood	91605	Los Angeles	CLINIC-PC	4/25/2004	\$200,000	\$118,319
Keiro Nursing Home		Los Angeles	90031	Los Angeles	SNF	9/29/2004	\$8,665,000	\$6,775,000
Los Angeles Centers for Alcohol & Drug Abuse		Los Angeles	90706	Los Angeles	CDRF	5/30/2007	\$2,795,000	\$2,715,000
Los Angeles Jewish Home for the Aging		Los Angeles	91335	Los Angeles	MULTI-OTH	12/17/2003	\$80,000,000	\$77,950,000
Los Angeles Jewish Home for the Aging		Los Angeles	91335	Los Angeles	MULTI-OTH	2/14/2008	\$59,595,000	\$59,595,000
Principles		Pasadena	91103	Los Angeles	CDRF	4/29/2003	\$2,040,000	\$1,700,000
Prototypes		Pomona	91767	Los Angeles	CDRF	6/23/1993	\$2,530,000	\$1,115,000
Prototypes		Pomona	91767	Los Angeles	CDRF	6/27/2001	\$4,195,000	\$3,530,000
San Fernando Community Hospital	Mission Community Hospital	Panorama City	91402	Los Angeles	HOSP	12/11/2001	\$35,445,000	\$30,900,000
San Fernando Community Hospital	Mission Community Hospital-LOC	Panorama City	91402	Los Angeles	HOSP	4/2/2008	\$2,000,000	\$0
San Fernando Valley Community Mental Health		Van Nuys	91405	Los Angeles	ADHC	6/26/1998	\$3,700,000	\$2,760,000
Social Model Recovery Systems		Covina	91723	Los Angeles	CDRF	6/27/2001	\$1,890,000	\$1,550,000
Solheim Lutheran Home		Los Angeles	90041	Los Angeles	MULTI-CCRC	12/2/2004	\$6,415,000	\$5,110,000
South Bay Alcoholism Services		Long Beach	90802	Los Angeles	CDRF	3/24/1993	\$1,290,000	\$910,000
Southern California Alcohol & Drug Program		Downey	90241	Los Angeles	CDRF	12/18/1997	\$4,095,000	\$3,070,000
Southern California Alcohol & Drug Program		Downey	90241	Los Angeles	CDRF	5/30/2001	\$1,780,000	\$1,465,000
Southern California Alcohol & Drug Program	Heritage House	Downey	90241	Los Angeles	CDRF	4/12/2005	\$1,885,000	\$1,695,000
Tarzana Treatment Center		Long Beach	90806	Los Angeles	CDRF	12/9/1998	\$1,950,000	\$1,515,000
The HELP Group		Sherman Oaks	91401	Los Angeles	CLINIC-MH	5/22/1998	\$17,275,000	\$13,020,000
The HELP Group		Culver City	90066	Los Angeles	CLINIC-MH	5/25/2000	\$17,620,000	\$15,060,000
Verdugo Mental Health		Glendale	91205	Los Angeles	CLINIC-MH	4/12/2005	\$1,025,000	\$910,000
Verdugo Mental Health		Glendale	91205	Los Angeles	CLINIC-MH	3/7/2007	\$5,505,000	\$5,415,000
Los Angeles						35	\$445,635,000	\$399,379,982
Aldersly		San Rafael	94901	Marin	MULTI-CCRC	9/26/2002	\$7,125,000	\$6,435,000
Aldersly		San Rafael	94901	Marin	MULTI-CCRC	7/19/2004	\$1,200,000	\$1,031,918
Community Church Retirement Center	The Redwoods	Mill Valley	94941	Marin	MULTI-OTH	3/11/1997	\$6,115,000	\$4,250,000
Marin						3	\$14,440,000	\$11,716,918
Mendocino Coast Health Care District		Fort Bragg	95437	Mendocino	HOSP-DIST	8/28/1996	\$4,030,000	\$2,660,000
Mendocino Coast Health Care District	Mendocino Coast - LOC	Fort Bragg	95437	Mendocino	HOSP-DIST	4/23/2008	\$1,000,000	\$0
Mendocino						2	\$5,030,000	\$2,660,000
Golden Valley Health Centers	Childs Avenue Clinic	Merced	95340	Merced	CLINIC-PC	1/28/1994	\$3,785,000	\$2,225,000
Merced						1	\$3,785,000	\$2,225,000
California Nevada Methodist Homes	Forest Hill Manor	Oakland	93950	Monterey	MULTI-CCRC	5/3/2006	\$42,280,000	\$42,280,000
Kinship Center		Salinas	93908	Monterey	CLINIC: MULTI	3/14/2006	\$2,910,000	\$2,765,000
Monterey						2	\$45,190,000	\$45,045,000

Borrower Name	Project Name (if Different)	Project City	ZIP	County	Facility Type	Date Loan Insured	Original Insured Amount	Current Principal Balance
Odd Fellows Home of California	The Meadows of Napa	Napa	94559	Napa	MULTI-OTH	10/6/1993	\$18,995,000	\$14,185,000
				Napa		1	\$18,995,000	\$14,185,000
Feedback Foundation / Senior Services		Anaheim	92801	Orange	ADHC	12/1/1992	\$2,140,000	\$1,499,625
Orange County A R C		Anaheim	92801	Orange	ADC-DD	11/17/1999	\$4,500,000	\$3,690,000
Social Model Recovery Systems		Orange	92688	Orange	CDRF	4/12/2005	\$955,000	\$830,000
The Episcopal Home Communities	The Covington	Aliso Viejo	92656	Orange	MULTI-CCRC	2/26/2002	\$90,000,000	\$82,855,000
				Orange		4	\$97,595,000	\$88,874,625
Desert AIDS Project		Palm Springs	92262	Riverside	CLINIC-AIDS	4/26/2001	\$3,570,000	\$2,940,000
Thessalonika Family Services		Temecula	92589	Riverside	GH-DD/MD	12/19/1995	\$1,360,000	\$535,000
				Riverside		2	\$4,930,000	\$3,475,000
Asian Community Skilled Nursing Facility		Sacramento	95831	Sacramento	SNF	4/12/2005	\$2,070,000	\$1,560,000
Asian Community Skilled Nursing Facility		Sacramento	95831	Sacramento	SNF	10/3/2007	\$19,405,000	\$19,405,000
CARES		Sacramento	95814	Sacramento	CLINIC-AIDS	4/30/1998	\$3,330,000	\$2,465,000
Catholic Healthcare West	Mercy McMahon Terrace	Sacramento	95816	Sacramento	MULTI-OTH	3/17/1993	\$9,360,000	\$5,445,000
				Sacramento		4	\$34,165,000	\$28,875,000
Apple Valley Christian Centers	Apple Valley Retirement	Apple Valley	92308	San Bernardino	SNF	5/24/2001	\$9,525,000	\$8,065,000
Apple Valley Christian Centers	Apple Valley - LOC	Apple Valley	92308	San Bernardino	SNF	6/16/2003	\$500,000	\$136,250
Community Health System	Inland Empire Health Center	Bloomington	92316	San Bernardino	CLINIC-PC	8/30/2000	\$1,295,000	\$1,095,000
Social Science Services		Bloomington	92316	San Bernardino	CDRF	4/28/2000	\$1,970,000	\$1,490,000
Victor Valley Community Hospital		Victorville	92392	San Bernardino	HOSP	5/26/2000	\$8,470,000	\$4,160,000
Victor Valley Community Hospital	Victor Valley - LOC	Victorville	92392	San Bernardino	HOSP	7/30/2007	\$4,900,000	\$4,554,733
				San Bernardino		6	\$26,660,000	\$19,500,983
North County Health Services	San Marcos Health Clinic	San Marcos	92069	San Diego	CLINIC-PC	3/14/1996	\$5,500,000	\$3,875,000
North County Serenity House		Escondido	92026	San Diego	CDRF	1/28/2003	\$5,795,000	\$5,065,000
Retirement Housing Foundation	The Gateway	Poway	92128	San Diego	MULTI-OTH	12/28/2000	\$19,375,000	\$16,595,000
				San Diego		3	\$30,670,000	\$25,535,000
Burt Center		San Francisco	94117	San Francisco	GH-MD	4/18/2001	\$3,200,000	\$2,725,000
Burt Center		San Francisco	94117	San Francisco	GH-MD	6/19/2003	\$300,000	\$299,980
Scott Street Senior Housing Complex	Rhoda Haas Goldman Plaza	San Francisco	94115	San Francisco	MULTI-OTH	6/18/1998	\$37,770,000	\$29,760,000
Walden House		San Francisco	94117	San Francisco	CDRF	12/30/2004	\$7,475,000	\$6,455,000
				San Francisco		4	\$48,745,000	\$39,239,980

Borrower Name	Project Name (if Different)	Project City	ZIP	County	Facility Type	Date Loan Insured	Original Insured Amount	Current Principal Balance
Community Medical Center	Channel Medical Center	Stockton	95202	San Joaquin	CLINIC-PC	4/12/2005	\$3,220,000	\$2,895,000
Lodi Memorial Hospital Association		Lodi	95240	San Joaquin	HOSP	10/26/2000	\$12,570,000	\$4,380,000
Lodi Memorial Hospital Association		Lodi	95240	San Joaquin	HOSP	12/13/2007	\$150,000,000	\$150,000,000
San Joaquin						3	\$165,790,000	\$157,275,000
Community Health Centers of the Central Coast	Nipomo Com. Medical Center	Nipomo	93444	San Luis Obispo	CLINIC-PC	7/17/1990	\$770,000	\$495,000
San Luis Obispo						1	\$770,000	\$495,000
Lompoc District Hospital		Lompoc	93438	Santa Barbara	HOSP-DIST	9/23/1998	\$6,375,000	\$3,630,000
Options Family of Services		Santa Maria	93455	Santa Barbara	GH-DD	5/30/2007	\$3,090,000	\$3,035,000
SANSUM Santa Barbara Medical Found. Clinic		Goleta	93111	Santa Barbara	CLINIC: MULTI	5/1/2002	\$32,600,000	\$27,730,000
Solvang Lutheran Home		Solvang	93463	Santa Barbara	MULTI-CCRC	8/27/1996	\$5,210,000	\$3,315,000
Santa Barbara						4	\$47,275,000	\$37,710,000
Advent Group Ministries		San Jose	95124	Santa Clara	GH-MD	1/27/2005	\$400,000	\$327,902
Eastfield Ming Quong		Campbell	95008	Santa Clara	CLINIC-MH	3/11/1997	\$7,025,000	\$4,650,000
Front Porch Communities and Services	Sunny View Lutheran Home	Cupertino	95014	Santa Clara	MULTI-CCRC	9/17/1997	\$4,430,000	\$2,815,000
Front Porch Communities and Services	Sunny View Lutheran Home	Cupertino	95014	Santa Clara	MULTI-CCRC	2/25/1999	\$5,685,000	\$4,470,000
HOPE Services		San Jose	95128	Santa Clara	ADC-DD	6/11/2002	\$5,845,000	\$4,595,000
Lincoln Glen Manor for Senior Citizens		San Jose	95125	Santa Clara	MULTI-OTH	3/9/2000	\$7,500,000	\$6,285,000
Lytton Gardens		Palo Alto	94301	Santa Clara	SNF	12/9/1999	\$16,355,000	\$15,970,000
Momentum for Mental Health		San Jose	95127	Santa Clara	GH-MD	11/13/2003	\$10,500,000	\$8,740,000
Odd Fellows Home of California	Saratoga Retirement Community	Saratoga	95070	Santa Clara	MULTI-CCRC	10/14/1999	\$34,500,000	\$29,190,000
Odd Fellows Home of California	Saratoga Retirement Community	Saratoga	95070	Santa Clara	MULTI-CCRC	1/7/2003	\$80,000,000	\$77,035,000
Santa Clara						10	\$172,240,000	\$154,077,902
Hill Country Community Clinic		Round Mountain	96084	Shasta	CLINIC-PC	10/30/2007	\$5,250,000	\$5,250,000
Mayers Memorial Hospital District		Fall River Mills	96028	Shasta	HOSP-DIST	3/28/2007	\$6,005,000	\$5,335,000
Mayers Memorial Hospital District	Mayers Memorial - LOC	Fall River Mills	96028	Shasta	HOSP-DIST	7/12/2007	\$1,000,000	\$0
Shasta						3	\$12,255,000	\$10,585,000
Mountain Valley	Butte Valley - Tulelake	Tulelake	96134	Siskiyou	CLINIC-PC	10/28/1992	\$1,000,000	\$730,000
Siskiyou						1	\$1,000,000	\$730,000
Northern California Retired Officers Community	Paradise Valley Estates	Fairfield	94533	Solano	MULTI-CCRC	12/19/2002	\$49,755,000	\$42,975,000
Northern California Retired Officers Community	Paradise Valley Estates	Fairfield	94533	Solano	MULTI-CCRC	12/20/2005	\$16,125,000	\$16,125,000
Solano						2	\$65,880,000	\$59,100,000

Borrower Name	Project Name (if Different)	Project City	ZIP	County	Facility Type	Date Loan Insured	Original Insured Amount	Current Principal Balance
Becoming Independent		Santa Rosa	95403	Sonoma	ADC-DD	2/29/1996	\$1,665,000	\$1,125,000
Becoming Independent		Santa Rosa	95403	Sonoma	ADC-DD	1/21/2004	\$5,000,000	\$4,660,000
Drug Abuse Alternatives Center		Santa Rosa	95403	Sonoma	CDRF	11/18/1993	\$1,825,000	\$1,245,000
Sonoma Valley Health Care District		Sonoma	95476	Sonoma	HOSP-DIST	4/30/2004	\$7,540,000	\$4,770,000
Sonoma Valley Health Care District	Sonoma Valley - LOC	Sonoma	95476	Sonoma	HOSP-DIST	3/17/2008	\$500,000	\$0
T L C Child & Family Services	True to Life Children's Services	Sebastopol	95472	Sonoma	GH-DD/MD	9/17/1997	\$1,700,000	\$1,255,000
T L C Child & Family Services	True to Life Children's Services	Sebastopol	95472	Sonoma	GH-DD/MD	10/17/2000	\$2,400,000	\$2,030,000
Sonoma						7	\$20,630,000	\$15,085,000
Fellowship Homes	Casa de Modesto	Modesto	95380	Stanislaus	MULTI-OTH	8/27/1996	\$6,065,000	\$4,075,000
Stanislaus						1	\$6,065,000	\$4,075,000
Family Health Care Network		Porterville	93257	Tulare	CLINIC-PC	4/15/2008	\$7,910,000	\$7,910,000
Tulare						1	\$7,910,000	\$7,910,000
Clinicas del Camino Real		Oxnard	93030	Ventura	CLINIC-PC	4/12/2005	\$9,440,000	\$8,535,000
Ventura						1	\$9,440,000	\$8,535,000
Families First		Davis	95616	Yolo	GH-DD/MD	3/15/2000	\$17,600,000	\$14,750,000
Yolo						1	\$17,600,000	\$14,750,000

Office of Statewide Health Planning and Development

Cal-Mortgage Loan Insurance Division

Insured Projects by Size of Insured Loan Amount

(sorted by Original Insured Amount)

as of June 30, 2008

Borrower Name	Borrower City	Date Loan Insured	Original Insured Amount	Current Principal Balance	Facility Type
Lodi Memorial Hospital Association	Lodi	13-Dec-2007	\$150,000,000	\$150,000,000	HOSP
The Episcopal Home Communities	Alhambra	26-Feb-2002	\$90,000,000	\$82,855,000	MULTI-CCRC
Los Angeles Jewish Home for the Aging	Reseda	17-Dec-2003	\$80,000,000	\$77,950,000	MULTI-OTH
Odd Fellows Home of California	Saratoga	07-Jan-2003	\$80,000,000	\$77,035,000	MULTI-CCRC
Los Angeles Jewish Home for the Aging	Reseda	14-Feb-2008	\$59,595,000	\$59,595,000	MULTI-OTH
Henry Mayo Newhall Memorial Hospital	Valencia	21-Feb-2001	\$54,895,000	\$49,460,000	HOSP
Northern California Retired Officers Community	Fairfield	19-Dec-2002	\$49,755,000	\$42,975,000	MULTI-CCRC
Henry Mayo Newhall Memorial Hospital	Valencia	01-Aug-2007	\$45,000,000	\$45,000,000	HOSP
California Nevada Methodist Homes	Oakland	03-May-2006	\$42,280,000	\$42,280,000	MULTI-CCRC
El Centro Regional Medical Center	El Centro	26-Apr-2001	\$39,300,000	\$34,000,000	HOSP
Scott Street Senior Housing Complex	San Francisco	18-Jun-1998	\$37,770,000	\$29,760,000	MULTI-OTH
San Fernando Com. Hosp. - Mission Com. Hosp.	Panorama City	11-Dec-2001	\$35,445,000	\$30,900,000	HOSP
Odd Fellows Home of California	Saratoga	14-Oct-1999	\$34,500,000	\$29,190,000	MULTI-CCRC
Sansum Clinic	Goleta	01-May-2002	\$32,600,000	\$27,730,000	CLINIC: MULTI
Henry Mayo Newhall Memorial Hospital	Valencia	01-Aug-2007	\$30,000,000	\$30,000,000	HOSP
Marshall Medical Center	Placerville	25-Mar-2004	\$30,000,000	\$29,800,000	HOSP
Marshall Medical Center	Placerville	13-May-1998	\$28,030,000	\$21,500,000	HOSP
Oroville Hospital	Oroville	15-Oct-1997	\$27,670,000	\$17,570,000	HOSP
Marshall Medical Center	Placerville	25-Mar-2004	\$20,000,000	\$20,000,000	HOSP
Loan Size: Greater than \$20,000,000		19	\$966,840,000	\$897,600,000	
Marshall Medical Center	Placerville	06-Oct-1993	\$19,975,000	\$8,615,000	HOSP
Asian Community Skilled Nursing Facility	Sacramento	03-Oct-2007	\$19,405,000	\$19,405,000	SNF
Retirement Housing Foundation	Long Beach	28-Dec-2000	\$19,375,000	\$16,595,000	MULTI-OTH
Odd Fellows Home of California	Saratoga	06-Oct-1993	\$18,995,000	\$14,185,000	MULTI-OTH
Kern Valley Healthcare District	Mountain Mesa	26-Sep-2003	\$17,770,000	\$15,220,000	HOSP-DIST
The HELP Group	Sherman Oaks	25-May-2000	\$17,620,000	\$15,060,000	CLINIC-MH

Borrower Name	Borrower City	Date Loan Insured	Original Insured Amount	Current Principal Balance	Facility Type
Families First	Davis	15-Mar-2000	\$17,600,000	\$14,750,000	GH-DD/MD
The HELP Group	Sherman Oaks	22-May-1998	\$17,275,000	\$13,020,000	CLINIC-MH
Lytton Gardens	Palo Alto	09-Dec-1999	\$16,355,000	\$15,970,000	SNF
Northern California Retired Officers Community	Fairfield	20-Dec-2005	\$16,125,000	\$16,125,000	MULTI-CCRC
Elder Care Alliance of Union City	Union City	08-Jun-2004	\$15,685,000	\$15,685,000	MULTI-OTH
Lodi Memorial Hospital Association	Lodi	26-Oct-2000	\$12,570,000	\$4,380,000	HOSP
Home for Jewish Parents	Danville	09-Jul-1997	\$12,555,000	\$9,285,000	MULTI-OTH
Behavioral Health Services	Gardena	07-Nov-1996	\$10,845,000	\$7,520,000	CDRF
Momentum for Mental Health	San Jose	13-Nov-2003	\$10,500,000	\$8,740,000	GH-MD
Loan Size: Between \$10,000,000 - \$20,000,000		15	\$242,650,000	\$194,555,000	
Apple Valley Christian Centers	Apple Valley	24-May-2001	\$9,525,000	\$8,065,000	SNF
Clinicas del Camino Real	Ventura	12-Apr-2005	\$9,440,000	\$8,535,000	CLINIC-PC
Catholic Healthcare West	San Francisco	17-Mar-1993	\$9,360,000	\$5,445,000	MULTI-OTH
Del Norte Clinics	Yuba City	23-Dec-2003	\$8,795,000	\$7,865,000	CLINIC-PC
Keiro Nursing Home	Los Angeles	29-Sep-2004	\$8,665,000	\$6,775,000	SNF
Victor Valley Community Hospital	Victorville	26-May-2000	\$8,470,000	\$4,160,000	HOSP
Family Health Care Network	Porterville	15-Apr-2008	\$7,910,000	\$7,910,000	CLINIC-PC
Native American Health Center	Oakland	07-Jun-2007	\$7,829,359	\$7,829,359	CLINIC-PC
Sonoma Valley Healthcare District	Sonoma	30-Apr-2004	\$7,540,000	\$4,770,000	HOSP-DIST
Lincoln Glen Manor for Senior Citizens	San Jose	09-Mar-2000	\$7,500,000	\$6,285,000	MULTI-OTH
Walden House	San Francisco	30-Dec-2004	\$7,475,000	\$6,455,000	CDRF
AIDS Healthcare Foundation	Los Angeles	21-Jul-2005	\$7,250,000	\$6,515,000	HOSPICE
Aldersly	San Rafael	26-Sep-2002	\$7,125,000	\$6,435,000	MULTI-CCRC
Eastfield Ming Quong	San Jose	11-Mar-1997	\$7,025,000	\$4,650,000	CLINIC-MH
Henry Mayo Newhall Memorial Hospital	Valencia	15-Jun-2003	\$7,000,000	\$2,916,663	HOSP
Asian Health Services	Oakland	21-Nov-1995	\$6,500,000	\$4,505,000	CLINIC-PC
Ararat Home of Los Angeles	Mission Hills	29-Apr-1998	\$6,460,000	\$4,495,000	MULTI-OTH
Solheim Lutheran Home	Los Angeles	02-Dec-2004	\$6,415,000	\$5,110,000	MULTI-CCRC
Lompoc District Hospital	Lompoc	23-Sep-1998	\$6,375,000	\$3,630,000	HOSP-DIST
Community Church Retirement Center	Mill Valley	11-Mar-1997	\$6,115,000	\$4,250,000	MULTI-OTH
Fellowship Home	Modesto	27-Aug-1996	\$6,065,000	\$4,075,000	MULTI-OTH

Borrower Name	Borrower City	Date Loan Insured	Original Insured Amount	Current Principal Balance	Facility Type
Mayers Memorial Hospital District	Fall River Mills	28-Mar-2007	\$6,005,000	\$5,335,000	HOSP-DIST
HOPE Services	San Jose	11-Jun-2002	\$5,845,000	\$4,595,000	ADC-DD
North County Serenity House	Escondido	28-Jan-2003	\$5,795,000	\$5,065,000	CDRF
Front Porch Communities and Services	Burbank	25-Feb-1999	\$5,685,000	\$4,470,000	MULTI-CCRC
Children's Institute International	Los Angeles	27-Feb-1992	\$5,635,000	\$4,095,000	GH-MD
Verdugo Mental Health	Glendale	07-Mar-2007	\$5,505,000	\$5,415,000	CLINIC-MH
North County Health Services	San Marcos	14-Mar-1996	\$5,500,000	\$3,875,000	CLINIC-PC
AltaMed Health Services	Commerce	28-Apr-2000	\$5,250,000	\$4,070,000	CLINIC-PC
Hill Country Community Clinic	Round Mountain	30-Oct-2007	\$5,250,000	\$5,250,000	CLINIC-PC
Solvang Lutheran Home	Solvang	27-Aug-1996	\$5,210,000	\$3,315,000	MULTI-CCRC
Becoming Independent	Santa Rosa	21-Jan-2004	\$5,000,000	\$4,660,000	ADC-DD
Loan Size: Between \$5,000,000 - \$10,000,000		32	\$219,519,359	\$170,821,022	
Victor Valley Community Hospital	Victorville	30-Jul-2007	\$4,900,000	\$4,554,733	HOSP
Orange County A R C	Anaheim	17-Nov-1999	\$4,500,000	\$3,690,000	ADC-DD
Front Porch Communities and Services	Burbank	17-Sep-1997	\$4,430,000	\$2,815,000	MULTI-CCRC
Sierra View Homes	Reedley	18-Dec-1996	\$4,425,000	\$3,045,000	MULTI-OTH
Hernandad Mexican Nacional	Los Angeles	06-Jan-1994	\$4,385,000	\$3,330,000	CLINIC-PC
Prototypes	Culver City	27-Jun-2001	\$4,195,000	\$3,530,000	CDRF
Southern California Alcohol & Drug Program	Downey	18-Dec-1997	\$4,095,000	\$3,070,000	CDRF
Mendocino Coast Healthcare District	Fort Bragg	28-Aug-1996	\$4,030,000	\$2,660,000	HOSP-DIST
California Autism Foundation	Richmond	12-Apr-2005	\$3,950,000	\$3,380,000	GH-DD/MD
Clinicas de Salud del Pueblo	Brawley	11-Mar-2008	\$3,925,000	\$3,925,000	CLINIC-PC
Golden Valley Health Centers	Merced	28-Jan-1994	\$3,785,000	\$2,225,000	CLINIC-PC
San Fernando Valley Com. Mental Health Center	Van Nuys	26-Jun-1998	\$3,700,000	\$2,760,000	ADHC
Desert AIDS Project	Palm Springs	26-Apr-2001	\$3,570,000	\$2,940,000	CLINIC-AIDS
Southern California Development - V O A	San Diego	11-Jan-1996	\$3,500,000	\$1,895,000	GH-MD
CARES	Sacramento	30-Apr-1998	\$3,330,000	\$2,465,000	CLINIC-AIDS
Community Medical Center	Stockton	12-Apr-2005	\$3,220,000	\$2,895,000	CLINIC-PC
Burt Center	San Francisco	18-Apr-2001	\$3,200,000	\$2,725,000	GH-MD
Options Family of Services	Morro Bay	30-May-2007	\$3,090,000	\$3,035,000	GH-DD
Exceptional Children's Foundation	Culver City	27-Sep-1995	\$2,990,000	\$1,970,000	GH-DD/MD

Borrower Name	Borrower City	Date Loan Insured	Original Insured Amount	Current Principal Balance	Facility Type
Lifelong Medical Care	Berkeley	14-Dec-1998	\$2,970,000	\$2,380,000	CLINIC-PC
Kinship Center	Salinas	14-Mar-2006	\$2,910,000	\$2,765,000	CLINIC: MULTI
Lincoln Child Center	Oakland	23-Nov-1999	\$2,900,000	\$2,315,000	GH-MD
Los Angeles Centers for Alcohol & Drug Abuse Prototypes	Santa Fe Springs	30-May-2007	\$2,795,000	\$2,715,000	CDRF
Orange County A R C	Culver City	23-Jun-1993	\$2,530,000	\$1,115,000	CDRF
Sequoia Community Health Foundation	Oroville	08-Nov-2000	\$2,500,000	\$744,239	HOSP
TLC Child & Family Services	Fresno	18-Nov-1993	\$2,430,000	\$520,000	CLINIC-PC
Valley Health Team	Sebastopol	17-Oct-2000	\$2,400,000	\$2,030,000	GH-DD/MD
Beacon House	San Joaquin	11-Mar-2008	\$2,325,000	\$2,325,000	CLINIC-PC
West Oakland Health Council	San Pedro	08-Dec-1993	\$2,280,000	\$1,675,000	CDRF
Feedback Foundation / Senior Services	Oakland	21-Jul-2003	\$2,225,000	\$1,795,000	CLINIC-PC
Asian Community Skilled Nursing Facility Principles	Anaheim	01-Dec-1992	\$2,140,000	\$1,499,625	ADHC
San Fernando Com. Hosp. - Mission Com. Hosp.	Sacramento	12-Apr-2005	\$2,070,000	\$1,560,000	SNF
Social Science Services	Pasadena	29-Apr-2003	\$2,040,000	\$1,700,000	CDRF
Tarzana Treatment Center	Panorama City	02-Apr-2008	\$2,000,000	\$0	HOSP
Sequoia Community Health Foundation	Bloomington	28-Apr-2000	\$1,970,000	\$1,490,000	CDRF
Social Model Recovery Systems	Tarzana	09-Dec-1998	\$1,950,000	\$1,515,000	CDRF
Southern California Alcohol & Drug Program	Fresno	28-Apr-2000	\$1,905,000	\$1,350,000	CLINIC-PC
Drug Abuse Alternatives Center	Covina	27-Jun-2001	\$1,890,000	\$1,550,000	CDRF
Southern California Alcohol & Drug Program	Downey	12-Apr-2005	\$1,885,000	\$1,695,000	CDRF
Clare Foundation	Santa Rosa	18-Nov-1993	\$1,825,000	\$1,245,000	CDRF
TLC Child & Family Services	Downey	30-May-2001	\$1,780,000	\$1,465,000	CDRF
Becoming Independent	Santa Monica	29-Apr-2003	\$1,750,000	\$1,455,000	CDRF
Corcoran District Hospital	Sebastopol	17-Sep-1997	\$1,700,000	\$1,255,000	GH-DD/MD
Henrietta Weill Memorial	Santa Rosa	29-Feb-1996	\$1,665,000	\$1,125,000	ADC-DD
Thessalonika Family Services	Corcoran	23-Jul-1992	\$1,555,000	\$605,000	HOSP-DIST
Community Health System	Bakersfield	14-Oct-1992	\$1,445,000	\$600,000	CLINIC-MH
South Bay Alcoholism Services	Temecula	19-Dec-1995	\$1,360,000	\$535,000	GH-DD/MD
Redwoods Rural Health Center	Riverside	30-Aug-2000	\$1,295,000	\$1,095,000	CLINIC-PC
Aldersly	Torrance	24-Mar-1993	\$1,290,000	\$910,000	CDRF
	Redway	13-Mar-1990	\$1,250,000	\$830,000	CLINIC-PC
	San Rafael	19-Jul-2004	\$1,200,000	\$1,031,918	MULTI-CCRC

Borrower Name	Borrower City	Date Loan Insured	Original Insured Amount	Current Principal Balance	Facility Type
Humboldt Open Door Clinic	Arcata	28-Apr-2000	\$1,195,000	\$745,000	CLINIC-PC
Del Norte Clinics	Yuba City	28-Apr-2000	\$1,105,000	\$840,000	CLINIC-PC
Central Valley Indian Health	Clovis	28-Apr-2000	\$1,055,000	\$800,000	CLINIC-PC
Verdugo Mental Health	Glendale	12-Apr-2005	\$1,025,000	\$910,000	CLINIC-MH
Kern Valley Healthcare District	Mountain Mesa	23-Jun-2006	\$1,000,000	\$955,945	HOSP-DIST
Kern Valley Healthcare District	Mountain Mesa	04-Oct-2006	\$1,000,000	\$0	HOSP-DIST
Mayers Memorial Hospital District	Fall River Mills	12-Jul-2007	\$1,000,000	\$0	HOSP-DIST
Mendocino Coast Healthcare District	Fort Bragg	23-Apr-2008	\$1,000,000	\$0	HOSP-DIST
Mountain Valley	Bieber	28-Oct-1992	\$1,000,000	\$730,000	CLINIC-PC
Loan Size: Between \$1,000,000 - \$5,000,000		60	\$146,830,000	\$106,781,459	
Social Model Recovery Systems	Covina	12-Apr-2005	\$955,000	\$830,000	CDRF
United Health Center of the San Joaquin Valley	Parlier	28-Apr-2000	\$950,000	\$725,000	CLINIC-PC
Mountain Valley	Bieber	24-Mar-1993	\$900,000	\$630,000	CLINIC-PC
Corcoran District Hospital	Corcoran	01-Aug-2001	\$800,000	\$664,843	HOSP-DIST
Community Health Centers of the Central Coast	Nipomo	17-Jul-1990	\$770,000	\$495,000	CLINIC-PC
Apple Valley Christian Centers	Apple Valley	16-Jun-2003	\$500,000	\$136,250	SNF
Sonoma Valley Healthcare District	Sonoma	17-Mar-2008	\$500,000	\$0	HOSP-DIST
Advent Group Ministries	San Jose	27-Jan-2005	\$400,000	\$327,902	GH-MD
Burt Center	San Francisco	19-Jun-2003	\$300,000	\$299,980	GH-MD
Hermandad Mexican Nacional	Los Angeles	25-Apr-2004	\$200,000	\$118,319	CLINIC-PC
Desarrollo Familiar	Richmond	23-Dec-1986	\$150,000	\$80,000	CLINIC-MH
Loan Size: Less than \$1,000,000		11	\$6,425,000	\$4,307,293	
Grand Totals		137	\$1,582,264,359	\$1,374,064,775	

Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division

Top Ten Largest Borrowers

as of June 30, 2008

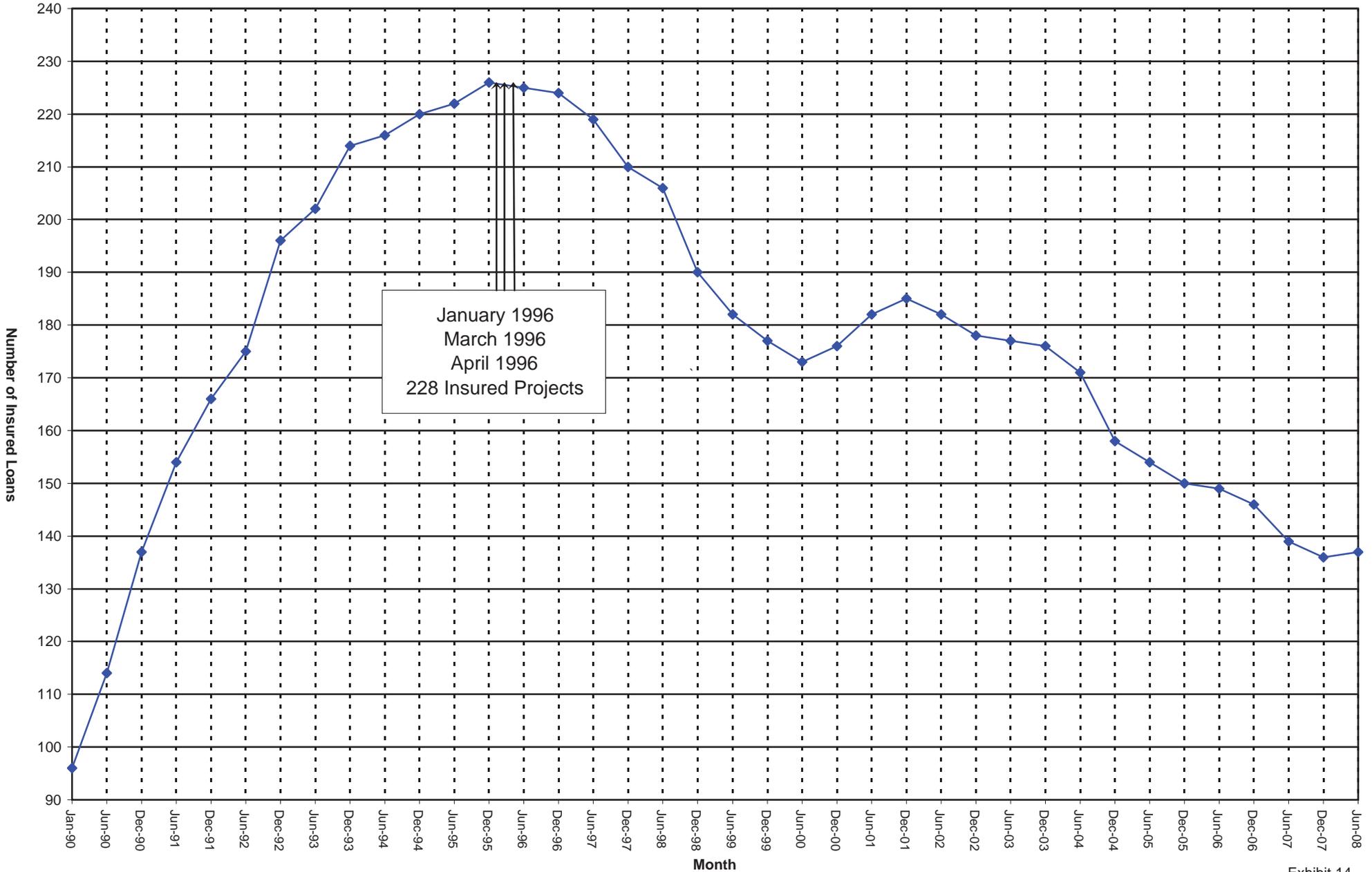
Borrower Name	Location	Type	Date Loan Insured	Original Insured Amount	Current Principal Balance
Lodi Memorial Hospital	Lodi	Hosp	10/26/2000	\$12,570,000	\$4,380,000
			12/13/2007	\$150,000,000	\$150,000,000
				<u>\$162,570,000</u>	<u>\$154,380,000</u>
Los Angeles Jewish Home for the Aging	Reseda	Multi-Other	12/17/2003	\$80,000,000	\$77,950,000
			2/14/2008	\$59,595,000	\$59,595,000
				<u>\$139,595,000</u>	<u>\$137,545,000</u>
Henry Mayo Newhall Memorial Hospital	Valencia	Hosp	2/21/2001	\$54,895,000	\$49,460,000
			6/15/2003	\$7,000,000	\$2,916,663
			8/1/2007	\$75,000,000	\$75,000,000
				<u>\$136,895,000</u>	<u>\$127,376,663</u>
Odd Fellows Home of California	Napa Saratoga Saratoga	CCRC	10/6/1993	\$18,995,000	\$14,185,000
			10/14/1999	\$34,500,000	\$29,190,000
			1/7/2003	\$80,000,000	\$77,035,000
				<u>\$133,495,000</u>	<u>\$120,410,000</u>
Home of the Aged of the Episcopal Church	Alhambra	CCRC	2/26/2002	\$90,000,000	\$82,855,000
Marshall Medical Center	Placerville	Hosp	10/6/1993	\$19,975,000	\$8,615,000
			5/13/1998	\$28,030,000	\$21,500,000
			3/24/2004	\$50,000,000	\$49,800,000
				<u>\$98,005,000</u>	<u>\$79,915,000</u>
Northern Cal. Retired Officers Community	Fairfield	CCRC	12/19/2002	\$49,755,000	\$42,975,000
			12/20/2005	\$16,125,000	\$16,125,000
				<u>\$65,880,000</u>	<u>\$59,100,000</u>
El Centro Regional Medical Center	El Centro	Hosp	4/26/2001	\$39,300,000	\$34,000,000
Mission Community Hospital	Panorama City	Hosp	12/11/2001	\$35,445,000	\$30,900,000
Scott Street Senior Housing	San Francisco	Other	6/18/1998	\$37,700,000	\$29,760,000

**Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division
Insured Risk**

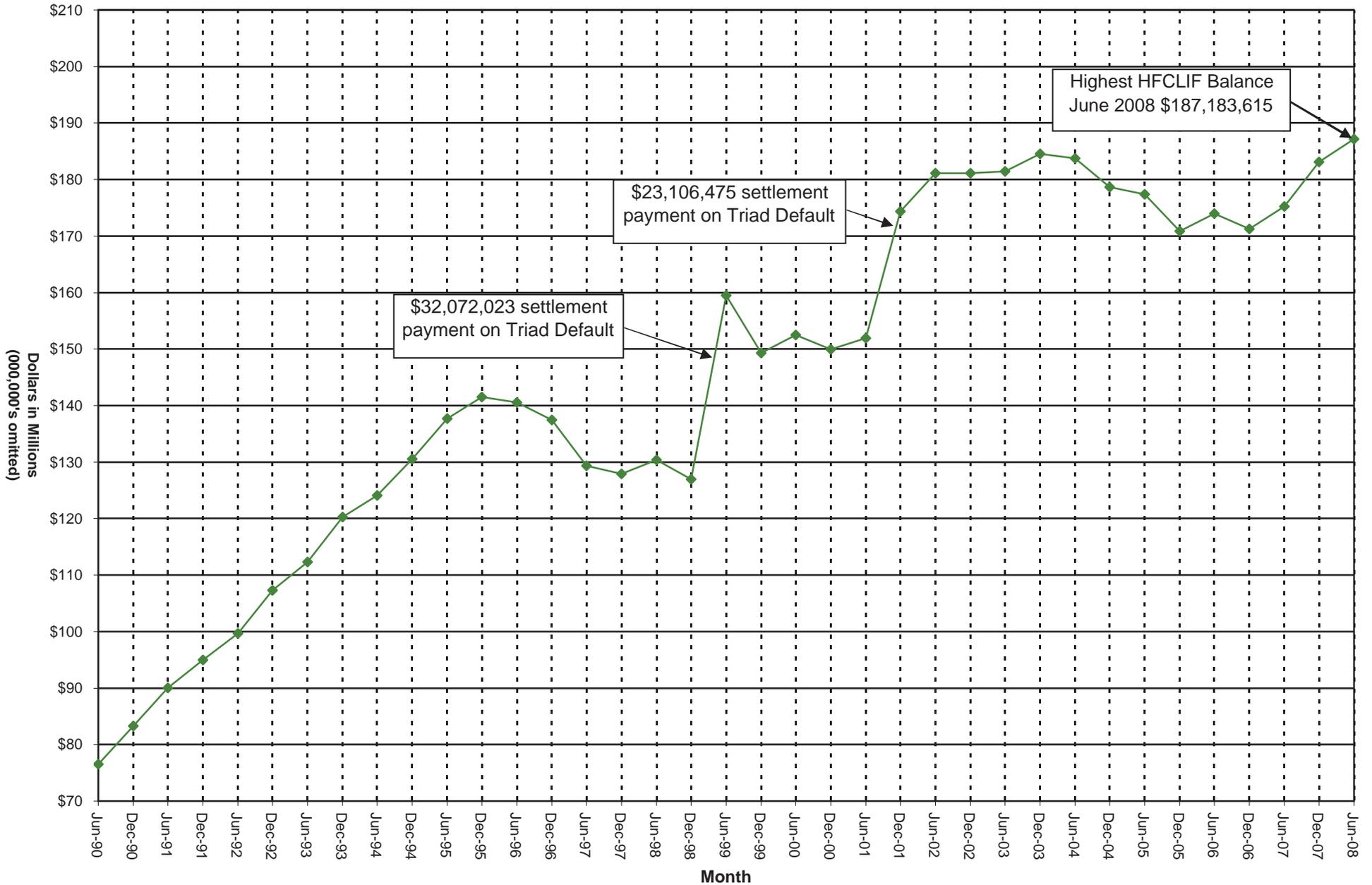
January 1990 through June 2008
(Maximum Risk Allowed By State Law is \$3 Billion)



Office of Statewide Health Planning and Development
 Cal-Mortgage Loan Insurance Division
Number of Insured Loans
 January 1990 through June 2008

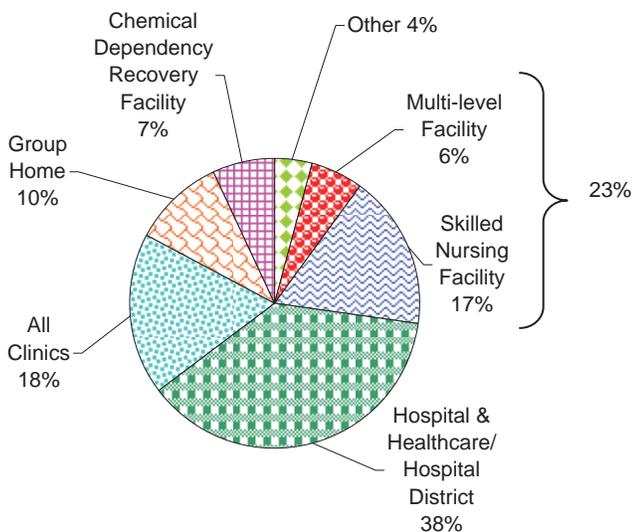


Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division
Cash Balance in Health Facility Construction Loan Insurance Fund (HFCLIF)
June 1990 through June 2008

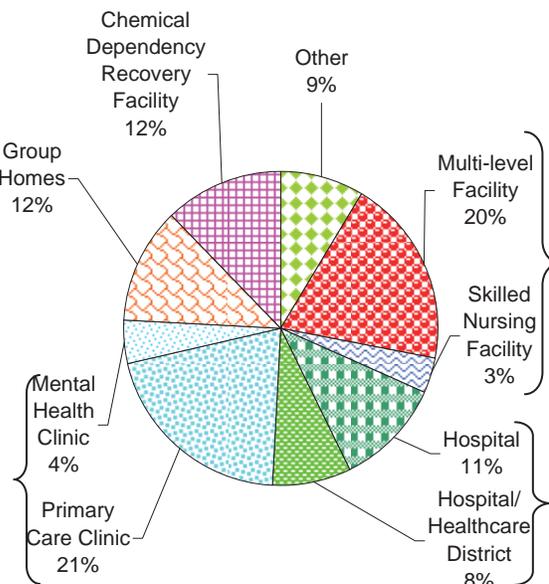


Office of Statewide Health Planning and Development Cal-Mortgage Loan Insurance Division Percentage of Types of Projects, by Total Number Insured (as of June 2008)

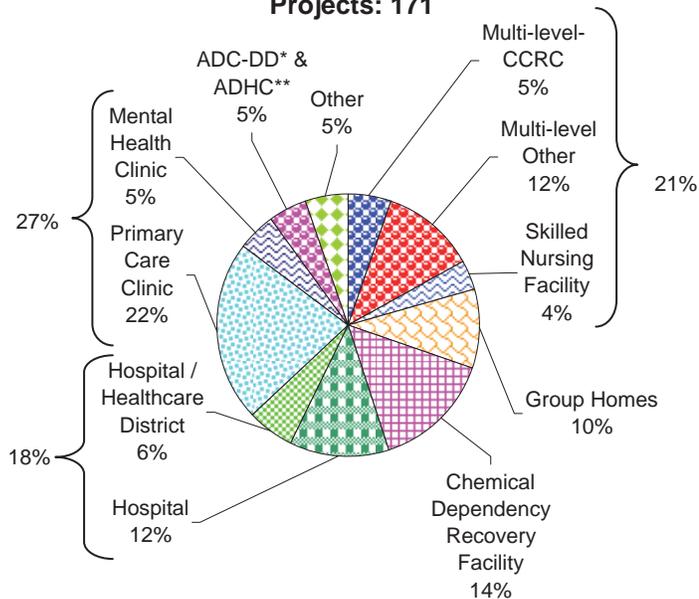
February 1992
Total Number of Insured
Projects: 172



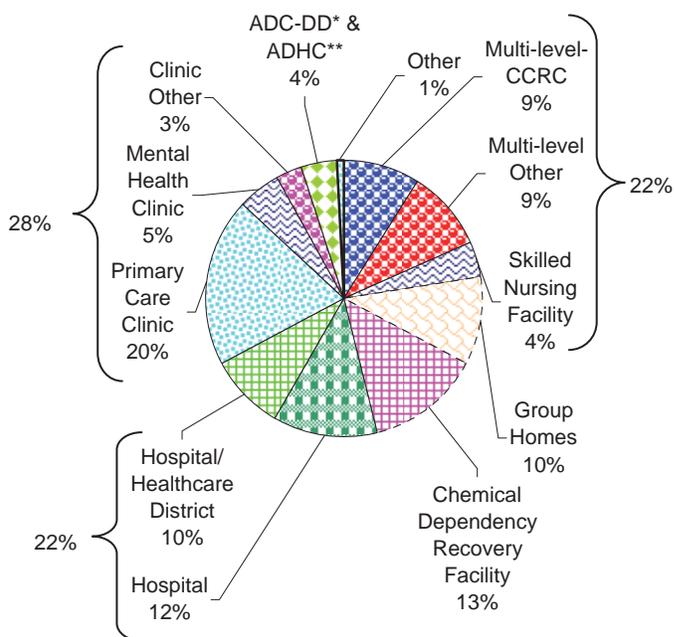
June 1998
Total Number of Insured
Projects: 206



June 2004
Total Number of Insured
Projects: 171



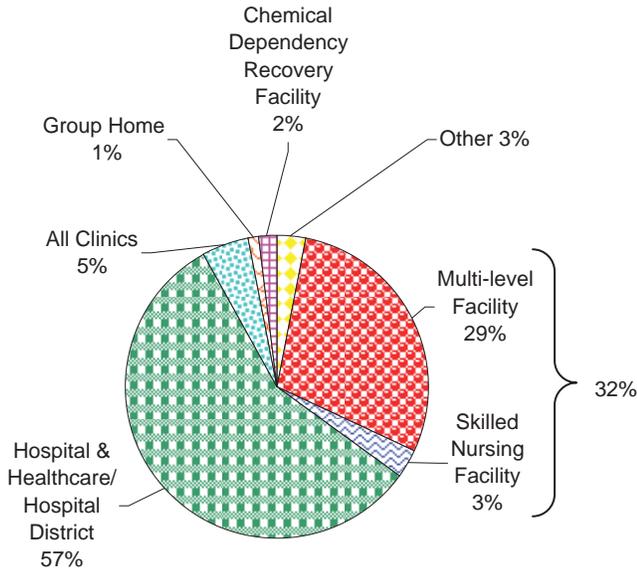
June 2008
Total Number of Insured
Projects: 137



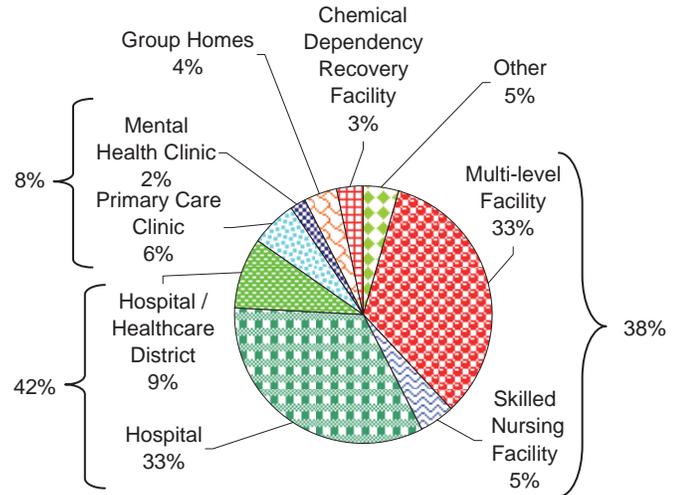
* ADC-DD - Adult Day Care - Developmentally Disabled
**ADHC - Adult Day Health Care

Office of Statewide Health Planning and Development Cal-Mortgage Loan Insurance Division Percentage of Types of Projects, by Total Amount Insured (as of June 2008)

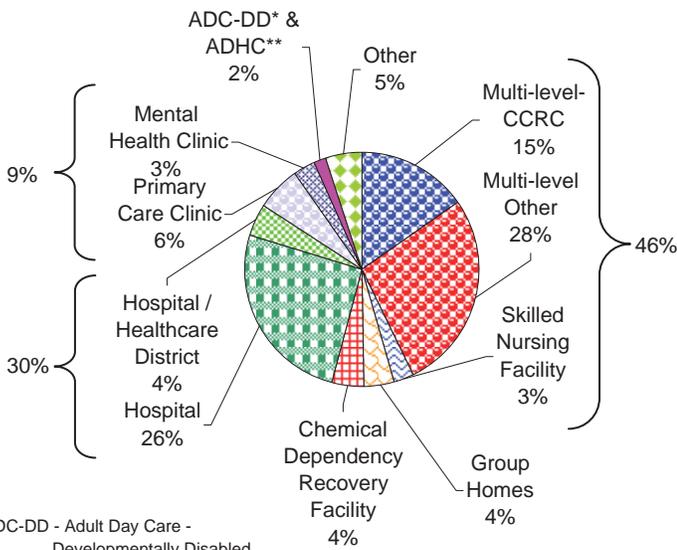
February 1992
Total Amount Insured:
\$1,868,723,454



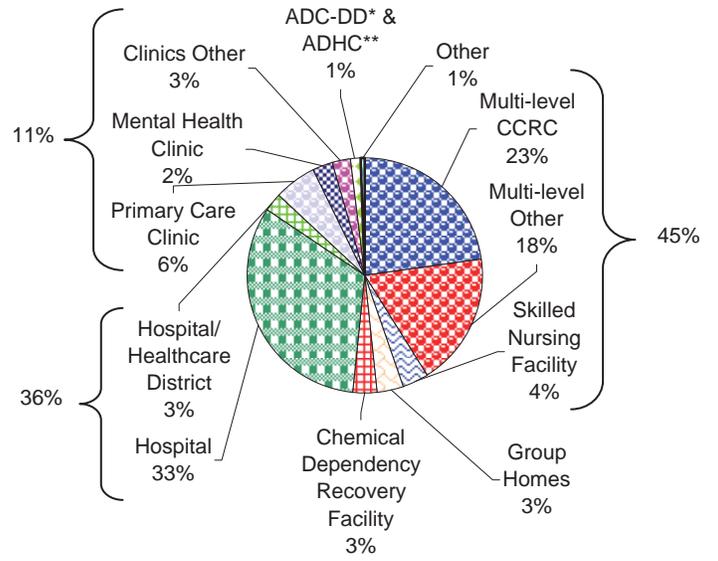
June 1998
Total Amount Insured:
\$1,626,319,299



June 2004
Total Amount Insured:
\$1,326,670,590

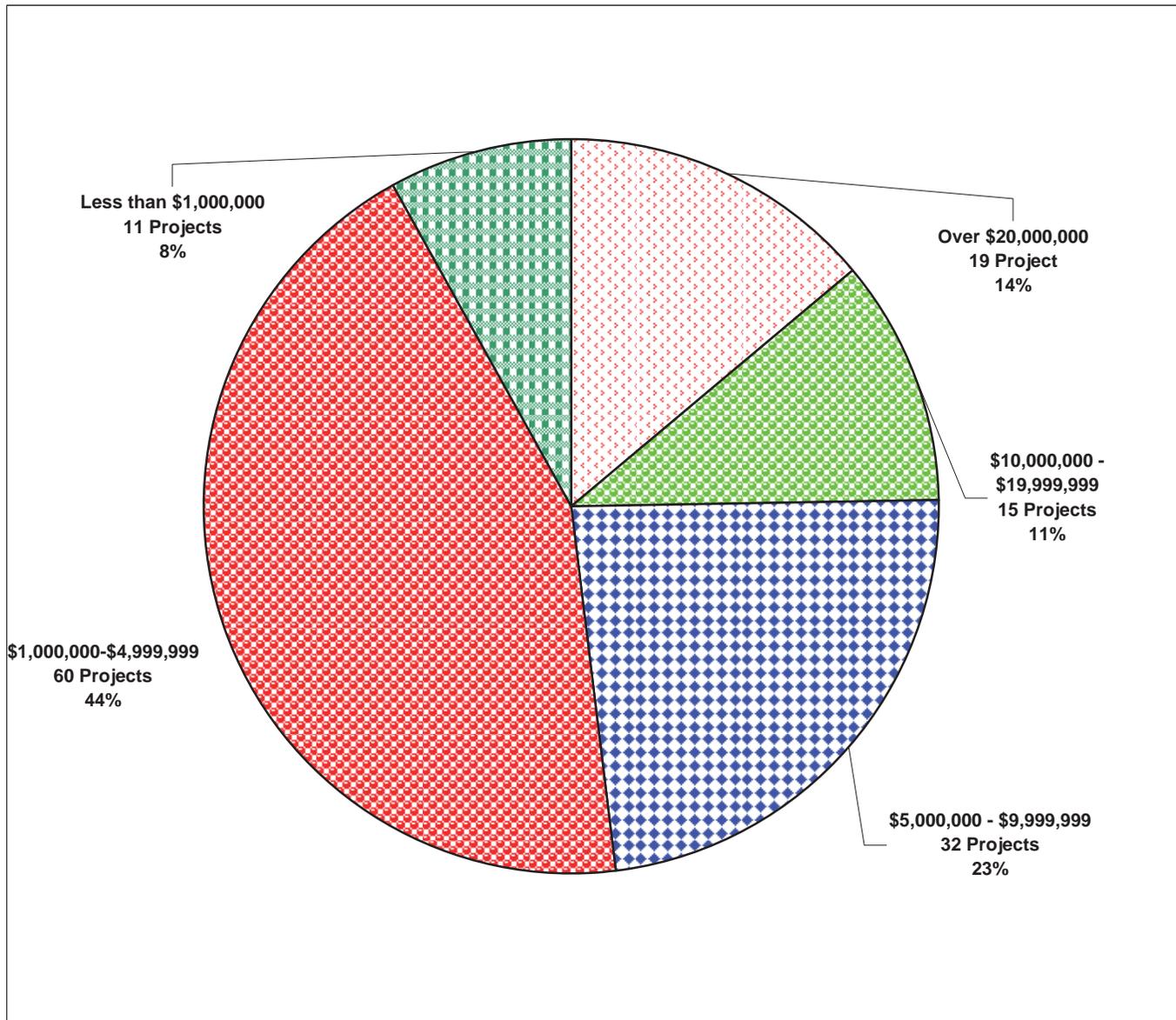


June 2008
Total Amount Insured:
\$1,374,064,774

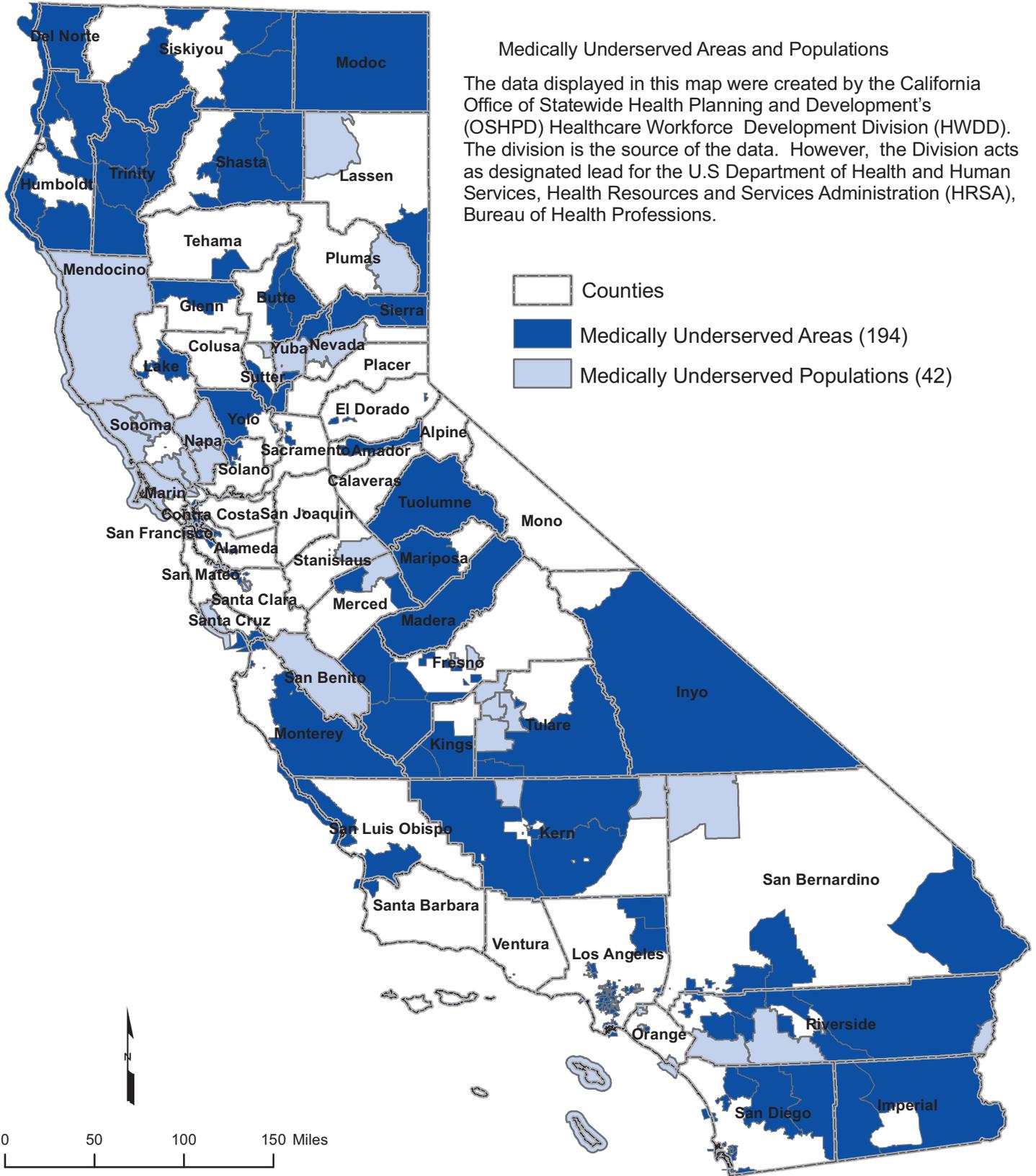


* ADC-DD - Adult Day Care - Developmentally Disabled
**ADHC - Adult Day Health Care

Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Division
Number of Insured Projects by Size of Insured Amount
as of June 30, 2008



Medically Underserved Areas and Populations

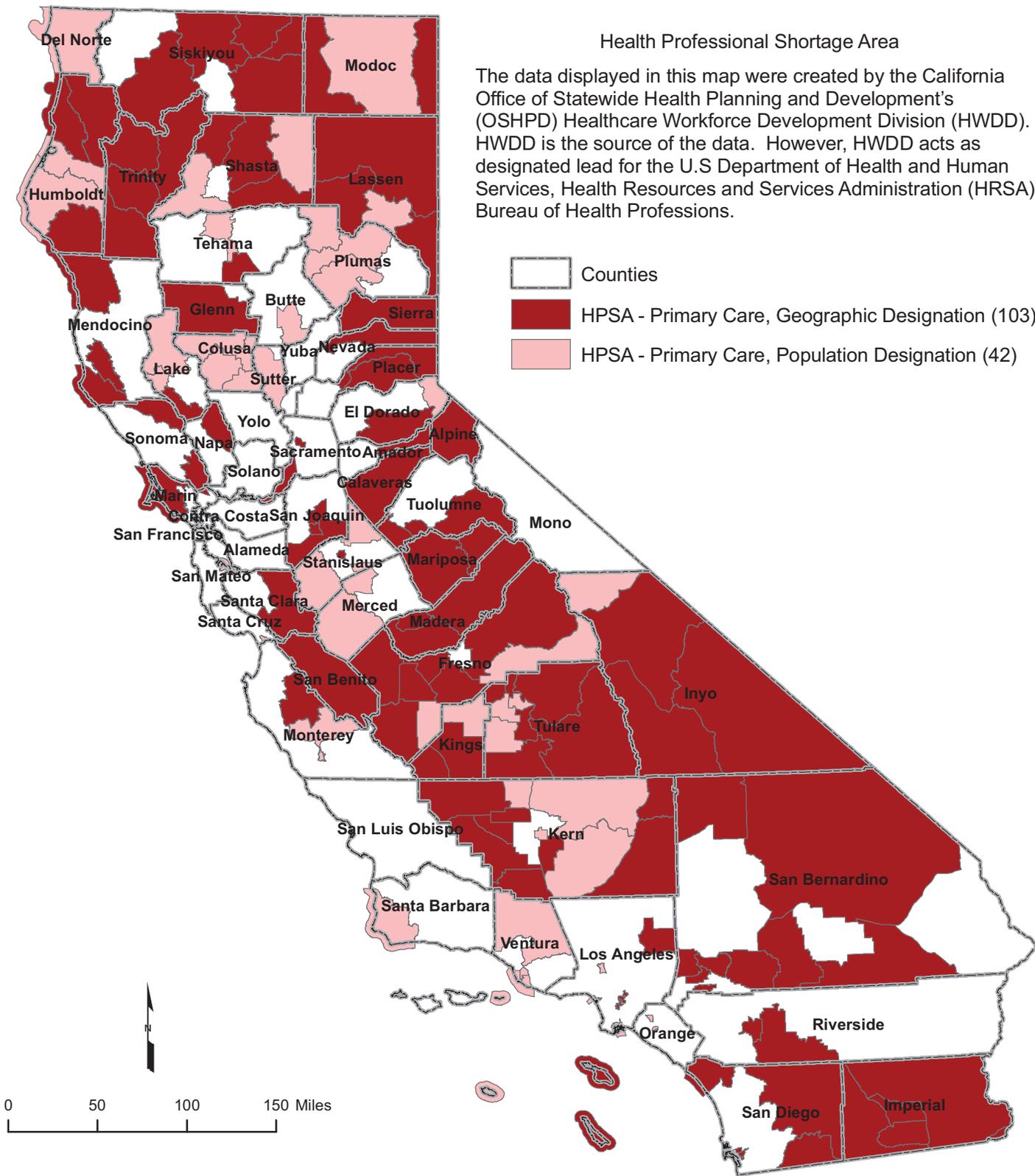


Health Professional Shortage Areas Primary Care

Health Professional Shortage Area

The data displayed in this map were created by the California Office of Statewide Health Planning and Development's (OSHPD) Healthcare Workforce Development Division (HWDD). HWDD is the source of the data. However, HWDD acts as designated lead for the U.S Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Professions.

-  Counties
-  HPSA - Primary Care, Geographic Designation (103)
-  HPSA - Primary Care, Population Designation (42)



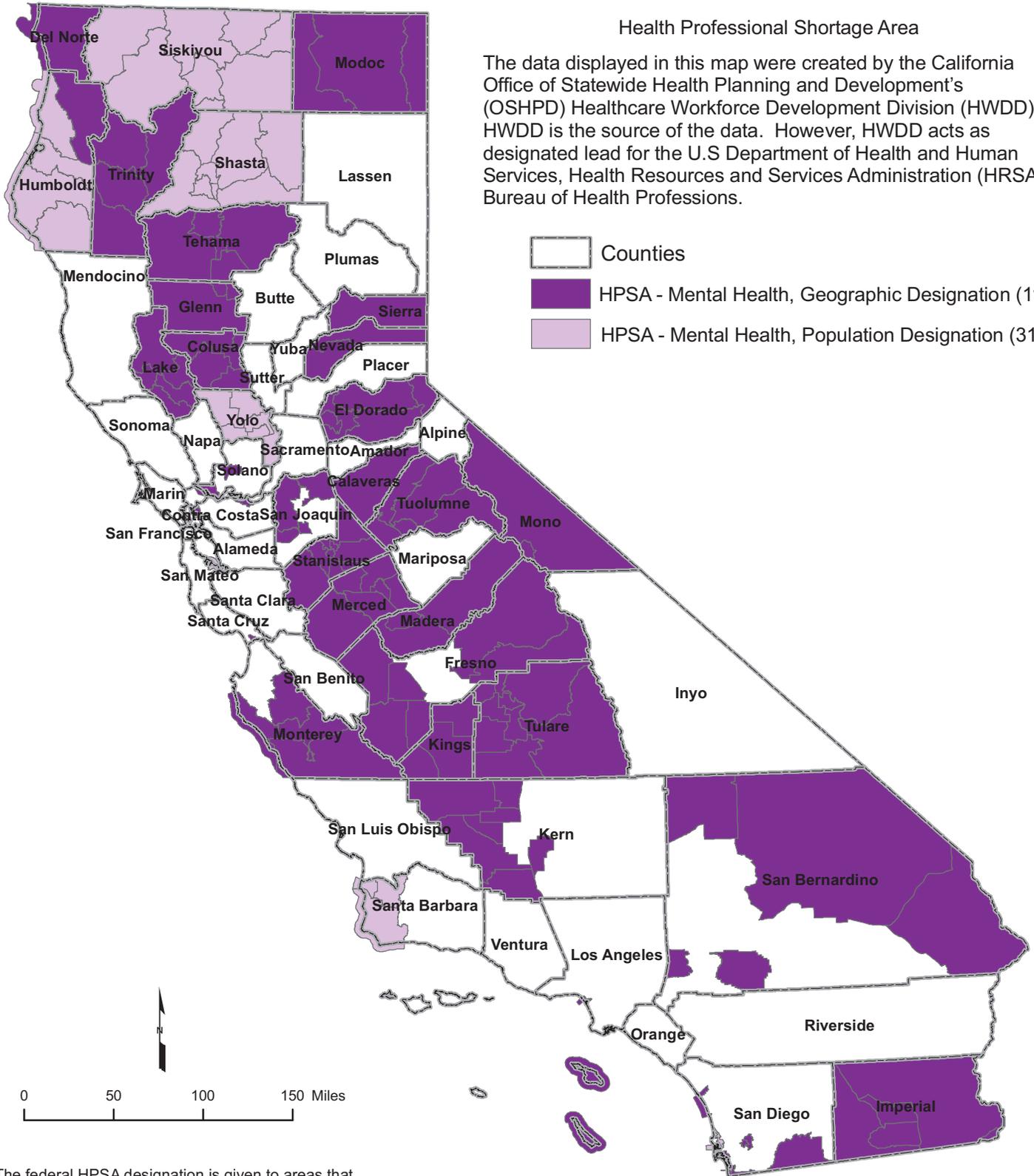
The federal HPSA designation is given to areas that demonstrate a shortage of healthcare providers, on the basis of availability of primary care physicians, mental health providers, or dentists. This designation is based on the MSSA boundary, its population to (selected type of) practitioner ratio, and available access to healthcare.

Health Professional Shortage Areas Mental Health

Health Professional Shortage Area

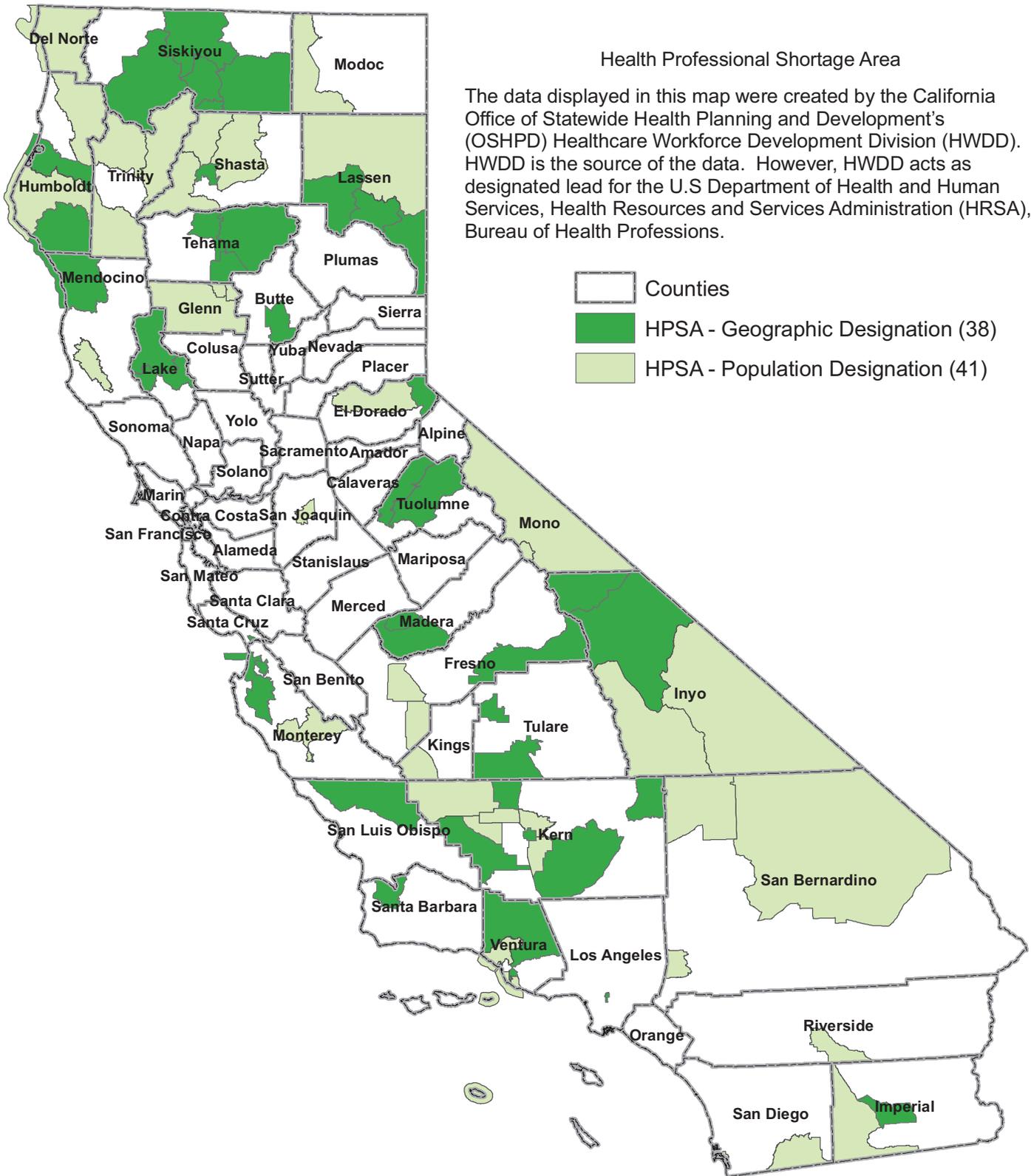
The data displayed in this map were created by the California Office of Statewide Health Planning and Development's (OSHPD) Healthcare Workforce Development Division (HWDD). HWDD is the source of the data. However, HWDD acts as designated lead for the U.S Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Professions.

-  Counties
-  HPSA - Mental Health, Geographic Designation (111)
-  HPSA - Mental Health, Population Designation (31)

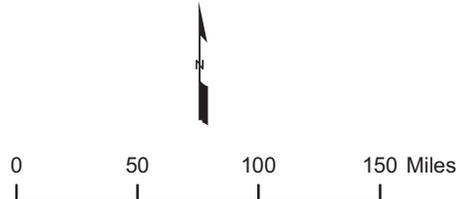


The federal HPSA designation is given to areas that demonstrate a shortage of healthcare providers, on the basis of availability of primary care physicians, mental health providers, or dentists. This designation is based on the MSSA boundary, its population to (selected type of) practitioner ratio, and available access to healthcare.

Health Professional Shortage Areas Dental



The federal HPSA designation is given to areas that demonstrate a shortage of healthcare providers, on the basis of availability of primary care physicians, mental health providers, or dentists. This designation is based on the MSSA boundary, its population to (selected type of) practitioner ratio, and available access to healthcare.



Office of Statewide Health Planning and Development
 Cal-Mortgage Loan Insurance Division

**Net Payouts for Defaulted Projects from
 Health Facility Construction Loan Insurance Fund**

Total Paid (or received) by Calendar Year

Prior to	1992	\$0
	1992	\$4,584,603
	1993	\$0
	1994	\$409,000
	1995	\$4,936,940
	1996	\$15,420,236
	1997	\$23,115,216
	1998	\$12,568,366
	1999	\$(13,788,588) *
	2000	\$9,483,740
	2001	\$(10,177,816) *
	2002	\$11,765,805
	2003	\$13,041,770
	2004	\$11,936,247
	2005	\$14,624,052
	2006	\$8,785,352
	2007	\$10,173,260
	2008 (six months)	\$3,165,764
<hr/>		
Total		\$120,097,043

* Reimbursements and recoveries were greater than payments.



Office of Statewide Health Planning and Development

**Cal-Mortgage Loan Insurance Division**

400 R Street, Suite 470
Sacramento, California 95811-6213
(916) 319-8800
Fax (916) 445-2837
www.oshpd.ca.gov/calmort

June 9, 2009

«FirstName» «LastName»
«JobTitle»
«Company»
«Address1»
«City», «State» «PostalCode»

Sample Letter
General Notice with Copy

Subject: **Draft 2009 State Plan**

Dear «Title» «LastName»:

The Cal-Mortgage Loan Insurance Division (**Cal-Mortgage**) of the Office of Statewide Health Planning and Development (**OSHPD**) has completed its Draft 2009 State Plan. Enclosed is a copy of the Draft 2009 State Plan for your review and comment.

The Draft 2009 State Plan is an update of the 2007 State Plan. The purpose of the State Plan is to provide a frame of reference for OSHPD to assess applications for loan insurance and to focus the California Health Facility Construction Loan Insurance Program on equitable health care accessibility for California.

Written comments on the Draft 2009 State Plan may be submitted to Cal-Mortgage at the street address at the top of this letterhead or via e-mail to cminsure@oshpd.ca.gov by Friday, July 17, 2009.

After comments are reviewed, a Final 2009 State Plan will be prepared and distributed.

If you need further information or have questions, please contact George Fribance at (916) 319-8817 or gfribanc@oshpd.ca.gov.

Sincerely,

Carl A. McLaney
Deputy Director





Office of Statewide Health Planning and Development

**Cal-Mortgage Loan Insurance Division**

400 R Street, Suite 470
Sacramento, California 95811-6213
(916) 319-8800
Fax (916) 445-2837
www.oshpd.ca.gov/calmort

June 9, 2009

«Title» «FirstName» «LastName»
«JobTitle»
«Company»
«Address1»
«City», «State» «PostalCode»

Sample Letter
Notice to Insured Borrowers

Subject: **Draft 2009 State Plan**

Dear «Title» «LastName»:

The Cal-Mortgage Loan Insurance Division (**Cal-Mortgage**) of the Office of Statewide Health Planning and Development (**OSHDP**) has completed its Draft 2009 State Plan. The Draft 2009 State Plan is available for public review and comment. You may obtain a copy by completing and returning the attached request form to Cal-Mortgage.

The Draft 2009 State Plan is an update of the prior State Plan. The purpose of the State Plan is to provide a frame of reference for OSHDP to assess applications for loan insurance and to focus the California Health Facility Construction Loan Insurance Program on equitable health care accessibility for California.

Written comments on the Draft 2009 State Plan may be submitted to Cal-Mortgage by mail, or send via e-mail to cminsure@oshpd.ca.gov by Friday, July 17, 2009.

After comments are reviewed, a Final 2009 State Plan will be prepared and distributed. A copy of the Final 2009 State Plan may be obtained by checking the appropriate space on the attached request form and returning the request form to Cal-Mortgage.

If you need further information or have questions, please contact George Fribance at (916) 319-8817 or gfribanc@oshpd.ca.gov.

Sincerely,

Carl A. McLaney
Deputy Director

Mail or Fax this request form to:

Cal-Mortgage Loan Insurance Division
Attention: George Fribance
400 R Street, Suite 470
Sacramento, CA 95811

Fax (916) 445-2837

To receive an **electronic** copy (CD-ROM) via mail:

Please send a CD-ROM with the "Draft" 2009 State Plan.

Please send a CD-ROM with the "Final" 2009 State Plan.

To receive a **paper** copy via mail:

Please send a paper copy of the "Draft" 2009 State Plan.

Please send a paper copy of the "Final" 2009 State Plan

Mail to: (Name) _____

(Title) _____

(Facility) _____

(Address) _____

(City) _____

Or e-mail your request with the above information to: gfribanc@oshpd.ca.gov

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95814-4037
TDD (916) 445-1942
(916) 445-1943



July 16, 2009

Carl A. McLaney, Deputy Director
Office of Statewide Health Planning and Development
Cal-Mortgage Loan Division
400 R Street, Suite 470
Sacramento, California 95811-6213

Dear Mr. McLaney:

Thank you for providing an opportunity to comment on the Office of Statewide Health Planning and Development, Cal-Mortgage Loan Insurance Division's draft 2009 State Plan. The Department of Alcohol and Drug Programs (ADP) appreciates the opportunity to review and comment on the draft 2009 State Plan.

The draft 2009 State Plan identifies three facilities that provide chemical dependency recovery that recently received needed mortgage insurance from the Cal-Mortgage Loan Division. This Department strongly supports those actions and encourages the Cal-Mortgage Division to continue characterizing chemical dependency recovery facilities as prioritized health facilities. The efforts of your Division support and facilitate ADP's efforts to provide Californians access to substance abuse treatment services.

We note that two of the Guiding Principles identified in the Draft Plan are equitable access to care and community need. Recent client treatment data collected by ADP indicates that residents seeking substance abuse treatment in counties with populations of over a million are treated at a rate 3-4 times lower than those living in counties with fewer than a million residents. We suspect that your Division may be able to facilitate increased access to substance abuse services within our most populous counties.

The draft 2009 State Plan also contains a section on risk reduction, and increasing the numbers of investment grade borrowers. Outreach efforts by your Division to established facilities in populous counties planning for expansion would further the goals of both our departments.

Lastly, your Division may be interested in following the impacts of Congress's recent passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 as a part of Public Law 110-374. As signed into law by President Bush, this legislation mandates that health insurers offering mental health and/or substance abuse coverage must offer benefits that are equivalent to general medicine and surgical benefits. ADP anticipates that additional health facilities offering chemical dependency recovery will be needed as private health insurers comply with federal law.



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY
For energy saving tips, visit the Flex Your Power website at
<http://www.flexyourpower.ca.gov>

Mr. Carl A. McLaney
July 16, 2009
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Should you have questions about these comments, please contact Marjorie McKisson, Assistant Deputy Director, Program Services Division at mmckisson@adp.ca.gov or 327-4178.

Sincerely,

Renee Zito, Director
California Department of Alcohol and Drug Programs
1700 K Street
Sacramento. California 95811

Additional copies of this report may be obtained by contacting
Cal-Mortgage Loan Insurance Division.

Office of Statewide Health Planning & Development
Cal-Mortgage Loan Insurance Division
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Sacramento, CA 95811
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