

Dave Yost • Auditor of State

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

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Dave Yost • Auditor of State

INDEPENDENT AUDITOR'S REPORT

Alcohol, Drug, and Mental Health Board of Franklin County
Franklin County
447 East Broad Street
Columbus, Ohio 43215

To the Board of Trustees:

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Alcohol, Drug, and Mental Health Board of Franklin County, Franklin County, Ohio (the ADAMH Board), a blended component unit presented as a major special revenue fund of Franklin County, Ohio, as of and for the year ended December 31, 2014, and the related notes to the financial statements, which collectively comprise the ADAMH Board's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for preparing and fairly presenting these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes designing, implementing, and maintaining internal control relevant to preparing and fairly presenting financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to opine on these financial statements based on our audit. We audited in accordance with auditing standards generally accepted in the United States of America and the financial audit standards in the Comptroller General of the United States' *Government Auditing Standards*. Those standards require us to plan and perform the audit to reasonably assure the financial statements are free from material misstatement.

An audit requires obtaining evidence about financial statement amounts and disclosures. The procedures selected depend on our judgment, including assessing the risks of material financial statement misstatement, whether due to fraud or error. In assessing those risks, we consider internal control relevant to the ADAMH Board's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not to the extent needed to opine on the effectiveness of the ADAMH Board's internal control. Accordingly, we express no opinion. An audit also includes evaluating the appropriateness of management's accounting policies and the reasonableness of their significant accounting estimates, as well as our evaluation of the overall financial statement presentation.

We believe the audit evidence we obtained is sufficient and appropriate to support our audit opinions.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Alcohol, Drug, and Mental Health Board of Franklin County, Franklin County, Ohio, a blended component unit presented as a major special revenue fund of Franklin County, Ohio, as of December 31, 2014, and the respective changes in financial position and the respective budgetary comparisons for the General Fund and State Mental Health, Alcohol and Drug Fund thereof for the year then ended in accordance with the accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require this presentation to include *Management's discussion and analysis* listed in the table of contents, to supplement the basic financial statements. Although this information is not part of the basic financial statements, the Governmental Accounting Standards Board considers it essential for placing the basic financial statements in an appropriate operational, economic, or historical context. We applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, consisting of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, to the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not opine or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to opine or provide any other assurance.

Supplementary and Other Information

Our audit was conducted to opine on the ADAMH Board's basic financial statements taken as a whole.

The Schedule of Federal Awards Receipts and Expenditures presents additional analysis as required by the U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations and is also not a required part of the financial statements.

The Schedule is management's responsibility, and derives from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. We subjected this Schedule to the auditing procedures we applied to the basic financial statements. We also applied certain additional procedures, including comparing and reconciling the Schedule directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves in accordance with auditing standards generally accepted in the United States of America. In our opinion, this Schedule is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated May 7, 2015, on our consideration of the ADAMH Board's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. That report describes the scope of our internal control testing over financial reporting and compliance, and the results of that testing, and does not opine on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the ADAMH Board's internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "Dave Yost". The signature is written in a cursive style with a large, looping "D" and "Y".

Dave Yost
Auditor of State
Columbus, Ohio

May 7, 2015

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**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED DECEMBER 31, 2014
(UNAUDITED)**

As management of the Alcohol, Drug and Mental Health ("ADAMH") Board, we are providing this overview of the ADAMH Board's financial activities for the year ended December 31, 2014. Please read this overview in conjunction with the ADAMH Board's basic financial statements, which follow.

The ADAMH Board is included as a blended component unit within the Franklin County Comprehensive Annual Financial Report as a major special revenue fund. The ADAMH Board uses its General Fund to report its financial position and results of operations. We believe these financial statements present all activities for which the ADAMH Board is financially responsible.

FINANCIAL HIGHLIGHTS

Key financial highlights for the year ended December 31, 2014 are as follows:

- The ADAMH Board's assets exceeded its liabilities and deferred inflows of resources at the close of 2014 by \$97,195,648 of this amount; \$9,991,259 is considered restricted.
- As of the close of 2014, the ADAMH Board's governmental funds reported combined ending restricted fund balances of \$4,390,552.
- As of the close of 2014, the ADAMH Board had cumulated deposit amounts totaling \$89,779,272.

OVERVIEW OF THE FINANCIAL STATEMENTS

This annual report consists of a series of financial statements and notes to those statements. These statements are organized so the reader can understand the ADAMH Board as a financial whole or as an entire operating entity. The statements then proceed to provide an increasingly detailed look at specific financial activities and conditions.

Government-wide Financial Statements

The government-wide financial statements provide information about the activities of the whole ADAMH Board, presenting both an aggregate view of the ADAMH Board's finances and a longer-term view of those assets. Major fund financial statements provide the next level of detail. For governmental funds, these statements tell how services were financed in the short-term as well as what dollars remain for future spending. The fund financial statements also look at the ADAMH Board's most significant funds with all other non-major funds presented in total in one column.

While this document contains information about the funds used by the ADAMH Board to provide services to our citizens, the view of the ADAMH Board as a whole looks at all financial transactions and asks the question, "How did we do financially during the year ended December 31, 2014?" The Statement of Net Position and the Statement of Activities answer this question. These statements include all assets, liabilities, and deferred inflows using the accrual basis of accounting similar to the accounting used by most private-sector companies. This basis of accounting takes into account all of the current year's revenues and expenses regardless of when cash is received or paid.

These two statements report the ADAMH Board's net position and changes in net position. This change in net position is important because it tells the reader whether, for the ADAMH Board as a whole, the financial position of the ADAMH Board has improved or diminished. However, in evaluating the overall position of the ADAMH Board, non-financial information such as the condition of the ADAMH Board's capital assets will also need to be evaluated.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED DECEMBER 31, 2014
(UNAUDITED)**

Fund Financial Statements

Fund financial statements provide detailed information about the ADAMH Board's major funds. Based upon restrictions on the use of monies, the ADAMH Board has established many funds which account for the multitude of services provided to their constituents. The ADAMH Board's funds are divided into two categories: governmental funds and fiduciary funds.

Governmental Funds

The ADAMH Board's activities are reported in governmental funds, which focus on how money flows into and out of those funds and the balances left at year end available for spending in future periods. These funds are reported using an accounting method called modified accrual accounting, which measures cash and all other financial assets that can readily be converted to cash. The governmental fund statements provide a detailed short-term view of the ADAMH Board's general governmental operations and the basic services it provides. Governmental fund information helps you determine whether there are more or fewer financial resources that can be spent in the near future on services provided to their constituents. The relationship (or differences) between governmental activities (reported in the Statement of Net Position and the Statement of Activities) and governmental funds is reconciled as part of the financial statements.

The ADAMH Board maintains eight individual governmental funds. Information is presented separately in the governmental fund Balance Sheet and in the governmental fund Statement of Revenues, Expenditures, and Changes in Fund Balances for the General Fund and State Mental Health Alcohol and Drug Fund. Data from the other six governmental funds are combined into a single, aggregated presentation. The basic governmental fund financial statements can be found starting on page 15 of this report.

Fiduciary Funds

Fiduciary funds are used to account for resources held for the benefit of parties outside the ADAMH Board. Fiduciary funds are not reflected in the government-wide financial statements because those resources are not available to support the ADAMH Board's own programs. The basic fiduciary fund financial statement can be found on page 23.

Notes to the Basic Financial Statements

The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the basic financial statements can be found starting on page 25 of this report.

THE ADAMH BOARD AS A WHOLE

Recall that the Statement of Net Position provides the perspective of the ADAMH Board as a whole. Table 1, below, provides a summary of the ADAMH Board's net position for 2014 compared to 2013.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED DECEMBER 31, 2014
(UNAUDITED)**

Table 1 - Net Position

	Governmental Activities	
	2014	2013
Current and Other Assets	\$155,014,520	\$155,067,200
Capital Assets	1,996,124	2,097,200
Total Assets	\$157,010,644	\$157,164,400
Current Liabilities	\$6,966,385	\$7,062,971
Long-term Liabilities	658,611	563,555
Total Liabilities	\$7,624,996	\$7,626,526
Deferred Inflows of Resources:		
Property Tax	\$52,190,000	\$52,187,722
Total Deferred Inflows of Resources	\$52,190,000	\$52,187,722
Investment in Capital Assets	\$1,996,124	\$2,097,200
Restricted for:		
Health Services	9,991,259	15,193,360
Unrestricted	85,208,265	80,059,592
Total Net Position	\$97,195,648	\$97,350,152

Total assets (\$153,756 decrease) and total liabilities (\$1,530 decrease) were relatively unchanged between 2013 and 2014.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED DECEMBER 31, 2014
(UNAUDITED)**

Table 2 - Changes in Net Position

	<u>Governmental Activities</u>	
	<u>2014</u>	<u>2013</u>
Program Revenues:		
Operating Grants and Contributions	\$17,072,034	\$20,111,834
General Revenues:		
Property Taxes	50,498,265	50,244,831
Grants and Entitlements not Restricted to Specific Programs	6,410,165	8,026,413
Other Unrestricted Revenues	0	56
Total Revenues	<u>\$73,980,464</u>	<u>\$78,383,134</u>
Expenses:		
Health Services	\$66,456,402	\$60,761,635
General Government	7,678,566	7,127,272
Total Expenses	<u>\$74,134,968</u>	<u>\$67,888,907</u>
Changes in Net Position	(\$154,504)	\$10,494,227
Net Position - Beginning	<u>\$97,350,152</u>	<u>\$86,855,925</u>
Net Position - Ending	<u>\$97,195,648</u>	<u>\$97,350,152</u>

Program revenues consist mainly of grants from federal and state sources. Health services expenses consist solely of contract payments to service providers. General government expenses are the administrative expenses of the ADAMH Board.

Total versus Net Cost of Services

The Statement of Activities shows the cost of program services and the grants associated with those services. The table below reflects the cost of program services and the net cost of those services after taking into account the program revenues. When applicable, the net cost of program services must be supported by general revenues including tax revenue and unrestricted grants.

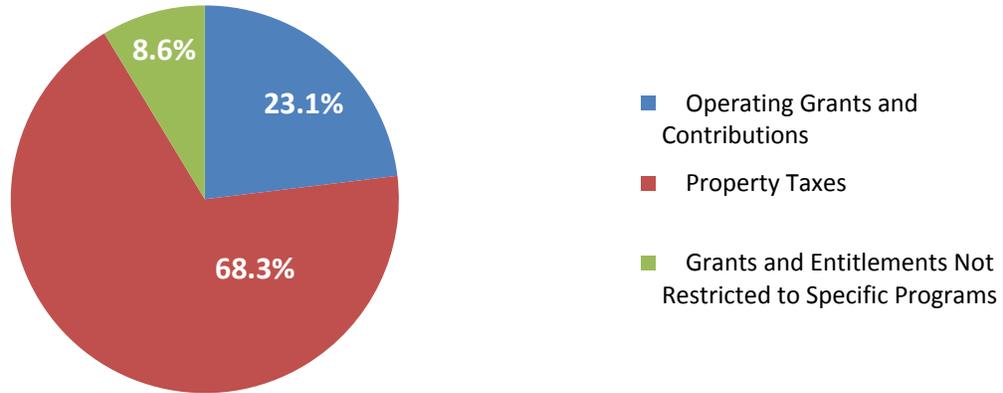
Table 3 - Functions/Programs

<u>Functions / Programs</u>	<u>2014 Total Cost of Services</u>	<u>2013 Total Cost of Services</u>	<u>2014 Net Cost of Services</u>	<u>2013 Net Cost of Services</u>
Governmental Activities:				
Health Services	\$66,456,402	\$60,761,635	\$49,526,474	\$40,649,801
General Government	7,678,566	7,127,272	\$7,536,460	\$7,127,272
Total Governmental Activities	<u>\$74,134,968</u>	<u>\$67,888,907</u>	<u>\$57,062,934</u>	<u>\$47,777,073</u>

The ADAMH Board's reliance upon both grants and property taxes is demonstrated by the pie chart on the following page indicating 23.1% of total revenues from grants, approximately 68.3% of revenues from property taxes, and approximately 8.6% of revenues from grants and entitlements not restricted to specific programs. The general revenues from property taxes and grants and entitlements not restricted to specific programs are intended to cover the net cost of services indicated in Table 3, on the previous page.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**MANAGEMENT'S DISCUSSION AND ANALYSIS
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(UNAUDITED)**



Property taxes (\$50.5 million) are generated from a 2.2 mil 10-year levy that began collections in calendar year 2007. Revenues in this category are contingent upon property valuations of residential and commercial real estate and tangible personal property (TPP) (refer to Note 1, Section G for details regarding the phase-out of TPP).

Grants and entitlements not restricted to specific programs (\$6.4 million) are comprised of State reimbursements of property taxes (real estate, personal property, personal property replacement and manufactured homes). Operating grants and contributions were \$17.1 million.

THE ADAMH BOARD'S FUNDS

As noted earlier, the ADAMH Board uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. The focus of the ADAMH Board's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the ADAMH Board's financing requirements. In particular, unassigned fund balance may serve as a useful measure of the ADAMH Board's net resources available for spending at the end of the year.

At the end of 2014, the ADAMH Board's governmental funds reported a combined ending fund balance of \$84,638,387, a 5% (\$3.9 million) increase over the prior year. The increase in fund balance is mainly due to the amount of State grants received by the ADAMH Board exceeding the related expenses.

The schedule on the following page indicates the fund balance and the total change in fund balance as of December 31, 2014.

Table 4 - Changes in Governmental Assets

	Fund Balance 12/31/2014	Fund Balance 12/31/2013	Increase / (Decrease)
General	\$80,247,835	\$74,697,689	\$5,550,146
State Mental Health, Alcohol & Drug	2,823,462	3,809,335	(\$985,873)
Other Governmental	1,567,090	2,220,602	(653,512)
Total	\$84,638,387	\$80,727,626	\$3,910,761

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED DECEMBER 31, 2014
(UNAUDITED)**

GENERAL FUND BUDGETARY INFORMATION

The ADAMH Board's budget is prepared in accordance with Ohio law and is based on the budgetary basis of accounting, utilizing cash receipts, disbursements and encumbrances.

During the course of 2014, the ADAMH Board amended its General Fund revenue budget throughout the year. For the General Fund, original and final budgeted revenues were \$58,530,147 and \$59,303,586, respectively. Actual revenues for fiscal year 2014 were \$59,415,965. This represents a \$112,379 overage of final budgeted revenues.

General Fund original and final appropriations were \$62,973,595 and \$63,216,558, respectively. The actual 2014 budget basis expenditures totaled \$53,503,618 (\$9,712,940 less than the budgeted appropriations). Unrealized appropriations can be attributed to two factors:

1. Providers had until January 31, 2015 to submit claims and block grant requests for contract year 2014 activity, some of the expenditures did not occur until calendar year 2015.
2. The State of Ohio expanded eligibility in the Medicaid program beginning January 1, 2014. This resulted in a portion of the services historically purchased by the ADAMH Board to be reimbursed by the Medicaid program.

CAPITAL ASSETS

The ADAMH Board's investment in capital assets for its governmental activities as of December 31, 2014 amounts to a total cost of \$3,713,979 or \$1,996,124 net of accumulated depreciation. This investment in capital assets includes land, buildings and improvements, and machinery and equipment. A portion of the ADAMH Board's investment in capital assets includes the Engagement Center, a mental health and substance abuse treatment facility. Total depreciation for the twelve-month period was \$101,076. Detailed information regarding capital asset activity is included in the Note 3 to the basic financial statements.

CONDITIONS EXPECTED TO AFFECT FUTURE OPERATIONS

1. Over the next five years, the ADAMH Board envisions the consumer landscape will be impacted by the following challenges and opportunities:
 - a. Changing community demographics, continuing severe economic stressors and increased complexity of consumer and family needs will challenge the ADAMH Board to provide culturally competent services, delivered by culturally capable professionals that address the following socioeconomic and health factors:
 - i. Sustained levels of unemployment and associated mental health and addiction implications;
 - ii. Increased poverty—more people are in more extreme poverty;
 - iii. People exposed to trauma (neighborhood, war, etc.);
 - iv. Children, youth and families at risk;
 - v. Emerging immigrants;
 - vi. Stigma;
 - vii. Aging population and caregivers;
 - viii. Integration of increased numbers of ex-offenders into community;

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED DECEMBER 31, 2014
(UNAUDITED)**

- ix. Diversion from jails/prisons;
 - x. Increasing acuity of consumers at time of entry into system; and
 - xi. Homelessness.
- b. Increasing number of diverse healthcare plans, including national healthcare reform and Medicaid expansion, with differing benefits (e.g. access to medications) will challenge consumers and families in meeting their expectations from multiple public payer systems.
 - c. A significant increase in the need for specialized treatments for individuals with dual disorders (i.e. both mental health and substance abuse) as well as an increase in the demand for intensive treatments (e.g. high use of psychiatric beds and crisis services.).
 - d. An expectation for health care “homes” in which mental health and substance abuse treatment is integrated with primary healthcare rather than a separate and distinct system.
 - e. Increased demand for more supportive housing and support services (e.g. vocational, crisis stabilization) will require the ADAMH Board to determine the un–met need and the level of supports that are required within a continuum of care.
 - f. Increased advocacy from consumers and family members for vital services from the public system of care.
2. The ADAMH Board envisions the provider network will be impacted by the following challenges and opportunities:
- a. Capability of providers to meet the demands of consumers will be challenged by:
 - i. Rapidly changing reimbursement environment with multiple healthcare plans for insured & non–insured consumers;
 - ii. Increased demand for price, quality, transparency, and performance reimbursements; and
 - iii. Insufficient diversity in the workforce.
 - b. Opportunity to partner with primary healthcare providers to develop integrated systems of care that address both the mental health and substance abuse treatment and physical healthcare needs of the patient.
 - c. Sustainability of the current provider system (e.g. network of providers) in light of changing reimbursement structures.
3. The ADAMH Board envisions the community will be impacted by the following challenges and opportunities:
- a. Availability of discretionary funds (resources available) is uncertain due to the:
 - i. Reduction in local levy funds due to slowed housing starts or de–valuation of property;
 - ii. Uncertainty of community support of the local levy due to continued economic uncertainty;
 - iii. Reduction of non–levy discretionary funds as a result of economic recession; and
 - iv. Elevation of Medicaid match financing to the State of Ohio.
 - b. Re–definition of the ADAMH Board’s relationship with the State’s hospitalization program.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED DECEMBER 31, 2014
(UNAUDITED)**

- c. Increased number of consumers who are Medicaid–eligible will require the ADAMH Board to:
 - i. Re–define its relationship with the Medicaid program; and
 - ii. Evaluate the impact of the State’s Medicaid cost–containment, including the possibility of managed care.
 - d. Impact of Federal Affordable Healthcare Act on the ADAMH Board system of care from 2014 and beyond is uncertain due to the:
 - i. Development of medical home models;
 - ii. Growth in Medicaid eligibility;
 - iii. Development of health care exchanges;
 - iv. Employer choice to opt–in/out;
 - v. Continuing political/legal challenges to implementation; and
 - vi. Health information technologies.
 - e. Changing community expectations for priority prevention and treatment services that will be available within the new business environment:
 - i. Integration of new models of prevention services into diverse learning environments;
 - ii. New requirements for school–based civic service or service leadership may create opportunities for community organizations;
 - iii. Increase of violence, crime, and deteriorating conditions in certain communities threaten the health, safety and stability of its citizens (particularly youth);
 - iv. Loss of income, housing, jobs, and other life–threatening conditions are negatively impacting the health/stability of citizens and families;
 - v. Integration of new models of treatment services that incorporate peer supported environments;
 - vi. Faith institutions are being sought by residents seeking a wide range of services (i.e., food, shelter, counseling, youth programs, safety, etc.).
 - f. Increased poverty—more people are in more extreme poverty.
 - g. Increased expectations among all funders for systems to collaborate.
 - h. Increased advocacy from and for consumers and family members for vital services.
4. Levy Revenues

The recent reduction in housing values from the septennial assessment resulted in a 6.2% decrease in 2011 property tax values. In 2012, Class 1 (Residential/Agriculture) valuations were flat and Class 2 (Commercial) valuations decreased by an additional 2.7%. In addition, the SFY 2012-13 state biennial budget accelerated the phase out of the TPP hold harmless provisions. Both of these factors have decreased the revenue received from the ADAMH Board property tax levy. The ADAMH Board projects no more than a 1% annual rate of recovery from this loss through the end of the current levy cycle in 2016.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**MANAGEMENT'S DISCUSSION AND ANALYSIS
FOR THE YEAR ENDED DECEMBER 31, 2014
(UNAUDITED)**

Table 5 - Levy Revenues

DESCRIPTION	2008	2009	2010	2011	2012	2013	2014
REAL ESTATE TAX	\$52,634,408	\$52,793,743	\$53,674,034	\$53,092,693	\$50,499,792	\$50,886,275	\$50,463,683
PERSONAL PROPERTY TAX	\$1,634,479	\$349,796	\$168,071	\$37,704	\$36,299	\$30,011	\$14,082
HOUSE TRAILER TAX	\$28,360	\$26,646	\$23,830	\$23,140	\$24,424	\$24,651	\$22,749
STATE REIMB-REAL ESTATE TAXES	\$5,886,487	\$5,975,139	\$6,001,417	\$6,039,324	\$5,689,810	\$5,723,513	\$5,816,615
STATE REIMB-PERS PROP TAXES	\$69,347	\$34,673	\$0	\$0	\$0	\$0	\$0
STATE REIMB-PU TAX REPLACEMENT	\$500,229	\$443,017	\$410,547	\$177,744	\$0	\$0	\$0
STATE REIMB-MAN HOMES	\$11,300	\$11,875	\$12,416	\$12,436	\$12,739	\$13,072	\$13,135
STATE REIMB-PP REPLACEMENT	\$3,372,951	\$4,646,113	\$4,749,896	\$3,532,214	\$2,284,878	\$1,052,369	\$1,052,369
TOTALS	\$64,137,561	\$64,281,002	\$65,040,211	\$62,915,255	\$58,547,942	\$57,729,891	\$57,382,633

5. Insurance Reform

Beginning January 2014, the State of Ohio expanded Medicaid eligibility by permitting individuals with an income at or below 138% of the Federal Poverty Level to enroll in the State's Medicaid program. This expansion, coupled with insurance coverage from the Affordable Care Act (ACA) via healthcare exchanges, has decreased the amount of core treatment services the ADAMH Board purchased during 2014.

If Medicaid and ACA continue this expansion, it will afford the Board an opportunity to invest additional resources in recovery support programs that will further enhance consumer care.

6. SHARES and The Three C COG

The Alcohol, Drug and Mental Health Board of Franklin County, the Hamilton County Mental Health and Recovery Services Board and the Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County who jointly have formed a council of government entity known as the **Three C Recovery and Health Care Network** (COG), have contracted with a vendor to develop a Shared Healthcare and Recovery Enterprise System (SHARES) that will support management of client enrollment, benefit management, provider contracting, payment processes, and utilization and outcomes management. SHARES is necessary to support the payor role of the Boards, as a component of the local authority's statutory responsibility for developing, funding, overseeing, and evaluating mental health and substance abuse care for their respective jurisdictions at this time.

CONTACTING THE ADAMH BOARD'S FINANCIAL MANAGEMENT

This financial report is designed to provide an overview of ADAMH Board's finances and its accountability for the money it receives. If you have questions about this report or need additional financial information, contact Jonathan Wylly, Chief Financial Officer, Alcohol, Drug and Mental Health Board of Franklin County, 447 East Broad Street, Columbus, Ohio 43215-3822, phone number 614-222-3790.

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**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**STATEMENT OF NET POSITION
DECEMBER 31, 2014**

	Governmental Activities
ASSETS	
Equity with County Treasurer	\$ 89,779,272
Accounts receivable	192,704
Due from other governments	10,042,544
Property taxes receivable	55,000,000
Capital assets, net of accumulated depreciation:	
Nondepreciable	236,113
Depreciable	1,760,011
Total assets	\$ 157,010,644
LIABILITIES	
Accrued wages	215,490
Accounts Payable	6,750,895
Long-term liabilities:	
Due within one year	66,995
Due in more than one year	591,616
Total liabilities	7,624,996
DEFERRED INFLOWS OF RESOURCES	
Property Taxes	52,190,000
NET POSITION	
Investment in Capital Assets	1,996,124
Restricted for:	
Health Services	9,991,259
Unrestricted	85,208,265
Total net position	\$ 97,195,648

See accompanying notes to the basic financial statements.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2014**

		Program Revenues	Net (Expense) Revenue and Change In Net Position
	Expenses	Operating Grants and Contributions	Total Governmental Activities
Governmental Activities:			
Health Services	\$ 66,456,402	\$ 16,929,928	\$ (49,526,474)
General Government	7,678,566	142,106	(7,536,460)
Total Governmental Activities	<u>74,134,968</u>	<u>17,072,034</u>	<u>(57,062,934)</u>
General Revenues:			
Property Taxes - General Purpose			50,498,265
Grants and Entitlements Not Restricted to Specific Programs			6,410,165
Total general revenues			<u>56,908,430</u>
Change in Net Position			(154,504)
Net position - beginning			97,350,152
Net position - ending			<u><u>\$ 97,195,648</u></u>

See accompanying notes to the basic financial statements.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**BALANCE SHEET
ALL GOVERNMENTAL FUNDS
DECEMBER 31, 2014**

	<u>General</u>	<u>State Mental Health, Alcohol & Drug</u>	<u>Other Governmental Funds</u>	<u>Total Governmental Funds</u>
ASSETS				
Equity with County Treasurer	\$ 84,171,537	\$ 2,239,898	\$ 3,367,837	\$ 89,779,272
Accounts receivable	192,704	-	-	192,704
Due from other Governments	3,050,000	2,357,184	4,635,360	10,042,544
Property Taxes receivable	55,000,000	-	-	55,000,000
Interfund Receivable	242,963	-	-	242,963
Total assets	<u>\$ 142,657,204</u>	<u>\$ 4,597,082</u>	<u>\$ 8,003,197</u>	<u>\$ 155,257,483</u>
LIABILITIES				
Accrued wages	209,277	-	6,213	215,490
Accounts payable	4,418,139	220,966	2,111,790	6,750,895
Interfund Payable	-	-	242,963	242,963
Total liabilities	<u>4,627,416</u>	<u>220,966</u>	<u>2,360,966</u>	<u>7,209,348</u>
DEFERRED INFLOWS OF RESOURCES				
Unavailable revenues	5,591,953	1,552,654	4,075,141	11,219,748
Property Taxes	52,190,000	-	-	52,190,000
Total deferred inflows of resources	<u>57,781,953</u>	<u>1,552,654</u>	<u>4,075,141</u>	<u>63,409,748</u>
Fund Balance				
Restricted	-	2,823,462	1,567,090	4,390,552
Assigned	12,591,145	-	-	12,591,145
Unassigned	67,656,690	-	-	67,656,690
Total fund balances	<u>80,247,835</u>	<u>2,823,462</u>	<u>1,567,090</u>	<u>84,638,387</u>
Total liabilities, deferred inflows of resources, and fund balances	<u>\$ 142,657,204</u>	<u>\$ 4,597,082</u>	<u>\$ 8,003,197</u>	<u>\$ 155,257,483</u>

See accompanying notes to the basic financial statements.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**RECONCILIATION OF TOTAL GOVERNMENTAL FUND BALANCES
TO NET POSITION OF GOVERNMENTAL ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2014**

Total Governmental Fund Balances	\$84,638,387
Amounts reported for governmental activities in the Statement of Net Position are different because:	
Capital assets used in governmental activities are not financial resources and therefore are not reported in the funds.	1,996,124
Other long-term assets are not available to pay for current period expenditures and therefore are deferred in the funds.	11,219,748
Long-term liabilities, including capital lease obligations and compensated absences, are not due and payable in the current period and therefore are not reported in the funds:	
Compensated Absences Payable	<u>(658,611)</u>
Net Position of Governmental Activities	\$97,195,648

See accompanying notes to the basic financial statements.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES
GOVERNMENTAL FUNDS
FOR THE YEAR ENDED DECEMBER 31, 2014**

	<u>General Fund</u>	<u>State Mental Health, Alcohol & Drug</u>	<u>Other Governmental Funds</u>	<u>Total Governmental Funds</u>
REVENUES				
Property Taxes	\$ 50,494,112	\$ -	\$ -	\$ 50,494,112
Intergovernmental	8,775,188	8,867,428	9,712,869	27,355,485
Total revenues	<u>59,269,300</u>	<u>8,867,428</u>	<u>9,712,869</u>	<u>77,849,597</u>
EXPENDITURES				
Current Operations				
Health Services	46,385,008	9,853,301	10,218,093	66,456,402
General Government	7,334,146	-	148,288	7,482,434
Total expenditures	<u>53,719,154</u>	<u>9,853,301</u>	<u>10,366,381</u>	<u>73,938,836</u>
Net change in fund balances	5,550,146	(985,873)	(653,512)	3,910,761
Fund balances-beginning	<u>74,697,689</u>	<u>3,809,335</u>	<u>2,220,602</u>	<u>80,727,626</u>
Fund balances-ending	<u>\$ 80,247,835</u>	<u>\$ 2,823,462</u>	<u>\$ 1,567,090</u>	<u>\$ 84,638,387</u>

See accompanying notes to the basic financial statements.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES OF
GOVERNMENTAL FUNDS TO THE STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2014**

Net Change in Fund Balances - Total Governmental Funds	\$3,910,761
Amounts reported for governmental activities in the Statement of Activities are different because:	
Governmental funds report capital outlays as expenditures. However, in the Statement of Activities, the cost of those assets is allocated over their estimated useful lives as depreciation expense. In the current period, depreciation expense:	(\$101,076)
Revenues in the Statement of Activities that do not provide current financial resources are not reported as revenue in the funds.	(3,869,133)
Some expenses reported in the Statement of Activities, such as compensated absences payable, do not require the use of current financial resources and therefore are not reported as expenditures in governmental funds.	<u>(95,056)</u>
Changes in Net Position of Governmental Activities	(\$154,504)

See accompanying notes to the basic financial statements.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES
IN FUND BALANCES-BUDGET (NON-GAAP BASIS)
AND ACTUAL-GENERAL FUND
FOR THE YEAR ENDED DECEMBER 31, 2014**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Budgetary Actual</u>	<u>Variance with Final Budget Positive (Negative)</u>
Revenues				
Property taxes	\$ 50,085,952	\$ 52,336,839	\$ 50,500,513	\$ (1,836,326)
Intergovernmental	8,444,195	6,966,747	8,915,452	1,948,705
Total Revenue	<u>58,530,147</u>	<u>59,303,586</u>	<u>59,415,965</u>	<u>112,379</u>
Expenditures				
Health Services	54,502,974	54,502,974	46,176,733	8,326,241
General Government	8,470,621	8,470,621	7,083,922	1,386,699
Total Expenditures	<u>62,973,595</u>	<u>62,973,595</u>	<u>53,260,655</u>	<u>9,712,940</u>
Excess (deficiency) of revenues over (under) expenditures	(4,443,448)	(3,670,009)	6,155,310	9,825,319
Other financing uses				
Advance Out	-	(242,963)	(242,963)	-
Total other financing uses	<u>-</u>	<u>(242,963)</u>	<u>(242,963)</u>	<u>-</u>
Net change in fund balances	(4,443,448)	(3,912,972)	5,912,347	9,825,319
Fund balances - beginning	77,119,190	77,119,190	77,119,190	-
Fund balances - ending	<u><u>\$ 72,675,742</u></u>	<u><u>\$ 73,206,218</u></u>	<u><u>\$ 83,031,537</u></u>	<u><u>\$ 9,825,319</u></u>

See accompanying notes to the basic financial statements.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES
IN FUND BALANCES - BUDGET (NON-GAAP BASIS)
AND ACTUAL-STATE MENTAL HEALTH, ALCOHOL AND DRUG FUND
FOR THE YEAR ENDED DECEMBER 31, 2014**

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Budgetary Actual</u>	<u>Variance with Final Budget Positive (Negative)</u>
Revenues				
Intergovernmental	\$ 10,316,344	\$ 10,316,344	\$ 10,574,477	\$ 258,133
Total Revenue	<u>10,316,344</u>	<u>10,316,344</u>	<u>10,574,477</u>	<u>258,133</u>
Expenditures				
Health Services	10,316,334	10,316,334	10,316,334	-
Total Expenditures	<u>10,316,334</u>	<u>10,316,334</u>	<u>10,316,334</u>	<u>-</u>
Net change in fund balances	10	10	258,143	258,133
Fund balances - beginning	1,981,755	1,981,755	1,981,755	-
Fund balances - ending	<u><u>\$ 1,981,765</u></u>	<u><u>\$ 1,981,765</u></u>	<u><u>\$ 2,239,898</u></u>	<u><u>\$ 258,133</u></u>

See accompanying notes to the basic financial statements.

ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY

STATEMENT OF FIDUCIARY ASSETS AND LIABILITIES
AGENCY FUND
FOR THE YEAR ENDED DECEMBER 31, 2014

ASSETS

Equity with County Treasurer	\$ 196,678
Total Assets	<u><u>\$ 196,678</u></u>

LIABILITIES

Due to Other Governments	\$ 196,678
Total Liabilities	<u><u>\$ 196,678</u></u>

See accompanying notes to the basic financial statements.

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**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014**

NOTE 1. – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Reporting Entity

The Alcohol, Drug and Mental Health Board of Franklin County (the “ADAMH Board”) is a blended component unit, presented as a major special revenue fund of Franklin County, Ohio. The ADAMH Board operates in accordance with Section 340 of the Ohio Revised Code. The Franklin County Commissioners appoint a majority of the Board members and serve as the local levy taxing authority for the ADAMH Board. The Franklin County Auditor and the Franklin County Treasurer, which are elected positions, serve respectively as Chief Fiscal Officer and Custodian of all public funds.

The ADAMH Board serves as the planning agency in Franklin County for mental health and alcohol and other substance abuse services. It evaluates and assesses the needs for these services in Franklin County. It also receives funding from federal, state and local sources and distributes these monies to contract agencies which then provide services to those who suffer from mental illness and/or alcohol or substance abuse.

Component units are legally separate organizations for which the ADAMH Board is financially accountable. The ADAMH Board is financially accountable for an organization if the ADAMH Board appoints a voting majority of the organizations’ governing board and (1) the ADAMH Board is able to significantly influence the programs or services performed or provided by the organization; or (2) the ADAMH Board is legally entitled to or can otherwise access the organizations’ resources; or (3) the ADAMH Board is legally obligated or has otherwise assumed the responsibility to finance the deficits of, or provide financial support to, the organization; or (4) the ADAMH Board is obligated for the debt of the organization. Component units may also include organizations that are fiscally dependent on the ADAMH Board in that the ADAMH Board approves the budget, the issuance of debt or the levying of taxes. Based upon the application of this criterion, the ADAMH Board has no component units. The basic financial statements of the reporting entity include only those of the ADAMH Board. The following organizations are described due to their relationship to the ADAMH Board:

JOINT VENTURE:

Three C Recovery and Health Care Network—The Alcohol, Drug and Mental Health Board of Franklin County, the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, and the Hamilton County Mental Health and Recovery Services Board formed a council of governments (COG) pursuant to Chapters 340 and 167 of the Ohio Revised Code. The purpose of the COG is to work collaboratively to plan and develop a new health care management information system known as the “Shared Health and Recovery Enterprise System” (SHARES).

To promote accountability and transparency, the ADAMH Board has established a new fund in 2014 to account for COG operations. An interfund loan has been established between the General and COG fund to provide sufficient cash flow for COG business operations.

The loan between funds is classified as Interfund Payable/Receivable. Interfund balances are eliminated on the Statement of Net Position. Interfund Payable/Receivable at December 31, 2014 are as follows:

<u>Receivable Fund</u>	<u>Payable Fund</u>	<u>Amount</u>
General	Council of Governments (Other Governmental Funds)	\$ 242,963

B. Measurement focus, basis of accounting, and financial statement presentation

The basic financial statements of the ADAMH Board have been prepared in conformity with accounting principles generally accepted in the United States of America (“GAAP”) as applied to governmental units. The Governmental Accounting Standards Board (“GASB”) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 1. – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Property taxes are recognized as revenues in the year for which they are levied. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered available when they are collectible within the current period or soon enough after to pay liabilities of the current period. For this purpose, the ADAMH Board considers revenues to be available if they are collected within 60 days of the end of the current fiscal period. Non-exchange transactions, in which the ADAMH Board receives value without directly giving equal value in return, include grants and entitlements.

Because different measurement focuses and bases of accounting are used in the government-wide Statement of Net Position and in governmental fund statements, amounts reported as *restricted fund balances* in governmental funds may be different from amounts reported as *restricted net position* in the Statement of Net Position.

The government reports the following major governmental funds:

The *General Fund* is the government's primary operating fund. It accounts for all financial resources of the general government, except those required to be accounted for in another fund.

The *State Mental Health Alcohol and Drug Fund* is a special revenue fund used to account for programs funded with proceeds received from the State of Ohio.

Fiduciary Fund—Fiduciary fund reporting uses the accrual basis of accounting. Because of their custodial nature, fiduciary funds do not measure results of operations and do not have a measurement focus. The ADAMH Board uses an agency fund to account for the assets held in a custodial capacity as fiscal agent for the Ohio Department of Mental Health and Addiction Services Medicaid program.

Revenue—Revenue from grants and entitlements is recognized in the year in which all eligibility requirements have been satisfied. Eligibility requirements include timing requirements, which specify the year when the resources are required to be used or the year when use is first permitted, matching requirements, in which the ADAMH Board must provide local resources to be used for a specified purpose, and expenditure requirements, in which the resources are provided to the ADAMH Board on a reimbursement basis. On a modified accrual basis, revenue from non-exchange transactions must also be available before it can be recognized.

Deferred Inflows, Unavailable Revenue—Deferred Inflows, unavailable revenue arises when assets are recognized before revenue recognition criteria have been satisfied. Grants and entitlements received before the eligibility requirements are met are also recorded as deferred inflows, unavailable revenue.

Deferred Inflows, Property Tax Revenue—On governmental fund financial statements, receivables that will not be collected within the available period have been reported as deferred inflows, property tax.

Expenses/Expenditures—The measurement focus of governmental fund accounting is on decreases in net financial resources (expenditures) rather than expenses. Expenditures are generally recognized in the accounting period in which the related fund liability is incurred, if measurable. Allocation of cost, such as depreciation and amortization, are not recognized in governmental funds.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 1. – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Fund Balance Classifications

Governmental Accounting Standards Board (GASB) Statement No. 54, "Fund Balance Reporting and Governmental Fund Type Definitions" presents five fund balance classifications and clarifies the existing governmental fund type definitions.

Nonspendable Fund Balance—the nonspendable fund balance classification includes amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually required to be maintained intact. The "not in spendable form" criterion includes items that are not expected to be converted to cash, for example inventories and prepaid amounts.

Restricted Fund Balance—the restricted classification is used when constraints placed on the use of resources are either (a) externally imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments (i.e., State Statutes); or (b) imposed by law through constitutional provisions or enabling legislation.

Committed Fund Balance—the committed fund balance classification includes amounts that can be used only for specific purposes pursuant to constraints imposed by formal action of the ADAMH Board's highest level of decision-making authority.

Assigned Fund Balance—the assigned fund balance includes amounts that are constrained by the ADAMH Board's intent to be used for specific purposes, but are neither restricted nor committed.

Unassigned Fund Balance—the unassigned fund balance is the residual classification for the General Fund. This classification represents fund balance that has not been assigned to other funds and that has not been restricted, committed, or assigned to specific purposes within the General Fund.

Based on GASB 54 fund balance classification, the ADAMH Board's General Fund is reported as assigned and unassigned and the special revenue fund balances are restricted.

The ADAMH Board applies restricted resources first when expenditures are incurred for purposes for which either restricted or unrestricted (committed, assigned, and unassigned) amounts are available. Similarly, within unrestricted fund balance, committed amounts are reduced first followed by assigned, and then unassigned amounts when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

D. Government-wide and fund financial statements

Government-wide Financial Statements—The Statement of Net Position and the Statement of Activities display information about the ADAMH Board as a whole. These statements include the financial activities of the primary government.

The government-wide statements are prepared using the economic resources measurement focus. Governmental fund financial statements include reconciliations with brief explanations to better identify the relationship between the government-wide statements and the statements for governmental funds.

The government-wide Statement of Activities presents a comparison between direct expenses and program revenues for each function or program of the ADAMH Board's governmental activities. Direct expenses are those that are specifically associated with a service, program or department and are therefore clearly identifiable to a particular function.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 1. – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Program revenues include grants and contributions that are restricted to meeting the operational or capital requirements of a particular program. Revenues which are not classified as program revenues are presented as general revenues of the ADAMH Board. The comparison of direct expenses with program revenues identifies the extent to which the governmental function is self-financing or draws from the general revenues of the ADAMH Board.

Fund Financial Statements—Fund financial statements report detailed information about the ADAMH Board. The focus of governmental fund financial statements is on major funds rather than reporting funds by type. Each major fund is presented in a separate column. Non-major funds are aggregated and presented in a single column.

The accounting and financial reporting treatment applied to a fund is determined by its measurement focus. All governmental fund types are accounted for using a flow of current financial resources measurement focus. The financial statements for governmental funds are a Balance Sheet, which generally includes only current assets, current liabilities, and deferred inflows, and a Statement of Revenues, Expenditures and Changes in Fund Balances, which reports on the sources (i.e., revenues and other financing sources) and uses (i.e., expenditures and other financing uses) of current financial resources.

E. Budgetary Process

Legal Requirements—In accordance with Ohio law, annual budgets are adopted for the General Fund and special revenue funds. The Franklin County Budget Commission, composed of the Auditor, Treasurer and Prosecutor, approves tax budgets and certificates of estimated resources for the County itself and for schools, municipalities, townships and other agencies that are funded by tax dollars. State statute permits the Budget Commission to waive all or part of the tax budget requirement for those counties that have adopted an alternative method for apportionment of the local government fund and the local government revenue assistance fund. Franklin County has an alternative formula agreement in place.

Estimated Resources—The certificate of estimated resources issued by the Budget Commission states the projected revenue of each fund and establishes a limit on the amount the County may appropriate. The County's total contemplated expenditures from any fund during the fiscal year cannot exceed the amount available as stated in the certificate of estimated resources. On or about January 1, the certificate of estimated resources is amended to include any unencumbered fund balances from the preceding year. During the year, as actual revenues vary from the estimates, the certificate may be amended further if an estimate needs either to be increased or decreased. Such amendments were made during 2014. The amounts reported as the original budgeted amounts in the budgetary statements reflect the amounts in the amended certificate at the time the original appropriations resolution was adopted. The amounts reported as the final budgeted amounts in the budgetary statements reflect the amounts in the final amended certificate issued during 2014.

Appropriations—The appropriations resolution is the Commissioners' authorization to spend resources. The resolution sets annual limits on expenditures plus encumbrances at the level of control selected by the Commissioners. Appropriation requests are submitted to the County's Office of Management and Budget ("OMB") by the agencies. In light of available resources and County priorities, the County Administrator and OMB develop a joint budget recommendation that is submitted to the Commissioners. Public budget hearings are held with the various elected officials and agency administrators. At the conclusion of the budget hearings, the Commissioners convene a meeting with the County Administrator and OMB to amend the recommended budget. Revisions to the original budget require a resolution signed by at least two Commissioners. Supplemental appropriations were made during 2014.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 1. – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Budgeted Level of Expenditures—The Commissioners appropriate to the major object level within a fund/organizational unit. The appropriation level is the legal level of control. Expenditures plus encumbrances may not legally exceed appropriations at the level of appropriation. Managerial control is maintained through building the budget at the detailed line-item level. Appropriated funds may not be expended for purposes other than those designated in the appropriation resolution without authority from the Commissioners.

Lapsing of Appropriations—At the end of the year, all encumbrances are canceled and all appropriations lapse, reverting to the respective funds from which they were appropriated.

F. Deposits and Investments

For reporting purposes, "Equity with County Treasurer" is defined as cash on hand, demand deposits and investments held in the County treasury.

Cash resources of the majority of individual funds are combined to form a pool of cash and investments managed by the County Treasurer. Interest earned on investments is accrued as earned. Under existing Ohio law, all investment earnings are assigned to the County's General Fund unless statutorily required to be credited to a specific fund. Distribution is made utilizing a formula based on the average month-end balance of cash and cash equivalents of all funds. No interest was credited to the ADAMH Board by the County Treasurer for the year ending December 31, 2014.

G. Receivables

Property taxes include amounts levied against all real, public utility and tangible personal property located in the County. Property tax revenue received during 2014 for real and public utility property taxes represents collection of 2013 taxes. Property tax payments received during 2014 for tangible personal property (other than public utility property) are for 2014 taxes.

2014 real property taxes are levied after October 1, 2014, on the assessed value as of January 1, 2014, the lien date. Assessed values are established by state law at 35 percent of appraised market value. 2013 real property taxes are collected in and intended to finance 2014. The total assessed value upon which the 2014 tax collection was based was \$25.4 billion. The full tax rate applied to real property for ADAMH was \$2.20 per \$1,000 of assessed valuation.

House Bill 66 phases out the tax on the tangible personal property of general businesses, telephone and telecommunications companies, and railroads. The tax on general businesses and railroad property was eliminated by 2009 and the tax on telephone and telecommunications property was eliminated in 2011. The tax is phased out by reducing the assessment rate on the property each year.

Public utility taxes are assessed not only on land and improvements, but also on tangible personal property at true value, which is a percentage of cost. Percentages vary according to the type of utility. The total assessed value upon which the 2014 tax collection was based was \$687 million.

The Treasurer bills and collects property taxes on behalf of all taxing districts within the County. The Auditor periodically remits to the taxing districts their portion of the taxes collected. Collection of the taxes and remittance to the taxing districts are accounted for in various County agency funds.

Real property taxes are payable annually or semi-annually. If paid annually, payment is due January 20th; if paid semi-annually, the first payment is due January 20th with the remainder to be paid by June 20th. Real property owners' tax bills are reduced by homestead and rollback deductions, when applicable. The amount of these reductions is reimbursed to the County by the State.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 1. – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

“Property taxes receivable” represents delinquent real and public utility taxes outstanding as of the last settlement (net of allowances for uncollectible amounts) and real property and public utility taxes that were measurable at year-end and for which there is an enforceable legal claim. In the fund financial statements, the majority of the receivable is offset by deferred inflows, property tax since the taxes were not levied to finance 2014 operations. In the full accrual-basis government-wide financial statements, collectible delinquent property taxes have been recorded as revenue while the remainder of the receivable is deferred inflows, property tax.

The County uses estimates based on the tax rate multiplied by property value to estimate taxes receivable. The eventual collection of substantially all real property and public utility taxes (both current and delinquent) is reasonably assured due to the County's ability to force foreclosure of the properties on which the taxes are levied.

H. Capital Assets and Depreciation

Capital assets, which include land, buildings, and improvements and machinery and equipment are reported in the government-wide Statement of Net Position. Capital assets are defined by the ADAMH Board as assets with an initial, individual cost of more than \$5,000 and an estimated useful life exceeding one year. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at estimated fair market value at the date of donation.

The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend the assets lives are not capitalized. Improvements are capitalized and depreciated over the remaining useful lives of the related capital assets, as applicable. Major outlays for capital assets and improvements are capitalized as projects are constructed.

All buildings and improvements and machinery and equipment are depreciated using the straight line method over the estimated useful lives of the related assets. Depreciable lives used for property items within each property classification are as follows:

<u>Classification</u>	<u>Useful Life</u>
Buildings	50–55 years
Building Improvements	10–25 years
Machinery & Equipment	5–10 years

I. Compensated Absences

The ADAMH Board permits employees to accumulate earned but unused vacation and sick pay benefits. Vacation benefits are accrued as a liability when the benefits are earned if (1) the vacation leave is related to services already rendered and (2) it is probable that the employee will be compensated through time off or some other means in a future period. Sick leave benefits are accrued using the vesting method. The sick leave liability is based on accumulated sick leave and employee wage rates at December 31 for those employees who are currently eligible to receive termination benefits and those the ADAMH Board has identified as probable of receiving payment in the future.

The criteria for determining vacation and sick leave liabilities are based on the ADAMH Board's policies for employee benefits. In general, vacation and sick leave are accumulated based on hours worked. Vacation pay is fully vested after the learning and training period, generally four months. By Ohio law, accumulated vacation cannot exceed three times the annual accumulation rate for an employee. There is no limit for the accumulation of sick leave. Employees who have completed the required learning and training period may receive payment of one-half sick leave accrued upon termination. All payments are made at the employee's current wage rate.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 1. – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

All accumulated vacation leave and vested accumulated sick leave is recorded as a liability in the government-wide financial statements. In the governmental funds, accumulated vacation leave and vested accumulated sick leave that is expected to be liquidated with available financial resources are recorded as an expenditure and a fund liability of the governmental fund that will pay it.

J. Accrued Liabilities and Long-Term Obligations

All payables, accrued liabilities and long-term obligations are reported in the government-wide financial statements.

In general, governmental fund payables and accrued liabilities that, once incurred, are paid in a timely manner and in full from current financial resources are reported as obligations in the funds. However, compensated absences that will be paid from governmental funds are reported as a liability in the fund financial statements only to the extent that they are due for payment during the current year.

K. Fund Balance

Fund Balance for governmental funds are reported in classifications that comprise a hierarchy based primarily on the extent to which the ADAMH Board is bound to honor constraints on the specific purposes for which amounts in those funds can be spent.

L. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates.

M. Net Position

Net position represents the difference between assets, liabilities and deferred inflows. Investment in capital assets consists of capital assets, net of accumulated depreciation. Net position is reported as restricted when there are limitations imposed on its use either through the enabling legislation or through external restrictions imposed by creditors, grantors or laws or regulations of other governments.

The ADAMH Board applies restricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position is available.

N. Extraordinary and Special Items

Extraordinary items are transactions or events that are both unusual in nature and infrequent in occurrence. Special items are transactions or events that are within the control of the ADAMH Board and that are either unusual in nature or infrequent in occurrence. Neither type of transaction occurred during 2014.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 2 – BUDGETARY BASIS OF ACCOUNTING

While the ADAMH Board is reporting financial position, results of operations, and changes in fund balances in accordance with accounting principles generally accepted in the United States of America (GAAP), the budgetary basis, as provided by law, is based upon accounting for certain transactions on a basis of cash receipts, disbursements, and encumbrances. The Statement of Revenues, Expenditures, and Changes in Fund Balances—Budget (Non-GAAP Basis) and Actual—for the General Fund and State Mental Health, Alcohol and Drug Fund are presented on the budgetary basis to provide a meaningful comparison of actual results with the budget. The major differences between the budget basis and GAAP basis are as follows:

Excess (Deficiency) of Revenues Over (Under) Expenditures

	<u>General Fund</u>	<u>State Mental Health, Alcohol and Drug</u>
Non-GAAP Budgetary Basis	\$ 5,912,347	\$ 258,143
Basis Difference		
Net Adjustment for Revenue Accruals	(146,665)	(1,707,049)
Net Adjustment for Expenditure Accruals	(458,499)	463,033
Net Adjustment for Advance Out	242,963	0
GAAP Basis	<u>\$ 5,550,146</u>	<u>\$ (985,873)</u>

NOTE 3 – CAPITAL ASSETS

Governmental capital asset activity for the year ended December 31, 2014, was as follows:

Description	Beginning Balance	Additions	Deletions	Ending Balance
Capital Assets not being depreciated:				
Land	\$ 236,113	\$ -	\$ -	\$ 236,113
Total Capital Assets not being depreciated	\$ 236,113	\$ -	\$ -	\$ 236,113
Capital assets, being depreciated:				
Buildings and improvements	\$ 3,214,181	\$ -	\$ -	\$ 3,214,181
Machinery & Equipment	\$ 263,685	\$ -	\$ -	\$ 263,685
Total Capital Assets being depreciated	\$ 3,477,866	\$ -	\$ -	\$ 3,477,866
Less accumulated depreciation for:				
Buildings and improvements	\$ (1,482,589)	\$ (76,812)	\$ -	\$ (1,559,401)
Machinery & Equipment	\$ (134,190)	\$ (24,264)	\$ -	\$ (158,454)
Total	\$ (1,616,779)	\$ (101,076)	\$ -	\$ (1,717,855)
Total capital assets net	\$ 2,097,200	\$ (101,076)	\$ -	\$ 1,996,124

Expenditures

All depreciation expense is charged to general government expense on the government-wide financial statements.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 4. – LONG-TERM OBLIGATIONS

Long-term liability activity for the year ended December 31, 2014, was as follows:

2014 Beginning Balance	Additions	Reductions	Ending Balance	Due In One Year
\$ 563,555	\$ 108,217	\$ (13,161)	\$ 658,611	\$ 66,995

Compensated Absences

The ADAMH Board permits employees to accumulate earned but unused vacation and sick leave benefits. Compensated absences will be paid from the General Fund and the Council of Governments Fund. Vacation benefits are accrued as a liability in the government-wide financial statements when the benefits are earned if it meets two conditions: the vacation leave is related to employee services already rendered and it is probable that the employee will be compensated. Sick leave benefits are accrued in the government-wide financial statements. The sick leave liability is based on accumulated sick leave and employee wage rates at December 31.

The criteria for determining vacation and sick leave liabilities are based on the ADAMH Board's policies. In general, vacation and sick leave are accumulated based on hours worked. Vacation pay is fully vested after four months of full or part-time service.

By Ohio law, employees accumulated vacation cannot exceed three times the accumulated rate. There is no limit for sick leave accumulation. Employees, upon separation from the ADAMH Board, who have completed four months of service, will receive payment for one half sick leave accrued. All payments are made at the employee's current wage rate.

NOTE 5. – RISK MANAGEMENT

The ADAMH Board is a major fund of Franklin County, Ohio and participates in its risk-financing funds. Franklin County is exposed to various risks of loss related to torts and general liability; theft of, damage to and destruction of assets; natural disasters; errors and omissions; certain employees' medical and dental claims; and injuries to employees. Insurance policies are procured for buildings and contents, Franklin County-owned equipment, steam boilers, and machinery. In addition, a "Money and Securities Policy" is in effect for all Franklin County employees. Settled claims have not exceeded commercial coverage in any of the last three years. There has not been a significant reduction in coverage from the prior year. Franklin County has elected to retain risk for losses related to torts and general liability, employee health-care claims, and employee injuries rather than insuring those risks through a third-party.

Chapter 340 of the Ohio Revised Code "limits the liability of community mental health board members and employees from action taken within the scope of official duties and employment." It expands the ADAMH Board's authority to indemnify board members and employees against damages, unless the ADAMH Board members' or employees' action constitutes willful or wanton misconduct. Although the law clearly indemnifies ADAMH Board members and staff, additional director's and officer's liability insurance for ADAMH Board members and professional liability coverage for staff has been obtained.

A periodic review of the ADAMH Board's scope of activities is performed and a risk profile is made available to insurance companies and our agents. This risk profile is used to obtain premium bids by our agents. There has been no significant reduction in coverage from the prior year, nor has the ADAMH Board experienced any settled claims.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 6. – CONTINGENT LIABILITIES

The ADAMH Board has received federal and state grants for specific purposes that are subject to review and audit by the grantor agencies or their designee. These audits could lead to a request for reimbursement to the grantor agency for expenditures disallowed under the terms of the grant. Based on prior experience, the ADAMH Board believes such disallowances, if any, will be immaterial.

Litigation - The ADAMH Board is involved in no material litigation as either plaintiff or defendant.

NOTE 7. – DEFINED BENEFIT RETIREMENT PLANS

Ohio Public Employees Retirement System

Ohio Public Employees Retirement System (OPERS) administers three separate pension plans. The authority to establish and amend benefits is provided in Chapter 145 of the Ohio Revised Code. The three plans are described below:

- Traditional Pension (TP) Plan – a cost-sharing, multiple-employer defined benefit pension plan. OPERS provides retirement, disability, survivor and death benefits, and annual cost of living adjustments to members of the TP Plan.
- Member-Directed (MD) Plan – a defined contribution plan in which the member invests both member and employer contributions (employer contributions vest over five years at 20 percent per year). Under the MD Plan, members accumulate retirement assets equal to the value of member and vested employer contributions, plus any investment earnings. Members of the MD Plan do not qualify for ancillary benefits.
- Combined (CO) Plan – a cost-sharing, multiple-employer defined benefit pension plan. Under the CO Plan, OPERS invests employer contributions to provide a formula retirement benefit similar in nature to, but less than, the TP Plan benefit. Member contributions, the investment of which is self-directed by the members, accumulate retirement assets in a manner similar to the MD Plan. OPERS provides retirement, disability, survivor and death benefits, and annual cost of living adjustments to members of the CO Plan.

The Ohio Revised Code provides statutory authority for member and employer contributions. For 2014, member and employer contribution rates were consistent across all three plans.

The ADAMH Board's employer contribution rate for 2014 was 14.0%. Member Contribution rates were 10.0%; the employee pick-up percent of covered payroll was 5% in 2014. The ADAMH Board's required contributions to OPERS for the years ended December 31, 2014, 2013 and 2012 were as follows:

	<u>2014</u>	<u>2013</u>	<u>2012</u>
Employer Share	\$ 483,709	\$ 461,684	\$ 471,674
Employee Share, paid by employer	\$ <u>182,105</u>	\$ <u>164,887</u>	\$ <u>168,455</u>
Total Contributions	\$ 665,814	\$ 626,571	\$ 640,129

100 percent has been contributed for all three years.

OPERS issues a stand-alone financial report. Interested parties may obtain a copy by visiting <https://www.opers.org/investments/cafr.shtml>, writing to OPERS, 277 East Town Street, Columbus, OH 43215-4642, or calling 614-222-5601 or 800-222-7377.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 8. – POSTEMPLOYMENT BENEFITS

A. Ohio Public Employees Retirement System

OPERS administers three separate pension plans (see Note 7): the Traditional Pension Plan – a cost sharing, multi-employer defined benefit pension plan; the Member-Directed Plan – a defined contribution plan; and the Combined Plan – a cost-sharing, multi-employer defined benefit pension plan that has elements of both a defined benefit and defined contribution plan.

OPERS maintains a cost-sharing multiple employer defined benefit post-employment health care plan, which includes a medical plan, prescription drug program and Medicare Part B premium reimbursement, to qualifying members of both the Traditional Pension and the Combined Plans. Members of the Member-Directed Plan do not qualify for ancillary benefits, including post-employment health care coverage.

In order to qualify for post-retirement health care coverage, age and service retirees under the Traditional Pension and Combined Plans must have ten or more years of qualifying Ohio service credit. Health care coverage for disability benefit recipients and qualified survivor benefit recipients is available. The health care coverage provided by OPERS meets the definition of an Other Postemployment Benefit (OPEB) as described in GASB Statement No. 45.

The Ohio Revised Code (ORC) permits, but does not mandate, OPERS to provide OPEB benefits to its eligible members and beneficiaries. Authority to establish and amend benefits is provided in ORC Chapter 145.

OPERS issues a stand-alone financial report. Interested parties may obtain a copy via internet at <https://www.opers.org/investments/cafr.shtml> or by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 614-222-5601 or 800-222-7377.

B. Funding Policy

The Ohio Revised Code provides the statutory authority requiring public employers to fund post-retirement health care through their contributions to OPERS. A portion of each employer's contribution to OPERS is set aside for the funding of post-retirement health care benefits.

Employer contribution rates are expressed as a percentage of the covered payroll of active members. In 2014, state and local employers contributed at a rate of 14.0% of covered payroll. This is the maximum employer contribution rates permitted by the Ohio Revised Code. Active members do not make contributions to the OPEB Plan.

OPERS' Post Employment Health Care plan was established under, and is administrated in accordance with, Internal Revenue Code 401(h). Each year, the OPERS Board of Trustees determines the portion of the employer contribution rate that will be set aside for funding of post employment health care benefits. The portion of employer contributions allocated to health care for members in the Traditional Plan was 2.0 percent during calendar year 2014. The portion of employer contributions allocated to health care for members in the Combined Plan was 2.0 percent during calendar year 2014. The portion of employer contributions allocated to health care for the calendar year beginning January 1, 2015 remained the same but they are subject to change based on Board action. Employers will be notified if the portion allocated to health care changes during the calendar year 2015. The OPERS Board of Trustees is also authorized to establish rules for the retiree, or their surviving beneficiaries, to pay a portion of the health care benefits provide. Payment amounts vary depending on the number of covered dependents and the coverage selected.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE BASIC FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2014
(Continued)**

NOTE 8. – POSTEMPLOYMENT BENEFITS (Continued)

The rates stated above are the contractually–required contribution rates for OPERS. The approximate portion of the ADAMH Board’s 2014, 2013, and 2012, required employer contributions used to fund Post–Employment Health Care Benefits were \$69,101, \$32,977, and \$182,894, respectively. 100 percent has been contributed for all three years.

NOTE 9. – RELATED PARTY TRANSACTIONS

The ADAMH Board is reported as a major fund of Franklin County, the primary government. Franklin County provides facilities, certain equipment, and significant interfund transactions exist between the ADAMH Board and Franklin County.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**SCHEDULE OF FEDERAL AWARDS RECEIPTS AND EXPENDITURES
FOR THE YEAR ENDED DECEMBER 31, 2014**

FEDERAL GRANTOR/PASS-THROUGH GRANTOR/PROGRAM TITLE	FEDERAL CFDA NUMBER	GRANT AWARD YEAR	RECEIPTS	DISBURSE- MENTS
U.S. DEPARTMENT OF EDUCATION				
<i>Passed Through Ohio Department of Mental Health and Addiction Services (OMHAS)</i>				
Race to the Top: Early Learning Challenge	84.412A	2015	\$ 18,906	\$ -
TOTAL U.S. DEPARTMENT OF EDUCATION			18,906	-
U.S. DEPARTMENT OF JUSTICE				
<i>Passed Through Ohio Department of Mental Health and Addiction Services (OMHAS)</i>				
Criminal and Juvenile Justice and Mental Health Collaborative Program	16.745	2013	195,065	194,167
TOTAL U.S. DEPARTMENT OF JUSTICE			195,065	194,167
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES/SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION				
<i>Passed Through Ohio Department of Mental Health and Addiction Services (OMHAS)</i>				
Projects for Assistance in Transition from Homelessness (PATH)	93.150	2014, 2015	323,558	326,541
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	2014	61,500	94,013
Social Services Block Grant	93.667	2013, 2014, 2015	795,403	812,770
Block Grants for Community Mental Health Services	93.958	2013, 2014, 2015	994,023	920,855
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2013, 2014, 2015	4,515,143	4,404,966
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES/SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION			6,689,627	6,559,145
TOTAL FEDERAL AWARDS			<u>\$ 6,903,598</u>	<u>\$ 6,753,312</u>

The accompanying notes are an integral part of this schedule.

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**NOTES TO THE SCHEDULE OF FEDERAL AWARDS RECEIPTS AND EXPENDITURES
FISCAL YEAR ENDED DECEMBER 31, 2014**

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

The accompanying Schedule of Federal Awards Receipts and Expenditures (the Schedule) reports the Alcohol, Drug and Mental Health Board of Franklin County (the ADAMH Board's) federal award programs' receipts and disbursements. The Schedule has been prepared on the cash basis of accounting.

NOTE B - SUBRECIPIENTS

The ADAMH Board passes certain federal awards received from the Ohio Department of Mental Health and Addiction Services (OMHAS) to other governments or not-for-profit agencies (subrecipients). As Note A describes, the ADAMH Board reports expenditures of Federal awards to subrecipients when paid in cash.

As a subrecipient, the ADAMH Board has certain compliance responsibilities, such as monitoring its subrecipients to help assure they use these subawards as authorized by laws, regulations, and the provisions of contracts or grant agreements, and that subrecipients achieve the award's performance goals.

NOTE C - MATCHING REQUIREMENTS

Certain Federal programs require the ADAMH Board to contribute non-Federal funds (matching funds) to support the Federally-funded programs. The ADAMH Board has met its matching requirements. The Schedule does not include the expenditure of non-Federal matching funds.



Dave Yost • Auditor of State

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS REQUIRED BY *GOVERNMENT AUDITING STANDARDS*

Alcohol, Drug, and Mental Health Board of Franklin County
Franklin County
447 East Broad Street
Columbus, Ohio 43215

To the Board of Trustees:

We have audited, in accordance with auditing standards generally accepted in the United States and the Comptroller General of the United States' *Government Auditing Standards*, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Alcohol, Drug, and Mental Health Board of Franklin County, Franklin County, Ohio (the ADAMH Board), a blended component unit presented as a major special revenue fund of Franklin County, Ohio, as of and for the year ended December 31, 2014, and the related notes to the financial statements, which collectively comprise the ADAMH Board's basic financial statements and have issued our report thereon dated May 7, 2015.

Internal Control Over Financial Reporting

As part of our financial statement audit, we considered the ADAMH Board's internal control over financial reporting (internal control) to determine the audit procedures appropriate in the circumstances to the extent necessary to support our opinions on the financial statements, but not to the extent necessary to opine on the effectiveness of the ADAMH Board's internal control. Accordingly, we have not opined on it.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, when performing their assigned functions, to prevent, or detect and timely correct misstatements. A *material weakness* is a deficiency, or combination of internal control deficiencies resulting in a reasonable possibility that internal control will not prevent or detect and timely correct a material misstatement of the ADAMH Board's financial statements. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all internal control deficiencies that might be material weaknesses or significant deficiencies. Given these limitations, we did not identify any deficiencies in internal control that we consider material weaknesses. However, unidentified material weaknesses may exist.

Compliance and Other Matters

As part of reasonably assuring whether the ADAMH Board's financial statements are free of material misstatement, we tested its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could directly and materially affect the determination of financial statement amounts. However, opining on compliance with those provisions was not an objective of our audit and accordingly, we do not express an opinion. The results of our tests disclosed no instances of noncompliance or other matters we must report under *Government Auditing Standards*.

Purpose of this Report

This report only describes the scope of our internal control and compliance testing and our testing results, and does not opine on the effectiveness of the ADAMH Board's internal control or on compliance. This report is an integral part of an audit performed under *Government Auditing Standards* in considering the ADAMH Board's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Dave Yost". The signature is written in a cursive style with a large, looping "D" and "Y".

Dave Yost
Auditor of State
Columbus, Ohio

May 7, 2015



Dave Yost • Auditor of State

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO THE MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

Alcohol, Drug, and Mental Health Board of Franklin County
Franklin County
447 East Broad Street
Columbus, Ohio 43215

To the Board of Trustees:

Report on Compliance for the Major Federal Program

We have audited the Alcohol, Drug, and Mental Health Board of Franklin County, Franklin County, Ohio, (the ADAMH Board's) compliance with the applicable requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133, Compliance Supplement* that could directly and materially affect the ADAMH Board's major federal program for the year ended December 31, 2014. The *Summary of Auditor's Results* in the accompanying schedule of findings identifies the ADAMH Board's major federal program.

Management's Responsibility

The ADAMH Board's Management is responsible for complying with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to opine on the ADAMH Board's compliance for the ADAMH Board's major federal program based on our audit of the applicable compliance requirements referred to above. Our compliance audit followed auditing standards generally accepted in the United States of America; the standards for financial audits included in the Comptroller General of the United States' *Government Auditing Standards*; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. These standards and OMB Circular A-133 require us to plan and perform the audit to reasonably assure whether noncompliance with the applicable compliance requirements referred to above that could directly and materially affect the major federal program occurred. An audit includes examining, on a test basis, evidence about the ADAMH Board's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe our audit provides a reasonable basis for our compliance opinion on the ADAMH Board's major program. However, our audit does not provide a legal determination of the ADAMH Board's compliance.

Opinion on the Major Federal Program

In our opinion, the Alcohol, Drug, and Mental Health Board of Franklin County, Franklin County, Ohio complied, in all material respects with the compliance requirements referred to above that could directly and materially affect its major federal program for the year ended December 31, 2014.

Report on Internal Control Over Compliance

The ADAMH Board's management is responsible for establishing and maintaining effective internal control over compliance with the applicable compliance requirements referred to above. In planning and performing our compliance audit, we considered the ADAMH Board's internal control over compliance with the applicable requirements that could directly and materially affect the major federal program, to determine our auditing procedures appropriate for opining on the major federal program's compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not to the extent needed to opine on the effectiveness of internal control over compliance. Accordingly, we have not opined on the effectiveness of the ADAMH Board's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, when performing their assigned functions, to prevent, or to timely detect and correct, noncompliance with a federal program's applicable compliance requirement. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a federal program compliance requirement will not be prevented, or timely detected and corrected. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with federal program's applicable compliance requirement that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

This report only describes the scope of our internal control compliance tests and the results of this testing based on OMB Circular A-133 requirements. Accordingly, this report is not suitable for any other purpose.



Dave Yost
Auditor of State
Columbus, Ohio

May 7, 2015

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
FRANKLIN COUNTY**

**SCHEDULE OF FINDINGS
OMB CIRCULAR A -133 § .505
DECEMBER 31, 2014**

1. SUMMARY OF AUDITOR'S RESULTS

(d)(1)(i)	Type of Financial Statement Opinion	Unmodified
(d)(1)(ii)	Were there any material control weaknesses reported at the financial statement level (GAGAS)?	No
(d)(1)(ii)	Were there any significant deficiencies in internal control reported at the financial statement level (GAGAS)?	No
(d)(1)(iii)	Was there any reported material noncompliance at the financial statement level (GAGAS)?	No
(d)(1)(iv)	Were there any material internal control weaknesses reported for major federal programs?	No
(d)(1)(iv)	Were there any significant deficiencies in internal control reported for major federal programs?	No
(d)(1)(v)	Type of Major Programs' Compliance Opinion	Unmodified
(d)(1)(vi)	Are there any reportable findings under § .510(a)?	No
(d)(1)(vii)	Major Programs (list):	CFDA #93.959 – Block Grants for Prevention and Treatment of Substance Abuse
(d)(1)(viii)	Dollar Threshold: Type A/B Programs	Type A: > \$ 300,000 Type B: all others
(d)(1)(ix)	Low Risk Auditee?	No

**2. FINDINGS RELATED TO THE FINANCIAL STATEMENTS
REQUIRED TO BE REPORTED IN ACCORDANCE WITH GAGAS**

None

3. FINDINGS FOR FEDERAL AWARDS

None

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Dave Yost • Auditor of State

ALCOHOL DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY

FRANKLIN COUNTY

CLERK'S CERTIFICATION

This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

Susan Babbitt

CLERK OF THE BUREAU

**CERTIFIED
JUNE 9, 2015**