



OHIO AUDITOR OF STATE  
**KEITH FABER**





**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
FRANKLIN COUNTY  
DECEMBER 31, 2020**

**TABLE OF CONTENTS**

<b>TITLE</b>	<b>PAGE</b>
Independent Auditor's Report .....	1
Prepared by Management:	
Management's Discussion and Analysis .....	5
Basic Financial Statements:	
Government-wide Financial Statements:	
Statement of Net Position .....	15
Statement of Activities.....	16
Fund Financial Statements:	
Balance Sheet	
All Governmental Funds.....	17
Reconciliation of Total Governmental Fund Balances to Net Position of Governmental Activities .....	18
Statement of Revenues, Expenditures and Changes in Fund Balance Governmental Funds.....	19
Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balances of Governmental Funds to the Statement of Activities.....	20
Statement of Revenues, Expenditures and Changes in Fund Balance - Budget (Non-GAAP Basis) and Actual General Fund.....	21
State Fund.....	22
Federal Mental Health, Alcohol and Drug Fund .....	23
Statement of Changes in Fiduciary Net Position .....	24
Notes to the Basic Financial Statements.....	25
Required Supplementary Information:	
Schedule of the ADAMH Board's Proportionate Share of the Net Pension Liability Ohio Public Employees Retirement System – Traditional Plan .....	48
Schedule of the ADAMH Board Contributions Ohio Public Employees Retirement System – Traditional Plan .....	50
Schedule of the ADAMH Board's Proportionate Share of the Other Post Employment Benefit Liability Ohio Public Employees Retirement System – OPEB .....	52
Schedule of the ADAMH Board Contributions Ohio Public Employees Retirement System – OPEB .....	53

**ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
FRANKLIN COUNTY  
DECEMBER 31, 2020**

**TABLE OF CONTENTS  
(Continued)**

<b>TITLE</b>	<b>PAGE</b>
Schedule of Expenditures of Federal Awards .....	55
Notes to the Schedule of Expenditures of Federal Awards.....	57
Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Required by <i>Government Auditing Standards</i> .....	59
Independent Auditor's Report on Compliance with Requirements Applicable to Each Major Federal Program and on Internal Control Over Compliance Required by the Uniform Guidance .....	61
Schedule of Findings.....	63
Prepared by Management:	
Summary Schedule of Prior Audit Findings .....	65

# OHIO AUDITOR OF STATE KEITH FABER



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## 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, 2020, 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 such 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.

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**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 ADAMH Board, as of December 31, 2020, and the respective changes in financial position thereof and the respective budgetary comparisons for the General; State; and Federal Mental Health, Alcohol and Drug Funds thereof for the year then ended in accordance with the accounting principles generally accepted in the United States of America.

**Emphasis of Matter**

As discussed in Note 1P to the financial statements, during 2020, the financial impact of COVID-19 and the continuing emergency measures will impact subsequent periods of the ADAMH Board. We did not modify our opinion regarding this matter.

**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*, and schedules of net pension and other post-employment benefit liabilities and pension and other post-employment benefit contributions 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 Expenditures of Federal Awards presents additional analysis as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and is 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 information to the auditing procedures we applied to the basic financial statements. We also applied certain additional procedures, including comparing and reconciling this information 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 information 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 July 14, 2021, 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.



Keith Faber  
Auditor of State  
Columbus, Ohio

July 14, 2021

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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, 2020  
(UNAUDITED)

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As management of the Alcohol, Drug and Mental Health Board of Franklin County (“the ADAMH Board”), we are providing this overview of the ADAMH Board’s financial activities for the year ended December 31, 2020. 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, 2020 are as follows:

- The ADAMH Board’s assets and deferred outflows of resources exceeded its liabilities and deferred inflows of resources at the close of 2020 by \$52,341,748. Of this amount, \$15,773,198 is considered restricted.
- As of the close of 2020, the ADAMH Board’s governmental funds reported combined ending restricted fund balances of \$7,740,583.
- As of the close of 2020, the ADAMH Board has cumulated deposit amounts totaling \$52,685,165.

### **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, 2020?” The Statement of Net Position and the Statement of Activities answer this question. These statements include all assets, deferred outflows of resources, liabilities, and deferred inflows of resources 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, 2020  
(UNAUDITED)

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**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 five 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, State Fund and Federal Fund. Data from the other two governmental funds are combined into a single, aggregated presentation. The basic governmental fund financial statements can be found starting on page 17 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 2020 compared to 2019.

ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
FRANKLIN COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED DECEMBER 31, 2020  
(UNAUDITED)

**Table 1 - Net Position**

	<b>Governmental Activities</b>	
	<b>2020</b>	<b>2019</b>
Current and Other Assets	\$123,000,770	\$133,047,511
Capital Assets	2,083,142	2,134,292
<b>Total Assets</b>	<b>\$125,083,912</b>	<b>\$135,181,803</b>
Deferred Outflows of Resources:		
Pension	\$794,142	\$2,232,149
OPEB	\$552,556	\$320,918
<b>Total Deferred Outflows of Resources</b>	<b>\$1,346,698</b>	<b>\$2,553,067</b>
Current Liabilities	\$7,297,923	\$12,168,227
Net Pension Liability	4,728,846	7,322,406
Net OPEB Liability	3,336,211	3,417,512
Long-term Liabilities	909,567	824,242
<b>Total Liabilities</b>	<b>\$16,272,547</b>	<b>\$23,732,387</b>
Deferred Inflows of Resources:		
Property Tax	\$55,812,000	\$55,142,000
Pension	1,373,477	101,776
OPEB	630,838	9,272
<b>Total Deferred Inflows of Resources</b>	<b>\$57,816,315</b>	<b>\$55,253,048</b>
Net Investment in Capital Assets	\$2,083,142	\$2,134,292
Restricted for:		
Health Services	15,773,198	18,675,182
Unrestricted	34,485,408	37,939,961
<b>Total Net Position</b>	<b>\$52,341,748</b>	<b>\$58,749,435</b>

Total assets decreased by \$10,097,891 between 2019 and 2020, while total liabilities decreased by \$7,459,840.

The decrease in assets can be attributed to ADAMH's five year levy strategy to deficit finance for the remainder of the levy cycle. ADAMH is planning to spend down approximately \$50 million in budget stabilization reserves between 2017-2021. The reduction in liabilities is a result of a decrease in provider payables at year-end of about \$4.8 million and a decrease in pension and other post-employment benefit liabilities of almost \$2.7 million.

ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
FRANKLIN COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED DECEMBER 31, 2020  
(UNAUDITED)

**Table 2 - Changes in Net Position**

	<b>Governmental Activities</b>	
	<b><u>2020</u></b>	<b><u>2019</u></b>
Program Revenues:		
Operating Grants and Contributions	\$25,973,706	\$26,056,903
General Revenues:		
Property Taxes	54,919,620	54,200,834
Grants and Entitlements not restricted to specific programs	5,642,989	3,571,150
Other Unrestricted Revenues	2,259	590
<b>Total Revenues</b>	<b><u>\$86,538,574</u></b>	<b><u>\$83,829,477</u></b>
Expenses:		
Health Services	\$83,875,604	\$87,413,060
General Government	9,070,657	9,682,979
<b>Total Expenses</b>	<b><u>\$92,946,261</u></b>	<b><u>\$97,096,039</u></b>
Changes in Net Position	(\$6,407,687)	(\$13,266,562)
Net Position - Beginning	58,749,435	72,015,997
Net Position - Ending	<b><u>\$52,341,748</u></b>	<b><u>\$58,749,435</u></b>

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**

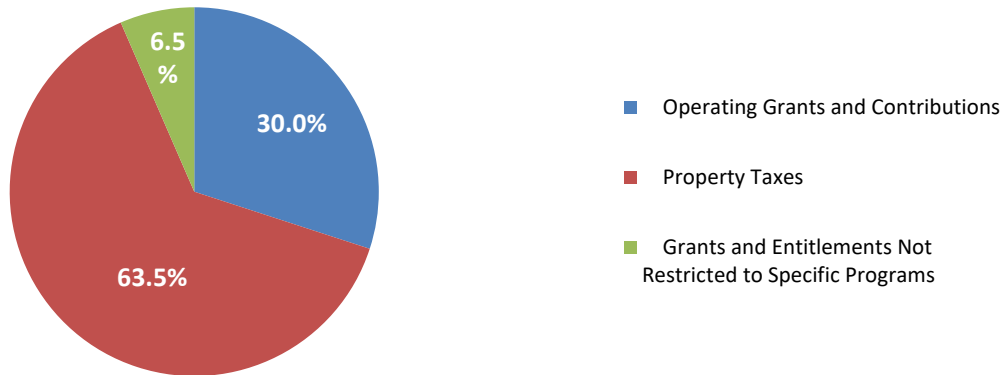
The Statement of Activities shows the cost of program services and the grants associated with those services. The table below reflects the cost of program services and the net cost of those services after taking into account the program revenues. When applicable, the net cost of program services must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

**Table 3 - Functions/Programs**

<b>Functions / Programs</b>	<b><u>2020 Total Cost of Services</u></b>	<b><u>2019 Total Cost of Services</u></b>	<b><u>2020 Net Cost of Services</u></b>	<b><u>2019 Net Cost of Services</u></b>
Governmental Activities:				
Health Services	\$83,875,604	\$87,413,060	\$58,036,334	\$61,551,876
General Government	9,070,657	9,682,979	\$8,936,221	\$9,487,260
<b>Total Governmental Activities</b>	<b><u>\$92,946,261</u></b>	<b><u>\$97,096,039</u></b>	<b><u>\$66,972,555</u></b>	<b><u>\$71,039,136</u></b>

ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
FRANKLIN COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED DECEMBER 31, 2020  
(UNAUDITED)

The ADAMH Board's reliance upon both grants and property taxes is demonstrated by the pie chart below indicating 30.0% of total revenues from operating grants and contributions, approximately 63.5% of revenues from property taxes, and approximately 6.5% 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, above.



Property taxes (\$54.9 million) are generated from a 2.2 mill 5-year levy that began collections in calendar year 2017. Revenues in this category are contingent upon property valuations of residential and commercial real estate.

Grants and entitlements not restricted to specific programs (\$5.6 million) are comprised of State reimbursements of property taxes (real estate, personal property, personal property replacement and manufactured homes). Operating grants and contributions were \$26 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 2020, the ADAMH Board's governmental funds reported a combined ending fund balance of \$47,016,901, a \$4,746,259 (9%) decrease from the prior year.

The schedule below indicates the fund balance and the total change in fund balance as of December 31, 2020.

ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
FRANKLIN COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED DECEMBER 31, 2020  
(UNAUDITED)

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**Table 4 - Changes in Governmental Assets**

	<u>Fund Balance</u> <u>12/31/2020</u>	<u>Fund Balance</u> <u>12/31/2019</u>	<u>Increase /</u> <u>(Decrease)</u>
General Fund	\$39,276,318	\$42,268,639	(\$2,992,321)
State Fund	4,847,578	4,634,048	213,530
Federal Fund	2,263,800	3,735,961	(1,472,161)
Other Governmental Funds	629,205	1,124,512	(495,307)
<b>Total</b>	<u><b>\$47,016,901</b></u>	<u><b>\$51,763,160</b></u>	<u><b>(\$4,746,259)</b></u>

**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 2020, the ADAMH Board amended its General Fund revenue budget throughout the year. For the General Fund, original and final budgeted revenues were \$61,824,372 and \$67,017,853, respectively. Actual revenues for fiscal year 2020 were \$67,067,932. This represents a \$50,079 surplus of final budgeted revenues.

General Fund original and final appropriations were \$83,250,130 and \$83,918,880, respectively. The actual 2020 budget basis expenditures totaled \$75,683,334 (\$8,235,546 less than the budgeted appropriations). Unrealized appropriations can be partially attributed to Providers having until January 31, 2021 to submit claims for contract year 2020 activity. \$3,759,780 of contract year 2020 expenditures did not occur until calendar year 2021.

**CAPITAL ASSETS**

The ADAMH Board's investment in capital assets for its governmental activities as of December 31, 2020 amounts to a total cost of \$4,218,695 or \$2,083,142 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 use disorder treatment facility. Total depreciation for the twelve-month period was \$60,788. Detailed information regarding capital asset activity is included in the Note 4 to the basic financial statements.

ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
FRANKLIN COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED DECEMBER 31, 2020  
(UNAUDITED)

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**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, population growth, 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 socioeconomic and health factors of residents in Franklin County.
  - b. Increasing number of diverse healthcare plans, including national healthcare reform and Medicaid Managed Care Procurement, 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 use disorder) 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 use disorder 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. State sponsored behavior healthcare redesign for the Medicaid program including the transition of managed care organizations;
    - iii. Increased demand for price, quality, transparency, and performance reimbursements; and
    - iv. Insufficient diversity in the workforce, challenges with retaining staff, and inadequate resources to attract new talent.
  - b. Opportunity to partner with primary healthcare providers to develop integrated systems of care that address both the mental health and substance use disorder treatment and physical healthcare needs of the patient.
  - c. Opportunity to continue leveraging telehealth options which have shown an improvement in our provider’s no show rates thus enhancing revenues.
  - d. Sustainability of the current provider system (e.g. network of providers) in light of changing reimbursement structures and the introduction to more for profit providers in the region.

ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
FRANKLIN COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED DECEMBER 31, 2020  
(UNAUDITED)

3. The ADAMH Board envisions the community will be impacted by the following challenges and opportunities:
- a. COVID 19 still is impacting our community.
    - i. CDC guidelines impact our behavior health care providers' ability to utilize their entire facility thus impacting access to care
    - ii. Families are struggling with financial implications from the extended nature of the pandemic despite federal relief in the form of direct payments, rent/housing/utility assistance, unemployment benefits, etc.
    - iii. Long term impact on real estate market and property taxes that could impact levy funds.
  - b. Racism as a public health crisis, ADAMH as well as city and county leadership have recognized that racism is a public health crisis where inequities need to be corrected. The community is in the midst of identifying emerging priorities which may identify needs for funding yet no source of funding has been identified.
  - c. 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. Integration of new models of treatment services that incorporate peer supported environments;
    - v. Faith institutions are being sought by residents seeking a wide range of services (i.e., food, shelter, counseling, youth programs, safety, etc.).
  - d. Increased poverty—more people are in more extreme poverty.
  - e. Increased expectations among all funders for systems to collaborate.
  - f. Continued population growth in the region driving up needs and costs for housing along with general need for healthcare and behavior healthcare services.

4. Levy Revenues

The ADAMH Board's current levy is based on a 2.2 mill 5-year renewal passed by Franklin County voters in 2015. Revenue collections for each year of the currently levy cycle are listed in the table below.

DESCRIPTION	2017	2018	2019	2020
REAL ESTATE TAX	\$53,163,794	\$54,013,811	\$54,275,015	\$55,187,783
PERSONAL PROPERTY TAX	\$73	\$1,820	\$5,238	\$49
HOUSE TRAILER TAX	\$20,573	\$19,788	\$21,581	\$22,788
STATE REIMB-REAL ESTATE TAXES	\$5,787,460	\$5,658,026	\$5,651,842	\$5,672,171
STATE REIMB-MAN HOMES	\$10,718	\$9,021	\$9,682	\$6,047
<b>TOTALS</b>	<b>\$58,982,618</b>	<b>\$59,702,465</b>	<b>\$59,963,358</b>	<b>\$60,888,837</b>



ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
FRANKLIN COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED DECEMBER 31, 2020  
(UNAUDITED)

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On November 3, 2020, Franklin County voters approved a 2.2 mill 5-year renewal with an additional 0.65 mills for the ADAMH Board. Collection of the new levy cycle will begin in 2022 with projected annual revenues of \$81.5 million.

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 purchases on an annual basis beginning in 2015.

The State of Ohio has initiated a Behavioral Healthcare (BH) Redesign project. Per the Ohio Department of Medicaid's website, the BH Redesign project will be "A transformative initiative aimed at rebuilding Ohio's community behavioral health system capacity. Key proposals include adding new services for people with high intensity service and support needs and aligning the procedure codes used by Ohio's behavioral health providers to better integrate physical and behavioral healthcare". Select aspects of the BH Redesign project may have a material impact on future Provider operations and may have financial repercussions with the ADAMH Board.

The State of Ohio selected six health care organizations in April 2021 to lead the evolution of managed care services. These six organizations will begin covering patients in 2022. This "Next Generation" of plans will focus on improving health outcomes, emphasize personalized care, improve care coordination of patients with complex needs, support providers with standardized processes and policies, and lastly increase program transparency and accountability. While the intentions of Ohio Department of Medicaid should lead to improved care for those covered, ADAMH Board expects some of our providers to be challenged with the change and to have some financial challenges.

6. Crisis Care

a. Franklin County Mental Health and Addiction Crisis Center - Franklin County has for many years had an innovative crisis continuum of care that includes crisis phones, mobile teams, and facility-based crisis services. Several factors have led to rising demand for mental health and substance use disorder services, including both increased need among the population and increased training for first-responders in recognizing this need.

As a result, the current system is no longer meeting the needs of the community.

ADAMH partnered with community stakeholders who developed recommendations intended to enhance the continuum of crisis care for adults in Franklin County. The cornerstone of this continuum has been identified as a new crisis stabilization center to serve as the central and preferred destination for adults in Franklin County with mental health and addiction crisis needs. The center shall offer a no wrong door philosophy to ensure anyone who arrives at the center receives services. This new resource is intended to benefit everyone from individuals in crisis and their families to the overcrowded hospitals and first responders currently stretched to their limits.

The development of initial recommendations for the enhancements to Franklin County's continuum of crisis care, including recommendations for programming at the new crisis center, was led by a community steering committee co-chaired by ADAMH. The steering

ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
FRANKLIN COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED DECEMBER 31, 2020  
(UNAUDITED)

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committee formed multiple strategic workgroups which were seated with representative voices from across the community including various community providers, hospitals, first responders, advocacy organizations, and individuals and families with lived experiences in local systems of care.

The work to develop recommendations for ADAMH to consider was driven by a shared vision of quality crisis care. Specifically with respect to the new crisis stabilization center, the steering committee and ADAMH assured planning efforts focused on a safe and secure center with the capacity to serve anyone at any time; programming with a full array of services to support individuals with both mental health and substance use disorders as well as a range of co-existing medical issues; integrating peer support into all levels of care; and programming to facilitate 'warm handoffs' to appropriate community-based care before individuals are discharged. In 2021, ADAMH will select the operator that will provide clinical services in the center. We expect the center to be completed constructed and start delivering care in 2024.

ADAMH also leveraged stakeholder experiences in the pre-crisis center level of care to help us in developing our own strategies to expand mobile response teams and comprehensive call center. Demand for these services have been highlighted in the the City of Columbus Reimagining Public Safety initiative.

As a result of our these crisis care initiatives, ADAMH expects the need to increase our funding of services to meet the demand. Our growth in funding will be driven by our capital investment in the FCMHACC, the shift of patients from the adult serving hospital EDs, and growth of mobile response teams. Several significant factors are unknown. If the selected operator is able to be deemed a Qualified Entity by Ohio Department of Medicaid, then we may see an improvement in number of patients enrolled and covered by Medicaid thus reducing ADAMH's obligation to fund. The Ohio Department of Mental Health and Addiction Services is pursuing funding alternatives for regional call centers which may also reduce ADAMH's obligation to fund this portion of the crisis continuum. ADAMH expects to gain clarity on impacts over the next several years.

#### **CONTACTING THE ADAMH BOARD'S FINANCIAL MANAGEMENT**

This financial report is designed to provide an overview of the ADAMH Board's finances and it's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Mark Lambert, Interim Chief Financial Officer, Alcohol, Drug and Mental Health Board of Franklin County, 447 East Broad Street, Columbus, Ohio 43215-3822, phone number 614-222-3791.

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

**STATEMENT OF NET POSITION  
December 31, 2020**

		<b>Governmental Activities</b>
<b>ASSETS</b>		
Equity with County Treasurer	\$	52,685,165
Accounts receivable		1,248,442
Due from other governments		13,733,163
Property taxes receivable		55,334,000
Capital assets, net of accumulated depreciation:		
Nondepreciable		698,573
Depreciable		1,384,569
		125,083,912
<b>DEFERRED OUTFLOWS OF RESOURCES</b>		
Pension		794,142
OPEB		552,556
		1,346,698
<b>LIABILITIES</b>		
Accrued wages		180,638
Accounts Payable		7,117,285
Long-term liabilities:		
Due within one year		298,000
Due in more than one year:		
Net pension liability		4,728,846
Net OPEB liability		3,336,211
Other amounts due in more than one year		611,567
		16,272,547
<b>DEFERRED INFLOWS OF RESOURCES</b>		
Property Tax		55,812,000
Pension		1,373,477
OPEB		630,838
		57,816,315
<b>NET POSITION</b>		
Net investment in Capital Assets		2,083,142
Restricted for:		
Health Services		15,773,198
Unrestricted		34,485,408
		52,341,748
Total net position	\$	52,341,748
Total liabilities, deferred inflows of resources and net position	\$	126,430,610

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, 2020**

			<b>Net (Expense) □ Revenue and Change In Net Assets</b>
	<b>Program Revenues</b>	<b>Operating Grants and Contributions</b>	<b>Total Governmental Activities</b>
<b>Expenses</b>			
<b>Governmental Activities:</b>			
Health Services	\$ 83,875,604	\$ 25,839,270	\$ (58,036,334)
General Government	9,070,657	134,436	(8,936,221)
Total Governmental Activities	\$ 92,946,261	\$ 25,973,706	\$ (66,972,555)
 <b>General Revenues:</b>			
Property taxes - General Purpose			54,919,620
Grants and Entitlements Not □ Restricted to Specific Programs			5,642,989
Other unrestricted revenues			2,259
Total general revenues			<u>60,564,868</u>
 Change in Net Position			 (6,407,687)
Net position - beginning			58,749,435
Net position - ending			<u>\$ 52,341,748</u>

See accompanying notes to the basic financial statements.

**BALANCE SHEET GOVERNMENTAL FUNDS  
FRANKLIN COUNTY  
BALANCE SHEET  
ALL GOVERNMENTAL FUNDS  
December 31, 2020**

	General Fund	State Fund	Federal Fund	Other Governmental Funds	Total Governmental Funds
<b>ASSETS</b>					
Equity with County Treasurer	\$ 44,513,596	\$ 4,286,761	\$ 3,052,453	\$ 832,355	\$ 52,685,165
Accounts receivable	1,248,442	-	-	-	1,248,442
Due from other Governments	2,784,000	4,093,453	5,307,194	1,548,516	13,733,163
Property taxes receivable	55,334,000	-	-	-	55,334,000
Total assets	<b>\$ 103,880,038</b>	<b>\$ 8,380,214</b>	<b>\$ 8,359,647</b>	<b>\$ 2,380,871</b>	<b>\$ 123,000,770</b>
<b>LIABILITIES</b>					
Accrued wages	\$ 180,638	\$ -	\$ -	\$ -	\$ 180,638
Accounts payable	3,769,751	586,601	2,522,205	238,728	7,117,285
Total liabilities	3,950,389	586,601	2,522,205	238,728	7,297,923
<b>DEFERRED INFLOWS OF RESOURCES</b>					
Unavailable revenues	4,841,331	2,946,035	3,573,642	1,512,938	12,873,946
Property tax	55,812,000	-	-	-	55,812,000
Total deferred inflows of resources	60,653,331	2,946,035	3,573,642	1,512,938	68,685,946
<b>FUND BALANCE</b>					
Restricted - Health Services	-	4,847,578	2,263,800	629,205	7,740,583
Assigned - Health Services	17,827,338	-	-	-	17,827,338
Unassigned	21,448,980	-	-	-	21,448,980
Total fund balances	39,276,318	4,847,578	2,263,800	629,205	47,016,901
Total liabilities, deferred inflows of resources, and fund balances	<b>\$ 103,880,038</b>	<b>\$ 8,380,214</b>	<b>\$ 8,359,647</b>	<b>\$ 2,380,871</b>	<b>\$ 123,000,770</b>

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, 2020**

Total Governmental Fund Balances		\$47,016,901
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.		2,083,142
Other long-term assets are not available to pay for current period expenditures and therefore are deferred in the funds.		12,873,946
Long-term liabilities, including compensated absences, are not due and payable in the current period and therefore are not reported in the funds:		<u>(909,567)</u>
The net pension and OPEB liability is not due and payable in the current period; therefore, the liability and related deferred inflows/outflows are not reported in governmental funds:		
	Deferred Outflows - Pension and OPEB	1,346,698
	Deferred Inflows - Pension and OPEB	(2,004,315)
	Net Pension and OPEB Liability	<u>(8,065,057)</u>
		<u>(8,722,674)</u>
Net Position of Governmental Activities		<u>\$52,341,748</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  
GOVERNMENTAL FUNDS**

For the year ended December 31, 2020

	<b>General Fund</b>	<b>State Fund</b>	<b>Federal Fund</b>	<b>Other Government Funds</b>	<b>Total Governmental Funds</b>
<b>REVENUES</b>					
Property taxes	\$ 54,966,620	\$ -	\$ -	\$ -	\$ 54,966,620
Intergovernmental	11,731,591	8,547,577	9,778,989	923,604	30,981,761
Private Grant	-	-	-	1,687,112	1,687,112
Other	3,259	-	-	-	3,259
Total revenues	<u>66,701,470</u>	<u>8,547,577</u>	<u>9,778,989</u>	<u>2,610,716</u>	<u>87,638,752</u>
<b>Expenditures</b>					
Current Operations					
Health Services	61,309,455	8,334,047	11,251,150	2,980,952	83,875,604
General government	8,384,336	-	-	125,071	8,509,407
Total expenditures	<u>69,693,791</u>	<u>8,334,047</u>	<u>11,251,150</u>	<u>3,106,023</u>	<u>92,385,011</u>
Net change in fund balances	(2,992,321)	213,530	(1,472,161)	(495,307)	(4,746,259)
Fund balances-beginning	<u>42,268,639</u>	<u>4,634,048</u>	<u>3,735,961</u>	<u>1,124,512</u>	<u>51,763,160</u>
Fund balances-ending	<u><b>\$ 39,276,318</b></u>	<u><b>\$ 4,847,578</b></u>	<u><b>\$ 2,263,800</b></u>	<u><b>\$ 629,205</b></u>	<u><b>\$ 47,016,901</b></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, 2020**

**Net Change in Fund Balances - Total Governmental Funds** **(\$4,746,259)**

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:

	Capital Outlay	9,638	
	Depreciation Expense	<u>(60,788)</u>	(51,150)

Revenues in the Statement of Activities that do not provide current financial resources are not reported as revenue in the funds. (1,100,178)

Contractually required contributions are reported as expenditures in governmental funds; however, the Statement of Net Position reports these amounts as deferred outflows. 505,439

Except for amounts reported as deferred inflows/outflows, changes in the net pension liability are reported as pension expense in the Statement of Activities. (621,587)

Except for amounts reported as deferred inflows/outflows, changes in the net OPEB liability are reported as OPEB expense in the Statement of Activities. (308,627)

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. (85,325)

**Changes in Net Position of Governmental Activities** **(\$6,407,687)**

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, 2020**

	<u>Original □ Budget</u>	<u>Final Budget</u>	<u>Budgetary □ Actual</u>	<u>Variance with Final Budget Positive (Negative)</u>
<b>Revenues</b>				
Real Estate Taxes	\$ 54,637,724	\$ 55,320,940	\$ 55,210,620	\$ (110,320)
Intergovernmental	7,186,648	11,696,913	11,854,053	157,140
Other Revenue	-	-	3,259	3,259
Total Revenue	<u>61,824,372</u>	<u>67,017,853</u>	<u>67,067,932</u>	<u>50,079</u>
<b>Expenditures</b>				
Health Services	73,004,999	73,504,999	67,191,682	6,313,317
General Government	10,245,131	10,413,881	8,491,652	1,922,229
Total expenditures	<u>83,250,130</u>	<u>83,918,880</u>	<u>75,683,334</u>	<u>8,235,546</u>
Excess (deficiency) of revenues over (under) expenditures	(21,425,758)	(16,901,027)	(8,615,402)	8,285,625
Other financing sources (uses)				
Advance In	-	242,963	242,963	-
Total other financing sources (uses)	<u>-</u>	<u>242,963</u>	<u>242,963</u>	<u>-</u>
Net change in fund balances	(21,425,758)	(16,658,064)	(8,372,439)	8,285,625
Fund balances - beginning	50,285,035	50,285,035	50,285,035	-
Fund balances - ending	<u>\$ 28,859,277</u>	<u>\$ 33,626,971</u>	<u>\$ 41,912,596</u>	<u>\$ 8,285,625</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 FUND**

For the year ended December 31, 2020

	<u>Original Budget</u>	<u>Final Budget</u>	<u>Budgetary Actual</u>	<u>Variance with Final Budget Positive (Negative)</u>
<b>Revenues</b>				
Intergovernmental	\$ 8,845,250	\$ 8,845,250	\$ 9,612,399	\$ 767,149
Total Revenue	<u>8,845,250</u>	<u>8,845,250</u>	<u>9,612,399</u>	<u>767,149</u>
<b>Expenditures</b>				
Health Services	10,045,033	10,045,033	8,094,329	1,950,704
Total expenditures	<u>10,045,033</u>	<u>10,045,033</u>	<u>8,094,329</u>	<u>1,950,704</u>
Net change in fund balances	<u>(1,199,783)</u>	<u>(1,199,783)</u>	<u>1,518,070</u>	<u>2,717,853</u>
Fund balances - beginning	2,768,691	2,768,691	2,768,691	-
Fund balances - ending	<u><b>\$ 1,568,908</b></u>	<u><b>\$ 1,568,908</b></u>	<u><b>\$ 4,286,761</b></u>	<u><b>\$ 2,717,853</b></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-FEDERAL MENTAL HEALTH, ALCOHOL AND DRUG FUND  
For the year ended December 31, 2020**

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	<b>Original Budget</b>	<b>Final Budget</b>	<b>Budgetary Actual</b>	<b>Variance with Final Budget Positive (Negative)</b>
<b>Revenues</b>				
Intergovernmental	\$ 10,696,564	\$ 10,696,564	\$ 9,494,566	\$ (1,201,998)
Total Revenue	10,696,564	10,696,564	9,494,566	(1,201,998)
<b>Expenditures</b>				
Health Services	11,209,592	11,209,592	9,925,934	1,283,658
Total expenditures	11,209,592	11,209,592	9,925,934	1,283,658
Net change in fund balances	(513,028)	(513,028)	(431,368)	81,660
Fund balances - beginning	3,483,821	3,483,821	3,483,821	-
Fund balances - ending	\$ 2,970,793	\$ 2,970,793	\$ 3,052,453	\$ 81,660

See accompanying notes to the basic financial statements

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

Statement of Changes in Fiduciary Net Position  
Year Ended December 31, 2020

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	<u>Custodial Funds</u>
Additions:	
Intergovernmental	2,689,000
Total additions	<u>\$ 2,689,000</u>
Deductions:	
Payments made to other governments	2,689,000
Total deductions	<u>\$ 2,689,000</u>
Net increase (decrease) in fiduciary net position	-
Net position - beginning	-
Net position - ending	<u>\$ -</u>

See accompanying notes to the basic 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, 2020

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**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 use disorder 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 use disorder.

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 (the 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 established a new fund in 2014 to account for reimbursement of the ADAMH Board’s payroll expenses for COG operations. An interfund loan was established between the General and the COG fund to provide sufficient cash flow for the COG fund. The COG became fully operational in fiscal year 2016.

All remaining members of the COG agreed to cease operations effective 9/30/2020. The \$242,963 interfund loan was paid back into the General Fund in 2020. The COG will formally be dissolved in 2021.

**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.

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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, 2020

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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 Fund* is a special revenue fund used to account for programs funded with proceeds received from the State of Ohio.

The *Federal Fund* is a special revenue fund used to account for programs funded with proceeds received from the Federal Government.

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 Revenues—Deferred Inflows, unavailable revenue arise 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 revenues.

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.

Deferred outflows/inflows of resources for Pension – The Statement of Net Position reports a separate section for deferred outflows and inflows of resources for Pension. Deferred outflows of resources represent a consumption of net position for pension liabilities that applies to a future period and will not be recognized as an outflow of resources (expense) until then. Deferred inflows of resources represents an acquisition of net position for pension that applies to a future period and will not be recognized until that time.

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, 2020

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**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.

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.

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

NOTES TO THE BASIC FINANCIAL STATEMENTS

For the Year Ended December 31, 2020

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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 of resources, 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 2020. 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 2020.

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 2020.

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.



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

NOTES TO THE BASIC FINANCIAL STATEMENTS  
For the Year Ended December 31, 2020

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**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, 2020.

**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 2020 for real and public utility property taxes represents collection of 2019 taxes. Property tax payments received during 2020 for tangible personal property (other than public utility property) are for 2020 taxes.

2020 real property taxes are levied after October 1, 2019, on the assessed value as of January 1, 2019, the lien date. Assessed values are established by state law at 35 percent of appraised market value. 2019 real property taxes are collected in and intended to finance 2020. The total assessed value upon which the 2020 tax collection was based was \$29.6 billion. The full tax rate applied to real property for ADAMH was \$2.20 per \$1,000 of assessed valuation.

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 2020 tax collection was based on was a little over one billion dollars.

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.

"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 2020 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

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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, 2020

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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 six 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.

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.

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

NOTES TO THE BASIC FINANCIAL STATEMENTS  
For the Year Ended December 31, 2020

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**K. Pensions**

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the pension plans and additions to/deductions from their fiduciary net position have been determined on the same basis as they are reported by the pension systems. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. The pension systems report investments at fair value.

**L. 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.

**M. 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.

**N. Net Position**

Net position represents the difference between assets, deferred outflows of resources, liabilities and deferred inflows of resources. Net 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 first when an expense is incurred for purposes for which both restricted and unrestricted net position is available.

**O. 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 2019.

**P. COVID-19**

On March 11, 2020 the Novel Coronavirus Disease (COVID-19), was declared a pandemic by the World Health Organization. On March 13, 2020 a national emergency was declared in the United States concerning the COVID-19 outbreak. This pandemic posed significant challenges for both the ADAMH Board and community providers in Franklin County.

ADAMH sought reimbursement of COVID-19 related expenses (both administrative and on behalf of our network of providers). In 2020, ADAMH received Federal CARES funds totaling \$4,934,462.

ADAMH has made significant fiscal and contractual adjustments with our providers to address the pandemic, including:

Relaxed select contractual requirements (client enrollment, advances, special block grants, claim thresholds and billing terms) to maintain critical services during the pandemic.

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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, 2020

Permit providers to utilize telehealth/telemedicine where appropriate.

Permit providers to repurpose existing allocations (program funds) to address immediate community needs.

**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, State Fund and Federal 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:

**(Deficiency) of Revenues (Under) Expenditures**

	<u>General Fund</u>	<u>State Fund</u>	<u>Federal Fund</u>
<b>Non-GAAP Budgetary Basis</b>	<b>(\$8,372,439)</b>	<b>\$1,518,070</b>	<b>(\$431,368)</b>
<b>Basis Difference</b>			
<b>Net Adjustment for Revenue Accruals</b>	<b>(609,425)</b>	<b>(1,064,822)</b>	<b>284,423</b>
<b>Net Adjustment for Expenditure Accruals</b>	<b>5,989,543</b>	<b>(239,718)</b>	<b>(1,325,216)</b>
<b>GAAP Basis</b>	<b>(\$2,992,321)</b>	<b>\$213,530</b>	<b>(\$1,472,161)</b>

**NOTE 3. – CAPITAL ASSETS**

Governmental capital asset activity for the year ended December 31, 2020, was as follows:

ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY  
GOVERNMENTAL CAPITAL ASSETS  
For the year ended December 31, 2020

Description	Beginning Balance	Additions	Deletions	Ending Balance
Capital Assets not being depreciated:				
Land	\$ 698,573	\$ -	\$ -	\$ 698,573
<b>Total Capital Assets not being depreciated</b>	<b>\$ 698,573</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 698,573</b>
<b>Capital assets, being depreciated:</b>				
Buildings and improvements	\$ 3,223,586	\$ 9,638	\$ -	\$ 3,233,224
Machinery & Equipment	\$ 286,898	\$ -	\$ -	\$ 286,898
<b>Total Capital Assets being depreciated</b>	<b>\$ 3,510,484</b>	<b>\$ 9,638</b>	<b>\$ -</b>	<b>\$ 3,520,122</b>
<b>Less accumulated depreciation for:</b>				
Buildings and improvements	\$ (1,848,156)	\$ (42,838)	\$ -	\$ (1,890,994)
Machinery & Equipment	\$ (226,609)	\$ (17,950)	\$ -	\$ (244,559)
<b>Total</b>	<b>\$ (2,074,765)</b>	<b>\$ (60,788)</b>	<b>\$ -</b>	<b>\$ (2,135,553)</b>
<b>Total capital assets net</b>	<b>\$ 2,134,292</b>	<b>\$ (51,150)</b>	<b>\$ -</b>	<b>\$ 2,083,142</b>

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

NOTES TO THE BASIC FINANCIAL STATEMENTS  
For the Year Ended December 31, 2020

**Expenses**

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

**NOTE 4. – LONG-TERM OBLIGATIONS**

Long-term liability activity for the year ended December 31, 2020, was as follows:

	<b>2020</b>				
	<b>Beginning Balance</b>	<b>Additions</b>	<b>Reductions</b>	<b>Ending Balance</b>	<b>Due In One Year</b>
Compensated Absenses	\$824,242	\$242,979	-\$157,654	\$909,567	\$298,000

**Compensated Absenses**

The ADAMH Board permits employees to accumulate earned but unused vacation and sick leave benefits. Compensated absenses 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 the learning and training period, generally after six 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.

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

NOTES TO THE BASIC FINANCIAL STATEMENTS

For the Year Ended December 31, 2020

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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 in the past three years.

**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 PENSION PLANS**

***Net Pension Liability***

The net pension liability reported on the Statement of Net Position represents a liability to employees for pensions. Pensions are a component of exchange transactions—between an employer and its employees—of salaries and benefits for employee services. Pensions are provided to an employee—on a deferred-payment basis—as part of the total compensation package offered by an employer for employee services each financial period. The obligation to sacrifice resources for pensions is a present obligation because it was created as a result of employment exchanges that already have occurred.

The net pension liability represents the ADAMH Board’s proportionate share of each pension plan’s collective actuarial present value of projected benefit payments attributable to past periods of service, net of each pension plan’s fiduciary net position. The net pension liability calculation is dependent on critical long-term variables, including estimated average life expectancies, earnings on investments, cost of living adjustments and others. While these estimates use the best information available, unknowable future events require adjusting this estimate annually.

Ohio Revised Code limits the ADAMH Board’s obligation for this liability to annually required payments. The ADAMH Board cannot control benefit terms or the manner in which pensions are financed; however, the ADAMH Board does receive the benefit of employees’ services in exchange for compensation including pension.

GASB 68 assumes the liability is solely the obligation of the employer, because (1) they benefit from employee services; and (2) State statute requires all funding to come from these employers. All contributions to date have come solely from these employers (which also includes costs paid in the form of withholdings from employees). State statute requires the pension plans to amortize unfunded liabilities within 30 years. If the amortization period exceeds 30 years, each pension plan’s board must propose corrective action to the State legislature. Any resulting legislative change to benefits or funding could

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

NOTES TO THE BASIC FINANCIAL STATEMENTS

For the Year Ended December 31, 2020

significantly affect the net pension liability. Resulting adjustments to the net pension liability would be effective when the changes are legally enforceable.

The proportionate share of each plan's unfunded benefits is presented as a long-term *net pension liability* on the accrual basis of accounting. Any liability for the contractually-required pension contribution outstanding at the end of the year is included in *intergovernmental payable* on both the accrual and modified accrual bases of accounting.

**Plan Description – Ohio Public Employees Retirement System (OPERS)**

Plan Description – The ADAMH Board employees participate in the Ohio Public Employees Retirement System (OPERS). OPERS administers three separate pension plans. The traditional pension plan is a cost-sharing, multiple-employer defined benefit pension plan. The member-directed plan is a defined contribution plan and the combined plan is a cost-sharing, multiple-employer defined benefit pension plan with defined contribution features. While members (e.g. the ADAMH Board employees) may elect the member-directed plan and the combined plan, substantially all employee members are in OPERS' traditional plan; therefore, the following disclosure focuses on the traditional pension plan.

OPERS provides retirement, disability, survivor and death benefits, and annual cost of living adjustments to members of the traditional plan. Authority to establish and amend benefits is provided by Chapter 145 of the Ohio Revised Code. OPERS issues a stand-alone financial report that includes financial statements, required supplementary information and detailed information about OPERS' fiduciary net position that may be obtained by visiting <https://www.opers.org/financial/reports.shtml>, by writing to the Ohio Public Employees Retirement System, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 800-222-7377.

Senate Bill (SB) 343 was enacted into law with an effective date of January 7, 2013. In the legislation, members were categorized into three groups with varying provisions of the law applicable to each group. The following table provides age and service requirements for retirement and the retirement formula applied to final average salary (FAS) for the three member groups under the traditional plan as per the reduced benefits adopted by SB 343 (see OPERS referenced above for additional information):

Group A	Group B	Group C
Eligible to retire prior to January 7, 2013 or five years after January 7, 2013	20 years of service credit prior to January 7, 2013 or eligible to retire ten years after January 7, 2013	Members not in other Groups and members hired on or after January 7, 2013
State and Local	State and Local	State and Local
<b>Age and Service Requirements:</b>	<b>Age and Service Requirements:</b>	<b>Age and Service Requirements:</b>
Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	Age 57 with 25 years of service credit or Age 62 with 5 years of service credit
<b>Formula:</b>	<b>Formula:</b>	<b>Formula:</b>
2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	2.2% of FAS multiplied by years of service for the first 35 years and 2.5% for service years in excess of 35

Final average Salary (FAS) represents the average of the three highest years of earnings over a member's career for Groups A and B. Group C is based on the average of the five highest years of earnings over a member's career.

Members who retire before meeting the age and years of service credit requirement for unreduced benefits receive a percentage reduction in the benefit amount.

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

NOTES TO THE BASIC FINANCIAL STATEMENTS  
For the Year Ended December 31, 2020

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When a benefit recipient has received benefits for 12 months, an annual cost of living adjustment (COLA) is provided. This COLA is calculated on the base retirement benefit at the date of retirement and is not compounded. For those retiring prior to January 7, 2013, the COLA will continue to be a 3 percent simple annual COLA. For those retiring subsequent to January 7, 2013, beginning in calendar year 2019, the COLA is based on the average percentage increase in the Consumer Price Index, capped at 3 percent.

Funding Policy - The Ohio Revised Code (ORC) provides statutory authority for member and employer contributions as follows:

	State and Local
<b>2020 Statutory Maximum Contribution Rates</b>	
Employer	14.0 %
Employee	10.0 %
 <b>2020 Actual Contribution Rates</b>	
Employer:	
Pension	14.0 %
Post-employment Health Care Benefits	0.0 %
 Total Employer	14.0 %
 Employee	10.0 %

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll.

The ADAMH Board's contractually required contribution was \$505,439 for 2020.

***Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions***

The net pension liability for OPERS was measured as of December 31, 2019, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The ADAMH Board's proportion of the net pension liability was based on the ADAMH Board's share of contributions to the pension plan relative to the contributions of all participating entities. Following is information related to the proportionate share and pension expense:

	OPERS
Proportionate Share of the Net Pension Liability	\$ 4,728,846
Proportionate Share % of the Net Pension Liability	0.02392%
Pension Expense	\$ 121,450

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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, 2020

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At December 31, 2020, the Board reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	OPERS
<b>Deferred Outflows of Resources</b>	
Differences between expected and actual experience	\$ -
Changes of Assumptions	\$ 252,577
Net difference between projected and actual earnings on pension plan investments	
Changes in proportion and differences between Board contributions and proportionate share of contributions	\$ 36,126
Board contributions subsequent to the measurement date	\$ 505,439
Total Deferred Outflows of Resources	\$ 794,142
<b>Deferred Inflows of Resources</b>	
Differences between expected and actual experience	\$ 59,789
Net difference between projected and actual earnings on pension plan investments	\$ 943,300
Changes in proportionate share and differences between Board contributions and proportionate share of contributions	\$ 370,388
Total Deferred Inflows of Resources	\$ 1,373,477

\$505,439 reported as deferred outflows of resources related to pension resulting from the ADAMH Board contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ending December 31, 2021. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pension will be recognized in pension expense as follows:

	OPERS
Year Ending December 31:	
2021	(\$312,365)
2022	(436,921)
2023	39,062
2024	(374,549)
2025	0
Total	(\$1,084,773)

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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, 2020

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**Actuarial Assumptions - OPERS**

Actuarial valuations of an ongoing plan involve estimates of the values of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and cost trends. Actuarially determined amounts are subject to continual review or modification as actual results are compared with past expectations and new estimates are made about the future.

Projections of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employers and plan members) and include the types of benefits provided at the time of each valuation. The total pension liability in the December 31, 2020 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Wage Inflation	3.25 percent
Future Salary Increases, including inflation	3.25 to 10.75 percent including wage inflation
COLA or Ad Hoc COLA (Pre 1/7/13 retirees)	3 percent simple
COLA or Ad Hoc COLA (Post 1/7/13 retirees)	1.4 percent simple through 2020, 2.15 percent simple, thereafter
Investment Rate of Return	7.2 percent
Actuarial Cost Method	Individual Entry Age

Pre-retirement mortality rates are based on the RP-2014 Employees mortality table for males and females, adjusted for mortality improvement back to the observation period base year of 2006. The base year for males and females was then established to be 2015 and 2010, respectively. Post-retirement mortality rates are based on the RP-2014 Healthy Annuitant mortality table for males and females, adjusted for mortality improvement back to the observation period base year of 2006. The base year for males and females was then established to be 2015 and 2010, respectively. Post-retirement mortality rates for disabled retirees are based on the RP-2014 Disabled mortality table for males and females, adjusted for mortality improvement back to the observation period base year of 2006. The base year for males and females was then established to be 2015 and 2010, respectively. Mortality rate for a particular calendar year are determined by applying the MP-2015 mortality scale to the above described table.

The most recent experience study was completed for the five year period ended December 31, 2015.

During 2019, OPERS managed investments in three investment portfolios: the Defined Benefit portfolio, the Health Care portfolio, and the Defined Contribution portfolio. The Defined Benefit portfolio contains the investment assets for the Traditional Pension Plan, the defined benefit component of the Combined Plan and the annuitized accounts of the Member-Directed Plan. Within the Defined Benefit portfolio, contributions into the plans are all recorded at the same time, and benefit payments all occur on the first of the month. Accordingly, the money-weighted rate of return is considered to be the same for all plans within the portfolio. The annual money-weighted rate of return expressing investment performance, net of investment expenses and adjusted for the changing amounts actually invested, for the Defined Benefit portfolio was 17.2% for 2019.

The allocation of investment assets within the Defined Benefit portfolio is approved by the Board as outlined in the annual investment plan. Plan assets are managed on a total return basis with a long-term objective of achieving and maintaining a fully funded status for the benefits provided through the defined benefit pension plans. The long-term expected rate of return on defined benefit investment assets was determined using a building-block method in which best-estimate ranges of expected future real rates of return are developed for each major asset class. These ranges are combined to produce the long-term expected rate

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

NOTES TO THE BASIC FINANCIAL STATEMENTS

For the Year Ended December 31, 2020

of return by weighing the expected future real rates of return by the target asset allocation percentage, adjusted for inflation. Best estimates of arithmetic real rates of return were provided by the Board's investment consultant. For each major asset class that is included in the Defined Benefit portfolio's target asset allocation as of December 31, 2019, these best estimates are summarized in the following table:

<u>Asset Class</u>	<u>Target Allocation</u>	<u>Weighted Average Long-Term Expected Real Rate of Return (Arithmetic)</u>
Fixed Income	25.00%	1.83%
Domestic Equities	19.00	5.75
Real Estate	10.00	5.20
Private Equity	12.00	10.70
International Equities	21.00	7.66
Other Investments	13.00	4.98
<b>Total</b>	<b>100.00%</b>	<b>5.61%</b>

The discount rate used to measure the total pension liability was 7.2%. The projection of cash flows used to determine the discount rate assumed that contributions from plan members and those of the contributing employers are made at the contractually required rates, as actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefits payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

***Sensitivity of the Board's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate***

The following table presents the ADAMH Board's proportionate share of the net pension liability calculated using the current period discount rate assumption of 7.2 percent, as well as what the ADAMH Board's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one-percentage-point lower (6.2 percent) or one-percentage-point higher (8.2 percent) than the current rate:

	1% Decrease (6.2%)	Current Discount Rate (7.2%)	1% Increase (8.2%)
Board's proportionate share of the net pension liability	\$ 7,799,397	\$ 4,728,846	\$ 1,968,510

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

NOTES TO THE BASIC FINANCIAL STATEMENTS  
For the Year Ended December 31, 2020

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**NOTE 8. – DEFINED BENEFIT OPEB PLANS**

***Net OPEB Liability***

The net OPEB liability reported on the statement of net position represents a liability to employees for OPEB. OPEB is a component of exchange transactions—between an employer and its employees—of salaries and benefits for employee services. OPEB are provided to an employee—on a deferred-payment basis—as part of the total compensation package offered by an employer for employee services each financial period. The obligation to sacrifice resources for OPEB is a present obligation because it was created as a result of employment exchanges that already have occurred.

The net OPEB liability represents the ADAMH Board's proportionate share of each OPEB plan's collective actuarial present value of projected benefit payments attributable to past periods of service, net of each OPEB plan's fiduciary net position. The net OPEB liability calculation is dependent on critical long-term variables, including estimated average life expectancies, earnings on investments, cost of living adjustments and others. While these estimates use the best information available, unknowable future events require adjusting these estimates annually.

Ohio Revised Code limits the ADAMH Board's obligation for this liability to annually required payments. The ADAMH Board cannot control benefit terms or the manner in which OPEB are financed; however, the ADAMH Board does receive the benefit of employees' services in exchange for compensation including OPEB.

GASB 75 assumes the liability is solely the obligation of the employer, because they benefit from employee services. OPEB contributions come from these employers and health care plan enrollees which pay a portion of the health care costs in the form of a monthly premium. The Ohio revised Code permits, but does not require the retirement systems to provide healthcare to eligible benefit recipients. Any change to benefits or funding could significantly affect the net OPEB liability. Resulting adjustments to the net OPEB liability would be effective when the changes are legally enforceable. The retirement systems may allocate a portion of the employer contributions to provide for these OPEB benefits.

The proportionate share of each plan's unfunded benefits is presented as a long-term net OPEB liability on the accrual basis of accounting. Any liability for the contractually-required OPEB contribution outstanding at the end of the year is included in intergovernmental payable on both the accrual and modified accrual bases of accounting.

***Plan Description – Ohio Public Employees Retirement System (OPERS)***

Plan Description - The Ohio Public Employees Retirement System (OPERS) administers three separate pension plans: the traditional pension plan, a cost-sharing, multiple-employer defined benefit pension plan; the member-directed plan, a defined contribution plan; and the combined plan, a cost-sharing, multiple-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 trust, which funds multiple health care plans including medical coverage, prescription drug coverage and deposits to a Health Reimbursement Arrangement to qualifying benefit recipients of both the traditional pension and the combined plans. This trust is also used to fund health care for member-directed plan participants, in the form of a Retiree Medical Account (RMA). At retirement or refund, member directed plan participants may be eligible for reimbursement of qualified medical expenses from their vested RMA balance.

In order to qualify for postemployment health care coverage, age and service retirees under the traditional pension and combined plans must have twenty 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 Post Employment Benefit

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

NOTES TO THE BASIC FINANCIAL STATEMENTS

For the Year Ended December 31, 2020

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(OPEB) as described in GASB Statement 75. See OPERS' CAFR referenced below for additional information.

The Ohio Revised Code permits, but does not require OPERS to provide health care to its eligible benefit recipients. Authority to establish and amend health care coverage is provided to the Board in Chapter 145 of the Ohio Revised Code.

Disclosures for the health care plan are presented separately in the OPERS financial report. Interested parties may obtain a copy by visiting <https://www.opers.org/financial/reports.shtml>, by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling (614) 222-5601 or 800-222-7377.

Funding Policy - The Ohio Revised Code provides the statutory authority requiring public employers to fund postemployment health care through their contributions to OPERS. When funding is approved by OPERS Board of Trustees, a portion of each employer's contribution to OPERS is set aside to fund OPERS health care plans.

Employer contribution rates are expressed as a percentage of the earnable salary of active members. In 2019, state and local employers contributed at a rate of 14.0 percent of earnable salary and public safety and law enforcement employers contributed at 18.1 percent. These are the maximum employer contribution rates permitted by the Ohio Revised Code. Active member contributions do not fund health care.

Each year, the OPERS Board determines the portion of the employer contribution rate that will be set aside to fund health care plans. As recommended by OPERS' actuary, the portion of employer contributions allocated to health care beginning January 1, 2018 decreased to 0 percent for both plans. The OPERS Board is also authorized to establish rules for the retiree or their surviving beneficiaries to pay a portion of the health care provided. Payment amounts vary depending on the number of covered dependents and the coverage selected. The employer contribution as a percentage of covered payroll deposited into the RMA for participants in the Member-Directed Plan for 2019 was 4.0 percent.

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The ADAMH Board's contractually required contribution was \$372,409 for 2020.

***OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB***

The net OPEB liability and total OPEB liability for OPERS were determined by an actuarial valuation as of December 31, 2018, rolled forward to the measurement date of December 31, 2019, by incorporating the expected value of health care cost accruals, the actual health care payment, and interest accruals during the year. The Entity's proportion of the net OPEB liability was based on the entity's share of contributions to the retirement plan relative to the contributions of all participating entities. Following is information related to the proportionate share and OPEB expense:

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

NOTES TO THE BASIC FINANCIAL STATEMENTS  
For the Year Ended December 31, 2020

	OPERS
Proportion of the Net OPEB Liability:	
Current Measurement Date	0.02415%
Prior Measurement Date	0.02621%
Change in Proportionate Share	-0.00206%
Proportionate Share of the Net Pension Liability	\$3,336,211
OPEB Expense	\$681,036

At December 31, 2020, the Entity reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	OPERS
<b>Deferred Outflows of Resources</b>	
Differences between expected and actual experience	\$89
Changes of assumptions	528,086
Net difference between projected and actual earnings on pension plan investments	
Changes in proportion and differences between Board contributions and proportionate share of contributions	24,380
Board contributions subsequent to the measurement date	0
Total Deferred Outflows of Resources	\$552,555
<b>Deferred Inflows of Resources</b>	
Differences between expected and actual experience	\$305,112
Net difference between projected and actual earnings on pension plan investments	169,878
Changes in proportionate share and differences between Board contributions and proportionate share of contributions	155,848
Total Deferred Inflows of Resources	\$630,838

\$0.00 reported as deferred outflows of resources related to OPEB resulting from Entity contributions subsequent to the measurement date will be recognized as a reduction of the net OPEB liability in 2021. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

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

NOTES TO THE BASIC FINANCIAL STATEMENTS  
For the Year Ended December 31, 2020

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	OPERS
Year Ending December 31:	
2021	\$16,921
2022	(22,749)
2023	136
2024	(72,591)
2025	0
Total	(\$78,283)

**Actuarial Assumptions - OPERS**

Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and cost trends. Actuarially determined amounts are subject to continual review or modification as actual results are compared with past expectations and new estimates are made about the future.

Projections of health care costs for financial reporting purposes are based on the substantive plan (the plan as understood by the employers and plan members) and include the types of coverage provided at the time of each valuation and the historical pattern of sharing of costs between the system and plan members. The total OPEB liability was determined by an actuarial valuation as of December 31, 2018, rolled forward to the measurement date of December 31, 2019.

The actuarial valuation used the following key actuarial assumptions and methods applied to all prior periods included in the measurement in accordance with the requirements of GASB 74:

Wage Inflation		3.25 percent
Projected Salary Increases, including inflation	3.25 to 10.75 percent including wage inflation	
Single Discount Rate		3.16 percent
Investment Rate of Return		6.00 percent
Municipal Bond Rate		2.75
Health Care Cost Trend Rate	10.5 percent initial, 3.5 percent ultimate in 2030	
Actuarial Cost Method		Individual entry age normal

Pre-retirement mortality rates are based on the RP-2014 Employees mortality table for males and females, adjusted for mortality improvement back to the observation period base year of 2006. The base year for males and females was then established to be 2015 and 2010, respectively. Post-retirement mortality rates are based on the RP-2014 Healthy Annuitant mortality table for males and females, adjusted for mortality improvement back to the observation period base year of 2006. The base year for males and females was then established to be 2015 and 2010, respectively. Post-retirement mortality rates for disabled retirees are based on the RP-2014 Disabled mortality table for males and females, adjusted for mortality improvement back to the observation period base year of 2006. The base year for males and females was then established to be 2015 and 2010, respectively. Mortality rates for a particular calendar year are determined by applying the MP-2015 mortality improvement scale to the above described tables.

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

NOTES TO THE BASIC FINANCIAL STATEMENTS  
For the Year Ended December 31, 2020

The most recent experience study was completed for the five year period ended December 31, 2015.

The long-term expected rate of return on health care investment assets was determined using a building-block method in which best-estimate ranges of expected future real rates of return are developed for each major asset class. These ranges are combined to produce the long-term expected real rate of return by weighting the expected future real rates of return by the target asset allocation percentage, adjusted for inflation.

During 2019, OPERS managed investments in three investment portfolios: the Defined Benefit portfolio, the Health Care portfolio and the Defined Contribution portfolio. The Health Care portfolio includes the assets for health care expenses for the Traditional Pension Plan, Combined Plan and Member-Directed Plan eligible members. Within the Health Care portfolio, if any contributions are made into the plans, the contributions are assumed to be received continuously throughout the year based on the actual payroll payable at the time contributions are made. Health care-related payments are assumed to occur mid-year. Accordingly, the money-weighted rate of return is considered to be the same for all plans within the portfolio. The annual money-weighted rate of return expressing investment performance, net of investment expenses and adjusted for the changing amounts actually invested for the Health Care portfolio was 19.7 percent for 2019.

The allocation of investment assets within the OPERS Health Care portfolio is approved by the Board as outlined in the annual investment plan. Assets are managed on a total return basis with a long-term objective of continuing to offer a sustainable health care program for current and future retirees. The System's primary goal is to achieve and maintain a fully funded status for the benefits provided through the defined pension plans. Health care is a discretionary benefit. The long-term expected rate of return on health care investment assets was determined using a building-block method in which best-estimate ranges of expected future real rates of return are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighing the expected future real rates of return by the target asset allocation percentage, adjusted for inflation. Best estimates of arithmetic real rates of return were provided by the Board's investment consultant. For each major asset class that is included in the Health Care portfolio's target asset allocation as of December 31, 2019, these best estimates are summarized in the following table:

<u>Asset Class</u>	<u>Target Allocation</u>	<b>Weighted Average Long-Term Expected Real Rate of Return (Arithmetic)</b>
Fixed Income	36.00%	1.53%
Domestic Equities	21.00	5.75
REITs	6.00	5.69
International Equities	23.00	7.66
Other Investments	14.00	4.90
<b>Total</b>	<b>100.00%</b>	<b>4.55%</b>

**Discount Rate** A single discount rate of 3.16 percent was used to measure the OPEB liability on the measurement date of December 31, 2019. Projected benefit payments are required to be discounted to their actuarial present value using a single discount rate that reflects (1) a long-term expected rate of return on OPEB plan investments (to the extent that the health care fiduciary net position is projected to be sufficient to pay benefits), and (2) tax-exempt municipal bond rate based on an index of 20-year general obligation bonds with an average AA credit rating as of the measurement date (to the extent that the



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

NOTES TO THE BASIC FINANCIAL STATEMENTS

For the Year Ended December 31, 2020

contributions for use with the long-term expected rate are not met). This single discount rate was based on the actuarial assumed rate of return on the health care investment portfolio of 6.00 percent and a municipal bond rate of 2.75 percent. The projection of cash flows used to determine this single discount rate assumed that employer contributions will be made at rates equal to the actuarially determined contribution rate. Based on these assumptions, the health care fiduciary net position and future contributions were sufficient to finance health care costs through the year 2034. As a result, the actuarial assumed long-term expected rate of return on health care investments was applied to projected costs through the year 2034, and the municipal bond rate was applied to all health care costs after that date.

**Sensitivity of the ADAMH Board's Proportionate Share of the Net OPEB Liability to Changes in the Discount Rate** The following table presents the ADAMH Board's proportionate share of the net OPEB liability calculated using the single discount rate of 3.16 percent, as well as what the ADAMH Board's proportionate share of the net OPEB liability would be if it were calculated using a discount rate that is one-percentage-point lower (2.16 percent) or one-percentage-point higher (4.16 percent) than the current rate:

	1% Decrease (2.16%)	Current Discount Rate (3.16%)	1% Increase (4.16%)
ADAMH Board's proportionate share of the net OPEB liability	\$4,365,967	\$3,336,211	\$2,511,711

**Sensitivity of the ADAMH Board's Proportionate Share of the Net OPEB Liability to Changes in the Health Care Cost Trend Rate** Changes in the health care cost trend rate may also have a significant impact on the net OPEB liability. The following table presents the net OPEB liability calculated using the assumed trend rates, and the expected net OPEB liability if it were calculated using a health care cost trend rate that is 1.0 percent lower or 1.0 percent higher than the current rate.

Retiree health care valuations use a health care cost-trend assumption with changes over several years built into that assumption. The near-term rates reflect increases in the current cost of health care; the trend starting in 2020 is 10.50 percent. If this trend continues for future years, the projection indicates that years from now virtually all expenditures will be for health care. A more reasonable alternative is the health plan cost trend will decrease to a level at, or near, wage inflation. On this basis, the actuaries project premium rate increases will continue to exceed wage inflation for approximately the next decade, but by less each year, until leveling off at an ultimate rate, assumed to be 3.50 percent in the most recent valuation.

	1% Decrease	Current Health Care Cost Trend Rate Assumption	1% Increase
ADAMH Board's proportionate share of the net OPEB liability	\$3,237,762	\$3,336,211	\$3,433,404

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

NOTES TO THE BASIC FINANCIAL STATEMENTS  
For the Year Ended December 31, 2020

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**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.

**NOTE 10. – TAX ABATEMENTS**

Pursuant to Governmental Accounting Standards Board (GASB) Statement No. 77, *Tax Abatement Disclosures*, the County is required to disclose certain information about tax abatements as defined in the Statement. For purposes of GASB Statement 77, a tax abatement is a reduction in tax revenues that results from an agreement between one or more governments and an individual or entity in which (a) one or more governments promise to forgo tax revenues to which they are otherwise entitled and (b) the individual or entity promises to take a specific action after the agreement has been entered into that contributes to economic development or otherwise benefits the local government or its citizens. A description of each of the abatement programs utilized in the County follows.

***Community Reinvestment Area (CRA) Program***

The Ohio Community Reinvestment Area program is an economic development tool administered by municipal and county governments that provides real property tax exemptions for property owners who renovate existing or construct new buildings. Community Reinvestment Areas (CRA) are areas of land in which property owners can receive tax incentives for investing in real property improvements. In order to use the Community Reinvestment program, a city, village, or county petitions to the Ohio Development Services Agency (ODSA) for confirmation of a geographical area in which investment in housing has traditionally been discouraged. Once the area is confirmed by the Director of ODSA, communities may offer real property tax exemptions to taxpayers that invest in that area.

The type of development is determined by specifying the eligibility of residential, commercial and/or industrial projects. The local governments negotiate property tax exemptions on new property tax from investment for up to one hundred percent for up to fifteen years based on the amount of investments made to renovate or construct buildings within a CRA. Taxes are abated as the increase in assessed value resulting from the investment is not included (or included at a lesser amount) in the assessed value used for property tax computation for the taxpayer. For commercial projects, job retention and/or creation is also required. Agreements must be in place before the project begins. Provisions for recapturing property tax exemptions, which can be used at the discretions of the local governments, are pursuant to ORC Section 9.66(C)(1) and 9.66(C)(2).

***Enterprise Zone Program***

The Ohio Enterprise Zone Program is an economic development tool administered by municipal and county governments that provides real property tax exemptions to businesses making investments in Ohio. Enterprise zones are designated areas of land in which businesses can receive tax incentives in the form of tax exemptions on eligible new investment. The Enterprise Zone Program can provide tax exemptions for a portion of the value of new real property investment when the investment is made in conjunction with a project that includes job creation. Existing land values and existing building values are not eligible. The zone's geographic area is identified by the local communities involved in the creation of the zone. Once a zone is defined, the local legislative authority participating in the creation must petition the Director of ODSA. The Director must then certify the area for it to become an active Enterprise Zone. Local communities may offer tax incentives for non-retail projects that are establishing or expanding operations in the State of Ohio. Tax incentives are negotiated at the local level, and an enterprise zone agreement must be in place before the project begins.

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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, 2020

Businesses located in an Enterprise Zone may negotiate exemptions on new property tax from investment for up to seventy-five percent for ten years. For commercial projects, job retention and/or creation is also required. Taxes are abated as the increase in assessed value resulting from the investment is not included (or included at a lesser amount) in the assessed value used for property tax computation for the taxpayer. Agreements must be in place before the project begins. Pursuant to the terms of such agreements, if the actual number of employee positions created or retained by the business in any three-year period during which the agreement is in effect is not equal to or greater than seventy-five percent of the number of employee positions estimated to be created or retained under the agreement, the business shall repay the amount of taxes on property that would have been payable had the property not been exempted. In addition, the local governments may terminate or modify the exemptions from taxation granted under the agreement if the terms of the agreement are not met.

***Environmental Protection Agency (EPA) Program***

The air and noise pollution control tax exemption program was originally established by legislation in 1963. The program allows property owners to receive tax exemptions for the installation of air or noise pollution control property and is administered by the Ohio Department of Taxation. As part of the tax exemption application process, the Ohio EPA is required to provide a technical evaluation and review of any property sought for tax exemption status.

A summary of the ADAMH property taxes foregone by the County for abatement programs within the County for the year ended December 31, 2020 follows:

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<u>Program</u>	<u>Amount</u>
Community Reinvestment Areas	\$2,464,051
Enterprise Zones	173,659
EPA	52,547
	<u>\$2,690,257</u>

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

**REQUIRED SUPPLEMENTARY INFORMATION  
SCHEDULE OF THE ADAMH BOARD'S PROPORTIONAL SHARE OF THE NET PENSION LIABILITY  
OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM - TRADITIONAL PLAN  
LAST SEVEN YEARS**

	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
ADAMH Board's Proportion of the Net Pension Liability	0.02392%	0.02674%	0.02607%	0.02560%
ADAMH Board's Proportionate Share of the Net Pension Liability	\$4,728,847	\$7,322,406	\$4,089,360	\$5,813,368
ADAMH Board's Covered Payroll	\$3,572,407	\$3,565,893	\$3,393,677	\$3,507,700
ADAMH Board's Proportionate Share of the Net Pension Liability as a Percentage of its Covered Payroll	132.37%	205.35%	120.50%	165.73%
Plan Fiduciary Net Position as a Percentage of the Total Pension Liability	82.17%	74.70%	84.66%	77.25%

Notes: Although this schedule is intended to reflect information for ten years, information prior to 2014 is not available. An additional column will be added each year.

<u>2016</u>	<u>2015</u>	<u>2014</u>
0.02722%	0.02698%	0.02698%
\$4,713,997	\$3,254,579	\$3,181,069
\$3,358,092	\$3,294,875	\$3,297,746
140.38%	98.78%	96.46%
81.10%	86.45%	86.36%

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

**REQUIRED SUPPLEMENTAL INFORMATION  
SCHEDULE OF THE ADAMH BOARD CONTRIBUTIONS  
OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM - TRADITIONAL PLAN  
LAST EIGHT YEARS**

	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>
Contractually Required Contribution	\$505,439	\$500,137	\$499,225	\$441,178	\$420,924
Contributions in Relation to the Contractually Required Contribution	<u>505,439</u>	<u>500,137</u>	<u>499,225</u>	<u>441,178</u>	<u>420,924</u>
Contribution Deficiency (Excess)	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
ADAMH Board's Covered Payroll	\$3,610,279	\$3,572,407	\$3,565,893	\$3,393,677	\$3,507,700
Contributions as a Percentage of Covered Payroll	14.0%	14.0%	14.0%	13.0%	12.0%

Notes: Although this schedule is intended to reflect information for ten years, information prior to 2013 is not available. An additional column will be added each year.

<u>2015</u>	<u>2014</u>	<u>2013</u>
\$402,971	\$395,385	\$428,707
<u>402,971</u>	<u>395,385</u>	<u>428,707</u>
<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
\$3,358,092	\$3,294,875	\$3,297,746
12.0%	12.0%	13.0%

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

**REQUIRED SUPPLEMENTARY INFORMATION  
SCHEDULE OF THE ADAMH BOARD'S PROPORTIONAL SHARE OF THE OTHER POST EMPLOYMENT BENEFIT  
OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM - OPEB  
LAST FOUR YEARS**

	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
ADAMH Board's Proportion of the Net OPEB Liability	0.02613%	0.02555%	0.02555%	0.02544%
ADAMH Board's Proportionate Share of the Net OPEB Liability	\$3,336,211	\$3,417,512	\$2,774,870	\$2,567,164
ADAMH Board's Covered Payroll	\$3,572,407	\$3,565,893	\$3,393,677	\$3,507,700
ADAMH Board's Proportionate Share of the Net OPEB Liability as a Percentage of its Covered Payroll	93.4%	95.8%	81.8%	73.2%
Plan Fiduciary Net Position as a Percentage of the Total Pension Liability	47.80%	46.33%	54.14%	54.50%

Notes: Although this schedule is intended to reflect information for ten years, information prior to 2017 is not available. An additional column will be added each year.

Amounts presented as the ADAMH's measurement date which is the prior year end.



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

**REQUIRED SUPPLEMENTAL INFORMATION  
SCHEDULE OF THE ADAMH BOARD CONTRIBUTIONS  
OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM - OPEB  
LAST FIVE YEARS**

	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>
Contractually Required Contribution	\$0	\$0	\$0	\$33,937	\$70,154
Contributions in Relation to the Contractually Required Contribution	<u>0</u>	<u>0</u>	<u>0</u>	<u>33,937</u>	<u>70,154</u>
Contribution Deficiency (Excess)	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
ADAMH Board's Covered Payroll	\$3,610,279	\$3,572,407	\$3,565,893	\$3,393,677	\$3,507,700
Contributions as a Percentage of Covered Payroll	0.0%	0.0%	0.0%	1.0%	2.0%

Notes: Although this schedule is intended to reflect information for ten years, information prior to 2016 is not available. An additional column will be added each year.

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

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2020**

FEDERAL GRANTOR/PASS-THROUGH GRANTOR/PROGRAM TITLE	FEDERAL CFDA NUMBER	PASS THROUGH ENTITY IDENTIFYING NUMBER	DISBURSEMENTS PASSED THROUGH TO SUBRECIPIENTS	DISBURSEMENTS
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES/SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION</b>				
<i>Passed Through Ohio Department of Mental Health and Addiction Services (OMHAS)</i>				
Projects for Assistance in Transition from Homelessness (PATH)	93.150	1900684 Direct	57,517	57,517
Projects for Assistance in Transition from Homelessness (PATH)	93.150	2000376 Direct	219,333	219,333
	<b>93.150 Total</b>		<u>276,850</u>	<u>276,850</u>
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	N/A	306,585	306,585
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	N/A	39,939	39,939
	<b>93.243 Total</b>		<u>346,524</u>	<u>346,524</u>
Social Services Block Grant	93.667	N/A	4	4
Social Services Block Grant	93.667	N/A	784,315	784,315
Social Services Block Grant	93.667	N/A	197,578	197,578
	<b>93.667 Total</b>		<u>981,897</u>	<u>981,897</u>
Medical Assistance Program	<b>93.778</b>	N/A	370,930	370,931
	<b>93.778 Total</b>		<u>370,930</u>	<u>370,931</u>
Opioid STR	93.788	2000465 Direct	500,000	500,000
Opioid STR	93.788	1900854 Direct	(24,401)	(24,401)
Opioid STR	93.788	1900417 Direct	50,866	50,866
Opioid STR	93.788	2000412 Direct	951,509	951,509
Opioid STR	93.788	1900767 Direct	145,729	145,729
	<b>93.788 Total</b>		<u>1,623,703</u>	<u>1,623,703</u>
Block Grants for Community Mental Health Services	93.958	N/A	326,799	326,799
Block Grants for Community Mental Health Services	93.958	N/A	113,741	113,741
Block Grants for Community Mental Health Services	93.958	N/A	462,979	462,979
Block Grants for Community Mental Health Services	93.958	N/A	1,100	1,100
Block Grants for Community Mental Health Services	93.958	N/A	1,100	1,100
Block Grants for Community Mental Health Services	93.958	N/A	40,725	40,725
	<b>93.958 Total</b>		<u>946,444</u>	<u>946,444</u>
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	1,431,295	1,431,295
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	18,026	18,026
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	546,925	546,925
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	667,602	667,602
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	2,183	2,183
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	532,752	532,752
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2000042 Pass-Thru	253,223	253,223
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2000043 Pass-Thru	8,869	8,869
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	4,434	4,434
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2000047 Pass-Thru	66,509	66,509
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2000076 Pass-Thru	45,400	45,400
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2000269 Pass-Thru	90,216	90,216
Block Grants for Prevention and Treatment of Substance Abuse	93.959	1900290 Pass-Thru	105,873	105,873
Block Grants for Prevention and Treatment of Substance Abuse	93.959	1900777-Pass-Thru	30,860	30,860
Block Grants for Prevention and Treatment of Substance Abuse	93.959	1900296 Pass-Thru	46,439	46,439
Block Grants for Prevention and Treatment of Substance Abuse	93.959	1900343 Pass-Thru	308,313	308,313
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2000078 Pass-Thru	671,009	671,009
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	167,602	167,602
Block Grants for Prevention and Treatment of Substance Abuse	93.959	1900235 Pass-Thru	18,839	18,839
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2000259 Pass-Thru	75,354	75,354
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2100164 Pass-Thru	37,677	37,677
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2100021 Pass-Thru	50,835	50,835
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2100048 Pass-Thru	28,375	28,375
Block Grants for Prevention and Treatment of Substance Abuse	93.959	2100016 Pass-Thru	72,806	72,806
	<b>93.959 Total</b>		<u>5,281,416</u>	<u>5,281,416</u>
<b>TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES/SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION - FEDERAL AWARDS</b>			<b>9,827,764</b>	<b>9,827,765</b>

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

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2020 (Continued)

FEDERAL GRANTOR/PASS-THROUGH GRANTOR/PROGRAM TITLE	FEDERAL CFDA NUMBER	PASS THROUGH ENTITY IDENTIFYING NUMBER	DISBURSEMENTS PASSED THROUGH TO SUBRECIPIENTS	DISBURSEMENTS
<b>HOMELAND SECURITY</b>				
Crisis Counseling	97.032		400	400
Crisis Counseling	97.032		50,267	50,267
	<b>97.032 Total</b>		50,667	50,667
<b>TOTAL HOMELAND SECURITY FEDERAL AWARDS</b>			<b>50,667</b>	<b>50,667</b>
<b>DEPARTMENT OF JUSTICE</b>				
Criminal and Juvenile Justice and Mental Health Collaboration Program	16.745		47,499	47,499
	<b>16.745 Total</b>		47,499	47,499
<b>TOTAL DEPARTMENT OF JUSTICE FEDERAL AWARDS:</b>			<b>47,499</b>	<b>47,499</b>
<b>US DEPARTMENT OF THE TREASURY:</b>				
<i>Passed Through Franklin County, Ohio</i>				
COVID-19 Coronavirus Relief Fund (CARES Act)	21.019		15,962	15,962
COVID-19 Coronavirus Relief Fund (CARES Act)	21.019		4,500,000	4,500,000
			4,515,962	4,515,962
<b>TOTAL US DEPARTMENT OF THE TREASURY:</b>			<b>4,515,962</b>	<b>4,515,962</b>
<b>TOTAL FEDERAL AWARDS</b>			<b>14,441,892</b>	<b>14,441,892</b>

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

**NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
2 CFR 200.510(b)(6)  
FOR THE YEAR ENDED DECEMBER 31, 2020**

**NOTE A – BASIS OF PRESENTATION**

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of the Alcohol, Drug and Mental Health Board of Franklin County (the ADAMH Board's) under programs of the federal government for the year ended December 31, 2020. The information on this Schedule is prepared in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the ADAMH Board, it is not intended to and does not present the financial position or changes in net position of the ADAMH Board.

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Expenditures reported on the Schedule are reported on the cash basis of accounting. Such expenditures are recognized *following, as applicable, either the cost principles contained in OMB Circular A-87 Cost Principles for Local Governments (codified in 2 CFR Part 225) or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures may or may not be allowable or may be limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. The ADAMH Board has elected not to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

**NOTE C - SUBRECIPIENTS**

The ADAMH Board passes certain federal awards received from the Ohio Department of Mental Health and Addiction Services to other governments or not-for-profit agencies (subrecipients). As Note B 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 D - 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.

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# OHIO AUDITOR OF STATE KEITH FABER



88 East Broad Street, 5<sup>th</sup> Floor  
Columbus, Ohio 43215-3506  
(614) 466-3402 or (800) 443-9275  
CentralRegion@ohioauditor.gov

## 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, (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, 2020, 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 July 14, 2021, wherein we noted the financial impact of COVID-19 and the continuing emergency measures will impact subsequent periods of the ADAMH Board.

### ***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) as a basis for designing 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 financial statements. 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 report is not suitable for any other purpose.



Keith Faber  
Auditor of State  
Columbus, Ohio

July 14, 2021



# OHIO AUDITOR OF STATE KEITH FABER



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## INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO THE MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

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's (the ADAMH Board), a blended component unit presented as a major special revenue fund of Franklin County, Ohio, compliance with the applicable requirements described in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could directly and materially affect the Alcohol, Drug, and Mental Health Board of Franklin County's major federal program for the year ended December 31, 2020. 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 federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal program.

### ***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 the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). These standards and the Uniform Guidance 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 a 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, a blended component unit presented as a major special revenue fund of 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, 2020.

***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 a major federal program, to determine our auditing procedures appropriate for opining on each major federal program's compliance and to test and report on internal control over compliance in accordance with the Uniform Guidance, 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 over compliance tests and the results of this testing based on Uniform Guidance requirements. Accordingly, this report is not suitable for any other purpose.



Keith Faber  
Auditor of State  
Columbus, Ohio

July 14, 2021

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

**SCHEDULE OF FINDINGS  
2 CFR § 200.515  
DECEMBER 31, 2020**

**1. SUMMARY OF AUDITOR'S RESULTS**

<b>(d)(1)(i)</b>	<b>Type of Financial Statement Opinion</b>	Unmodified
<b>(d)(1)(ii)</b>	<b>Were there any material weaknesses in internal control reported at the financial statement level (GAGAS)?</b>	No
<b>(d)(1)(ii)</b>	<b>Were there any significant deficiencies in internal control reported at the financial statement level (GAGAS)?</b>	No
<b>(d)(1)(iii)</b>	<b>Was there any reported material noncompliance at the financial statement level (GAGAS)?</b>	No
<b>(d)(1)(iv)</b>	<b>Were there any material weaknesses in internal control reported for major federal programs?</b>	No
<b>(d)(1)(iv)</b>	<b>Were there any significant deficiencies in internal control reported for major federal programs?</b>	No
<b>(d)(1)(v)</b>	<b>Type of Major Programs' Compliance Opinion</b>	Unmodified
<b>(d)(1)(vi)</b>	<b>Are there any reportable findings under 2 CFR § 200.516(a)?</b>	No
<b>(d)(1)(vii)</b>	<b>Major Programs (list):</b>	CFDA 21.019 – COVID-19 Coronavirus Relief Fund (CARES Act)
<b>(d)(1)(viii)</b>	<b>Dollar Threshold: Type A/B Programs</b>	Type A: > \$ 750,000 Type B: all others
<b>(d)(1)(ix)</b>	<b>Low Risk Auditee under 2 CFR § 200.520?</b>	Yes

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

None

**3. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS**

None

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**Peggy Anderson**, Chair  
**Sharon McCloy-Reichard**, Vice Chair  
**Nathan P. Wymer**, Treasurer  
**Trudy Bartley**, Secretary

**Erika Clark Jones**, CEO

Africentric Personal Development Shop, Inc.  
 Alvis, Inc.  
 Amethyst, an Alvis Recovery Program  
 Central Ohio Area Agency on Aging (COAAA)  
 Columbus Public Health, Alcohol & Drug Services Program  
 Columbus Urban League  
 Community for New Direction (CND)  
 Community Housing Network  
 CompDrug/Youth to Youth  
 Concord Counseling Services  
 Directions for Youth & Families (DFYF)  
 Franklin County LOSS  
 HandsOn Central Ohio  
 Heartland High School  
 House of Hope, Inc.  
 Huckleberry House  
 LifeTown-Friendship Circle  
 LSS CHOICES for Victims of Domestic Violence  
 Maryhaven, Inc.  
 Mental Health America of Ohio  
 NAMI Franklin County  
 National Church Residences  
 Nationwide Children's Hospital's Big Lots Behavioral Health Services  
 Netcare Access  
 North Central Mental Health Services  
 North Community Counseling Centers  
 OhioGuidestone  
 PrimaryOne Health  
 Southeast Healthcare  
 St. Vincent Family Center  
 Syntero  
 The Buckeye Ranch  
 The Heritage of Hannah Neil  
 The Ohio State University Wexner Medical Center  
 The P.E.E.R. Center  
 The Village Network  
 Twin Valley Behavioral Healthcare (TVBH)  
 Urban Minority Alcoholism & Drug Abuse Outreach Program of Franklin County, Inc. (UMADAOPFC)



**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS**  
**2 CFR 200.511(b)**  
**DECEMBER 31, 2020**

<b>Finding Number</b>	<b>Finding Summary</b>	<b>Status</b>	<b>Additional Information</b>
2019-001	Finding for Recovery – Alcohol Reimbursement	Fully Corrected	The finding for recovery was fully repaid during the fiscal year 2019 audit.

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# OHIO AUDITOR OF STATE KEITH FABER



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

**FRANKLIN COUNTY**

**AUDITOR OF STATE OF OHIO CERTIFICATION**

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



**Certified for Release 7/27/2021**

88 East Broad Street, Columbus, Ohio 43215  
Phone: 614-466-4514 or 800-282-0370

This report is a matter of public record and is available online at  
[www.ohioauditor.gov](http://www.ohioauditor.gov)