

Hamilton County Mental Health and Recovery Services Board



Basic Financial Statements

December 31, 2014



Dave Yost • Auditor of State

Board of Trustees
Hamilton County Mental Health and Recovery Services Board
2350 Auburn Ave
Cincinnati, Ohio 45219

We have reviewed the *Independent Auditor's Report* of the Hamilton County Mental Health and Recovery Services Board, Hamilton County, prepared by Plattenburg & Associates, Inc., for the audit period July 1, 2013 through December 31, 2014. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

Our review was made in reference to the applicable sections of legislative criteria, as reflected by the Ohio Constitution, and the Revised Code, policies, procedures and guidelines of the Auditor of State, regulations and grant requirements. The Hamilton County Mental Health and Recovery Services Board is responsible for compliance with these laws and regulations.

A handwritten signature in black ink that reads "Dave Yost".

Dave Yost
Auditor of State

August 6, 2015

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Hamilton County Mental Health and Recovery Services Board

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the major fund of the Hamilton County Mental Health and Recovery Services Board (the Board) as of and for the 18 months ended December 31, 2014, and the related notes to the financial statements, which collectively comprise the Board's basic financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Board, as of December 31, 2014, and the respective changes in financial position for the 18 months then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note 1 to the financial statements, the financial statements present only the activities of the Hamilton County Mental Health and Recovery Services Board and do not purport to, and do not, present fairly the financial position of the County of Hamilton, Ohio, as of December 31, 2014, the changes in its financial position, or, where applicable, its cash flows for the 18 months then ended in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Also, as described in Note 1, the Hamilton County Mental Health and Recovery Services Board has converted its financial reporting period from a June 30th year end to a December 31st year end and has prepared the accompanying financial statements covering an 18 month period. Therefore, the accompanying financial statements are not comparable with the financial statements issued by the Board in prior years using a 12 month financial reporting period. Our opinion is not modified with respect to this matter.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, and budgetary comparison information be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated June 18, 2015, on our consideration of the 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. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion 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 Board's internal control over financial reporting and compliance.

Plattenburg & Associates, Inc.

Plattenburg & Associates, Inc.

Cincinnati, Ohio

June 18, 2015

MANAGEMENT'S DISCUSSION AND ANALYSIS (Unaudited)



These financial statements represent the 18 months ended December 31, 2014. Due to the elevation of Medicaid, as well as, reductions in State funding, the majority of the HCMHR SB's budget now includes funding sources that are reported to funders on a calendar year basis. Therefore, the HCMHR SB has converted its financial reporting period from a June 30th year-end to a December 31st year-end. In order to implement the conversion, and after consultation with the Auditor of State's Office, the HCMHR SB Board of Trustees approved an eighteen-month budget covering the period July 1, 2013 through December 31, 2014. The differing fiscal year-ends, as well as, the number of months being reported, will limit our ability to report on significant variances.

This discussion and analysis provides key information from management highlighting the overall financial performance of the Hamilton County Mental Health and Recovery Services Board (HCMHR SB) for the 18 months ended December 31, 2014. This is meant to be an easily readable summary of the most important financial information regarding the accompanying financial statements. Please read it in conjunction with the HCMHR SB's financial statements.

Financial and Budgetary Highlights

Major financial and budgetary highlights for the 18 months ended December 31, 2014 are:

- 91% of all expenditures made during the period were related to payments to Providers. See chart on page 9 of this Management's Discussion & Analysis (MD&A).
- Agency Provider Contracts were \$11.9 million less than projected (See Budget to Actual Comparison on page 31) due primarily to the following:

HOPE Program expenditures were \$3.7 million less than budgeted. The HOPE Program is a collaborative project between the HCMHR SB and the Hamilton County Departments of Job and Family Services (HCDJFS), Developmental Disabilities, and Juvenile Court. The four systems are collectively known as the Multi-County Systems Agency (MCSA). The HOPE Program provides care coordination for children and youth involved in two or more Hamilton County systems. The HCMHR SB serves as the fiscal agent for the MCSA. The HOPE budget is funded with pooled funds from all four systems.

Family Access to Integrated Recovery (FAIR) Program expenditures were \$2.6 million less than budgeted. The FAIR Program is a collaborative project between the HCMHR SB and the HCDJFS that provides assessment and care management for adults and children with behavioral health needs involved with HCDJFS. The HCMHR SB serves as the fiscal agent for the FAIR program. The budget includes funds from both HCDJFS and the HCMHR SB.

Expenditures for Medicaid-like services were \$4.5 million less than budgeted. Effective January 1, 2014, the State's controlling board approved the expansion of Medicaid which raised the eligibility to 138% of the poverty level. As a result of the expansion, Medicaid became a larger payor source for mental health and addiction services than ever before. Medicaid services are paid by the Ohio Department of Job and Family Services.

- The "Total Net Position" found on the *Statement of Net Position* at year-end was \$35.3 million. Of this amount, \$28.4 million is unrestricted and may be used to meet the HCMHR SB's ongoing obligations to consumers and creditors. See chart on page 6 of this MD&A.
- The Mental Health and Recovery Services Fund balance was \$26.6 million. Of that amount, \$20.3 million is considered non-spendable, committed and assigned, leaving \$6.3 million unassigned.

OVERVIEW OF THE BASIC FINANCIAL STATEMENTS

This discussion and analysis is intended to serve as an introduction to the HCMHR SB's basic financial statements. The HCMHR SB's financial statements are comprised of three components: (1) government-wide financial statements, (2) fund financial statements, and (3) notes to the financial statements.

GOVERNMENT-WIDE FINANCIAL STATEMENTS – The government-wide financial statements are designed to provide readers with a broad overview of the HCMHR SB's finances in a manner similar to a private-sector business.

The Statement of Net Position – This presents information on all of the HCMHR SB's assets, deferred inflows of resources, and liabilities, with the difference between assets and the combination of deferred inflows and liabilities, reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the HCMHR SB is improving or deteriorating.

HCMHR SB
Management's Discussion and Analysis
18 Months Ended December 31, 2014
Unaudited

The Statement of Activities – This presents information showing how the HCMHR SB's net position changed during the most recent period. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in previous or future fiscal years (e.g. uncollected taxes and earned but unused vacation leave).

Program Expenses – The HCMHR SB's expenses are for the provision of community mental health and alcohol and drug addiction services. These expenses include Agency Provider Contracts, Building Management – SAMAD, Salaries, Benefits and Taxes, Operating Expenses, Depreciation, Auditor and Treasurer Fees and State Direct Payments. Also, for the 18 months ended December 31, 2014, the HCMHR SB Board of Trustees approved a new expense category titled "Council of Governments/SHARES". This new account represents the HCMHR SB's membership payments to the Three C Recovery and Health Care Network Council of Governments (COG). The COG is comprised of the HCMHR SB, the Franklin ADAMH Board and the Cuyahoga ADAMHS Board. The purpose of the COG is to create a Shared Healthcare and Recovery Enterprise System (SHARES), to support management of client enrollment, benefit management, provider contracting, payment processes and utilization management for the member Boards.

Program Revenues – These revenues include Family Services and Treatment Levy, Health and Hospital Indigent Care Levy, State and Federal Grants, Inter-County and State Direct Payments.

General Revenues – These revenues include Property Taxes Levied for Mental Health, Grants and Contributions Not Restricted to Specific Programs, Capital & Rental Income and Miscellaneous.

FUND FINANCIAL STATEMENTS – The accounts of the HCMHR SB are organized on the basis of funds. A fund is an independent fiscal and accounting entity with a self-balancing set of accounts. Fund accounting segregates funds according to their intended purpose and is used to aid management in carrying on specific activities or attaining certain objectives in accordance with special regulations, restrictions or limitations.

Governmental Fund Types – Unlike the government-wide financial statements, governmental fund financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating the HCMHR SB's near-term financing requirements.

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for government activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the government's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and change in fund balance provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

**HCMHRSB
Management’s Discussion and Analysis
18 Months Ended December 31, 2014
Unaudited**

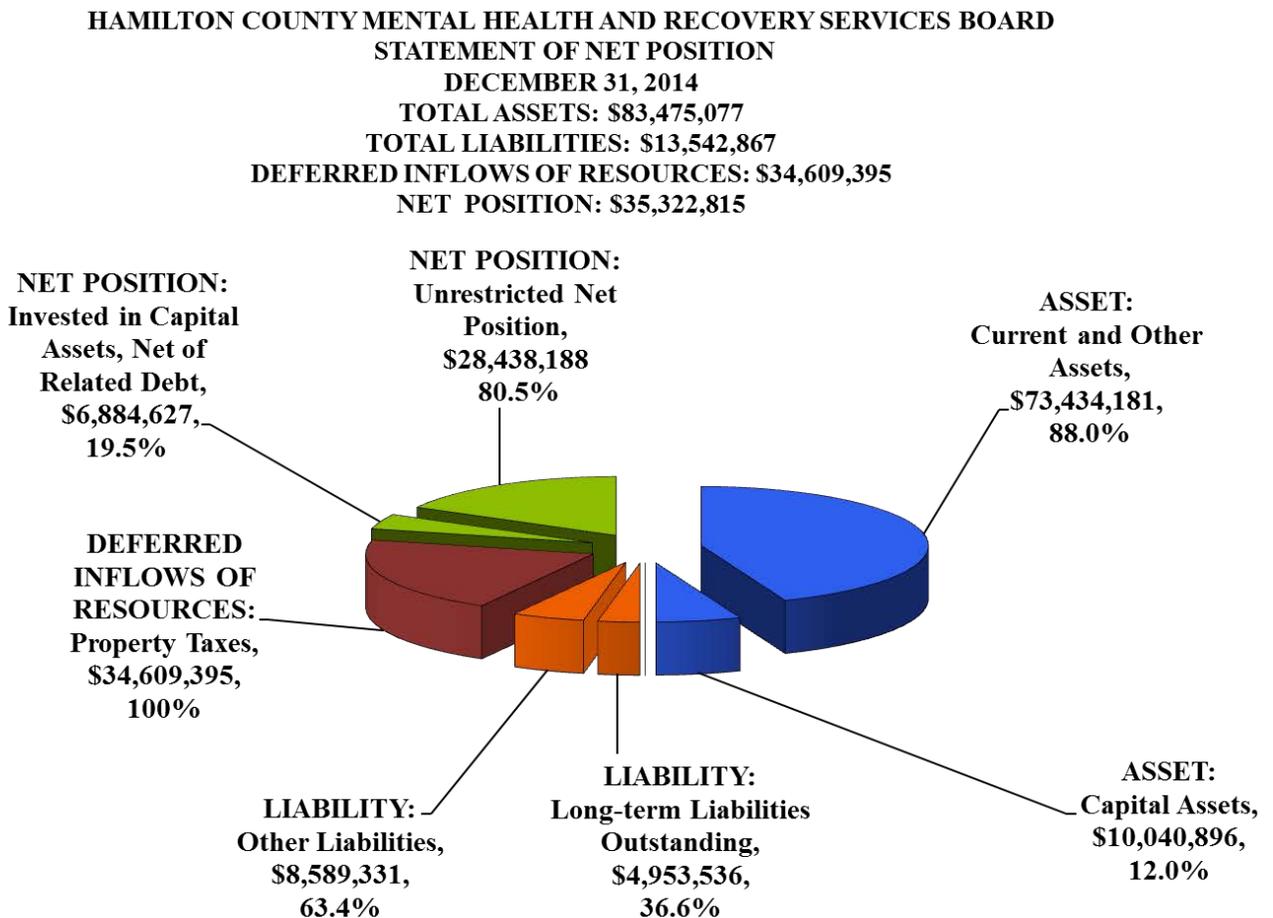
The HCMHRSB accounts for its activities using one governmental fund and that is the Mental Health and Recovery Services Fund. This fund is used to account for all financial resources relating to the operations of the community-wide mental health and alcohol and drug addiction systems.

NOTES TO THE FINANCIAL STATEMENTS – The notes provide additional information that is essential to understanding the data provided in the government-wide and fund financial statements.

GOVERNMENT-WIDE FINANCIAL ANALYSIS

A. Governmental Net Position at Year-End

The following chart, table, and subsequent analysis present a condensed summary of the HCMHRSB’s overall financial position as of June 30, 2013 and December 31, 2014.



HCMHRSB
Management's Discussion and Analysis
18 Months Ended December 31, 2014
Unaudited

Assets/ Liabilities/ Net position	Statement of Net Position FY 2013	Statement of Net Position December 31, 2014	Statement of Net Position Var. Incr. (Decr.)	State. Of N.P. % of Variance Incr. (Decr.)
Current and other assets	\$ 70,008,847	73,434,181	\$ 3,425,334	4.9%
Capital assets	10,676,579	10,040,896	(635,683)	-6.0%
Total assets	80,685,426	83,475,077	2,789,651	3.5%
Long-term liabilities outstanding	5,398,180	4,953,536	(444,644)	-8.2%
Other liabilities	10,916,822	8,589,331	(2,327,491)	-21.3%
Total liabilities	16,315,002	13,542,867	(2,772,135)	-17.0%
Property taxes	34,034,159	34,609,395	575,236	1.7%
Total deferred inflows of resources	34,034,159	34,609,395	575,236	1.7%
Net Position:				
Invested in capital assets, net of related debt	6,043,955	6,884,627	840,672	13.9%
Unrestricted	24,292,310	28,438,188	4,145,878	17.1%
Total net position	\$ 30,336,265	\$ 35,322,815	\$ 4,986,550	16.4%

Total Assets –\$2.8 million & 3.5% Increase:

Primary causes of the increase in Assets are:

- An increase in Equity in Pooled Cash of \$6.9 million and a related decrease in Due From Other Governments of \$4.3 million:

During the 18 months ended December 31, 2014, the HCMHRSB received \$1.6 million from the HCDJFS to reimburse FAIR expenses incurred during the prior period ended June 30, 2013. Those revenues were accrued as of June 30, 2013 and recorded as Due From Other Governments on the June 30, 2013 audited statements.

During the 18 months ended December 31, 2014, the HCMHRSB received \$1.2 million from the MCSA to reimburse HOPE program expenses incurred during the prior period ended June 30, 2013. Those revenues were accrued as of June 30, 2013 and recorded as Due From Other Governments on the June 30, 2013 audited statements.

During the 18 months ended December 31, 2014, the HCMHRSB received \$2.5 million from the Ohio Department of Mental Health and Addiction Services (OhioMHAS) related to expenses incurred during the prior period ended June 30, 2013. Those revenues were accrued as of June 30, 2013 and recorded as Due From Other Governments on the June 30, 2013 audited statements.

HCMHRSB
Management's Discussion and Analysis
18 Months Ended December 31, 2014
Unaudited

Also contributing to the increase in Equity in Pooled Cash was an increase in the Mental Health Levy cash balance of \$2.9. This increase was the result of Medicaid expansion as discussed previously in this MD&A. The cash balance will be used in the final two years of the Levy cycle (2016 and 2017) to offset anticipated State funding cuts.

Total Deferred Inflows of Resources - \$575 thousand & 1.7% Increase

Effective July 1, 2013, the HCMHRSB implemented GASB Statement No. 65. The Statement establishes accounting and financial reporting standards that reclassify, as *deferred outflows of resources and deferred inflows of resources*, certain items that were previously reported as assets and liabilities and recognizes, as outflows of resources or inflows of resources, certain items that were previously reported as assets and liabilities.

As a result of the implementation of GASB Statement No. 65, property taxes measurable at year-end, which are intended to finance the subsequent year's operations, have been reclassified from a liability to a new financial statement category titled *deferred inflow of resources*. The implementation of the GASB has no effect on the HCMHRSB's beginning net position/fund balance. For comparative purposes, the chart above reflects the reclassification of property taxes for the prior period ending June 30, 2013. There is no significant variance between the two reporting periods.

Total Liabilities – \$2.8 million & 17% Decrease:

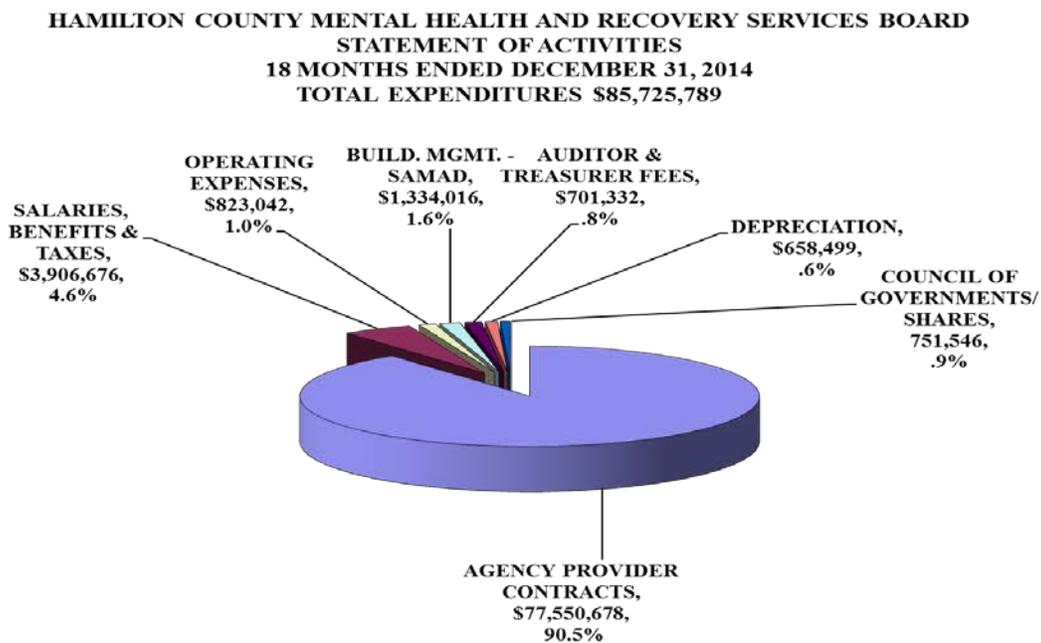
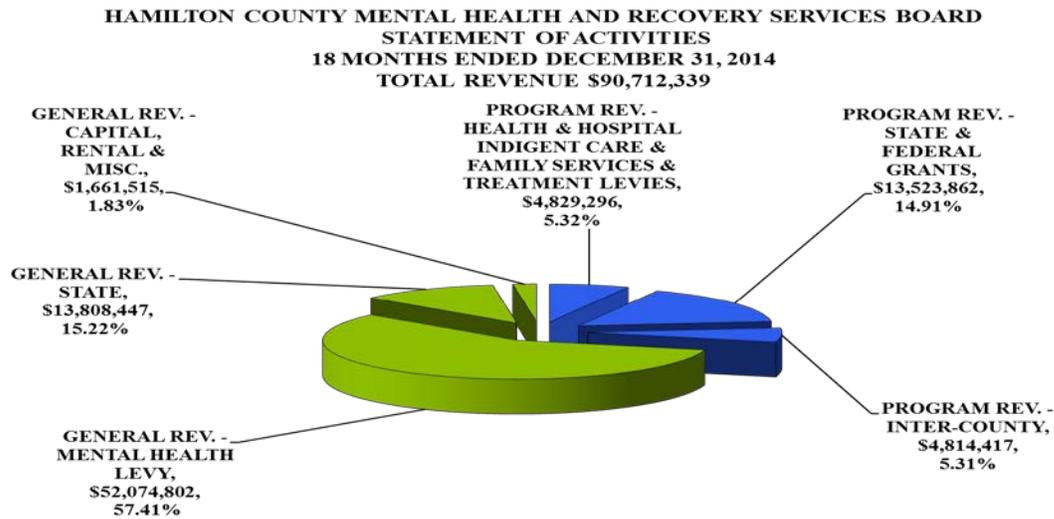
Primary causes of the decrease in Liabilities are:

- A decrease in Contracts Payable of \$2.4 million due primarily to the expansion of Medicaid as discussed previously in this MD&A.
- A decrease in Long Term Liabilities of \$444 thousand due to decrease in Mortgages Payable (\$365 thousand) and Compensated Absences (\$79 thousand).

HCMHRSB
Management's Discussion and Analysis
18 Months Ended December 31, 2014
Unaudited

B. Governmental Activities during the 18 months ended December 31, 2014

The following chart, table, and subsequent analysis present a condensed summary of the HCMHRSB's activities during the 18 months ended December 31, 2014 and the resulting change in net position.



As stated earlier, differing fiscal year-ends, as well as, the number of months being reported limits the ability to compare current period revenue and expenditures to the prior audit period. Revenues and expenditure information for the 18 months ended December 31, 2014 include:

HCMHRSB
Management's Discussion and Analysis
18 Months Ended December 31, 2014
Unaudited

Revenues/ Program Expenses/ Change in Net Position	Statement of Activities December 31, 2014
Revenues	
Total Program Revenues	23,167,575
Total General Revenues	67,544,764
Total Revenues	90,712,339
Total Program Expenses	
	85,725,789
Incr. (Decr.) in net position	4,986,550
Net position, begin. of year	30,336,265
Net position, end of year	\$ 35,322,815

Total Program Revenues – \$23.2 million:

- Program Revenues are composed of:
 - a. State and federal grants (\$12.7 million)
 - b. In-County revenue (\$4.8 million)
 - c. Health and hospital indigent care levy (\$2.9 million)
 - d. Family services and treatment levy (\$1.9 million)
 - e. State direct payments (\$777 thousand)

Total General Revenues - \$67.5 million:

- General revenues are comprised of:
 - a. Property taxes levied for mental health (\$52.1 million)
 - b. Grant and contributions not restricted to specific programs (\$13.8 million)
 - c. Capital and rental income (\$1.6 million)
 - d. Miscellaneous revenue (\$102 thousand)

Total Program Expenses – \$85.7 million:

- Program expenses are comprised of:
 - a. Agency provider contracts (\$76.8 million)
 - b. Salaries, benefits, and taxes (\$3.9 million)
 - c. Building management – SAMAD (\$1.3 million)
 - d. Operating expenses (\$823 thousand)
 - e. State direct payments (\$777 thousand)
 - f. Council of governments/SHARES (\$752 thousand)
 - g. Depreciation (\$658 thousand)

HCMHRSB
Management's Discussion and Analysis
18 Months Ended December 31, 2014
Unaudited

FINANCIAL ANALYSIS OF THE MAJOR FUND

Governmental Funds

The focus of the HCMHRSB's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the HCMHRSB's financing requirements. In particular, the unassigned fund balance may serve as a useful measure of the HCMHRSB's net resources available for spending as of December 31, 2014. The HCMHRSB has one governmental fund and that is the Mental Health and Recovery Services Fund. All activity of the HCMHRSB is reported in this fund.

- ***Mental Health and Recovery Services Fund*** – The fund balance as of December 31, 2014 was \$26.6 million including \$11 million of unassigned fund balance. The Mental Health and Recovery Services fund balance equals approximately 5.6 months of total governmental fund expenditures.

CAPITAL ASSET AND DEBT ADMINISTRATION

Capital Assets

As of December 31, 2014, the HCMHRSB had \$10 million invested in a broad range of capital assets, including land, buildings and equipment. See Note 4 to the financial statements for more details.

**Capital Assets at Year-End
(Net of Depreciation)**

Capital Assets At Year-End Net of Depreciation	Capital Asset Activities FY 2013	Capital Asset Activities December 31, 2014	Capital Asset Act. Variance Incr. (Decr.)	Capital Asset Act. % of Var. Incr. (Decr.)
Land	\$ 1,771,972	\$ 1,771,972	\$ -	0.0%
Construction in progress	-	-	-	0.0%
Buildings	8,898,845	8,259,062	\$ (639,783)	-7.2%
Furniture and equipment	5,762	9,862	\$ 4,100	71.2%
Total Capital Assets	\$ 10,676,579	\$ 10,040,896	\$ (635,683)	-6.0%

The net decrease is caused by the required recognition of the depreciation expense for the 18 months ended December 31, 2014.

HCMHR SB
Management's Discussion and Analysis
18 Months Ended December 31, 2014
Unaudited

Long-Term Liabilities

A summary of long-term liabilities is located in Note 7.

The primary long-term debt of the HCMHR SB is related to its mortgage payable obligations. The mortgages payable of the HCMHR SB consist of loan contracts made with the OhioMHAS (\$3.3 million mental health and \$928 thousand alcohol and drug). These loan contracts are for the purchase and/or improvement of various properties in the County for use in providing mental health and/or alcohol and drug addiction services.

Required payments for accrued vacation and sick leave in the event of employee retirement or layoff, as well as accrued vacation in the event of employee resignation, constitute \$686 thousand of the HCMHR SB's long-term obligations.

ECONOMIC FACTORS

The HCMHR SB is watching closely as the State Fiscal Year 2016-2017 biennial budget moves through the legislature. While some targeted funding remains, the \$47.5 million 507 line-item was deleted. Key areas include Medicaid expansion, services to individuals with mental health and substance abuse issues that are also involved in the criminal justice system, and a new focus on recovery services. Despite increasing OhioMHAS funding levels overall, it appears that line item 421, which is used for local board funding will see a decrease of approximately \$6 million. The final budget is expected to be passed by July 1, 2015.

The HCMHR SB's Journey to Successful Living (JOURNEY) project is in its final year (6th) of the \$9 million SAMHSA grant. The project supports the successful transitions to adulthood of youth and young adults struggling with serious mental health issues. Although the project is in the final year of grant funding, the HCMHR SB is committed to exploring all available alternatives for sustaining the success of the project.

Since 2005, the numbers of individuals served in our County who present with an opiate addiction, has risen dramatically. HCMHR SB has been working with the Hamilton County Heroin Coalition under the leadership of Commissioner Greg Hartman and other community leaders, to address this problem. Inclusion of leaders throughout the community enables leveraging of county resources, assists in collaboration and communication as well as agreement on how best to impact heroin and opiate addiction countywide. Within this coalition, ensuring access to the appropriate level of care and expanding capacity for treatment have been top priorities for HCMHR SB. So far this year, in consultation with the Hamilton County Municipal Court, \$400,000 in funding was reallocated to provider agencies to target the needs of the opiate addicted population. This is a community problem and we remain committed to focusing on what works; promoting best practices for treatment and building public awareness through prevention efforts.

HCMHRSB
Management's Discussion and Analysis
18 Months Ended December 31, 2014
Unaudited

The Council of Governments (COG) created by the HCMHRSB, the Franklin ADAMH Board and the Cuyahoga ADAMHS Board have secured a vendor to develop a new data management system known as Shared Healthcare and Recovery Enterprise System (SHARES). The COG and staff from all three boards are currently working through the lengthy and technical process of designing the customized data system that is expected to be operational in January 2016. This new system will better support the HCMHRSB's strategic initiatives by expanding its claims processing and data collection capabilities, enhancing its planning abilities, and strengthening its financial and outcomes analysis and reporting.

REQUESTS FOR ADDITIONAL INFORMATION

This financial report is designed to provide our citizens, taxpayers, consumers, and creditors with a general overview of the HCMHRSB's finances and to show the HCMHRSB's accountability for the money it receives. If you have questions about this report or need additional financial information about the HCMHRSB, please contact Patrick Tribbe, President/CEO at 2350 Auburn Avenue, Cincinnati, Ohio 45219.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
STATEMENT OF NET POSITION
DECEMBER 31, 2014

ASSETS:

Equity in pooled cash and investments with County Treasurer	\$ 33,372,654
Property taxes receivable	37,088,993
Due from other governments, net	1,800,494
Prepaid contract services	122,403
Long-term receivable from contract agencies	1,049,637
Nondepreciable capital assets	1,771,972
Depreciable capital assets, net	8,268,924
Total assets	83,475,077

LIABILITIES:

Contracts payable	8,247,790
Accrued other	341,541
Long-term liabilities:	
Due within one year	471,735
Due in more than one year	4,481,801
Total liabilities	13,542,867

DEFERRED INFLOWS OF RESOURCES:

Property taxes	34,609,395
Total deferred inflows of resources	34,609,395

NET POSITION:

Net investment in capital assets	6,884,627
Unrestricted	28,438,188
Total net position	\$ 35,322,815

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
STATEMENT OF ACTIVITIES
18 MONTHS ENDED DECEMBER 31, 2014

Program expenses:

Mental Health and Recovery Services:

Salaries, benefits and taxes	\$ 3,906,676
Operating expenses	823,042
Building management - SAMAD	1,334,016
County auditor and treasurer fees	701,332
Council of governments/SHARES	751,546
State direct payments	776,724
Agency provider contracts	76,773,954
Depreciation	658,499
Total program expenses	85,725,789

Program revenues:

Operating grants and contributions restricted to specific programs:

Health and hospital indigent care	2,912,393
Family services and treatment	1,916,903
State and federal grants	12,747,138
Inter-County	4,814,417
State direct payments	776,724
Total program revenues	23,167,575

Program expenses in excess of revenues	62,558,214
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General revenues:

Property taxes levied for mental health	52,074,802
Grants and contributions not restricted to specific programs	13,808,447
Capital and rental income	1,559,344
Miscellaneous	102,171
Total general revenues	67,544,764

Increase in net position	4,986,550
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Net position, beginning of year	30,336,265
Net position, end of year	\$ 35,322,815

**HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
BALANCE SHEET - MENTAL HEALTH AND RECOVERY SERVICES FUND
DECEMBER 31, 2014**

ASSETS:

Equity in pooled cash and investments with County Treasurer	\$ 33,372,654
Property taxes receivable	37,088,993
Due from other governments, net	1,800,494
Prepaid contract services	122,403
Long-term receivable from contract agencies	1,049,637
Total assets	73,434,181

LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCES:

Liabilities:

Contracts payable	8,247,790
Accrued other	341,541
Total liabilities	8,589,331

Deferred Inflows of Resources:

Property taxes	34,609,395
Grants and other revenue	3,612,056
Total deferred inflows of resources	38,221,451

Fund balances:

Non-spendable	1,172,040
Committed	3,849,621
Assigned	15,343,650
Unassigned	6,258,088
Total fund balances	26,623,399

Amounts reported for governmental activities in the statement of net position are different because:

Other long-term assets are not available to pay for current-period expenditures and, therefore, are deferred in the funds.	3,612,056
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Capital assets used in governmental activities are not financial resources and, therefore, are not reported in the funds.	10,040,896
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Long-term liabilities are not due and payable in the current period and, therefore, are not reported in the funds:

Mortgages payable	(4,267,380)
Compensated absences	(686,156)
Net position of governmental activities	\$ 35,322,815

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
STATEMENT OF REVENUES, EXPENDITURES AND CHANGE IN FUND
BALANCE - MENTAL HEALTH AND RECOVERY SERVICES FUND
18 MONTHS ENDED DECEMBER 31, 2014

Revenues:		
Taxes		\$ 52,554,216
Intergovernmental:		
State general revenue funds - mental health	10,029,295	
State general revenue funds - alcohol and drug addiction	3,507,010	
State block grant funds - mental health	2,549,809	
State block grant funds - alcohol and drug addiction	6,463,735	
Federal grants	2,775,592	
Inter-county revenues - mental health	4,564,771	
Inter-county revenues - alcohol and drug addiction	2,941,082	
Family services and treatment	1,916,903	
Health and hospital indigent care	3,097,915	
Other revenues:		
Capital and rental income	1,559,344	
Miscellaneous	96,374	
State direct payments	776,724	
Total revenues		<u>92,832,770</u>
 Expenditures:		
Agency provider contracts	76,773,954	
Building management - SAMAD	1,334,016	
State direct payments	776,724	
Salaries, benefits and taxes	3,986,076	
Operating expenses	823,042	
Capital Outlay	22,816	
County auditor and treasurer fees	701,332	
Council of governments/SHARES	751,546	
Debt service:		
Principal retirement	365,244	
Forgiveness by OhioMHAS	(365,244)	
Total expenditures		<u>85,169,506</u>
 Net change in fund balance		7,663,264
 Fund balance, beginning of year		18,960,135
Fund balance, end of year		<u>\$ 26,623,399</u>

**HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES
AND CHANGE IN FUND BALANCE TO THE STATEMENT OF ACTIVITIES
18 MONTHS ENDED DECEMBER 31, 2014**

Amounts reported for governmental activities in the statement of activities
are different because:

Net change in fund balance	\$ 7,663,264
Revenues in the statement of activities that do not provide current financial resources are not reported as revenues in the funds.	(2,485,675)
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 and reported as depreciation expense. This is the amount of the difference between capital asset additions and depreciation in the current period.	
Capital asset additions	22,816
Depreciation expense	(658,499)
Retirement of mortgage principal is an expenditure in the governmental funds, but the repayment reduces long-term liabilities in the statement of net position.	365,244
Some expenses reported in the statement of activities, such as compensated absences, do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds.	<u>79,400</u>
Change in net position of governmental activities	<u><u>\$ 4,986,550</u></u>

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Reporting Entity

The HCMHRSB operates as an administrative arm of the County of Hamilton, Ohio (the "County") government, but has its own policy making Board of Trustees. The HCMHRSB acts as an umbrella agency that has responsibility for a community-wide mental health, alcohol and drug addiction services system that is accessible to those in need of or desiring such services and who do not have the financial means to purchase this care from the private health care market. The HCMHRSB plans, funds, coordinates, monitors, and evaluates a network of services, which are provided through contract agencies to Hamilton County residents, both children and adults, who need and seek care for mental or emotional illness or alcohol and drug addiction.

B. Basis of Presentation

These financial statements present only the activities of the HCMHRSB and do not present the financial position of the County.

Government-wide Financial Statements - The statement of net position and the statement of activities display information about the HCMHRSB as a whole. These statements include the financial activities of the primary government. The statements distinguish between those activities of the HCMHRSB that are governmental and those that are considered business-type activities. The HCMHRSB has no business-type activities.

The government-wide statements are prepared using the economic resources measurement focus, which differs from the manner in which the governmental fund financial statements are prepared. Therefore, the 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 of the HCMHRSB's governmental activities. Direct expenses are those that are specifically associated with a service, program or department and are therefore identifiable to a particular function. Program revenues include charges paid by the recipient of the goods or services offered by the program and 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 HCMHRSB, with certain limited exceptions. The comparison of direct expenses with program revenues identifies the extent to which each governmental function is self-financing or draws from the general revenues of the HCMHRSB.

Fund Financial Statements - Fund financial statements report detailed information about the HCMHRSB. 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.

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. With this measurement focus, only current assets and current liabilities are generally included on the balance sheet. Operating statements of these funds present sources and uses of current financial resources.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

C. Fund Accounting

The HCMHRSB uses a single fund to report on its financial position and the results of its operations. Fund accounting is designed to demonstrate legal compliance and to aid financial management by segregating transactions related to certain functions or activities. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The one fund of the HCMHRSB is a governmental fund.

Governmental funds focus on the sources, uses and balances of current financial resources. The difference between governmental fund assets and liabilities is reported as fund balance. The following is the HCMHRSB's major governmental fund:

Mental Health and Recovery Services Fund - This fund is used to account for all financial resources relating to the operations of the community-wide mental health and alcohol and drug addiction systems.

D. Basis of Accounting

Basis of accounting refers to when revenues and expenditures are recognized in the accounts and reported in the financial statements and relates to the timing of the measurements made.

Government-wide financial statements are prepared using the accrual basis of accounting. Revenues are recognized when earned and expenses are recognized when incurred.

The modified accrual basis of accounting is used by the governmental funds. On a modified accrual basis, revenues are recorded when they become both measurable and available. "Measurable" means the amount of the transaction can be determined and "available" means collectible within the available period. The available period for the HCMHRSB is sixty days after fiscal year end.

The measurement focus of governmental fund accounting is on the decrease 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, except for principal and interest on general long-term debt which is recognized when due. Allocations of cost, such as depreciation, are not recognized in the governmental funds.

Revenues - Exchange and Non-exchange Transactions - Revenue resulting from exchange transactions, in which each party gives and receives essentially equal value, is recorded on the accrual basis when the exchange takes place.

Non-exchange transactions, in which the HCMHRSB receives value without directly giving value in return, include property taxes, grants, entitlements and donations. On an accrual basis, revenue from property taxes is recognized in the fiscal year for which the taxes were levied. Revenue from grants, entitlements, and donations is recognized in the fiscal 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 fiscal year when use is first permitted; matching requirements, in which the HCMHRSB must provide local resources to be used for a specified purpose; and expenditure requirements, in which the resources are provided to the HCMHRSB on a reimbursement basis. On a modified accrual basis, revenue from non-exchange transactions must also be available before it can be recognized.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

Deferred Inflows of Resources -Deferred inflows of resources arise when assets are recognized before revenue recognition criteria have been satisfied. Property taxes measurable as of December 31, 2014, which are intended to finance calendar year 2015 operations have been recorded as deferred inflows of resources. On governmental fund financial statements, receivables that will not be collected within the available period have also been reported as deferred inflows of resources.

E. Equity in Pooled Cash and Investments with County Treasurer

The Hamilton County Treasurer acts as custodian of funds for the HCMHR SB. Cash of the HCMHR SB is shown on the balance sheet as equity in pooled investments with the County Treasurer and includes cash, demand deposits, and short-term investments with original maturities of three months or less, stated at cost. State statute authorizes the County Treasurer to invest in obligations of the U.S. Treasury, certificates of deposits and repurchase agreements.

F. Capital Assets

Capital assets, which include property, plant and equipment, are reported in the government-wide financial statements. The HCMHR SB defines capital assets as those with an individual cost of more than \$5,000 and an estimated useful life in excess of one year. All capital assets are capitalized at cost or estimated historical cost where no historical records exist. Donated capital assets are recorded at their estimated fair values as of the date received. The HCMHR SB does not possess any infrastructure. Improvements are capitalized; the costs of normal maintenance and repairs that do not add to the value of the asset or materially extend an asset's life are not capitalized. All reported capital assets except land are depreciated. Depreciation is computed using the straight-line method over the following useful lives:

Buildings	40 years
Building improvements	15 years
Furniture and fixtures	3 years

G. Compensated Absences

The HCMHR SB accounts for compensated absences in accordance with the provisions of GASB No. 16, "Accounting for Compensated Absences". Vacation benefits are accrued as a liability as the benefits are earned if the employees' rights to receive compensation are attributable to services already rendered and it is probable that the employer will compensate the employees for the benefits through paid time off or some other means.

Sick leave benefits are accrued as a liability using the vesting method. The liability includes the employees who are currently eligible to receive termination benefits and those that the HCMHR SB has identified as probable of receiving payment in the future. The amount is based on accumulated sick leave and employee wage rates at fiscal year-end taking into consideration any limits specified in the HCMHR SB's policy. The HCMHR SB records a liability for all accumulated unused vacation time when earned for all employees. The HCMHR SB records a liability for accumulated unused sick leave for all employees after ten years of accumulated service.

For governmental funds, the current portion of unpaid compensated absences is the amount normally due for payment during the succeeding year.

The entire compensated absence liability is reported on the government-wide statement of net position.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

H. Contracts Payable

Contracts payable consists of amounts owed to:

- Contract agencies and service providers for services rendered prior to December 31, 2014.
- Contract agencies based on the criteria of the Outcomes Performance Incentive Plan (OPIP) as outlined by contract.

I. Fund Balance Reserves

In accordance with Governmental Accounting Standards Board Statement No. 54 *Fund Balance Reporting*, the HCMHR SB classifies its fund balance based on the purpose for which the resources were received and the level of constraint placed on the resources. The following categories were used:

Non-spendable – resources that are not in the spendable form or have legal or contractual requirements (prepaid contracts and long-term receivables) to maintain the balance intact.

Committed – resources that are constrained for specific purposes (capital) that are internally imposed by the government at its highest level of decision making authority, the Board of Trustees.

Assigned – resources that are intended to be used for specific purposes as approved through the HCMHR SB’s formal purchasing procedure (encumbrances and budgetary resources).

Unassigned – residual fund balance that is not restricted, committed, or assigned.

The HCMHR SB considers committed, assigned, and unassigned fund balances, respectively, to be spent when expenditures are incurred for purposes for which any of the fund balance classifications could be used.

J. Net Position

Net position represents the difference between assets and liabilities. Net investment in capital assets consists of capital assets, net of accumulated depreciation, reduced by the outstanding balances of any borrowings used for the acquisition, construction or improvement of those assets. Net position is reported as restricted when there are limitations imposed on their use either through the enabling legislation adopted by the HCMHR SB or through external restrictions imposed by creditors, grantors or laws or regulations of other governments. The HCMHR SB applies restricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position are available.

K. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles 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.

L. Subsequent Events

The HCMHR SB has evaluated subsequent events for potential recognition and disclosure through June 18, 2015, the date the financial statements were available to be issued.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

M. Adoption of New Accounting Pronouncement

GASB Statement No. 65 establishes accounting and financial reporting standards that reclassify, as *deferred outflows of resources and deferred inflows of resources*, certain items that were previously reported as assets and liabilities and recognizes, as outflows of resources or inflows of resources, certain items that were previously reported as assets and liabilities. GASB Statement No. 65 also provides other financial reporting guidance related to the impact of the financial statement elements *deferred outflows of resources and deferred inflows of resources*, such as changes in the determination of major fund calculations and limiting the use of the term *deferred* in the financial statement presentations. The implementation of GASB Statement No. 65 has no effect on the beginning net position/fund balance.

N. Change in Reporting Period

Due to the elevation of Medicaid, as well as, reductions in State funding, the majority of the HCMHR SB's budget includes funding sources that are reported to funders on a calendar year basis. Therefore, the HCMHR SB has converted its financial reporting period from a June 30th year-end to a December 31st year-end. In order to implement the conversion, and after consultation with the Auditor of State's Office, the HCMHR SB Board of Trustees approved an eighteen-month budget covering the period July 1, 2013 through December 31, 2014.

NOTE 2 - POOLING OF CASH AND INVESTMENTS

Statutes require the classification of monies held by the County into two categories:

- 1.) Active monies are those monies which are required to be kept in a "cash or near cash" status for immediate use by the County. Such monies must be maintained either as cash in the County treasury or in depository accounts payable or withdrawable on demand, including negotiable order of withdrawal (NOW) accounts or in money market deposit accounts.
- 2.) Monies held by the County that are not considered active are classified as inactive.

The County's Statement of Investment Policy, approved by the County's Investment Advisory Committee, authorizes investments permitted under Ohio law, which states that inactive moneys are to be deposited or invested in the following:

- 1.) U.S. Treasury notes, bills, bonds or other obligations or securities issued by the U. S. Treasury or any other obligation guaranteed as to principal and interest by the United States;
- 2.) Bonds, notes, debentures or any other obligations or securities issued directly by any federal government agency or instrumentality, including, but not limited to, the Federal National Mortgage Corporation, Government National Mortgage Association and Student Loan Marketing Association;
- 3.) Written repurchase agreements in the securities listed above provided that the market value of the securities subject to the repurchase agreement must exceed the principal value of the agreement by at least 2% and be marked to market daily, and that the term of the agreement must not exceed 30 days;
- 4.) Bonds and other obligations of the State of Ohio or its political subdivisions, provided that such political subdivisions are located wholly or partly within the County;
- 5.) Time certificates of deposit or savings or deposit accounts, including, but not limited to, passbook accounts;
- 6.) No-load money market mutual funds consisting exclusively of obligations described in item 1 or 2 above and repurchase agreements secured by such obligations, provided that investments in securities described in this division are made only through eligible institutions;
- 7.) The State Treasurer's investment pool (STAR Ohio);

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

- 8.) Securities lending agreements in which the County lends securities and the eligible institution agrees to exchange either securities described in item 1 or 2 above or cash or both securities and cash, equal value for equal value;
- 9.) High-grade commercial paper for a period not to exceed 270 days in an amount not to exceed (a) 10% of the aggregate value of the issuing corporation's outstanding commercial paper or (b) 25% of the County's total average portfolio; or
- 10.) Bankers' acceptances for a period not to exceed 180 days and in an amount not to exceed 25% of the County's total average portfolio.

Public depositories must give collateral for all public funds on deposit. These institutions may either specifically collateralize individual accounts in lieu of amounts insured by the Federal Deposit Insurance Corporation (FDIC), or may pledge a pool of government securities the face value of which is at least 105% of the total value of public monies on deposit at the institution. Repurchase agreements must be collateralized by the specific government securities upon which repurchase agreements are based. These securities must be obligations of or guaranteed by the United States and mature or be redeemable within five years of the date of the related repurchase agreement. State law does not require that collateral for public deposits and investments be maintained in the name of the County.

The County monitors its compliance with the provisions of these statutes pertaining to the types of investments held and institutions in which deposits are made as well as collateral requirements. The County will continue to monitor compliance with applicable statutes in the future pertaining to public deposits and investments.

NOTE 3 - PROPERTY TAXES

Property taxes include amounts levied against real and public utility property. The assessed values upon which the 2013 and 2014 tax collections were based are as follows :

Real Property:	<u>CY 2013</u>	<u>CY 2014</u>
Residential/Agricultural	\$12,718,142,590	\$ 12,705,736,300
Commercial/Industrial/Other	4,659,403,890	4,619,939,940
Public Utilities	<u>773,714,490</u>	<u>843,929,210</u>
Total Valuation	<u>\$18,151,260,970</u>	<u>\$ 18,169,605,450</u>

Real Property taxes are levied each December on the assessed values of the preceding January 1st, the lien date. Assessed values are established the preceding year by the County Auditor at 35% of appraised market value. A revaluation of real property is required to be completed no less than every six years, with a statistical update every third year. The most recent revaluation was a full physical revaluation effective for the tax year 2011, for taxes collected in 2012. The most recent statistical update was performed effective for the tax year 2014, for taxes collected in 2015. Public Utility property taxes are assessed on tangible personal property, as well as land improvements at true value, which is, in general, net book value. The tangible personal property tax was eliminated in 2011 and thus, any payments received by the HCMHRSB from the County Auditor for tangible person property tax are from the collection of delinquent taxes.

The final settlements of real and public utility property taxes are made in April and August and tangible taxes in September and November for the first and second halves of the year, respectively. Collections of the taxes and remittance of them to the taxing districts are accounted for in agency funds of the County. The County Treasurer collects property tax on behalf of all taxing districts within the County, including the HCMHRSB. The County Auditor periodically remits to the HCMHRSB its portion of the taxes collected.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

NOTE 4 - CAPITAL ASSETS

Capital assets activity for the 18 months ended December 31, 2014, is as follows:

	Beginning Balance	Additions	Disposals	Ending Balance
<u>Governmental Activities</u>				
Capital assets not being depreciated:				
Land	\$ <u>1,771,972</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>1,771,972</u>
Capital assets being depreciated:				
Building and building improvements	\$ 13,839,065	16,300	-	\$13,855,365
Furniture and fixtures	<u>202,026</u>	<u>6,516</u>	<u>-</u>	<u>208,542</u>
	<u>14,041,091</u>	<u>22,816</u>	<u>-</u>	<u>14,063,907</u>
Less accumulated depreciation:				
Building and building improvements	4,940,220	656,083	-	5,596,303
Furniture and fixtures	<u>196,264</u>	<u>2,416</u>	<u>-</u>	<u>198,680</u>
	<u>5,136,484</u>	<u>658,499</u>	<u>-</u>	<u>5,794,983</u>
Capital assets being depreciated, net	<u>8,904,607</u>	<u>(635,683)</u>	<u>-</u>	<u>8,268,924</u>
Capital assets, net	<u>\$10,676,579</u>	<u>\$(635,683)</u>	<u>\$ -</u>	<u>\$10,040,896</u>

NOTE 5 - DEFINED BENEFIT PENSION PLAN

All employees of the HCMHRSB participate in the Ohio Public Employees Retirement System (OPERS), which administers three separate pension plans as described below:

The Traditional Pension Plan - a cost-sharing, multiple-employer defined benefit pension plan.

The Member-Directed Plan - a defined contribution plan in which the member invests both member and employer contributions (employer contributions vest over five years at 20% per year). Under the Member-Directed Plan, members accumulate retirement assets equal to the value of member and (vested) employer contributions plus any investment earnings.

The Combined Plan - a cost sharing, multiple-employer defined benefit pension plan. Under the Combined Plan, employer contributions are invested by the OPERS to provide a formula retirement benefit similar in nature to, but less than, the Traditional Pension Plan benefit. Member contributions, the investment of which is self-directed by the members, accumulate retirement assets in a manner similar to the Member-Directed Plan.

OPERS provides retirement, disability, survivor and death benefits, and annual cost of living adjustments to members of the Traditional Pension Plan and Combined Plans. Members of the Member-Directed Plan do not qualify for ancillary benefits. The authority to establish and amend benefits is provided by state statute per Chapter 145 of the Ohio Revised Code. OPERS issues a stand-alone financial report that may be obtained by visiting <https://www.opers.org/investments/cafr.shtml>, writing to the Ohio Public Employees Retirement System, 277 East Town Street, Columbus, Ohio 43215-4642 or by calling (614) 222-5601 or (800) 222-7377.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

The Ohio Revised Code provides statutory authority for member and employer contributions. For 2014, member and employer contribution rates were consistent across all three plans. The employee contribution rate at December 31, 2014 was 10%. The HCMHR SB was required to contribute 14% of covered payroll for employees. The HCMHR SB's required contributions to OPERS for the 18 month period ended December 31, 2014 were approximately \$417,466, and for fiscal years 2013 and 2012, the required contributions were \$327,948 and 371,200, respectively. All of the required contributions were paid within the required fiscal period.

NOTE 6 - POST EMPLOYMENT BENEFITS

OPERS has provided the following information pertaining to other postemployment benefits for health care costs in order to assist the HCMHR SB in complying with GASB Statement No. 45, *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pension Benefits*.

A. Plan Description

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

In order to qualify for post-employment health care coverage, age-and-service retirees under the Traditional Pension and Combined Plans must have 10 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 (OPEB) as described in GASB Statement 45.

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

B. Funding Policy

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

Employer contribution rates are expressed as a percentage of the earnable salary of active members. In 2014, state and local employers contributed at a rate of 14% of covered payroll. The Ohio Revised Code currently limits the employer contribution to a rate not to exceed 14% of covered payroll for state and local employer units. Active members do not make contributions to the OPEB Plan.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

OPERS' Post Employment Health Care plan was established under, and is administrated in accordance with, Internal Revenue Code 401(h). Each year, the OPERS Retirement Board determines the portion of the employer contribution rate that will be set aside for funding of post-employment health care benefits. The portion of employer contributions allocated to health care for members in the Traditional Plan and Combined Plan was 2.0% during calendar year 2014. Effective January 1, 2015, the portion of employer contributions allocated to healthcare remains at 2% for both plans, as recommended by the OPERS Actuary. The OPERS Retirement Board is also authorized to establish rules for the payment of a portion of the health care benefits provided by the retiree or their surviving beneficiaries. Payment amounts vary depending on the number of covered dependents and the coverage selected.

C. HCMHR SB Contributions

The HCMHR SB's actual contributions that were used to fund post-employment benefits were approximately \$49,544 for the 18 month period ending December 31, 2014, and \$93,695, and \$106,050, for fiscal years 2013 and 2012, respectively.

D. OPERS Board of Trustees Adopt Changes to the Health Care Plan

Changes to the health care plan were adopted by the OPERS Board of Trustees on September 19, 2012, with a transition plan commencing on January 1, 2014. With the recent passage of pension legislation under SB 343 and the approved health care changes, OPERS expects to be able to consistently allocated 4 percent of the employer contributions toward the health care fund after the end of the transition period.

NOTE 7 - LONG-TERM LIABILITIES

Changes in the HCMHR SB's long-term liabilities as of December 31, 2014, are as follows:

	<u>Principal</u>			<u>Principal</u>	<u>Amounts</u>
	<u>Outstanding</u>	<u>Additions</u>	<u>Disposals</u>	<u>Outstanding</u>	<u>Due in</u>
					<u>One Year</u>
<u>Governmental Activities</u>					
Mortgage payable-Mental Health	\$ 3,603,120	\$ -	\$ 263,424	\$ 3,339,696	\$ 175,136
Mortgage payable-Alcohol & Drug	1,029,504	-	101,820	927,684	67,880
Compensated absences	<u>765,556</u>	<u>175,785</u>	<u>255,185</u>	<u>686,156</u>	<u>228,719</u>
Total long-term liabilities	<u>\$ 5,398,180</u>	<u>\$ 175,785</u>	<u>\$ 620,429</u>	<u>\$ 4,953,536</u>	<u>\$ 471,735</u>

The HCMHR SB has a mortgage payable that consists of loan contracts made with the Ohio Department of Mental Health and Addiction Services OhioMHAS (formerly the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services) for the purchase of and improvement to various properties in the County for use in providing mental health services. The loan contracts between the HCMHR SB and OhioMHAS provide that the property must be used to provide mental health services for a specified period of time. The terms of the contract are essentially equivalent to a mortgage on the property, with the HCMHR SB being obligated to provide mental health services for a period of 40 years from the inception of the contract. Should the HCMHR SB discontinue mental health services at a particular facility, the balance of the contract would immediately become due. The balance due is reduced on a month-by-month basis over the term of the contract as a forgiveness of debt, as long as the facility is used for mental health services.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

The HCMHRSB has a mortgage payable that consists of a loan contract made with OhioMHAS, for the improvements to a facility. The loan contract between the HCMHRSB and OhioMHAS provides that the property must be used to provide alcohol and other drug services for a specified period of time. The terms of the contract are essentially equivalent to a mortgage on the property, with the HCMHRSB being obligated to provide alcohol and other drug services for a period of 25 years from the inception of the contract. Should the HCMHRSB discontinue alcohol and other drug services at this particular facility, the balance of the contract would immediately become due. The balance due is reduced on a month-by-month basis over the term of the contract as a forgiveness of debt as long as the facility is used for alcohol and other drug services.

No interest is charged on these obligations.

Annual commitments under these mortgage payables, assuming no forgiveness by OhioMHAS, as of December 31, 2014 are as follows:

Period Ending December 31st	Mental Health Principal	Alcohol & Drug Principal	Total
2015	175,136	67,880	243,016
2016	175,616	67,880	243,496
2017	175,136	67,880	243,016
2018	175,136	67,880	243,016
2019	175,136	67,880	243,016
2020 – 2024	876,640	339,400	1,216,040
2025 – 2029	871,498	248,884	1,120,382
2030 – 2034	561,027	-	561,027
2035 – 2039	107,154	-	107,154
2040 – 2045	<u>47,217</u>	<u>-</u>	<u>47,217</u>
Total	<u>\$ 3,339,696</u>	<u>\$ 927,684</u>	<u>\$ 4,267,380</u>

NOTE 8 – FUND BALANCES

Fund balance is classified as nonspendable, committed, assigned and/or unassigned based primarily on the extent to which the HCMHRSB is bound to observe constraints imposed upon the use of the resources in the government funds. The constraints placed on governmental fund balance are presented below.

Fund Balance	Mental Health and Recovery Services Fund
Nonspendable on:	
Prepaid contract services	\$ 122,403
Long-term receivables	<u>1,049,637</u>
Total nonspendable	1,172,040
Committed to capital	3,849,621
Assigned for:	
Encumbrances	10,564,007
Budgetary resource	<u>4,779,643</u>
Total assigned	15,343,650
Unassigned	<u>\$6,258,088</u>
Total Fund Balance	<u>\$26,623,399</u>

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

NOTE 9 - RISK MANAGEMENT

The HCMHRSB carries commercial insurance policies for various risks of loss related to torts; theft of, damage to, or destruction of assets; errors and omissions; umbrella coverage; employee dishonesty; injuries to employees; employee health claims; and environmental damage. There has been no reduction in insurance coverage from the prior year nor have there been any insurance settlements for claims resulting from the risks covered by the HCMHRSB's commercial insurance policies.

The County accounts for and finances its risk of loss due to workers' compensation claims through an internal service fund entitled "Workers' Compensation Reserve". The County reimburses the Bureau of Ohio Workers' Compensation for injured workers' claims. All departments of the County, including the HCMHRSB, participate in the program and make payments to the internal service fund based on actuarial estimates of the amounts needed to pay prior and current year claims and to establish a long-term liability for future claims.

On January 1, 2010, the County, including the HCMHRSB, adopted a self-insurance policy for medical benefits, which includes vision, but not dental insurance. The County accounts for and finances its risk of loss through an internal service fund. All departments of the County, including the HCMHRSB, participate in the program and make payments to the internal service fund based on estimates of the amounts needed to pay prior and current year claims and to establish a long-term liability for future claims.

Any self-insurance liability recorded related to the HCMHRSB is based on requirements of GASB Statements No. 10 and 30. These statements require a liability for claims to be reported if information prior to issuance of the financial statements indicates that is probable that a liability has been incurred and the amount of loss can be reasonably estimated. The actuarially determined liability includes allocated expenses and a provision for incurred but not reported claims. The accrued liability for self-insurance medical claims at December 31, 2014 was \$0.

Changes in the balances of claims and liabilities for the 18 months ended December 31, 2014 and for the fiscal year ended June 30, 2013 are as follows:

Self-insurance medical	2013	2014
Claims Liability, Beginning of Year	\$ -	\$ -
Incurred Claims and Changes in Estimates	248,918	291,512
Payments Made to County Internal Service Fund	<u>(248,918)</u>	<u>(291,512)</u>
Claims Liability, End of Year	<u>\$ -</u>	<u>\$ -</u>

NOTE 10 - LEASES WITH CONTRACTUAL AGENCIES

As of December 31, 2014, the HCMHRSB leases 58 scattered-site housing facilities to Excel Development Company, a non-profit organization responsible for renting the units to the mentally disabled of the County. These leases contain terms of 20 years contingent upon Excel fulfilling the agreed upon programmatic and reporting responsibilities as required by the HCMHRSB. Annual collections are at the rate of \$1 per year, per unit. The cost of these leased housing facilities at December 31, 2013 is approximately \$6,132,000, and accumulated depreciation on these assets is approximately \$2,437,772.

NOTE 11 - CONTINGENCIES

Grants - The HCMHRSB has received federal and state grants for specific purposes that are subject to review and audit by the respective grantor agencies. These audits could result in a request for reimbursement to the grantor agency for expenditures disallowed under the terms of the grant. Based on prior experience, the HCMHRSB believes these disallowances, if any, will be immaterial.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Basic Financial Statements
18 Months Ended December 31, 2014

As part of the financial reporting entity of the County of Hamilton, Ohio, the HCMHR SB is included in the financial statements of the County. The annual audit of the County is performed in accordance with Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Thus, since the HCMHR SB is included in the scope of the County audit, the HCMHR SB has elected to not have its separate audit performed in accordance with the audit requirement noted above.

NOTE 12 - STATE DIRECT PAYMENTS

During the 18 months ended December 31, 2014, the Ohio Department of Mental Health and Addiction Services made direct payments to providers totaling \$776,724 for contracts entered into by the HCMHR SB. These payments have been recorded as revenue with a corresponding contract expense.

REQUIRED SUPPLEMENTARY INFORMATION

**THE HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
REQUIRED SUPPLEMENTARY INFORMATION
BUDGET(GAAP BASIS) TO ACTUAL COMPARISON SCHEDULE
MENTAL HEALTH AND RECOVERY SERVICES FUND
FOR THE 18 MONTHS ENDED DECEMBER 31, 2014**

ACCOUNT	BUDGETED AMOUNTS		ACTUAL	VARIANCE WITH FINAL BUDGET
	ORIGINAL	FINAL		
REVENUES				
Levies	\$ 58,104,291	\$ 56,945,793	\$ 57,569,034	\$ 623,241
State General Revenue Funds	6,780,787	13,673,332	13,536,305	\$ (137,027)
Block Grant Funds	11,170,848	9,972,715	9,013,544	\$ (959,171)
Federal Grants	4,169,843	3,251,400	2,775,592	\$ (475,808)
Capital and Rental Income	1,565,700	1,565,700	1,559,344	\$ (6,356)
Inter-County Revenue	8,240,950	8,240,950	7,505,853	\$ (735,097)
Miscellaneous	134,925	134,925	96,374	\$ (38,551)
State Direct Payments	894,311	704,358	776,724	\$ 72,366
TOTAL REVENUE	\$ 91,061,655	\$ 94,489,173	\$ 92,832,770	\$ (1,656,403)
EXPENDITURES				
Salaries, Benefits & Taxes	\$ 4,315,670	\$ 4,193,855	\$ 3,986,076	\$ 207,779
Operating Expenses	1,066,652	1,066,652	823,042	\$ 243,610
Council of Governments/SHARES	799,955	799,955	751,546	\$ 48,409
Building Management - SAMAD	1,449,792	1,449,792	1,334,016	\$ 115,776
Capital Expenditures	159,000	159,000	22,816	\$ 136,184
Auditor & Treasurer Fees	806,861	716,976	701,332	\$ 15,644
Agency Provider Contracts	87,115,045	88,627,487	76,773,954	\$ 11,853,533
State Direct Payments	894,312	704,358	776,724	\$ (72,366)
TOTAL EXPENDITURES	\$ 96,607,287	\$ 97,718,075	\$ 85,169,506	\$ 12,548,569
REVENUE-EXPENDITURES (NET)	\$ (5,545,632)	\$ (3,228,902)	\$ 7,663,264	\$ 10,892,166
Projected Beginning Fund Balance	\$ 17,968,049	\$ 18,960,135	\$ 18,960,135	\$ -
Plus Total Budgeted Revenue	91,061,655	94,489,173	92,832,770	(1,656,403)
Minus Total Budgeted Expense	96,607,287	97,718,075	85,169,506	(12,548,569)
Projected Ending Fund Balance	\$ 12,422,417	\$ 15,731,233	\$ 26,623,399	\$ 10,892,166

See accompanying notes to the required supplementary information.

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
Notes to the Required Supplementary Information
18 Months Ended December 31, 2014

NOTE 1 – BUDGETS AND BUDGETARY ACCOUNTING

Historically, the HCMHRSB's financial statements were based on, and prepared for, a July 1st-June 30th state fiscal year. Effective July 1, 2013, the HCMHRSB Board of Trustees approved a change in reporting period from a June 30th year-end to a December 31st year-end. To implement the change, on June 20, 2013 the Board of Trustees approved a budget for the 18 month period ended December 31, 2014. Because of changes in original estimates, the 18 month budget was then amended by the Board of Trustees on December 19, 2013.

Starting January 1, 2015, HCMHRSB budgets and financial statements will be reported for the twelve months ended December 31st.

As required by law, all HCMHRSB appropriations and estimated revenues are approved by the Hamilton County Commissioners. The Commissioners certify the proposed budget to the County Auditor by July 20. By January 1, the County Commissioners may adopt annual or temporary measures using, in part, the official certificate of estimated resources approved by the County Budget Commission and the tax rates certified by the County Auditor. Appropriations cannot exceed estimated resources. By April 1, the County Commissioners must adopt an annual appropriation resolution. The certificate of estimated resources may be amended during the year for projected increases or decreases in revenue. The amounts reported as the original budgeted amounts on the budgetary statements reflect the amounts on the certificate of estimated resources when the original appropriations were adopted. Modifications to the original budget are approved by the Board of County Commissioners throughout the year as allowed by State statute. All budgetary amendments and supplemental appropriations are included in the revised budget amounts presented in the budget to-actual comparisons. Budgetary control is maintained by not permitting expenditures to exceed appropriations within three major categories—Personnel Services, Other Expenditures and Capital Outlay. HCMHRSB prepares and presents the budget on a GAAP basis.

Encumbrance accounting, under which purchase orders, contracts, and other commitments for the expenditure of monies are recorded in order to reserve that portion of the applicable appropriation, is employed as an extension of formal budgetary control in the governmental funds. Encumbrances outstanding at year-end are reported as assigned fund balance for subsequent year expenditures.

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Hamilton County Mental Health and Recovery Services Board



Yellow Book Report

December 31, 2014

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

Board of Trustees
Hamilton County Mental Health and Recovery Services Board

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the Hamilton County Mental Health and Recovery Services Board (the Board), as of and for the 18 months ended December 31, 2014, and the related notes to the financial statements, which collectively comprise the Board's basic financial statements, and have issued our report thereon dated June 18, 2015.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Board's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control. Accordingly, we do not express an opinion on the effectiveness of the Board's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *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 deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Board's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Plattenburg & Associates, Inc.

Plattenburg & Associates, Inc.

Cincinnati, Ohio

June 18, 2015

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Dave Yost • Auditor of State

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

HAMILTON COUNTY

CLERK'S CERTIFICATION

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

Susan Babbitt

CLERK OF THE BUREAU

**CERTIFIED
AUGUST 18, 2015**