

2023 Annual Report

of the

New Jersey Casino Revenue Fund Advisory Commission

Recommendations for the Casino Revenue Fund Programs For Seniors and Citizens with Disabilities

For the State Fiscal Year 2024 Budget

Presented to

Phil Murphy, Governor
Nicholas Scutari, Senate President
Craig Coughlin, Assembly Speaker
The New Jersey State Legislature

April, 2023

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Casino Revenue Fund Advisory Commission

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VICE CHAIR – James Carney (Representing Seniors)

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Senator Vin Gopal

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Assemblyman Vince Mazzeo

Public

Representing Seniors

Assembly appointed: VACANT

Senate appointed: James Carney

Governor appointed: Vacant

Representing People with Disabilities

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Senate appointed: Robert Barr

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Introduction and Background

In 1974 the voters of New Jersey were asked to amend the State Constitution by allowing Casino gambling to be permitted in Atlantic City and elsewhere. The referendum was defeated by 60% of voters.

On November 2, 1976 the voters were again asked to decide Public Question #1, an amendment to the Constitution authorizing casino gambling in Atlantic City only. The measure was narrowly approved by 56% of voters after some \$1.3 million (mainly funded by The Committee to Rebuild Atlantic City) was spent promoting the legislation.

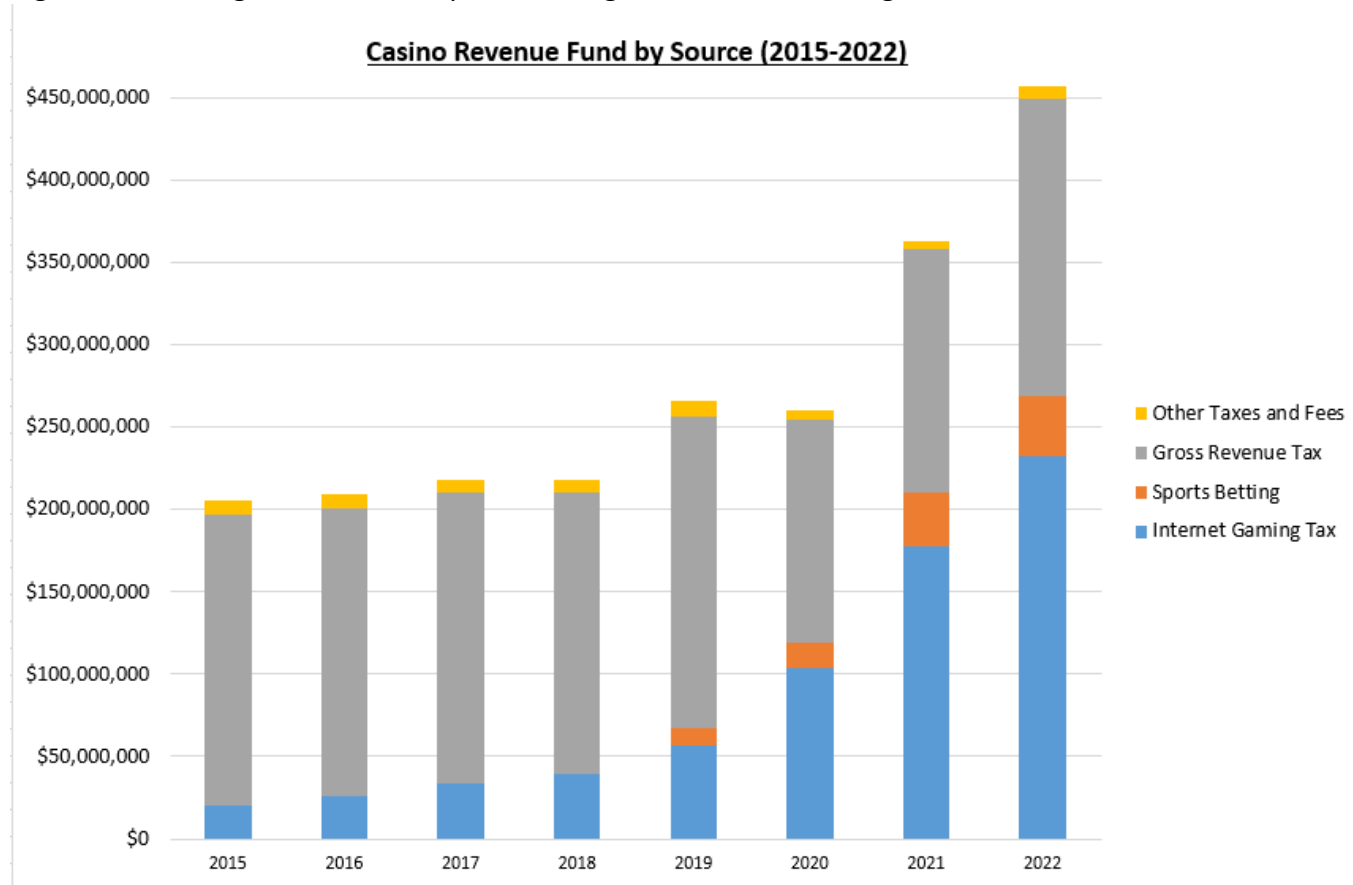
Seniors and persons with disabilities were encouraged to vote allowing gambling in Atlantic City by being advised that up to 15% of the Gross Casino receipts would be placed in a Special Fund for programs that would benefit seniors and persons with disabilities only. In 1977 legislation was signed into law and the Constitution amended permitting casino gambling in Atlantic City and providing 8% of yearly casino gross receipts to be deposited into the newly created Casino Revenue Fund (CRF) to be used solely for senior and persons with disabilities programs. The CRF was to benefit “reductions in property taxes, rentals, telephone, gas, electric, and municipal utilities charges for eligible senior citizens and disabled residents of the State”. In 1981 the State Constitution was again amended to emphasize the sole use of CRF “for additional or expanded health services or benefits or transportation services or benefits to eligible senior citizens and disabled residents, as shall be provided by law”.

The Senate created the Casino Revenue Fund Task Force in 1985, with Senator Catherine Costa as Chair, and after she and the committee conducted four public hearings to determine how best to implement, manage and oversee the Casino Revenue Fund, Senator Costa submitted her report in 1986.

In 1992 the Casino Revenue Fund Advisory Commission was legislated to provide recommendations to the Legislature concerning the Casino Revenue Fund utilization. The Commission consists of 15 members, four are ex-officio, one casino industry representative, four members of the legislature and six of which are public members, two each appointed by the Governor, Senate President and Assembly Speaker. Three public members are senior citizens and three are persons with disabilities. ***Since its inception, the fund has generated over 11.6 billion dollars.***

Casino Industry Status

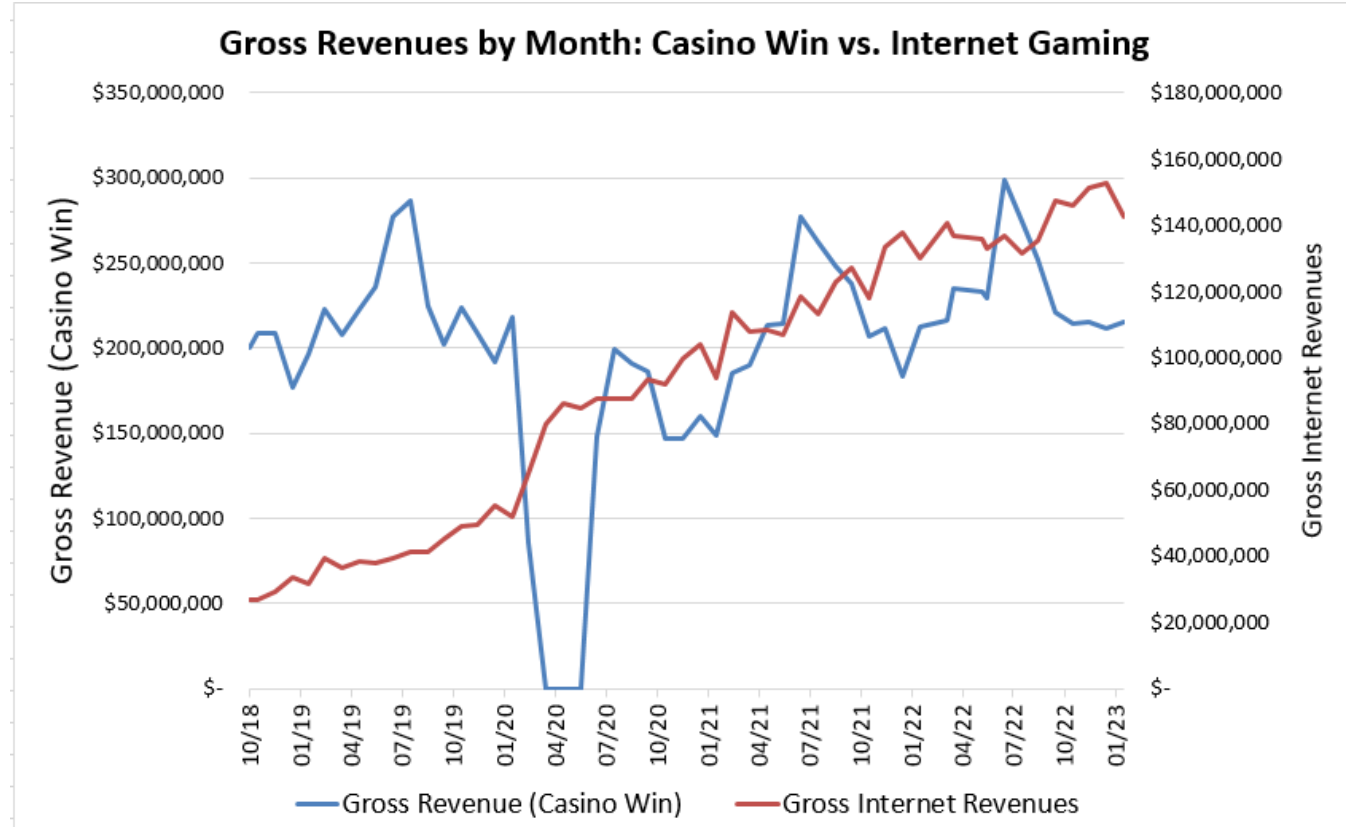
The Casino Revenue Fund depends exclusively on revenue from the New Jersey casino industry. The continued viability of that industry is therefore critical to the Fund. Revenue has increased due to the legalization in August of 2018 of Sports Betting and Internet Gaming in 2013.



End of Year Total CRF by Fiscal Year								
	2015	2016	2017	2018	2019	2020	2021	2022
INTERNET GAMING TAX	\$19,801,721	\$25,775,697	\$33,523,650	\$39,640,711	\$56,544,311	\$103,309,597	\$177,410,742	\$232,420,551
EXPIRED CASINO VOUCHERS	\$413,929	\$387,631	\$338,219	\$344,407	\$377,042	\$503,130	\$479,532	\$621,526
CASINO FINES	\$53,337	\$51,465	\$131,793	\$44,710	\$231,292	\$99,467	\$113,699	\$173,366
CASINO PARKING TAX	\$3,848,315	\$3,260,741	\$3,405,147	\$3,312,119	\$3,774,868	\$2,745,859	\$1,087,577	\$3,213,817
CASINO ROOM FEE	\$3,073,653	\$2,611,205	\$2,104,436	\$1,840,855	\$3,250,517	\$697,321	\$1,078,204	\$2,037,824
GROSS REVENUE TAX	\$176,986,313	\$175,226,929	\$176,982,621	\$170,614,187	\$189,155,760	\$135,265,469	\$148,618,514	\$180,774,340
SPORT BETTING- CASINOS	\$0	\$0	\$0	\$100,258	\$1,510,756	\$1,310,905	\$1,446,456	\$1,105,672
SPORT BETTING- CASINO INTERNET	\$0	\$0	\$0	\$0	\$9,417,994	\$14,883,991	\$31,174,740	\$34,920,634
PROGRESSIVE SLOT TAX	\$1,787,402	\$1,929,473	\$1,997,734	\$1,675,978	\$1,808,833	\$1,293,641	\$1,489,123	\$1,950,455
	\$205,964,671	\$209,243,140	\$218,483,600	\$217,573,225	\$266,071,372	\$260,109,380	\$362,898,588	\$457,218,185

3/17/2023

Since the industry contraction noted above, gross gaming revenue has increased with the exception of 2020 due to Covid-19. In June 2018, two casinos reopened – Hard Rock (the former Taj Mahal) and Ocean Casino (the former Revel). The two reopened casinos, as well as continuing operators, have added both gaming and non-gaming amenities and have provided customers and Atlantic City with new and exciting options. In 2022, Total Gaming Revenue (casino win plus Internet win plus sports wagering revenue) was over \$5.2 billion. Over \$454 million in gross gaming revenue tax was added to the Fund. The state’s casino gaming industry is considered the 2nd largest in the United States and its overall contribution to the economy of New Jersey remains considerable.



In the calendar year 2022, Total Gaming Revenue (casino win plus Internet win plus sports wagering revenue) was over \$5.2 billion. In fiscal year 2022, over \$457 million in gross gaming revenue tax was added to the Fund. The state’s casino gaming industry is considered the 2nd largest in the United States and its overall contribution to the economy of New Jersey remains considerable.

Casino Revenue Fund Projections

Based on the uptick in casino revenue in the last three years, the robust growth of Internet revenue as detailed below, the addition of sports wagering, and the opening of Hard Rock and Ocean Casino, there is a growing expectation that such revenue and the annual contributions to the Casino Revenue Fund have now stabilized, and the Fund should continue to experience annual gains over the next several years. However, the Commission is aware that forces outside of the control of this state will continue to try to divert market share from the New Jersey casino industry to gaming in other states. In addition, as detailed in independent reports prepared by Spectrum Gaming and CBRE Equity

Research, if adopted, the smoking ban being considered by the NJ State Legislature will likely result in a reduction of between 11% and 25% in on property gaming revenue thereby negatively impacted Casino Revenue Fund resources._

CASINO REVENUE FUND SUMMARY AND PROJECTION

(thousands)

	Fiscal 2022	Revised 2023	Budget 2024
Opening Surplus	\$ ---	\$ ---	\$ ---
Revenues	457,633	476,496	519,575
Lapses and Adjustments (a)	6,514	(11,412)	7,079
TOTAL RESOURCES	\$ 464,147	\$ 465,084	\$ 526,654
MEDICAL ASSISTANCE			
Community Based Senior Programs	15,834	15,834	15,834
Hearing Aid Assistance	120	120	320
Human Services Administration	871	871	871
Pharmaceutical Assistance to the Aged and Disabled	5,089	5,089	5,089
Personal Assistance	3,734	3,734	3,734
Statewide Birth Defects Registry	516	516	516
TRANSPORTATION ASSISTANCE			
Sheltered Workshop Transportation	2,196	2,196	2,196
HOUSING PROGRAMS			
Developmental Disabilities	435,695	436,632	498,002
OTHER PROGRAMS			
Home Health Aide Certification	92	92	92
TOTAL APPROPRIATIONS	\$464,147	\$465,084	\$526,654
ENDING SURPLUS	\$0	\$0	\$0
GENERAL FUND/PROPERTY TAX RELIEF FUND SUPPORT			
Developmental Disabilities	425,508	432,622	500,229
Managed Long Term Services and Supports	1,131,024	1,247,232	1,376,517
Pharmaceutical Assistance to the Aged and Disabled	38,545	54,213	61,828
Personal Care/Community Programs	39,813	40,240	49,140
Senior and Disabled Citizens' Property Tax Freeze	219,700	199,700	186,800
SOBRA for Aged, Blind and Disabled	298,638	323,161	324,583
Transportation Assistance for Senior Citizens and Disabled Residents	22,310	30,902	38,929
TOTAL SUPPORT	\$2,175,538	\$2,328,070	\$2,538,026

Notes:

(a) Lapses and Adjustments include Interest Earnings, Casino Simulcasting Funds, and shifts in General Fund support.

New Jersey Internet Wagering and Sports Betting

INTERNET WAGERING, excluding sports wagering (15% TAX RATE)

Internet gaming has been another bright spot as online play is very much gaining in popularity. Internet revenue has experienced double digit growth each year since its inception. For the year ended 2022, Internet revenue was over \$1.5 Billion-with \$249 million in Internet Gross Revenue tax generated. Currently, there are dozens of authorized Internet sites (excluding sports wagering) and casinos continue to offer online customers plentiful promotions and amenities.

SPORTS WAGERING (ON-SITE: 8.5% TAX RATE, INTERNET: 13% TAX RATE)

After New Jersey won its decade-long legal battle against the NCAA and major professional sports leagues, the Legislature passed and Governor Murphy enacted legalized sports wagering in New Jersey on June 11, 2018. On June 14, both Monmouth Park and Borgata began accepting sports wagers. Currently, three racetracks and seven casinos have sports pool lounges, and there are over two dozen authorized sites for Internet sports wagering.

In 2022, the Atlantic City casinos and their Internet partners generated over \$293 million in sports wagering revenue, adding over \$38million in tax revenue to the Fund. The ability to offer sports betting provides a significant new level of excitement. Sports wagering has led to cross-over play at the gaming tables and Internet sites. Major events such as the Super Bowl and March Madness brought crowds to Atlantic City, generating additional gaming and non-gaming revenue.

Sports wagering has been a positive for the State of New Jersey and, since its inception, total sports wagering at the casinos and racetracks has exceeded \$2.3billion, parenthetically known as “handle” and reflects the sum of all wagers made including on future events.

On the negative side, the threat of an online gambling ban from the federal government still looms. The impacts of federal ban, if enacted, will further prohibit states enacting legislation that would authorize any form of Internet gambling and may jeopardize New Jersey’s growing Internet market and consequently the growing Casino Revenue Fund dollars produced by it. Further, as other states continue to expand gaming options that include Internet and sports wagering, the State may experience less growth from the competition.

Pending Legislation to Ban Smoking on Atlantic City Casino Floors

New Jersey lawmakers continue to consider legislation that would end the smoking permission afforded to the casinos under the state’s clean air law passed in 2006. Currently, Atlantic City casinos can allow smoking on up to 25% of their gaming floor. According to a report by CBRE Equity Research, those smoking spaces are typically where upwards of 50% of the annual GGR is generated. The CBRE report estimates that “a complete ban on indoor casino smoking at Atlantic City’s nine casinos would negatively impact annual gross gaming revenue (GGR) by as much as 20%-25%”. A separate report by Spectrum Gaming also estimates that a smoking ban would have a significant negative impact on GGR and employment in Atlantic City casinos.

The New Jersey Association of Area Agencies on Aging (NJ4A), which represents New Jersey’s (21) County Offices of Area Agencies on Aging has voiced its opposition to the bill to completely ban smoking on casino floors to the legislature. The Greater Atlantic City Chamber of Commerce, the South Jersey Chamber of Commerce and the industry’s largest labor union, UNITE HERE Local 54, have also all opposed the bill. If smoking is ultimately banned in Atlantic City casinos, the Casino Revenue Fund resources will be negatively impacted.

Atlantic City Economic Recovery

Governor Murphy commissioned Lt. Governor Oliver and the Department of Community Affairs (DCA) to review Atlantic City’s progress and provide strategic advice for the path forward. The resulting report, “Atlantic City: Building a Foundation for a Shared Prosperity,” authored by Special

Counsel to the Governor James E. Johnson, provides the framework for sustainability. The Atlantic City Executive Council and Atlantic City Coordinating Council were created to implement the report with assistance from the DCA.

As a result of the Casino Property Tax Stabilization Act of 2016, commonly known as the PILOT legislation, Atlantic City government appears to be stabilizing. This Act created a more certain revenue stream for the city and provided for municipal management assistance from the state. While this situation does not directly impact the Casino Revenue Fund, the result of a more sustainable municipal economy can greatly affect the business of the casinos that generate revenue for the Fund. It seems that Atlantic City government is on the path to such sustainability with reductions in its overall budget and longer term fiscal solutions to maintain its economic health. It is very important that the city and state continue their efforts to stabilize revenue, reduce expenses and reverse a vicious spiral that has impaired the ability of both casino and non-casino businesses to succeed in the city, the county, and the region.

In summary, the tourist, resort, and convention industry in Atlantic City constitutes a critical component of our State's economic infrastructure that, if properly regulated, developed, and fostered, is capable of providing a substantial contribution to the general health, welfare, and prosperity of the State and its residents. With the three-year increase in gaming revenue, the additional casino properties, the continued success of the Internet gaming component, the addition of sports wagering, and the 2016 PILOT legislation, the Commission is even more hopeful as to the economic recovery and potentially increasing Casino Revenue Fund resources.

Casino Revenue Fund-Supported Programs

Program Name	Department	Division
Community Care Program (CCP) - Individual Supports ¹	Human Services	Developmental Disabilities
Vocational Rehabilitation Services ²	Labor	Vocational Rehabilitation Services
Personal Assistance Services Program ³	Human Services	Disability Services
Community Based Senior Programs ⁴	Human Services	Aging Services
Senior Citizen & Disabled Residents Transportation Assistance Program ⁵	NJ Transit	Public Transportation Services
Homemaker Home Health Aide Certification Program ⁶	Law and Public Safety	Board of Nursing

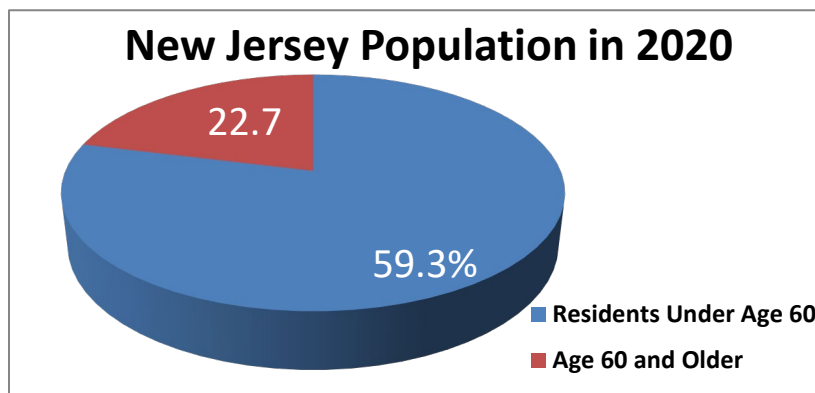
Hearing Aid Assistance for the Aged and Disabled ⁷	Human Services	Deaf and Hard of Hearing
Pharmaceutical Assistance to the Aged and Disabled ⁸	Human Services	Aging Services
Statewide Birth Defects Registry ⁹	Health	Family Health Services
Programs for the Aged ¹⁰	Human Services	Aging Services

1. Individual Support services are services delivered to residents of State-licensed residential facilities to assist them with self-care and habilitation-related tasks. Tasks may include personal assistance, including attendant care, household chores, errand services and training.
2. Provides individualized services to assist persons with disabilities to prepare for, obtain and/or maintain employment.
3. Provides routine, non-medical assistance to adults with disabilities who are employed, involved in community volunteer work, or attending school.
4. Includes Alzheimer's Adult Day Services, Congregate Housing Services, the Safe Housing and Transportation Program, Statewide Respite, Adult Protective Services, Jersey Assistance for Community Caregiving program, and State Weekend Home-Delivered Meals.
5. The Senior Citizen & Disabled Residents Transportation Assistance Program funds capital, operating, and/or administrative expenses for locally coordinated paratransit services for senior citizens and people with disabilities. Although this is paid out of the Property Tax Relief Fund, the amount that the program receives is based on CRF collections.
6. Board of Nursing-approved program providing training to care for ill and disabled individuals.
7. Provides a \$500 reimbursement to offset the purchase of a hearing aid, or up to \$1,000 for the purchase of two. Recipients must meet certain income criteria.
8. Covers the monthly Medicare Part D premiums for eligible seniors and individuals with disabilities that meet certain income requirements.
9. The Registry is a comprehensive, confidential database that provides data that can be used for epidemiological and statistical purposes for children with specific birth defects.
10. Covers costs related to administering programs for seniors.

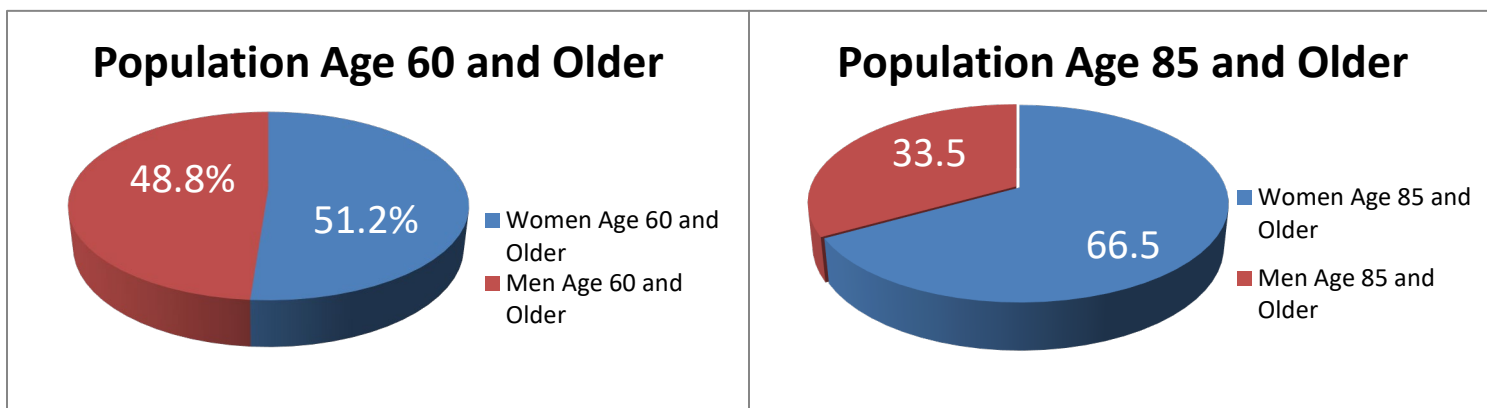
Demographics of New Jersey's Senior Citizens and Adults with Disabilities

Basic Demographics

- New Jersey's population was 9,288,994 in 2020, the most recent year that Census figures were available. 195,9,997 (21.7%) of those were age 60 and older.¹



- In 2020, 72.0% of New Jerseyans age 60 and over were white alone, not Hispanic or Latino. 15.1% were black or African American and 10.0% were Asian.²
- Between 2015 and 2020, people aged 60 years and over made up 29.8% of the population of Ocean County and 33.8% of the population of Cape May. Hudson County had the smallest share of this demographic at just 16.7%.³
- Six counties accounted for nearly half of New Jersey's population age 60 and older between 2015 and 2017: Bergen (222,449), Ocean (176,426), Middlesex (174,746), Essex (155,643), Monmouth (155,055) and Morris (118,169).⁴



- There is a significant gender gap among NJ seniors in 2020. Women accounted for 51.2% of the population aged 60 years and older⁵ and 66.9% of the population 85 and older.⁶

¹ US Census Bureau, 2020 American Community Survey 1-Year Estimates, Table S0102

² US Census Bureau, 2020 American Community Survey 1-Year Estimates, Table S0102

³ US Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table S0102

⁴ Ibid

⁵ Ibid

⁶ US Census Bureau, 2020 American Community Survey 1-Year Estimates, Table B01001

Diversity

- Using one measure of racial/ethnic diversity⁷ and the 2016-2020 ACS data⁸, expressing the chance of two randomly selected residents (age 60 or older) being of different races/ethnicities, Hudson (76.3%), Essex (68.7%), Passaic (64.8%), and Union (63.3%) are the most diverse counties, while Cape May (10.8%), Hunterdon (13.0%), Warren (13.1%) and Sussex (13.3%) are the least diverse. The overall score for NJ is 47.9%, which is higher than the US figure of 41.6%.
- Over the 5-year period (2012-2016) 72.6% of NJ's population age 60 and over was white, non-Hispanic or Latino compared to 76.9% of the US senior population. In five NJ counties, this proportion exceeded 90%: Cape May (94.8%), Sussex (93.7%), Hunterdon, Ocean (both at 93.3%), and Warren (92.3%). Essex (46.5%) and Hudson (37.3%) have the lowest proportions of white, non-Hispanics or Latinos in the state.⁹
- Blacks or African Americans made up 10.5% of NJ's population age 60 or older (2012-2016) compared to 9.4% of the US senior population. Essex (35.3%), Union (19.7%), Mercer (16.7%) and Camden (15.1%) counties have the highest proportions of this demographic.¹⁰
- Asians made up 6.6% of NJ's population age 60 and older (2012-2016), compared to 4.2% nationally. Middlesex (15.6%) had the highest proportion of Asians, followed by Hudson (11.5%), Bergen (11.4%) and Somerset (11.2%).¹¹
- Hispanics or Latinos of any race made up 9.9% of NJ's population age 60 and older (2012-2016) compared to the national figure of 8.2%. Hudson (40.4%), Passaic (23.9%) and Union (16.8%), followed by Cumberland (13%) and Essex (12.7%) had the highest proportions of this category.¹²

English Proficiency

- Among New Jerseyans aged 60 and over, 14.4% spoke English less than "very well" compared to 8.7% of the same population segment across the US. Cape May (1.9%), Salem (2.5%) and Hunterdon (3.1%) counties had the lowest proportion in this category, while Hudson (41.7%), Passaic (26.6%) and Union (23.0%) had the highest figures.¹³

Disability

- The American Community Survey (ACS) estimates the overall rate of people with disabilities in the US population in 2020 was 12.6%.¹⁴
- Disability rates increase with age. In 2017, less than 1% of U.S. citizens under age 5 had a disability. For those aged 5-17, the rate was 5.5%. For ages 18-34, the rate was 6.4%. For ages 35-

⁸ US Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table S0102

⁹ Ibid

¹⁰ Ibid

¹¹ US Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table S0102

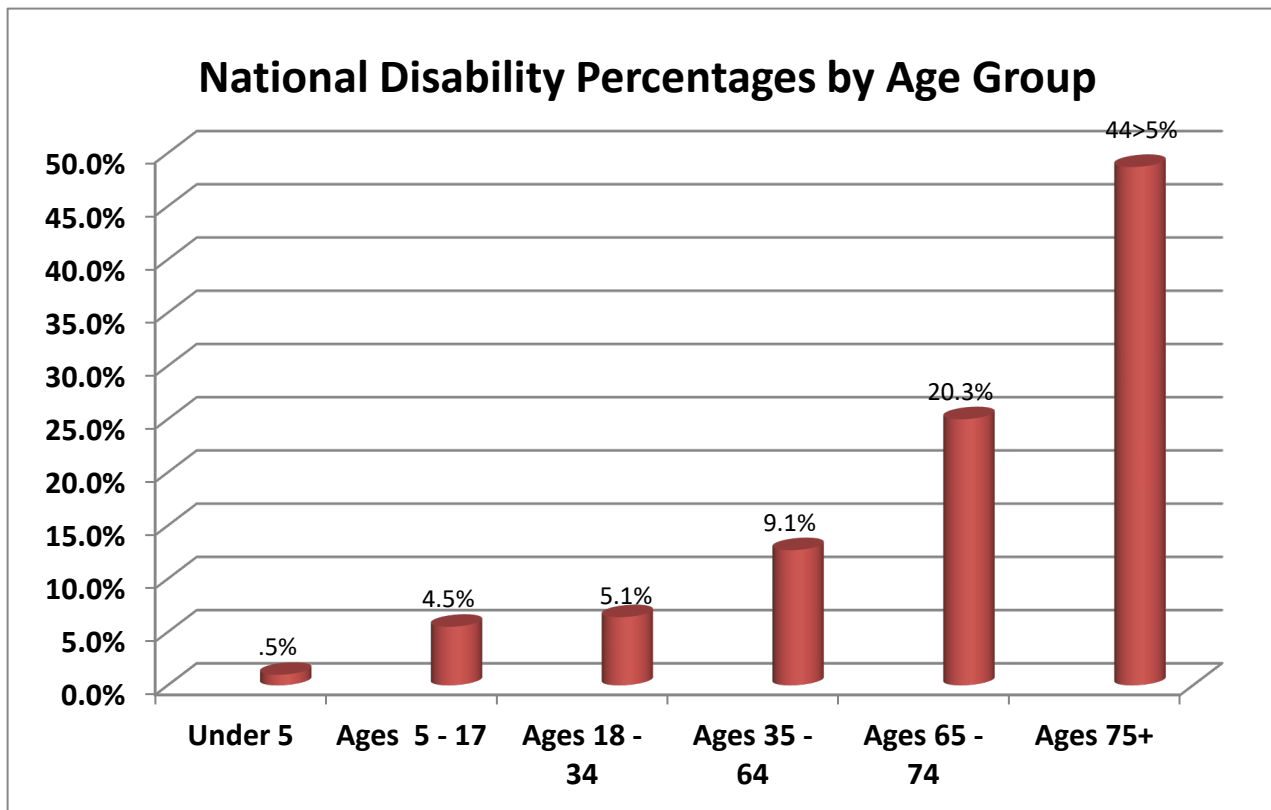
¹² Ibid

¹³ Ibid

¹⁴ US Census Bureau, 2020na American Community Survey, American Fact Finder, Table S1810

64, the rate more than doubled to 12.7%. For ages 65-74, the rate nearly doubled again to 25.0%. Finally, for people aged 75 and older, nearly half (48.7%) had a disability.¹⁵

- With the exception of cognitive disabilities, all other disability types (hearing, vision, ambulatory, self-care, and independent living) have increases in disability percentages with age; cognitive disabilities show the least change between age groups.¹⁶



- The median earnings of U.S. civilians with disabilities ages 16 and over in 2020 was \$25,162, about two-thirds of the median earnings of people without disabilities (\$37,182).¹⁷
- Approximately one in five (19.6%) U.S. civilians with disabilities of working-age in 2020 were living in poverty. For those of working-age without disabilities, the national poverty rate was 10.2%.¹⁸

Poverty

¹⁵ US Census Bureau, 2020 American Community Survey, American Fact Finder, Table s

¹⁶ US Census Bureau, 2016-2020 American Community Survey, American Fact Finder, Table S1810

¹⁷ US Census Bureau, 2020 American Community Survey, American Fact Finder, Table S1811

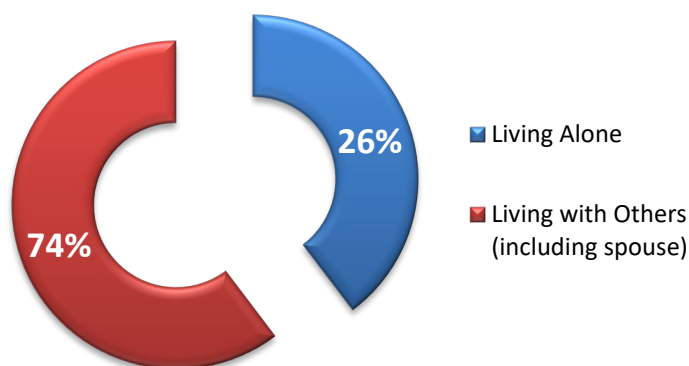
¹⁸ US Census Bureau, 2020 American Community Survey, American Fact Finder, Table S1811

- 84.9% of New Jerseyans age 60 and older had incomes at or above 150% of poverty level compared to 81.3% of the same segment nationally. Hudson County (73.9%) had the lowest proportion above 150% poverty, while Hunterdon (92.4%), Sussex (91.1%), Morris (90.6%), and Somerset (90.3%) had the highest proportions.¹⁹

Isolation

- During the period, 2016-2020, 26.0% of NJ households were made up of a single householder age 60 or older living alone. The national figure was slightly higher at 39.9%. Hunterdon County (34.4%) had the smallest proportion of older, householders living alone, while Essex (44.4%), Atlantic (43.4%), Hudson (43.2%), and Ocean (42.9%) had the largest proportions.²⁰

New Jerseyans 60 and Older: Living Situation



Marital Status

- 56.7% of New Jerseyans age 60 and older were married (excluding separated) and 21.0% were widowed compared to 57.9% married and 19.5% widowed seniors in the US during the same period (2013-2017). Essex (46.6%) and Hudson (47.6%) counties had the lowest proportion of married adults age 60 and older, while Hunterdon (65.6%), Cape May (63.8%), Sussex (64.5%), and Morris (63.4%) had the highest figures.²¹

Economic Security

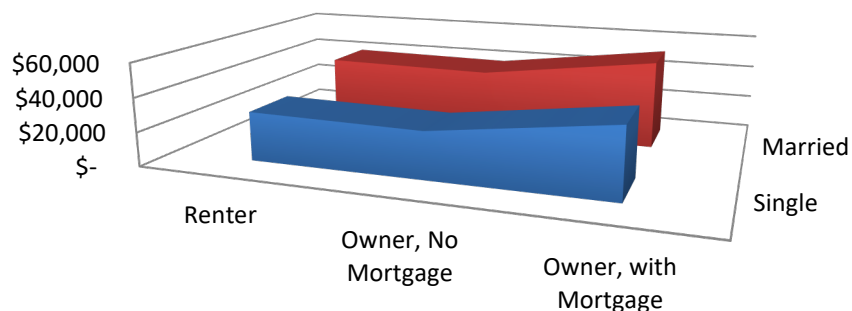
¹⁹ Ibid

²⁰ Ibid

²¹ Ibid

- Social Security is the only source of income for 30% of older adults in New Jersey. In order to meet basic costs of living (i.e., housing, food, healthcare, etc.), a single older adult in New Jersey needs an income ranging from \$28,256 for a homeowner with no mortgage, to \$29,616 for a renter to \$41,292 for an owner with a mortgage. For couples, the needed incomes are \$38,568, \$40,128 and \$51,804 respectively.²²

Cost of Living in New Jersey for Adults Age 60 and Older



	Renter	Owner, No Mortgage	Owner, with Mortgage
Single	\$29,016	\$27,696	\$41,016
Married	\$40,272	\$38,952	\$52,272

²² New Jersey Elder Economic Security Index, 2020.

[NJ Elder Index Report FINAL 1.13.2021.pdf](#)

CRFAC Highlighted Programs

New Jersey Department of Human Services Casino Revenue Funded Programs

Home Delivered Meal Program

An estimated 25% of New Jersey seniors age 60 and older are considered to be food insecure, meaning that they do not have reliable access to a sufficient quantity of affordable, nutritious food. Food insecure seniors are at an increased risk of depression, diabetes, gum disease, asthma, congestive heart failure and malnourishment. They are also more likely to have difficulty performing at least one activity of daily living. In 1972, New Jersey tapped federal funds under Title III of the Older Americans Act to create its Elderly Nutrition Program. The program included nutritious meals (home delivered and congregate meals provided on weekdays only), nutrition education, and nutrition counseling for seniors age 60 and older.

Home delivered meals support individuals who are homebound and therefore unable to attend a congregate meal site. The congregate meals support individuals who are able to receive a meal at a senior center, church hall or other community setting. Every meal served meets the nutritional standard of one-third of the Daily Recommended Intakes/Recommended Dietary Allowance (DRI/RDA), and complies with the current Dietary Guidelines for Americans. Individuals seeking home delivered meals are assessed for need and are provided referrals to other support services that can help maintain them in their homes. Home delivered meals are an essential component of New Jersey's home and community-based and long-term services and supports system, ensuring that participating seniors who are homebound and cannot prepare their own meals receive the benefit of a daily hot, nutritious meal. The program also ensures participants receive a daily visit from the meal delivery person. This reduces their isolation and allows the program to check on their safety.

Under state legislation enacted in 1987, state Casino Revenue Funds (currently set at \$970,000) expanded the weekday program by funding weekend and holiday home delivered meals to frail, elderly who have no other family or community support. The average cost of these meals is \$22.00, which includes all food, staff, operations and delivery costs. Recipients are not charged for the meals, but may make voluntary contributions. For 2022, 3,904,570 meals were provided to 27,692 unduplicated seniors. There was no wait list, however, due to gasoline costs, supply chain issues and increases in food prices, wait lists are anticipated. Additionally, County offices for the aging and disabled report a significant service gap in nutritional services for disabled adults under age 60. Despite the need, there is no dedicated funding stream that provides meals for this group.

Safe Housing and Transportation

Funds for the Safe Housing and Transportation Program, primarily for home repairs and assisted transportation, provide funding for services that would not otherwise have been covered. Twenty years ago, the CRF allocated \$2.9 million to Safe Housing and Transportation; today, the allocation is \$1,131,000 annually. Over the years, the number of seniors needing such services increased tremendously. In 2022, the program delivered 205,332 one-way trips to 6,071 seniors.

The Safe Housing Program has two distinct components: (1) Residential maintenance, and (2) Assisted transportation.

Residential maintenance has existed since the inception of the Safe Housing Program. It provides seniors with home repair services, including:

- Weatherization improvements,
- Housing improvements to deter crime,
- Installation of handrails or ramps to meet the special needs of individual elderly people due to physical disabilities,
- Improvements and repairs to roofs, siding, doors and windows, foundation, floors, interior plumbing, electrical, and painting done to prevent deterioration and in conjunction with repairs.

During calendar year 2021, the Safe Housing and Transportation Program provided 12,064 hours of residential maintenance services to 2,004 seniors in New Jersey.

Assisted transportation is a ride service that includes a literal “helping hand”. This is for functionally impaired or isolated older persons who cannot use more general services, such as a senior bus, public transit, or a taxi service because they require assistance. Assisted transportation is highly individualized. It is usually the only way for the person to utilize community facilities and services, such as banks, stores, medical resources, and other necessary destinations. Last year, 2,912 seniors were assisted with 71,849 one-way trips funded by the CRF.

Adult Protective Services

In early 2020, the Casino Revenue Fund Advisory Commission formally recommended increased funding to NJ's APS program budget. This important recommendation was met with support by the DHS administration. The increase was successfully incorporated into the (2021) state budget for the APS program. The additional annual funding is apportioned to the 21 county APS providers to help support optimal delivery of services to consumers. Prior to this increase, the APS budget had not been increased since 2013.

Adult Protective Services programs are located within each county to screen, investigate, and intervene in cases of suspected abuse, neglect, and exploitation of adults who are living in the community and are unable to protect themselves due to physical or mental illness or other disabling conditions. APS works together with community resources, such as social services, health care providers, and the justice system to stabilize situations with the least-intrusive methods.

By statute, APS must respond to a referral of abuse, neglect or exploitation that meets the State's criteria for involvement within 72 hours and continue intervention until the client is no longer at risk. Waiting lists are not an option, regardless of resources of staff, service availability in the area, or funding.

Sadly, abuse, neglect and exploitation of vulnerable adults residing in the community is on the rise, possibly because of the increase of vulnerable adults living in the community instead of institutions. People with conditions that increase their risk for being abused, such as cognitive disabilities (Alzheimer's and other neurocognitive disorders), developmental disabilities, traumatic brain injury, mental health issues, and physical disabilities, are able to remain at home far longer than in previous years. However, their conditions are also likely to make them unable to identify abusive or exploitative conditions and to avoid them or escape such circumstances on their own.

APS responded to a report of caregiver neglect of a 70-year-old woman who lives with her spouse and had recently returned home following a hospitalization. The woman had suffered a stroke. The home health aide believed the husband was ignoring her care needs. He had informed the agency that he was not filling the medication the doctor prescribed his wife and would not be continuing home care services. APS was contacted by the aide, a mandated reporter. The APS worker met with the couple, assessed the situation and recognized that the spouse had become extremely overwhelmed with his wife's dependent condition. The APS worker also detected that the spouse was concerned about the couple's ability to financially manage these new circumstances. The APS worker helped the spouse evaluate what help was needed to support his wife's care needs and determine if that help was available. By enrolling in various support programs that the APS worker helped him discover, the spouse determined that they could afford to continue to pay for the home health aide to help support his wife's care needs. The spouse was relieved and appreciative of the assistance. The couple appeared to be happy residing together safely in their home with this assistance.

APS programs receive many referrals which do not meet the criteria for their intervention. Those cases are carefully screened and sent to appropriate resources, such as Area Agencies on Aging (often called offices on aging). Situations that meet the statutory requirements are assigned to APS field workers who meet with the vulnerable adults and help arrange services or interventions to meet their needs while protecting their right to confidentiality and self-determination. When vulnerable adults consent to services, APS workers have a statutory requirement to assist the adults in obtaining available services that constitute the least restrictive intervention. Out of the 3,684 cases investigated in 2022, 1,363 cases were substantiated as abuse, neglect, or exploitation.

A well-trained APS workforce is essential to providing an effective response to reports of adult maltreatment through a comprehensive protective services program. Each year, APS workers in all 21 counties are offered several opportunities for professional development on topics that are relevant to the APS program. The areas of focus range from information (tips and techniques) applicable to direct client service to information aimed at enhancing cross-agency collaborations. Continuing education trainings and other staff development efforts help to ensure workers remain on the cutting edge of current trends/issues in this field and provide optimal service delivery to consumers.

Adult Protective Services (APS) continues its commitment to safeguarding and protecting New Jersey's vulnerable adults through combined efforts of expert, well-trained APS workers and partnerships with providers/agencies. Throughout the state of NJ, APS providers raise awareness of the problem of abuse, neglect and exploitation of vulnerable adults. These activities focus on educating the community and system partners about how to recognize abuse and how to get help for the vulnerable adult. The Division of Aging Services also raises awareness through activities highlighting the growing issue of elder abuse and providing information about where to report situations involving suspected abuse.

Congregate Housing Services Program

The NJ Congregate Housing Services Program (CHSP) was created in 1981. The intent of the program is to provide supportive services to residents of subsidized, independent, and affordable senior housing for the purpose of delaying or preventing institutional care. Residents in senior housing are older adults (age 60 and over, plus spouses) and persons with disabilities. Priority is given to those residents who are frail or at-risk of institutionalization.

Services provided in CHSP sites vary and are determined by the assessed needs of the residents with the goal of helping them to age in place. These services may include congregate meals, housekeeping, personal assistance, laundry, and shopping services, depending on the need of the residents and available funding. Participants are low- to moderate-income and contribute a nominal co-pay towards the cost of their services. As times have changed, some senior “buildings” have been constructed as scattered-sites, which look like developments of townhouses; while this design looks less institutional, it has the disadvantage of making it more difficult for the less-mobile residents to socialize and use resources such as community centers. CHSP services have proved vital for those sites in maintaining nutrition, reducing social isolation, and reducing housekeeping and personal care issues.

Every program site employs a CHSP coordinator, who interacts with participants daily. This relationship allows the coordinator to monitor participants’ well-being and act quickly to adjust services that will facilitate continued independence. During SFY22, the program funded 25 providers, operating 48 buildings in 15 counties, and provided services to 1,700 individuals. Although the budget is modest, the program operates efficiently and is popular among residents of program sites. Limited funding leads to a waiting list in many sites. An increase in funding would allow the program to grow and save the State additional money on institutional care.

Mrs. F is a vibrant and active 80-year-old woman who has always been able to clean her apartment on her own.

Due to a fall, Mrs. F injured her wrist and it became difficult for her to clean the way she wanted to. The housekeeping services offered by CHSP has allowed Mrs. F to have a housekeeper who comes to her home twice a month to assist with keeping the apartment clean and to also check-in. Now that her apartment is clean, Mrs. F no longer worries and can focus on things she enjoys doing.

Mrs. F also receives dinner offered by CHSP and enjoys being in the dining room, socializing, and forming meaningful relationships with her neighbors.

During the ongoing COVID-19 emergency, CHSP has proven to be highly resilient, continuing and adapting services to keep residents safe and secure in their homes. Providers demonstrated great flexibility and continued to provide supportive services to their residents during this difficult time. CHSP Coordinators continue to rethink and adjust how services were being delivered, tailoring the service delivery to the needs of the residents. Changing technology, new options for care and interpersonal connectivity, and the staffing and cost efficiency of “congregate” shared services has made CHSP a model of adaptability in an uncertain world.

Transportation

NJ TRANSIT administers the Senior Citizen & Disabled Resident Transportation Assistance Program (SCDRTAP) in accordance with the “Senior Citizen and Disabled Resident Transportation Assistance Act” of 1984. SCDRTAP is funded through an annual allocation of the Casino Revenue Fund (CRF). Eighty-five percent of the funds are distributed to the 21 counties on a formula basis for providing transportation to senior citizens and people with disabilities. This funding has been successful in developing and supporting a network of coordinated, paratransit and community transportation services for senior citizens and people with disabilities in each of the 21 Counties in New Jersey. The remaining 15% is allocated to NJ TRANSIT, with ten percent used to administer the SCDRTAP program and five percent is used for NJ TRANSIT accessibility improvements.

According to NJ TRANSIT, approximately 3.2 million trips per year are provided through these county-wide systems with all their funding sources, and about 1 million trips are provided by funding from the CRF. These include trips for non-emergency medical, veterans’ services, nutrition programs, shopping, employment, job training and post-secondary education. For many who use the county transportation services there is no other alternative as they are unable to use the regular fixed route services due to their age or disability.

Over the last 30 years, Jane Smith, who has a cognitive disability, has been riding the Sen-Han transportation to her job at St. John God Community Services. Without the SCDRTAP funded transportation, she wouldn’t be able to lead a productive life. The driver who drops Jane off always “toots the horn to say good bye.” As Jane’s mother, Mrs. Smith, mentions in her thank you to Sen-Han, she takes great comfort in knowing her disabled adult child is being transported by a driver who “is kind and has a compassionate spirit.”

As the COVID-19 pandemic crisis continued through 2020 and well into 2021, the county transportation departments continued to work closely with their respective Health and Office of Emergency Management departments to develop safe operating plans to continue these vital services for seniors and persons with disabilities in our State. County providers adapted their services and policies to ensure the availability of transportation for essential services and quality of life necessities such as non-emergency medical trips (NEMT), meal deliveries, and food shopping trips.

They also implemented new practices to coincide with the federal mask mandate, (Executive Order 13998 of January 21, 2021) where each county has required face masks for customers and drivers unless there are health reasons for not wearing one. They have minimized driver interactions, changed scheduling protocols to provide proper social distancing on vehicles, added more frequent cleaning and disinfecting of vehicles, and provided Personal Protective Equipment (PPE) to their staff and even in some cases their passengers.

With the availability of vaccines open to the most vulnerable population in the State, the counties ensured that transportation was not an obstacle for seniors and persons with disabilities. Many counties provided free transportation to/from vaccination sites, created weekly shuttle runs to and

from sites, and even partnered with other departments by offering drive-thru vaccination shots on the buses where passengers didn't have to leave their seats. Nothing was off the table, in order to ensure that all their residents had equity in vaccine access.

Counties are beginning to see an increase in ridership as many centers have begun to reopen and riders are beginning to feel more comfortable on public transportation. In January of 2022 the county transportation systems approximately doubled their ridership from the previous year. We anticipate ridership to continue to increase as more and more nutrition sites and other locations continue to open their doors.

The county-coordinated systems are also exploring new methods of service delivery. One method that was of great assistance during the pandemic was Essex County Community Transportation TNC program. Essex County Community Transportation provides transportation options to many residents in Essex County including seniors, individuals with disabilities, and in some cases the general public. One of the services Essex County provides is the TNC Challenge pilot program which assists Essex County with day-to-day transit capacity issues by enabling the County to provide more service with a minimal budget impact by utilizing Transit Networking Companies (TNC) to enhance their services. This program assisted the county during the peak of the pandemic and has continued to help bridge their gap when needed.

Statewide Respite Care Program

The Statewide Respite Care Program came into existence in 1987 through Public Law 1987, Chapter 119 after a demonstration project. It is the intention of the program to provide relief to caregivers from the routine daily basic care tasks that they provide. This break period, or respite, can be taken intermittently or on a more intense schedule for a short period of time. The services that will be given directly to the care recipient are based on the assessed need of each individual caregiver to allow for what is truly needed to give that individual the respite they need to continue in their role as a caregiver. A second purpose of the program is to delay and/or prevent the institutionalization of the care recipient.

The target population for the Statewide Respite Care Program is limited to those individuals who are at risk of severe illness, fatigue or stress due to the demands of their basic, daily caregiving responsibilities of the care recipient. These uncompensated caregivers, who are providing care to frail elderly, or individuals with a chronic disease, illness, or condition, provide many hours of care to the recipients and would have no other way of obtaining these respite services. The respite services can help to relieve some of the mental, emotional and physical stress and strain they may experience as caregivers.

In 2022, 1,648 caregivers and care recipients were served through the Statewide Respite Care Program. Since the COVID-19 pandemic, caregivers are slowly readjusting to the idea of care coming into the home or the care recipient going out of the home for care, such as to an adult day center or a short inpatient facility stay.

“As the daughter of a mother who went from being extremely self-sufficient to needing around the clock care in a matter of weeks, I was not prepared mentally or financially for such an undertaking. The Respite Program was honestly a life-saver that assisted in making sure I could keep my mom in our home, safe, well taken care of most importantly happy. I didn’t even know all the resources available to us through the program and once I did, it felt like I had someone on this journey with me. [The Coordinator] was always helpful, friendly and ensured I knew all the resources available to me. Thank you so much!!!”

Respite offers a number of services, some of which include: adult medical and social day care, assisted living, nursing facility stays, camperships, and home health aides. Another component of the program, the Caregiver Directed Option (CDO), is a reimbursement for goods and services which will give the caregiver a break, or make caregiving tasks easier, and again, is based on the assessed needs of the caregiver. And lastly, in the case of an emergency, the Program has a separate application which can even be completed over the phone that expedites the process to assist the caregiver very rapidly, often the same day. Some examples of when the emergency application would be used are: the sudden incapacitation of the caregiver due to injury or a sudden illness like a stroke, an unexpected death of a family member, or a natural disaster. There is a cost share component to the Respite Program which allows for program expansion in addition to providing for non-core services, such as transportation, supplies, and in one county, even the provision of tote bags individually customized to include resources specific to that caregiver and care recipient.

Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders

Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders (also known as the Alzheimer's Adult Day Services Program, or AADSP) provides ongoing relief and support to caregivers of persons with Alzheimer's disease or a related disorder through provision of subsidized adult day care services at contracted centers. There are currently 23 centers, in 15 counties, contracted to provide adult day services through this program. The services include, but are not limited to:

- A day of meaningful activities geared to each participant's functional levels and interests. The day is a minimum of five hours, not including transportation time.
-
- A 1:5 staff ratio, to provide the structure and direction that people with dementia require.
- At least one full meal, meeting 1/3 of the Daily Recommended Intake.
- Substantial support to the participants' family caregivers, including preparation and education regarding dementia behaviors and advancement of the disease.

Participants are provided with up to five days of service per week, depending on their need and the availability of funds. Participants may not reside alone (for safety reasons); rare exceptions are made if the participant is assessed very early in the disease process and has documented oversight to reduce risk. Their family caregivers are uncompensated for the care they provide. Often, they are sacrificing their own savings, work hours, and health to keep the participants at home.

Income eligibility for the program is based on the care recipient's income and liquid assets. There is a sliding scale for the cost share. Cost share monies are put directly back into the program for services.

This program has a significant positive impact for participants and their caregiving families. Those impacts are emotional, physical, and financial, as many of the families give up or reduce their employment and spend their own retirement savings to support the person with Alzheimer's, which can be for 20 years or more.

Personal Assistance Services Program

The PASP is a self-directed personal care assistance program designed to support adults, ages 18-70, with permanent physical disabilities who are employed, preparing for employment through a vocational training program, involved in community volunteer work, or attending school and who do not have access to personal care services by other means. The program provides routine personal care assistance based on individual need, up to a maximum of 40 hours per week. Personal assistants can help with tasks such as bathing, dressing, meal preparation, shopping, driving or using public transportation. PASP has a cost share based on income. The CRF's allocation for PASP is \$3.7 million.

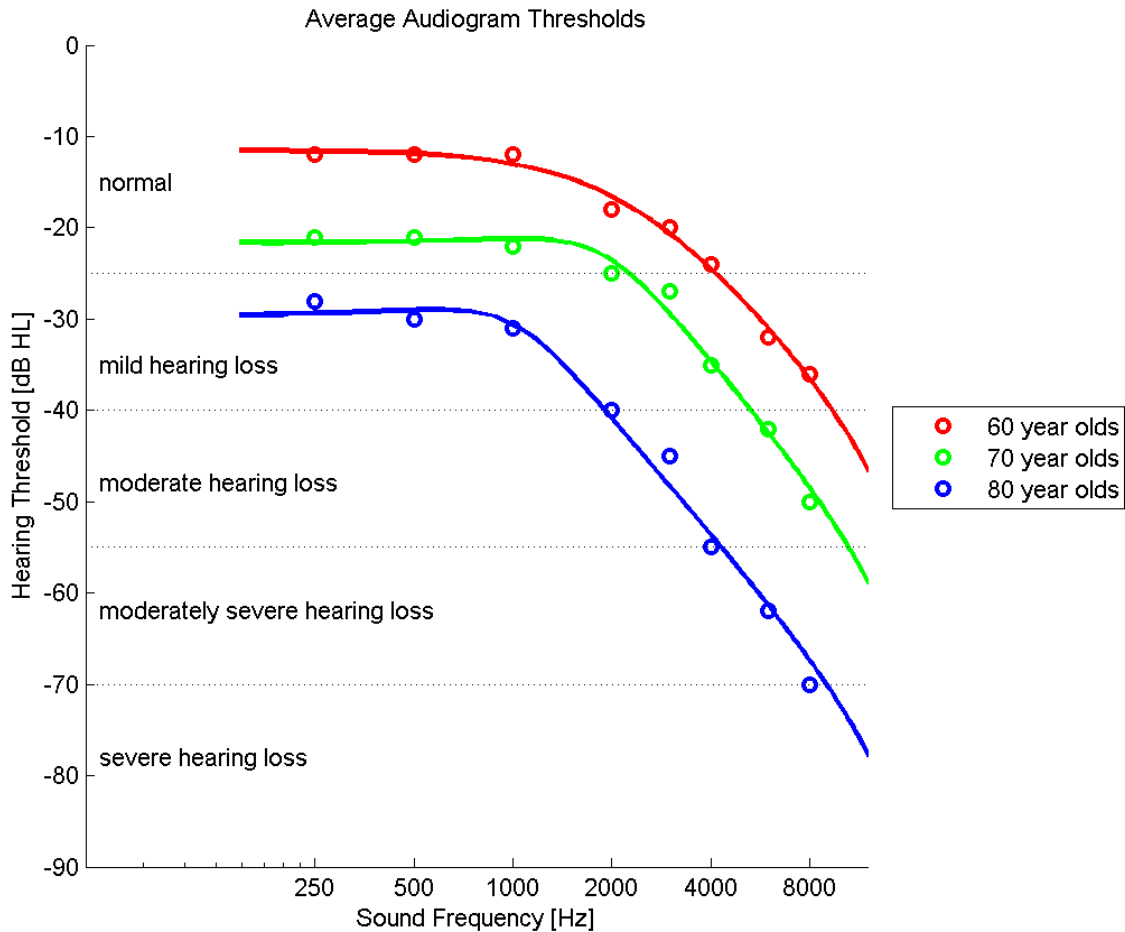
PASP began as a demonstration program in 1986 in 10 pilot counties. Since that time, it has expanded to all 21 counties and currently serves 506 participants statewide. PASP offers consumers choice, flexibility, control and the opportunity to manage personal care services through the use of a monthly budget. Through the development of a cash management plan (CMP), consumers determine how their monthly budget will be used to support their needs. Budgets can be used to hire private employees or purchase services through an agency; to purchase services and/or equipment to enhance independence and decrease the need for employee assistance. A fiscal intermediary agency is employed to administer the budget as determined on the CMP and to assist consumers with duties related to establishing themselves and an employer. County Coordinators administer the program and serve as the liaison between the consumer and the funding agency, the Division of Disability Services. In this role, County Coordinators serve as the first level of support and point of contact for all PASP issues. They are available via phone, email, and home visits as necessary.

Ms. S lives in Warren County. She is 54 years old and her disability is multiple sclerosis. She volunteers at a local nursing home and says "I am wheelchair bound but I still can provide assistance by cheerful visits to the residents. There are many residents who don't have family and are lonely, so they love visits!" PASP has enabled her to remain in her home. She says she is totally dependent on assistance in getting dressed, bathed, etc. so getting help through PASP is life-changing. She says she would be in a nursing home without it! Her favorite thing about the program is that she is still independent, she likes hiring her own assistants, and she has the support of her consultant when needed

Mr. G., a 31 year old man from Cumberland County is an individual with cerebral palsy. He earned his Bachelor of Science degree. He always knew he could earn a college degree with the proper support and he feels that PASP made his dream a reality in a field that he is talented in. He does a lot of volunteering in his spare time. PASP has changed Mr. G's life because he feels that it has given him the option to "personalize" his care by allowing him the opportunity to choose the right person for the tasks. He has a variety of caregivers because he has a variety of needs. The Cash Model concept under the Personal Assistance Services Program allows his care to be the most responsive and effective care that he could receive. Even his mother is one of his caregivers and he is thankful for the opportunity to hire his own caregivers, it is his favorite part of PASP

Hearing Aid Assistance to the Aged and Disabled

Hearing Aid Assistance to the Aged and Disabled (HAAAD) provides a \$500 reimbursement to eligible persons who purchase a hearing aid, and up to \$1,000 for two hearing aids. Few programs exist to defray the high cost of hearing aids, and yet hearing loss is one of the most common afflictions for older adults.



Hearing loss has been shown to increase the risk for cognitive disorders, such as Alzheimer's disease²³.

"Hearing Aid" means a custom-fitted ear-level or body-worn electronic device which enhances communication for the hearing impaired. Medicare does not cover hearing aids.

Application for the HAAAD program is done through the NJSave online or paper application that is used for PAAD.

Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program

PAAD is a state-funded program that provides coverage for prescribed legend drugs, insulin and insulin supplies, and some Part B-covered drugs. The PAAD co-payment is \$5 for each PAAD-covered generic drug prescription and \$7 for each PAAD-covered brand name drug prescription. Income limits are changed annually to match the Social Security Administration's cost of living adjustment (COLA). Through Governor Phil Murphy's SFY22 budget, the limits increased \$10,000 effective January 1, 2022, and currently are \$42,142 for individuals and \$49,209 for couples.

The program has seen decreased in costs through its requirement that beneficiaries enroll in Medicare Part D, a federal program that subsidizes the costs of prescription drugs. This has allowed some CRF revenues formerly allocated to PAAD to be appropriated to other critical programs that are supported by casino revenues.

Individuals apply for PAAD through the program's NJSave online or paper application. Using this one application, the program may find the applicant eligible for several other valuable benefits. For example, if eligible for PAAD, the applicant may be eligible for benefits through the Lifeline utility assistance and Hearing Aid Assistance to the Aged and Disabled (HAAAD) programs. Once on the PAAD program, they may also qualify for a property tax freeze and reduced motor vehicle fees.

Moreover, NJSave gives the applicant the opportunity to apply for the Medicare Savings Programs that assist with Medicare premiums and other Medicare costs. Further, by filling out the NJSave application the applicant is screened for benefits provided by the Universal Service Fund (USF) and the Low-Income Home Energy Assistance Program (LIHEAP) – two more programs that help pay for utility costs. They are also screened for Medicare Part D's Low Income Subsidy, also called "Extra Help"; and the New Jersey Supplemental Nutrition Assistance Program (NJ SNAP) – formerly known as Food Stamps – that helps people who meet certain income criteria buy groceries.

More information on NJSave, including a full list of programs accessed through the application, is posted at

www.state.nj.us/humanservices/doas/services/njsave.



As of March 6, 2023, more than 31,600 online applications were received since the app launched in November 2018, with about 36% submitted with the assistance of a family member, friend or social worker.

New Jersey Department of Health Casino Revenue Funded Programs

Special Child Health Services Case Management (SCHSCM)

The SCHSCM program has been in operation for 36 years. In SFY 2021, 21 health service grants were awarded, including 21 Case Management grants (one per county), partially funded by the County Boards of Chosen Freeholders, and 1 for family support to a community-based agency. Funded projects enable families with children with special health care needs, including autism and hearing loss, to access quality comprehensive case management services and family support, regardless of economic status. In addition, families are assisted in identifying and accessing support across departments and programs, such as the Catastrophic Illness in Children Relief Fund program, Supplemental Security Income (SSI), NJ FamilyCare, etc. Grantees connect needy families to medical, dental, rehabilitative, social, emotional, and economic resources for the care and treatment of their handicapped child and assist families to coordinate access to community-based services; development of an individualized service plan; periodic monitoring of progress in meeting the child and/or the family's needs; and transition to adult services as appropriate.

The target population of the program is children with special health care needs. The New Jersey population of individuals with special health care needs age birth-21 years is 73,084. 22,000 consumers were served in the 2018 calendar year with 85,856 service units delivered. A service unit is comprised of contact between one client and one professional.

The Casino Revenue Fund contributes \$329,000 to this program. Due to continued level funding, some SCHSCM grantees are experiencing a reduction in full-time equivalent case management staffing. SCHSCM staffing at the New Jersey State Office remains a challenge during SFY19 with 8 vacancies out of 10 total positions. Efforts are underway to utilize temp agency employees to continue SCHSCM work at the State Office while measures are taken to fill vacancies.

Patrick was born premature in 2013 at 24 weeks, extremely medically fragile, diagnosed with chronic lung disease and asthma, and referred to SCHSCM through the Birth Defects and Autism Registry. SCHSCM provided/linked Mom with family support and education training through his three hospitalizations. Mom reports that her husband left in October; although he visits Patrick occasionally, he provides no financial support. Mom has no local family support. Although Mom attempts to work, SCHSCM assisted with successful applications for Supplemental Security Income (SSI), Medicaid and Payment of Premium program, Temporary Assistance to Needy Families (TANF) and food stamps, charitable contributions to assist with costs for diapers, wipes, food, clothing, car payments and insurance expenses. SCHSCM provides telephone monitoring, home and office visits for this family.

Specialized Pediatric Services Child Evaluation Centers (CEC)

In operation for 33 years, the CEC program ensures in-state access to multi-disciplinary team-based evaluations that assess the needs of children age birth-21 years with congenital and/or acquired neurodevelopmental disorders including communication, learning and behavior disorders. A comprehensive team-based plan of care is developed and shared with the parents and designated providers. The most frequently diagnosed conditions for children evaluated at CECs continue to be Attention Deficit Hyperactivity Disorder, Behavioral Disorders, Psychiatric, Speech Disorders, and Autism Spectrum Disorder. The nine hospital-based outpatient clinics receive partial funding through health services grants to maintain regional access to these services which are in high demand; some Centers have waiting lists greater than three months for an initial appointment. These health service grants are not intended to make an agency whole; however, no child is to be turned away due to inability to pay. The Centers for Disease Control and Prevention estimates that 1 in 88 children are identified with an autism spectrum disorder (ASD). The rate of autism reported in New Jersey children is 1 in 49, and the demand for CEC evaluation services is anticipated to continue.

During February and March of SFY19, a survey was administered across all 9 CECs to assess for current wait times for an initial appointment and what measures are taken to address the wait times. According to the Survey, two thirds of the CECs had a wait time for initial comprehensive evaluation greater than 3 months. The CECs completing the survey cited limited number of providers and increased referrals as key contributors to the increased wait time for an initial evaluation at their CEC. CEC's have taken measures to address the wait time for an initial CEC appointment such as the use of stand by wait lists, implementation of consultation visits prior to initial evaluation, completion of intake prior to the initial evaluation and utilization of centralized scheduling. A meeting will be scheduled for the conclusion of SFY19 to further discuss the findings of this survey and to explore additional solutions.

Max, a seven-year-old male with Fetal Alcohol Syndrome Disorder (FASD) attended a follow-up appointment at a regional CEC with FASD services and was seen by the developmental pediatrician. Max had been previously evaluated and diagnosed with both FASD and Attention Deficit Hyperactivity Disorder (ADHD) at the CEC in 2013. Max currently attends a school with a special program for children with behavioral disorders. The developmental pediatrician met with Max and his father to discuss their needs. Dad stated that Max's school has reported increased disruptive behavior over the past month and that his current medication regimen "is not helping." Max's primary pediatrician does not have the expertise to treat Max's FASD and ADHD disorders and behavior, or to manage behavioral medications. Recommendations were shared with Max's pediatrician, school's child study team, and Dad to manage behaviors at home and in class. Those recommendations included a change of medication, the start of behavioral therapy through CEC or Perform Care, encouragement of participation in after-school football, continuation of speech therapy and occupational therapy through the school and a follow up with the FASD Center after 4 weeks.

The Casino Revenue Fund contributes \$200,000 to this program. The target population for this program, individuals with special health care needs age birth-21 years, is 73,084 in New Jersey. 58,349 consumers were served in the 2018 calendar year with 114,183 contacts between one client and one professional were delivered.

New Jersey Department of Labor and Workforce Development Casino Revenue Funded Programs

Extended Employment Transportation Program

The Casino Revenue Fund contributes \$2,196,000 to the Extended Employment Program. The program works to defray the travel expenses of individuals with disabilities who use NJ Transit, personal auto, facility vans and para-transit services to attend Extended Employment (Sheltered Workshop) programs. The program reimburses disabled individuals for the round trip mileage from their home to the extended employment program. In SFY 2019 (to date) 4689 individuals with disabilities have been served. This has provided 382,356 round trips.

This partnership has proven invaluable for our customers with disabilities. We continue to appreciate the work that we are able to accomplish together and look forward to new opportunities for collaboration.

Recommendations

With the growing aging population, the critical nature of the all of the programs in assisting elderly and disabled to remain in their own homes cannot be emphasized enough. The attention of legislators is requested for the funding recommendations which are based upon the Commission's findings as a result of:

- An extensive survey to collect data on expenditures and program activities and production.
- Meetings with Legislators and State officials.
- Presentations to the Commission by Casino Revenue Fund program providers and administrators; and
- Research conducted individually by Commission members in an effort to obtain accurate, updated, and detailed information in regard to the Casino Revenue Fund history, record of allocations, projections, and expenditure of funds.

The funding recommendations below reflect the increase that the Casino Revenue Fund has experienced through increased internet gaming. The Commission currently lacks sufficient membership for a quorum. Thos Commission members present on the Special Advisory Meeting to discuss the annual report on April 21, 2023, recommend no cuts be made to current funding of casino revenue funded programs for fiscal year 2024

For FY2023 the Commission recommends additional funding for the following priority areas:

1. An increase for In Home Services including PASP , JACC, Respite Care
2. Creation of a funding allocation for home-delivered and congregate meals for disabled adults under age 60
3. An increase for transportation-SCDRTAP
4. An increase for the Congregate Housing Services program -
5. Increase for Adult Protective Services

