2019 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 2020 Budget

Presented to

Phil Murphy, Governor
Stephen Sweeney, Senate President
Craig Coughlin, Assembly Speaker
The New Jersey State Legislature

June 2019

Table of Contents

Casino Revenue Fund Advisory Commission

Members

CHAIR – James Thebery, M.A. CSW (Representing the NJ Association of County Disability Services)
VICE CHAIR – Tina Zsenak (NJ Dept. of Human Services, Division of Aging Services)
SECRETARY – James Carney (Representing Seniors)

Legislature

Senator Dawn Marie Addiego
Senator Vin Gopal
Assemblyman Paul Moriarty
Assemblywoman DiAnne Gove
Assemblyman Vince Mazzeo

Public

Representing Seniors	Representing the Disabled
Assembly appointed: VACANT	Assembly appointed: VACANT
Senate appointed: James Carney	Senate appointed: Robert Barr
Governor appointed: Peggy Carrigg	Governor appointed: VACANT

Ex Officio

James Thebery, M.A. CSW (NJ Association of County Disability Services)
Joseph Tyrrell (Casino Association of New Jersey)
Tina J. Zsenak (NJ Dept. of Human Services, Division of Aging Services)
Maureen Bergeron (NJ Association of Area Agencies on Aging)
Frank W. Haines III (Office of Legislative Services)

Support Staff

Desmond Webb, Office of Management and Budget (OMB)
Roberta Monte, Fiscal Manager, Department of the Treasury
Karen Storcella, Department of the Treasury

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 10.36 billion dollars.***

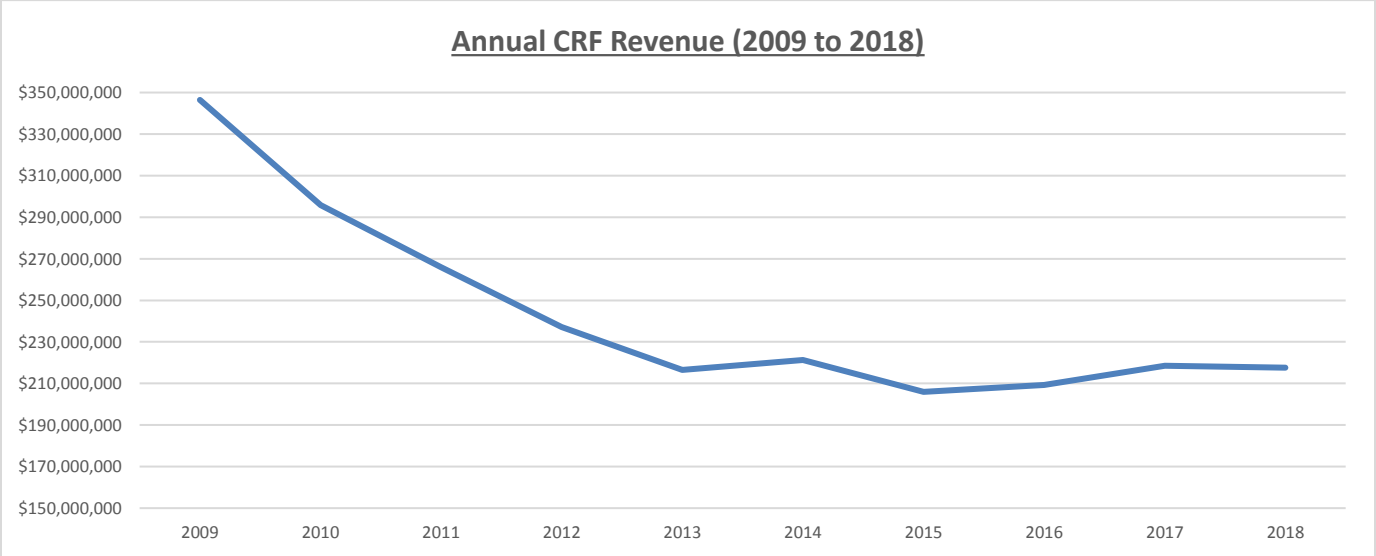
Casino Industry Status

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. Unfortunately, due originally to the impacts of the national economic downturn and then to the proliferation of gaming in neighboring states and its own municipal financial issues, the Atlantic City market experienced a contraction from 2008 through 2015. At the worst of that contraction in 2014 four casino resort properties, ACH, Revel, Showboat and Trump Plaza, discontinued their respective businesses and in 2016, a fifth casino, the Taj Mahal, closed. Consequently, the revenue generated by Atlantic City casinos declined from its peak in 2006.

End of Year Total CRF											
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
INTERNET GAMING TAX	$0	$0	$0	$0	$0	$10,723,750	$19,801,721	$25,775,697	$33,523,650	$39,640,711	$45,082,939
EXPIRED CASINO VOUCHERS	$3,007,017	$4,129,843	$502,803	$536,450	$595,762	$513,298	$413,929	$387,631	$338,219	$344,407	$301,756
CASINO FINES	$33,798	$149,470	$53,308	$109,713	$181,355	-$4,481	$53,337	$51,465	$131,793	$44,710	$227,009
CASINO PARKING TAX	$5,447,463	$5,007,502	$6,261,330	$1,799,227	$6,541,151	$4,631,493	$3,848,315	$3,260,741	$3,405,147	$3,312,119	$2,795,906
CASINO ROOM FEE	$4,877,959	$5,077,814	$4,818,505	$5,088,108	$4,846,158	$4,989,354	$3,073,653	$2,611,205	$2,104,436	$1,840,855	$1,003,525
GROSS REVENUE TAX	$329,302,676	$278,075,677	$251,132,155	$227,084,258	$201,739,626	$197,363,834	$176,986,313	$175,226,929	$176,982,621	$170,614,187	$173,277,401
SPORT BETTING- CASINOS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$100,258	$1,427,080
SPORT BETTING- CASINO INTERNET	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$8,292,985
PROGRESSIVE SLOT TAX	$3,767,119	$3,309,688	$3,127,700	$2,504,012	$2,556,910	$3,009,060	$1,787,402	$1,929,473	$1,997,734	$1,675,978	$1,478,796
	$346,436,031	$295,749,994	$265,895,800	$237,121,768	$216,460,961	$221,226,308	$205,964,671	$209,243,140	$218,483,600	$217,573,225	$233,887,396

As of 6/11/19

Since the industry contraction noted above, gross gaming revenue has increased for three straight years (2016, 2017, and 2018). In June 2018, two casinos reopened – Hard Rock (the former Taj Mahal) and Ocean Casino (the former Revel). Since the re-openings, the casino industry has seen eleven straight months of increases in casino win and Internet win (as of April 2019). 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 2018, Total Gaming Revenue (casino win plus Internet win plus sports wagering revenue) was over $2.8 billion for an increase of 7.5% from 2017. Over $232 million in gross gaming revenue tax was added to the Fund. The state's casino gaming industry is considered the 3rd 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.

CASINO REVENUE FUND SUMMARY AND PROJECTION
(thousands)

	Fiscal 2018	Revised 2019	Budget 2020
Opening Surplus	$ ---	$ ---	$ ---
Revenues	217,573	251,637	261,317
Lapses and Adjustments (a)	1,595	(18,552)	172
TOTAL RESOURCES	**$219,168**	**$233,085**	**$261,489**
MEDICAL ASSISTANCE			
Community Based Senior Programs	14,748	14,748	14,748
Hearing Aid Assistance	120	120	120
Human Services Administration	871	871	871
PAAD -- Expanded	9,558	5,089	5,089
Personal Assistance	3,734	3,734	3,734
Statewide Birth Defects Registry	529	529	529
TRANSPORTATION ASSISTANCE			
Sheltered Workshop Transportation	2,196	2,196	2,196
HOUSING PROGRAMS			
Developmental Disabilities	187,320	205,706	234,110
OTHER PROGRAMS			
Home Health Aide Certification	92	92	92
TOTAL APPROPRIATIONS	**$219,168**	**$233,085**	**$261,489**
ENDING SURPLUS	**$0**	**$0**	**$0**
GENERAL FUND/PROPERTY TAX RELIEF FUND SUPPORT			
Developmental Disabilities	329,819	294,753	345,654
Managed Long Term Services and Supports	451,196	833,174	967,670
PAAD -- Expanded	49,672	45,323	39,053
Personal Care/Community Programs	38,227	38,227	38,227
Senior and Disabled Citizens' Property Tax Freeze	207,600	204,400	201,700
SOBRA for Aged and Disabled	282,601	285,473	286,705
Transportation Assistance for Senior Citizens and Disabled Residents	17,801	18,586	18,508
TOTAL SUPPORT	**$1,376,916**	**$1,719,936**	**$1,897,517**

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 year ended 2018, Internet revenue was $298.7 million, an increase of $53 million or 21.6% from 2017. Cumulatively, Internet revenue has passed the billion dollar mark for a total of $1.2 billion, and generated Internet Gross Revenue Tax of $174.5 million. Currently, there are 28 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, two racetracks and eight casinos have sports pool lounges, and there are 15 authorized sites for Internet sports wagering.

Since the inception of sport wagering, the Atlantic City casinos have generated over $81.7 million in sports wagering revenue, adding over $9.8 million 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 $2.6 billion, 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.

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 Waiver (CCW) - Individual Supports[1]	Human Services	Developmental Disabilities
Statewide Birth Defects Registry	Health	Family Health Services
Vocational Rehabilitation Services[2]	Labor	Vocational Rehabilitation Services
Hearing Aid Assistance for the Aged and Disabled	Human Services	Aging Services
Pharmaceutical Assistance to the Aged and Disabled	Human Services	Aging Services
Personal Assistance Services Program[3]	Human Services	Disability Services
Community Based Senior Programs[4]	Human Services	Aging Services
Transportation Assistance for Senior Citizens and Disabled Residents	NJ Transit	Public Transportation Services
Adult Protective Services[5]	Human Services	Aging Services
Homemaker Home Health Aide Certification Program[6]	Law and Public Safety	Board of Nursing

① Individual Support services are self-care and habilitation-related tasks performed and/or supervised by service provider staff approved individual caregiver in an individual's home or in other community-based settings.

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 or attending school.

④ Includes Alzheimer's Adult Day Services, Congregate Housing Services, the Safe Housing and Transportation Program, Statewide Respite, Adult Protective Services, and Statewide Home-delivered meals.

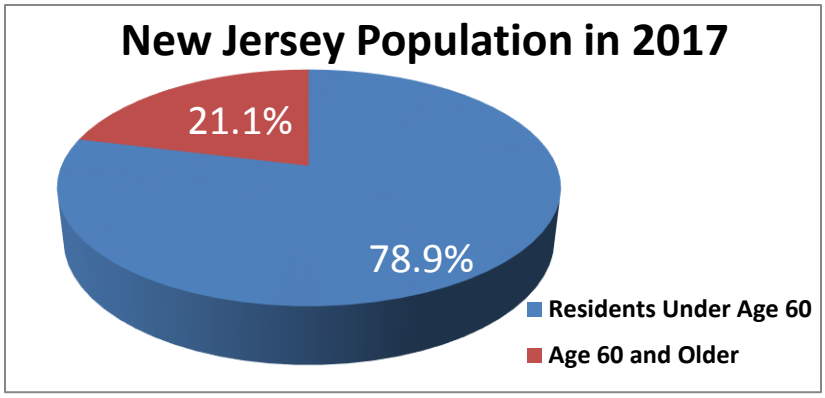
⑤ Receives and investigates reports of suspected abuse, neglect, and exploitation of vulnerable adults living in a community setting.

⑥ Board of Nursing-approved program providing training to care for ill and disabled individuals.

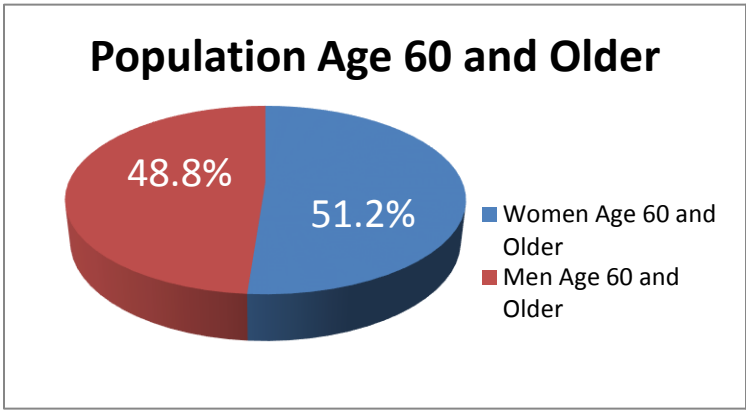
Demographics of New Jersey's Senior Citizens and Adults with Disabilities

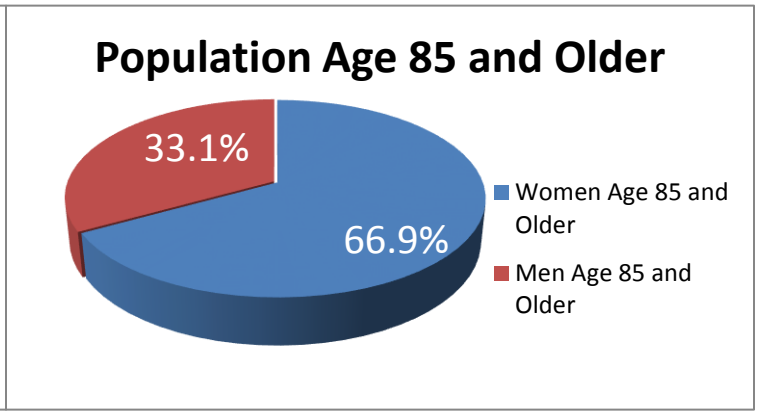
Basic Demographics

- New Jersey's population was 8,960,161 in 2017, the most recent year that Census figures were available. 1,892,597 (21.1%) of those were age 60 and older.[1]



- In 2017, 72.0% of New Jerseyans age 60 and over were white alone, not Hispanic or Latino. 10.5% were black or African American and 6.8% were Asian.[2]
- Between 2013 and 2017, people aged 60 years and over made up 28.4% 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 2013 and 2017: Bergen (211,672), Ocean (167,321), Middlesex (164,677), Essex (146,732), Monmouth (142,622) and Morris (110,520).[4]





[1] US Census Bureau, 2017 American Community Survey 1-Year Estimates, Table S0102
[2] US Census Bureau, 2017 American Community Survey 1-Year Estimates, Table S0102
[3] US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S0102
[4] Ibid

- There is a significant gender gap among NJ seniors in 2017. Women accounted for 51.2% of the population aged 60 years and older[5] and 66.9% of the population 85 and older.[6]

Diversity

- Using one measure of racial/ethnic diversity[7] and the 2013-2017 ACS data[8], 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]

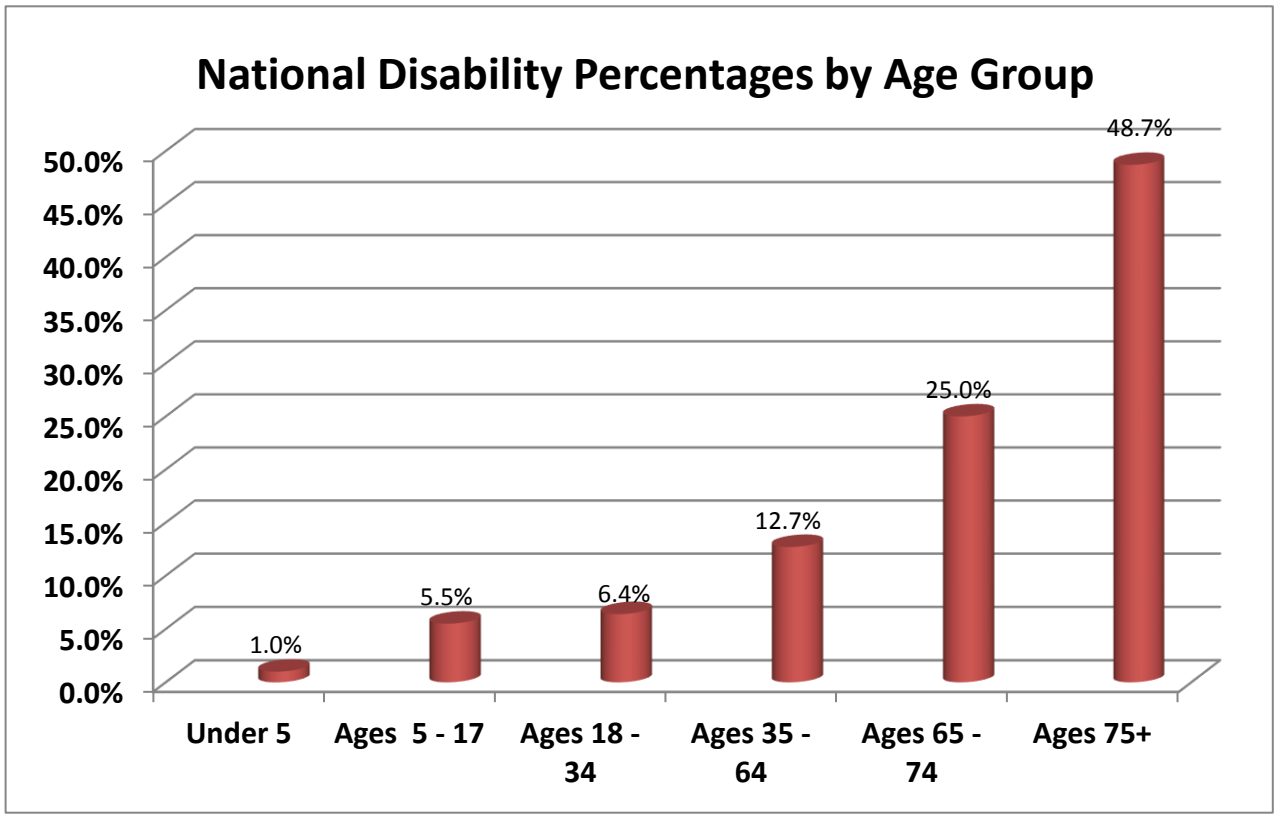
Disability

---

[5] Ibid
[6] US Census Bureau, 2017 American Community Survey 1-Year Estimates, Table B01001
[7] Meyer , P., & Overburg, P. (2001). Updating the USA Today Diversity Index. http://www.unc.edu/~pmeyer/carstat/tools.html
[8] US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S0102
[9] Ibid
[10] Ibid
[11] US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S0102
[12] Ibid
[13] Ibid

- The American Community Survey (ACS) estimates the overall rate of people with disabilities in the US population in 2017 was 12.7%.[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 35-64, 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 2017 was $23,006, about two-thirds of the median earnings of people without disabilities ($35,070).[17]
- Approximately one in five (19.9%) U.S. civilians with disabilities of working-age in 2017 were living in poverty. For those of working-age without disabilities, the national poverty rate was 10.7%.[18]

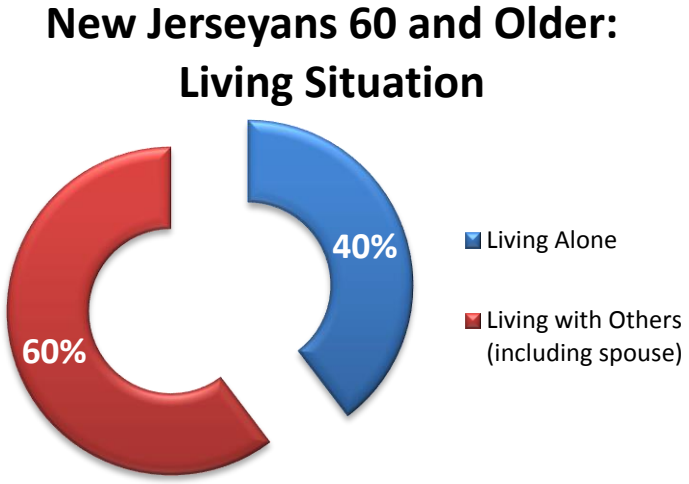
[14] US Census Bureau, 2017 American Community Survey, American Fact Finder, Table S1810
[15] US Census Bureau, 2017 American Community Survey, American Fact Finder, Table S1810
[16] US Census Bureau, 2013-2017 American Community Survey, American Fact Finder, Table S1810
[17] US Census Bureau, 2017 American Community Survey, American Fact Finder, Table S1811
[18] US Census Bureau, 2017 American Community Survey, American Fact Finder, Table S1811

Poverty

- 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, 2013-2017, 39.4% 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]



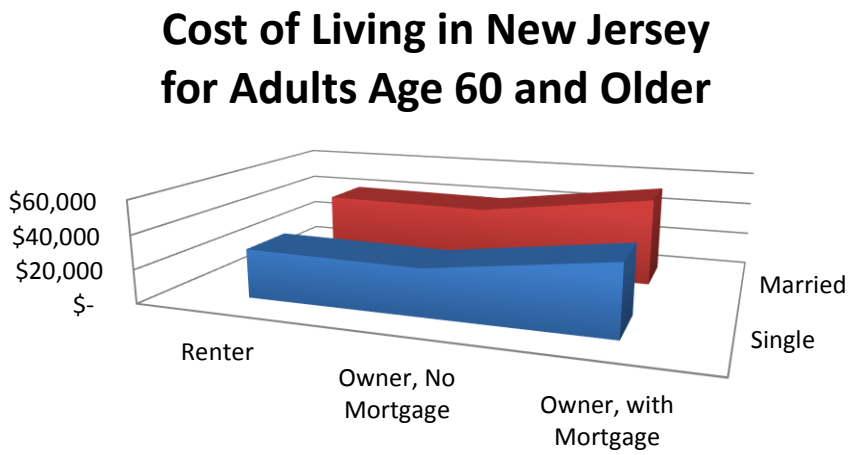
Marital Status

- 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]

[19] Ibid
[20] Ibid
[21] Ibid

Economic Security

- 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 $27,696 for a homeowner with no mortgage, to $29,016 for a renter to $41,016 for an owner with a mortgage. For couples, the needed incomes are $38,952, $40,272 and $52,272, respectively.[22]



	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, 2016.
http://www.state.nj.us/humanservices/news/reports/NJ%20EESSI%202016%20-%200118.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.

A couple in their 80's from Atlantic County, living in a second floor apartment commented how appreciative they are to be receiving the weekend meals. The wife commented, "I'm the caregiver for my elderly sick husband, and he requires a lot of my attention. The weekend meals give me respite knowing there is food in the house that I can easily make. The box containing breakfast items, fruit and juice, along with a quart of milk, saves me a trip to the store. I am handicapped and find it difficult to climb two flights of steps. The program is ideal and life-saving."

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 $7.90, which includes all food, staff, operations and delivery costs. Recipients are not charged for the meals, but may make voluntary contributions. For 2018, Casino Revenue Funds provided 289,397 meals to 6,605 unduplicated seniors. Despite this, there is still a wait list of 131 seniors for home delivered meals and 22 for state weekend home delivered meals. 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. Over that same period, the number of seniors needing such services increased tremendously. Last year, the program delivered 67,150 units of service to 4,501 seniors.

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

During calendar year 2018, the Safe Housing and Transportation Program provided 24,707 hours of residential maintenance services to 3,047 seniors in New Jersey, at an average cost of $40.40 per hour.

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.

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, 1, 485 seniors were assisted with 42,443 one way trips funded by the CRF. These trips were provided at an average cost of a little over $11.40 each way.

“An 84 year old gentleman, living in the Hammonton required a repair to his existing ramp. We blocked up the bottom of the ramp with new lumber as the existing had rotted, re-attached a piece of vinyl siding and removed a piece of gutter. Because of this repair, the consumer can continue to live in the community in his own home.”

An 84 year old gentleman, living in the Hammonton – western portion of Atlantic County – required a repair to his existing ramp. We blocked up the bottom of the ramp with new lumber as the existing had rotted, re-attached a piece of vinyl siding and removed a piece of gutter. Because of this repair, the consumer can continue to live in the community in his own home.

Adult Protective Services

The CRFAC notes that there has not been an increase in Adult Protective Services (APS) funding since 2013, although the number of reported cases has risen significantly. The number of substantiated cases has also increased (*see chart below*).

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 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.

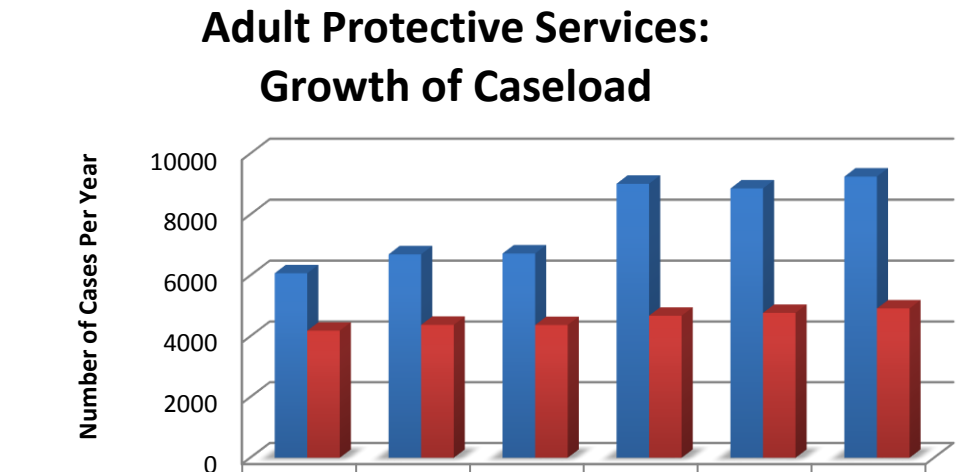
APS responded to a report of caregiver neglect of a 70 year old woman who lives with her spouse and had recently returned home following a hospitalization. The woman had suffered a stroke. The home health aide believed the husband was ignoring her care needs. He had informed the agency that he was not filling the medication the doctor prescribed his wife and would not be continuing home care services. APS was contacted by 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.

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 brain degenerative 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 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). This leaves thousands of cases to be investigated directly. Out of the **4,917** cases investigated in 2018, **2,116** 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.



	2009	2011	2013	2015	2017	2018
Reported Cases	6071	6693	6721	9008	8855	9244
Investigated Cases	4183	4376	4372	4677	4770	4917

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 SFY18, the program funded 31 providers, operating 61 buildings in 16 counties, and provided services to 1,877 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.

Mr. V is an 80 year old man who has lived in senior housing for the past 15 years. He is a confirmed bachelor, with minimal cooking skills. He has eaten the lunch offered by the CHSP seven days per week since he moved in. The lunch ensures that Mr. V has at least one complete nutritious meal per day, but it also has a much greater significance for him. He is a sweet, shy, self-conscious man with few social skills and a history of depression. He keeps to himself most of the time. He does not have any family or friends who visit. The congregate meal has given Mr. V a reason to leave his apartment and an emotionally safe way to socialize with other tenants and with staff members despite his shyness. The meal is also a non-invasive way for the coordinator to monitor Mr. V's depression and to offer additional services as needed.

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."

Since 2008 the funding for transportation has dropped significantly. This reduction in funding has created a crisis mode for county transportation systems across the state, leading systems to reduce service to maintain good level of service within their budget. NJ TRANSIT has worked with the 21 counties to better coordinate services with other providers and counties, as well as encourage them to identify alternative funding sources, such as obtaining additional federal funds for community transportation, installing on-vehicle advertising, or considering mandatory fare polices in place of suggested donation programs.

An increase in funding for transportation services is crucial considering the following factors:

1. Counties are pressed to maintain these county-wide systems of transportation, with increasing costs of fuel, insurance, staff and staff benefits, and maintenance and capital replacement of vehicle fleets.

2. The increasing senior and disabled population in New Jersey. In the 2010 census (from 2000-2010) the highest increase in the senior citizen population (considered here to be those 65+) was in the 90+ population which saw a 37% increase. We expect the 2020 census to show the same results in New Jersey. The nature of the transportation services is geared

to help those that are too frail to drive themselves, as well as those who's increasing age limits their desire or ability to drive themselves.

3. Another factor is the increased demand for kidney dialysis transportation. This type of transport is essential, life sustaining, and a service priority for many of the counties. The distinctive nature of dialysis transportation, often requiring the transportation of frail or wheelchair-bound individuals to multiple appointments each week, has been an increasing burden to New Jersey's county transportation systems. With more dialysis centers planned in New Jersey, it is expected that the transportation needs of dialysis patients will not be met by New Jersey's already cash-strapped transportation programs.

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 2018 alone, 3,108 were served through the Statewide Respite Care Program.

Many caregivers have given up their own jobs or have cut back their work hours for caregiving purposes. One client has been caring for her mother with dementia for 6 years. The primary caregiver works and has another family member assist with supervising her mother during that time. The caregiver has not been able to go on a vacation for 6 years. Statewide Respite will provide for CDO services to allow the caregiver to place her mother in a facility so she can get away for one week.

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.

A husband has been caring for his wife who became disabled and now requires assistance with her activities of daily living. He receives landscaping and housekeeping services so that the strain of these tasks is removed from him. This relief of burden is welcome due to his advancing age and other caregiving stresses related to his wife's care.

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. Centers are located in 18 of New Jersey's 21 counties. Adult day services through this program 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 supports to the participants' family caregivers, including preparation and education regarding dementia behaviors and advancement of the disease.

Participants are provided up to three days of service per week, depending on their need and the availability of funds. They have no other source of payment for the service. Priority is given to those persons in the moderate to severe ranges of dementia. 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 not financially compensated for providing care; often, they are sacrificing their own savings, work hours, and health to keep the participants at home.

Frances who has Alzheimer's disease, lived in Florida and was quite depressed having to leave her home and move to the north east to be with her family. Being at home in a new environment with limited social opportunities increased her isolation and sadness. Her family heard about the day center but finances were limited. She has been attending for two years, and her mood has improved so much that she is now giggling and laughing daily, hugging peers and staff, engaging with others and indeed helping new participants adjust to the program. In fact today she and a newcomer were attempting to exchange phone numbers. Thanks to the assistance from the Alzheimer's grant, she is able to attend 5 days per week.

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, ranging from 0% to 80% of the cost of the services. Cost share monies are put directly back into the program for services. In FY2018, services were provided to 303 participants and their family caregivers.

This program has 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.

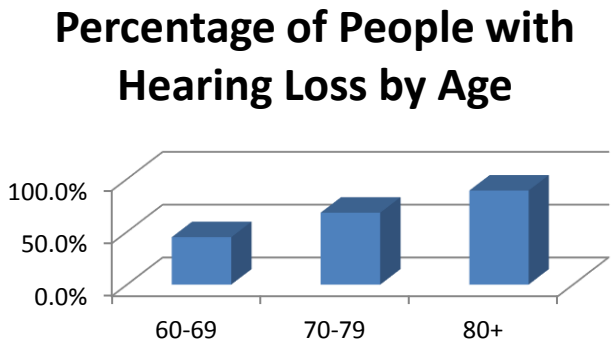
PASP began as a demonstration program in 1986 in 10 pilot counties. Since that time, it has expanded to all 21 counties and currently serves 506 participants statewide. PASP offers consumers choice, flexibility, control and the opportunity to manage personal care services through the use of a monthly 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 $100 reimbursement to eligible persons who purchase a hearing aid. 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.



Source: Hearing Loss Prevalence in the United States, Lin et al, Archives of Internal Medicine, November 14, 2011.

Hearing loss has been shown to increase the risk for cognitive disorders, such as Alzheimer's disease[23].

"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.

About 28.8 million U.S. adults could benefit from using hearing aids.

Source: National Institute on Deafness and Other Communication Disorders, U.S. Department of Health and Human Services, https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing, accessed May 8, 2018.

[23] https://www.hopkinsmedicine.org/news/media/releases/hearing_loss_linked_to_accelerated_brain_tissue_loss_, accessed May 2018.

Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program

A Redistribution of Funds from Savings Experienced by the PAAD Program

The CRFAC continues to note a reallocation of funding from the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program to other critical, under-funded programs that the Casino Revenue Fund (CRF) also supports. This reallocation of funding is possible, in part, due to the inception of Medicare Part D in 2006.

PAAD is a state-funded program that helps senior and disabled individuals to cover the cost of their prescribed medication. The program has seen a continued decrease in costs through its requirement that beneficiaries enroll in Medicare Part D, a federal program that subsidizes the costs of prescription drugs. The decrease in the state-costs of PAAD, and the reduced amount of funding that the program requires from the CRF has meant that revenues formerly allocated to PAAD can now be appropriated to other critical programs that are supported by casino revenues.

A PAAD Expended Funding History (below) shows the history of the expenditures of the PAAD program, detailing the CRF portion of funds as well as the contribution from the General Fund. The chart shows a decline in the CRF-supported portion of the PAAD program as well as the overall cost of the program after the inception of Medicare Part D. Due to the decline in the PAAD program's required level of funding, PAAD has oftentimes been the CRF program that has been used to offset any drop in the amount of funding that the CRF has received from the casino industry. If the decline in PAAD's needed funding outpaces a decline in the total funding of the CRF, then hopefully the Department of Human Services (DHS) will view the PAAD savings as an opportunity to address other critical needs of the elderly and disabled that are served under the other important DHS programs that receive CRF funds.

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.

"Thank you for your help with completing my PAAD application. I was in dire need of help with my prescription co-pays and my gas and electric bill. It was such a large relief to me knowing that someone was more than happy and willing to assist me. I can now afford my medications and also have working gas and electric."

- Robert V., Camden County

Moreover, NJSave gives the applicant the opportunity to apply for the Medicare Part B Savings Programs Specified Low-Income Medicare Beneficiary (SLMB) and SLMB Qualified Individual (QI-1) programs that pay the Medicare Part B monthly premium. 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) – also known as Food Stamps, this program provides supplemental nutrition assistance to help people who meet certain income criteria buy groceries.

In November 2018, the New Jersey Department of Human Services, Division of Aging Services (DHS/DoAS) launched NJSave, a new online application to help older residents with low-incomes and individuals with disabilities save money on Medicare premiums, prescription costs, and other living expenses.

NJSave allows individuals to check their eligibility and apply for various savings and assistance programs, such as the Medicare Savings Programs, New Jersey's Pharmaceutical Assistance to the Aged and Disabled (PAAD), and the Lifeline Utility Assistance Program, through just one online application. Prior to this, individuals had to fill out a paper eligibility application for the various programs.

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.

DHS/DoAS has issued press releases and used social media to promote the new online application. It produced and distributed NJSave posters, flyers, tabletop signs, counseling folders, referral cards, and promotional materials including tote bags, pens and pillboxes. Mailings, which included the printed materials and 25 paper applications for those not ready or able to apply online, went to aging and disability network partners and other places visited by potentially-eligible individuals. These included pharmacies, hospitals, senior centers, public housing, libraries, and of course, county offices on aging and disability services. From January through June in 2019, DHS/DoAS staff made over 80 speaking engagements to both professional and public groups on NJSave. These numbers do not include presentations made by our 21 Area Agencies on Aging or 21 county-based State Health Insurance Assistance Programs (SHIPs).

As of June 10, 2019, just over 3,000 online applications were received, with about 35% 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 34 years. In SFY 2019, 22 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 regards 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 recommends no cuts be made to current funding of casino revenue funded programs for fiscal year 2020.

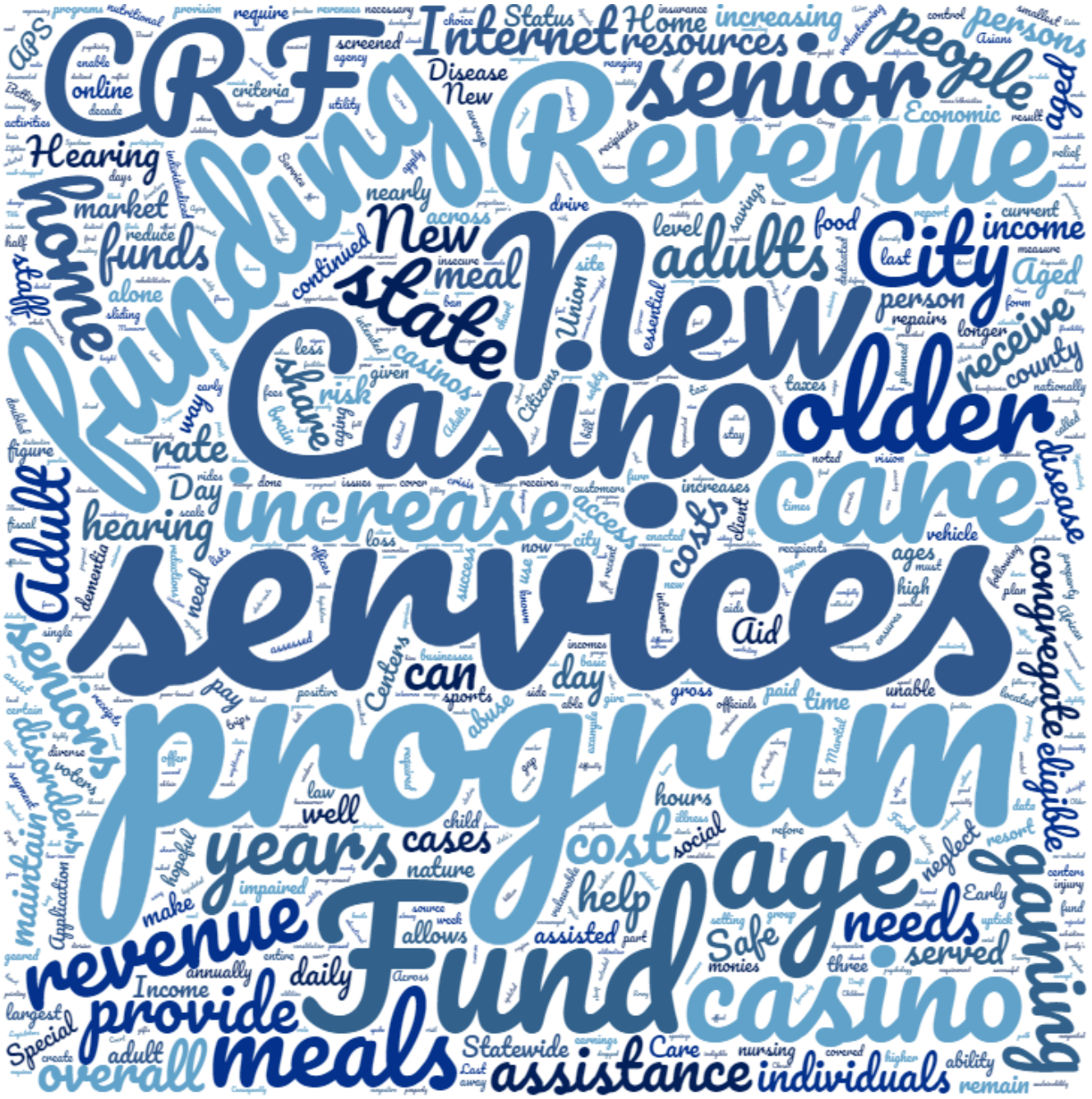
For FY2020 the Commission recommends additional funding for the following priority areas:

1. An increase for Adult Protective Services

2. Creation of a funding allocation for home-delivered and congregate meals for disabled adults under age 60

3. An increase for transportation

4. An increase for the Congregate Housing Services program



New Jersey Casino Revenue Fund Advisory Commission