

in two-thirds of cases. Person-centered care was used more often in successful cases. Respondents in dementia-only communities identified antecedents to BEs more often than those in other communities.

IMPLEMENTING PSYCHOSOCIAL AND ENVIRONMENTAL PRACTICES FOR PERSONS WITH DEMENTIA IN ASSISTED LIVING

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Assisted living (AL) provides care for a large proportion of residents with dementia. Coincident with the increased focus on reducing off-label use of antipsychotics for people with dementia, providers are encouraged to turn to non-pharmacological practices to address behavioral expressions. This analysis used data from 250 AL communities in seven states, and examined familiarity, use, and practicality of twelve evidence-based practices, including music, pets, and social contact. Although a high percentage of staff reported familiarity and use of some of the practices, interviews with staff indicated that administration was not always consistent with evidence on implementation. Familiarity, use and practicality were associated with AL communities that had more residents with dementia, training on antipsychotics and non-pharmacological practices, policies on gradual dose reduction of psychotropics, and leadership that supported use of practices ($p < .05$ to $< .001$). Opportunities and barriers to implementation of these practices will be discussed.

SERIOUS MENTAL ILLNESS AND DEMENTIA IN ASSISTED LIVING

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Little is known about trends in the prevalence of serious mental illness (SMI) and Alzheimer's disease and Related Dementias (ADRD) in assisted living (AL). We summarize changes in the prevalence of SMI and ADRD in larger AL settings (25+ beds) from 2008-2017 using Medicare claims data. We compare these changes to nursing home (NH) and community rates of SMI and ADRD. We also examine state variability in SMI and ADRD in AL in 2017. The prevalence of SMI in AL increased 37%, from 7.8% in 2008 to 10.7% in 2017; ADRD prevalence increased 34%, from 27% to 36.4%. Over time, NHs exhibited the greatest increases in SMI (53%), followed by AL (37%) and the community cohorts (27%). Increases in ADRD were highest in AL. Rates of SMI in AL ranged from 3.5% in Wyoming to 28.7% in New York. We discuss implications for future research and policy.

MELATONIN USE FOR SLEEP IN ASSISTED LIVING

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Sleep problems are common among residents of assisted living (AL) communities, and in other settings, melatonin is used to promote sleep. However, melatonin use in AL is unknown; because it may have side-effects, this knowledge gap is concerning. To address this question, data were collected across 250 AL communities in seven states; analyses used weights whereby data were scaled to represent the entirety of the states. The majority of communities prescribed melatonin (82%), albeit to a minority of residents (9%). Prescribing was more common for those with anxiety, sleep-wake disorders, dementia, and various behaviors, in communities that had more staff and more favorable non-pharmacological attitudes ($p < .05$). Dosages varied from 0-45 mg and co-prescribing was common. This study is the first to examine melatonin prescribing in AL; use may be appropriate if, for example, it is a replacement for hypnotics. The variation suggests practices may be modifiable; further research is needed.

WHICH ASSISTED LIVING COMMUNITIES PROVIDE HOSPICE?

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Assisted living (AL) communities have become a common site for end-of-life and hospice care. However, AL is highly variable, meaning that hospice use is likely to be variable as well. This study explored the association between AL community characteristics and their residents' use of hospice. A stratified random sample of 250 AL communities in seven states was recruited. Community-level data were obtained from interviews with AL administrators, and resident-level case-mix data were abstracted from charts. Survey-weighted regressions examined the relationship between community characteristics and hospice use. Having residents on hospice was associated with being for-profit (86% vs. 51%), larger (48 vs. 31 beds), newer (16 vs. 37 years), having weekly primary care provider visits (44% vs. 26%), having more residents with dementia (50% vs. 35%) and fewer on Medicaid (4% vs. 11%), and having more lenient discharge policies. Data suggest there may be some disparity in hospice provision in AL.

SESSION 6050 (SYMPOSIUM)

BANE OR BOON? THE ROLE OF SPIRITUALITY, RELIGION, AND WELL-BEING IN LATER LIFE ACROSS DIVERSE OLDER POPULATIONS

Chair: Holly Nelson-Becker

Older adults tend to be religiously-affiliated to a greater extent than any other generational cohort (ARDA,2018; Koenig, King & Carson,2012; George et al.,2013;