

receive one hour more of personal care per day at the lowest level of disability and 1.5 hours at the highest level. The increased need for caregiving hours should be incorporated into policies that guide HCBS programs.

#### PERSON-CENTERED DEMENTIA CARE: WORKFORCE AND ORGANIZATIONAL SUPPORTS IN NURSING HOMES

Jennifer Morgan, Elisabeth Burgess, and Yun-Zih Chen, *Georgia State University, Atlanta, Georgia, United States*

Person-centered care that supports choice and autonomy of residents is foundational to implementing high quality care for long-term care residents including those living with dementia. Organizational change that supports person-centered approaches requires leadership engagement and a stable, well-qualified dementia-capable workforce. This paper uses survey data from a statewide probability sample of nursing homes and their staff (N=438) to identify barriers and facilitators to person-centered care. Findings show key barriers to delivering person-centered care, including a lack of staff empowerment practices and irregular use of consistent assignment. While most organizations are implementing some person-centered resident care practices, few have moved beyond predominantly institutional practices. Staff stability and retention also remain key barriers to person-centered care. Facilitators include adoption of evidence-based and inclusive quality improvement strategies. The paper will discuss implications for state, community and organizational strategies for improving staff empowerment, integrating dementia care competencies, promoting culture change and increasing leadership engagement.

#### DEMENTIA CARE ACROSS LONG-TERM SETTINGS: SIMILAR BUT NOT EQUAL

Sheryl Zimmerman,<sup>1</sup> Christine Kistler,<sup>1</sup> Jessica Scott,<sup>1</sup> Kimberly Ward,<sup>1</sup> Robin Zeigler,<sup>2</sup> Louise Sullivan,<sup>3</sup> and Sarah Tomlinson,<sup>2</sup> 1. *University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States*, 2. *North Carolina Department of Public Health and Human Services, Raleigh, North Carolina, United States*, 3. *Salve Regina University, Newport, North Carolina, United States*

Nursing homes and assisted living (AL) communities are similar but not equal, and addressing the needs of residents with dementia differs across settings. It is important to appreciate that both settings are complex adaptive systems; as such, care intended to have widespread impact must be mindful of stakeholders, understand existing practices, and be pragmatic. This session will present an evidence-based program developed in nursing homes – Mouth Care Without a Battle, which teaches staff to provide daily, personalized mouth care to persons with cognitive and physical impairment – and considerations relevant for implementation in AL. Using data from more than 2,000 AL trainees and also AL administrators, supervisors, residents, family members, and trainers, it will situate findings in the context of implementation science and the NIH Stage Model, thereby making them applicable to any dementia care practice regardless its focus and the setting in which it is to be used.

## SESSION 6015 (SYMPOSIUM)

#### ADULT PROTECTIVE SERVICES' INTERVENTION ON ELDER ABUSE: USING STANDARDIZED MEASURES FOR OUTCOMES

Chair: Pi-Ju Liu

Co-Chair: Kendon Conrad

Discussant: Kathleen Wilber

Adult Protective Services (APS) investigates and substantiates vulnerable adult abuse, neglect, and exploitation (ANE) cases. The frontline social service agency also refers or provides needed services to ANE victims. Outcomes of APS has been scarce, with definitions of outcomes varying from study to study. Using a pretest-posttest design, we partnered with San Francisco and Napa APS to measure changes of ANE harm from case investigation (pretest) to case closure (posttest) using standardized measures called the Identification, Services, and Outcomes (ISO) Matrix. Forty-five APS supervisors and caseworkers used the ISO Matrix on 2,063 cases during the six-month pilot demonstration. Dr. Pi-Ju (Marian) Liu will examine findings on changes of ANE harm and APS services that effectively decreased ANE harm. Responding to 2020's Annual Scientific Meeting theme "Turning 75: Why Age Matters", ANE harm and APS services will be compared between younger APS clients age 18-64 and older ones above the age of 65. Dr. Zachary Hass will discuss allegation, abuse severity assessment, services provided, and outcomes across racial and language groups. Dr. Kendon Conrad will present reliability and validity of the ISO Matrix and a shorter version useful for APS practice. Ms Sara Stratton will review unusual cases with outlier ISO Matrix scores to inform researchers' implementation and practitioners' use of standardized measures. Dr. Kathleen Wilber, our discussant, will reflect on the use of standardized measures in APS and its impact on both practice and research based on the four presentations.

#### AGE DIFFERENCES IN ELDER ABUSE HARM AND EFFECTIVE SERVICES OFFERED BY ADULT PROTECTIVE SERVICES

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In this study, abuse, exploitation, and neglect (ANE) harm was measured by type of abuse using standardized items from the Identification, Services, and Outcomes (ISO) Matrix before Adult Protective Services (APS) interventions (pretest) and after APS interventions (posttest). Change scores from 1,472 older adults (average age 78-year-old; 57% female) and 591 younger adults (average age 53-year-old; 46% female) served by APS during the six months showed reduction of harm using posttest minus pretest. Nonetheless, older adult's financial abuse harm (pretest=2.2, posttest=1.5) was higher than younger adults' (pretest=1.5, posttest=1.2), while young adults scored higher in harm on all other types of abuse. Effective interventions differ by age group and by type