

narratives offer encouragement of self-determination in late life, share lived experience of aging with a mental health condition, and promote age-related self-management skills development. The RecoverYdia smartphone app provides an online community for older adults with a lived experience of a mental health condition. RecoverYdia subscribers can search through hundreds of relevant videos and find the storyteller who tells the viewer's story, prompts them to reach out for help, and eventually inspires them to help others. This presentation will discuss the state of evidence regarding the evidence for recovery narratives across the globe and offer a RecoverYdia technology demonstration.

HONORING CHOICE IN GRIEF THROUGH EXPRESSIVE ARTS WITH LONG-TERM CARE RESIDENTS

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Death in long-term residential care homes is a common occurrence, yet it is often taboo and strongly avoided. Staff and residents often express deep connections to one another in these settings, but when death occurs, there is often little to no support, training or space to share these feelings. This session will discuss the findings of Dr. Olson's multicase, arts-based research from the elder voices of those who face these losses. Perceptions such as disenfranchised grief and ageism were revealed in this study as well as positive expressions such as love, kindness and acceptance. The shared findings will include poetry and artwork that was created within this research study. Utilizing the creative arts can assist in the expression of these complex and abstract human emotions, instill a sense of comfort and community and empower honor these lives and friendships.

A PLACE FOR US: A UNIQUE EXPERIENCE THAT PROVIDES A CREATIVE AND SOCIAL EXPERIENCE FOR PEOPLE WITH DEMENTIA

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A Place for Us meets weekly in community locations for a half day and is run by a recreation therapist who is also an artist, offering an opportunity to connect with others through participation in creative projects. We have found that collaborating in creating a piece of art, such as a collage provides a context for socializing. Since the program began in 2017, we provided this opportunity to 83 caregivers. The program has broad appeal and has included both men (54%) and women (46%) and people from many racial and ethnic backgrounds: 62.3% white, 13 percent African American, 7% Latino and 5% Asian. Our experience suggests that Interacting through collaborative projects utilizing what has been called, "The creative brain," offers people with dementia an opportunity to feel at ease in this social setting. A Place for Us allows people to interact socially while engaging in a pleasant and normative activity.

SESSION 6045 (SYMPOSIUM)

ASSISTED LIVING CARE FOR SPECIAL POPULATIONS

Chair: Philip Sloane

Discussant: Sheryl Zimmerman

Assisted living (AL) is a notable provider of residential long-term care for older adults; there are almost twice as many AL communities as nursing homes, and they provide care to more than 800,000 older adults. As AL has evolved, it has come to serve more individuals with cognitive, mental, and health care needs. For example, 70% of residents have sleep disturbances, 42% have moderate/severe dementia, and mortality rates average 14% annually. Care needs include those for behaviors such as agitation, serious mental illness, and at the end-of-life. However, not all AL communities provide similar care. This symposium will use national data and data from a seven state study of 250 AL communities to focus on four populations receiving care in AL: persons with dementia, serious mental illness, sleep disturbances, and on hospice. The first speaker will discuss how AL staff conceive of and respond to behavioral expressions of persons with dementia; the second will focus on the use of psychosocial/environmental practices for persons with dementia in AL. The third speaker will discuss the growing proportion of persons with serious mental illness in AL and related implications for care. The fourth presenter will address the high use of melatonin in AL, as well as resident- and community-level correlates of melatonin prescribing. The final speaker will examine hospice use in AL and how it varies based on community characteristics. These findings related to care and care needs for four key populations have important implications for practice, policy, and future research.

HOW ASSISTED LIVING STAFF CONCEIVE OF DEMENTIA CARE

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For those who provide care to the more than 40% of persons with dementia in assisted living (AL) communities, behavioral expressions (BEs) can be challenging. The objective of this mixed-methods study was to understand how AL staff conceive of BEs and what strategies they use to address them. Staff from 250 AL communities in seven states were asked to describe one successful and unsuccessful case of care. A conceptual model related to antecedents, behaviors, and consequences was developed and expanded to include staff strategies and outcomes of care; organizational characteristics associated with care practices were examined. Anxiety/restlessness, combativeness and resistance to care were the most prevalent BEs. Medical interventions (e.g., inpatient psychiatric assessment, medication management) were used

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;