related to each model, the following challenges were identified that need to be addressed to further improve the relevance and effectiveness of these models: (i) lack of funding and resources to support NORC-SSPs and Villages; (ii) inter-resident conflict in homesharing and cohousing; (iii) limitations of informal support provided by fellow-residents in meeting the needs of older adults with complex needs in all four models; and (iv) lack of inclusivity and sociocultural diversity in cohousing and Villages. By integrating research on older adults' housing needs and innovative solutions, the findings of this study could guide future housing initiatives that seek to adopt these innovative models by highlighting their strengths, while recognizing areas for improvement.

BARRIERS AND FACILITATORS TO HOUSING WITH SERVICES: LESSONS FROM THE RIGHT CARE, RIGHT PLACE, RIGHT TIME PROGRAM

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The Right Care, Right Place, Right Time initiative (R3) was developed to enable seniors to remain at home as long as possible, while reducing health care costs. It was implemented in four senior housing communities in the Greater Boston area, and consists of two on-site wellness teams (wellness nurse, wellness coordinator), each responsible for about 200 participants across two housing sites. This study aimed to understand barriers and facilitators to implementing R3. Data derived from 31 semi-structured interviews with R3 staff, housing personnel, and community partners (e.g., first responders), as well as 150 key program documents. Facilitating factors in implementing R3 included: top-level management support; formal and informal mechanisms of communication between wellness team members and building staff; substantial discretion, flexibility, and creativity provided to wellness team members; and daily ambulance reports from first responders. Barriers to implementing R3 included: impediments to resident recruitment/engagement; initial role confusion between wellness team members and existing building staff; limited wellness team time at individual intervention sites; challenges establishing systematic relationships with case management staff from the hospitals, AAAs, and insurance companies; and the decentralized approach to data tracking and information exchange. This study suggests several lessons for implementing housing with services initiatives such as R3. Top-level support and buy-in at the organizational level is essential to program development and implementation. Despite early challenges, key program elements can improve over time (communication, data processes, role clarity). Establishing trust with both R3 participants and housing staff is key to building relationships that promote program success.

DISTINCTIONS ON THE IMPORTANCE OF AGE-FRIENDLY SERVICES BY OLD AGE GROUPS: A COMPARATIVE STUDY BETWEEN THE USA AND THE EU

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Based on the initiative of the World Health Organization in 2007, when describing the global age-friendly cities by a guide to enhance active aging and the age-friendliness of communities, Black and Hyer (2019) presented generational distinctions on the importance of age-friendly community features by focusing efforts on the built, social, and service environment in USA. Their study aimed to examine the differential salience of community features by older generational age groups including Baby Boomers and younger persons 50 years and older, and older cohorts, born before and during WWII. They found that the Chi-square results indicate significant differences across the generational age groups in all domains. We wanted to compare the preference of the same age cohorts in Europe. The sizes of samples were half of the size of samples considered by Black and Hyer, therefore we used z+4 tests which also have shown the distinctions pertaining to preferences on housing and participation in social activities. The differences between ranking in importance of Age-Friendly Community Features by Older Age cohorts in USA and EU are presented and discussed.

SOCIAL DETERMINANTS OF HEALTH FOR PEOPLE WITH SERIOUS MENTAL ILLNESS AFTER TRANSITIONING TO THE COMMUNITY

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Approximately 10 million, or 6 percent, of the U.S. population experience serious mental illness (SMI) (NAMI, 2019). Social determinants of health (SDOH) associated with this population can provide important information for targeted innovations with the potential to reduce disease burden and improve quality of life. Using secondary data from Connecticut's Money Follows the Person Rebalancing Demonstration, this research compares people age 50+ who transitioned out of an institution onto the Medicaid HCBS Mental Health Waiver (MHW) (n= 271) to those receiving Mental Health services through the Medicaid State Plan (MHSP) (n=278). Analyses examine SDOH in both groups and are organized around five broad domains: Finances; education; social/community context, health/health care, and neighborhood/built environment. MHSP participants were significantly more likely to report not having enough money at the end of the month at 6 (42% vs. 21%), 12 (37% vs. 20%), and 24 (37% vs. 17%) months. Significantly more MHSP than MHW participants did not like where they lived at 6 (12% vs. 1%) and 24 (24% vs. 5%) months. Significantly more MHSP than MHW participants were unhappy with the help they received in the community at 6 (22% vs. 8%), 12 (23% vs. 7%), and 24 (19% vs. 5%) months. Groups did not differ by education, social/community context, health/health care, feelings of safety where they live, or on post-transition hospitalizations, ED use or reinstitutionalization. To improve quality of life in the community, MHSP participants could benefit from greater assistance with finances, housing, and community services.