These reductions are noteworthy given the challenging nature of behavioral symptoms of dementia, and difficulties encountered historically and internationally in changing strongly-rooted clinical practices. How were these successful interventions achieved in high-performing state initiatives? What were the barriers encountered and facilitators that helped overcome these barriers? What does this experience suggest for sustainability of change? To address these questions, we draw on a mixed-methods study of antipsychotic prescribing in nursing homes incorporating analyses of prescribing data, state policy case studies, and facility case studies. Successful states integrated large-scale educational initiatives with strong regulatory action, often focusing especially on laggard facilities. Texas' initiative was particularly noteworthy, achieving a 56.5% reduction across its far-flung network of nearly 100,000 residents and 1,200 facilities. Texas used metrics to identify facilities that achieved notable reductions in antipsychotic prescribing, and encouraged them to share their strategies with "late adopters". The state deployed a designated Quality Monitoring Program (QMP), distinct from the survey process, to provide on-site technical assistance to laggard facilities, and provided education for all levels of staff and assistance in implementing data-driven improvement strategies. Successful state initiatives achieved considerable buy-in on the need to reduce antipsychotic use, a key factor in achieving successful system change.

SOCIAL FUNCTIONING AS AN IMPORTANT CLINICAL TARGET DURING CARE TRANSITIONS FROM SKILLED NURSING FACILITIES

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Care transitions from skilled nursing facilities (SNF) to home signify a period of medical risk for older adults. They also present opportunities for clinical interventions to reduce these risks and to enhance or maintain patients' quality of life. A substantial body of research has been published on improving late life care transitions (CTs), including the development of standardized CT models for acute care. However, such models typically focus on improved coordination of medical services; overlook the need to address psychosocial well-being and social connectedness; and have rarely been implemented in SNFs. This poster will present a conceptual model of social functioning in older adults that draws on constructs from the World Health Organization's World Report on Ageing and Health (2015). We propose that social functioning is a key part of overall functioning among older adults who use SNFs and is simultaneously influenced by physical, psychological, and cognitive functioning. To illustrate our model, we will present results of a qualitative study (n= 21) that describes declines in social functioning following care transitions to the community from VA SNFs. Implications for clinical practice include the need to better integrate social functioning in clinical assessments, goal setting, discharge planning, and coordination of care activities. The need for additional research on this topic will also be addressed. Our project is highly relevant to the overall conference theme "Harnessing the Power of Networks" as it presents a conceptual model and study findings related to social connectedness and social functioning in older adults who use SNFs.

DOES THE PATIENT HEALTH QUESTIONNAIRE MEASURE MOOD-RELATED QUALITY OF LIFE IN NURSING FACILITY RESIDENTS?

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The Patient Health Questionnaire-9 (PHQ-9) is a depressive symptom questionnaire administered to nursing facility (NF) residents in the Minimum Data Set (MDS). Does the PHQ-9 measure mood-related aspects of quality of life (QoL)? We assessed the PHQ-9's convergent validity with negative and positive mood items from Minnesota's QoL survey, which is administered annually to a random sample of residents. We also examined if scores on both instruments were associated with various psychiatric diagnoses on the MDS. Using item response theory (IRT) models, we estimated that depressive symptoms (PHQ-9) had a correlation of 0.546 with negative mood and -0.425 with positive mood. With explanatory IRT modeling, we estimated that diagnoses of anxiety, depression, and bipolar disorder were respectively associated with 0.261, 0.339, and 0.301 (all $p < 0.001$) standard deviation increases in (SD) depressive symptoms, and with 0.235, 0.261, and 0.306 SD increases in negative mood (all $p < 0.001$), thus indicating convergent validity. For positive mood, depression and bipolar disorder had associations of similar magnitude as the other two constructs. However, anxiety disorders were not associated with lower positive mood (-0.014 SD, $p = 0.636$). Thus, the PHQ-9 can measure mood-related aspects of QoL. However, the PHQ-9 appears to be sensitive to relatively serious depression, whereas the Minnesota items are more sensitive to lower levels of negative mood. Also, the PHQ-9 does not measure positive mood directly. Thus, the PHQ-9 is a more limited measure of mood-related QoL than the Minnesota items.

WHEN A LITTLE GOES A LONG WAY: EXPANDING HOME CARE SERVICES TO ADULTS WITH DISABILITIES

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Policy makers are increasingly interested in reducing public spending while maintaining quality of life. Since 1975, Oregon Project Independence (OPI) has supported community-based adults aged 60 and older to avoid or delay the need for residential long-term care services by increasing access to personal and home care services. The program also aims to prevent the need for Medicaid by optimizing personal resources and natural supports. In 2014, the OPI Expansion (OPI-E) pilot project began to serve adults aged 18-59 with