associated with subsequent health care events including a diagnosis code signifying opioid dependence. Post-hospice opioid diagnoses were more frequent among beneficiaries who were younger (for ages <65 relative to 85-89; Adjusted Odds Ratio [AOR]=6.23, 95% Confidence Intervals [CI] 5.73-6.77); dual-eligible (AOR=1.40, 95% CI 1.34-1.47); and relative to cancer, diagnosed with lung (AOR=1.83, 95% CI 1.72-1.95), heart (AOR=1.23, 95% CI 1.14-1.34), or liver diseases (AOR=1.25, 95% CI 1.10-1.42). Beneficiaries with opioid incidents tended to have survived much longer after hospice (150.9 days with opioid incidents vs. 13.6 days no opioid-related incidents). The states with the highest rates of post-hospice opioid-incidents per 10,000 live discharges were Kentucky (435.2), Wyoming (386.0), Tennessee (359.3), Washington (345.6), and Idaho (342.9). Further monitoring can ensure that hospice beneficiaries receive appropriate care during and after hospice enrollment.

SESSION 2810 (PAPER)

SOCIAL SERVICES: ORGANIZATIONAL AND SERVICE USER ISSUES

COVID-19 INFECTIONS IN LONG-TERM CARE FACILITIES IN WUHAN, CHINA: CHALLENGES AND LESSONS

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The impact of the COVID-19 infection on older residents and the direct frontline workers in long-term care (LTC) facilities in Wuhan, China deserves close attention. The fatality rate for older residents infected by the COVID-19 is among the highest in China Viral outbreaks are likely to occur in LTC facilities due to group-living arrangements, lack of precautionary measures, and older residents’ vulnerability to diseases. In this study, we aimed to explore different stakeholders’ experiences and challenges in the midst of the spread of the virus in LTC facilities. We conducted telephone interviews with four groups from two LTC facilities and two hospitals: twelve older residents (Four suspected cases and two infected), ten family members, four direct frontline workers (two infected), two nursing home managers, and four health care professionals working in the two hospitals that infected older residents were transferred to. We found that the gap in the transition of care quality between LTC facilities and local hospitals was widened during the COVID-19 outbreak. LTC facilities were slow to take precautionary measures and underprepared to handle the crisis after the infections occurred. The wellbeing of older residents was significantly impacted during the transition, particularly for those with dementia. Health care professionals in local hospitals were under tremendous stress providing treatments for older residents while ensuring their safety. There is an urgent need to improve transitional care and the capacity in preventing and handling this type of crisis for older residents in LTC.

DOES THE STRUCTURE OF AGING SERVICES MATTER? A COMPARATIVE CASE STUDY OF CALIFORNIA COMMUNITIES

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As the older adult population grows and Federal funding remains stagnant, coordination of services at the local level becomes more critical. Building on the Federal Administration for Community Living model, California’s Master Plan for Aging creates opportunities for innovative restructuring of the way aging services are delivered through the Area Agencies on Aging (AAA). We conducted a comparative case study of California AAAs (N=5) representing different levels of integration, from standalone departments of aging (Los Angeles City, Riverside County), to partial integration (Los Angeles County), to full integration with aging and disability programs (San Diego County, San Francisco County). We examined the impact of departmental organization and integration on the AAAs’ service delivery for older adults. Interviews with leaders of the AAAs were coded by two researchers using constant comparative analysis to identify themes within and between the AAAs. Emerging themes revealed the role that “structure,” “politics,” “funding,” and “visibility” play in service delivery for AAAs with varying levels of integration. Findings suggest that integrating the AAA with other departments (i.e., Health and Human Services) and programs (e.g., Adult Protective Services, In-Home Supportive Services) improves coordination and allows for greater visibility of the AAA. Key stakeholders in standalone AAAs, however, fear that integration would hinder their visibility and “agility” in service provision. Findings shed light on best practices for locally coordinated aging service delivery during a window of opportunity for California AAAs, yet they can also inform how aging services are provided for local governments nationwide.

OLDER ADULTS SEEK OUT CONGREGATE NUTRITION PROGRAMS FOR SOCIALIZATION

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Social connectedness is vital for healthy aging. Older adults often have fewer opportunities to socialize due to reasons such as illness, death of spouse, and mobility limitations. The Older Americans Act Congregate Nutrition Program provides meals and related nutrition services in group settings to people age 60 and over. Until now, the contribution of congregate meals to the socialization of older adults has been primarily anecdotal. However, according to data from the 2019 National Survey of Older Americans Act Participants, over 40% of the 1.5 million people receiving congregate meals said that they started attending to socialize with other people. According to the data, two-thirds report their social opportunities have
increased since becoming involved with these services. To measure the impact of program participation on socialization outcomes, an evaluation compared congregate program participants to non-participants. Findings from regression-adjusted socialization outcomes found that congregate meal participants were less likely to screen positively for depression (18% vs. 24% p<.05) and have greater satisfaction with their socialization opportunities (94% vs. 86% p<.01), yet there was no significant difference in a measure of perceived loneliness. Based on these results, we used weighted, bivariate tests to detect differences between congregate meal participants who were satisfied with the socialization opportunities to those who were not. Our findings suggest a significant relationship between number of days per week participants attended congregate meals and satisfaction with socialization, \( X^2 (2, N = 1,072) = 7.5, p = .05 \).

**POST-ACUTE CARE FOR MEDICARE BENEFICIARIES IN ACCOUNTABLE CARE ORGANIZATIONS**

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Post-acute care (PAC) is a component of health-care utilization and spending that is subject to the discretion of providers. Prior research has demonstrated that Accountable Care Organizations (ACOs) recognize PAC as a logical target for increased efficiency and cost savings. As part of the evaluation of the Centers for Medicare & Medicaid Services (CMS) Next Generation ACO (NGACO) Model, we investigated NGACOs’ approaches to PAC services and the impact of these efforts on utilization and cost using a mixed-methods study design. We conducted interviews and surveys with NGACO leadership and providers and performed a difference-in-differences analysis of utilization and spending based on Medicare claims data. We found that NGACOs focused specifically on establishing partnerships with skilled nursing facilities (SNF) to facilitate transitions in care by establishing new channels of communication, sharing performance data, embedding staff in SNFs, and (in some cases) sharing financial risk. We observed a statistically significant decrease in SNF spending, a trend toward fewer SNF days, and statistically significantly lower expenditures for other PAC settings (e.g., inpatient rehabilitation and long-term acute care facilities). These findings suggest that NGACOs have contributed to improving transitions in care and diverting beneficiaries from intensive PAC settings. Nonetheless, the reduction in PAC spending alone did not translate to a decline in total cost of care. Future ACOs may need to expand their focus to the inpatient utilization and spending that precedes PAC in order to impact total cost of care.

**SUPERVISORY LEADERS IN AGING: ONE-YEAR PRACTICE CHANGE OUTCOMES OF INNOVATIVE TRAINING PROGRAM**

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Social services for older adults are instrumental in addressing vulnerabilities associated with aging. Yet, practitioners report needing expanded geriatric knowledge and enhanced supervision. Agency-based supervision is essential to skilled practice and staff retention, directly impacting the quality of services delivered by the teams they support. The Supervisory Leaders in Aging (SLA) program of the National Association of Social Workers (NASW) was designed to strengthen supervision of the social service workforce. The SLA program, adopted in four states (IL, FL, MD, and NY), trained 134 MSW supervisors who support 1,200 social service staff, aimed at enhancing the well-being of 264,000 clients annually. This paper reports newly available final outcomes data from the 3-year implementation study of SLA. Trainees self-rated use of relevant supervisory best-practices was measured with novel 30-item instrument which captured frequency in use of supervisory best practices. The measure was administered prior to the first session and at three and twelve months after the final session. Comparisons of ratings across time periods demonstrate a range of positive and significant increases at the end of program workshops (0.12–0.56; mean of 0.30 points) and after one year (0.18–0.53; mean of 0.34 points). Supervisory best practices were maintained by those who already engaged in these behaviors, and participants who previously undervalued best practices adopted and maintained these behaviors as a result of the workshops. Implications of this tested model for enhancing workforce capacity will be discussed, including variation of impacts by supervisor characteristics and retention of learning gains over time.

**SESSION 2811 (PAPER)**

**ETHICAL AND LEGAL ISSUES | CHALLENGES**

**HUMAN RIGHTS IN OLDER AGE: A CRITICAL REFLECTION OF THE DEBATE AROUND A UN CONVENTION ON THE RIGHTS OF OLDER PERSONS**

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In recent years ageism has received increase international attention. In 2016 the UN dedicated the International Day of Older Persons to the fight against ageism and the World Heath Organization launched a campaign to combat ageism. This growing interest is also illustrated by the establishment of the UN Open-Ended Working Group on Ageing, and the related work on a UN convention on the rights of older persons, which, among other things, aims to provide better protection against discrimination. The ongoing discussions about a convention is accompanied by tensions between views assuming an older persons’ specific convention may reproduce age-related group differences and could perpetuate ageism, and those who argue that it will help reducing it. This article critically reflects on these discussions and some aspects of a potential convention that could provide basis for