Navigating the Next Stage: Key Considerations for Retirement & Succession Planning

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In 2023, Luz Carrion joined Lawyers Concerned for Lawyers (LCL) as a Senior Law Practice Advisor, a role that requires her to meet regularly with clients, develop programs, write articles, make presentations to the legal community, and act as a mentor.

Before joining LCL, Luz served as an Investigator and Assistant Bar Counsel at the Office of Bar Counsel (OBC) of the Massachusetts BBO. In the latter role, she screened and resolved complaints that came to the OBC's Attorney and Consumer Assistance Program (ACAP) alleging attorney misconduct. Luz also previously served as Complaint Counsel at the Massachusetts Board of Registration in Medicine, where she investigated and litigated complaints involving physicians and acupuncturists. In these roles, she developed expertise and insight into ethical, regulatory, and practice issues affecting these professionals. She also recognized the impact of mental health or behavioral issues on their practices.

Luz's government and administrative law experience also includes serving as a Hearings Officer at the Massachusetts Registry of Motor Vehicles. In that role, she held administrative hearings involving primarily drivers' license suspensions. As with prior roles, Luz had to consider and address mental health or behavioral concerns that were relevant to drivers' license suspensions.

After receiving her J.D. from New England Law Boston in 2004, Luz clerked for the Massachusetts Juvenile Court. Luz loves spending time with her family in Massachusetts and in her homeland – Puerto Rico.

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Dr. Tracey Meyers is a licensed clinical psychologist in Massachusetts, Connecticut, and New York. She is currently employed at Lawyers Concerned for Lawyers (LCL), a lawyer assistance program, where she focuses on lawyer wellbeing and mental health. Prior to LCL, Dr. Meyers worked for the State of Connecticut Department of Mental Health and Addiction Services, where she spent 17 years as a clinical neuropsychologist working with clients with learning disabilities, attention-deficit disorder, traumatic brain injury, and developmental and brain-based disorders.

Dr. Meyers runs two groups, <u>Weekly Yoga for Busy Legal Professionals</u> and <u>Weekly Mindfulness for Busy Legal Professionals</u>, as well as office hours and groups at local law schools. She is on the board of Mindfulness and the Law Society (MILS) and regularly leads mindfulness practices for their national organization. Tracey is committed to reducing stigma around mental health in the law and co-facilitates Mental Health First Aid certification trainings for legal professionals. She has authored several publications and book chapters around neuropsychological assessment, autism spectrum disorders, behavioral treatment for different mental health conditions and yoga for addiction, and has written a book on yoga and mental health, *Yin Yoga Therapy and Mental Health*, which was published in June of 2022 (Singing Dragon, 2022).

Dr. Meyers graduated *magna cum laude* from Skidmore College in 1992, and completed her doctorate in clinical psychology from Florida Tech in 1997. She completed her internship and post-doctoral training in neuropsychology at the Miami VA and University of Miami. She is a member of the American Psychological Association, the National Association of Neuropsychology, the International Neuropsychological Society, and the National Register of Healthcare Providers in Psychology.

Checklist for Closing Your Law Office[1]

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CONTEXT

This checklist offers basic steps that an attorney who is voluntarily closing a law practice can follow. Attorneys may need to take additional steps depending on the nature of their practice or other circumstances.

For specific guidance on how to use this checklist, contact LCL at 617-482-9600 or schedule a free and confidential consultation.

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o **If you have an anticipated date for closing your practice,** determine when you will stop taking new cases. *See* Mass. R. Prof. C. 1.16, Comment 1.

ACTIVE CASES

o **Inventory your active cases and identify which ones you can finalize before the office closing date.** Finalize as many active files as possible.

o **Write to clients with active cases that you are unable to complete, advising them that you are unable to continue representing them, and that they need to retain a new attorney.** Your letter should inform them about time limitations and deadlines that are important to their cases. The letter should explain how and where they can pick up copies of their files and should give a deadline for doing this (*see Letter Advising that Affected Attorney is Closing the Office* or *Letter Advising of Affected Attorney's Temporary Leave of Absence*; Mass. R. Prof. C. 1.16).

    o If possible, refer the client to another attorney who may be able to handle the client's case.

For cases that have pending tribunal dates, depositions, hearings, other appearances or deadlines (see* Mass. R. Prof. C. 1.0(r) *for definition of "tribunal"):

    o Schedule discussions with the clients to determine how to proceed.

    o Where appropriate, request extensions, continuances, and new dates with notice to opposing attorney.

    o Send written confirmations of these extensions, continuances, and new dates to the opposing attorney and to your client.

    o Obtain the clients' permission to submit a motion to withdraw as attorney of record (*see* Mass. R. Prof. C. 1.16 for additional requirements).

    o In cases where the client is obtaining a new attorney, be certain that the new attorney has filed a Notice of Appearance.

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[1] Adapted from North Carolina Bar Association, *Planning for the Next Stage of your Law Practice* (2021).

o **Make copies of files for your clients with active cases.** Clients should either pick up their files and sign a receipt acknowledging that they received them (*see Client's Request for File* and *Client's Acknowledgment of Receipt of File*) or sign an authorization for you to release the files to their new attorney (*see* C*lient's Authorization for Transfer of File*). Make sure that all intrinsically valuable documents are returned to the client or the new attorney, and copies are kept in your file. *See* Mass. R. Prof. C. 1.15A(d) for definition of intrinsically valuable documents.

o **Track notices** sent to clients and status of client files (*see File Tracking Chart*).

o Pick an appropriate date and verify that all cases have either an **Order allowing your withdrawal as attorney of record, or a Notice of Appearance from the new attorney filed with the tribunal.**

TRUST ACCOUNTS

o **Disburse funds held in your trust accounts to the rightful owner with a final accounting.**

o **Reconcile all trust accounts in accordance with Mass. R. Prof. C. 1.15(f)(1)(E).**

  o **Review the Office of the Bar Counsel's article on unidentified and unclaimed funds in IOLTA accounts and proceed accordingly.** *See* Anderson, D. *Unidentified and Unclaimed Funds in IOLTA Accounts May Result in Public Discipline: So Now is a Good Time for Lawyers to Clean up Their Accounts* (2024).

o **For closing an IOLTA,** you can follow the IOLTA Committee's guidance located at Attorney FAQ (maiolta.org).

o **Review Mass. R. Prof. C. 1.15 for record retention periods applicable to trust account records.**

o **For trust account questions,** contact the Massachusetts IOLTA Committee (maiolta.org; questions@maiolta.org; (617) 723-9093).

CLOSED CASES

o **Inventory closed client files** to determine applicable retention periods under Mass. R. Prof. C. 1.15A.

o **Provide written notice to clients of their right to take possession of their closed files pursuant to Mass. R. Prof. C. 1.15A.** The written notice should also include where their closed files will be stored and whom clients should contact in order to retrieve them. If another attorney will be storing the files, get the client's permission to allow the attorney to store the file. *See Letter Advising that Lawyer is Closing the Office*, *Client's Request for File*, and *Client's Acknowledgment of Receipt of File*.

o **Track notices** sent to clients and status of client files. *See File Tracking Chart*.

o **Evaluate closed files for storage or destruction.** *See* Mass. R. Prof. C. 1.15A; Berman, J. and Vecchione, C., *New Rule on Client Files Will Provide Clear Guidance for Lawyers (Updated)* (Sept. 2018); Vecchione, C, *Talking Trash Recycled (Again): Guidelines for Retention and Destruction of Client Files* (July 2018).

o **Destruction of confidential and personal information should be performed in accordance with the Massachusetts Rules of Professional Conduct, as well as any other applicable state and federal privacy laws and regulations.** If you hire a third-party vendor or professional to handle this endeavor, you must vet this vendor or professional and make sure that they too abide by all applicable laws, rules, and regulations as noted above.

OFFICE ADMINISTRATION MATTERS

- **If you are a solo practitioner, ask your phone service provider for a new phone number to be given out when your old phone number is called.** This will ensure clients receive the proper assistance if they attempt to contact you after your office is closed.

    - Alternatively, consider having your office phone calls forwarded to either you or to the attorney who is assisting with the closure of your office.

- **Notify your professional liability insurance carrier of your office closure.** Discuss whether you will need tail coverage.

- **Notify your landlord that you will be terminating your office lease.** You may need to negotiate early termination terms.

- **Accounting Records:** Retain your accounting records for IRS review, if necessary, to prove income, expenses, deductions, etc. Ask your CPA or accounting professional for further guidance.

- **Terminate other contractual obligations that you have, such as equipment leases and subscriptions for services.**

    - Caution! Most printers, scanners, copiers, etc. are essentially computers and, therefore, have confidential client data stored in memory. Be sure to wipe these devices clean of any confidential client data before returning them to the lessors, or if you own the equipment, before selling, donating, or disposing of the equipment. Insist on a factory reset of the machines while on office premises, preferably with an Information Technology (IT) professional present (see below).

    - Caution! Do not cancel subscription-based services, such as law practice management software, without making sure that you will be able to access data after cancelling the subscription. If necessary, consult the service provider or an IT professional (see below).

- **Update or shut down websites and social media accounts.** Retain ownership of office's domain name to avoid impersonation.

    - Make sure that you preserve any client communications made through websites and social media. These might be part of the client file. If necessary, consult an IT professional (see below).

- **Consult with an IT professional to inventory all office and personal equipment that may contain client sensitive information and to develop a decommissioning plan.** Because this IT professional will have access to confidential information, you must vet this professional and make sure that they too abide by the Massachusetts Rules of Professional Conduct, as well as any other applicable state and federal privacy laws and regulations.

Additional areas of concern that may need to be addressed with an IT professional include:

o Professionally removing computer hard drives to safely package and store them.

o Giving sufficient disconnection notice to your internet service provider and your phone service provider.

o Protecting and securing any printing media for checks and other negotiable financial instruments.

o Turning off email services, as well as archiving, consolidating, and retaining existing email before wiping hard drives and deactivating email accounts.

o Archiving security codes, passcodes, and usernames, particularly for encrypted devices.

o Archiving voice mail and erasing voice mail storage mechanism.

o Removing business account information from personal cell phones and clearing personal cell phones of any confidential client data.

o Properly disposing of any hard drives, USB Drives and similar external storage devices that contain "back-up" data or materials.

BBO ADMINISTRATIVE MATTERS

o Contact the Board of Bar Overseers' Registration Department and update all your contact information. If applicable, change your registration status as well ((617) 728-8700; [Board's Policy on Attorney's Address.pdf (massbbo.org)](); [reg@massbbo.org](); [Registration Web Page]()).

o Make sure that the Board of Bar Overseers has the name, address, and phone number of the person who will be able to retrieve your stored client files. Call the Attorney and Consumer Assistance Program at 617-728-8750 and provide this information.

Brief Reference Document

SAMHSA
State TA
SAMHSA STATE PROGRAM
IMPROVEMENT TECHNICAL ASSISTANCE

Supporting the Mental Health Needs of Older Adults

Background

The proportion of older adults in the United States is rapidly increasing, in part due to longer life spans.[1] Mental health and well-being are one component of healthy aging, and they are essential to a high quality of life for individuals of all ages. As the number of older adults rises, so does the need for mental health services and systems that meet the unique needs of this population.[2] However, access to specialized mental health services for older adults is already constrained and may not be able to meet future demands.[3] According to the 2022 National Survey on Drug Use and Health (NSDUH), approximately one in five adults over 50 years old experienced a mental health condition, substance use disorder or both in the previous year. When looking specifically at mental health, this data shows that approximately 14 percent of adults over 50 experienced any mental illness and 3 percent of adults aged 50 or older experienced a serious mental illness (SMI).[2] This situation has been compounded by the current mental health crisis driven by the COVID-19 pandemic.[4] In August 2020, a poll by the Kaiser Family Foundation found that between 25 percent and 30 percent of older adults reported anxiety and depressive disorders, as compared to approximately 11 percent in 2018.[5] State Mental Health Authorities (SMHA) can help bring attention to the specific needs of this population.

Every day, more than 10,000 adults in the United States turn 65.[6]	**Fewer than 40 percent of older adults with mental and/ or substance use disorders receive treatment.[7]**	**Males over age 85 have one of the highest suicide rates in the nation.[7]**

Practices and Programs That Improve Mental Health Outcomes Among Older Adults

Physical and behavioral health systems and organizations can implement evidence-based practices (EBPs) and programs to help support the unique mental health needs of older adults. These EBPs and programs are available for a range of mental health conditions that older adults may be diagnosed with, including serious mental illness (SMI), such as schizophrenia, bipolar disorder and major depressive disorders. EBPs to address mental health concerns among older adults can be based on a range of approaches to services, administered by providers with differing levels of training, and implemented in diverse settings. There are several factors to consider when selecting an EBP, such as needs and outcomes and impact, adaptation of practices, adherence and retention, and sustainability.

Psychotherapeutic interventions are one type of EBP that can address mental health conditions in older adults, such as cognitive behavioral therapy (CBT), interpersonal therapy (IPT), and problem-solving therapy (PST).[8,9] These three evidence-based interventions have been proven to be effective in the treatment of depression in older adults, and CBT is also proven to treat generalized anxiety in this population.[8] In addition, there are several evidence-based programs that have been developed specifically for older adults. These programs are summarized below.

About the SERIES

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed this series to provide guidance to states related to critical issues that may be addressed by the Community Mental Health Services Block Grant (MHBG).

This brief reference document summarizes evidence-based practices (EBPs) that can support the mental health needs of older adults and discusses how states can plan for the implementation and expansion of these practices.

Practices and Programs for Older Adults With Depression and Depressive Symptoms

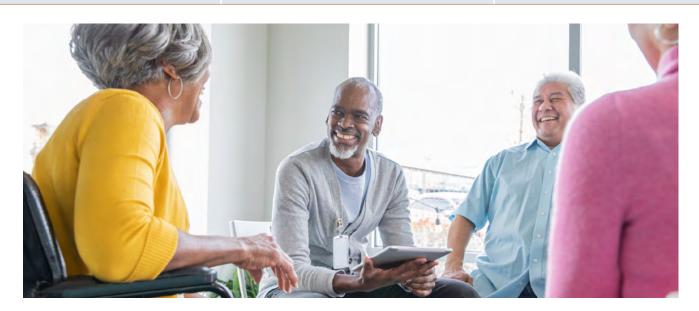| [Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)][10, 11, 12]	[Program to Encourage Active, Rewarding Lives (PEARLS)][13]	[Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)][14, 15]
• Collaborative care management • One-year phased intervention with varying session frequency depending on the phase • Administered in outpatient and other community settings • Can be administered by non-clinicians[a] • Can be adapted to diverse patient populations for a variety of behavioral health conditions	• Education and skills training • Six to eight sessions over a four to five month period • Administered in community-based settings • Can be administered by non-clinicians • Flexible and adaptable, depending on needs	• Screening, education, and community care management • Program components are delivered over a three-to-six-month period • Administered in the home or other private setting • Administered by non-clinicians and care managers • Incorporates four evidence-based components

Practices and Programs for Older Adults With SMI [37 c]

[Integrated Illness Management and Recovery (I-IMR)][1, 16, 17, 18, 19]	[Helping Older People Experience Success (HOPES)][1, 20]	[Cognitive Behavioral Social Skills Training (CBSST)][1, 21]
• Education and skills training • Weekly individual or group sessions conducted over an eight-month period (around 40 sessions) • Administered in community mental health centers • Administered by clinicians and related paraprofessionals • Intended for older adults who have co-occurring chronic health conditions	• Social skills training • Seven modules, each with six to eight skills, completed over a two-year period • Can be offered in a variety of clinical and non-clinical settings • Clinician administered • Developed for older adults in mental illness treatment	• Social skills training • 24 or 36 weekly two-hour group therapy sessions • Administered in a variety of inpatient, outpatient, and other settings • Clinician administered • Flexible and can be individually tailored

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Practices and Programs for Older Adults With SMI [37][c]	
Functional Adaptation Skills Training (FAST)[22, b]	Assertive Community Treatment (ACT)[1]
• Social skills training • Six areas, each taught in four 120-minute group sessions (24 total sessions) • Administered in board and care facilities or outpatient psychiatric clinics • Administered by clinicians and related paraprofessionals • Designed for adults age 40 or older who have schizophrenia or schizoaffective disorders	• Team-based model • Participants can receive 24/7 support for as long as they need services • Administered in community-based settings • Team consists of 10-12 providers from multiple disciplines (case managers, clinicians, etc.) • Designed for adults with SMI who face challenges engaging with traditional outpatient services

*Notes:

[a] Although the IMPACT program can be administered by non-clinicians, a licensed clinician is required for supervision.

[b] The FAST intervention was made into a culturally tailored version for Spanish-speaking individuals known as Programa de Entrenamiento para el Desarrollo de Aptitudes para Latinos (PEDAL).[23]

[c] Psychosocial Interventions for Older Adults With Serious Mental Illness Resource Guide on evidence-based interventions that support older adults with SMI [37]

The Importance of Integrated Approaches to Care

To address the mental health needs of older adults, SMHAs must invest in programs that ensure this population has access to EBPs. Behavioral health integration efforts can strengthen the delivery of these services to older adults, as they often require care that spans a variety of providers and systems. These systems include mental illness and substance use services, primary and specialty medical care, rehabilitation and long-term care facilities, aging services, home care, housing, and transportation.[1] An integrated and coordinated approach to care is key to supporting the behavioral health needs of older adults.[1] Integration efforts are a vital component of the Department of Health and Human Services (HHS) strategy to improve access to behavioral health services, and HHS has developed a roadmap for system coordination and integration.[24] Integrating behavioral and physical health care is one of the five priority areas identified in SAMHSA's Strategic Plan.[36] States can support integration efforts for older adults through: [25]

Supportive policy and regulatory frameworks	Workforce development	Funding for information and technology	Financial and contractual incentives

One framework for supporting the integration of age-friendly, evidence-based care for older adults is the 4Ms for Behavioral Health (4M-BH). The E4 Center of Excellence for Behavioral Health Disparities in Aging developed this framework for use by mental health and substance use disorder services clinicians in diverse settings. Based on the original 4Ms of an Age-Friendly Health System (What Matters, Medication, Mentation, and Mobility), developed to address older adults' health needs in hospitals and primary care settings, the 4M-BH outlines four interrelated, evidence-based elements of high-quality care for this population.[1, 26] Much like the original 4Ms, the 4M-BH provides a flexible framework for clinicians with little-to-no geriatrics training to effectively assess and act on the unique mental health and substance use services needs of older adults. The 4M-BH framework was developed using a consensus panel of psychologists, social workers, and psychiatrists, who identified a wide range of possible additions and modifications to the framework for behavioral health clinicians, then streamlined to the essential elements required with every older adult in a behavioral health setting.

4Ms Behavioral Health (4M-BH) Framework of an Age-Friendly Health System

What Matters
Align care with the patient's interests, goals, and preferences. Address social determinants of health.

Medication
Review medications and side effects to minimize adverse events and to reduce impact on cognition and mobility. Screen for substance use and treat SUD.

Mentation
Identify and treat mental health and cognitive concerns. Include family caregivers as needed.

Mobility
Assess for fear of falling and create a basic mobility plan to improve function and mental health.

When planning integration efforts, states can consider convening an internal team, consisting of leaders and other representatives of key departments, agencies, and organizations, that is led by a designated individual responsible for coordinating and directing efforts.[27] Together, this group can help to define a model of integrated care, use data to identify needs and opportunities, develop cross-agency partnerships, and make sure the proper partners are represented and engaged.[27] Ideas to support integration can be found at the SAMHSA-supported National Center of Excellence for Integrated Health Solutions.

In addition to supporting integration efforts, it is particularly important that states develop supportive policy and regulatory frameworks to improve mental health care for older adults, since the addition of language that requires or recommends the use of EBPs to policies can be a critical factor to increase access to EBPs in public systems.[28] Other things states can do to facilitate mental health care for this population include expanded funding for EBPs, public awareness of EBPs, community engagement

Older adults who experience mental health conditions may be at an increased risk of substance misuse and/or SUD.[29] Substance misuse and SUD are particularly concerning for older adults, as they often experience physiological and mental changes associated with aging, like cognitive decline.[29, 30] These changes can make older adults more susceptible to adverse drug reactions, especially those between alcohol and many medications that are used to treat mental health conditions, as well as other harms.[29, 30] In addition, signs of substance misuse and/or SUD may mimic changes associated with aging, making these conditions difficult to detect in this population.[29, 30] As a result, older adults with SUD are often underdiagnosed and undertreated.[29]

Healthcare providers who work with older adults, and especially those who work with older adults who experience mental health conditions, should screen all older adults for substance use, misuse, and drug-drug interactions.[29]

and ability to implement EBPs, leadership support for EBPs, and data monitoring and evaluation capacity.[28]

Healthcare Coverage for Older Adults

Medicare is a federal health insurance program that provides access to Affordable Care to older adults. Medicare coverage options and premiums are dependent upon an individuals' preferences, needs and income. The following type of coverage options are available for eligible individuals who wish to enroll: Original Medicare (includes Part A and Part B), Part D, Medigap or Medicare Advantage. The Medicare and You Handbook 2024 provides additional information about Medicare coverage.[31]

In 2022, approximately 19 percent of the U.S. population was covered by Medicare, and according to a survey conducted by the Kaiser Family Foundation approximately 17 percent of Medicare recipients in 2020 were in "fair or poor health". [32, 33] Medicare provides coverage for behavioral health services, such as counseling, medication management, opioid use disorder treatment and psychiatric hospitalization. Starting on January 1, 2024, mental health counselors and marriage and family therapists, are Medicare provider types that can bill independently for the diagnosis and treatment of mental illness. The Commonwealth Fund published a report in January 2022 comparing the mental health needs of older adults in the U.S. with those in other high-income countries. The study found that 26 percent of Medicare beneficiaries in the U.S. who reported having a mental health condition missed or delayed treatment because of costs. Although it is the main payer of services for older adults, gaps and limitations exist, including fewer available providers for behavioral health care than for physical health care.[34, 35]

Summary

Behavioral healthcare is a vital component of the overall health and well-being of older adults, and there is a demonstrated need to expand mental health services and systems to meet the unique needs of this population. States have a role in expanding access to critically needed evidence-based services and supports for older adults through behavioral health integration efforts and policy development that promotes the use of such practices and programs.

Resources

Resource Name	Description
Websites	
Center for Collaborative Mental Health Research	The Center for Collaborative Mental Health Research is comprised of an interdisciplinary team of researchers and clinicians who help to develop, evaluate, implement, and disseminate interventions that maximize the functioning, health, and quality of life of people who have mental illness.
E4 Center of Excellence for Behavioral Health Disparities in Aging	The E4 Center of Excellence for Behavioral Health Disparities in Aging provides training and technical assistance for community-based implementation of EBPs for older adults. The E4 Center has created a library of resources for healthcare providers and communities to meet the mental health and SUD needs of older adults and their families, along with technical assistance, including toolkits on partnership development and the business case for older adult mental health and SUD service provision.
National Coalition on Mental Health and Aging	The National Coalition on Mental Health and Aging is a national organization with members from the private and public sectors who have expertise in the areas of mental health and aging and collaborate on initiatives to improve the quality of services available to this population.
Older Adults and Mental Health (NIMH)	This National Institute of Mental Health (NIMH) website contains information about older adults and mental health, particularly depression, and includes warning signs, the latest news, resources, and how to find help.
SAMHSA Resources for Older Adults	SAMHSA has a number of products for serving older adults with mental disorders and SUDs that can be useful to clinicians, other service providers, older adults, and caregivers.
Toolkit: State Strategies to Support Older Adults Aging in Place in Rural Areas	This toolkit was developed by the National Academy for State Health Policy and highlights state initiatives to help older rural adults age in place. This can be achieved by increasing services that help people remain in their homes, expanding and professionalizing the caregiver workforce, improving transportation access and services, and reforming the delivery system.
Working With Older Adults: What Mental Health Providers Should Know	This American Psychological Association (APA) publication provides psychologists and other healthcare practitioners with resources, tools, and information to enhance their work with older adults. It also summarizes the guidance offered in the 2013 APA Guidelines for Psychological Practice With Older Adults, *which is currently being updated and will be re-released in 2024.*

Resource Name	Description
Reports	
[Building and Sustaining Effective Behavioral Health Care for Older Adults: Strategies and Considerations](#)	This toolkit was developed by the E4 Center of Excellence for Behavioral Health Disparities in Aging and highlights key engagement and sustainability strategies that will help advance efforts to improve behavioral health outcomes among older adults.
[Get Connected Toolkit](#)	SAMHSA designed this toolkit for organizations that provide services to older adults. It offers information and materials to help understanding the issues associated with substance misuse and mental illness in older adults, and also contains materials to educate older adults.
[Growing Older: Providing Integrated Care for an Aging Population](#)	This SAMHSA report for clinicians explains approaches to providing integrated care to older adults living with SUD and mental illness. It highlights the importance of assessing patients for cognitive deficits and adapting behavioral interventions to improve treatment outcomes.
[Integrated Care for Older Adults with Serious Mental Illness and Medical Comorbidity: Evidence-based Models and Future Research Directions](#)	This research brief provides a summary of evidence-based integrated models of care that address the mental and physical health needs of older adults with SMI.
[Integrating Older Adult Behavioral Health Into Long-Term Care Rebalancing](#)	This report was developed by the National Coalition on Mental Health and Aging and provides long-term care rebalancing opportunities and recommendations for funders, including public health agencies and managed care organizations for embedding behavioral health services to meet the needs of the older adult population.
[Older Adults Living With Serious Mental Illness: The State of the Behavioral Health Workforce](#)	This brief, developed by SAMHSA, provides an overview of workforce issues to consider when addressing the needs of older adults living with SMI. Information includes demographics, challenges faced by the provider workforce, and ideas for strengthening the geriatric workforce to address SMI.
[Psychosocial Interventions for Older Adults with Serious Mental Illness](#)	This SAMHSA evidence-based resource guide provides considerations and strategies for interdisciplinary teams, peer specialists, clinicians, registered nurses, behavioral health organizations, and policy makers to understand, select, and implement evidence-based interventions that support older adults with SMI.
[Strategies for Integrating and Coordinating Care for Behavioral Health Populations: Case Studies of Four States](#)	This report was developed by the Office of the Assistant Secretary for Planning and Evaluation and describes different strategies used by a selection of states to improve integration for individuals with behavioral health conditions.
[TIP 26 – Treating Substance Use Disorder in Older Adults](#)	This SAMHSA TIP was updated to help providers and others better understand how to identify, manage, and prevent substance misuse in older adults. The TIP describes the unique ways in which the signs and symptoms of SUDs manifest in older adults; drug and alcohol use disorder screening tools, assessments, and treatments specifically tailored for older clients' needs; the interaction between SUDs and cognitive impairment; and strategies to help providers improve their older clients' social functioning and overall wellness.
[Utilizing Cross-Sector Partnerships to Reduce Behavioral Health Disparities in Older Adults](#)	This toolkit was developed by the E4 Center of Excellence for Behavioral Health Disparities in Aging and describes the landscape of resources that influence older adults and their behavioral health needs and to provide meaningful guidance for partnering across sectors to improve outcomes for diverse older adults.

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Brief Reference Document

Supporting the Mental Health Needs of Older Adults

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SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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