



**GENESIS: A SUSTAINING PRESENCE IN THE
LIVES OF LA'S SENIORS**

More than 1.5 million people 60 and over live in Los Angeles County. Roughly a third of them (about 460,000), live at or below 200% of the Federal poverty level.

LACDMH's GENESIS (Geriatric Evaluation Networks Encompassing Services Information and Support) Program began with the realization that many of these older Angelenos were living alone, sometimes with minimal assistance from family, and becoming increasingly isolated, not showing up at the senior citizen centers and health services around the County. They might not have been diagnosed with a mental illness, but were gradually losing memory, self-confidence, and the ability to care for themselves. And they were often depressed, finding themselves alone and inactive at the end of very full and hardworking lives. Yet they viewed mental illness as a stigma and would not have come to a DMH clinic for help.

These were the people that were falling through the cracks, people that were getting noticed by their neighbors. Ms. Jones no longer picks up her paper. Ms. Jones isn't out gardening. Something's going on with her. She doesn't have any children, no relatives; she is always isolated, by herself. We'd get referrals from the mailman, the gas man: there is something going on with that older person living in that home. – Theion Perkins, RN, MHC Program Head, GENESIS

Picking up on these referrals, GENESIS field workers began visiting the seniors in their homes. Often it took several visits to establish the older person's trust and to get him or her to open the door –

Just because they didn't open the door today, they might open it tomorrow. Someone has to be patient enough to recognize that it takes a little bit of time, a little bit more time next time, in order to build that relationship. – Sonia Diaz, Psychiatric Social Worker, GENESIS

and then to agree to a basic cognitive evaluation – which led to a surprising realization.

Often the older adult presents with behavioral changes and...it's often interpreted in terms of a mental illness, when in fact, it may be a physical illness. For example, if someone is diabetic, their behavior may change very radically if their sugar level goes down. If they have thyroid problems, they may present with unusual behavior. And that often had been overlooked. – Sarah Gelberd, MD, Medical Director, GENESIS



GENESIS staff members attend a presentation to learn specific problem signs to look out for in older adults.

As a result, GENESIS has developed a Countywide

integrated care program, using nurse-social worker teams to visit the clients, assess vital signs, eyesight, hearing, and mental status, review medications and diet, look at the environmental conditions in the home – enough food in the refrigerator? trash being taken out and collected? heating adequate? – and conduct a holistic evaluation. This approach ensures that all symptoms are identified and appropriate care given.

We had a social worker come in and say her patient had a really good mini-mental status exam; “I’ve been following her for months and months and all of a sudden, she dropped eight points.” The social worker was very alarmed and had her referred for hospitalization...It turns out that she needed a pacemaker...End of problem; very rewarding, because in fact a life was saved. – Sarah Gelberd



**Social Worker
Sonia Diaz
and Nurse-
Practitioner
Kimberly
Kleinschmidt
visit the home
of a Genesis
patient.**

The heart of the Genesis program, though, is the assurance of human contact, the maintenance of an elderly person’s lifeline to the world.

We may do nothing else other than make a relationship with a human being and sometimes someone can become so dehumanized after decade after decade of being ignored, then even just a friendship, someone who will look at them and develop some kind of relationship, is profoundly therapeutic. It reminds them what it is to be human again. [I remember a client that] had a terrible skin ulcer that was quite infected to the point that it was life threatening...We convinced her that she needed to go to the hospital and we got her in an ambulance and we followed her to the hospital. She had difficulty expressing herself; she was very, very frightened. We stayed with her until the physicians knew her, the nurses understood what to do with her, [and] until she was admitted...Just that you can be a sustaining presence in someone’s life is a miracle. – Kimberly Kleinschmidt, NP