

spring 2024

ECHOES

UNDER THE RIMS

PROGRESS



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Walking Forward



Progress. People desire progress, measure progress, report on progress, and raise questions about progress.

When colleagues work together on a collective effort, they may ask, “Are we making any progress?” At conclusion of academic terms, students are provided reports on progress and achievement. When any of us focus on advancing personal aspirations, we may take private measures of progress.

The Oxford Dictionary defines the concept of progress as the process of improving, developing, or of getting nearer to achieving or completing something. In general usage, the term is synonymous with such words as advancement, growth, development, and improvement. The word has etymological origin in Latin from two words, pro and gradi, which when combined mean to walk forward.

Our grandchild, Gigi, recently took her first walking steps forward

without holding onto to anything or anyone. When moving across a room on her wobbly legs, her face beams with a sense of accomplishment and freedom. Gigi does not yet intellectually know what the term progress means, nor can she even speak the word. With each new step forward, however, her bright blue eyes declare, “Hey, look at me. I’m making progress!”

To take her first steps, Gigi’s body had to advance in growth and strength. In addition, her mindset had to change from being satisfied with crawling to wanting to walk. Which points to what Nobel prize awardee George Bernard Shaw once said. “Progress is impossible without change and those who cannot change their minds, cannot change anything.”

As with Gigi, your own life progressions began with the smallest of movements and advances, prior to any manner of walking forward. With years now passed, you may recall memorable life progressions and milestones.

Not that progress is ever easy, or a given. We all know the saying, one step forward and two steps back.

Within this issue of Echoes are five St. John’s United stories relating to progress. One tells of enhanced patient care now provided within the newly opened Transitional Rehab Center. A second reports on the first decade and progressive advances of the Home Health

and Hospice program. A third offers measure of the Chapel Court redevelopment project. A fourth announces the arrival of a Lutheran partner in Billings set to support refugees in their intent to progress. A fifth offers invitation to invest in new playground spaces and equipment for children within our soon-to-be relocated Center for Generations.

Grace and strength as you continue to walk forward in life.

A handwritten signature in black ink that reads "Tom Schlotterback". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Rev. Dr. Tom Schlotterback
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REACHING HIGHER

DAD'S HAD A MASSIVE STROKE.

Words no family wants to hear, especially when Dad is not yet 70 years old and barely two years into retirement. Devastating thoughts of *Will he live?* give way to *How is he going to live?* *How will Mom be able to care for him?* *Will Dad ever be able to live at home again?*

Life-altering health emergencies happen at any age and at every age. Bill and Sheila Grant* know this reality all too well. Following hospitalization from the stroke, Bill was not progressing well in his first rehabilitation care setting. Frustrated, Sheila called St. John's United and soon after, Bill became one of the first patients to receive care at the brand new Transitional Rehabilitation Center.

"St. John's has always been highly regarded when it comes to transitional care," says Director of Transitional Rehab, Ruth Boese, BSN-RN, PCCN. "The new state-of-the-art TRC elevates that care to a new level. We have even greater capacity to meet patient goals – which is usually to return home – and to serve patients with higher care needs. Ultimately, we are better able to achieve our aim as healthcare providers to reduce hospital readmission rates."

Care was previously delivered in two settings on St. John's main campus, which was neither efficient, nor cost-effective. Today, therapists and care providers function as a cohesive team in a singular building with a centralized, interdisciplinary

therapy space. Collaboration among therapists happens more readily. If a treatment or exercise isn't working quite right for a patient, another therapist working close by may be able to suggest an alternative therapy in real time.

From a staff perspective, the integrated setting is resulting in better engagement and less burnout according to Shannon Bloyder, Director of Rehab. Previously, patients with acute needs were served by one set of staff in one building and those with lesser care needs were served in another; staff rarely had the advantage of working together across disciplines.

Bloyder adds that TRC is staffed to offer therapy six days a week



for those who need it. “Forward momentum over the weekend is critical because the Medicare 100-day clock is ticking. Two days without therapy can cause setbacks that lengthen the patient’s recovery, so every day is precious.”

Great consideration was given to patient care in designing the Transitional Rehabilitation Center. Each patient room is equipped with wall oxygen and suction units, allowing for care of patients with highest level needs. Intravenous medications and hydration fluids can be administered onsite, reducing trips to the hospital. Gadgets and gizmos designed to make personal care easier abound, including toothbrushes with suction capability for patients whose swallowing reflex is compromised.

Specialized physical therapy equipment such as lifts and ceiling harness systems have been installed

throughout TRC. Occupational therapy training spaces received equal measure with the inclusion of a training kitchen, bathroom, and laundry all focused on readying patients to minimize falls and think through body movements before returning home. The training spaces allow therapists to assess coordination, dexterity, and cognition and subsequently create plans to adapt the patient’s home for greater accessibility.

Mindful of construction costs, design of the physical space itself was dictated by the footprint of the original Wing One of St. John’s Lutheran Home, built in the early 1960s. 36 patient rooms – most with a private outdoor patio – are situated around the perimeter of the structure allowing what was once an interior courtyard to become the spacious central therapy gym. A mezzanine devoted to administrative offices was added over the therapy space creating a vaulted ceiling flanked on three sides by windows. Natural light floods the entire center – it is truly a healing, life-giving space.

Returning to Bill’s story, Boese recounts that “Bill came to us not able to sit upright and left here walking. His family was a great partner with us in his recovery and he defied all expectations.”

Bloyder adds that “we do a really good job of meeting the family’s expectations. It takes some amazing professionals to assess a patient in Bill’s condition and be willing to be wrong – or to be proven wrong by the family’s highest expectations. During his time with us, Bill was busy. He didn’t sit around waiting to get better – he worked hard. And we worked hard for him. We strive to impose no nurse, therapist, or patient-driven limitations on recovery. The Transitional Rehabilitation Center is fast becoming a place where there really is *So Much Life to Live.*” ♦

**Patient identity has been altered to preserve privacy*



THIS WORKS



SHORTLY AFTER UTTERING THE words “Failure is not an option,” in the movie *Apollo 13*, Flight Director Gene Kranz faced yet another crisis that threatened the three astronauts aboard the crippled spacecraft: Carbon dioxide levels were climbing and filtration systems in the lunar module had been calculated for just two astronauts. How to generate sufficient oxygen to keep all three alive until they could return home?

Kranz: What about the scrubbers on the command module?

Engineer #1: They take square cartridges.

Engineer #2: The ones on the LEM are round.

All available material was used to adapt the filtering system: duct tape, a sock, plastic bags, notebook covers. If it was onboard, it was considered useful. The make-shift filter worked, but ultimately, the design was neither sustainable nor suitable for future missions.

As the new century began, St. John’s leadership recognized a similarly unfolding dilemma at Chapel Court – cobble together remedies for an aging physical space and business model or start over with a better design. Now in decline, Chapel Court had been the standard bearer of St. John’s mission from the



very beginning in 1963: providing affordable living opportunities within nurturing environments of hope, dignity, and love to older adults in the Billings community, especially to those with limited financial means.

Along with aging physical spaces, financial losses in Chapel Court were mounting. Apartments were sitting vacant for longer periods of time, not because demand for affordable senior housing had waned, but because the environment was tired, apartments were small, and no one really wanted to live there. By 2019, the losses, when taken together with inflation, the cost of resident care, and diminishing reimbursements for skilled nursing care, were unsustainable.


Closing Chapel Court was not an option.

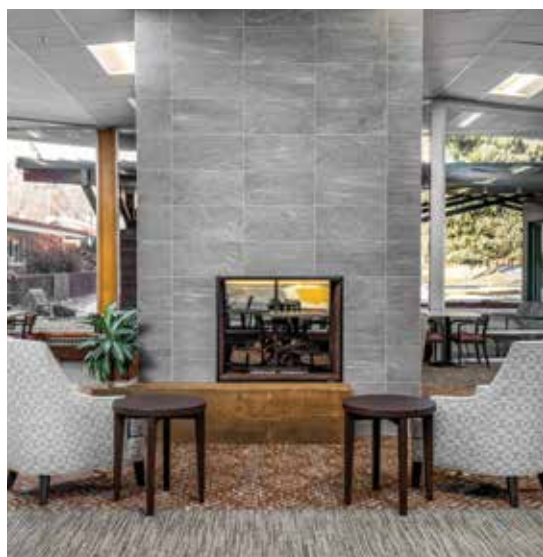
Stories of the evolution of the renamed Chapel Court Apartments, enhanced resident services, and the vibrancy of the resident experience have been told many times within previous issues of *Echoes*. All can be accessed on St. John’s website. What hasn’t yet been told is how the business model is faring three years after residents began moving in.

“Without a doubt, this works,” says

David Trost, St. John’s CEO. “After being awarded tax credits to build a low-income housing project, we invited investors to purchase those tax credits. That investment made construction of Chapel Court Apartments possible. The next step was to form a partnership in which the investor serves as the majority partner and St. John’s United as the managing partner.”

Trost continues, “In theory, St. John’s no longer owns Chapel Court Apartments. When it was transferred to the joint venture, the operating losses were no longer on St. John’s financials. Instead, St. John’s United receives lease payments and management fees. Any operating losses are passed through to the majority partner as ongoing incentive for their initial investment.”

Much like restoring breathable air on *Apollo 13* allowed the astronauts and engineers to address other problems critical to the return to Earth, stopping the losses at Chapel Court gave breathing room for St. John’s leadership to turn their attention to concurrent challenges. By all measures, the Chapel Court Apartments business plan has sustainably secured the futures of the residents who live within and has retained St. John’s commitment to serving residents along the entire socioeconomic spectrum. 





LET'S PLAY

FOR MORE THAN TWENTY YEARS, children have graced St. John's United West End campus with their daily presence. Babies have been rocked and cooed over by countless surrogate grandmas and grandpas. Toddlers have brought their mischief and delight to residents and staff as they parade the halls. School-aged children have shared projects and the day's events with young and old alike. The presence of youth is life giving. It is spirit filled. And it is *missional*.

Reliable childcare is critical to workforce stability. On its own, high-quality childcare promotes child development, education, and learning while narrowing

socioeconomic, racial, and ethnic inequalities. When coupled with intergenerational activities, it is a priceless experience for all involved.

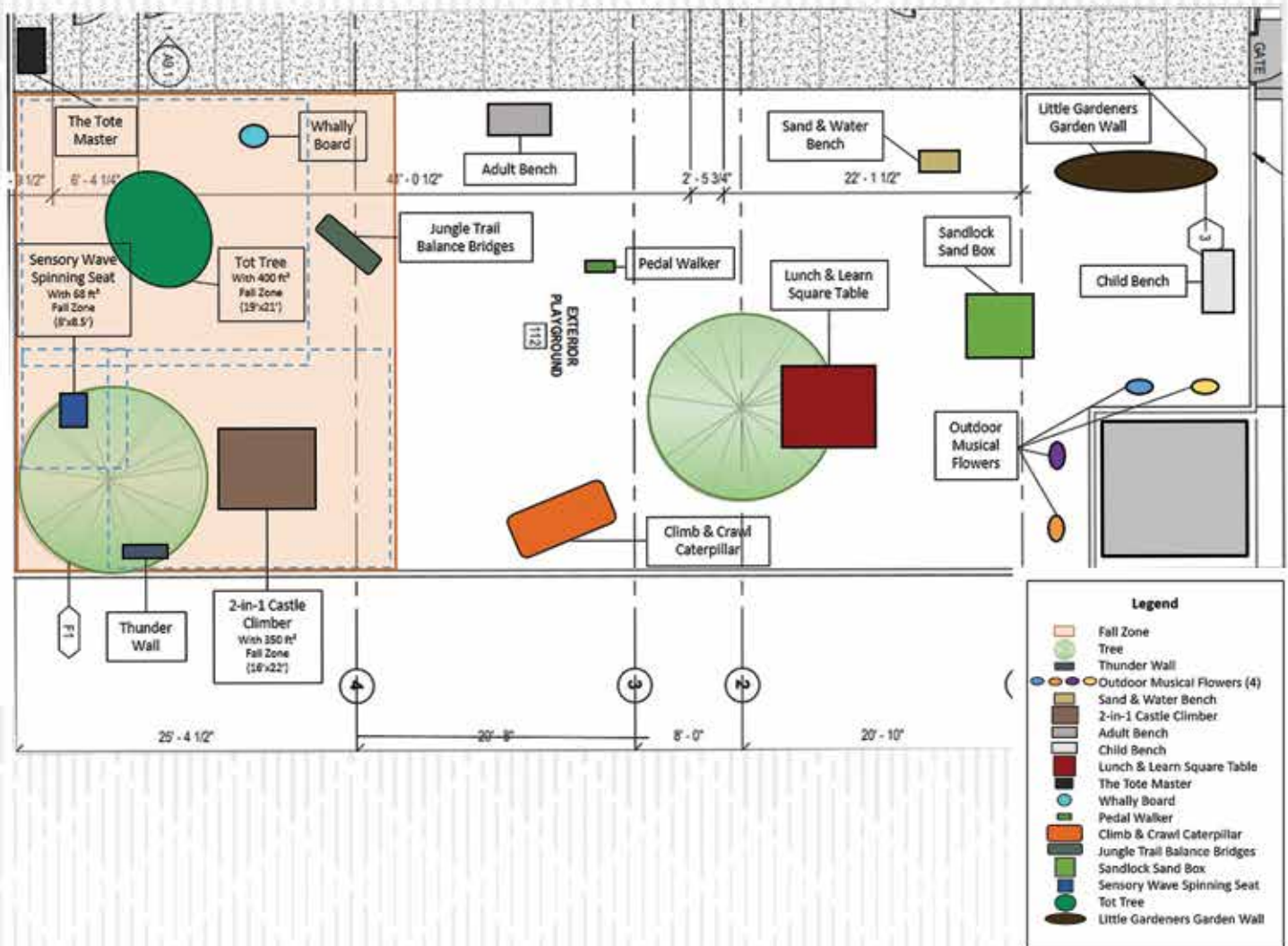
Yet childcare comes at a high price, both to families – at an average of \$9,500 per year – and to providers challenged with balancing overhead and staff costs. St. John's board and leadership have made an enduring commitment to the Center for Generations by making the investment to relocate and upgrade the childcare center.

The renovation project was initially funded with a Childcare Innovation grant of \$970,000

awarded by the State of Montana. Additional financial partnership from stakeholders and donors of \$100,000 is being sought for playground landscape design and acquisition of new playground equipment for two separate play spaces – one for infants and toddlers and the other for preschool and school aged children.

The children will be moving to the newly renovated childcare center by early-Summer 2024. We invite you to help advance our progress on this missional aspect of life at St. John's by offering a gift of financial support. ✦

CHILD DEVELOPMENT CENTER PLAYGROUND



CASTLE CLIMBER



TOT TREE



MUSICAL FLOWERS



SAND & WATER



JUNGLE TRAIL BALANCE BRIDGE



THUNDER WALL

THERE'S NO PLACE LIKE

One of the most iconic spoken lines in cinema history is at conclusion of the 1939 film, *The Wizard of Oz*. Dorothy taps the heels of her ruby slippers together three times and repeats the phrase, "There's no place like home," before leaving the land of Oz and returning safely to her family's farm in Kansas.

Dorothy's memorable phrase is applicable to the growing number of people in Montana who require and benefit by receiving health care and hospice care services directly in the places they call home. Home health care and hospice care are typically less expensive, more convenient, and can be just as effective as care received in a hospital or skilled nursing facility. The call for delivering home health care and home hospice care is a rising trend nationally and locally, and a trend congruent to aging demographics.

The population of older adults within the United States is steadily expanding. By 2030, all the nation's 73 million baby boomers will be 65 years of age or older. By 2050, the U. S. Census Bureau projects there to be 83.9 million adults 65 years of age or older.

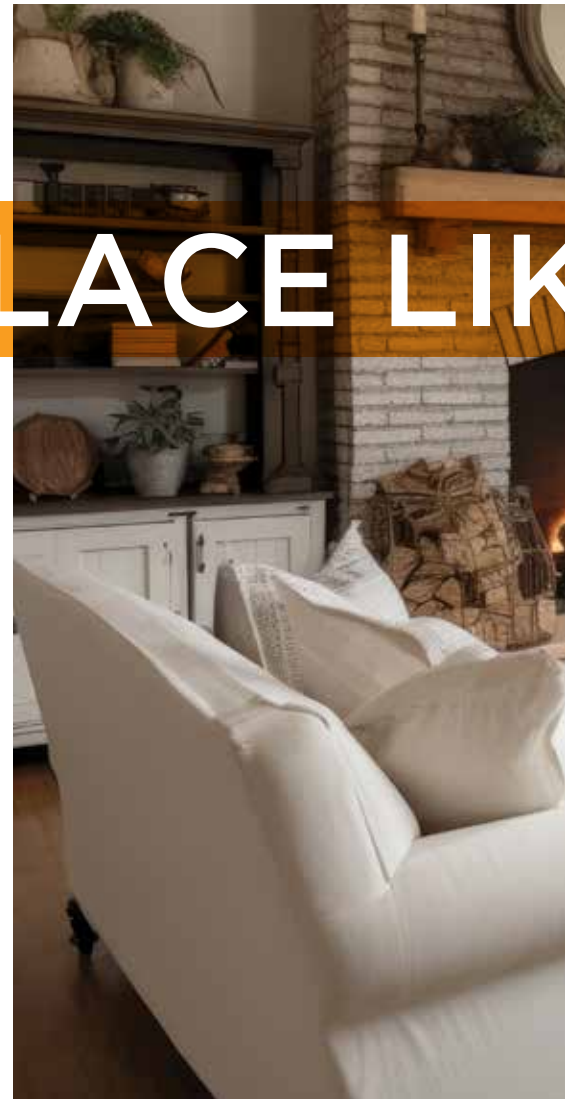
Increasingly, aging adults desire to receive professional health care in their homes, versus

receiving inpatient health care away from home. Moreover, medical discharge plans for patients leaving a hospital or transitional rehab center require that professional nursing or rehab care be provided in-home to advance healing and quality of life.

As long-term care homes continue to close around the country, home health care is likely to become more vital. The same is true for hospice care. Currently, more than half of all Americans will be provided hospice care at end of life, such as that provided by St. John's United (SJU).

In the past two decades, for-profit and not-for-profit organizations that provide home health and hospice care have swelled in number to meet demand. In Yellowstone County, there are four home health organizations and four hospice organizations. In each of these two service lines, there are two for-profit organizations and two not-for-profit organizations.

Birthing a decade ago as a joint venture corporation, SJU Home Health and Hospice is a not-for-profit organization. Ownership and revenue are shared among three partners – SJU, Billings Clinic, and Big Sky Senior



Services, with St. John's being the majority owner and manager of services.

Brooke Rivera, Administrator for SJU Home Health and Hospice, recalls the start-up of this joint venture. "In 2014, our CEO at the time, Kent Burgess, explored partnership options in the community to help launch what was originally named Home Based Services, Incorporated. Billings Clinic was eager to invest resources into the partnership and Big Sky Senior Services was pleased to contribute the needed licensure. When Kent invited me to be the lead administrator, I declined twice due to timing. With his third invitation, Kent told

KE HOME



me that he was not going to ask again. I really had to think about whether I was up to the task or not. I finally agreed to step into the role and remain glad that I did.”

Brooke adds, “From the beginning, we wisely connected with a consulting group in Pennsylvania to help guide our efforts. A portion of that original consulting group started a new firm in Virginia named Senior Options, which remains a valued source of wisdom and counsel to this day. Senior Options helps us with quality expertise, value-based purchasing, industry regulations, billing infrastructure, and mock surveys for use with our patients.



Brooke Rivera,
Administrator
Home Based Services, Inc.

Senior Options also advises us to anticipate and keep pace with where home health and hospice care are trending nationally so that we are best prepared to provide quality services locally.”

As lead administrator, the first step Brooke took to begin forming a team was to hire a St. John’s occupational therapist, Stephanie



Stephanie Hilling,
Occupational Therapist

Hilling, who agreed to take on the responsibility of serving as Rehab Team Lead for home health. When asked about the new role she assumed ten years ago, Stephanie enthusiastically states, “It’s been the perfect fit! I don’t think I have ever loved my job more than I do now. There was a learning curve in the beginning about documenting home health care versus in-house

care, but we have that down now. The extension of St. John's caring reach into the larger community is an important missional matter of serving people where they live. Montanans tend to be independent folk who want to be at home where they can manage life happenings. Home health makes it possible for them to achieve their desired quality of life a little faster."

When asked about percentages of people served who live within St. John's communities and those who live beyond, Brooke tells that two-thirds of home health patients live beyond St. John's communities and one-third within. With hospice care patients, those percentages reverse. Both home health and hospice care are reimbursed through Medicare or private insurance, which leads to positive financial outcomes.

In the ten years since SJU's home health venture became Medicare certified, and in the eight years

since SJU's hospice venture became Medicare certified, both have steadily progressed. In 2023, the number of home health patients served was 526 and the number of hospice patients served was 152.

The current daily average patient census for home health is around ninety and just under forty for hospice. Brooke and Stephanie express that SJU Home Health and Hospice is well-positioned for continued growth, aiming for a daily patient census of one hundred for home health and fifty for hospice.

What began as an employed professional staff of one person in 2014 is now an employed professional staff of forty-one. This highly capable team of people includes registered nurses, licensed practical nurses, physical therapists, occupational therapists, home health aides, social workers, administrative support, a health information coordinator, a

volunteer coordinator, chaplains, plus valued volunteers.

For a second consecutive year, the St. John's team was recently honored with an Award of Distinction that is presented to the top twenty-five percent of home health care organizations in the nation. This award is based on a standardized survey that collects quality of care information from patients across the nation.

When asked about this honor, Brooke gratefully acknowledges, "I can't speak highly enough about our team and culture. We are pleased to receive recognition for the quality of services we provide but there is always room to grow."

The valued care that the SJU Home Health and Hospice team has delivered to patients and their loved ones for the past ten years calls to mind what Dorothy spoke to her friends and family in *The Wizard of Oz*, "There's no place like home." ✦

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A Place of Welcome

St. John's United will Host Lutheran Family Services of the Rocky Mountains

LUTHERAN FAMILY SERVICES OF the Rocky Mountains (LFSRM) serves the Rocky Mountain region- inclusive of Colorado, New Mexico, Utah and Montana. Founded in 1948 to provide adoptive placement for babies, over time programs were added: birth parent counseling, foster care, aging services, international adoptions, aid following disasters, parent education, and in 1975, services to refugees.

St. John's first worked in partnership with LFSRM, formerly Lutheran Family Services of Colorado in the early 2000s. "Former St. John's Chief Executive Officer, Kent Burgess, built relationships with other like Lutheran Service Organizations across the country. These trusting relationships resulted in a unique exchange in expertise to allow SJU to provide refugee resettlement services for approximately a dozen

families," remembers David Trost, St. John's current CEO.

Lutheran Social Ministry Organizations have for decades provided refugee resettlement. "St. John's was and is today the Lutheran Social Ministry Organization to call in Montana," says Trost. "When asked, it was evident that it was the right thing to do. US military troops in Iraq depended on brave citizens of Iraq that choose to support US efforts even with the threat of death by the regimes left behind."

Refugee resettlement work is meaningful but to conduct the work effectively, requires an informed perspective of an agency with best practices, experience, and competency to serve the unique needs of refugees. "LFSRM has weathered the storm of changing US administrations and has a deep bench in which to do resettlement right," asserts Trost. "We are

honored to support LFSRM with office space and community support."

LFSRM is hiring local Billings employees to staff its Billings office, which will be located within St. John's Gainan Commons in downtown Billings. The office is projected to open later this year.

LFSRM's Refugee Resettlement supportive services will include:

- ⊕ Initial housing and benefit enrollment
- ⊕ Case management services
- ⊕ Health services
- ⊕ Employment services
- ⊕ Pre-employment services
- ⊕ Youth success programming
- ⊕ School programming
- ⊕ Women's programming ⊕

REFUGEE 101: THE FACTS

REFUGEES ARE

People who are forced to flee their countries of origin because of a well-founded fear of persecution due to race, religion, nationality, or membership of a particular societal or political group.

Fully screened and vetted by the US State Department. Refugees arrive having been screened overseas and granted status before entering the United States. The average wait for someone in a refugee camp to be resettled into the US is 17 years.

Approximately 80 percent of refugees are women and children.

REFUGEES ARE NOT

Individuals already in the United States seeking asylum.

Individuals who have entered the United States without state sponsorship.

HOW MANY REFUGEES ARE RESETTLED TO A DEVELOPED COUNTRY?

Less than 2% of all refugees are resettled into a developed country. Refugees typically stay in the refugee camp indefinitely, integrate into the country where the camp is located, or return home.

HOW DO REFUGEES ARRIVE IN THE UNITED STATES?

Individual and family groups of refugees are eligible for resettlement only after the US government performs formal interviews, medical checks, and multiple background checks.

Refugees are referred to one of ten national refugee resettlement agencies, the majority of which are faith-based.

The resettlement agency partners with other community organizations, congregations, and volunteers to ensure that the basic needs of refugees are met when they arrive in country.

HOW DO REFUGEES SUPPORT THEMSELVES?

When refugees arrive, they are work ready.

Most refugees find their first jobs in entry level positions. Many go on to advance in their careers acquiring managerial, skilled trade, or professional roles.

Highly skilled refugees often work toward recertification and find employment in their field such as: medical, engineering, and banking.

HOW DO REFUGEES SUCCESSFULLY INTEGRATE INTO COMMUNITIES?

Families integrate into mainstream society through case management and appropriate referrals to schools, supportive programs, and connections to mentors.

Many refugees put down roots in their communities by opening small businesses and buying homes.

Refugees enroll in English as a Second Language classes shortly after arrival.

Children are enrolled in school and demonstrate quick progress with the majority learning English and moving to the next grade level their first year.

Refugees work toward permanent residency after one year and full-fledged US citizenship after five years.

**If you have questions, please contact
LaChelle Amos at (406) 296-1962 or visit www.lfsrm.org**

**information provided by LSFRM*



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