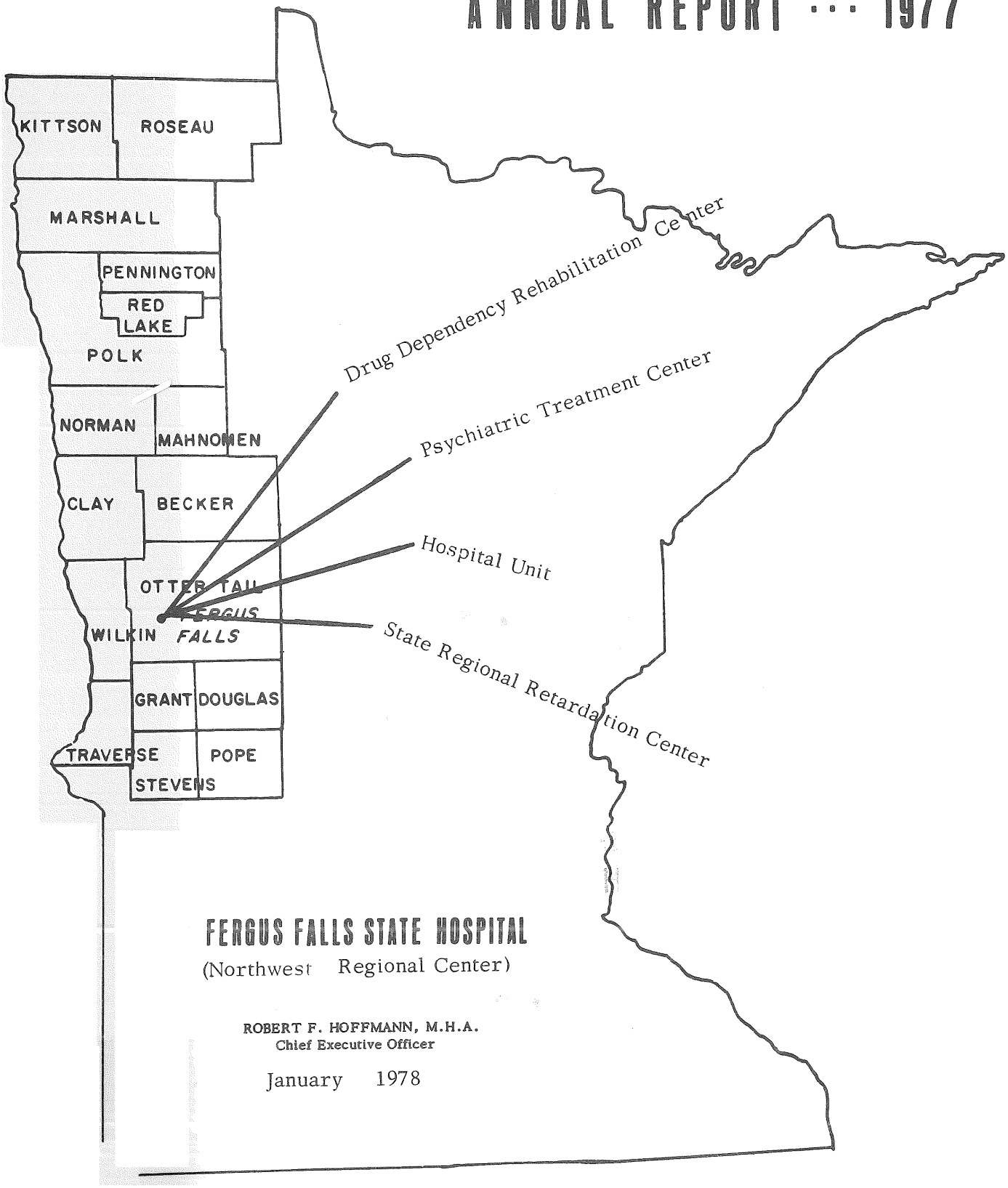
ANNUAL REPORT ... 1977



FERGUS FALLS STATE HOSPITAL

(Northwest Regional Center)

ROBERT F. HOFFMANN, M.H.A.
Chief Executive Officer

January 1978

FERGUS FALLS STATE HOSPITAL

ANNUAL REPORT -- 1977

I am choosing to present here a summary of the activities of 1977 rather than go back over the extensive report submitted in 1978. It should be noted that in the Annual Report of 1976 I addressed three problem areas that are still with us in varying degrees. They have been addressed as can be noted in the following reports as best this facility could but contain elements that must be addressed by persons or groups of persons outside of the purview of this facility. These three problem areas are that of containment (holding people against their will), the confused role that we perform, and the roles that we are expected to perform by the public we serve. There tends to be considerable difference between the expectation of our treatment units, the viewpoint of the client, and the viewpoint of the community as represented by courts, peace officers, county attorneys, family and others. As the legislature goes into session in 1978 they will be dealing to some extent with this problem, particularly in relationship to Minnesota Security Hospital in St. Peter. Decisions made there on the basis of studies made throughout the State of Minnesota will probably influence the services provided on this campus and define a bit more fully our role in the process. In the meantime we have dealt with an apparent increased demand for handling more difficult cases of hospitalization through staffing changes, the addition of security screens in some areas, and communications with those sending us residents that seem to be beyond our capability given our present resources. This year we will be addressing a study within our regional area to determine more clearly the expectations for containment placed upon us by the communities we serve.

The problem of the under-served within our regional area has been partially addressed by establishing a separate program for the chemically dependent youth. I will speak more about that development later in this report. We recognize, along with particularly our county social service agencies, that we have not to date solved the problem of the need for a psychiatric unit for youth and a unit for geriatric psychiatric persons. This facility has indicated that we will serve those people the best we can within existing programs but that we have not the resources nor space at this moment to open specialized programs in either of those areas.

The third area of confidentiality has only begun to make some better sense to us and to the various agencies with which we work on a day by day basis. The legislature will again be addressing this issue in this session and it is hoped they will clarify some of the conflicting demands placed on us and the other agencies who share our confusion.

STATE REGIONAL RETARDATION CENTER (SRRC)

The SRRC continues to provide services to approximately 292 mentally retarded residents. This population is not a static population in that there were approximately 35 admissions and 35 discharges during calendar year 1977. The population of the mental retardation unit seems to be changing in two distinct ways. First, there are more persons being admitted who are severely physically handicapped in addition to being mentally retarded. Secondly, a trend has been noticed where higher functioning individuals (mild - moderate range of mental retardation) with severe behavior problems are seeking admission to the Center. It is anticipated that in the forseeable future these two particular categories of residents will be increasing.

Community group homes continue to be a major source of placement of residents ready to leave the Center. In 1977, we placed 19 individuals in group homes in Regions I and IV, During 1977, six residents were admitted to the SRRC from group

homes (one individual was admitted twice from one group home for the purpose of respite care). We feel the Center offers a backup service to residents placed in the community. It is anticipated that the number of persons discharged to group homes in the next year will increase slightly. It is also anticipated that the number of admissions from group homes will show a slight increase. It should be noted that in Region IV there are approximately 150 group home beds presently available in the community. In addition to this, there are thirteen foster homes in Region IV.

The SRRC provides three distinct program services, the first of which is: RESPITE CARE - This program is for the purpose of parental relief. It is generally for a short period of time not to exceed thirty days. Oftentimes this program is utilized by foster homes and group homes in addition to parental homes.

The second program is referred to as CRISIS INTERVENTION AND EVALUATION. This program is designed to provide residential assessment and diagnostic services, recommendation on resident's developmental needs, medication adjustment, and short term high-impact behavioral programming. For the purpose of evaluation and crisis intervention, the expected maximum length of stay would be approximately ninety days.

The third program is called the CONTINUED CARE PROGRAM. This is the traditional program of extended stay designed for residents who are in need of long term residential care and developmental programming.

The main objectives of the SRRC programs are meeting the needs of the mentally retarded, decreasing their dependence on others, and effecting their placement in the most independent life situation possible, be that here or elsewhere.

A major accomplishment over the past year has been the implementation of a six month Interdisciplinary Team Programming Process. Previously, programs were developed on an annual basis. The move to a six month programming effort is desirable in that it allows the Team to address the programming needs and set forth a program plan for an individual, looking ahead for only six months. This is more effective because of the ability to predict the resident's needs and ability to progress in the program on the basis of a shorter length of time. The six month Interdisciplinary Team Process became effective June, 1977.

In order to strengthen the Interdisciplinary Team Process the Center has emphasized expansion of the team membership to include representation from the mental health centers, the developmental activity centers and group homes and encourage their attending planning meetings at the time of admission and at discharge. Participation at these meetings by families and county social services departments has been very good.

Major tasks to be addressed in 1978 include preparation for and achieving continued accreditation by the Joint Commission on Accreditation of Hospitals for Mental Retardation Facilities. Efforts will be made to comply with Judge Larson's ruling in the Welch vs Dirkswager case. The professional staff at the Center are of sufficient quality, type and numbers to meet the intet of Judge Larson's ruling. The areas left to be addressed concern direct care staff and the physical environment.

Approximately 90 of the 292 residents of the Center participate in the Public School (Dist. 544) program which is headed by DuWayne Balken. These students range in age from four to twenty-five (21 if the individual has already received nine years of public school education). The school program has been very effective in terms of developing residents' skills. Also, Title I Recreation Program has been of considerable assistance in teaching the mentally retarded how to participate in

leisure time activities. This program provides up to ten hours per week recreation programming for individuals who are eighteen years of age and younger.

In 1978, we anticipate that remodeling will be completed on our new complex of living units. When this is completed, we will have five 16-bed completely independent living units. This will replace the present "dormitory fashion" living situation that now exists on the Community Training Achievement Center. By independent living unit we mean that each 16-bed unit will be self contained and will include its own dining room, kitchenette, bedrooms, living rooms with an environment that will be as homelike and as normal as possible.

PSYCHIATRIC UNIT

The number of admissions to the psychiatric unit has again increased this past year and is now exceeding the admission rate of 1973. While an increase of about 70 admissions is not an enormous figure, it is a figure that says some things about the need for programming. Because of that increase and our recognition of the problems of the large unit on the Cottage, the psychiatric unit reorganized its distribution of residents and programs so that the services are being provided in three separate areas.

Psychiatric and Crisis Treatment (PACT) Unit was established on 2WD, a ward in the main building, with the hope that this unit can treat acute psychiatric illnesses within a short period of time (30 days or so) and provide crisis evaluation for the community. It is our hope that we can hold this program to about twenty residents so that the incoming patient can receive intensive attention and we can keep the length of stay as short as possible considering that particular person's individual needs.

The second program is the Cottage program which will be for longer term psychiatric illnesses and will continue to be held in the Cottage building. There will be some admissions to this program if the expected length of stay is expected to be more than 30 days. This program will be built around providing activation, decreasing the dependency on the institution and developing some work habits.

The longer term psychiatric extended treatment unit will be again a smaller unit and will house those residents where a comparatively great deal of physical care and protection are necessary. This program will be designed to hold back deterioration and keep the individuals placed on the program at as high a level of independence as possible, recognizing that they will need a high level of care, probably for a lifetime.

The above provision of programs has permitted our staff to deal more effectively with residents with common problems in smaller groups. We are quite pleased with the progress made so far in improving the program in all three areas. The psychiatric unit has also established a sensory motor integration program which uses visual, oral and physical inputs to help bring long term residents into better touch with reality around them.

As will be noted in last year's annual report, one psychiatric unit goal was to establish a meaningful advisory committee. This goal has been reached with a very active committee representing a very broad section of citizenry, professionals from the community, former participants in the programs, other service delivery providers, and members at large. Another goal has been to increase our expertise in dealing with persons with both mental illness and chemical dependency problems. We have

addressed this and have done much better in that process, including the gaining of some professional expertise. We are on the threshold, at the time of this writing, of assigning an alcohol counselor to the psychiatric unit so that there can be a rather constant inservice and follow through on individual cases where the two problems overlap.

DRUG DEPENDENCY REHABILITATION CENTER

The Drug Dependency Center has continued its upward swing of admissions at a very high rate and has had to make several adjustments in the programs to compensate in regard to both space and programming. At the time of our last annual report we had a rather high percentage of young people in the program and through very diligent efforts on the part of the staff of the Drug Dependency Unit we have been able to open a program for young chemical dependent people. We have accomplished the separating of the young people from the rest of the primary program and offer a program particularly geared for the young people's needs that includes a longer stay, school, and other activities that are particularly suited to youth. Another problem that was recognized on this unit, as well as on the psychiatric unit, was the problem of persons coming in with psychiatric illnesses. In order to address this and a confusion in the primary treatment program resulting from admissions there, we now have an admissions area that provides a higher level of security for new admissions; an area where new admissions can be screened, evaluated, treated psychiatrically, if necessary, and placed into the primary program either the day of admission if he is ready, or several days later if that is more appropriate. All admissions to the Drug Dependency Unit come through that program for their physical examination, psychiatric work-up, and initial staffing. Mr. Bud Remboldt provides the direction for this entire service, i.e., the admissions unit plus the youth program, and has put together a meaningful program. He has had the cooperation of Mr. DuWayne Balken of the local School District #544 in providing education programs particularly suited to the young people who are admitted here.

Our training program for alcohol counselors has continued to provide a high level of training in a year long program for alcohol counselors. Ms. Carol Schlader has devoted her full time energy to coordinating that program, retaining its present certifications and making certain that it is eligible for other recognition as a viable training course. It is our goal, of course, with this training program to produce for these communities alcohol counselors with a broad areas of expertise and able to take on a professional responsibility toward those they are asked to serve.

MEDICAL REHABILITATION UNIT

The Medical Rehabilitation Unit continues to serve the long term psychiatric-nursing residents, most of whom have required the services of this facility for many years. The unit continues to make placements in nursing homes whenever the clients it serves have reached a point where they can live in a more non-psychiatric atmosphere. We have found that this past year has increased the admissions of older folks who have been in nursing homes and are displaying psychiatric symptoms. We have had considerable inquiry from the community about the possibility of deliberately addressing the aged psychiatric problem in a special unit and have done so to the best of our ability in this Medical Rehabilitation Unit.

Another function of this unit is to manage a small 19-bed ward which cares for all residents on the campus when there is an acute illness that cannot be cared for in the home unit. We call this our Infirmary and it is staffed mainly as a medical care service.

GENERAL EVENTS

Some of the highlights of this year's activities of a more general nature affecting the whole facility might be of interest to the readers. Vera Likins resigned as Commissioner of the Department of Public Welfare and Edward Dirkswager was appointed to replace her. Representative Don Samuelson's House Appropriations Committee visited the facility in September and Senator Lewis's Senate Finance Committee visited in October. Representative John Clawson's Departmental Affairs Subcommittee visited the hospital and held a community meeting on November 29 with particular interest in the Region I-Region IV Special Task Force Committee report regarding the Fergus Falls State Hospital. During this period, a decision was made to close Hastings State Hospital during 1978 and revisions were made in receiving districts for Moose Lake, Anoka and Rochester State Hospitals.

This facility received a special grant of $140,000 for beautification as a part of the anti-recessional fiscal assistance program from the Federal Government. We established an advisory committee of community citizens under the chairpersonship of Kay Wilkins Johnson to assist in determining projects that would have the greatest impact on improving the environment of this campus and on the living units. These projects are presently underway and include internal improvements of living areas, such as paintings, draperies, bedspreads, lighting, entryways, murals and pictures. Plans are underway for some improvements on the grounds and the exterior of the buildings. At the time of this writing we are not entirely sure how much money will totally be available but, in any case, by the time of an annual report for 1978 there should be considerable improvement in the general environment of the campus as a result of these expenditures.

Some recognition should be given to our staff for unusual and arduous duty during the storm periods of 1977. During those days and nights we were able to maintain services only through the dedication of staff members from top administration to the students who gave extra of their hours and energy to be sure that meals were served, heat maintained, and other services as were possible. There are many examples from those days of all those efforts to get to work and the amazingly long hours worked by the individuals who could get here.

By way of saving energy, this facility has completed the installation of storm windows in several areas, particularly in the Drug Dependency Unit Primary Building and the Freeway Building, as well as providing extra protection from the cold during the winter months. We have maintained a program of reducing thermostats throughout the facility and provided systems to check to see that it is done on a day by day basis.

Since the provision of expert staff is the major tool of our trade, this facility has expended considerable energy in the area of providing training and ongoing in-service education to as many staff as possible. We have installed a closed circuit television system which is now in operation so that staff can receive instructions while actually on the living unit, particularly in the evening or at night. In this way, we are reaching staff that normally, in any residential unit, get neglected in terms of their inservice education. In addition to that, we have a more highly organized and demanding inservice education program for all staff. Through this process we feel we are offering the resident who comes into the door the best that we can offer. In addition to training our own staff, our training services include live-in students from St. John's and St. Benedict's Colleges, an occupational therapy student affiliation program, a Concordia College voluntary life-in experience program, the Youth Service Corps of the ALC one month live-in experience, and innumerable opportunities on the part of educational facilities throughout the area to have a first hand view of this part of the human service field.

Our volunteers have been a tremendous help in providing a special service to the residents of this facility. One of our volunteers, Mrs. Alice Fjestad, for example, received a special recognition this year for 29 years of services as a volunteer. Volunteers make donations in terms of their time, working directly with residents, helping with programs such as Christmas gift wrapping, dancing, ladies aids, bingo parties, and just plain opportunities to sit down and talk with other people amongst our resident group.

Another volunteer activity that has been very interesting on this campus has been the forming of Boy Scout Troop 310. This was established under the sponsorship of the Disabled American Veterans of this area and under the direction of Orville Kittleson, Scoutmaster, and Conrad Johnson, Assistant Scoutmaster. We have found that through the very patient persistence of these two gentlemen and the assistance of our unit commissioner, Emery Johnson, many of our mentally retarded individuals have found a meaningful experience in scouting, have made some advancement, and find the scout meeting to be one of the highlights of their weekly life.

It should also be mentioned that there is a large number of volunteers that help with our programs without showing up to work through their physical presence. They do this by contributing material things and money. These contributions are put to the best advantage for our residents throughout the facility and oftentimes mean the difference between being able to participate in some activity or have something that would be unavailable to them without the thoughtful contributions that are made by many.

We had a very active spring carnival again this year where the staff go all out to prepare food and events that are fun for the residents and include people from the surrounding area that would enjoy the experience as well. This gives the local DAC's, and the Lake Park Wild Rice Childrens Home participants an opportunity to experience a carnival designed for these more handicapped individuals and share with the residents who live here. Our mental retardation unit also held its fifth annual recognition day to be certain that the residents here get ample recognition of their accomplishments in school and physical education programs.

We again had a very active season for our religious activities and have had the services of Mrs. Betsy Barton to provide religious education classes for the mentally retarded.

REQUEST TO THE LEGISLATURE

At the present time remodeling is proceeding on one of what used to be called a geriatrics building. When that building is completed it will house some eighty residents in five 16-bed living units, and will be one of the nicest living units for the mentally retarded that can be developed. The units will be contiguous to each other and, therefore, will be able to share staffing and other resources, thus making them efficient and providing a warm, homelike atmosphere. Our request to the legislature this year will be to remodel the second geriatrics unit in the same fashion. Other capital improvement requests to the legislature include some funds to remodel an area for the psychiatric unit to make it more functional and provide flexibility to establish programs for smaller groups with common needs. It is our hope that we could receive some funds to prepare an area of this facility to more adequately house the mental retardation school program and to place it closer to the living unit so that there would not be so much time lost in transportation from home to school. The other major piece of money that we are requesting of the legislature is to accomplish the Life-Safety remodeling required by the State and Federal Governments.

STATISTICS

The attached two pages of statistics indicate not only what has happened in the past several years, but also foretell what we can expect for 1978. You will note that the admission in 1977 (1373) is an increase of 28% over 1976 (1071). This continues the trend begun in 1974 and is primarily due to the increase in chemical dependency admissions. The number of admissions to the chemical dependency program now exceeds the total number of admissions to the hospital in 1974. There are a number of factors that contribute to this, but we feel some of the major ones are: internal changes have increased program effectiveness, and this word spreads rapidly by those who have satisfactorily completed treatment; the increase in the number and effectiveness of county counselors in uncovering, getting persons into treatment, and follow-up; increased recognition by county courts of the role that abuse of chemicals plays in persons coming before the court on other charges; the education and uncovering efforts instituted under the Governor's Bill; and the significant increase in chemically dependent youth, women, and long term cases that has resulted from better uncovering efforts and greater acceptance and understanding of the disease of chemical dependency.

Approximately one-third of the population of our catchment area reside in Region I and two-thirds in Region IV. It is interesting to note that the resident population for chemical dependency and mental illness at this hospital approximates that percentage for Region IV; whereas, the mentally retarded hospital population is 56%. This is due primarily to the larger number of group homes available in Region IV. The admissions for chemically dependent and mentally retarded are approximately at the two-thirds level for Region IV, Region I has approximately one-third of the admissions for mentally retarded, and below the one-third level for chemically dependent and mentally ill. This is primarily due to the availability of the Glenmore Treatment Center at Crookston for the chemically dependent and the Day-Night Psychiatric Unit at Thief River Falls for the mentally ill. It is also interesting to note that only 3.1% of all residents admitted were committed by the courts. 73.9% entered voluntarily or informally, and the balance came in under hold orders, emergency admissions, return from provisional discharge, or transfer. This indicates increased acceptance and understanding of the public that individuals in need of help for mental illness, chemical dependency, and mental retardation can receive effective help at their state regional facility to return them to happy productive lives. We are very conscious of the obligation this places upon us to be responsibly responsive to the communities we serve and our staff are dedicated to the goal of improving normal functioning for each individual so that they might return to a productive role in the community as rapidly as possible.

A VIEW TOWARD 1978

In the hubub of change that has occurred in 1977, it is rather typical of a staff to hope that the next year - 1978 - can give us enough opportunity to consolidate the gains we have made and improve on an already good track record. It is, of course, difficult to say what will happen and that major changes during 1978 may not be necessary. It is interesting that we are not long on space as many would presume but rather, at the moment, quite the opposite. Until the remodeling is accomplished, at least, we will be short on space - a bit overcrowded in several areas, but we will continue to offer the same level of services in 1978 as we have in the past.

Generally, our philosophy is that we will offer the residential services that our communities need and this places us in the role, at times, of having to review what we are doing and how we are doing it to be certain that we live up to that pledge. We will be reviewing the level of security that we have been able to offer during this

year because we have received some input from various areas that we do not do well enough. There is, of course, as in any human service field, some difference of opinion as to the amount of security or containment that should be offered within an active treatment program. It is well known that to take no risks would build a population well beyond that which is humane and we would be holding many human beings in a restricted environment that don't need that type of security. On the other hand, to take some risks in placing people out or giving them an opportunity to try their wings in a normal community places us in the area of potentially being criticized. It is our job to know where we are with that, to be certain that other people understand the level of risks we are taking, and to share those risks with community care givers as much as possible.

During this next year we will need to further develop our needs for remodeling and environmental improvement moneys in order to keep our facility both efficient and to provide a warm and accepting environment.

We will be doing some program evaluations and community attitude surveys to determine what programs we should be expanding and contracting for on an ongoing basis. It is the intent of this facility to offer one part of a continuum of care in conjunction with some other care givers within the communities we serve. We will be evermore active in meeting with and sharing problems with the communities so that together we can identify the role of this facility as well as other care givers in the interest of an adequate, but not duplicating, level of psychiatric service.

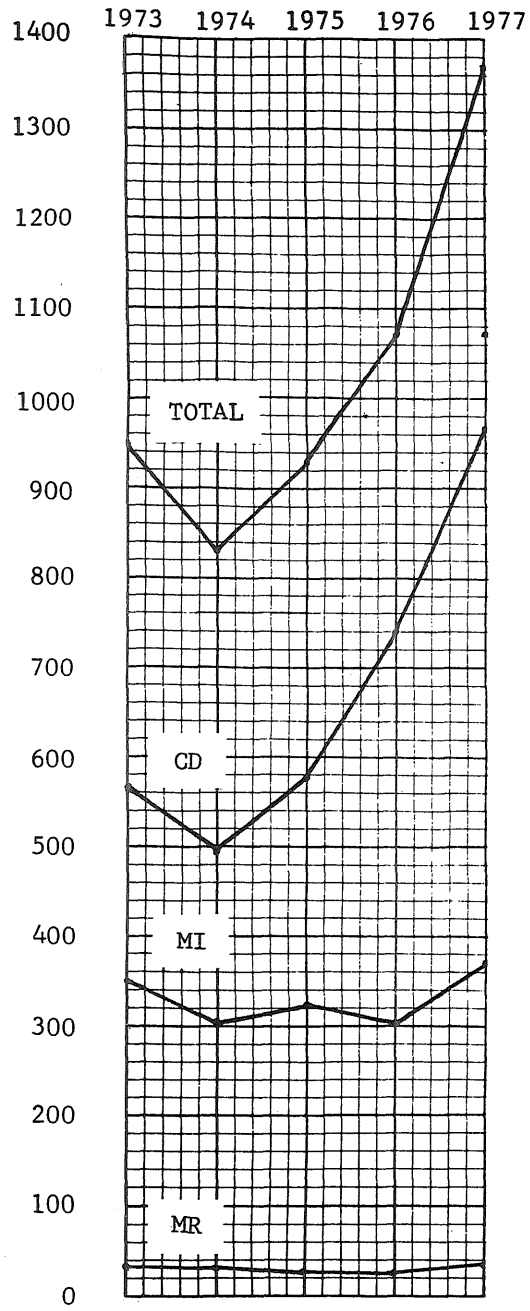
We have very much appreciated the services of Dr. Kohlmeyer and Dr. Colman through the Lakeland Mental Health Center and we think that their presence on this campus has added greatly to the interaction between the Lakeland Mental Health Center and this facility and the service continuum to clients. Nevertheless, we are in need of further psychiatric services and are most hopeful of closing that gap early in 1978.

Robert F. Hoffmann
Chief Executive Officer
Fergus Falls State Hospital
/fs

Admission by County of Residence, Disability Group, and Status

for Residents to Fergus Falls State Hospital
for calendar year 1977

County	C.D.		M.I.		M.R.	C.D.						M.I.							M.R.						
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Voluntary	Committed	H.O.	Emerg.	Ret.P.D.	Trans.	Total	Informal	Commit.	H.O.	Emerg.	Ret.P.D.	Trans.	Total	Informal	Commit.	H.O.	Emerg.	Par.Rel.	Trans.	Total
Becker	136	55.80	39	16.00	1	108	1	17	10			136	19		12	8			39					1		1
Clay	158	33.92	48	10.30	3	141	8	5	3		1	158	32	5	9		1	1	48	1			1		1	3
Douglas	67	29.27	40	17.47		56	1	2	6		2	67	23		4	13			40							
Grant	14	18.76	6	8.04		14						14	5			1			6							
Otter Tail	188	40.78	102	22.13	9	147	4	29	8			188	54		14	31	1	2	102	1	1	1	2		4	9
Pope	32	28.81	15	13.50	2	31	1						10		2	3			15	1		1				2
Stevens	12	10.70	8	7.13	3	10		2					5		2		1		8					3		3
Traverse	14	22.39	4	6.40	1	14							2			2			4		1					1
Wilkin	39	41.54	15	15.98	2	34		2	3			39	7	1	3	3	1		15				1		1	2
Sub Total	660	(68%)	277	(75%)	21	555	15	57	30		3	660	157	6	46	61	4	3	277							
Kittson	4	6.40	2	2.92		4						4	2						2							
Mahnomen	24	42.57	7	12.42		17		5	1		1	24	5		2				7							
Marshall	14	10.72	10	7.66	4	11	1	1	1			14	7	3					10	1	1			1	1	4
Norman	26	25.98	8	7.99	2	18		7			1	26	3	1	1	3			8	1					1	2
Pennington	47	35.43	10	7.54	3	44	1		2			47	9			1			10		1				2	3
Polk	54	15.68	17	4.94		42	4	8				54	13	1	3				17							
Red Lake	3	5.57	6	11.14	1	3						3	5					1	6						1	1
Roseau	23	19.88	6	5.19	3	23						23	6						6	2					1	3
Sub Total	195	(20%)	66	(18%)	13	162	6	21	4		2	195	50	5	6	4		1	66							
Non-Resident	110	(11%)	28	(7%)	3	73	6		3		28	110	11	1	1	11		4	28						3	3
TOTAL	965		371		37	790	27	78	37		33	965	218	12	53	76	4	8	371	7	4	2	4	5	15	37



NUMBER OF ADMISSIONS

1973-1977

Number of Admissions

Admissions in 1977 (1373) showed a 28% increase over 1976 (1071), continuing a three-year trend. Most of the increase was again due to the expanded CD program, where the number (965) now exceeds that of the total hospital a few years ago.

Average Daily Population

This count* has shown a steady rise over the past three years, from about 500 in 1974 to about 560 in 1977. At the end of December it was 596 and has regularly been over 600 in January 1978.

* Responsibility Count = in-house residents + those on visits + those on unauthorized absence.

Resident Population on 12-31-77

by County and Disability Group

County	C.D.	M.I.	M.R.	Total
Becker	15	8	17	40
Clay	20	14	33	67
Douglas	7	9	23	39
Grant	3	3	7	13
Otter Tail	30	47	53	130
Pope	9	10	7	26
Stevens	4	4	8	16
Traverse	4	1	6	11
Wilkin	7	8	9	24
Sub Total	99 (65%)	104 (68%)	163 (56%)	366 (61%)
Kittson		2	13	15
Mahnomen	4	1	10	15
Marshall	1	7	16	24
Norman	4	6	15	25
Pennington	8	8	8	24
Polk	13	11	28	52
Red Lake		1	16	17
Roseau	3	3	19	25
Sub Total	33 (22%)	39 (26%)	125 (43%)	197 (33%)
Non Resident	20	9	4	33
TOTAL	152 (26%)	152 (26%)	292 (48%)	596

MR = Mental Retardation MI = Mental Illness CD = Chemical Dependency

FERGUS FALLS STATE HOSPITAL

ANNUAL REPORT - OPERATING BUDGET

JANUARY 1978

ACCOUNT	1976-77 EXPENDITURES	1977-78 ALLOCATION
FOOD	347,870	389,760
FUEL	165,638	189,980
UTILITIES	81,386	96,560
DRUGS	68,413	92,870
ALL OTHER	189,170	203,647
INDIGENT	10,142	*12,000
TOTAL CURRENT EXPENSE	$862,619	*$972,817

*The Indigent Allocation for FY 8 is not considered part of the Current Expense Budget due to revised budgeting procedures, and it is not included in the Current Expense total for FY 8.

PATIENT PAY	119,640	93,000
CONSULTANTS	82,560	101,062
SALARIES	6,657,965	8,152,371
REPAIRS	66,898	**81,560
SPECIAL EQUIPMENT	25,351	**57,690
TOTALS	$7,815,033	$9,470,500

**These are two-year appropriations. Any unexpended balances at the end of FY 8 will transfer forward to FY 9.