

THE BUILDING HISTORY OF A BUILDING

The Stanislaus County Mental Health Center

Arch 278 b
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The building history of a building is apparently the history of a man-made object. More concretely, it can be defined as the description of the sequence of events, leading to the being of the object, namely of the building.

Therefore, the history of a building is traced on a series of acts which give shape to it piecemeally. The prevailing ideas and the actual needs at a specific place and time will be considered as the starting point of its existence.

The generation of the first concept concerning the building happens in somebody's mind/s, then it is followed by a sequence of transformations created by the different people involved in this process. So, the first general concept for the building unfolds into an image in somebody's mind or, to be more accurate, into images tightly related with the expectations different people, who look forward the building, bear. Meanwhile, some of the images,-it could be these, belonging to some privileged participants- are transformed into concrete schemes - plans and models. They embody the spatial configurations, which will finally be transformed into the actual building. Then, throughout its life time the building changes will continue to happen.

The vehicle of these transformationsⁿ, from an idea to an image, then passing to a scheme and ending into an object exposed to changes, is the people who have a linkage with the forthcoming building. For some of them, the transformations are carried by the people in an intermittent process. Somebody is involved in the early levels of the transformations, then he skips some of them and joins later on. Somebody else, deeply involved in the beginning, quits on an early stage. Somebody joins in the middle of the process, in some cases for a short time, in some others for a long period.

These personified intermittent processes of transformation, when brought together, create the continuous process of transformations which generates the building. It traces its history.

It is a truism to say that these personified intermittent transformations, aiming at the creation of the same building, overlap. However, this fact brings forth the issue of the conflicts which are raised, since some of these simultaneously produced transformations by different people diverge, aiming at different targets. Therefore, a selective regulatory process is established, incorporated in the

set of transformations. It discards some of the ideas, or images, or schemes and it retains others, since it makes most of the decisions to resolve the emerging conflicts.

The building and its creators

Into the previously described framework, the building history of the Stanislaus County Community Mental Health Center will be traced. The building is located in Modesto, a city of 57,000 people. It sits on a part of a large site, where the main public health facilities, consisted of the Scenic General Hospital, the public health center and the Welfare Building are built.

Its services are provided to the population of the city and of the communities at the north part of the county.

The major vehicles of the transformations that happened during the building process of the Community Mental Health Center were:

- the community mental health services, mainly through its director Dr.H.Ryan
- the County Administration, mainly through the Board of Supervisors and the Director of Public Works
- the Department of Health Education and Welfare, through its Federal Agencies, NIMH (National Institut of Mental Health) and FECA (Facilities Engineering and Construction Agency), and specifically through their Architectural Consultation Section
- the California State Department of Public Health, through the bureau of Planning and Construction
- the Nacht and Lewis architects' office in Sacramento
- the Center for Environmental Structure in Berkeley
- the patients served by the mental health center and the medical and administrative staff working in it.

The history of the bilding will be traced in the time span from 1969 until today. However, to provide a general context, the mental health legislation issued by the State of California and the philosophy followed by the mental health services will be reviewed briefly, from 1957 until 1967.

A general background context

The ideas

The generative ideas, which supported the creation of the mental health center in Modesto, engendered by a mental health legislation in the State of California, known as Short-Doyle-Act, enacted in 1957.

The aim of the Act was to organize and finance community mental health services for the mentally disordered in every county through mental health programs, based on local control and on local administration.

Furthermore, the Act was accentuating the following points, as its main goals:

- the integration of state-operated and community mental health programs into a unified mental health system.
- the participation by local governments in the determination of the needs for mental health resources, as well as in the allocation of these resources.
- the establishment of a uniform ratio of local and state government responsibility for financing mental health services.
- the better use of existing resources at both the state and local level.
- the allocation of state mental health funds according to community needs.

The legislative intents of the State of California were promoted further in 1967 with the Lanterman-Petris-Short-Act, which continued the previous program but with intensification and elaboration.

Its major concerns were:

- to end the inappropriate, indefinite and involuntary commitment of mentally disordered people, and to eliminate legal disabilities
- to provide prompt evaluation and treatment of persons with serious mental disorders
- to guarantee and provide public safety
- to provide individualized treatment, supervision and placement services by a conservatorship program for gravely disabled people

- to encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives, and to prevent duplication of services and unnecessary expenditures.

Both of these Acts were clear indications that local government was going to be the main provider of mental health services. Therefore, it should take the responsibility to organize them, so that the needs of the population of a specific allotted area would be efficiently covered.

The idea of a small, decentralized, locally controlled facility started being developed as the primary way to service the needs of the mentally disordered people.

So, there was a significant trend moving away from the use of large, centralized state mental health hospitals towards the incorporation of community psychiatry into the system. Community psychiatry is that branch of psychiatry, concerned with the provision and delivery of a co-ordinated program of mental health care to a specific population. That implied a departure from the usual clinical emphasis on the individual patient or on the patient-therapist duad, into a coordinated comprehensive program, designed to ensure equal care and ready accessibility for everybody.

The executive locus for the application of community psychiatry's concepts became the community mental health center, functioning as the nucleus for mental health services in the community it serves.

This is the overall framework of ideas, from where the need for a community mental health center in Modesto has emanated.

However, this is too general to illustrate clearly either the actual situation of the mental health services in Stanislaus County at that time or the immediate generative context of this specific center.

The general ideas were transformed into concrete concepts, opinions and programs by the people of the county involved in this field, in parallel with some important events which determined the primary decisions.

Some facts

Until 1970 the Stanislaus County Mental Health Services consisted of an outpatient clinic with additional commitments to educational and rehabilitative services, and it had ten budgeted positions. They mainly relied on the Modesto State Hospital to provide for the mental health needs of the citizens of the county.

At that time, due to the presence of the Modesto State Hospital and due to the extraordinary burden to the county of welfare costs, there has been a reluctance on the part of the County Administration to make a commitment to the development of a comprehensive program for the delivery of mental health and mental retardation services within the Stanislaus County Mental Health Services.

In April of this year the Modesto State Hospital closed. This event influenced heavily the situation of public health in the county. A new process of consideration of the problems and of decisions has started, so that an efficient mental health delivery system could be developed. The main participants in this process were the County Mental Health Services, through its director Dr. H. Ryan, and the County Administration.

The transformation of the general ideas into concrete plans

The 1970-71 Stanislaus County Mental Health Plan, worked mainly by Dr. Ryan, develops further the idea of the comprehensive mental health services into concrete operational schemes, emphasizing the tight links with the surrounded community, through an intense program of consultation, an outpatient day treatment program and emergency services.

The major proposals of the plan were:

- to provide the services with additional staff positions, so that the needs of the area could be covered properly
- to build a community mental health center in Modesto, so that shelter for the services could be provided.

In the spring of 1970, the Stanislaus County Board of Supervisors reevaluated the need for mental health services in the county according to the proposed plan.

It made a commitment to carry out a comprehensive mental health delivery system for the county, and to approve additional staff positions for 1970-71, which could double the size of the mental health services.

It also approved the proposal for the mental health center, so that the county would go ahead with plans to build a twenty-four bed community mental health center at Scenic General Hospital in Modesto, where the mental health services would then be based.

This was the first definite decision concerning the building of the mental health center. It determined the approximate size of the building and its location, on an empty lot of 35,000sq.ft. next to the Scenic General Hospital.

Since that time the building has started taking shape as a general program, covering specific needs, as well as an image in the minds of the people of the mental health services.

Dr. Ryan, through the 1971-72 Stanislaus County Mental Health Plan, worked out the basic background information as a service program, incorporating the major ideas of the group involved in the mental health care.

The basic structure of the comprehensive mental health delivery system included five essential services - inpatient, outpatient, 24-hour emergency, partial hospitalization, and consultation and education - and five desirable services - diagnostic, rehabilitation, precare and aftercare, research and program evaluation, and training. The level of development of the service program included description of each one of the services, the number of people working at each one of them and the number of patients to whom the services would be addressed.

The inpatient psychiatric services would be provided in a 24-bed unit, consisted of two and four bedroom accommodations for patients who need twentyfour hour observation and care in a hospital setting. The outpatient services would be provided by the two generic mental health teams. This is a multidisciplinary team with representatives of all the mental health disciplines. Each team includes a psychiatrist, a clinical psychologist, a psychiatric social worker and a psychiatric nurse. Each one of these individuals brings to the team his own

unique background, including his training and his experience. The basic task of these two teams is to provide child and family services, using group therapy and family therapy techniques.

The 24-hour emergency services would be provided during day time by the two generic mental health teams. Outside the regular working hours, emergency services would be delivered by the psychiatric emergency team, which would be stationed in the emergency room at Scenic General Hospital.

The partial hospitalization services would be provided to the patients who are present only during the day and who can function at home during the night. The program was planned for the participation of twenty patients in a eight to twelve hour treatment seven days a week. Partial hospitalization has always been regarded in the overall planning for the mental health services as an alternative to hospitalization rather than some kind of day care center.

The consultation and education program would provide both indirect and direct services. Indirect services to the community, assisting other care givers in the community agencies, so that their effectiveness would be increased. Direct services within the mental health center, consulting the medical staff in their work, so that their effectiveness working with children and with families would be improved.

The evaluation and training program would provide a constant evaluation on the work done, on the services provided, on the results achieved by each one of the members of the mental health services. In parallel, a training program would assist on the increase in professional skills of every staff member.

The patient placement program would take care of patients moving out of the hospital, so that they would be arranged in suitable placements.

The rest of the five desirable services was intended to exist as program elements within the organization of the essential services. The following diagram shows the organizational structure of the services in a concise and schematic way, and it gives the exact number of people working in each one of these services and programs. This was the information given to the architect to develop the definite architectural program and the first schematic drawings.

Director of Mental Health Services

Program Evaluation & Training

Ph.D. Clinical Psychologist(1/2)
Child Psychiatrist(1/4)

Consultation & Education

Psychiatrist(1/4)
Child Psychiatrist(1/4)
Ph.D. Clinical Psychologist(1/2)

Administration

Administrative Assistant
Secretarial Pool
Medical Steno(3)
Accounts Clerk
Medical Records Librarian
Receptionist

Outpatient Services

Modesto City
Mental Health Team

Psychiatrist
Child Psychiatrist(1/4)
Ph.D. Clinical Psychologist
Psychiatric R.N.
Psychiatric M.S.W.
Physician(1/4)
Mental Health Worker(2)
Student
Clerk - typist

North County
Mental Health Team

Psychiatrist
Child Psychiatrist(1/4)
Ph.D. Clinical Psychologist
Psychiatric R.N.
Psychiatric M.S.W.
Physician(1/4)
Mental Health Worker(2)
Student
Clerk-typist

Inpatient
Hospitalization

Physician(1/4)
General Practice
Resident

Partial
Hospitalization

Physician(1/4)
Psychiatric Resid.
Psychiatric R.N.(2)
Psychitric M.S.W.
Psychiatric Tech.(2)
Recreational Therap.
Psychiatric Occupat.
Therapist
Clerk-typist

24-Hour Emergency
Services

Ph.D. Clinical
Psychologist
Coordinator
Psychiatric R.N.(6)
Clerk-typist

Patient Placement Team

Patient Placement Coordinator

Meanwhile, the Community Mental Health Services were operating, set up in an office in down-town Modesto. Also, some wards of the Scenic General Hospital were revised to provide beds for their inpatient services.

The general regulatory mechanism

The community mental health center, as most of the public buildings in Stanislaus County, belongs in the jurisdiction of the County Administration. It is its authority to set clearly the roles and the responsibilities of each one of the participants in the building process. Therefore, the conditions, under which the client and the architect are going to operate, are determined according to the county's policy.

The county didn't have any particular policy concerning the design and building of mental health facilities, consequence of its unfamiliarity either with the general ideas prevailing the field or with the specific needs of such a facility.

Its policy followed the conventional public attitude. The forthcoming building, being a community mental health center, should belong in the realm of public health facilities, classified as hospitals. And consequently, this confrontation dictated the image they had developed. They expected an institution, efficient enough to cover the needs of the area and sound enough to rise its reputation.

The confrontation of the design process was essentially based on the same principles. It should follow the conventional, already tested, path. An architect should be hired, who being provided with the available information included in its relevant public documents, should come up with a solution for the posed design problem. It was not spent any thought on possible ways of bringing the architect in contact with the client. Definitely, the client should be informed for the results, but there was no reason why he should be involved in the county's affairs. The advantages of the participation of the mental health services in the design process were not considered. The quality of the building was not a basic issue for the county authorities.

An important role in the design process of mental health facilities is played by the Department of Public Health through its Federal Agencies, NIMH and FECA. They keep some of the major decisions, since they hold the main reviews of the architect's work, in a series of reviewing procedures, which are:

1st review: from a functional and programming viewpoint, held by NIMH, through its architectural consultant, who at that time was the architect Friedner Wittman.

This review deals with the architectural program and the schematic drawings.

2nd review: from the point of view of zoning requirements, held by the County Administration, through its Department of Public Works.

3rd review: from the point of view of building requirements, held by the State of California, through the Department of Public Health - Bureau of Planning and Construction - at the level of preliminary drawings.

4th review: from the point of view of building and construction requirements, according to the Federal Standards of Building Code, held by FECA, at the level of preliminary and working drawings.

The most critical of all these reviews is that one conducted by NIMH. This is due to the fact that NIMH is an agency which deals specifically with the problems of mental health delivery system and of mental health environments. Its concern at that time for the qualities of a built environment, favourable for mentally disordered people and capable of sustaining social interaction, is indicated by a grant to the Center for Environmental Structure to study environmental patterns for mental health facilities.

So, the County Administration, the State Government and the Federal Government are all officially involved in the regulatory mechanism which mainly conducts the decision making process. To understand better the correlation of power among these authorities, the source of funds for the design and the construction of the building should be mentioned.

The building was financed both by the county and the federal government. The county covered 1/3 of the cost. The rest 2/3 came from federal money - 1/3 by NIMH and 1/3 by a federal fund for mental health services. This fact gave to the federal agencies the right to control the situation and to have a determinant role in the decision making process.

The first attempt to design the building

By 1970 the County Administration made the decision that a local architect's office should be commissioned with the development of the mental health center project. The Director of Public Works of the County Administration hired a local architect, experienced in the design of public buildings, named Nacht & Lewis, to develop the definite architectural program and the design for the mental health center.

The architect, as usually, entered the design process at a time when already some thoughts, opinions and images for the building had been formed by the participants in the process by that moment, being the director of the mental health services and the county administration. The architect followed the conventional way of proceeding into the design. He did not make any effort to establish any sort of communication with the director of the mental health services, fact that could help him to base his first thoughts for the design on a firm ground; on the strong feelings the doctor had for the building.

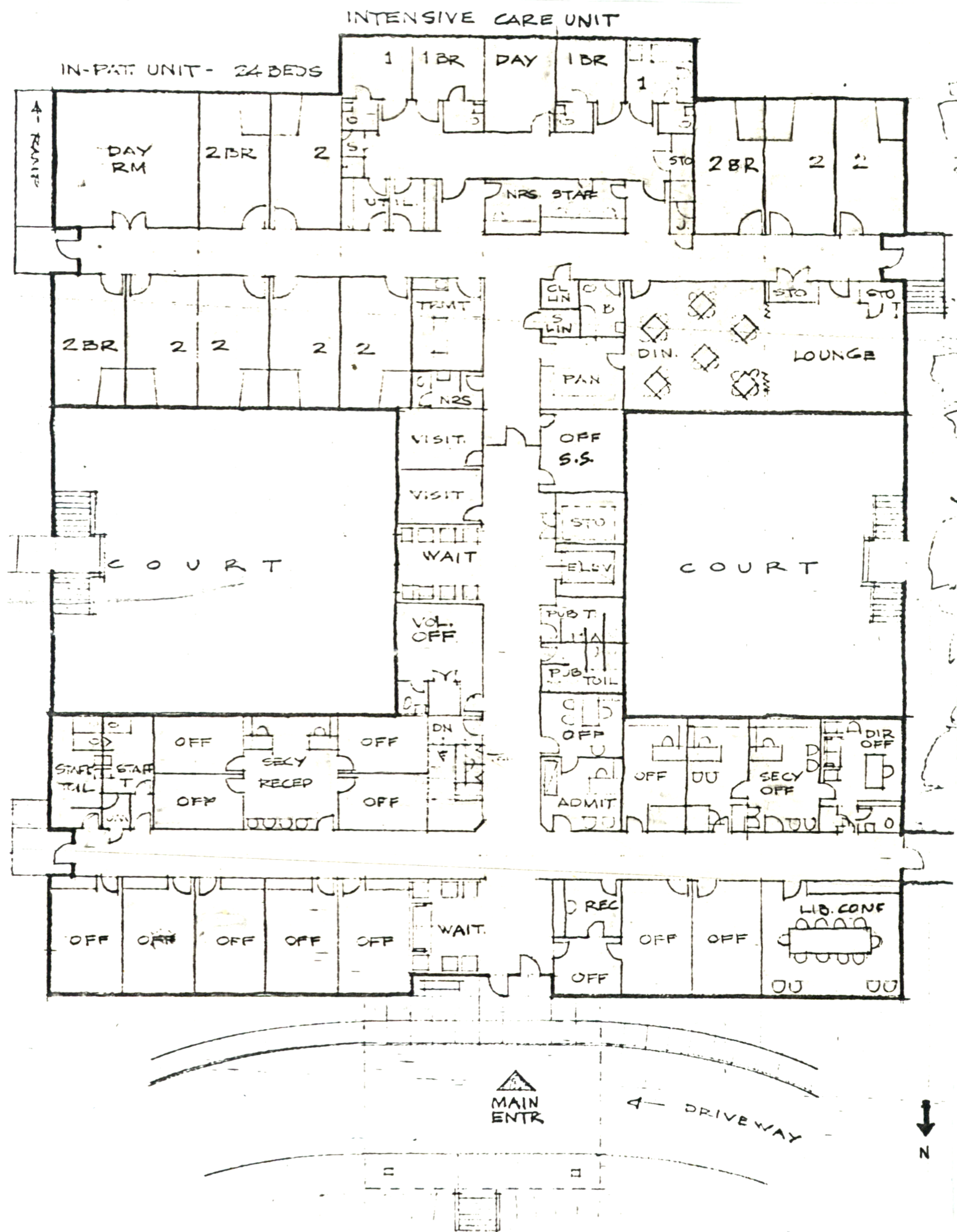
Nacht had a hard time to approach concretely the design problem, since he ignored a lot of basic issues concerning this type of building. He was helped by another architect, hospital consultant in San Fransisco, named N. Moore, in order to design the first schematic plans.

The proposal was a two-stories building, 26,500 sq.ft. of total floor area. It covered 17,000 sq.ft. of ground floor area.

The design was based on the concept that an H shape scheme would be favourable for the building. The one wing of the H shape was occupied by the inpatient services, the other wing by the outpatient

services and the administration and the two wing connecting part by auxiliary services. An H shape corridor was piercing the building in absolute correspondance to the H shape of the building.

The County Administration did not have any specific opinion for the proposed architectural solution.



First floor plan
 Community Mental Health Center
 Modesto, California

Norman Moore
 Hospital Consultant

The NIMH's reaction after the first reviewing process was heavily negative. The comments made for the design proceeded mainly from its concern for the impact of spatial configurations on the psychological and social behavior of the patients, and from its expectations to see some of the major new ideas, concerning mental health services, being expressed on the building form.

The addressed comments were:

- The H shape configuration don't support the social interaction between patients and medical staff, due mainly to the fact that such a scheme enhances the separation between patients and medical staff according to the proposed territorial allotment - one wing for the patients , another for the staff.
- Moreover, the long corridors don't provide any place for the patients to meet and socialize, important activities for the sustaining of the viability of the mental health system.
- The image of the building emanates from the concept that mental health care activities yield the best when institutionalized in a hospital like built environment.However, this is the least favourable environment for the provision of the comprehensive mental health services, as envisioned by the staff.

A second effort

According to these comments the schematics were revised by Sept. 1970 by the same architect.

No essential improvent was made on the spatial configuration of the building. Both of the presented alternatives followed the same H shape idea and the separation between patients and medical staff. The building was proposed to be constructed from precast concrete panels.

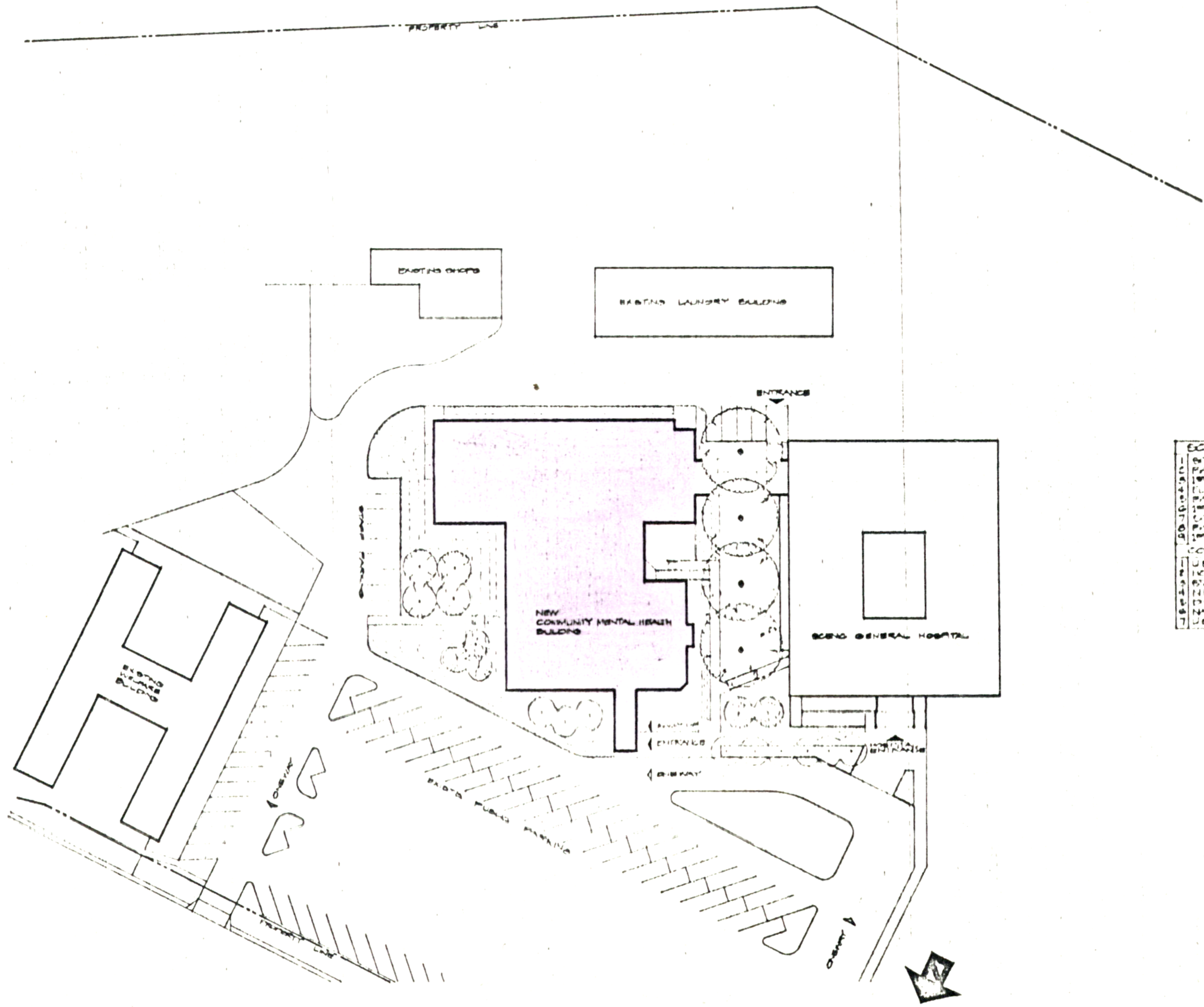
NIMH was unsatisfied from the progression of the design.

A transitional stage

The inadequacy of the two new alternatives caused a situation of disappointment among the members of NIMH, as well as to the director of the mental health services. The issue was not of approving or not the schematics. It was much more important, since it became clear that this architect couldn't carry the project successfully.

COMMUNITY MENTAL HEALTH CENTER

STANISLAUS COUNTY



SCHEDULE OF DRAWINGS	
1	SITE PLAN
2	FIRST FLOOR PLAN
3	SECOND FLOOR PLAN
4	MECHANICAL PLAN
5	ELECTRICAL PLAN
6	MECHANICAL PLAN
7	ELECTRICAL PLAN
8	ELECTRICAL PLAN
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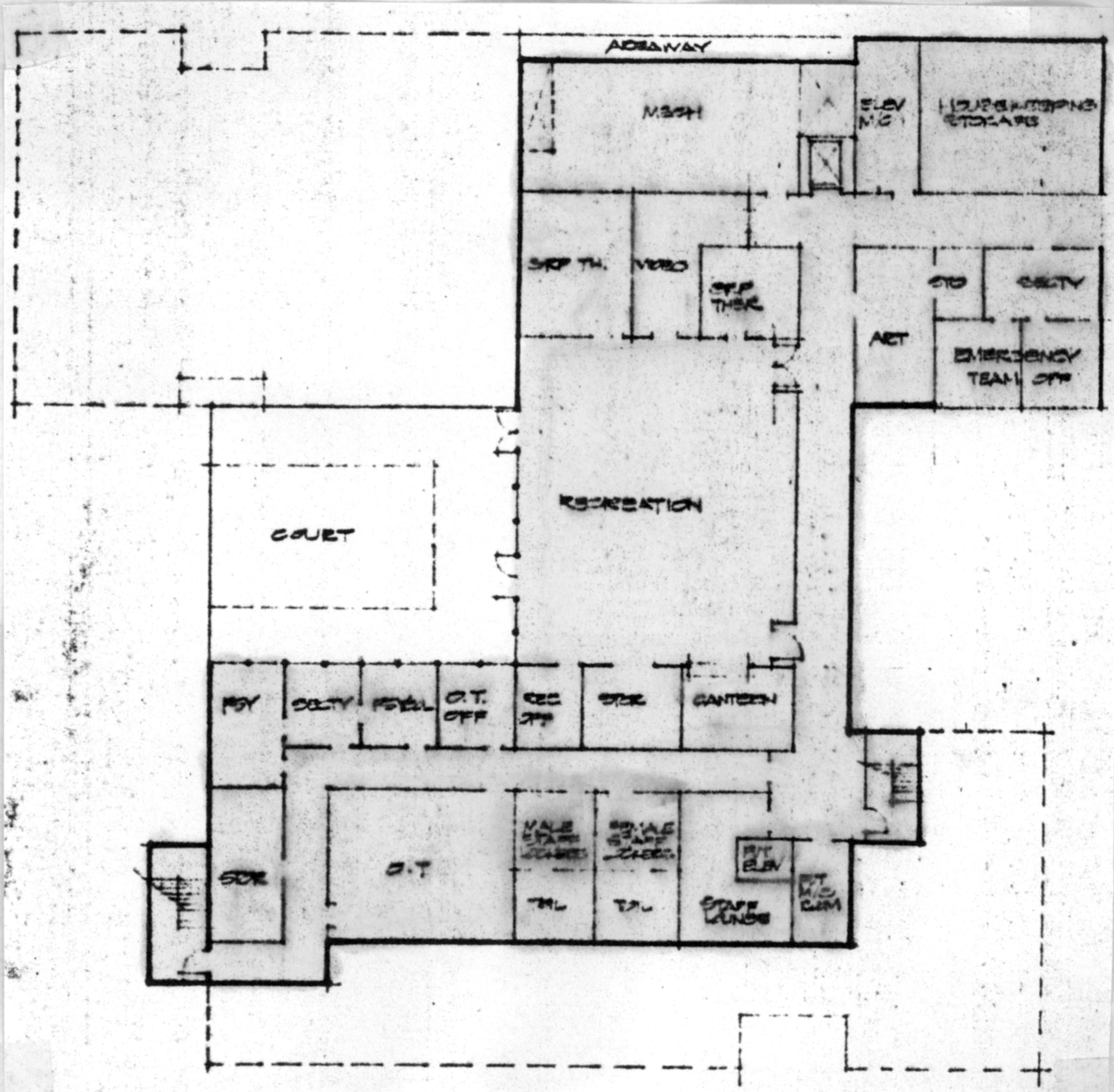
COMMUNITY MENTAL HEALTH CENTER
STANISLAUS COUNTY
MODESTO, CALIFORNIA

SITE PLAN
SC. 1" = 50'-0"

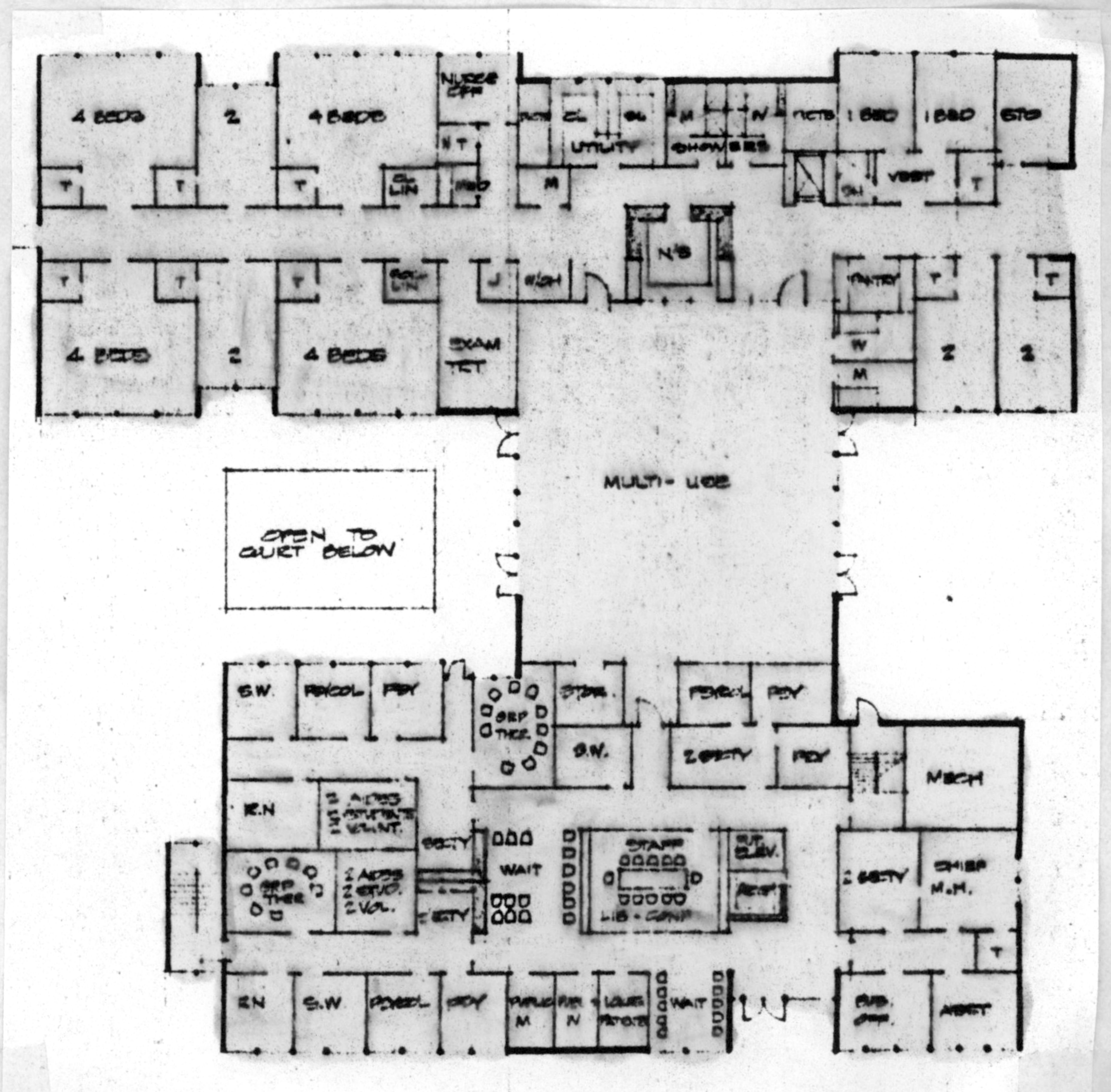
ARCHITECTS
STARKS-JOZENS-NACHT & LEWIS A.I.A.
SACRAMENTO CALIFORNIA
PROJECT NO. 1741
DATE: 4-15-70

1

First Alternative

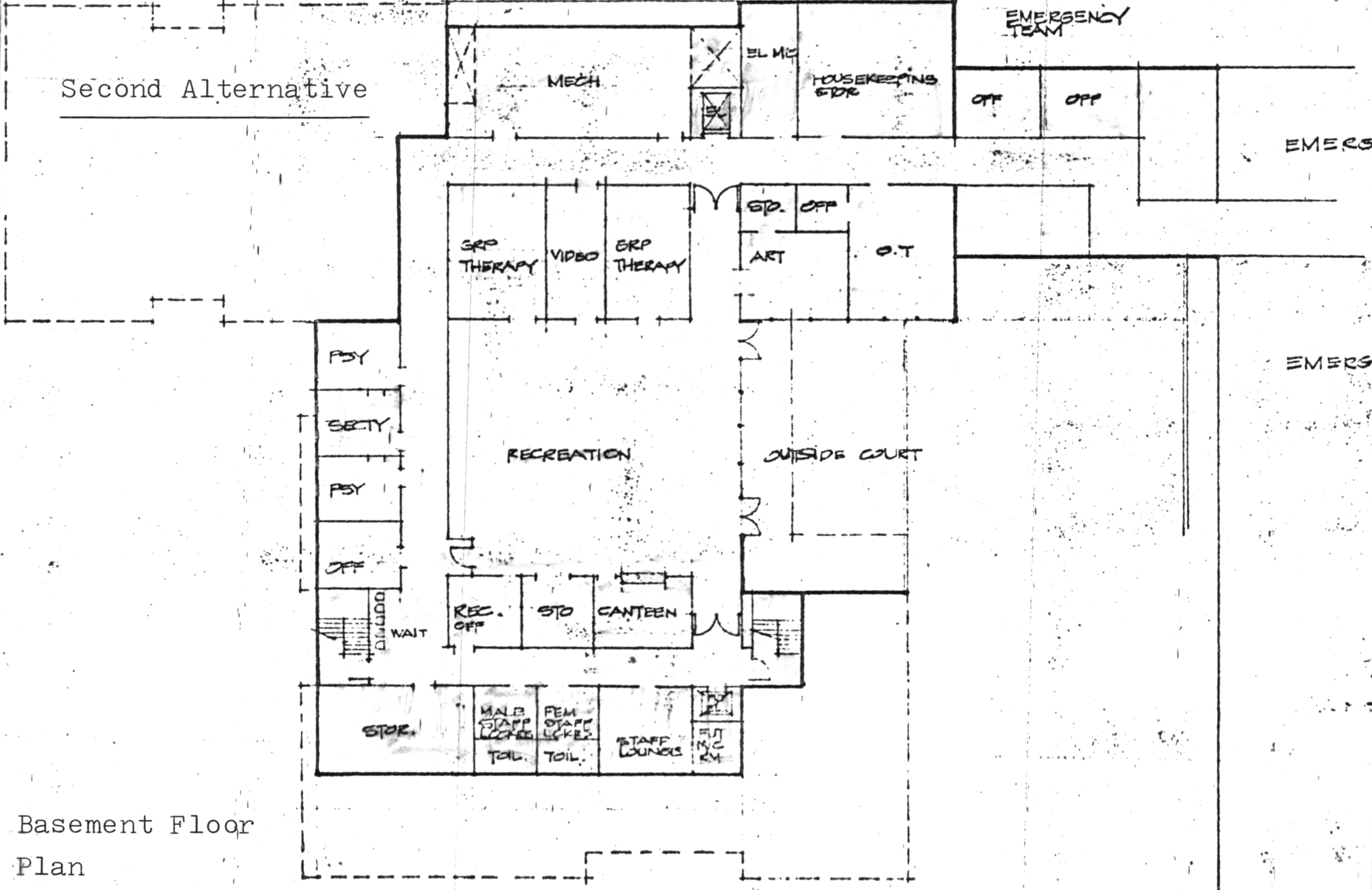


Basement Floor Plan

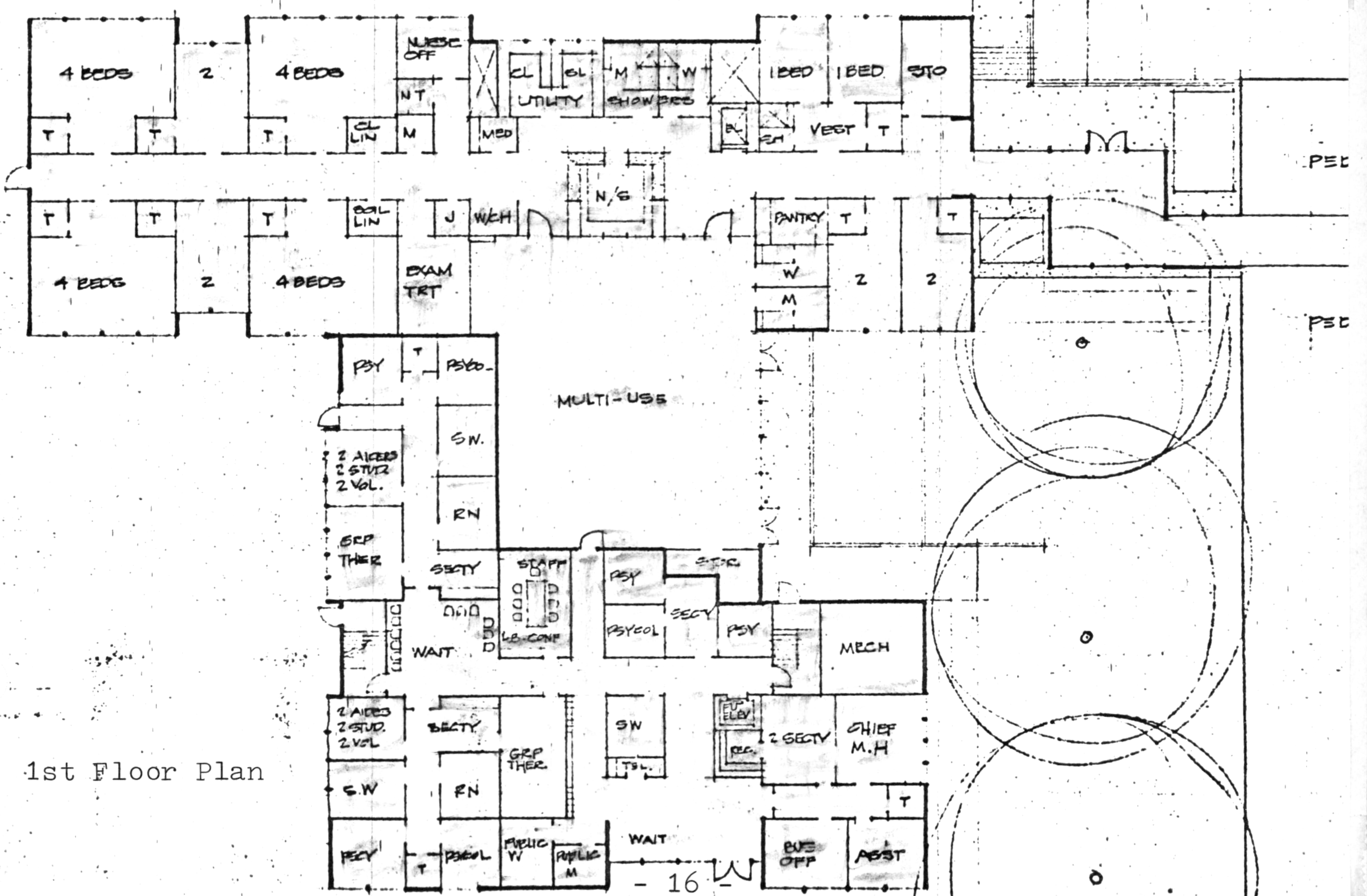


1st Floor Plan

Second Alternative

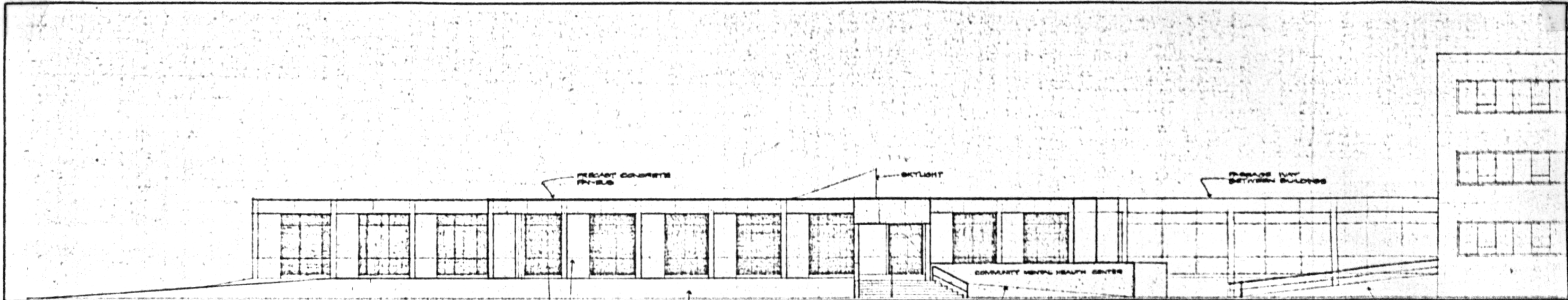


Basement Floor Plan

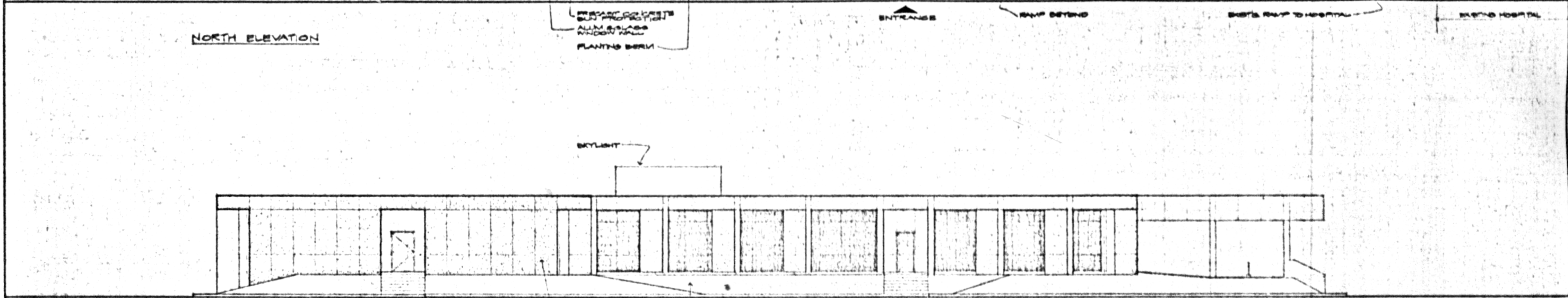


1st Floor Plan

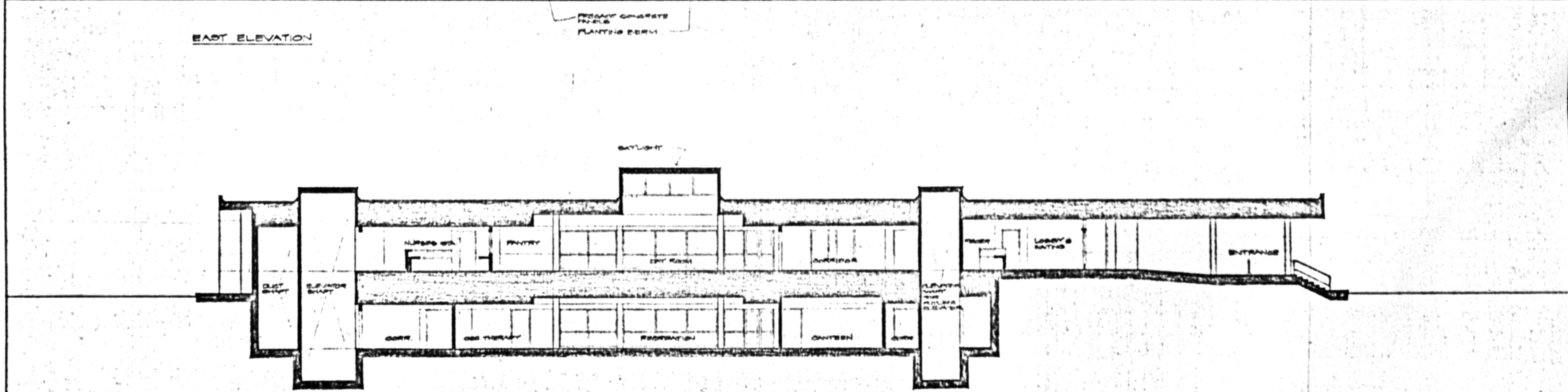
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NORTH ELEVATION



EAST ELEVATION



SECTION

COMMUNITY
MENTAL HEALTH CENTER
STANISLAUS COUNTY
MODESTO, CALIFORNIA

EXTERIOR ELEVATIONS
SECTION
SC. 8'-0"

ARCHITECTS
STARKS-JOZENS-NACHT & LEWIS A.I.A.
SACRAMENTO
CALIFORNIA
PROJ. 274
DATE: 7-15-70

NIMH tried to come up with a fruitful proposal. At that time, a research on environmental patterns for mental health facilities had been taking place by the Center for Environmental Structure, under a grant from NIMH. This had been seen as an extremely good opportunity; to use the patterns in the design of the mental health center and to bring the architects of the Center for Environmental Structure in the project, as consultants.

The advantages of this approach could be twofold; a field testing of the developed patterns could be tried to complete the research, and new ideas and energy could be brought into the design of the building.

A meeting was organized by the architectural consultant of NIMH, to bring together the architects of the Center for Environmental Structure, the local hired architect, and the director of the Mental Health Services, so that the idea of using the patterns and of getting somebody else involved in the project should be promoted. In this meeting the architects from the Center of Environmental Structure clarified the concept of the patterns and the use of pattern languages in the design of buildings and explained its approach to the design process. Their major point was that a group of people who use a common pattern language can create together a building, simply by being on the site and by letting a sequence of patterns from the shared language generate it. This clearly implied that client and users should be a substantial part of the design group, and that, in order to establish a common shared language, architect and users should come together on an exchange of ideas and thoughts about the building.

Dr. Ryan was fascinated by the presented possibilities to tackle the problem with such a thorough and efficient manner. He could see himself as an important member of the design group, excluded so far, conveying the ideas about mental health services and about the life in the building.

NIMH was also positively disposed towards the ideas and proposals of the new architects. Both, Dr. Ryan and NIMH, wanted the Center for Environmental Structure to function not only as a source of consultation during the design process, but to undertake the project. A lot of conflicts emerged, since another architect had already been hired. Some compromises had to be arranged.

The County Administration expressed its negative feeling for the forthcoming situation.

They were bothered by the fact that,

- the new proposed design process would bring the real client into the decision making process, fact that would threaten its authority and stability
- the new architects were academics, good in research but not competent enough to carry out such a project
- the proposed design process was never tried before, and especially on the design of a public building. Therefore, its results were completely unclear.
- NIMH and the Center for Environmental Structure seemed to confront the project as an opportunity to test their ideas concerning patterns for mental health facilities and design process in general. They felt to be treated as a field of experimentation.

However, it had become clear to the county administration that Nacht could not succeed at developing the design at the level of thoroughness and articulation , expected by NIMH, fact that could make difficult the approval of the design, and therefore retard the whole process. So, the County Administration decided to withdraw itself from such a conflicting situation and to follow any decision made.

The solution given to the situation was the establishment of a partnership between the local architect's office and the Center for Environmental Structure. The conditions, under which the partnership would function, are described in a letter by the Center of Environmental Structure , addressed to the Director of the Stanislaus County Mental Health Services.

"We shall be doing the design of the Modesto Community Mental Health Center with the approval of our grant supervisors at NIMH and under the grant. Since we receive salaries from the grant, we shall not charge professional fees for any work included in the scope of work outlined below. The scope of the work which we foresee has three parts:

1. We shall work with you, and your staff, the staff of FECA, NIMH, and County and State Construction staffs, to help you create the architectural program and schematic designs for the Community Mental Health Center.
2. We shall then, ourselves, take responsibility for creating the preliminary designs and specifications, which will be submitted to NIMH for action by the National Mental Health Advisory Council.

3. We shall then undertake supervision of the working drawings, and construction, but will not ourselves prepare the working drawings. The exact process by which working drawings and construction will be handled is still under discussion."

Although for the Center for Environmental Structure the conditions for undertaking the project were not the most favourable, that was an important commission, since it was its first large project, that shaped the evolution of the center and of the ideas it pursued. Yet, they were not licensed architects at that time.

A new approach to the design of the building

The architects of the Center for Environmental Structure, Christopher Alexander and Murray Silverstein, together with Dr. Ryan and several of the staff members designed the building. Dr. Ryan's leading role during the entire design process had an immense impact on the quality of the building.

The process begun with a pattern language. A sequence of patterns was sent to Dr. Ryan. He was asked to pick those he thought were relevant; get rid of those which were irrelevant; he was asked to add whatever special patterns or new ideas which seemed to be missing, including, of course, those special parts or patterns specific to a clinic. After a discussion a language of fifty patterns was formed. The patterns Dr. Ryan picked up from the already developed ones were:

Building Complex	Cascade of Roofs
Number of stories	Sheltering Roofs
Shielded Parking	Arcades
Main Gateway	Paths and Goals
Circulation Realms	Pedestrian Street
Main Building	Intimacy Gradient
Pedestrian Street	Common Areas at the Heart
Family of Entrances	Entrance Room
South Facing Outdoors	Tapestry of Light and Dark
Wings of Light	Farmhouse Kitchen
Positive Outdoor Space	Flexible Office Space
Half-hidden Garden	Small Work Groups
Hierarchy of Open Spaces	Reception Welcomes you
Courtyards which live	A Place to Wait

Small Meeting Rooms	Outdoor Room
Half-private Office	The shape of Indoor Space
Light on two Sides of Every Room	Ceiling Height Variety
Building Edge	

The patterns initiated by Dr. Ryan were:

Adult Day Treatment	Inpatient
Adolescent Day Treatment	Administration
Children's Day Care	Emergency
Outpatient	

He, together with NIMH, proposed some more specific patterns for the clinic:

Social Areas Heart of Therapy	Patient Laundry and Cooking
No stairs for Infirm	Childcare Position
Waiting for Therapy	Team Organization for Therapy
Group Therapy Location	Staff Lounge
Day Care Home Base	

Christopher Alexander describes the transformations of the language in "The Timeless Way of Building"

"Gradually this language changed.

As more discussion took place, people's ideas about the patterns which the clinic should contain, changed. They decided that INPATIENT was unimportant, since the nearby hospital would take care of overnight patients. Then it turned out that the clinic needed a single area for occupational therapy - and that this would become the MAIN BUILDING.

Dr. Ryan decided that there ought to be a GREENHOUSE as part of this MAIN BUILDING: patients could help plants to grow, and then transplant them into the gardens, and look after the garden.

Then the discussion of the GREENHOUSE made the HALF-HIDDEN GARDENS seem much more important, and they became an essential part of the conception of the building. Later, when we realized the importance of the CHILDREN'S HOME, a place at the entrance of the clinic where parents could leave children while they were being treated, we introduced STILL WATER, and a FOUNTAIN where the children could play and splash about.

There was some debate about COMMUNAL EATING; finally it was agreed that this pattern should be included, because the advantages of the staff and patients eating lunch together regularly seemed so essential. Only the fact that each person should cook for the others in turn was not included, since it seemed impractical.

Every aspect of the clinic's life, was discussed, and settled in the medium of patterns.

The language has the medium in which people worked out their disagreements, and in which they built a common picture of the building and the institution as a whole.

.....And finally, when everybody agreed about the pattern language, we were ready to begin design.

At this stage, the people who were going to run the clinic, had a shared vision, a vision not only shared in its intentions, in its broad outline, but shared in the details too.....

Then we began the design itself.

It took a week, Monday to Friday, out on the site itself, walking around parked cars and obstacles, overcoats against the fog, walking, walking all day long, cups of coffee, crazy dancing around, as the building took shape, chalk marks on the ground, stones to mark corners. People wondered what on earth we could be doing out there in the fog, walking around, all day long, for so many days."

Meanwhile the architectural program and cost estimate were defined.

Major areas	Net Sq. Ft.	Gross Sq. Ft. (add 50%)	Sq. Ft. of outdoor space (80%)
Administrative Area	3,010	4,515	3,312
Crisis Intervention Team	870	1,305	1,044
Outpatient Area (2 teams)	3,940	5,910	4,728
Adult Day Treatment	3,920	5,880	4,704
Adolescent Day Treatment	2,440	3,660	2,928
Child Day Treatment	2,110	3,165	2,532
Child Day Care	600	900	720
Total	16,890	25,335	19,968
Cost of Gross Built Space @ \$35.00 per sq.ft.			\$ 886,725
Cost of Outdoor Space @ \$ 3.50 per sq.ft.			<u>69,888</u>
Total cost			\$ 956,613

Also, the previously agreed upon piece of land, where the building would be built, didn't seem appropriate. It was recommended that it should be built, instead, on a piece of land of 40,000 sq.ft. then occupied by the Probation Building, next to the Public Health Building and northwest of the Scenic General Hospital.

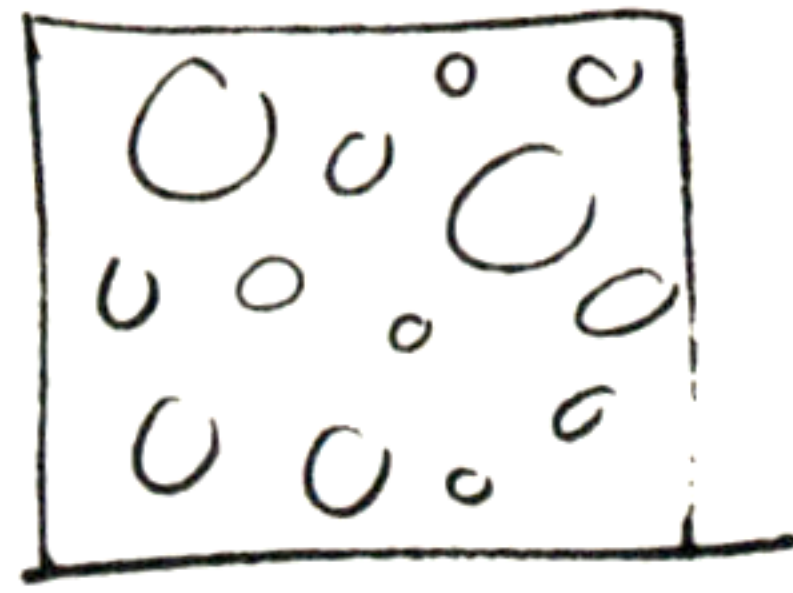
The reasons for this change were:

- Since the Community Mental Health Center would no longer contain inpatient beds, there was no reason for a close and direct connection with the hospital. Required inpatient services, it was decided, would be provided in Emanuel Hospital.
- The program relied heavily on the use of therapeutic community principles in order to affect the socialization process, and was intended to emphasize, helping people who come withdrawn and isolated from their fellows; medical treatment per se played relatively minor role in the program. It was therefore important that the building have a setting conducive to that kind of program this meant that it should form a partly self-contained precinct, separate from the hubbub of hospital traffic - the northwest site was far better suited from this point of view, than the eastern site.
- The type of treatment in the mental health program would rely largely on the concept of therapeutic milieu, and it was essential, therefore, that patients have an opportunity to work and play out of doors, as well as indoors. The eastern site was too small to allow any functional use of open space - the northwest site was well suited to it.
- For a variety of functional reasons, it was desirable that each of the treatment programs - namely, adult day treatment, adolescent day treatment, child day treatment, outpatient teams, and the crisis intervention team - should function as self contained teams, and, to this end, it was essential that they should be housed in a complex of at least partly separated small buildings connected to each other. While it was possible to design such a complex on the northwest site, it would have been virtually impossible on the eastern site.

The existing building on the site, being in its evacuation time, was proposed to be kept, rehabilitated and incorporated into the new building. However, this proposal didn't find any correspondance. The county pulled the building down.

The design process, that took place on the site, will be described on the basis of eight sketches, included in "The Timeless Way of Building"

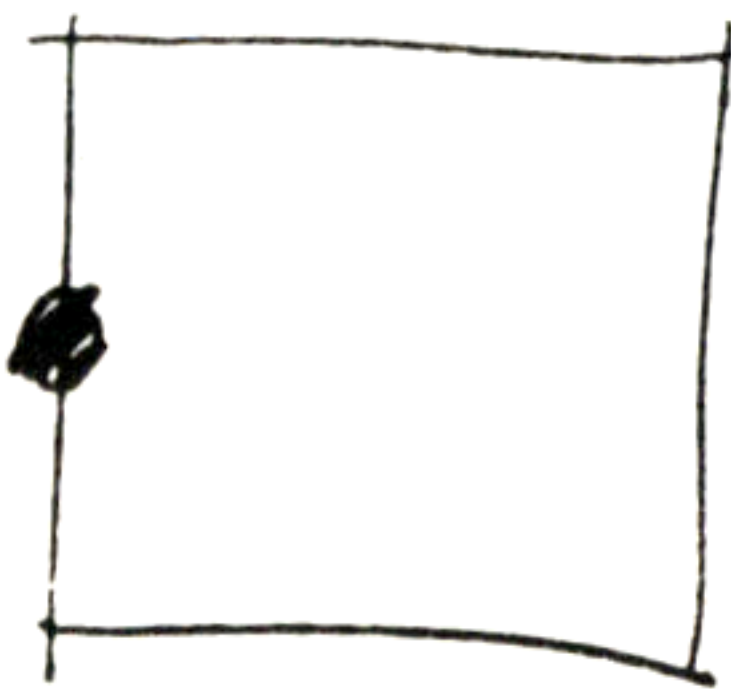
The first image for the building came from Dr. Ryan, based on his belief that the building should be organized in independent units, each one of them being sufficient in itself, having its own program and corresponding to a social group. The pattern "Building Complex" organized this idea into a vague building form.



Dr. Ryan said: "I see myself many little cottages, each one individual and personal.... Let's perhaps say six or eight separate buildings, clustered and connected, but identifiable and separate."

Next the "Main Gateway" and the "Main Entrance" to the building complex was placed. Being on the site they imagined where the main entrance should be located in relationship to the main street and the parking lot.

Dr. Ryan said: "I see it half way along the driveway which leads back from the road to the main hospital". According to this suggestion, the exact position of the main entrance was found. This was a major and definite decision.



"Now the position of the main entrance was fixed. I explained that we would now mark that, and that from now on it would be a given about the design - that we would no longer think about moving the entrance, in view of later things - but would let the design grow outward from the decision. A little frightening - what if things don't work?"

Next, with the main entrance fixed, they started to define the "Circulation Realms". This pattern required a single, simple pedestrian path, opening directly from the main entrance, with a series of smaller pedestrian paths opening off the major one.



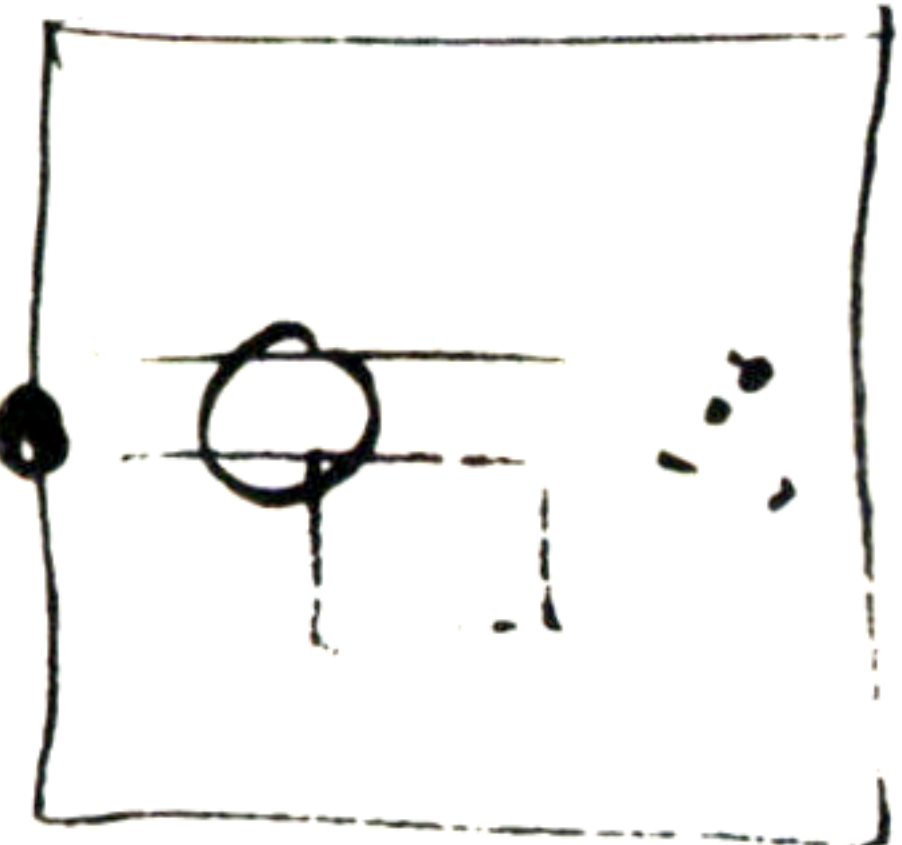
"We stood at the main entrance, and wondered how this might be. At the far end of the site, opposite the entrance, were four magnificent trees. It seemed natural, then, to make the main path go down towards those trees. And, with several small buildings opening off the path, some to the left, some to the right, it was easy to imagine a series of smaller paths, more or less at right angles to the main path, opening off it."

Within the circulation realms the "Main Building" was placed. The main building should act as the heart and focus of the entire complex.



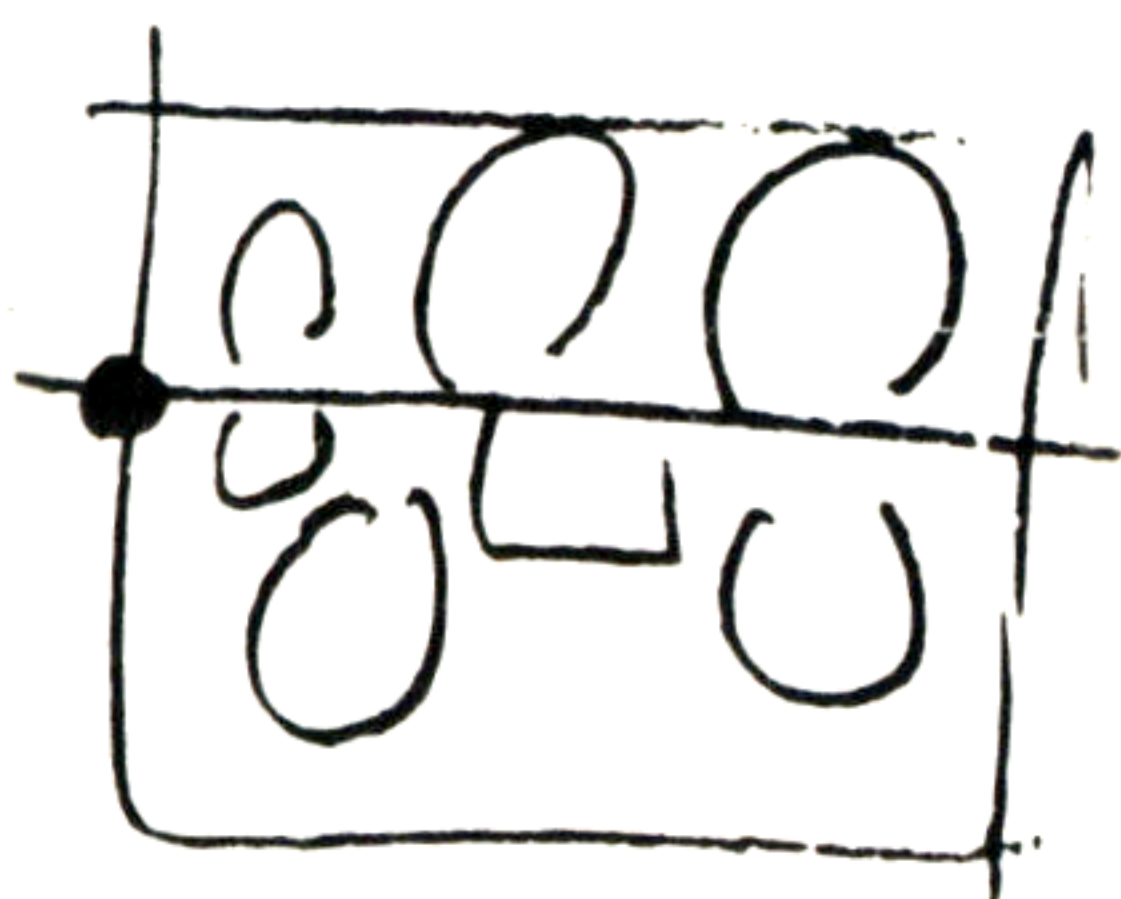
"Finally, we agreed that the so - called occupational therapy building -where patients do various kinds of creative work - would make the best "heart," and decided to make a large building, with a specially high roof, right in the middle, for this reason."

Then, outside the main building, an "Activity Node" was conceived, where most of the activities would happen, at the point where some of the minor paths crossed the major pedestrian access.



"We decide to open this crossing, to have a fountain there, and to make doors from the main building, from the administrative building, and from the child care, with children playing, all open into this node."

Then, around the activity node at the key positions in the circulation realms, the "Reception", "Administration", "Outpatient", "Adult Day Care", "Adolescent Day Care", "Child Day Care" were placed.



Dr. Ryan had rather clear ideas about the positions of these buildings. He showed the architects where he felt they ought to go and they discussed it, walking about the site.

The building for outpatient was intended to accommodate two teams. That brought the question about the exact position of these teams within the circulation realms, so that it would be easy for a patient to orient himself towards that one, where he was belonging to.

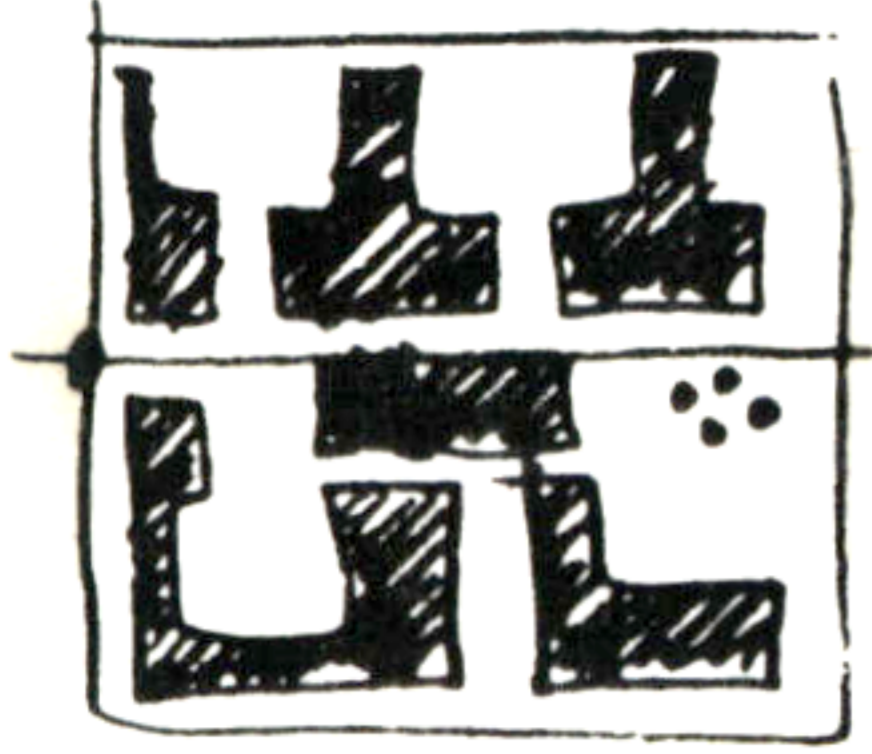
"Several of the staff stood, with their eyes closed, and suggested that if there were a courtyard, and the two teams opened off this courtyard to the left and right respectively, it would be clear and simple"

Then, in a special place, near the main entrance, a place for "Communal Eating" was provided.

"A kind of cafe, in the first garden on the left, attached to the library and administrative services, visible from the activity node and fountain at the main cross roads within the project."

Now, within the individual building areas, they made "South Facing Outdoors", "Wings of Light", "Positive Outdoor Space".

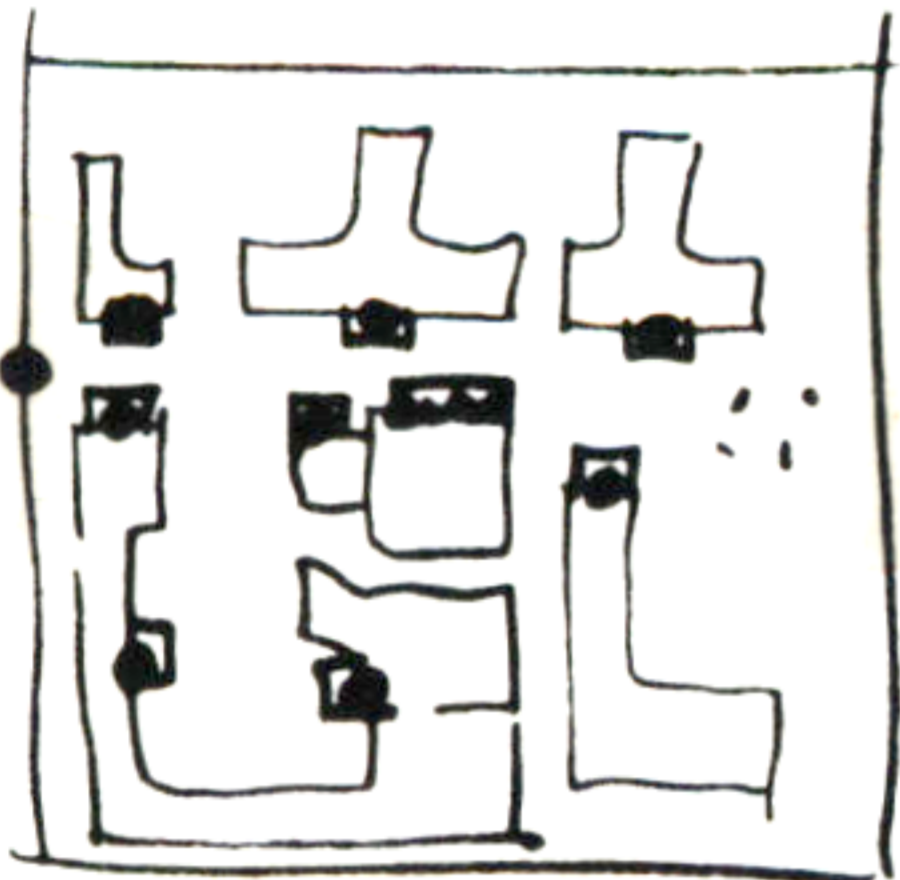
That was the most difficult part of the process, since the actual position of the buildings, and the shape of the outdoor space had to be fixed.



"I thought, first, that every garden, in between the buildings, needed to be cupped towards the south. This made the left-hand side and the right-hand side, which so far had seemed symmetrical, become asymmetrical.

It was complicated by the fact that all these gardens, or courtyards, needed to be connected to the main path - so there would be views of flowers, and trellises, glimpsed from the path, inviting people into the back spaces."

Then, the time came when the "Family of Entrances" should be placed, to make these buildings coherent in respect to the people coming in.

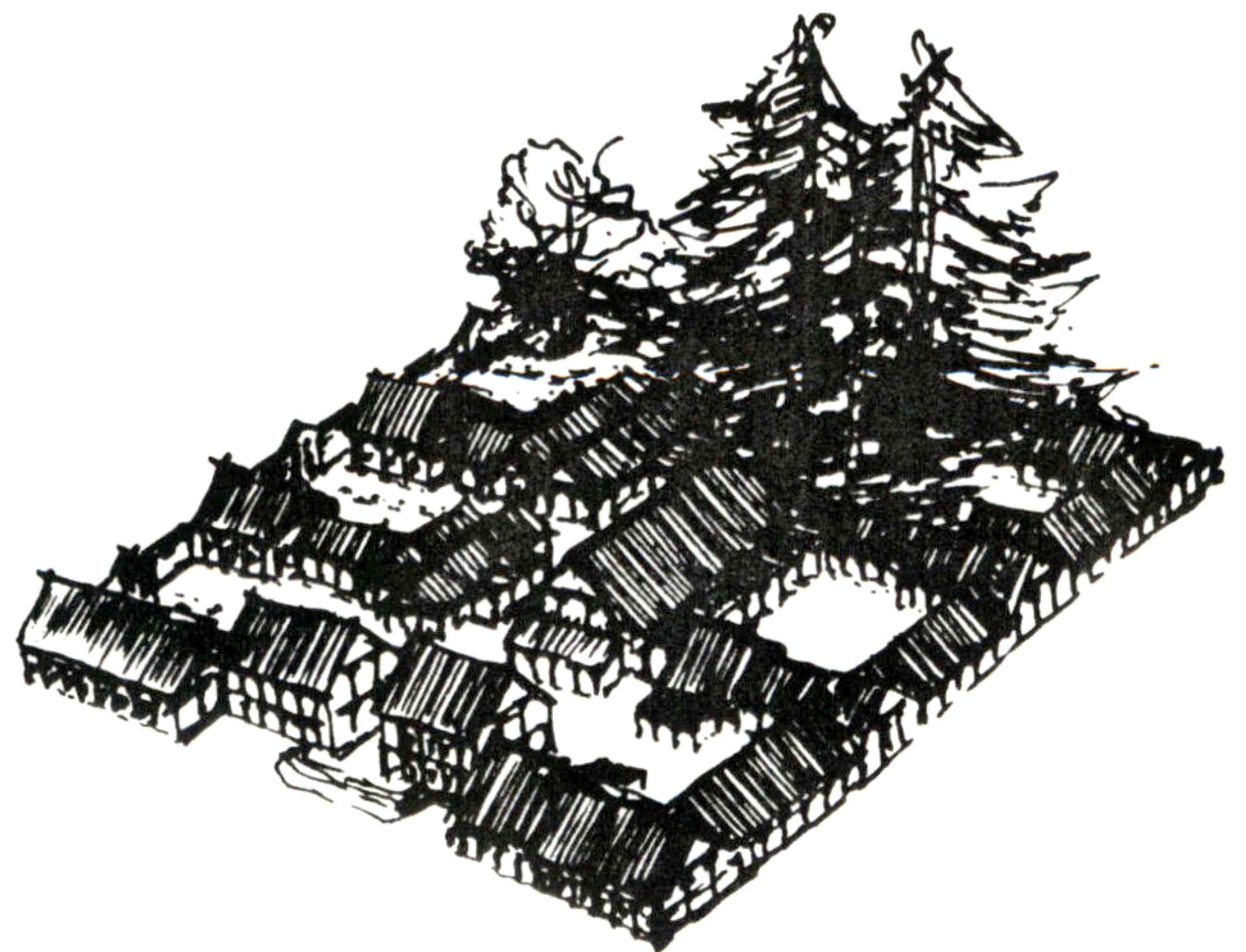
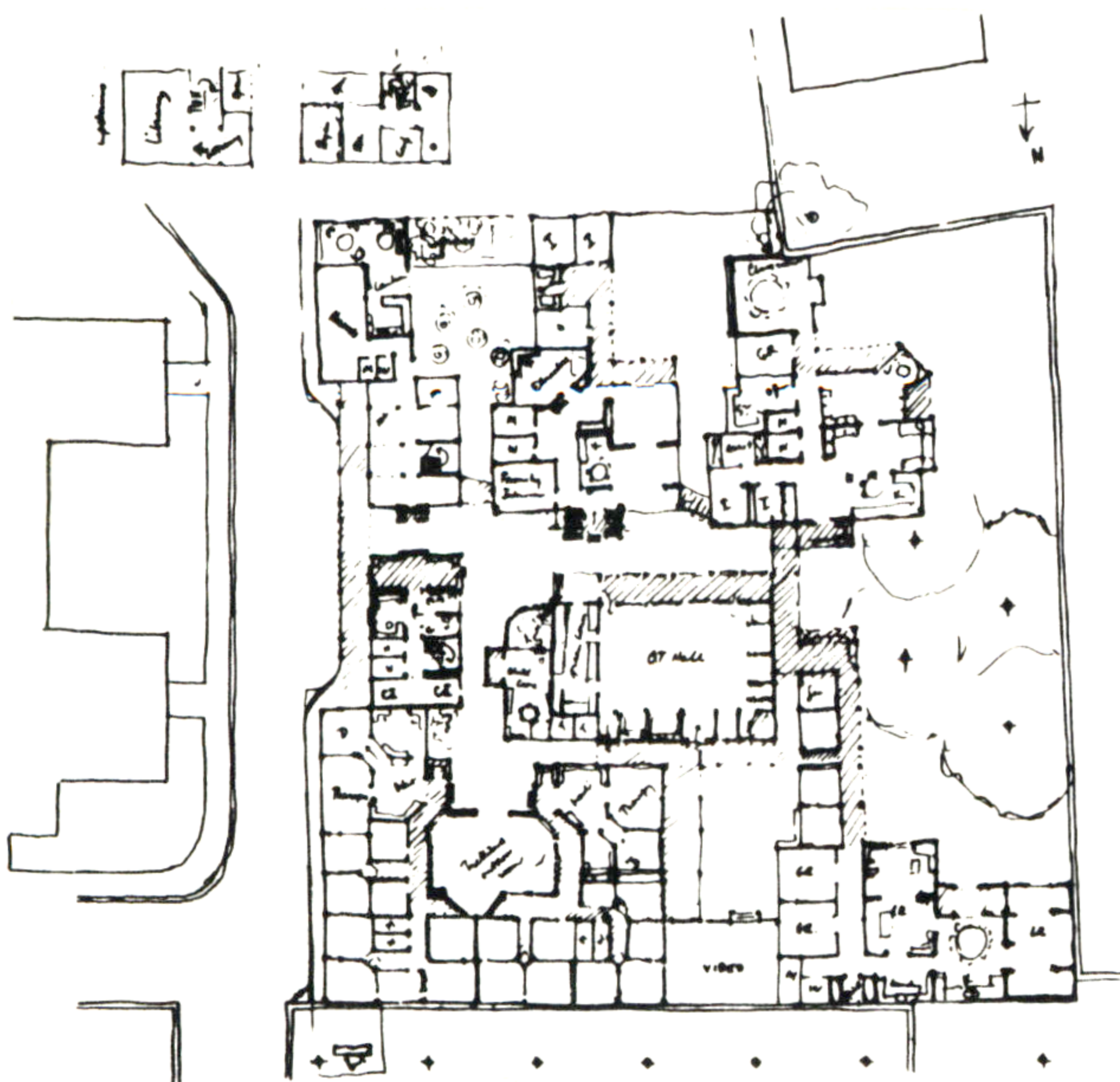


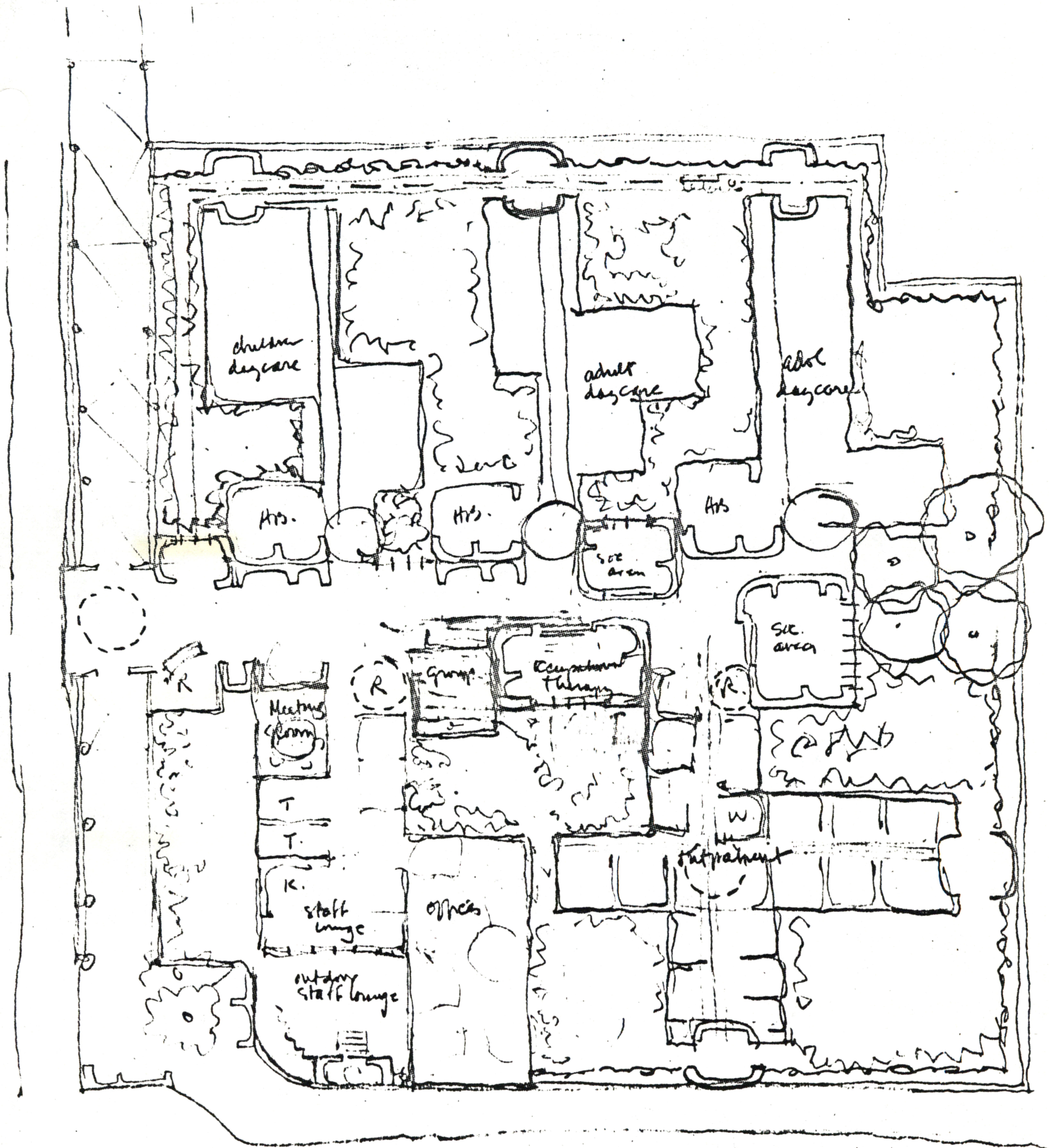
"One person suggested "a whole lot of porches"; each one with its seats, so people can wait, outdoors, for appointments, a couple of steps up. Nice wood columns - each one sticking forward from its respective building."

At this point the general layout of the building was completed. A rough sketch (on the next page) not only shows the level of decisions achieved at that early stage ,being on the site, but also carries very strong feelings about the place.

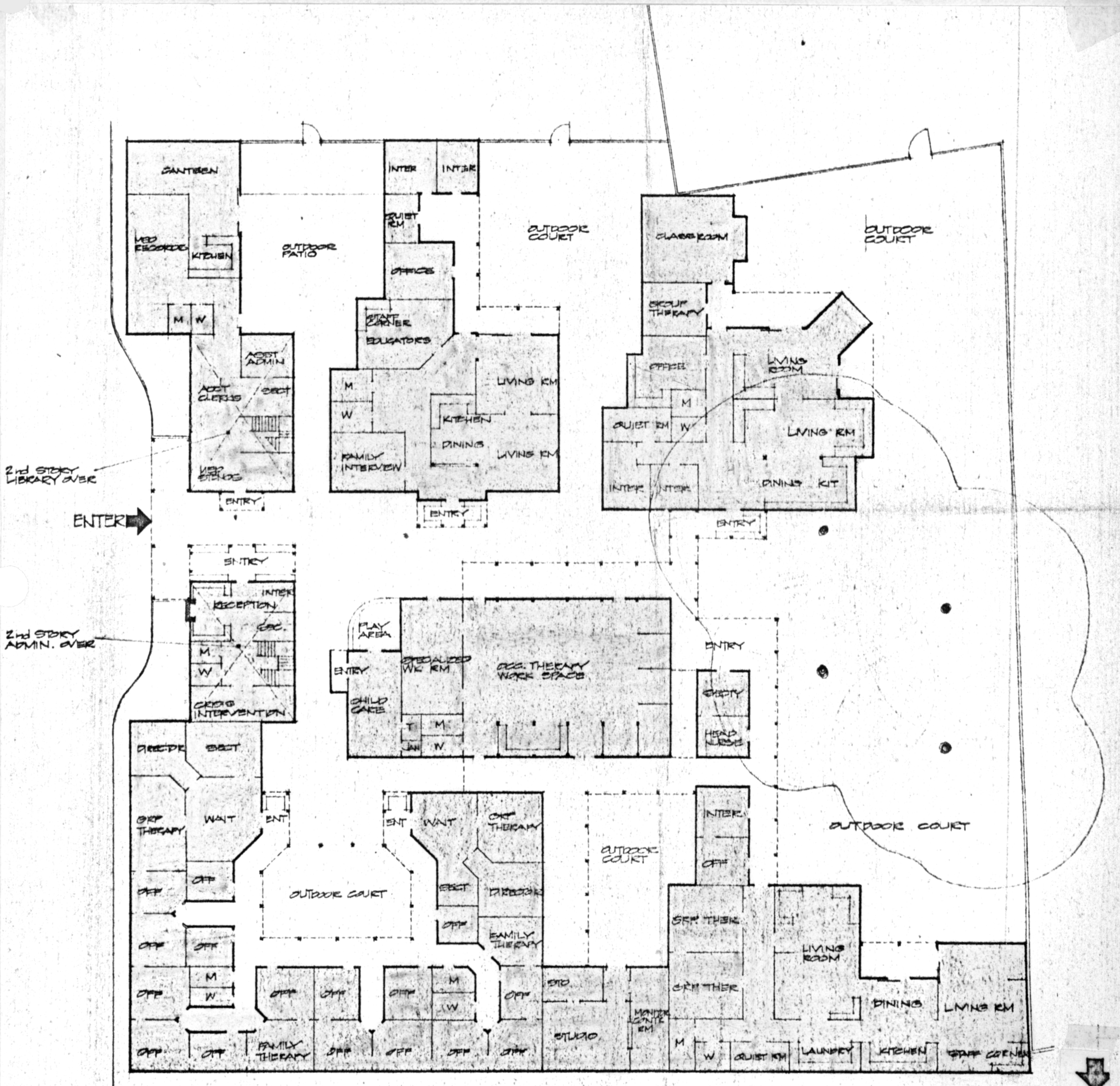
The next step was to articulate the interiors of each one different building, according to the already shared patterns.

The director and some of the staff members together with the architects worked out the placement of receptions, offices, family rooms, group therapy rooms, kitchens, alcoves in each building.





The schematic designs, that is floor plans, some sketches and a model, defined the character of the building in its details.



Center for Environmental Structure

by Baylark
Feb 26 1971

COMMUNITY MENTAL HEALTH CENTER
STANISLAUS COUNTY
MODESTO CALIFORNIA

The reactions of the reviewing boards on the proposed scheme were widely differentiated.

The County Administration thought that the proposed building was completely "crazy" on its form. They couldn't imagine how a mental health center - a public building - could look like a "village" and not like a desert hospital.

NIMH found the design "great".

On their comments they referred to the following points:

- "The concept of the three day treatment buildings is well conceived. This will go well toward the elimination of an "institutional" atmosphere."
- "The siting of the several buildings gives rise to the development of several outdoor courts which will provide a very pleasant atmosphere. It appears that additional land is available westward. Expansion in this direction could minimize the somewhat confining aspect of the complex."
- "The irregular shapes of the buildings provide opportunity for some interesting exterior design. Control should be exercised however, to restrain the building exteriors from becoming too exciting. A too busy exterior could have an adverse effect upon mentally ill patients."
- "The design of the building is a favorable departure from the routine approach of combining all functions under one roof, thus solving the problem of introducing light and air into separate services which must be closely related to each other."

Nacht & Lewis office, as partners, expressed their negative feelings concerning the use of patterns in the design process, and their disagreement with the proposed solution. Their specific point was that such an arrangement, into separate individual buildings, would cost a lot of money, and they didn't want to carry the responsibility for this, since they were going to develop the scheme into working drawings.

Elaboration of the schematic designs

Although the County Administration and Nacht&Lewis were opposed to the proposed solution, NIMH approved it with great satisfaction.

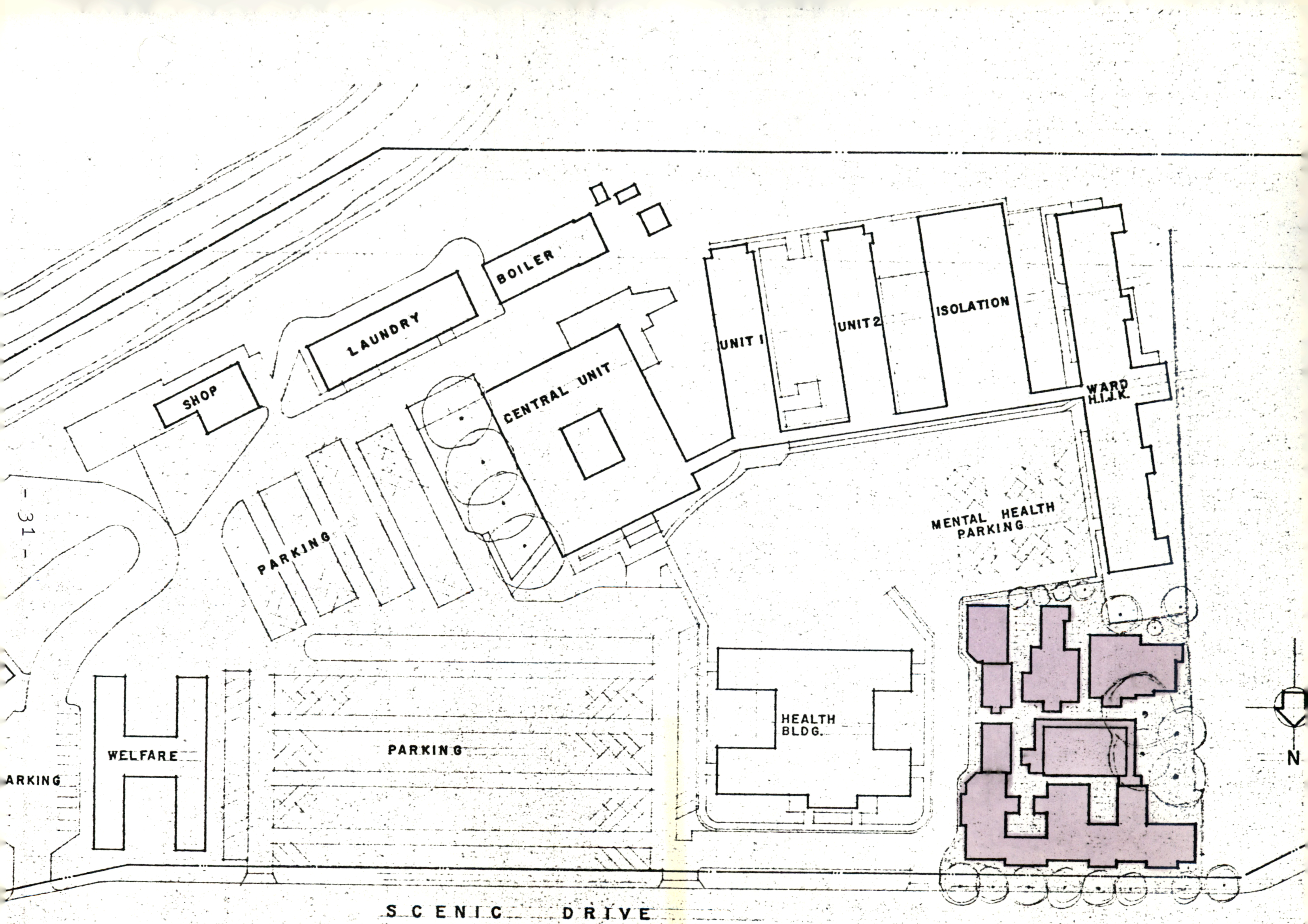
Now the design had to proceed into the next face of preliminaries. They had to be worked out, according to the contract, from Nacht, under the consultation of the Center for Environmental Structure. That was a difficult task, since the established partnership was not based on a conformity of beliefs but, on the contrary, on fundamental disagreements. The basic problem was that Nacht was not in favor of the use of the patterns in their design process, fact that could cause major qualitative changes in the proposed scheme.

Nevertheless, by nov.1971 the preliminary drawings were completed, mainly by Nacht and Lewis. Some changes were introduced, as the shape of the outdoor spaces and the 90 degree rotation of the adolescent day care building. But overall, some of the subtleties of the spatial configurations, as represented in the schematics were lost. The wicknesses of the preliminary drawings are traced in the comments by the architectural Consultation office of FECA, after the review, the main points being that:

- the rotation of the Adolescent Day Treatment Building caused negative effects on the adjacent outdoor space - almost its elimination-, and on the arrangements of the interior rooms, by the separation of office activities and therapy activities.
- the overall character of the drawings demonstrates a feeling of tightness, both in specific areas and as a general impression.

"A relaxed "village" quality is suggested by the schematics, but the success of such a scheme will depend heavily upon fenestration, materials, finishes, and landscaping to provide this quality. We request further elaboration of the relationships between the overall psychological quality of this physical environment and the mental health needs of the patients and program as they have been identified by the mental health staff and services. We would like to see what the environmental patterns offer in response to these comments."

It becomes apparent that NIMH and FECA were not satisfied with the level of articulation of the preliminaries. The potentialities and the powerful images, conveyed by the schematics, were not there any more.



- 31 -

SHOP

LAUNDRY

BOILER

CENTRAL UNIT

UNIT 1

UNIT 2

ISOLATION

WARD HALL

PARKING

MENTAL HEALTH
PARKING

WELFARE

PARKING

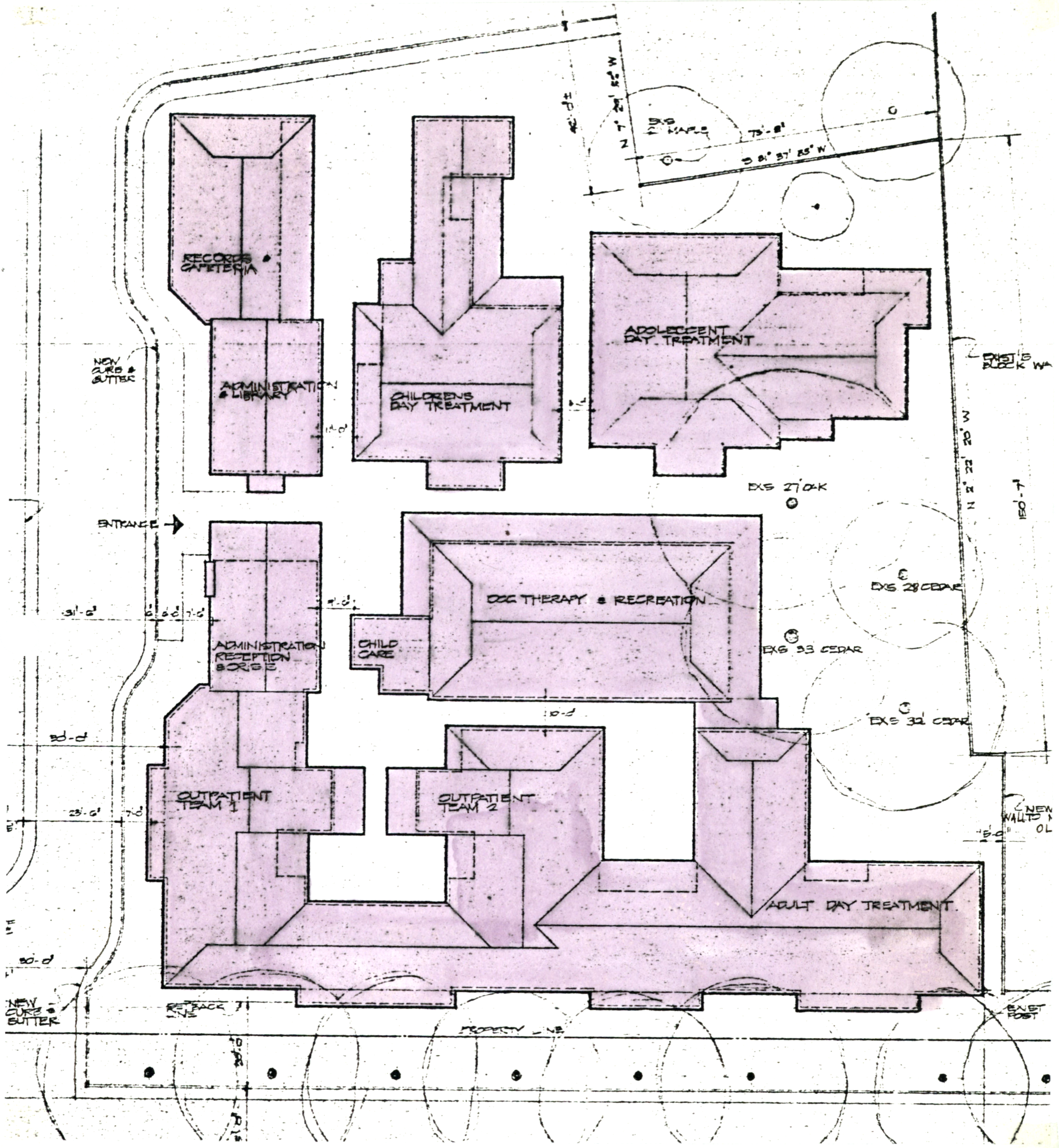
HEALTH
BLDG.

SCENIC DRIVE

SITE PLAN

SCALE 1" = 50'

N



SITE PLAN

FLOOR PLAN

SCALE: 1/8" = 1'-0"

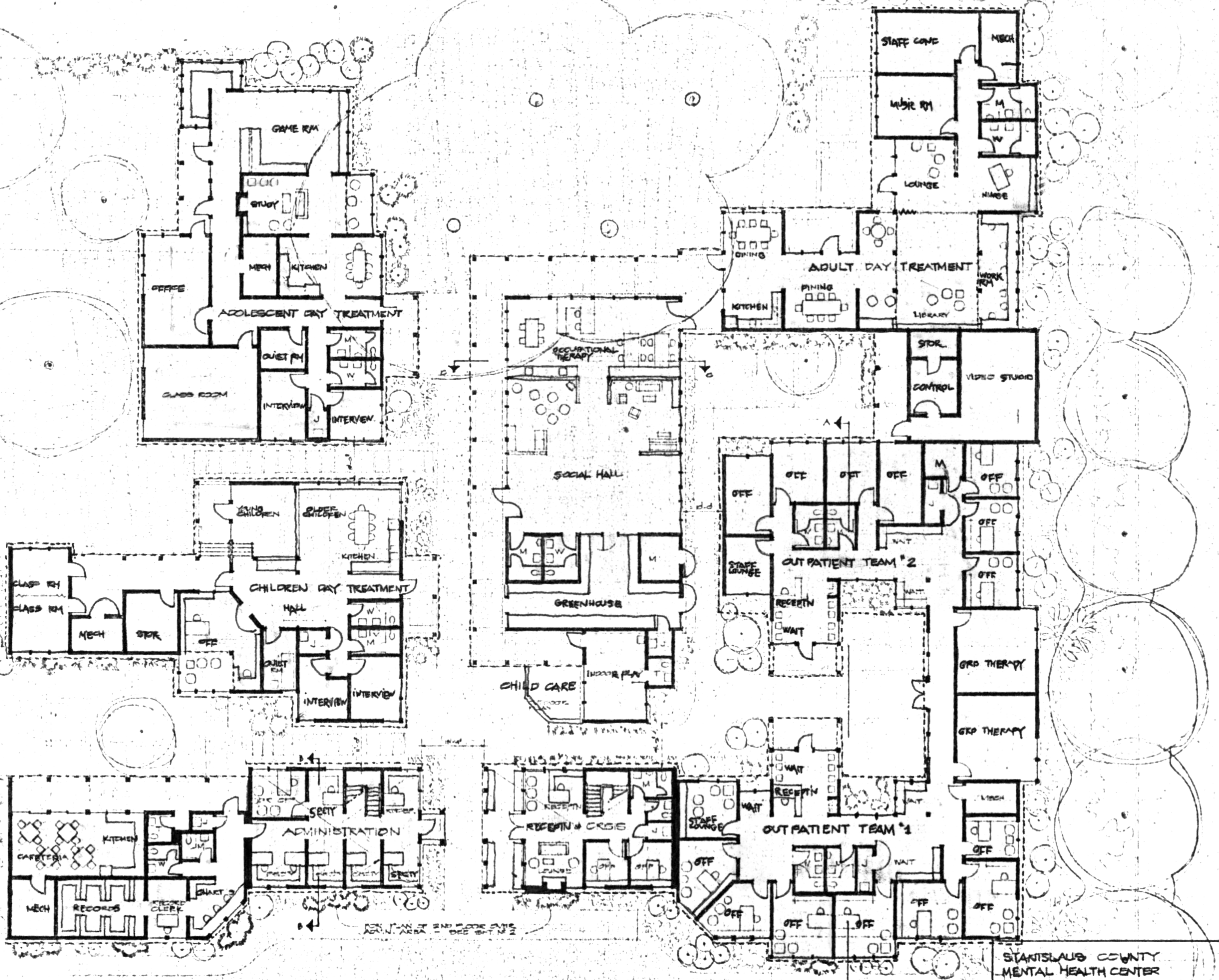


SEE PLAN OF END FLOOR DATE
ADMIN. AREA - SEE SHEET N-2

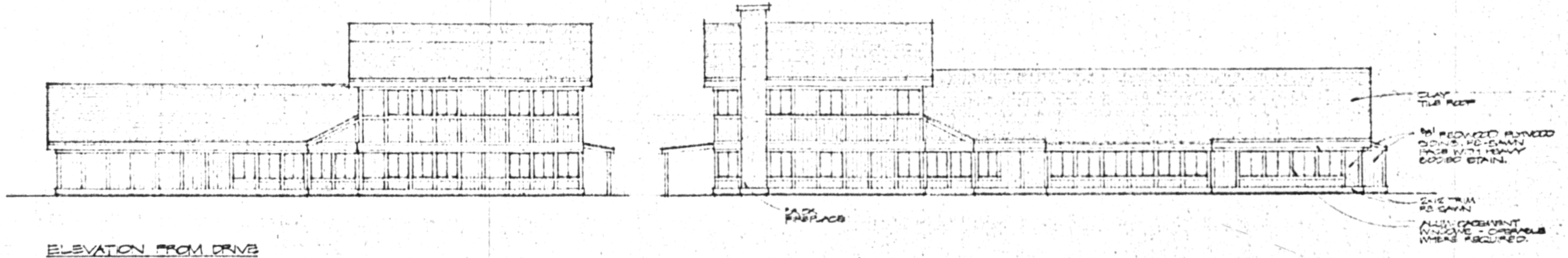
STANISLAUS COUNTY
MENTAL HEALTH CENTER
MODesto, CALIFORNIA No. 485
PRELIMINARY

NACHT & LEWIS ARCHITECTS
SACRAMENTO CALIFORNIA
DATE 11-5-71

3

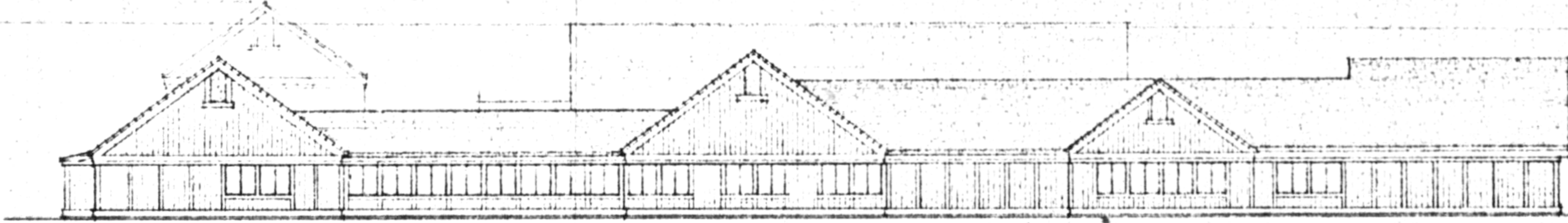


- 34 -



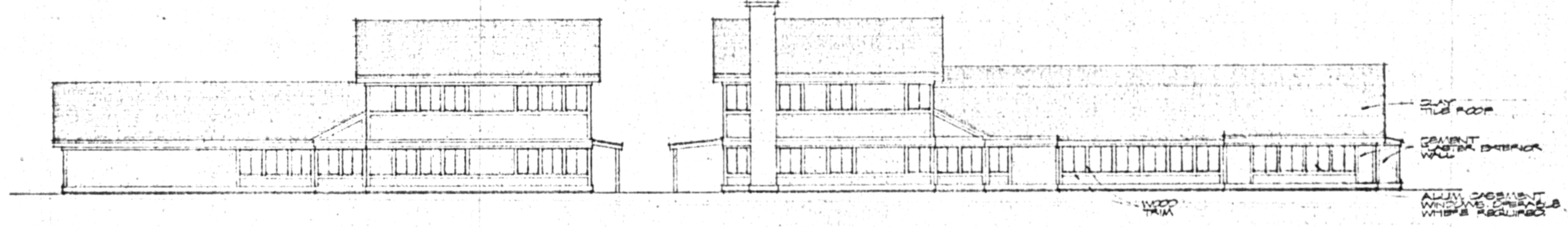
ELEVATION FROM DRIVE

WOOD SIDING

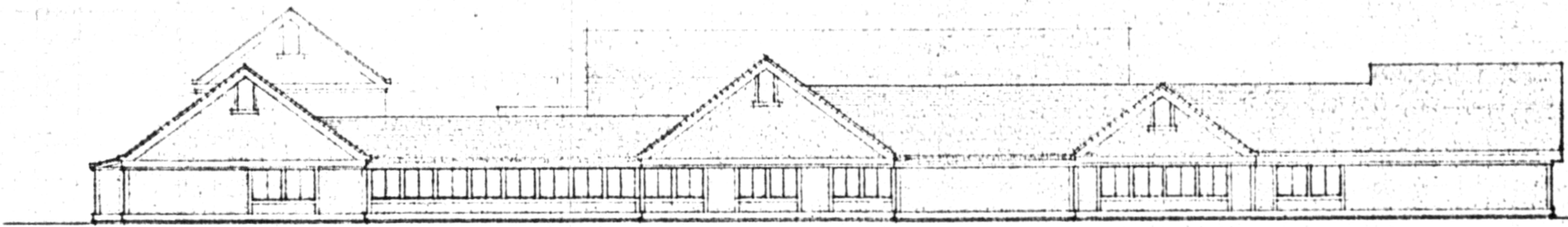


ELEVATION FROM STREET

(A) WOOD SIDING



ELEVATION FROM DRIVE



ELEVATION FROM STREET

(B) CEMENT PLASTER EXTERIOR WALLS

STANISLAUS COUNTY MENTAL HEALTH CENTER MODESTO, CALIFORNIA N-465 PRELIMINARY	
NACHT & LEWIS ARCHITECTS SACRAMENTO <small>PHOTOGRAPH BY</small>	CALIFORNIA <small>DATE: 12-15-78</small>

The completion of the design process

NIMH tried to bring the Center for Environmental Structure back into the project, applying for an extension of their grant. Its major concerns are traced on a letter addressed to the Department of Public Health.

"The preliminary drawing stage of the building shows that the design has not progressed into the type of physical environment necessary for a mental health program. A satisfactory mental health program demands a facility which is created from the therapies and activities of the program. This therapeutic environment considers the patients' illness and his personal needs, the staff's professional and personal needs, the program's needs, and the community's needs. In translating this understanding, as presented in the design patterns and the schematic drawings this material has taken on a rigidity which is popular in current architectural design, but not supportive of the mentally healthy environments. As the preliminary drawing develop into for construction I am concerned that the stiffness will become more deeply embedded into the physical environment of this program. Therefore, I strongly recommend that the preliminary design be re-studied and continued until it includes a relaxed, simple and honest translation of the schematic phase of this project application".

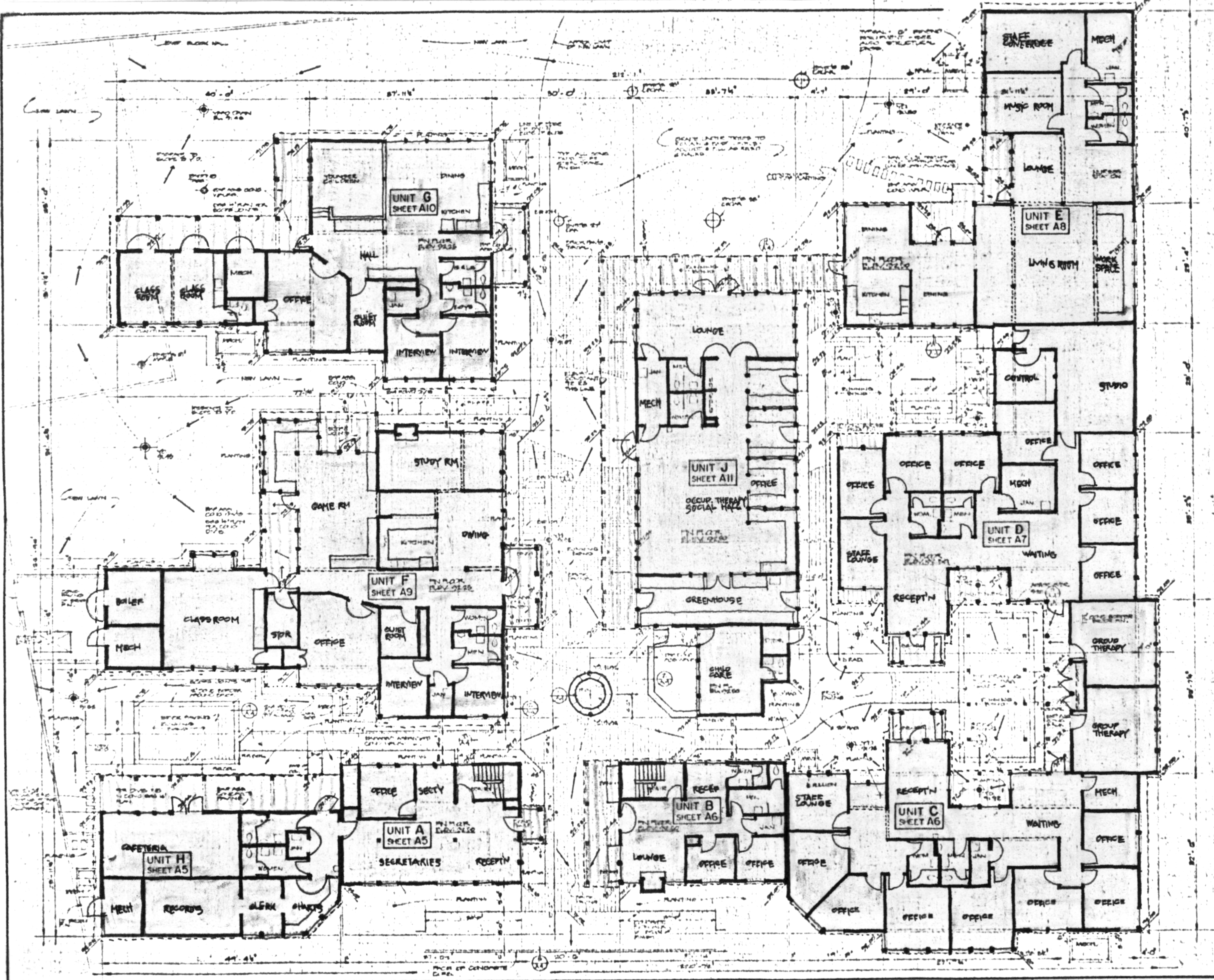
At the same time Nacht & Lewis complained to AIA for the manner the Architectural Consultation of NIMH and FECA was handling the situation. They presented the NIMH's attitude as a heavy obstruction for their work.

The extension for the grant was not approved, and under the conditions created after the involvement of AIA, the decision was made that the work should go on , under the conditions already agreed upon. Nacht & Lewis developed the final working drawings by Sep.1972, trying to cover the NIMH's requests at their best. The construction of the building lasted two years, under the superintendence of Nacht & Lewis and with active daily presence of Dr, Ryan on the building site.

Life Changes

By 1974 the Community Mental Health Center started providing its services to the community. Meanwhile the director of the program Dr.Ryan, for unknown reasons, quitted his job.

A new director with new ideas came, bringing changes into the mental health program.



13 CCA-8 FLOOR PLAN
 STANISLAUS COUNTY
 COMMUNITY MENTAL HEALTH CENTER
 HUNTERD CALIFORNIA

NACHT & LEWIS ARCHITECTS
 SACRAMENTO
 PROJECT 2741 A
 DATE 9-1-72

NOTE
 ALL ROOMS WITH
 () ARE TO BE
 CONSIDERED
 AS PART OF THE
 UNIT (NO. IN PARENTH)

LEGEND
 - - - - - WALL
 - - - - - DOOR SWING
 - - - - - DOOR SCHEDULE

W
 N
 NORTH

He introduced some new programs and he cancelled some of the old ones. Consequently, changes in the building start taking place, so that it could correspond to the new demands. Functions in the building shifted around, since some old functions were withdrawn from the program and some new were introduced in it. More office space was provided, the greenhouse was turned into a clay workshop, the canteen into a staff room, and so on. Some other places are not used as intensely as it had been envisioned by Dr. Ryan; the courtyards don't hold any therapy programs, the child care room has been out of operation since last year, the fountain, instead of water, is full of sand;-"the fountain was not operating properly", somebody from the staff said, "it caused a lot of problems." Now, they plan to plant some flowers in it!

The building has never functioned under the same mental health program, it had been designed with. Changes, both at the level of mental health program and at the level of spacial configurations, started immediately. The building adapted itself through out all the changes. It has flexible spaces, although it has been designed for specific needs, due to the fact that it was designed carefully to cover very specifically articulated needs.

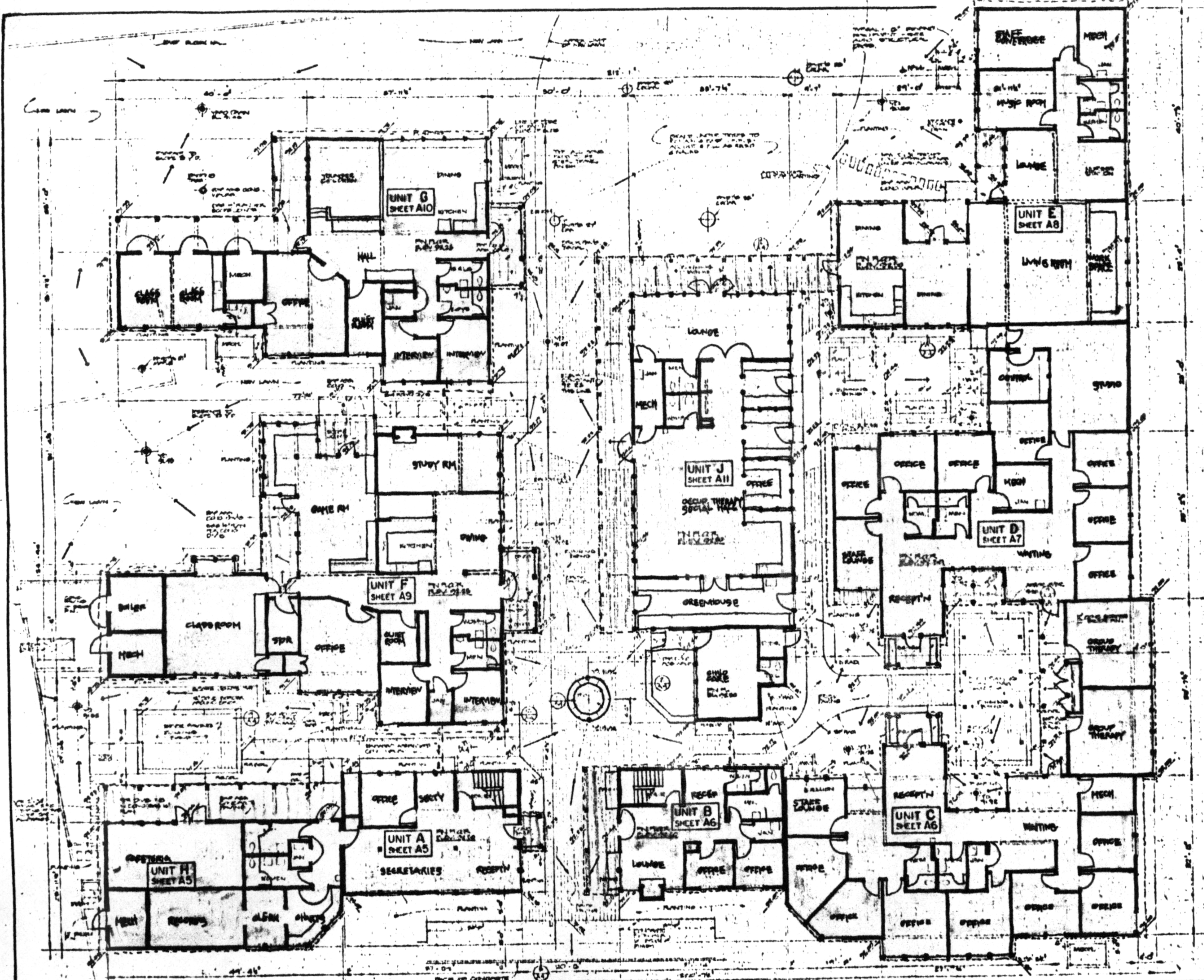
The people, involved in the creation of the building through one or another way, look at it from very different points of view, each one of them according to his own experiences and expectations. The County Administration expresses its feeling for the building through its concern for the huge trees, which stand at the back courtyard. They want to cut them, because their maintenance is a big hassle for the county.

The medical and the administrative staff enjoys working in an environment like this. They prefer it from the other mental health center, they had worked for.

C. Alexander says: "The building has great beauty of layout. But in its details of construction it still falls far behind. Indeed, in its construction it was completely spoiled".

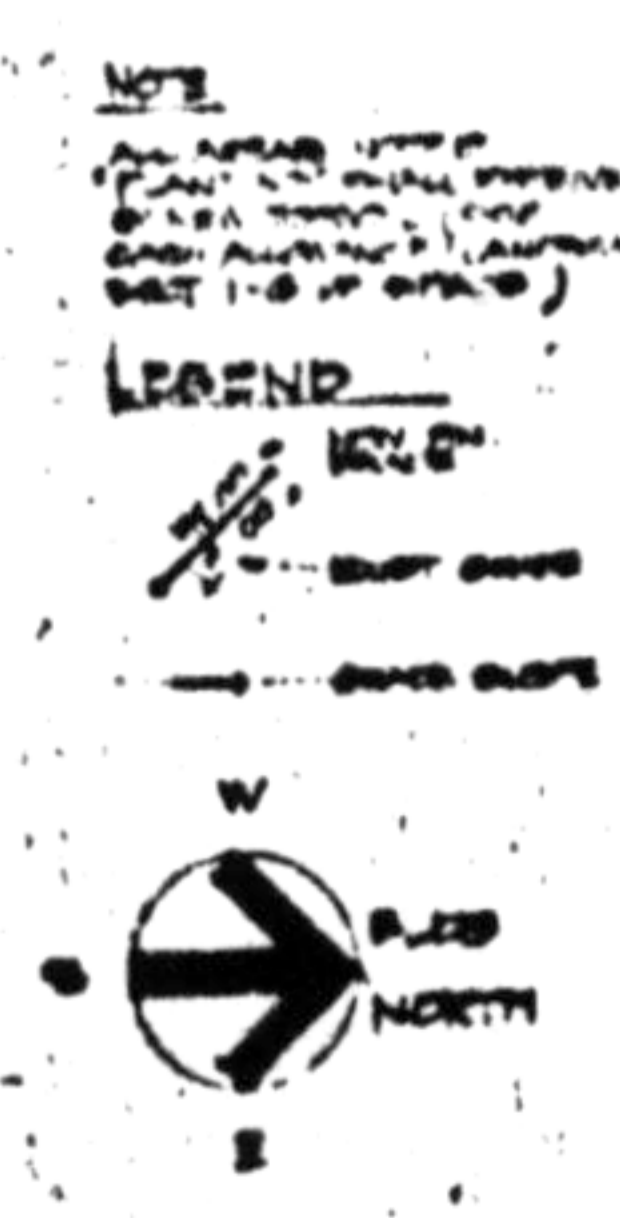
Dr. Ryan's attitude is found in "The Timeless Way of Building"

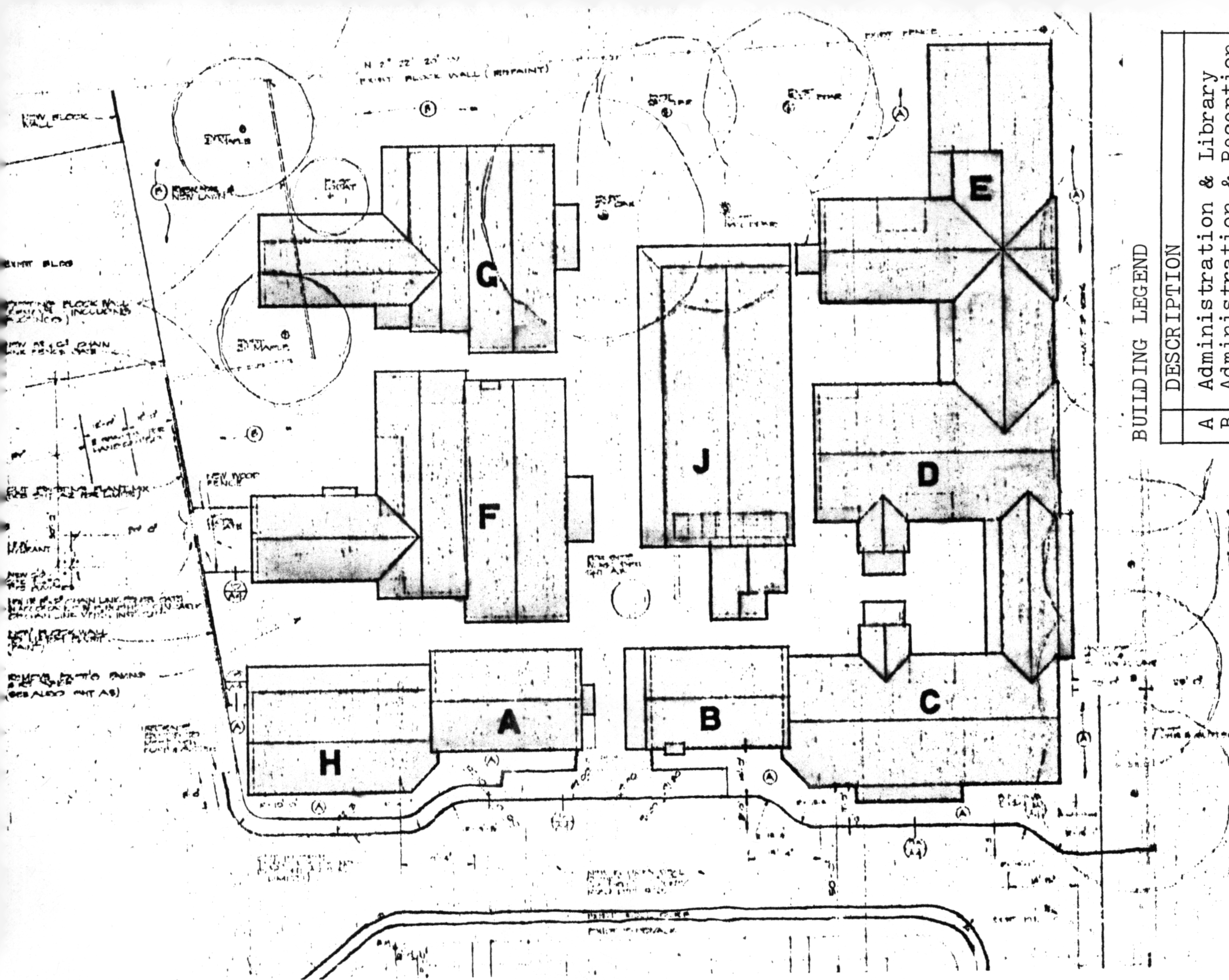
"Now, years later, seeing the building made real, he remembers that week, standing in the fog, making chalk marks on the ground as we laid the building out, talking about the place for the entrance, the place for the greenhouse,..... he remembers this week as the best week in five years of his working life."



1500-3 FLOOR PLAN
 STANISLAUS COUNTY
 COMMUNITY MENTAL HEALTH CENTER
 HAYWARD, CALIFORNIA

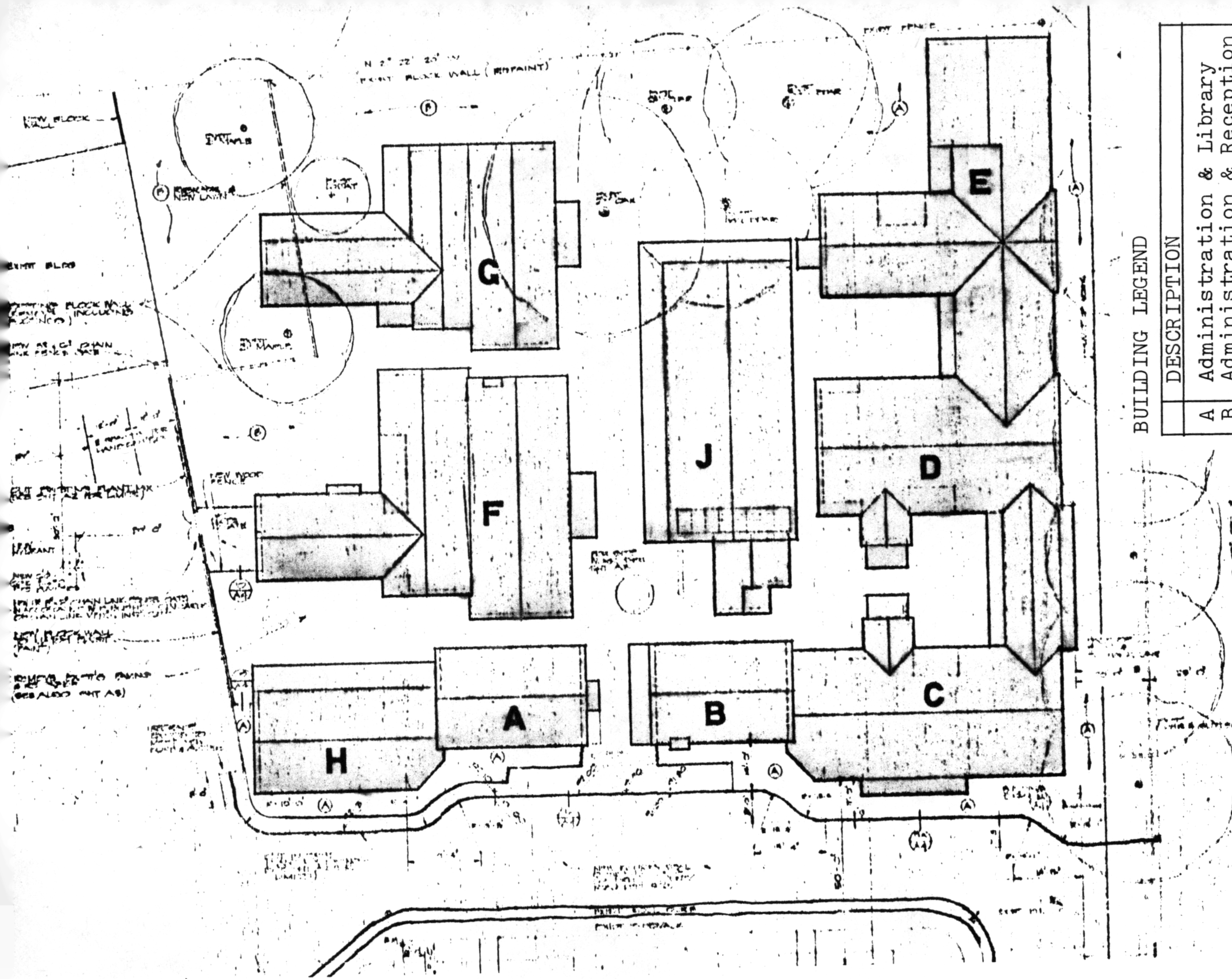
NACHT & LEWIS ARCHITECTS
 SACRAMENTO CALIFORNIA
 PROJECT # 741-A
 DATE 9-1-74





BUILDING LEGEND

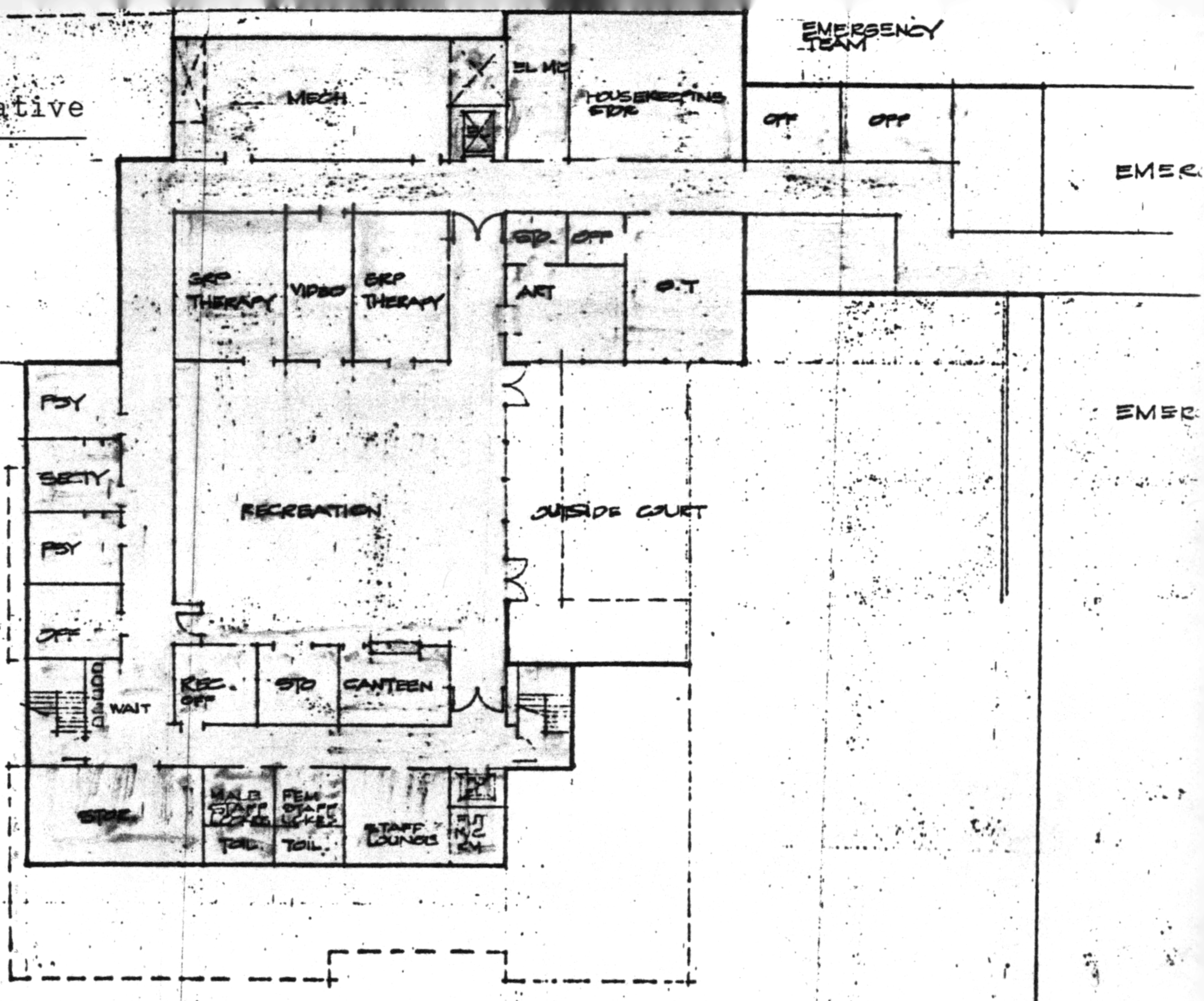
DESCRIPTION
A Administration & Library
B Administration & Reception
C Outpatient Dept. - Team #1
D Outpatient Dept. - Team #2
E Adult Day Treatment
F Adolescent Day Treatment
G Children Day Treatment
H Records & Cafeteria
J Occupational Therapy & Recreation



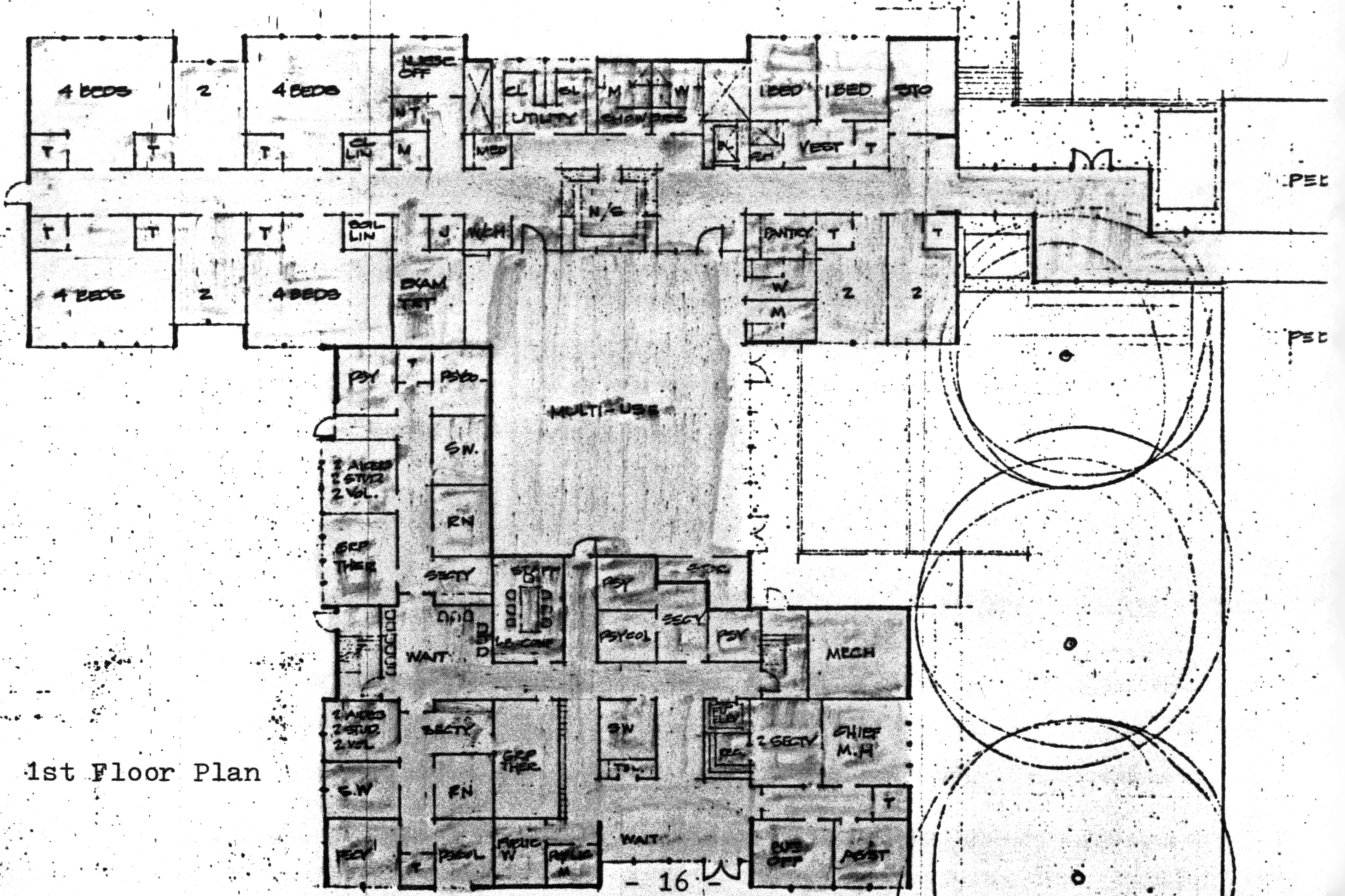
BUILDING LEGEND

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C Outpatient Dept. - Team #1
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F Adolescent Day Treatment
G Children Day Treatment
H Records & Cafeteria
J Occupational Therapy & Recreation

Second Alternative

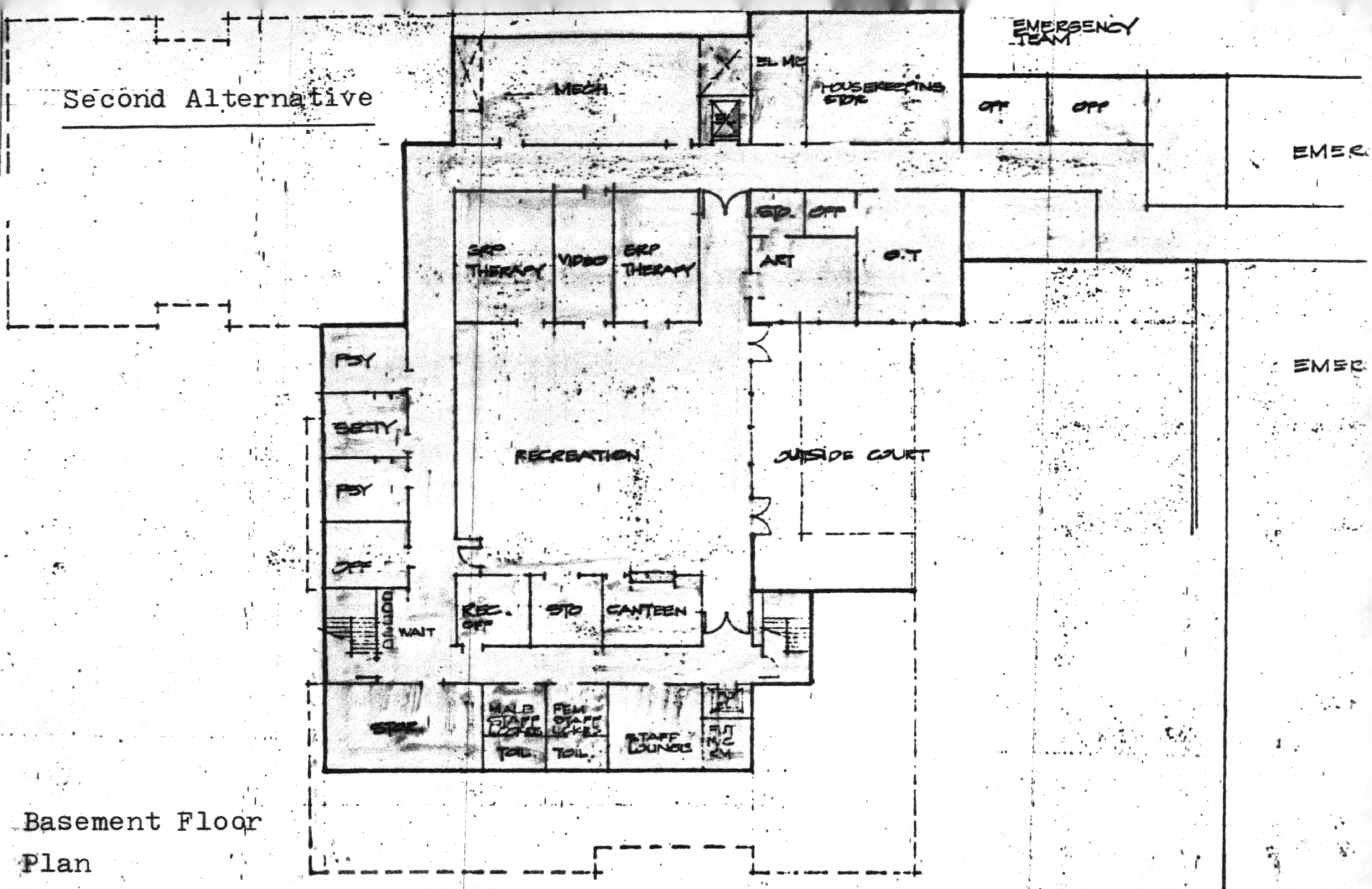


Basement Floor Plan

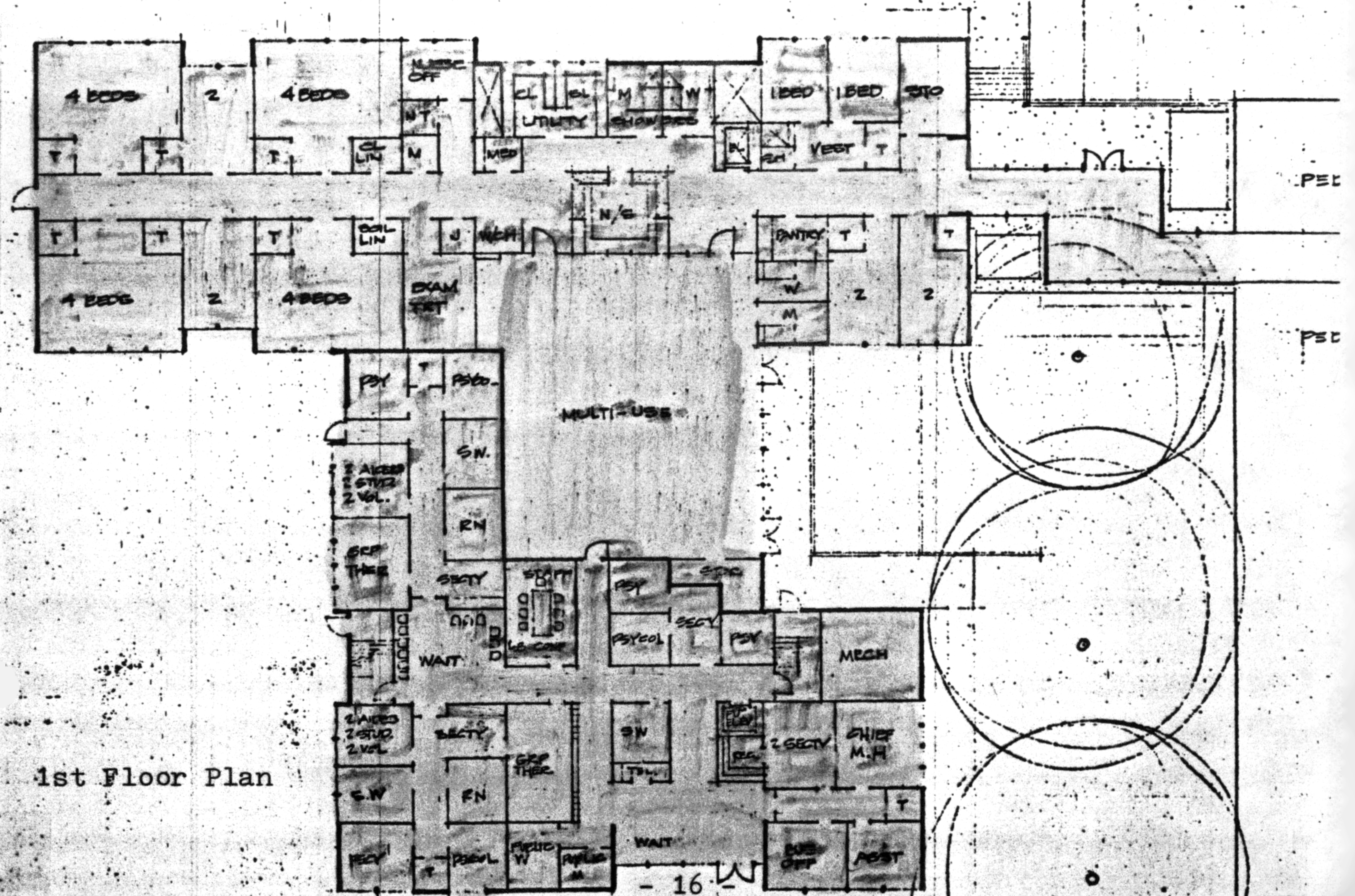


1st Floor Plan

Second Alternative



Basement Floor Plan



1st Floor Plan