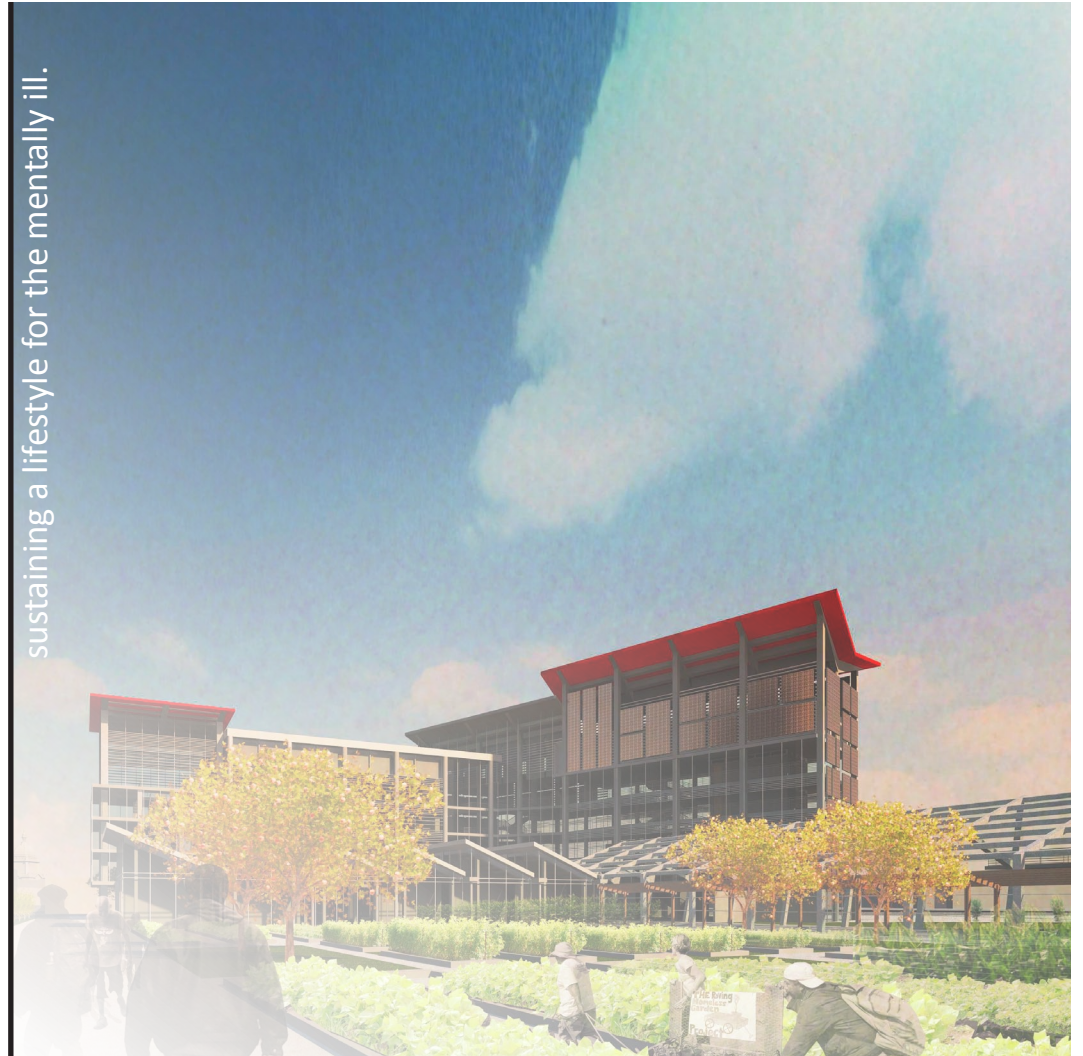


Assembling

THE Pieces

sustaining a lifestyle for the mentally ill.



A DESIGN FOR A MENTAL HEALTH TREATMENT CENTER

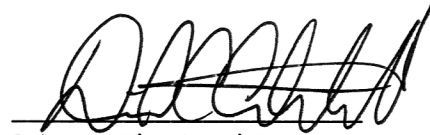
ASSEMBLING THE PIECES

A Design Thesis Submitted to the Department of Architecture and Landscape Architecture

By

Joseph Veit

In Partial Fulfillment of the Requirements for the Degree of Master of Architecture



Primary Thesis Advisor



Thesis Committee Chair

May 2012

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Assembling the Pieces

Joseph Veit

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Statement of Intent

THESIS ABSTRACT
PROBLEM STATEMENT
STATEMENT OF INTENT

Thesis Abstract

This thesis will research and examine the impact that a mental treatment center would have on the chronic mentally ill community by creating a diversion from incarceration and homelessness by offering the necessities of housing and ongoing treatment to facilitate their recovery and entry back into society.

As the mentally ill are released from incarceration or a treatment facility they are in need of a support system. Without proper consistent treatment the mentally ill tend to stop treatment believing they are cured and relapse, and others often still suffer from their illness while medicated. These tendencies often result in their cyclical incarceration and a community that remains homeless.

A community based housing environment will be a method to examine a potential diversion from seclusion, incarceration, and homelessness for the chronic mentally ill.

Key Words: **homelessness, mentally ill, psychological treatment**

Problem Statement

How can a facility aid in the development of a support system that monitors the chronic mentally ill's health, safety and welfare in an effort to re-enter society and create a diversion from incarceration and homelessness through architectural design?

Statement of Intent

Project Typology

Mental Treatment Facility

Claim

As the mentally ill are released from incarceration or a treatment facility they are in need of a support system, a system that aids in the necessities of housing and ongoing treatment on their recovery and entry back into society.

Describe the parts of the claim:

Actors: Architect, Facilitator, Patient

Action: To accommodate and monitor.

Object: Support System

Manner of Action: Enable and Develop

Premises

Actor Relation: *Many mentally ill are left without a place to go that offers a sufficient support system that both enables and facilitates their growth towards a sustainable lifestyle including job opportunities, housing, and ongoing treatment.*

Action Relation: *As the patient develops, treatment needs to be monitored in a community based housing setting that accommodates their illness. Many of the patients tend to go untreated, also many that have been treated go into relapse with the belief that they have been cured and no longer need assistance. The environment that needs to be developed needs to be a place that gives them a sense of belonging, support, and community.*

Object Relation: *Many chronic illnesses are in need of consistent monitoring by professionals that facilitate a community based environment in a facility that accommodates these needs and gives them housing opportunities, mental health programs and group/support treatment.*

Manner of Action Relation: *The environment created needs to enable ongoing treatment and support in an effort to divert the chronic mentally ill from homelessness and cyclical incarceration.*

Conclusion

A community based housing treatment facility should be implemented upon a patients entry into society in order to monitor the patients physical and mental well being.

Justification

In 2009 approximately 4,035 people in Hennepin County were homeless (“Number of homeless,” 2009). Homelessness can be caused from a multitude of reasons, however, a primary cause are chronic mental illnesses that leave many cycling through the streets and in prisons without proper treatment plans and the necessities to sustain a stable life in our society. Many current treatments facilitate a short term support system leaving the responsibility of maintaining a successful treatment plan after release in the hands of the patient. Many are left without a place to receive consistent monitored treatment resulting in cyclical imprisonment and homelessness.

Narrative

“Over 700 prisoners will be released this year, over half are mentally ill.” - (“The released, 2009”)

As these prisoners return to society and try to re-integrate into our culture, many are left without a sufficient support system which leave many at risk for relapse and return to prison, being mentally ill compounds this. Without a sufficient support system many are reluctant to acquire help and treatment for their mental conditions. For those that do seek help upon their entry back into society many stop treatment thinking that they are cured and fall into a relapse, and many still suffer from their mental disorder even with medication (ie paranoia). These tendencies lead to cyclical incarceration and a community that remains homeless (“The released, 2009”).

I have identified a city of interest Minneapolis, Minnesota. In the downtown area there is a corridor that has experienced a substantial growth in homelessness the past few months, Currie Ave.

Situated on Currie Ave. is the Salvation Army Harbor Light Center. This facility offers housing, treatment programs and church services. However, according to the Housing Program Services Coordinator the facility is bursting at its seams. It is in need of shelter expansion, resources for transitional programs, and clinical help on site for mental health.

My research shows that this site is in need of a plan to address the aforementioned issues and needs a facility that implements a diversion plan, offers assistance, and monitors the physical and mental well being of our homeless population. The design of the building should be addressed in a way that offers a temporary and efficient solution while working towards a permanent building solution. Without a treatment and diversion plan the mentally ill will continue to cycle through the homeless and prison population and continue to have a growing social and financial burden on the government and society with no definite end or means to resolve the issue.

User/Client Description

The Clients

The clients of this facility will be enrolled either voluntarily or as a deterrent for prison in an effort to seek treatment. They will receive housing, access to individual mental health programming, group treatment and case management. The clients will be under 24 hour surveillance however, peak and off times will alter the surveillance methods and frequency. Majority of help and treatment will be facilitated between the 8am - 5pm workday while the rest of the day evolves into an assisted living community where resources to employment, mental and physical welfare, and financial needs are supplied.

The Staff

The staff of this facility will run on a 24 hour multi-shift schedule. The professional help will run an 8am-5pm weekday schedule and be on call for crisis and emergency assistance. The professionals will facilitate both individual and group treatment plans and build a community based environment that meets the needs of the clients. The facility and staff will be financially maintained through the clientele and health care plans, 70% of the clients income will go directly towards rent and facility management. The staff will also employ volunteer resources.

Major Project Elements

Clinic

The clinic will be a place where professional consultation and evaluation is provided on a daily basis or as needed. Here treatment plans are developed and maintained to look after the client's health, safety, and welfare.

Pharmacy

The pharmacy will provide medication on a readily available basis located onsite.

Office

The offices will provide space for individual research for professional development and studies, while providing space to maintain and process patient records.

Staff

The staff spaces will provide kitchen and dining rooms, restrooms, conference and preparation rooms and temporary lodging.

Indoor/Outdoor Recreation

The facility will contain indoor and outdoor recreation areas, implemented in order to develop a solid community based environment and promote healthy activities.

Educational

The educational spaces will be designated for rehabilitation and ongoing training sessions staffed by professional and volunteer help.

Living

The clients will have a place of residency on site that is monitored also by professional and volunteer help. This environment will provide monitored living spaces (ie: dining, sleeping, and social rooms) that promote group and individual development.

Auxillary

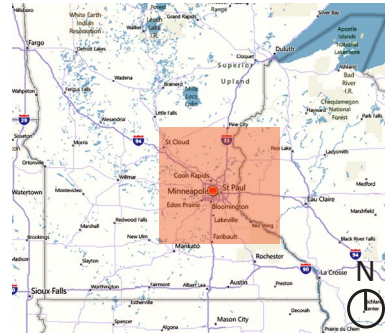
The mechanical, and circulation will be included as needed.

Site Information: MACRO TO MICRO SCALE

North America



MINNESOTA, U.S.A.

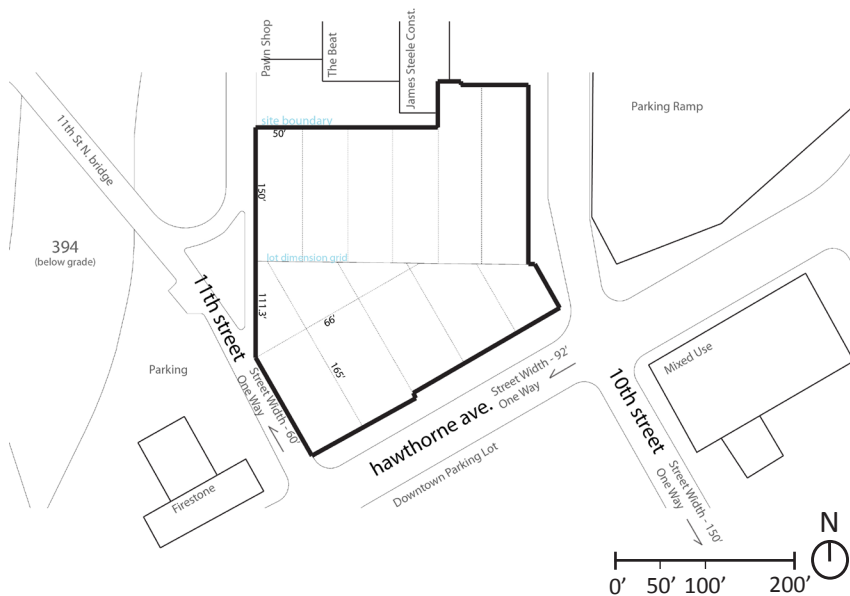


downtown MINNEAPOLIS



IMAGES ACCESSED: December 8, 2011. <http://www.maps.live.com>

Currie Ave. and Hawthorne Ave., MINNEAPOLIS, MINNESOTA



The problem of homelessness has a strong foundation in cities all over the world. It becomes an issue when drug use, belligerence, and mental instability become publicized to citizens and tourists. It becomes an influence to our youth that creates an environment that strikes fear and concern through the abundance of drug use and addiction. It is a vicious cycle that the homeless encounter seemingly has no end. Downtown Minneapolis, M.N. becomes a model of this issue.

Sandwiched behind a parking ramp and Interstate 394 lies Currie Ave. It is a site laden with garbage and is an area becoming known as a homeless community. The site for this project is adjacent to the main downtown Minneapolis stretch that is known as a tourist district that includes the Target Center, Target Field, and an array of bars, restaurants, and concert venues. The Salvation Army Harbor Light Center is situated along Currie Ave. This facility becomes a central gathering point for the homeless population however, the facility is bursting at its seams and needs new resources for transitional care, mental health and shelter accommodations.

Project Emphasis

A HEALTHY COMMUNITY BASED ENVIRONMENT

Creating a support system
Accountability

PUBLIC OUTREACH

Bringing medication and treatment to the streets
Creating a network of help to those that cannot transport themselves

EMERGENCY CARE

People exiting hospitals
People exiting prisons
Mental healthcare

TRANSITIONAL CARE

Behavioral healthcare
Primary healthcare
Employment services
Mental healthcare

SUSTAINABLE AND ENVIRONMENTALLY CONSCIOUS BUILDING DECISIONS

Passive design principles
LEED principles

Plan for Proceeding

RESEARCH METHODS
SCHEDULE

Plan for Proceeding

A PLAN OF THE DESIGN METHODOLOGY

Research is driven on the basis of quantitative and qualitative analysis including graphic representation through multiple iterations and studies. This is done through hand drawn representation, digital analysis, and hand modeling.

Quantitative and qualitative data is gathered through archival search, journal articles, websites, mixed media, tours, and personal interviews. These methods collect information in regarding:

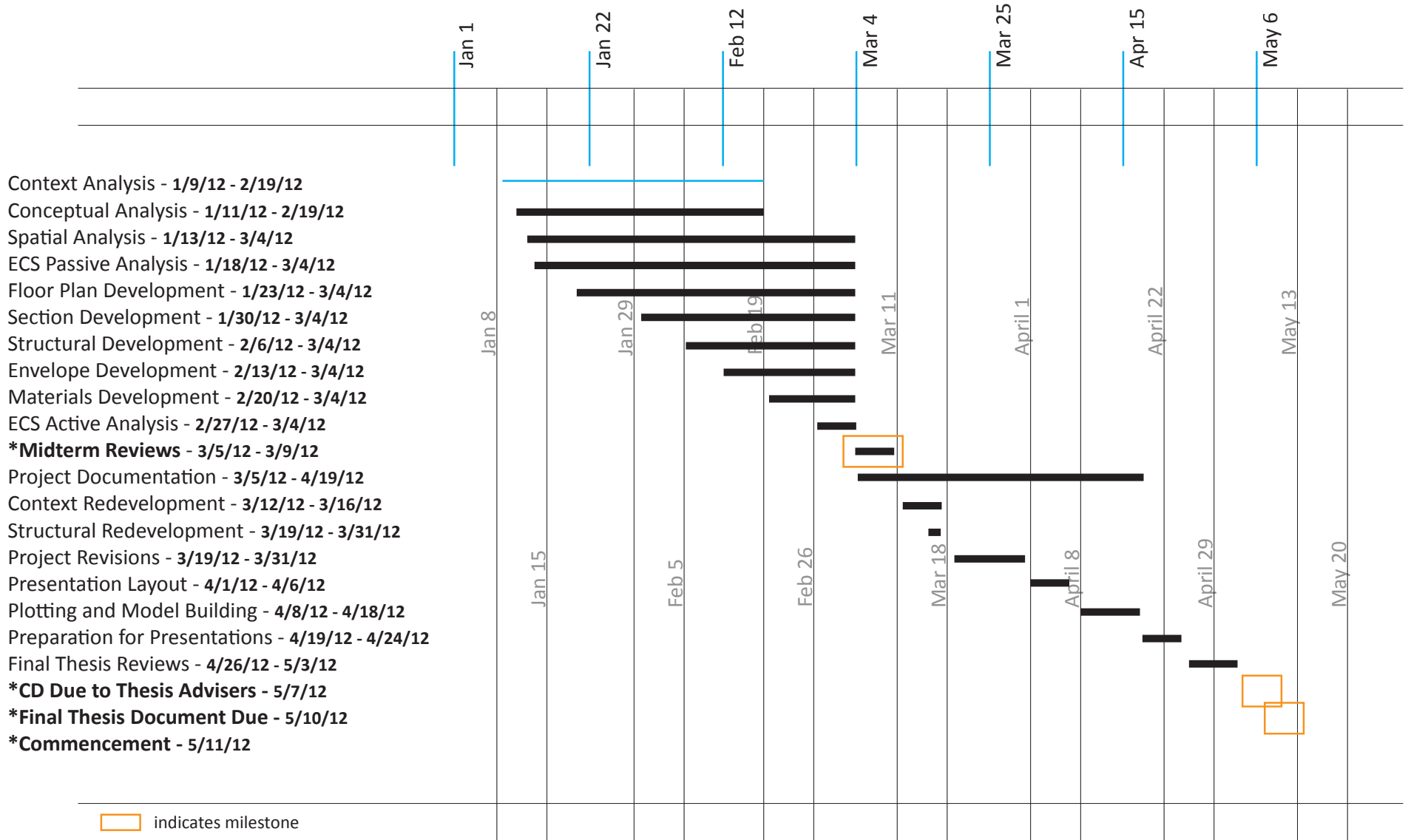
- The theoretical premise

- Site information (ie. Historical context current economic status, city planning, etc.)

- Case studies (ie. Similar project typology)

This information is translated into the several stages of the design process and programmatic requirements.

The design process begins with the analysis of the previously gathered information then transition into the schematic design and design development phases. The design process includes mixed media, implementing hand drawn and hand modeled representation to bring it to a level of personality and character. Digital representations used to solve complex issues and spatial progressions. The design process also includes several material studies and vendor contacts to create a network of information and level of feasibility. This design process also includes multiple checkpoints of careful revisions and editing resulting in the final project preparation and presentation.



The Program. RESEARCH

THE SOCIAL SCIENCES

THE HARD SCIENCES

SUMMARY

The Social Sciences

Mental illness has had a strong integration and impact on our society through cultural expectations, and has influenced many scientific, social, and economic changes. This analysis will identify a number of obstacles and influences that have led to the healthcare we facilitate to the mentally ill and identify the weaknesses in an effort to develop a solution that will facilitate a sustainable lifestyle for the mentally ill and homeless.

In the past few decades as a society, we have encountered a significant change in how treatment of the mentally ill is approached. The pivotal moment that became the catalyst for this change was the deinstitutionalization movement. Funding for facilities to house and treat the mentally ill was inadequate and led to the abandonment and neglect of these facilities. This was primarily due to the expansive size of these institutions that followed a design method known as the Kirkbride plan.

The Kirkbride plan was developed to avoid incarceration and homelessness of the mentally ill. Reformer Dorothea Dix testified that the treatment of the mentally ill was inadequate and led to confinement of the mentally ill to jail cells, private homes and basements of public buildings. Dorothea's effort led to the first asylum built to the Kirkbride plan.

To define the Kirkbride plan further, we will define the philosophy it was based off of, Moral Treatment. This philosophy describes a moral system based on individual rights and implements a type of innovative professional practice that is based on a humane approach to treatment. Historically the mentally ill were disregarded and exiled from society and faced discrimination, and torturous treatments. This philosophy, however, controversial at the time became a cornerstone to our methodology of treatment for the current healthcare system.

This moral philosophy became the foundation for the Kirkbride plan and design development. The Kirkbride plan was a solution that promoted safety and comfort and was meant to have a curative effect for the patients. The floor plan was arranged in an echelon pattern, a pattern that staggered the wings of the facility to allow for integration of sunlight and fresh air into each space. The large victorian style became the icon of the institution integrating extensive grounds surrounding the facility which allowed room for farmland and spaces to promote exercise and therapy.

The abandonment of these facilities led to an issue of homelessness and a community left without proper treatment and a lack of housing opportunities. However, these inadequacies created a positive trend towards community integration and medical improvements leading towards innovative problem solving through community based treatment and advocacy of new policies (i.e. financial assistance).

During this time of transition we need to strive for public outreach and offer treatment to the people on the streets. Currently, many individuals are left homeless and without proper medication and treatment. A short term efficient solution needs to be acquired to satisfy this agenda. Many of the mandated policies begin to create a foundation for many to integrate the disabled into society and function in a manner that satisfies their life-course plans and advance in their “on time” development.

“Sizeable numbers of persons with psychiatric disabilities are homeless or live in unstable housing. Many are forced to live with parents or other relatives with the result that all parties experience stress and strain” (“Cook, Cohler, Pickett, & Beeler,” 1997). This outcome led to a multitude of social movements and new policy advocates, including the National Alliance for the Mentally Ill (NAMI). NAMI provides family education about the causes and treatment of mental illness, and run family-to-family self-help groups in which relatives discuss their problems share information and coping strategies, and provide and receive support (“Cook, Cohler, Pickett, & Beeler,” 1997).

NAMI is one of the movements that made it an initiative to offer help to both the patient and the patients’ support group. NAMI was founded in 1979 on the three cornerstones of activity that offer hope, reform, and health to our American community: Awareness, Education, and Advocacy (“NAMI,” 2011). Offering support to all parties involved in the clients situation

becomes a vital foundation to build upon. Other social movements work toward protecting the mentally ill, such as the Americans with Disabilities Act (ADA).

“...There is a dialectical interplay between individual lives and social structures as each transforms the other. Witness to the importance of structural changes such as deinstitutionalization, community tenure, and the legal protections granted under the ADA to workers with psychiatric disabilities, all of which have reemphasized the goal of employment for this population” (“Cook, Cohler, Pickett, & Beeler,” 1997).

Integration of this policy created a social environment that protects the mentally ill and assists in their development of a sustainable lifestyle. Creating an equal opportunity society allows for accessible employment for the mentally ill which financial stability becomes a cornerstone to achieving individual life goals and meet the individuals timeline of their own goals and expectations. For those individuals that still struggle with maintaining a financial foundation to sustain other changes to the social structure have been implemented since the deinstitutionalization such as the Social Security for Disabilities movement (SSDI).

The SSDI movement became an instrument that can be used to achieve and manage an independent lifestyle for the mentally disabled. Implementation of this type of foundation can lead to a positive life trajectory and increase the disabled’s sense of morale and

well being, the essentials in sustaining an independent lifestyle.

“Community living has brought many into close proximity with their families in integrated community environments. Changing social policies have facilitated social integration of the mentally ill into different levels of society. Changes in the nature and organization of care, as with the introduction of managed care behavioral health systems, have the potential to hinder an individual’s desired life-course transitions or to aid them” (“Cook, Cohler, Pickett, & Beeler,” 1997).

Deinstitutionalization led to the development of community living, social policies, and changes in the nature of organization and care have created an environment for the disabled to grow and solidify a cornerstone for the mental health care system. It became a catalyst for a larger issue. The resources are already integrated into our society, yet these instruments of social support need to be facilitated in an effective manner, instead of being implemented in a patchwork manner.

The Hard Sciences

INCARCERATION AND MENTAL ILLNESS

Working towards a comprehensive solution becomes the goal of many cities. Although typically funding becomes the key issue and patchwork methods become the default solution. A few solutions have focused funding to create an environment that works towards a cohesive solution that facilitates a transition for the homeless and chronic mentally ill. Each city has its own strategies to cope with the expense of homelessness. The patchwork methods do not solve the issue but diverts it momentarily and continues to take an economic toll on society. A city should not give a cold shoulder to a solution that lessens the long term burden on society despite the up-front expenses. Homelessness can affect the city financially and how it is viewed by the habitants and visitors.

Initially, looking at the hard facts for the Minnesota jail systems in regarding the chronic mentally ill is a shocking experience. Currently in Minnesota the National Alliance for Mental Illness (NAMI) states that 25% of inmates currently take medication for a mental illness and nationally approximately 16% of inmates are diagnosed with a mental illness. NAMI also found that nationally jail inmates

who have a mental illness are incarcerated for longer periods of time than the general population. Mentally ill inmates also have a more difficult time seeking employment after their sentence due to co-existing addictions that may have assisted in a criminal record such as possession or consumption of drugs. NAMI also finds that in Minnesota individuals who are incarcerated for more than 30 days lose their federally funded benefits including Medical Assistance and Social Security Income, which are essential in their search for seeking mental health treatment. The NAMI survey for the Minnesota jails and detention centers comes to the following conclusions:

There are high levels of inmates with mental illness. *Many jails do not keep record of an inmates mental illness and those that record inmates mental illness report that 45% of their population has a mental illness.*

Few jails conduct mental health screening. *The typical mental health screen is composed of the three standard booking questions regarding 1) medications 2) past suicide attempts and 3) prior hospitalizations. These questions are not adequate to screen the population for mental illness let alone diagnose the individual with a mental illness.*

Limited access to treatment. *56% of jails report always providing medication to inmates for those with an existing diagnosis however, for those that do not have a current diagnosis treatment is limited and hard to obtain (only 37% of jails will provide treatment if the staff notices behavioral problems).*

Discharge planning is rarely offered to inmates. *When the jails were asked about this many agreed that discharge planning would be beneficial for the inmates however, only 1.4% stated that they consistently provide discharge planning for inmates with mental illness. 54% stated they never or rarely do discharge planning of any form.*

Jail staff recognize the need for improved response to mental illness. *86% of respondents stated that they believed that their facility was inadequate in their response to mental illness. (Krueger, 2006)*

In this report some jails have stated that they have seen success with the following strategies: *implementing a standard mental health screen, having a formal contract with a service provider, providing education about mental illness, creating a special unit for those with mental illness, and providing a continuum of care through discharge planning.*

The report also states the barriers identified by jails are: *no contracts with mental health professionals, little collaboration between county social services and corrections, limited nursing hours, and no funding or staff allocated to follow through with discharge planning.*

MINNESOTA STATE PLANNING

Minnesota's Planning is responsible for the planning issues regarding incarceration, they are charged with developing a long-range plan for the state. The article titled "Paying the Price" developed by Minnesota Planning staff members, Mark Larson, Dan Storkamp, Ray Lewis, Lonnie Erickson and Carol Weber with assistance from the Department of Corrections and Minnesota Sentencing Guidelines Commission, takes a look at the state's incarceration funding and the state's response to the growing rates of the prison population. Minnesota's prison population has more than doubled in the last 10 years, shooting from 2,244 in 1985 to 4,591 in 1995. The following are a few of the major concerns that are putting the system at stress:

- 1. Changing demographics.** *Increased arrests among the youth population.*
- 2. Arrests for violent crimes grew.** *Intensified law efforts grew, between 1985 and 1992 the number of arrests for violent crimes grew 53%.*
- 3. Drug crackdown.** *From 1987 to 1992 the legislature took numerous different actions to increase felony drug penalties. As a result of these actions, the number of Minnesota prisoners incarcerated for drug offenses more than quadrupled between 1989 and 1996, growing from 110 to 505, or from 4 percent of the prison population to 11 percent.*
- 4. Longer sentences driving prison populations and costs.**

This article discusses four key points in helping

the rising prison population and slow its economic toll on society.

1. Adjusting sentencing and reducing prison time served by some offenders
2. Expanding use of nonprison, community-based penalties
3. Acquiring more short-term and long-term prison space
4. Investing in strategies to prevent young people from entering the criminal justice system (Larson, Storkamp, Lewis, Erickson & Weber, 1996)

These articles show societies default response to issues is to use the penal system. The prison population has grown exponentially in the past decades and may continue to do so. Recognizing the demographics that cycle through the prisons and using preventative strategies can drastically help this failing system. 16% of the prison population is documented with a mental illness diagnoses, however many go without diagnosis and also have co-existing addictions (Paying the Price). This is a significant portion of the prison population and falls into two categories of imprisonment: substance abuse and behavioral misconduct. The mentally ill are left without the proper resources to transition into society and do not have the means to seek employment and treatment for their mental health and chemical dependencies. They are left with the inability to sustain a stability. They are left in a cyclical condition of homelessness and incarceration creating a financial burden on society. Seeking help is dependent on the individual, however if a discharge plan is implemented upon release and the proper resources

are available a change can be made.

Looking at specific case studies in Texas such as The Bridge Homeless Assistance Center and The Haven for Hope, both designs developed by Overland Partners, take a look at a solution that embodies all of the key issues of homelessness and creates an environment of hope, support, and resources. The Haven for Hope's strategies will be discussed later in Typological Research.

INADEQUATE RESOURCES

Bringing the focus of the discussion back to Minnesota the downtown Minneapolis area becomes a place of concern. It is an area that attracts thousands of tourists per event. However, this district has an infiltration of homelessness. Within just a few blocks is the Salvation Army Harbor of Light. This is a facility that works towards creating a safe place to wait out the night and works towards a safe transition for the homeless to become a productive member in society.

"I would argue that the majority of our residents have mental illness. At the very least, they are dealing with situational depression due to becoming homeless, but many are dealing with a serious mental illness such as Schizophrenia, Bipolar, Major Depression, or some sort of personality disorder. Many of them are also dealing with duo diagnosis (meaning they have a mental illness and chemical dependency issues.)"
- (Lichtsinn, 2011)

These issues of mental illness become a compounding factor in the search for a stable home and lifestyle, especially when combined with chemical dependency. Jade then follows up with how the facility addresses these concerns of mental illness:

"We have a case work team that is made up with two graduate school level social workers, one case worker with a degree in law, and

another working on her masters in social work. I also have my master's in social work, focusing on clinical mental health. While we do not do long-term therapy, we do have the staff to identify the mental health needs. Once we can identify the mental health, we can refer them to an appropriate agency. Sometimes they are willing to seek help for their mental illness, and other times they are not willing. We partner with many agencies, such as Crisis Outreach for Psychiatric Emergencies, Hennepin County Social Workers, ACT teams (mental health mobility teams), and many more. Our goal is to get the residents to achieve mental stability and move out into some sort of supportive (or independent if they are able) housing."

Jade sates that the program is made up of five case workers including herself. The case workers goal is to create an understanding that the facility is for transitional purposes and is not a permanent home. The client's and worker's goals often differentiate. The client's goals are often focused on seeking immediate housing while the case workers goal is primarily focused on the cause of the situation they are currently in whether it is mental illness or chemical dependency.

To further define what the existing facility does and how it functions Jade describes the Salvation Army Harbor Light:

There are two types of housing facilities. The first being an overnight sheltered defined by the county as a "secured waiting space," a

space to wait out the night. There is enough space for 130 men and 50 women located on separate floors. Check in time for men is 8pm and 4pm for women, they have to leave at 6:30am. Here they are supplied with the bare necessities ie: a blanket, bunk, showers, and hygiene supplies. The residents may come intoxicated as long as they are safe to themselves and others in the facility. Meals are served at 6pm. Many of these residents wait out the day by seeking work, go to the corners of streets, or spend their days in parks and libraries. During the colder month Jade says the church opens to allow a warm place to wait out the day.

The second type of shelter Jade describes is “emergency housing.” Residents here pay a portion of their income with a maximum of \$89 to stay and the county pays the rest of the month. It is a 24 hour shelter serving 3 meals, consists of bunks, lockers, showers, and other activities. There is space for 147 men and 65 women on separate floors. Jade says these residents are required to stay sober and have a curfew at 7pm Sunday through Thursday and 11pm Friday and Saturday. The facility also works with a church during the winter months in downtown Minneapolis open from Nov. 1st to April 30th.

Other services provided by the facility are comprised of a 44 bed Chemical Dependency treatment floor for men, 28 studio apartments on-site for transitional housing priced at \$350 a month and are based on a two year program, 2 buildings off-site for transitional housing.

For programming and conseling resources the-center provides Basics of Life Training (BOLT) where residents can participate in Bible study and work study programs. They offer weekly chemical dependency meetings, and weekly chapel services.

To end the interview Jade responds to the question of “where can the facility improve?” with:

“I think we are bursting at the seams with individuals, and I would love to see more space, but that just probably won’t happen. Our men’s programs are so large, and continue to grow, so I would like to see more space added for that, but we would have to get the county on board. We need more handicapped accessible spaces. I wish we could offer more clinical help on site for mental health. There are a lot of things I wish we could have, but it is wonderful to work as a team with outside organizations, rather then trying to solve homelessness on our own.”

The Summary

Looking into the social sciences and the the need to create a support system for the mentally ill is essential. Society has gone from institutionalization (the ideas behind the system were noble yet had many problems) to de-institutionalization (a system that left many on the streets with no support or direction). The situation we are currently in is forcing us into a type of reformation. The homeless, chronic mentally ill and chemically dependant now lack accountability and support. Accountability and support seem to create a solid foundation for the transition back into society for many. As stated earlier in the Cook, Cohler, Pickett & Beeler article sizeable numbers of persons with psychiatric disabilities are homeless or live in unstable housing. With this type of living arrangement stress and strain is forced upon both parties and create an experience that is not conducive to the individuals transition and growth. This outcome led to the transition of movements and policies we currently have including the National Alliance for the Mentally Ill (NAMI), the Americans with Disabilities Act (ADA), and the Social Security for Disabilities Income policy. These movements and policies help create a foundation and a means to integrate into society. Yet the policies and procedures society currently implements does not facilitate a way that points the chronic mentally ill in the correct direction and does not create a diversion from their normal cycle of destruction.

In these surveys, reports and interviews previously discussed the importance of enforcing a personal plan, group support, and clinical help for the mentally ill is seen. To facilitate this in both a short term and a long term span is vital. However, the resources and spaces of a facility need to be developed in a way to allow this and encourage outreach to the mentally ill and chemically dependent. It is clear that the resources that are typically offered are inadequate. In most cases the person is subject to the cycle of homelessness and incarceration because of this. The jails and prisons diversion plans and clinical help are inadequate. The state tends to focus on expanding the state incarceration system to accomodate the exponential growth of the prison population and spending financial resources to accomodate the cyclical behaviors and incarceration as opposed to offering diversion plans and preventative measures to help specific demographic populations. Many can recognize the need for centers that facilitate a treatment plan and create a transition back into society for the chronic mentally ill and chemically dependent. Yet our state and national resources tend to be funneled towards the shorterterm patchwork methods of warehousing these individuals and creating a never ending economic burden on society.

Few cities have begun to address this issue and bring to the table innovative design strategies that create a long term solution to this problem. Taking a look at Austin, Dallas, and San Antonio, Texas effective solutions have begun to decrease homelessness by creating an

environment that enables transformation and growth. These facilities accommodate the basic necessities for one to maintain proper hygiene, seek shelter, educational and employment services, while maintaining a sense of community in a place where they are welcomed. These facilities do carry a considerable price tag, however, it is a necessary means to an end to solve the long term economic toll of cyclical incarceration. Developing preventative strategies is the key to eliminate the destructive behaviors.

Taking all of the discussion points into consideration, the downtown Minneapolis, M.N. area seems to be an area of concern. Upon site visits, interviews, and discussions the site seems to be a place working towards a good cause yet lacks the proper resources to facilitate the proper transition for an individual to integrate back into society. The Salvation Army Harbor Light demonstrates this. The center provides emergency shelters and transitional care, yet due to the growing population the facility is overflowing. As the population grows mental illness becomes more of an issue and resources to assist the mentally ill become essential. To accomodate this, expansions need to be made by adding shelter expansion and clinical help for the mentally ill.

These adjustments and expansions to an existing center can help bring another state on board for advocating solutions for homelessness. It will save lives of those that reside in a state where the lack of protection from the climate can be a matter of life or death and end an ongoing economic burden on society.

Typological Research

HAVEN FOR HOPE
PRAYER PAVILLION OF LIGHT
L'ARBRISSEAU NEIGHBORHOOD
SUMMARY

1

Prayer Pavillion of Light

Phoenix, A.Z.

Architect: DeBartolo Architects

Typology Relation: Community Gathering



Project Relevance

The study of this particular structure and building program helps examine an interesting typology. Churches examine a person's faith. It is a place of gathering for many, and offers hope and healing of the mind and soul. All of these aspects are essential in a person's mental health and helping them find a sense of stability.



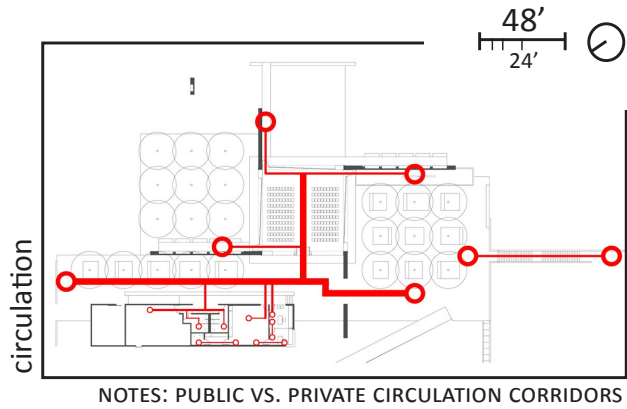
summary The Prayer Pavillion of Light acts as a beacon in the landscape bringing many into a welcoming space. The sanctuary offers a central gathering space, offices and gardens. The campus provides an early childhood education center, youth pavillion and a children's pavillion. Similar to some of the programmatic requirements the theoretical premise examines. It is a space that is transformable opening itself to the elements and integrating itself into the landscape as seen in the plan to section diagrams.

The sequence of spaces create an interesting environment. A zigzagging path lined by weathered steel plates brings you into a serene environment surrounded by views of the site and city.

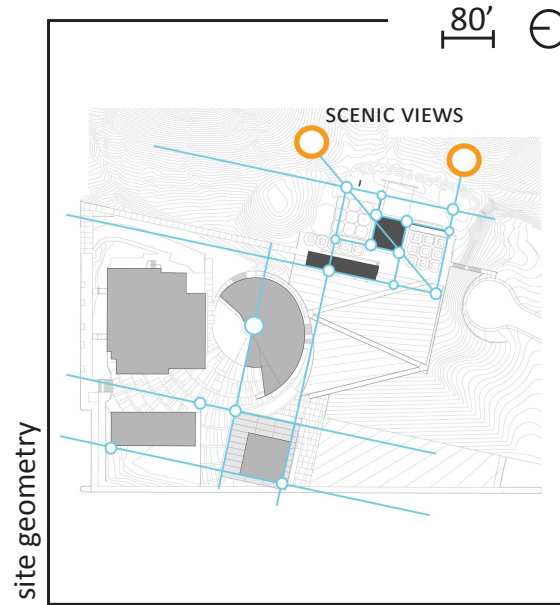
The journey to the sanctuary brings you into a place of seclusion a place where a focus of faith, community and the surroundings become the primary focus.

conclusion The sense of community and support created becomes a fundamental value within the homeless mental health facility.

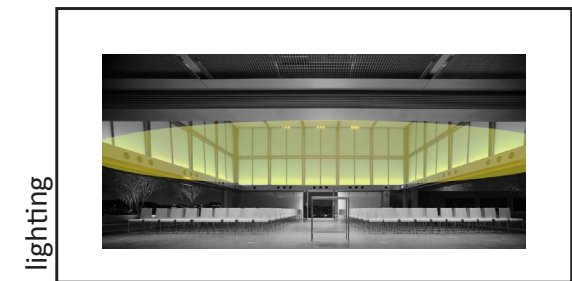
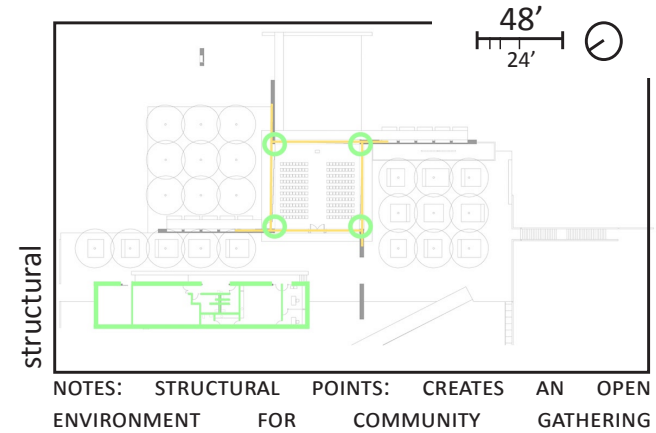
The diagrams begin to illustrate the effectiveness of the circulation corridors, and the structural design that allow for the effective community spaces.



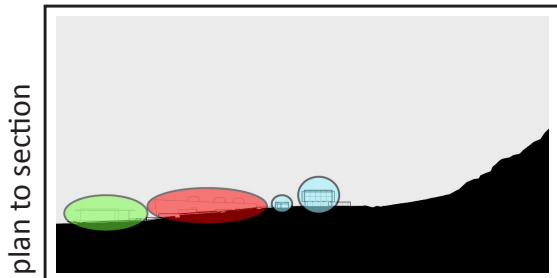
NOTES: PUBLIC VS. PRIVATE CIRCULATION CORRIDORS



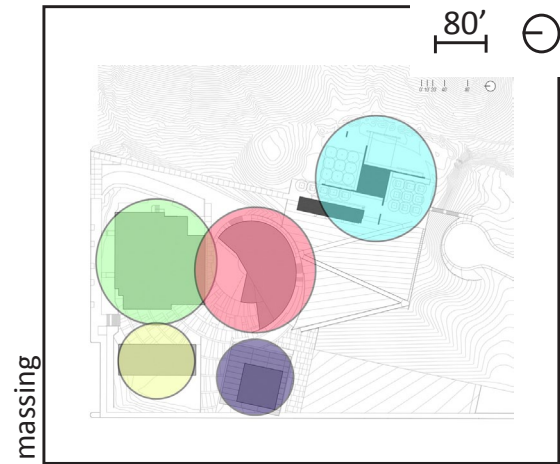
NOTES: GEOMETRIC GRID/POINTS OF INTEREST ALLOWS FOR VIEWS OF THE LANDSCAPE



DIAGRAMMATIC analysis



NOTES: INTEGRATION INTO THE LANDSCAPE CREATES A SITE INTEGRATED DESIGN, AND A UNIQUE EXPERIENCE TO THE VISITOR



NOTES: BUILDING USE VARIATION GIVES A VISITOR REASON TO TRAVEL THROUGH THE SITE AND EXPERIENCE THE LANDSCAPE.

2

Haven for Hope

San Antonio, T.X.

Architect: Overland Partners

Typology Relation: Programmatic Requirements



Project Relevance

This case study provides a look at creating a campus atmosphere to create a community based on transformation and giving the homeless the necessary transition support and services.



summary Haven for Hope is a campus that is developed to assist in the transformation of the homeless in San Antonio, Texas. The site chosen for this project was an area where the chronic homeless already congregated. It was defined by the existing railroad lines in the area. The primary design goal was to create a campus like setting for the homeless to feel comfortable and infiltrate the campus.

The campus offers residential scale housing to avoid the “warehousing” sleeping quarters that is typically provided. The campus also offers community accessibility providing medical, dental, vision and childcare along with a multi services setting which includes services such as education, job training, legal, case management, and a public run services and benefits program.

Along with those primary areas of focus, the campus provides classrooms, library and learning center, barbershop, exercise and recreational areas, a chapel, childcare center with after school programming, and a pet shelter.

conclusion This idea of a campus setting for the homeless is an innovative technique and has been implemented in just a few cities thus far, including The Bridge Homeless Assistance Center in Dallas, Texas and ARCH the Austin Resource Center for the Homeless also in Texas. The first two campus settings were both developed by Overland Partners (The Bridge and Haven for Hope).

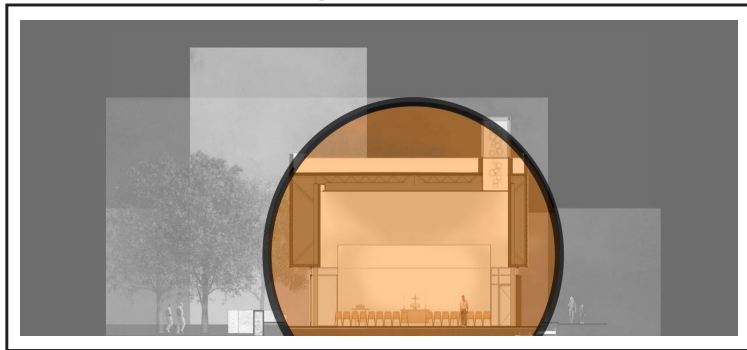
site circulation and geometry



NOTES: POINTS OF ENTRY ARE PLACED ON A MAIN CIRCULATION ARTERY WHICH CREATES AN AVENUE OF HIGH PEDESTRIAN TRAFFIC IN A SINGLE AREA. BY DOING SO IT CREATES A SITE THAT IS WALKABLE AND EASY FOR AN OCCUPANT TO FIND THEIR WAY AROUND.

DIAGRAMMATIC analysis

plan to section



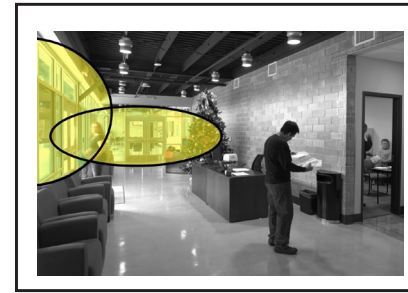
NOTES: SECTION THROUGH THE SANCTUARY IN CORRELATION TO THE SITE PLAN ABOVE

hierarchy



NOTES: POINT OF ENTRY ON THE SANCTUARY CREATES A PROMINENCE AMONGST THE REST OF THE CAMPUS.

lighting

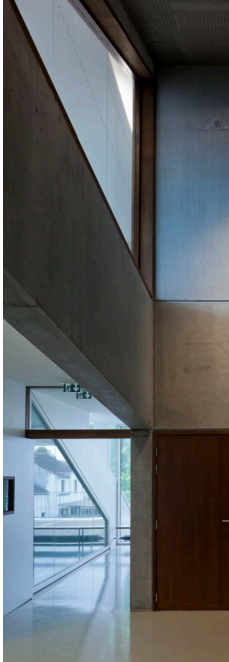


NOTES: DAYLIGHT INFILTRATION

massing

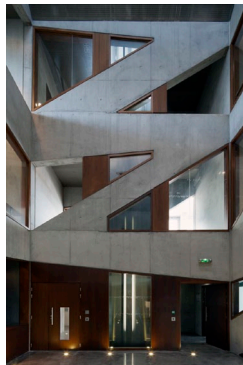
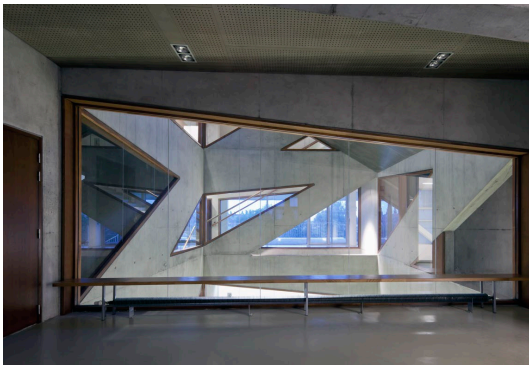


NOTES: MASS AND LANDSCAPE INTEGRATION CREATES A VERY WALKABLE SITE



Project Relevance

This study addresses a communities concerns and necessities and pulls it together in an effective community center. A place for gathering and creating a healthy thriving community.



IMAGES ACCESSED: December 8, 2011. <http://www.archdaily.com>

summary

The L'arbrisseau neighborhood is essentially a community center developed by the people in the community and the city council according to Arch Daily: *"It was Lille City Council's ambition to create something 'beautiful' and 'high quality' in the 'suburbs'. L'Arbrisseau is in the south of Lille, an area that is undergoing radical redevelopment after years of social and economic decline."*

The building is developed around a central atrium bringing all the spaces on an equal and shared experience. The spatial configuration of the building consists of centers for mothers as well as children for ages 0-4 on the ground floor, the infant daycare center aged 3-6 is located on the first floor along with activity rooms and a reading center for ages 6-12.

The second floor accommodates a multi-purpose hall used for weddings and other private/public events along with other spaces used for courses such as cooking and computing.

conclusion

All of the spaces are configured and pulled together in shared spaces to create a sense of community. This is done through use of gardens, terraces, and atriums.

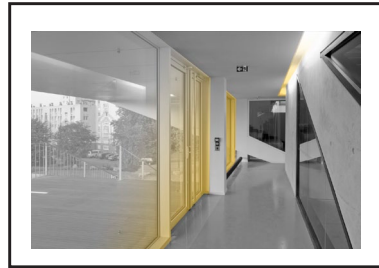
The diagrams illustrate the relation of spaces and circulation amongst the floors.

hierarchy



NOTES: VOID CREATES A SEPARATION OF MASSES AND A SENSE OF HIERARCHY

lighting



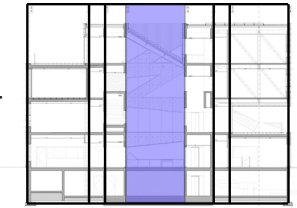
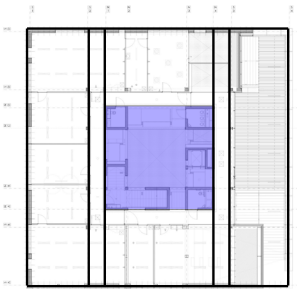
NOTES: DIRECT DAYLIGHT INFILTRATION VS. DIFFUSED LIGHTING. THE USE OF DAYLIGHTING DESIGNATES DIFFERENT TRANSITIONS THROUGH THE SPACES OF THE BUILDING.

massing



NOTES: MASS VS. VOID

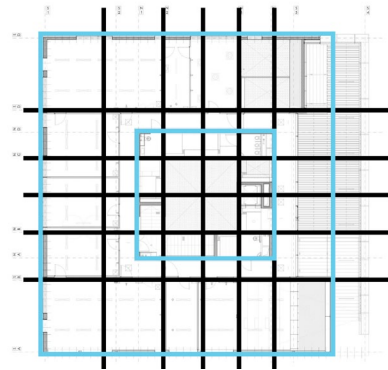
plan to section



NOTES: PUBLIC VS. PRIVATE: THE PRIVATE SPACES ARE ORGANIZED AROUND THE SHARED PUBLIC SPACES CREATING A PROGRESSION OF SPACE.

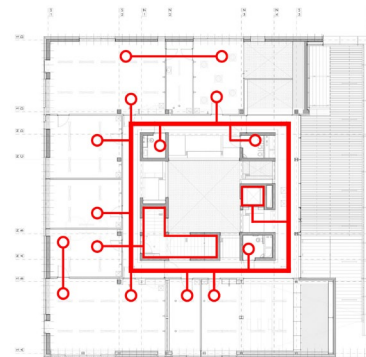
DIAGRAMMATIC analysis

structural geometry



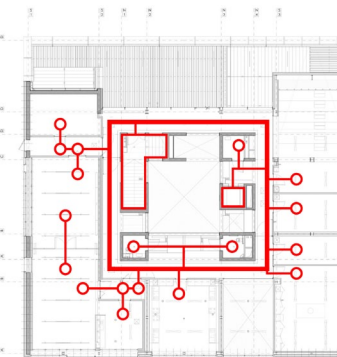
NOTES: STRUCTURAL GRID CORE VS. SHELL: THE STANDARD GRID IS ORGANIZED FROM THE INSIDE OUT WITH AN INTERIOR SHELL USED FOR CIRCULATION AND THE EXTERIOR SKIN USED TO ENCLOSE THE SPACES

circulation fp 1

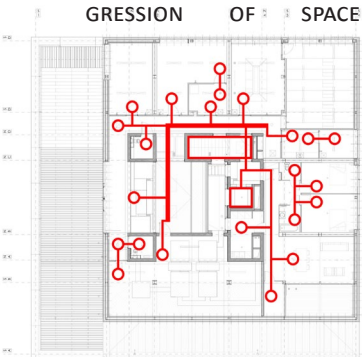


NOTES: INTEGRATION OF SHARED SPACES IE. GARDENS, TERRACES, AND ATRIUMS TO CREATE A PLACE OF COMMUNITY AND COHESIVENESS

circulation fp 2



circulation fp 3



Typological Research

Within these selected case studies a value of community is carried throughout each design. Different design decisions were made in each case study to promote a support system and create a level of equality and community.

Starting with the Prayer Pavillion of Light the architect makes decisions to create a sanctuary free of structural presence to create a space that is showered with natural daylight in an effort to create a place of tranquility. This design move creates an environment that is focused on community presence. Implementation of courtyards and gardens brings integration of the natural environment to the architectural experience. Another key element that enhances the experience and creates the focus necessary for the support is the progression to the structure itself. The zigzagging path lined with weathered steel creates a journey that leads the visitor to a place of seclusion where attention is focused to the event and celebration of the space.

The second case study examines a campus design that creates a community within the city that facilitates the transformation of the homeless community. The campus focuses on an innovative urban design that creates a sheltered environment that promotes safety in a welcoming open environment of its own. The campus provides all of the essentials to the homeless population and becomes a model for cities to follow and has been visited by delegations from more than 40 states (“Homeless transitional center,” 2010). This concept becomes an interesting study when considering the site on Currie Ave. and working with the Harbor Light Center. Capitalizing on the existing structures building use and space while using the lots to the south can further develop a campus like environment and to further develop a place that is already established as a resource center for the homeless.

The third case study the L’arbrisseau neighborhood becomes a design that creates community and is designed through the community’s influences. The integration of the community’s influences and opinions in the design process becomes a fundamental value of the project and creates a building that is relevant to the neighborhood and helps solve an issue that will help to create a thriving environment. The building becomes a common meeting place for all ages and becomes a building block/foundation for the community. This project in the typological research demonstrates the importance in the communities involvement to create a design that is accountable for all of the communities concerns to come to a common ground and develop a solution for the greater good.

In this typological research three fundamental principles become influential in the design development.

- 1 Architectural design of spaces to create an experience that enforces community support and focus.
- 2 Taking a look at a design that functions as an urban element creates a design that functions as a campus to create an environment that works towards an individual cause.
- 3 Taking into account the communities influences and concerns in the project in an effort creates a design that is integrated in the context, acceptable to the community and works to develop a solution for the greater good.

Historical Context

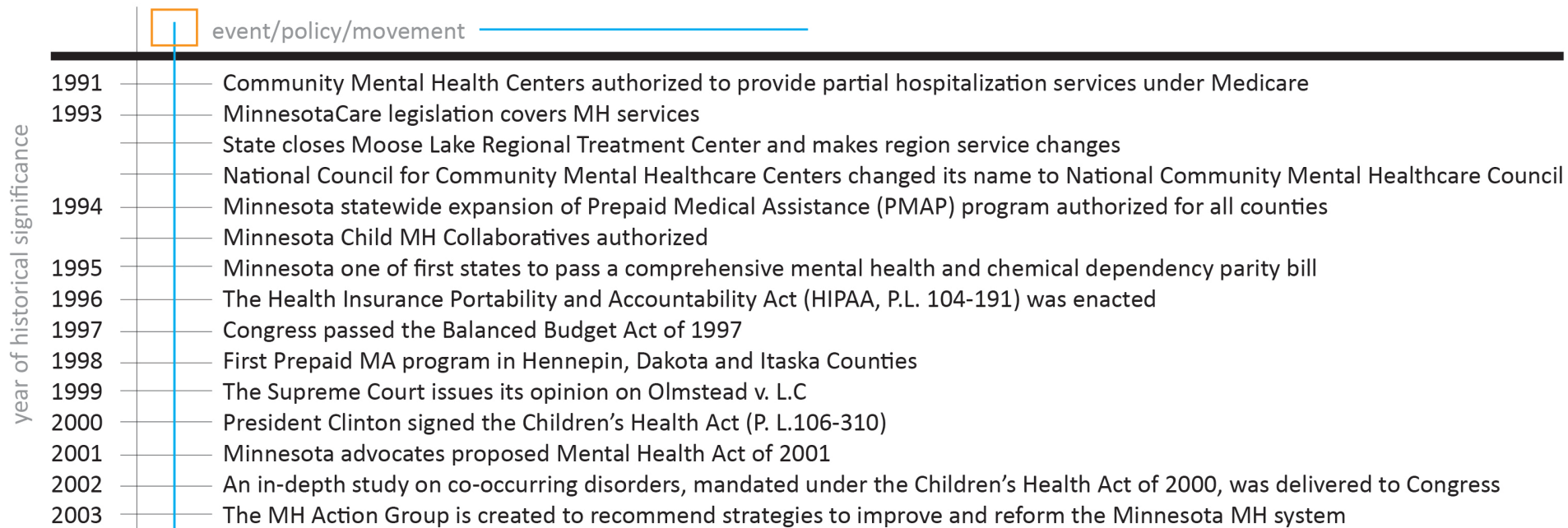
TIMELINE OF EVENTS/POLICIES/MOVEMENTS

SOCIAL BACKGROUND

MINNEAPOLIS AND IT'S FOUNDATION

event/policy/movement

1773	Williamsburg, Virginia opens the first mental hospital
1840	First attempt to note the extent of mental illness in the U.S., done by the 1840 U.S. census.
1900	Inspection of immigrants at Ellis island for mental illness
1930	US Public Health Service (PHS) establishes the Narcotics Division
1944	Dr. William Menninger, chief of Army neuropsychiatry, called for federal action to implement mental health personnel in WWII
1946	President Truman signed the National Mental Health Act
1947-51	Governor Luther Youngdahl started the development of community based mental health health services
1949	Lithium was discovered to treat and reduce symptoms of a bipolar disorder
1952	Chlorpromazine developed to improve conditions of consumers with psychosis and delusions
1955	Congress authorized the Mental Health Study Act of 1955
1956	Governor Luther Youngdall (Minnesota legislation-humane treatment of MI)
1961	Action for Mental Health was transmitted to Congress
1963	President Kennedy signed legislation that started community mental health center movement to substitute institutional care
1965	The CMHC (Community Mental Health Center) Act Amendments of 1965, (P.L. 91-211), were enacted
1969	Minnesota Association of Community Mental Health Centers forms
1975	Coverage of Ambulatory mental health services (outpatient) by private health plans
1978	Medical Assistance (MA) added for community MH services (outpatient and day treatment)
1980	The Mental Health Systems Act, (P.L. 96-398)
1981-82	Federal Mental Health Systems Act repealed and replaced by the Alcohol, Drug Abuse and Mental Health (ADMS)
1985	By 1985, federal funds through the ADM block grant dropped to 11 percent of agency budgets
1986	Mental Health Planning Act of 1986 (Federal law requiring state plans) passed
1987	Medicare adds to outpatient mental health benefit but retains large patient copayments and cost sharing
	Minnesota's Comprehensive Mental Health Act for adults passed
1988	The concept of behavioral health managed care evolved from theory to practice
	Prepaid Medical Assistance Demonstration projects started in Minnesota in Hennepin, Dakota and Itasca Counties
	State grants provided for Community Residential Treatment Facilities (Rule 36)
1989	Minnesota Comprehensive MH Act for Children passes (paralleled adult act)
1990	MA coverage for services of independent psychologists and clinical social workers in



TIMELINE INFORMATION COMPILED FROM [HTTP://WWW.MNPSYCHSOC.ORG](http://www.mnpsychsoc.org) ACCESSED DECEMBER 8, 2011

A history of homelessness is embedded in the majority of any large city's history. Society's attempt at solving this issue has encountered many interesting solutions and many struggles. As pointed out in the social sciences research, the pivotal change in society was the deinstitutionalization movement. Pre-deinstitutionalization (deinstitutionalization substituted comprehensive care for custodial care) the attempts to facilitate mental health was done in a comprehensive manner. The design of facilities embodied noble ideas, yet the effectiveness was minimal. The idea of moral treatment was sought after in these institutions but was not carried through the design effectively. The solutions developed called the Kirkbride plan speaks of a curative effect that implements daylighting, fresh air, and extensive grounds for physical activity and therapy. The struggle with these solutions was their size and expense. These facilities did not have a focus of transition for the client back into society with the unintended effect of a type of warehousing of the mentally ill. However, throughout the decades development in social sciences and the creation of social programs has created a system that offers resources for those with mental illnesses to function in our society. The issue becomes a matter of helping and supporting their transition into society to create that change of lifestyle and creating centers to facilitate mental health treatment..

MINNEAPOLIS, AND THE HISTORY OF HOMELESSNESS:

Taking a specific look in Minneapolis, The Salvation Army has been a key element in building a

foundation for homeless assistance in Minneapolis. The Salvation Army has been helping combat this issue since 1886 through volunteer help, donations, and other non profit organizations ("The salvation army"). The Salvation Army was originally founded by a Methodist minister in 1867 named William Booth forming the East London Christian Mission. This original mission consisted of ten fulltime workers and developed seven years later into a mission of 47 members and over 1,000 volunteers. This mission created a foundation for shelters, feeding programs, and homes. In 1880 the Salvation Army came to the U.S. and within five years was operating in Canada ("The salvation army").

"Today The Salvation Army serves in more than 120 countries and territories, preaches the gospel in 160 languages, operates hundreds of rehabilitation centers for the physically and socially handicapped, provides education at every level in more than 1,700 schools—and much more. Feeding the poor, loving the unloved and meeting human needs in the name of Jesus became the mission of this group." - ("The salvation army")

Much of the focus throughout the history of The Salvation Army and other shelters in the downtown Minneapolis area has been meeting the needs and focusing on shelter for the homeless by creating a safe and secure place to wait out the night. Services are beginning to be adopted that begin to address the causes of homelessness and work towards preventative strategies, however, clinical resources for the mentally ill are currently ineffective. These resources could build upon the foundation of the project site and the history of homelessness in Minneapolis by coexisting with the salvation army and working towards preventative strategies for homelessness.

The Minneapolis facilities were opened as follows:

Minneapolis Citadel - August 1886
(later merged with Northbrooks and changed the name to Noble in June 2008)

Minneapolis Central - March 1887
Minneapolis Temple - September 1887

Minneapolis Parkview - June 1897
Minneapolis Harbor Light - 1949
(originally known as the Bowery Corps founded in 1943)

("The salvation army")

Goals for the Project

ACADEMIC
PROFESSIONAL
PERSONAL

academic

The primary goal of the project is to address the issue and impact a transitional center for the chronic mentally ill in the homeless population would have on its community. This is a population that society's current policies and strategies do not conform to. It becomes interesting to think of in an architectural manner and creates a testing ground for my education. Questions of spatial configuration to urban development come to mind such as: How can the specific center that is being designed affect the city as a whole? How does the design solution affect the different demographics going through the same challenges of life? How does the design affect how the downtown Minneapolis entertainment district is viewed? Does it become a place that is known for the problems of homelessness or does it become a place of innovation and enhance the structure and view of the city. These questions then lead into a micro scale of design. How can the spaces enhance a welcoming environment? Can these spaces enhance the transformational experience? How does the spatial configuration, materiality, aesthetics, and site placement bring clients in? Also how can the center effectively facilitate transitions of life through architectural design?

professional

These questions describe the testing of my academic venture. The network of people and interests encountered throughout this project will lead me toward new goals and skills for my professional development.

The skills acquired throughout the project will become essential in developing a professional plan. Throughout this entire project I will be looking to develop my research and analysis, problem solving, and technological skills. The software I will be working with will be similar to those that are used in the field of architecture and will be essential in a career search.

personal

The majority of the software programs necessary for this project, including the Adobe and Autodesk Suites are now the typical requirements for most job applicants in the architecture field and the applicant must be able to perform competently with the selected software. Along with these skills I plan to create ongoing connections with people to create a network that could potentially develop into career opportunities, and create resources that would be beneficial to the path that I choose.

These project goals, both academic and professional, will test my personal strengths. Striving to complete a thoroughly detailed project in the allocated time is highly dependent on time management skills and the ability to adapt and problem solve. Throughout the course of the project many roadblocks are expected to be encountered, yet managing and maintaining a schedule is essential to the success of the project. Communication skills will benefit from this project greatly. Throughout the course of this project, continuous communication with facility managers, product vendors, and an array of other professionals will be of importance. Creating this level of connection will create opportunities and benefit me both personally and professionally.

Three categories of goal setting will be focused on the completion of this design thesis. Striving towards my goals will be beneficial academically, professionally, and personally.

Site Analysis

QUALITATIVE
QUANTITATIVE
SUMMARY

Currie Avenue and Hawthorne.

Minneapolis, M.N.



Qualitative Analysis

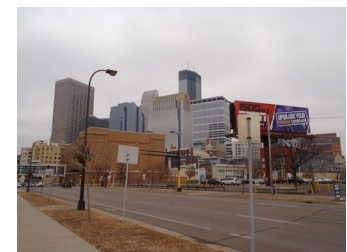
The site is sandwiched between Currie Ave. and Hawthorne Ave. It is located in an interesting location, downtown Minneapolis next to the Target Center and Target Field however, the context of the site gives the location a sense of seclusion and separation from downtown. Currie Ave. is also a site for the Salvation Army Harbor Light Center. This site attracts many of the downtown areas homeless. Harbor Light offers two facilities for shelters the first referred to as a “secured waiting space” and the second type of shelter is “emergency housing.” They also offer winter housing offsite, 44 chemical dependency beds, 28 studio apartments on-site for transitional housing, chemical dependency programs, and church services.

Upon the original visit to the site there seems to be two types of realities coexisting in the same context. On the east side of the parking ramp (located on the east side of the site) is a tourist and entertainment entity composed of high rises, entertainment facilities, restaurants and bars, and hotels. To the west of the ramp a district composed of low rise buildings, with a few high rises interspersed throughout begins. Empty lots that have been used as parking lots have become the default use of this area. This side of the site has much of the homeless infiltration. The parking ramp tends to serve a purpose of division of these elements and downtown.

Within the immediate site, fencing and billboards are interspersed throughout the lot and the sounds of traffic begin to infest the experience from Interstate 394 located below grade less than a block away. As one meanders through the site a state of emptiness and the need to move quickly through the space is overwhelming. The traffic in this area (west of the parking ramp) is fairly minimal in contrast to the downtown area (to the east of the parking ramp). Much of the site is auto circulation with a minimal amount of pedestrian traffic. Most of the pedestrian traffic experienced on the site is the homeless circulation going to and from the Harbor Light Center, while a few pedestrians are only there for the parking facilities. The night experience begins to encounter more traffic, primarily auto, and the police force becomes a prominent figure in the area.

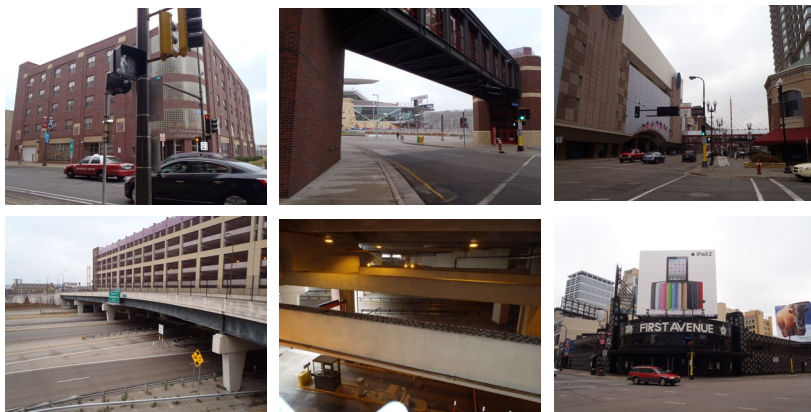
The site is a central location for access to many of the Twin Cities Interstate systems. Interstate 35W, 94, and 394 are all accessible and have points of entry within the downtown area. Parking is readily available however, the majority of the site offers parking that is contractual varying from a daily fee to a monthly fee.

The parking ramp is underused and most of the lots around the site (including the site) are underused and could be used developed for purposes that would enhance the area as far as use and aesthetics.



The highly dense and populated area of downtown Minneapolis is very walkable. It is a prime example of urban landscaping surrounding the Target Field and Target Center and along First Avenue concert venue, restaurants and bars create an inviting atmosphere through its conscious design decisions focusing on the walkability of the streets. Moving further west of the parking ramp, to walk through the surrounding site features becomes very uncomfortable. The site is open, flat, and undeveloped with an overbearing parking ramp, Salvation Army complex and the skyline of a portion of downtown Minneapolis to the south. However, in consideration of design, the site gives way to a great opportunity of daylighting and treating the block as a walkable space and continue the First Avenue and Hawthorne Avenue corridor.

The vegetation of the area is fairly minimal since it is an urban setting however, urban landscaping becomes effective. Yet within this asphalt and concrete landscape one of the largest expanses of vegetation in the area is located on the roof of the Target Center. This extensive green roof covers acres and adds to the management of water in the downtown area acting as a sponge to absorb rainwater instead of adding to the streets greywater and pollution that would normally filter into the Mississippi.



With this sense of shelter surrounding the site the windflow is altered through the windbreak created by the parking ramp and the downtown Minneapolis area to the south. The immediate site (Salvation Army) shows a multitude of change and the need for change, the original structure almost appears abandoned and run down and appears to be in need of renovation to create a positive atmosphere and is inadequate to serve the various clients. The new housing and church services begin to show a desire for change and growth. In an interview with Jade Lichtsinn, the Housing Program Services Coordinator at the Harbor Light Center, Jade states that they are bursting at the seams with individuals, so the center would like to see growth in regards to spatial needs, services clinical health assistance, and handicap accessibility, the key lies in getting the county on board and getting the proper funding from the state.



IMAGES ACCESSED: December 8, 2011. <http://www.maps.live.com>

Currie Avenue and Hawthorne.

Minneapolis, M.N.

Urban land

Extent: 65 to 85 percent of the unit
Geomorphic setting: Outwash plains and stream terraces

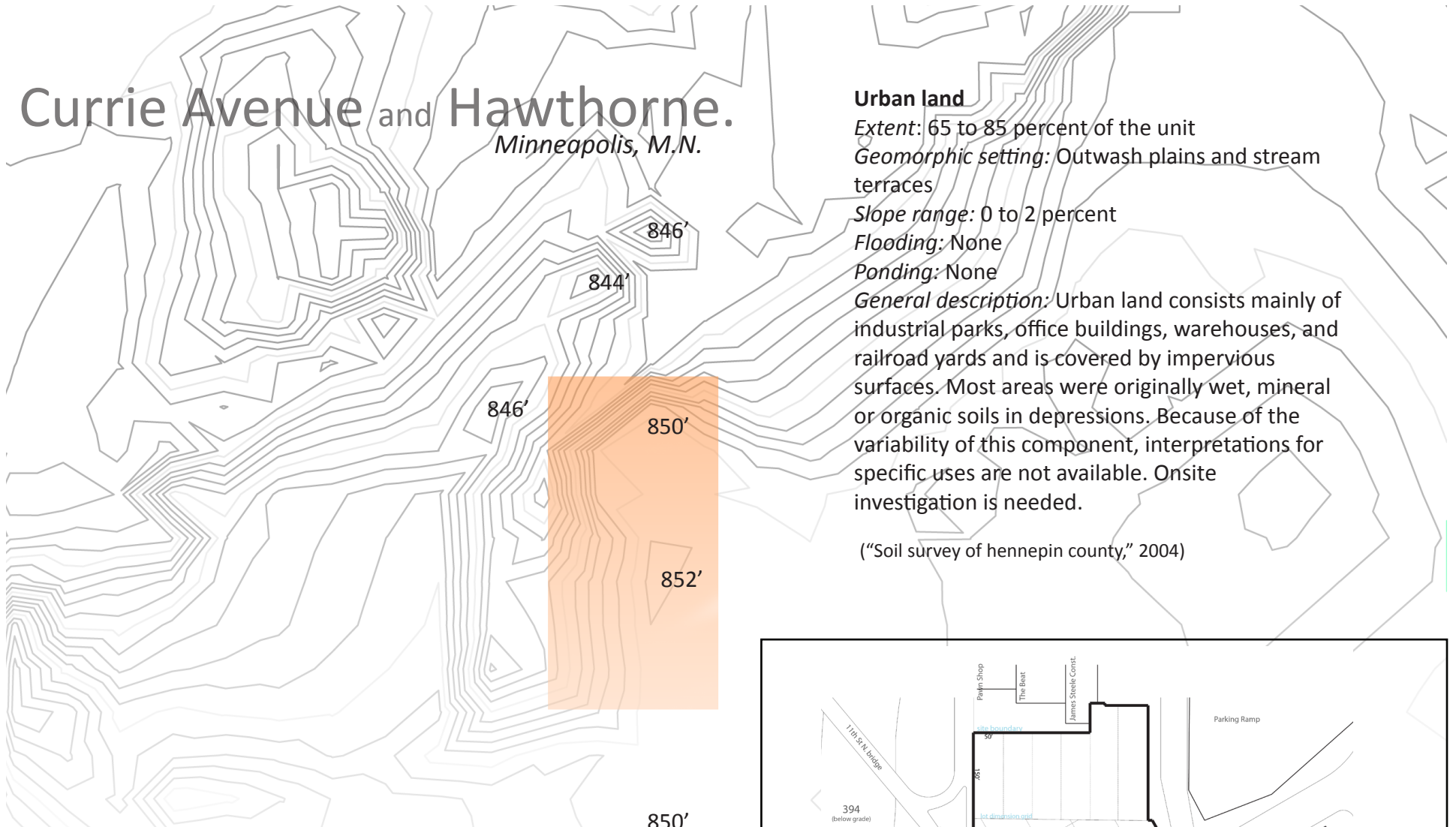
Slope range: 0 to 2 percent

Flooding: None

Ponding: None

General description: Urban land consists mainly of industrial parks, office buildings, warehouses, and railroad yards and is covered by impervious surfaces. Most areas were originally wet, mineral or organic soils in depressions. Because of the variability of this component, interpretations for specific uses are not available. Onsite investigation is needed.

("Soil survey of hennepin county," 2004)



Quantitative Analysis

Topographic Analysis

U4A—Urban land-Udipsamments (cut and fill land) complex, 0 to 2 percent slopes



BASE MAP 0' 50' 100' 200' N



Site Landmarks and OBSERVATIONS

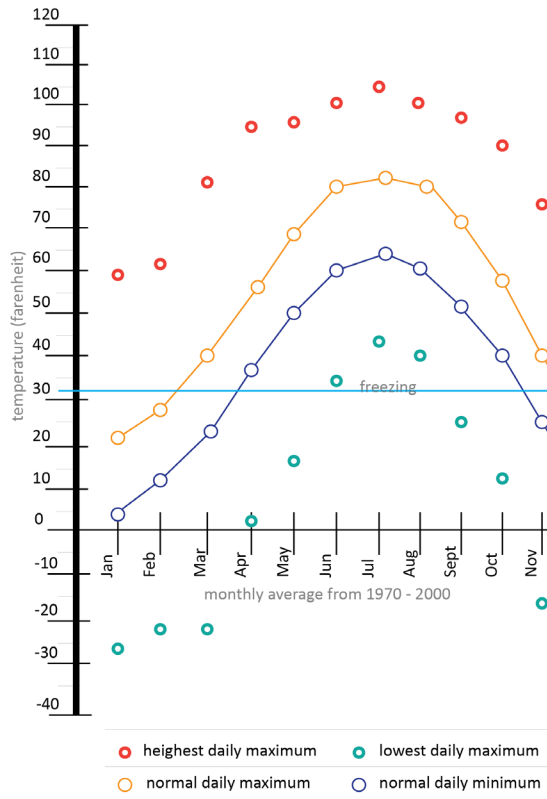
- TEMP
46 degrees
- WEATHER DESCRIPTION
minimal wind
rain, wet, cloudy
- NORTH
salvation army/pawn-shop/church
- NORTHEAST
parking ramp
- EAST
parking ramp
- SOUTHEAST
downtown highrises
- SOUTH
parking lots/billboards/highrises
- SOUTHWEST
cvs/lowrises
- WEST
firestone/lowrises
- NORTHWEST
interstate/minneapolis public works

CLIMATE ANALYSIS

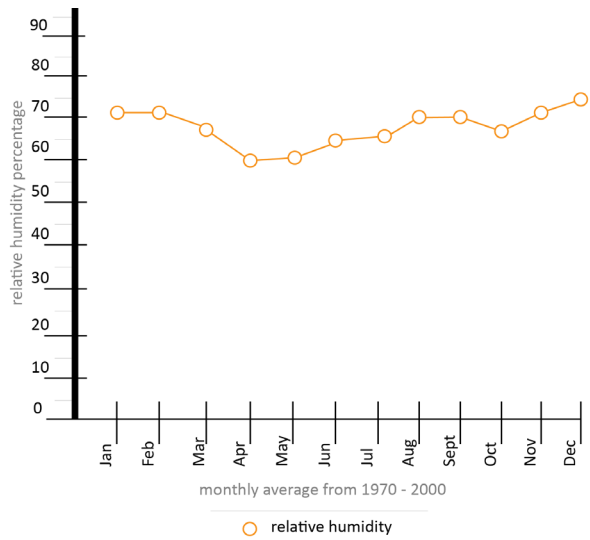
Minneapolis, M.N.

The following charts will take a look at the climate patterns from 1970-2000, the information is gathered by the Climatology department at the University of Minnesota, Twin Cities campus.

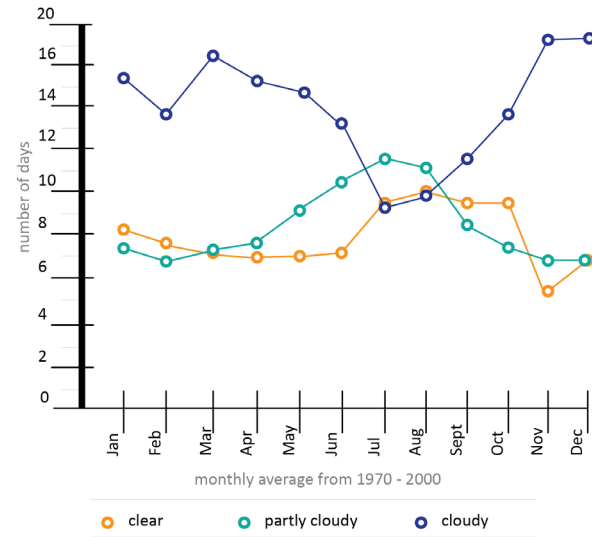
TEMPERATURE



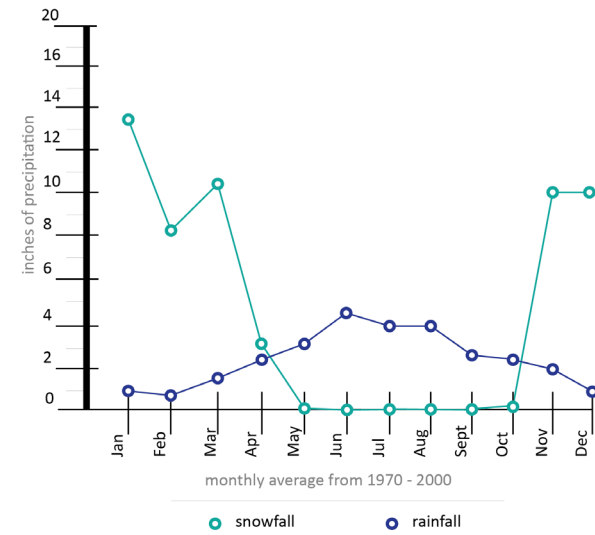
RELATIVE HUMIDITY



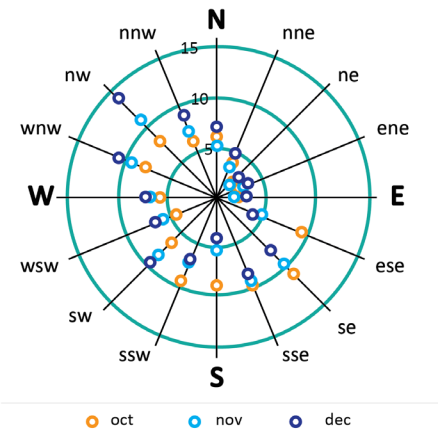
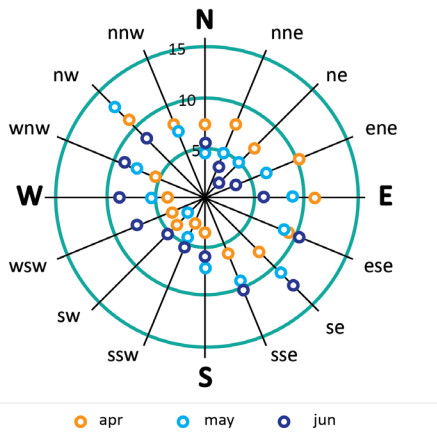
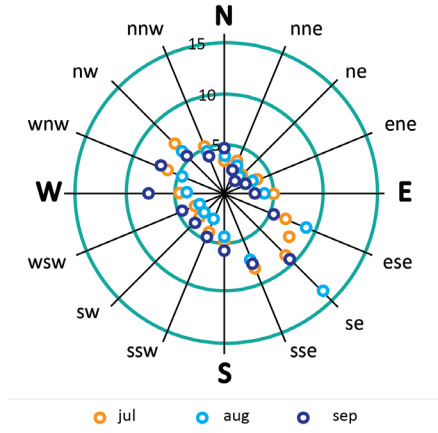
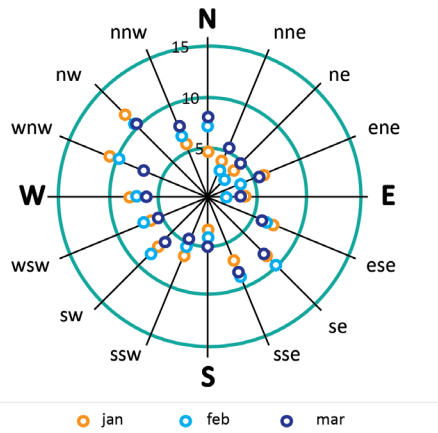
CLOUDINESS



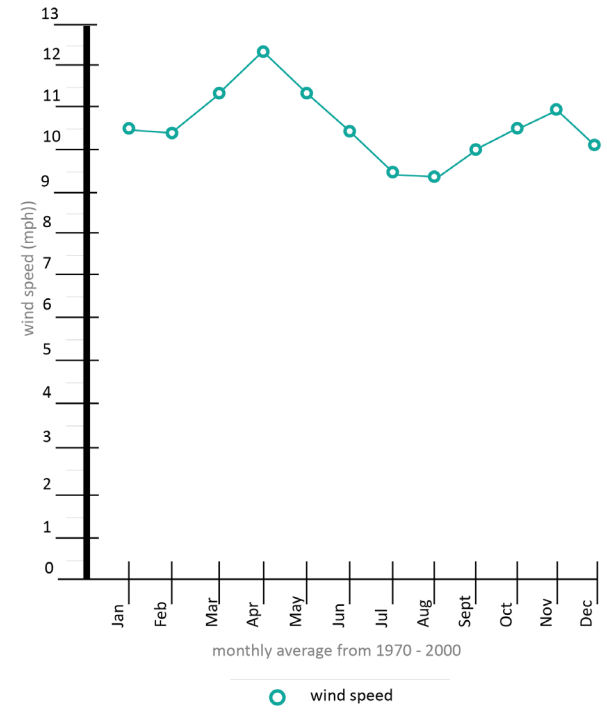
PRECIPITATION



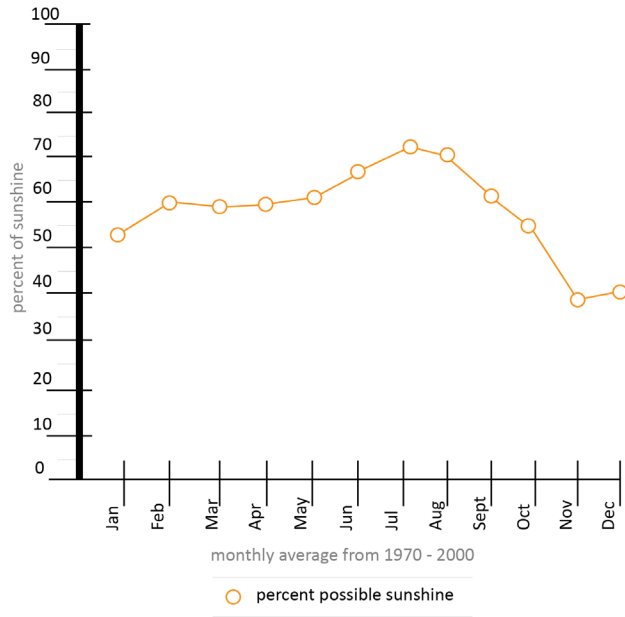
WIND DIRECTION



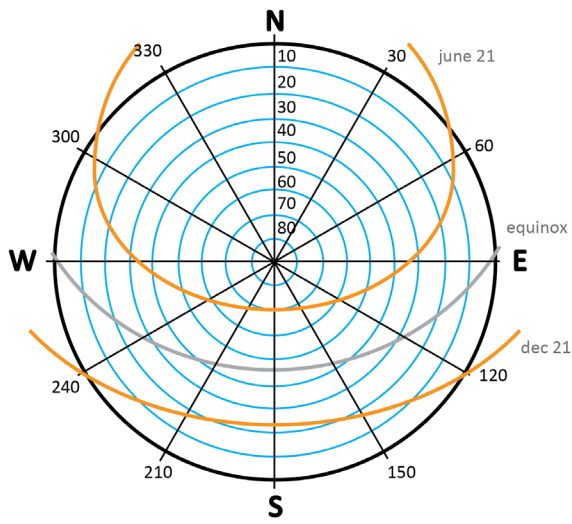
AVERAGE WIND SPEED



AVERAGE PERCENTAGE OF SUNLIGHT



SUN PATH



Minneapolis, M.N. - CLIMATE ANALYSIS

GRAPHIC ANALYSIS SUMMARY

CLIMATE CLASSIFICATION:

subhumid, continental climate

The wide range of temperature in the Twin Cities can vary 140 degrees from the highest normal daily temperature in 1988 (105 degrees) and the lowest daily temperature in 1970 (-35 degrees). The temperature variation becomes a defining characteristic of the Twin Cities climate. Approximately 5 months out of the year the temperature is below freezing. The cities sometimes experience dangerously cold windchills from the arctic air masses blowing through without any natural barriers to block the flows from Canada. In contrast the summer months experience very high temperatures and high humidity.

The cities experience a number of thunderstorms that produce tornados, large hail, and straight line winds. The winter months experience an average of 45 inches of snow and large storm systems can produce significant snowfall and blizzard conditions.

The sun charts are based on longitudinal and latitudinal lines of 44 degrees North and 93 degrees West.

Information for the charts gathered from: ("Normals, means, and extremes," 2005), ("Minneapolis, minnesota, united states - sun path diagram")

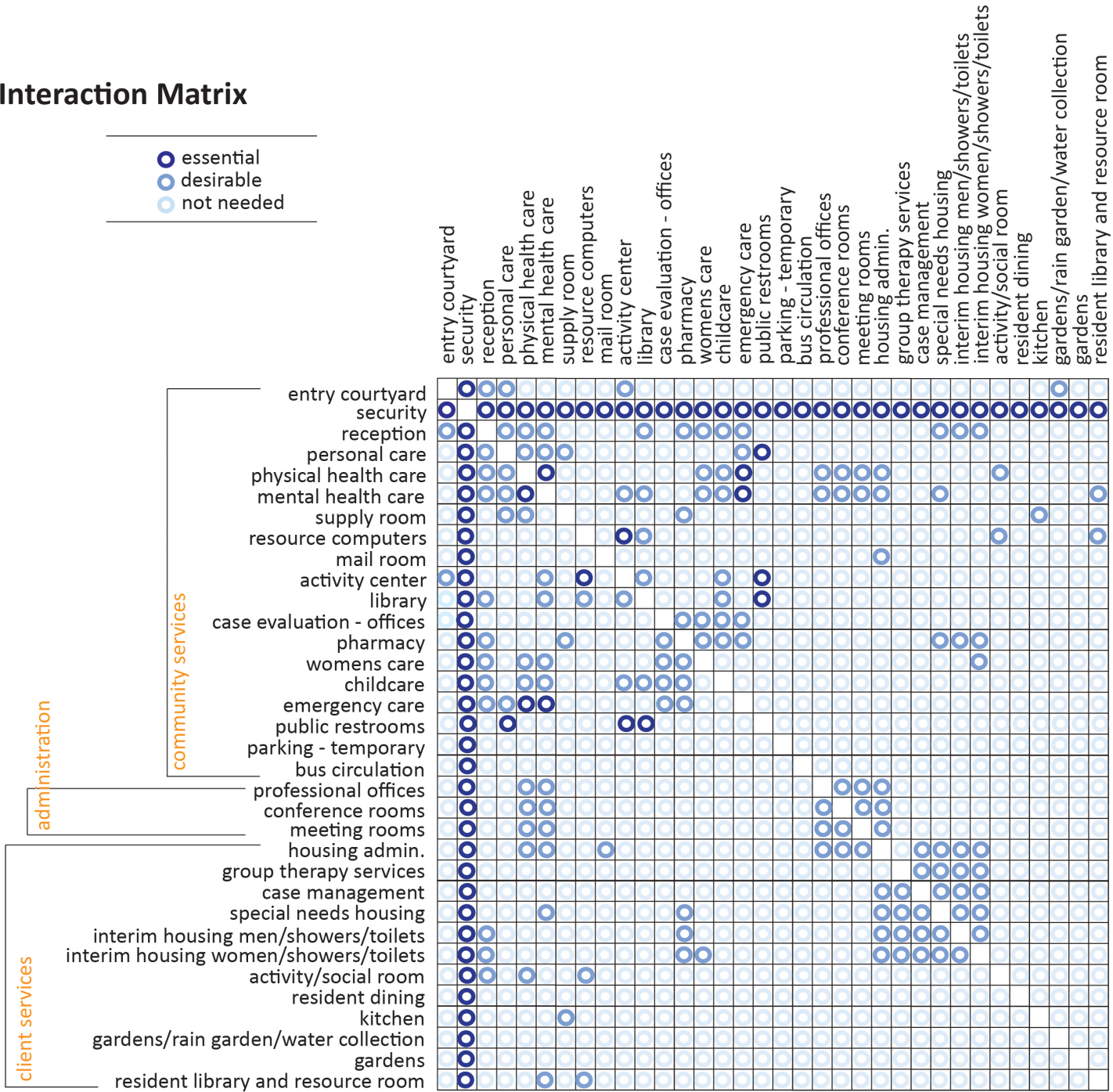
Summer and winter precipitation values are also a design consideration. The summer months tend to provide half of the annual precipitation.

Programmatic Requirements

INTERACTION MATRIX
INTERACTION NET
PROGRAM APPENDIX
ADDITIONAL INFORMATION

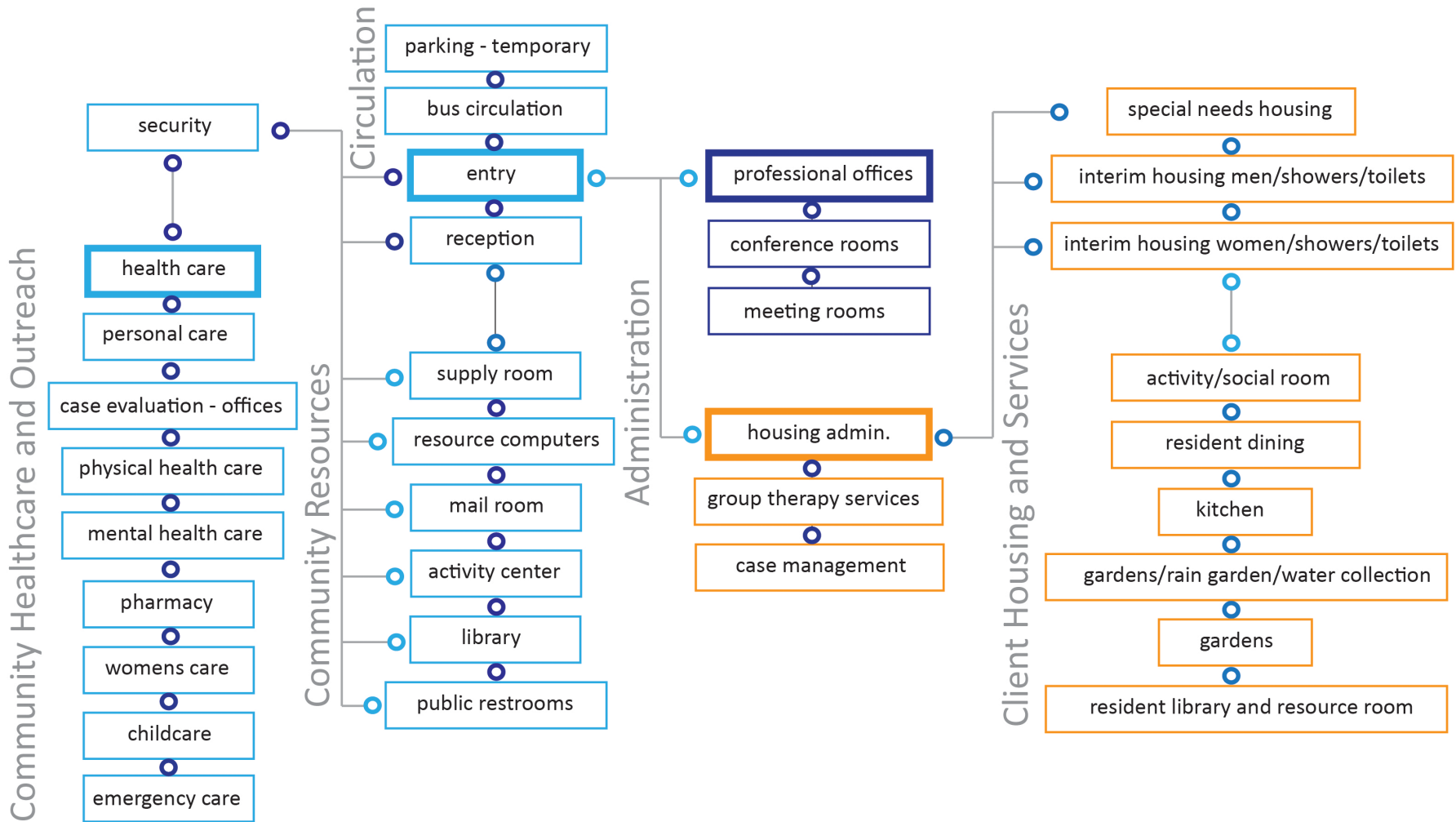
Interaction Matrix

- essential
- desirable
- not needed



Interaction Net

- formal connection
- informal connection
- casual connection
- community services
- administration
- client services



PROGRAM APPENDIX

required spaces	approx. 41,000 sq ft	square footage estimates	department
Entry Courtyard		NA	Community Services
Security		250	Community Services
Reception		200	Community Services
Personal Care		1000	Community Services
Physical Health Care		1000	Community Services
Mental Health Care		1000	Community Services
Supply Room		200	Community Services
Resource Computers		200	Community Services
Mail Room		200	Community Services
Activity Center		1500	Community Services
Library		2000	Community Services
Case Evaluation - Offices		1500	Community Services
Pharmacy		1500	Community Services
Womens Care		1000	Community Services
Childcare		1000	Community Services
Emergency Care		1000	Community Services
Public Restrooms		500	Community Services
Parking - Temporary		NA	Community Services
Bus Circulation		NA	Community Services
Professional Offices		1000	Administration
Conference Rooms		500	Administration
Meeting Rooms		250	Administration
Housing Admin		250	Administration
Group Therapy Services		600	Client Services
Case Management		500	Client Services
Special Needs Housing		5000	Client Services
Interim Housing Men/Showers/Toilets		5000	Client Services
Interim Housing Men/Showers/Toilets		5000	Client Services
Activity/Social Room		3000	Client Services
Resident Dining		1500	Client Services
Kitchen		850	Client Services
Gardens/Rain Garden/Water Collection		1500	Client Services
Resident Library and Resource Room		2000	Client Services

THE DESIGN.

Process Documentation

Final Floor Plans, Sections, and Perspectives

Problem Statement



CONCEPTS/LEADING DESIGN PRINCIPLES:

Ground Level Development

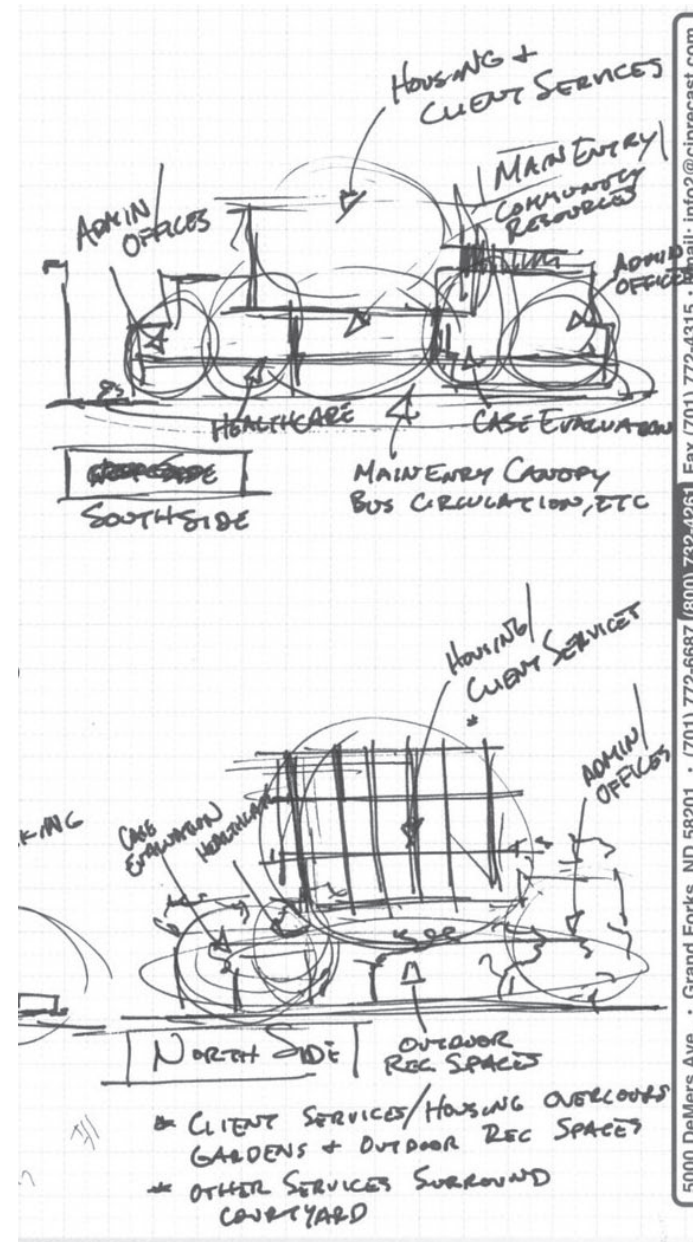
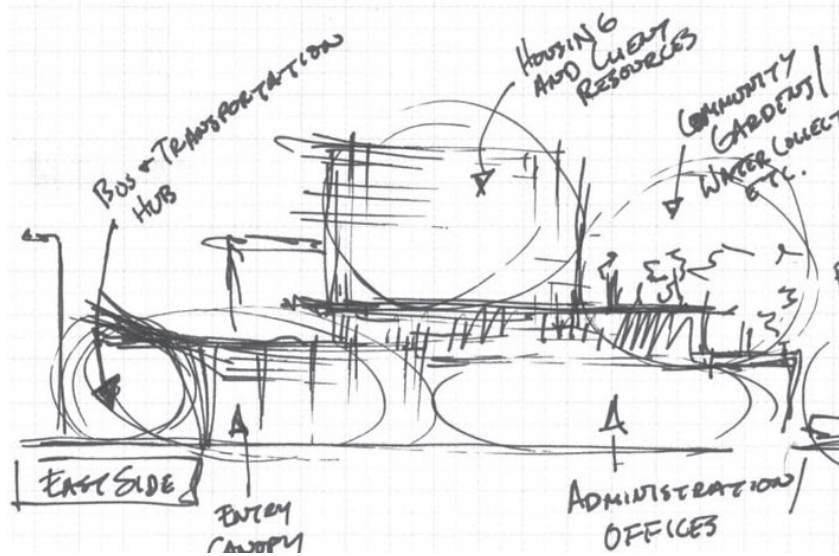
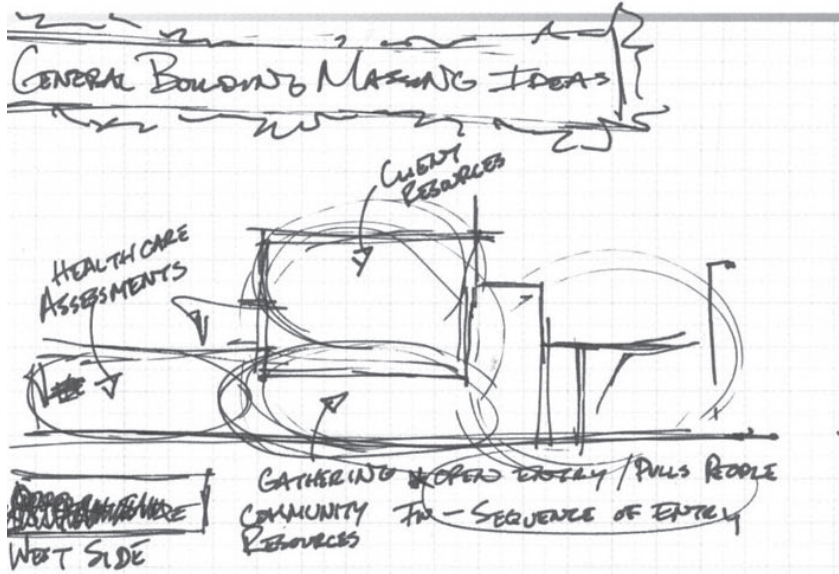
Crime Prevention Through Environmental Design (CPTED)

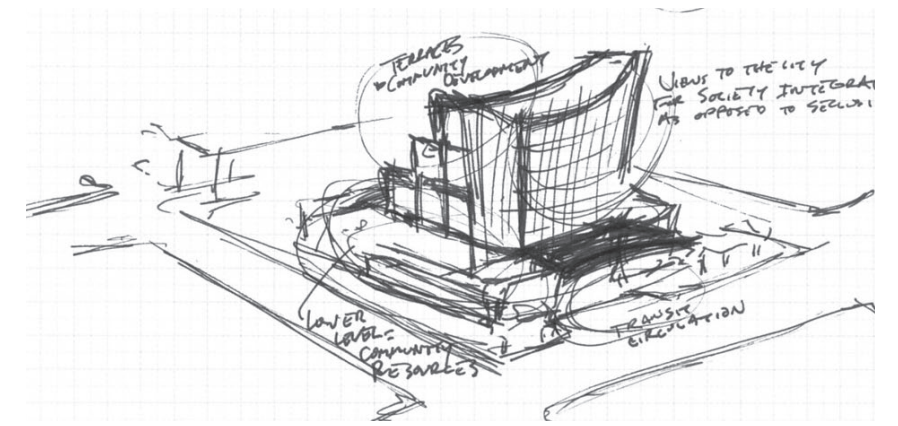
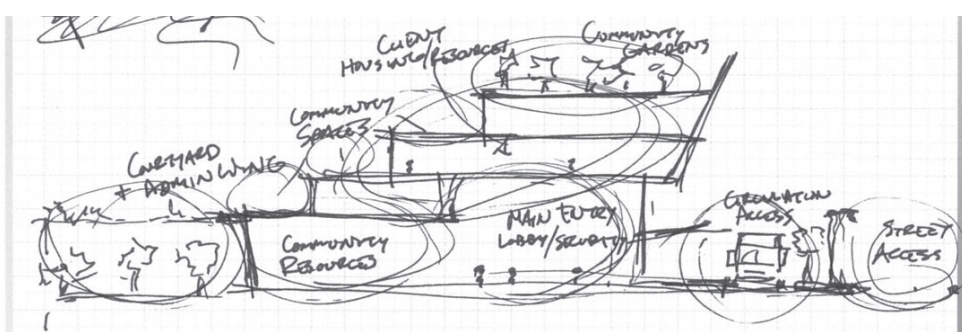
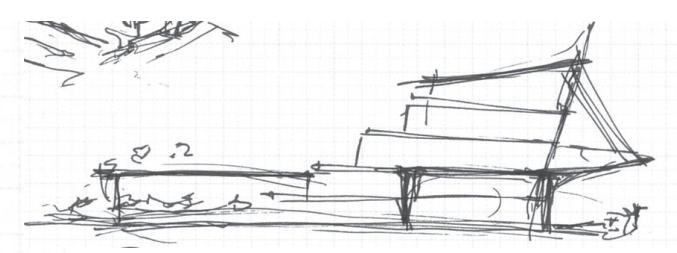
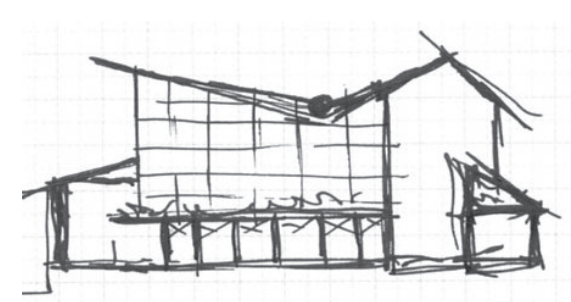
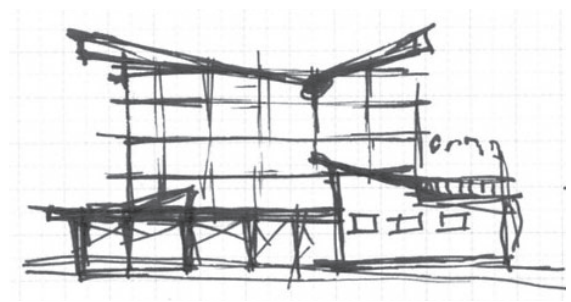
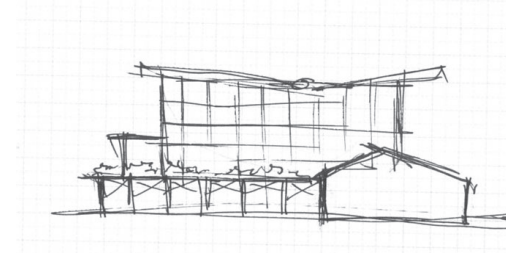
Defensible Space Theory

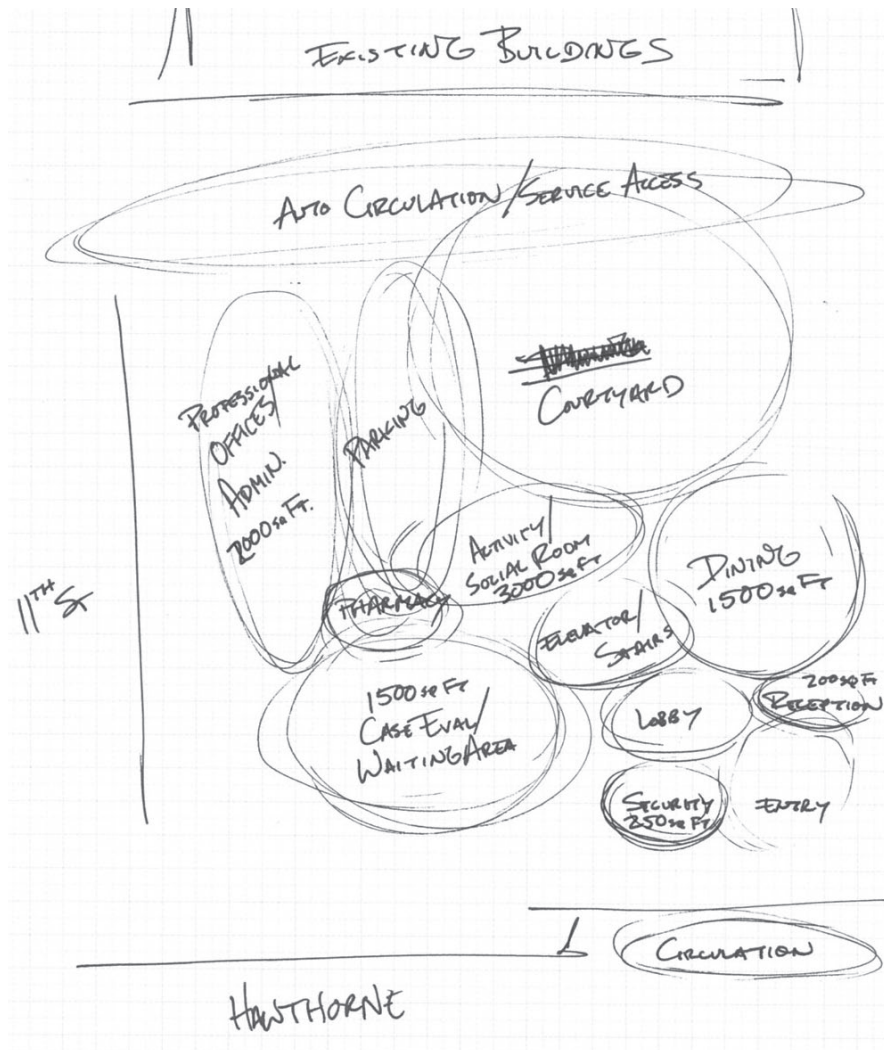
Community vs. Individual Growth

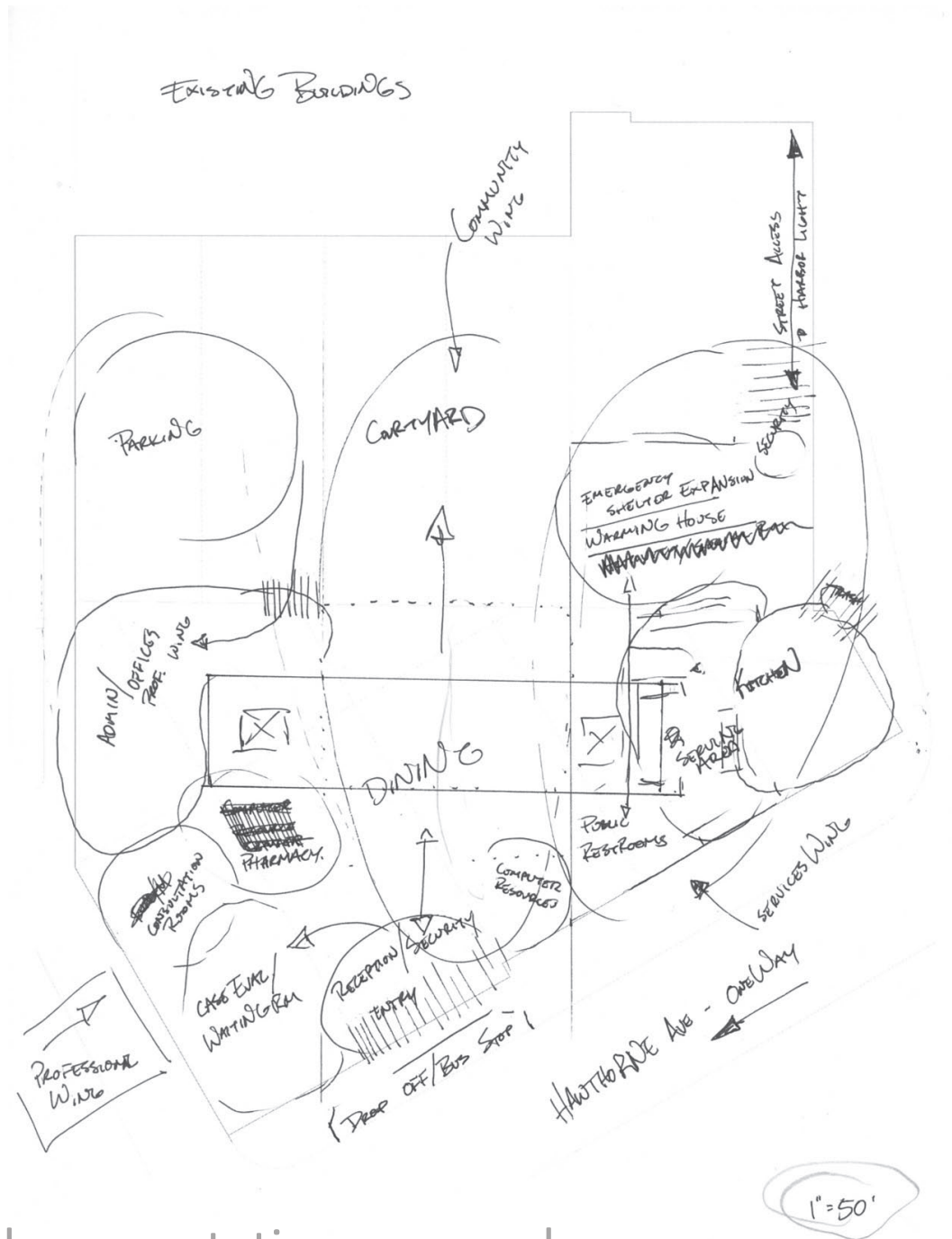
Interaction With the Downtown Area

Creating a Connection for Transitional Services

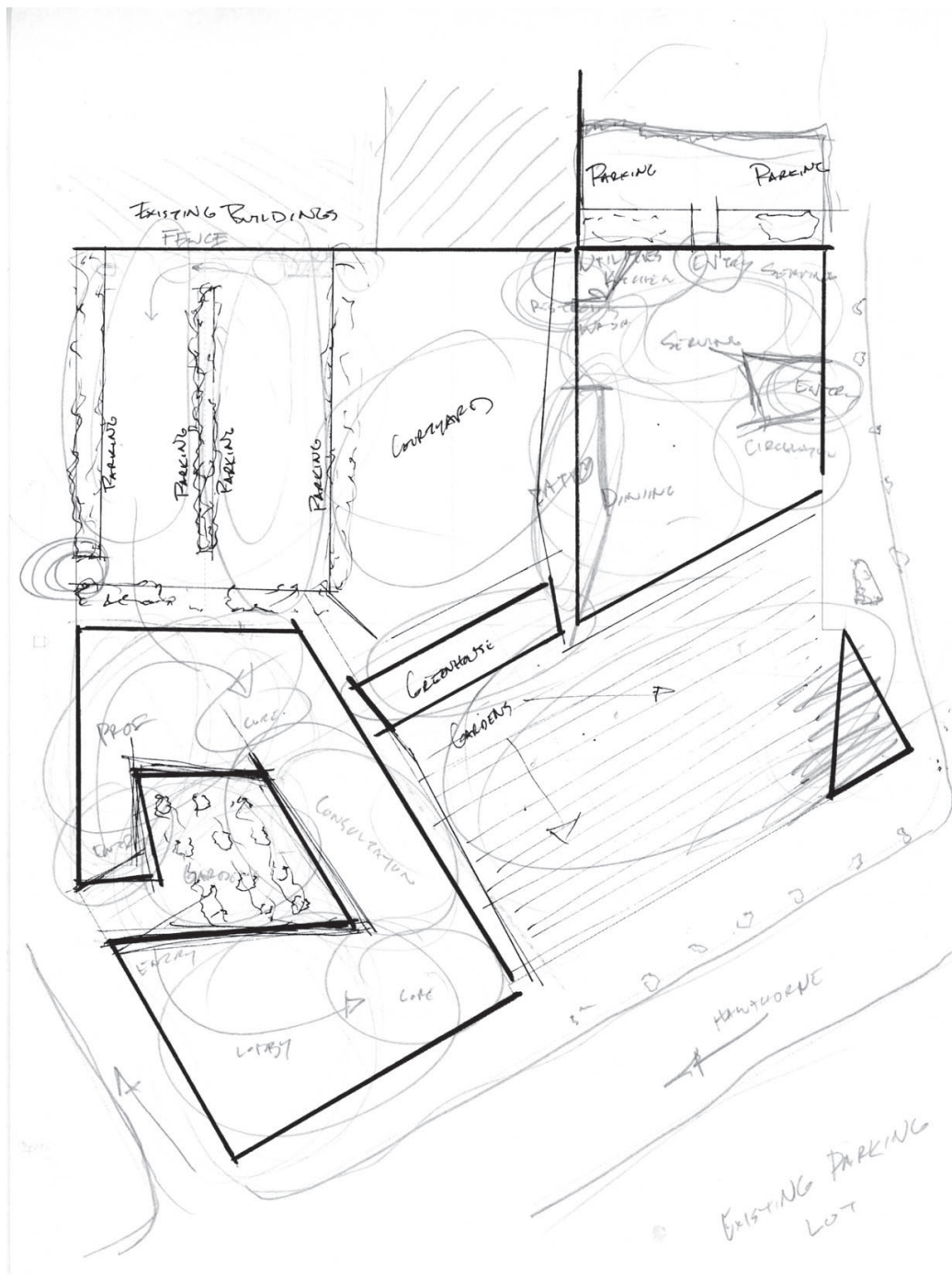


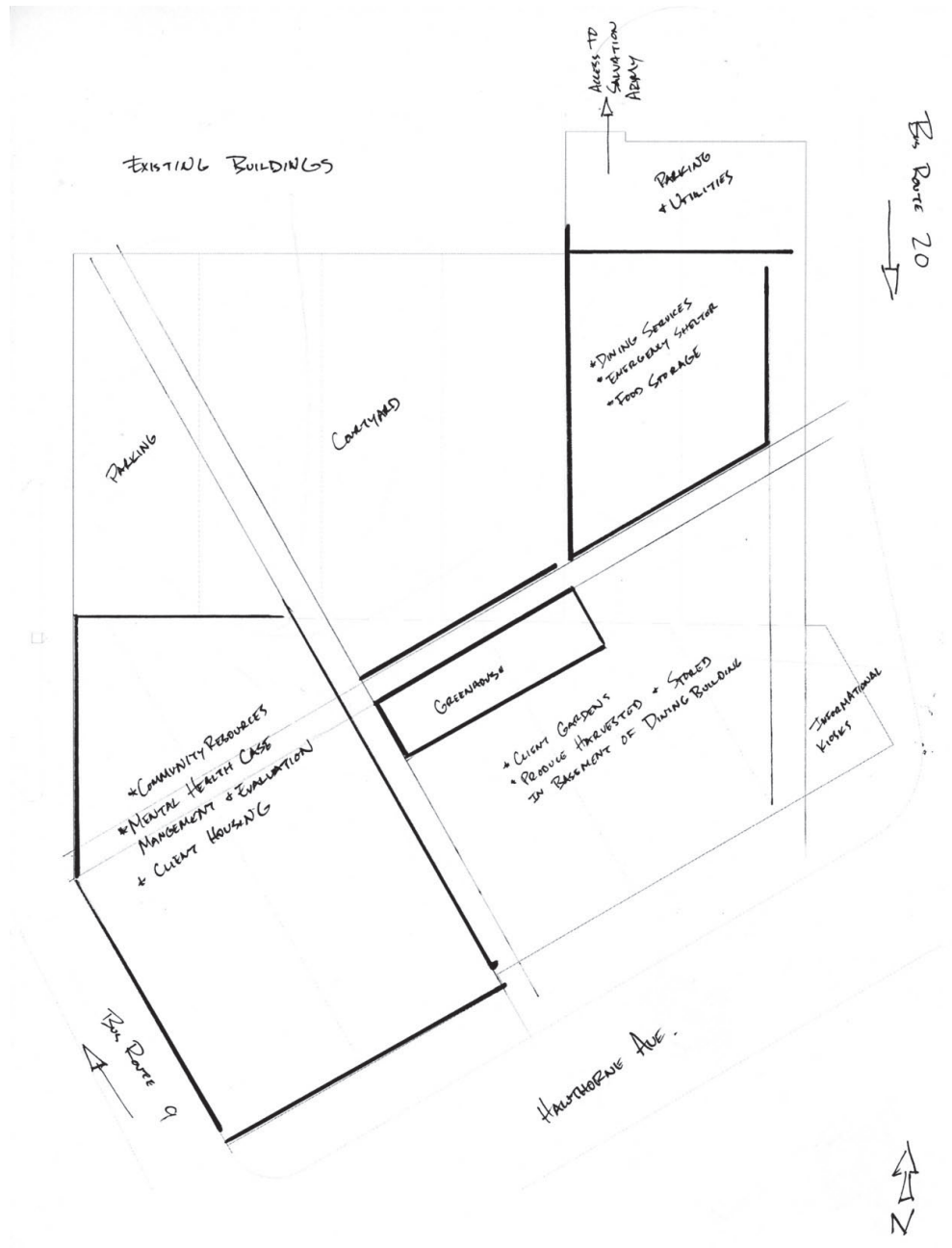






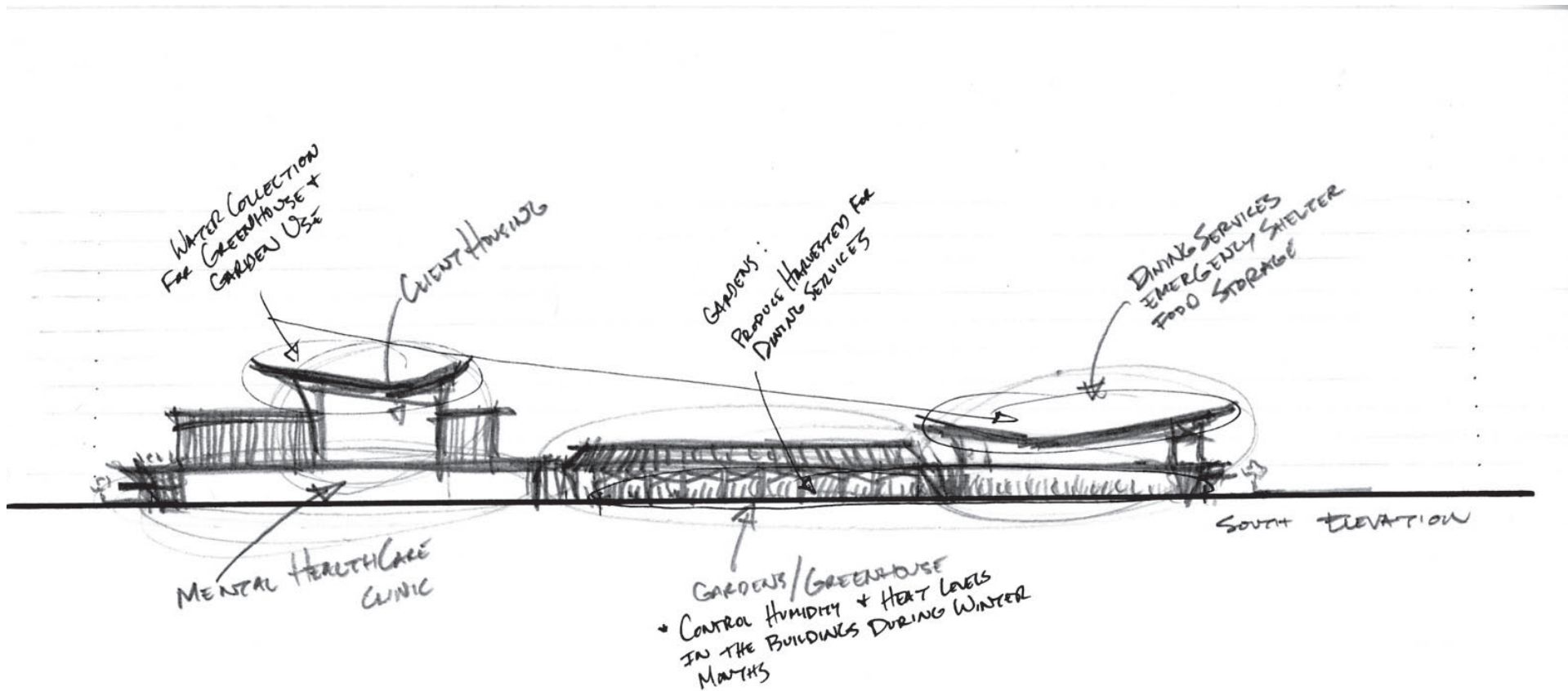
concepts. documentation. research THE PROCESS

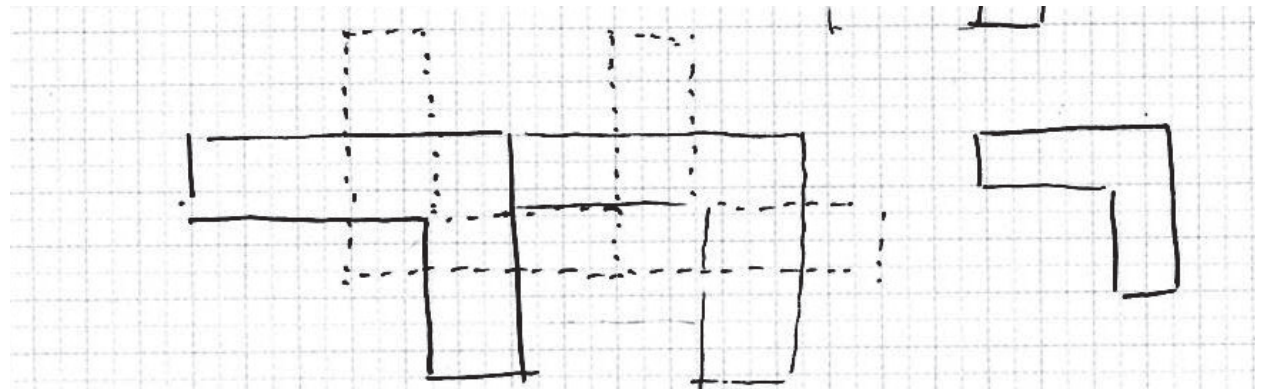
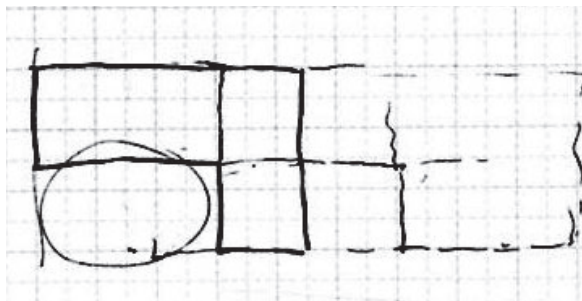
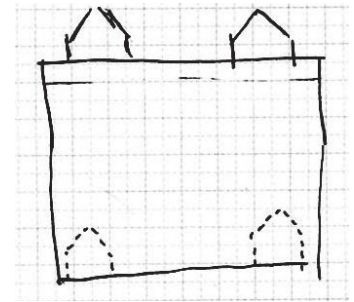
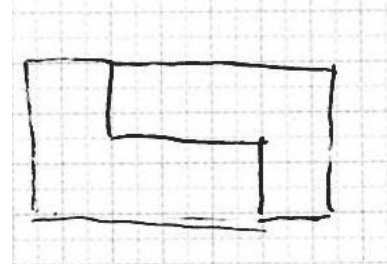
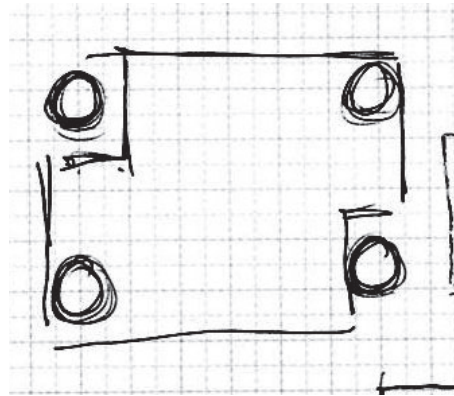
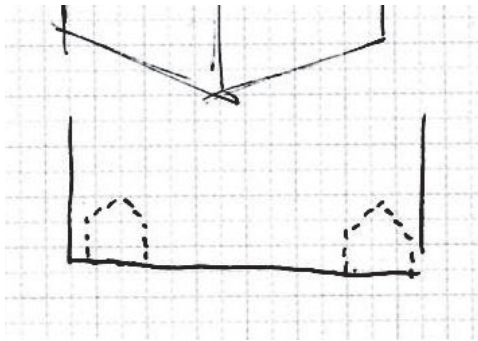




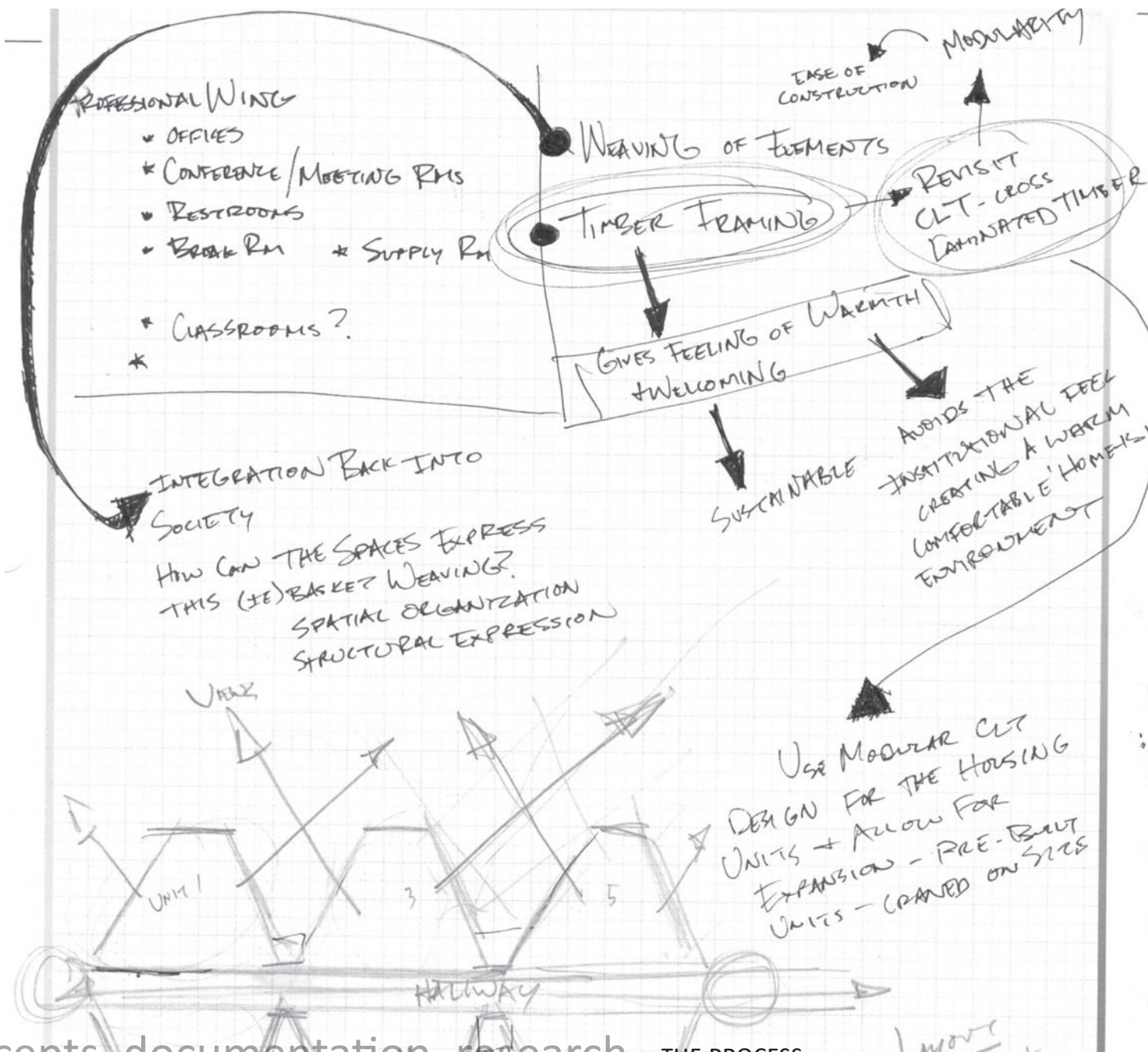


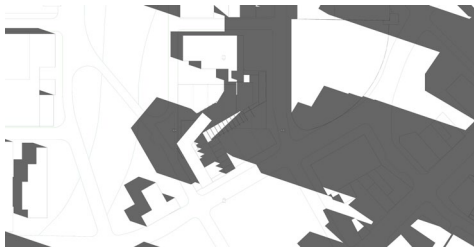
concepts. documentation. research THE PROCESS



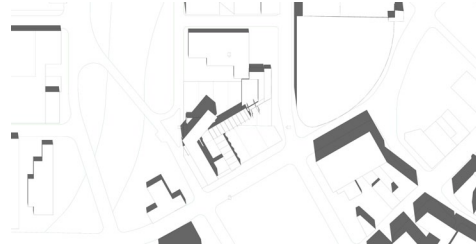


concepts. documentation. research THE PROCESS

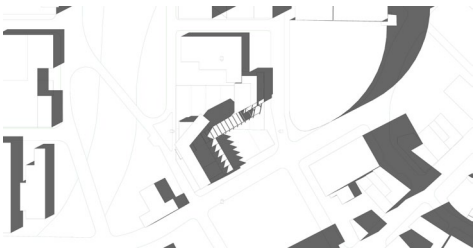




8AM



12PM

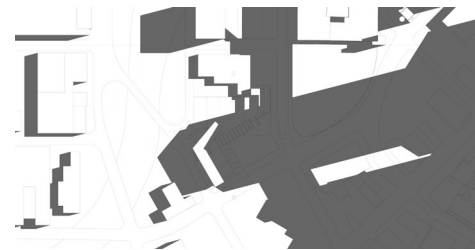


4PM

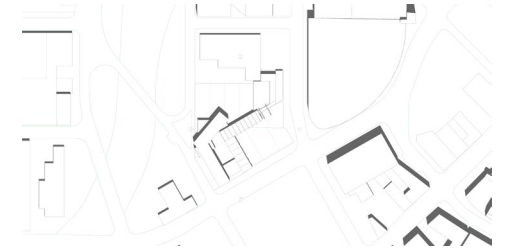


6PM

SOLAR ACCESS: Spring Equinox

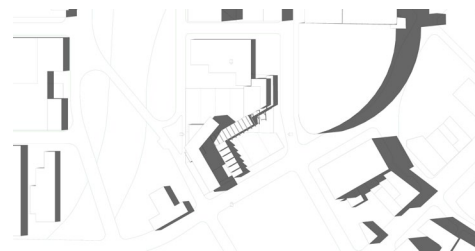


6AM

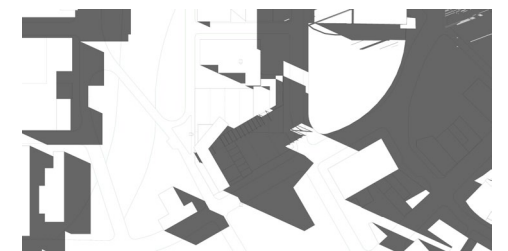


12PM

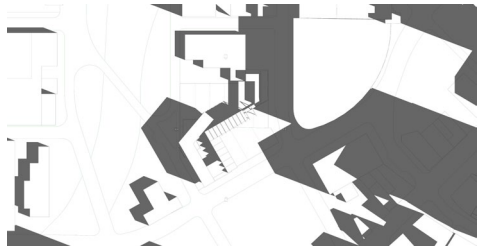
SOLAR ACCESS: Summer Solstice



4PM



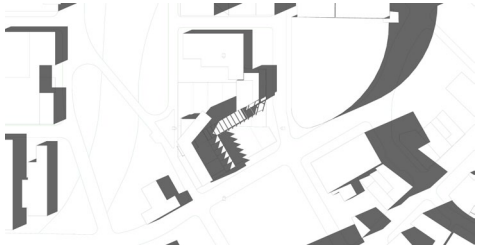
7PM



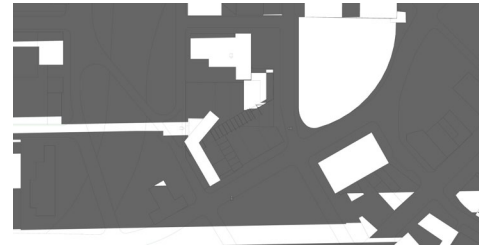
8AM



12PM



4PM



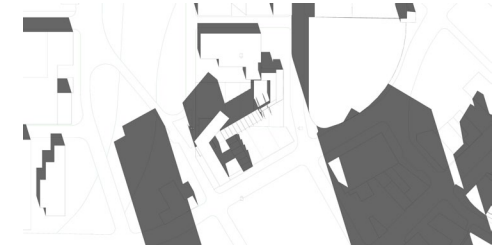
6PM

SOLAR ACCESS:

Fall Equinox



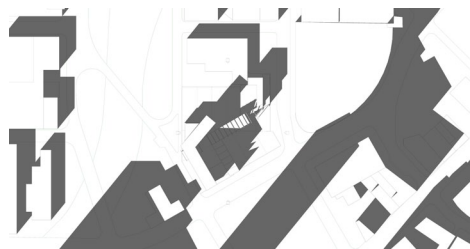
8AM



11AM

SOLAR ACCESS:

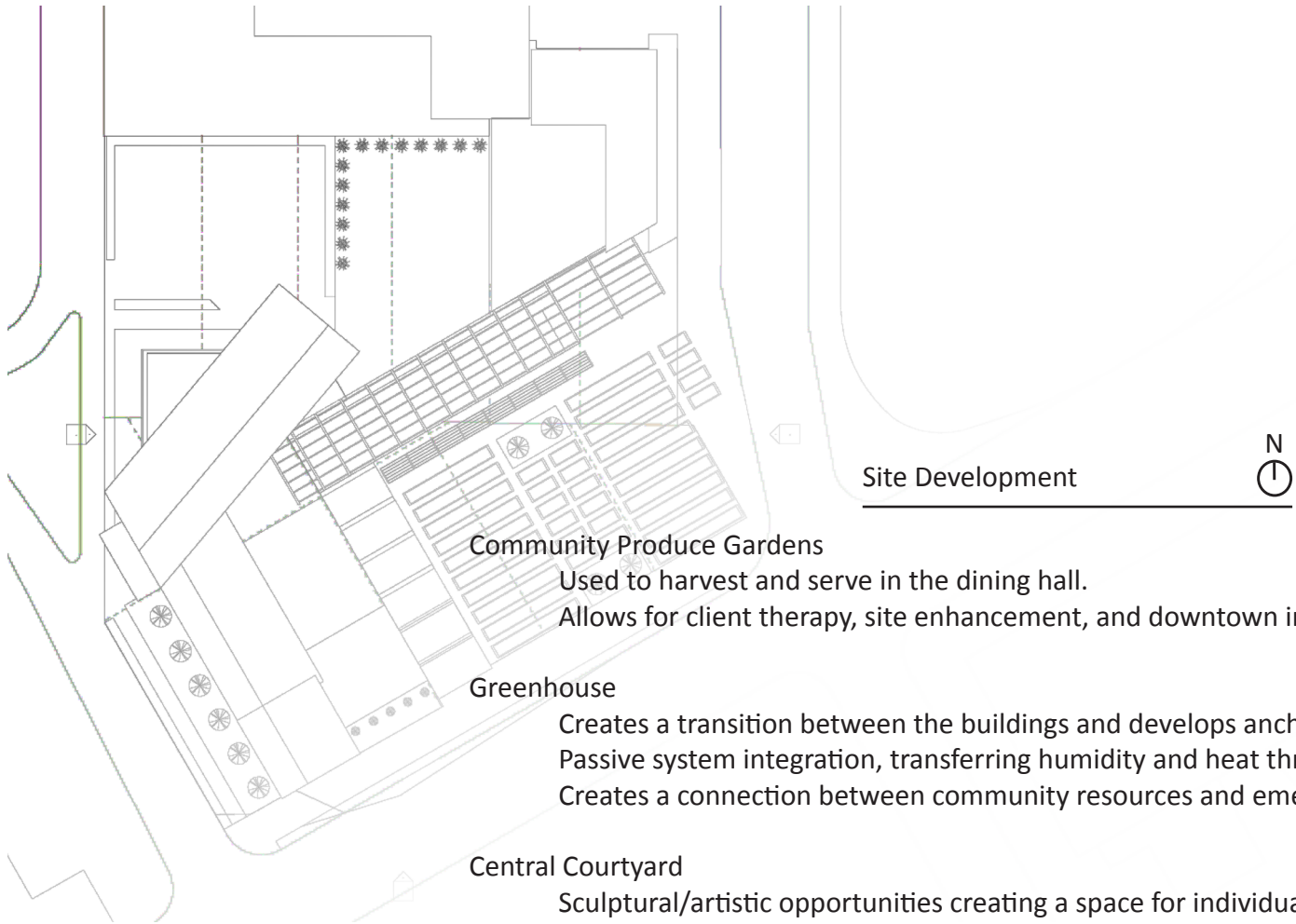
Winter Solstice



3PM



6PM



Community Produce Gardens

Used to harvest and serve in the dining hall.
 Allows for client therapy, site enhancement, and downtown integration.

Greenhouse

Creates a transition between the buildings and develops anchoring points on the site.
 Passive system integration, transferring humidity and heat throughout the two building wings.
 Creates a connection between community resources and emergency housing.

Central Courtyard

Sculptural/artistic opportunities creating a space for individual reflection.
 Allows for an open gathering space integrated with community surveillance.

Consultation and Waiting Room Roof Structure

Allows a personal environment for the consultation and individual reflection.

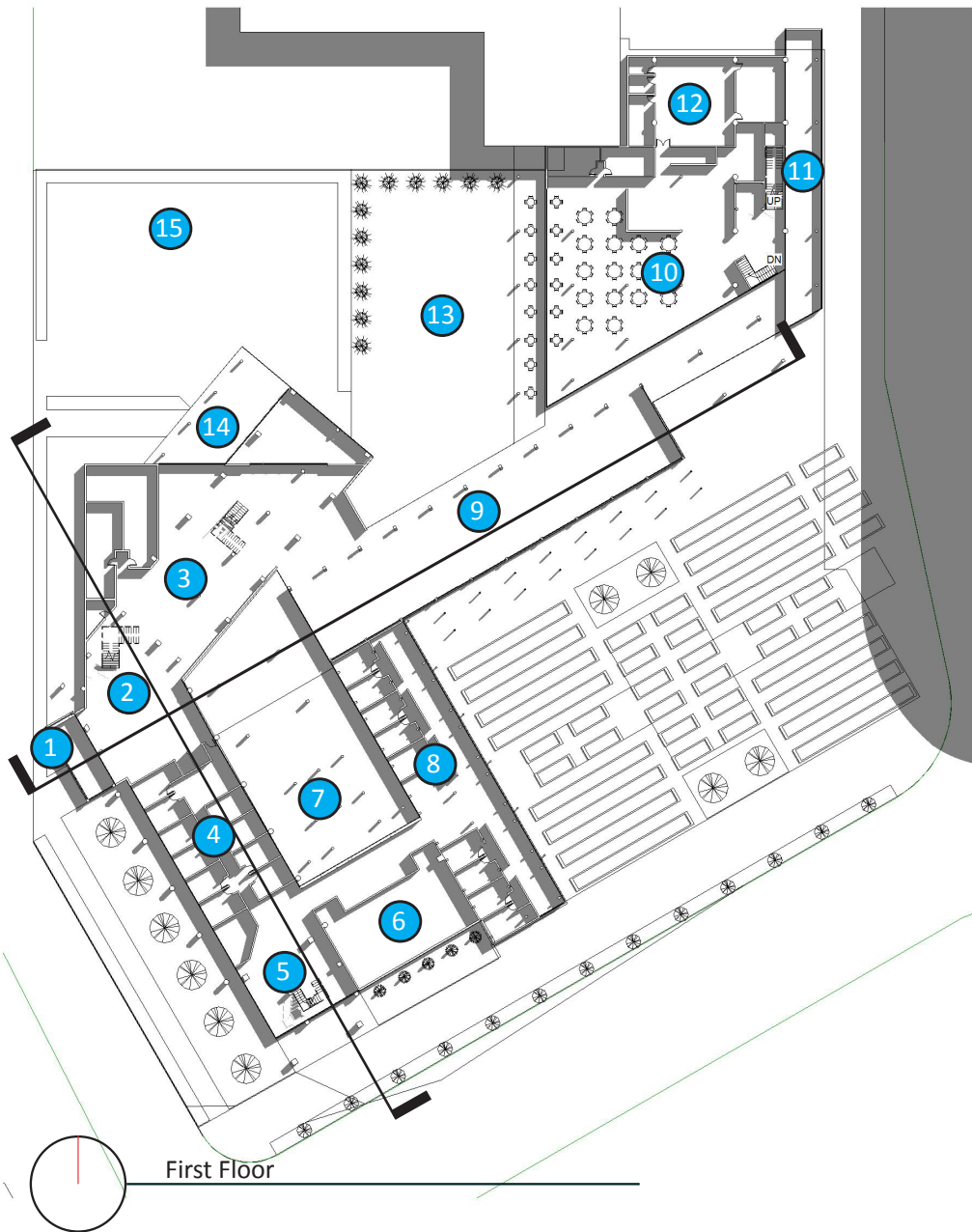
North Courtyard

Creates a space for community gathering that is off the streets and away from downtown Minneapolis

Public Transportation

Circulation of two bus routes surround the site.

The Final Design.



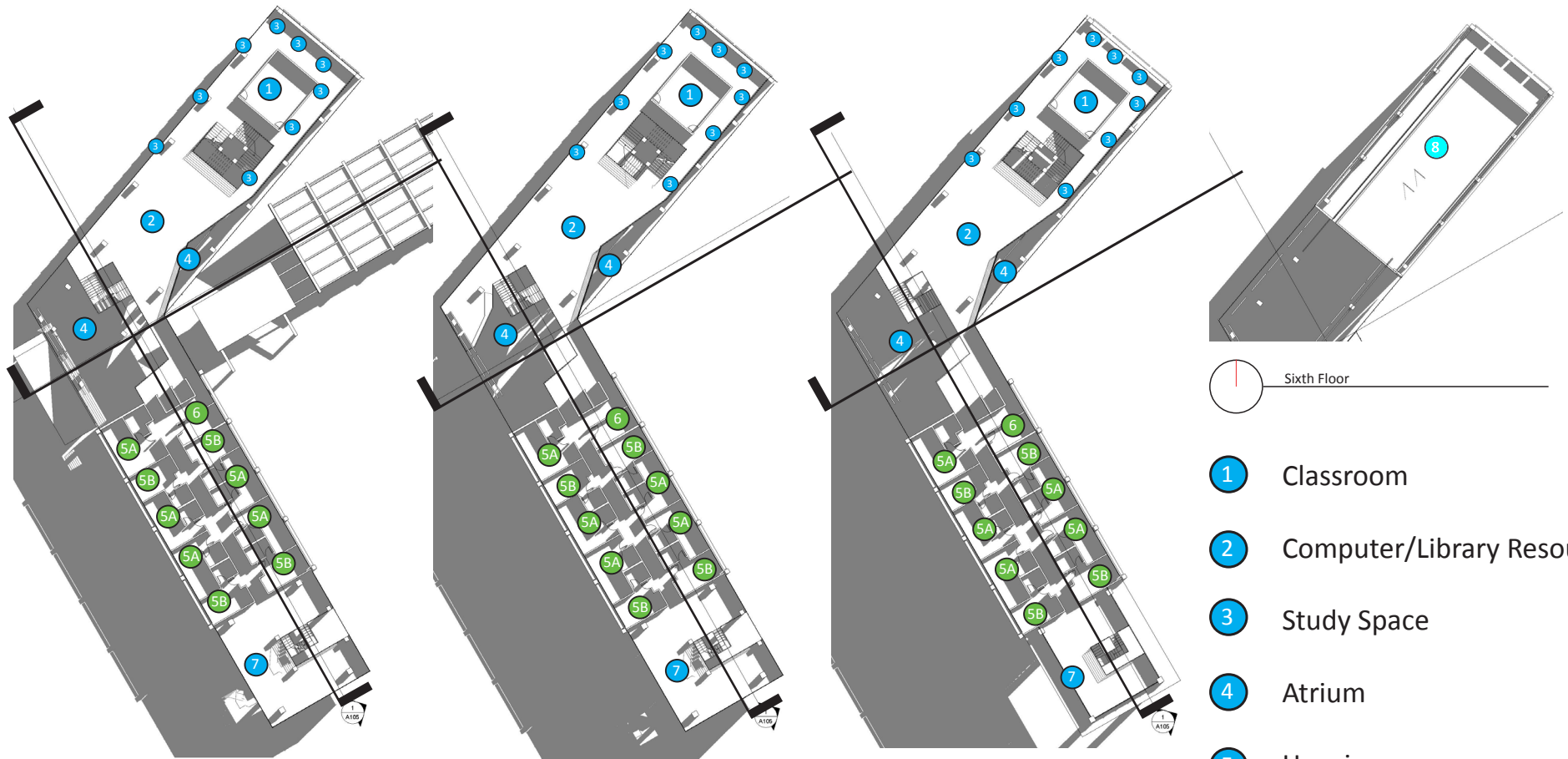
- ① West Entry
- ② Main Circulation Core
- ③ Community Resources
- ④ Professional Offices
- ⑤ Waiting Room/South Entry
- ⑥ Pharmacy
- ⑦ Central Courtyard
- ⑧ Consultation Rooms
- ⑨ Greenhouse
- ⑩ Dining Services
- ⑪ Waiting Room
- ⑫ Kitchen
- ⑬ North Courtyard
- ⑭ North Entry
- ⑮ Parking and Utilities Access
- ⑯ Produce Gardens



- ① Classroom
- ② Computer/Library Resources
- ③ Study Space
- ④ Atrium
- ⑤ Housing
Apartment A
Apartment B
- ⑥ Laundry Room
- ⑦ Living Community Space

○ Second Floor

The Final Design.



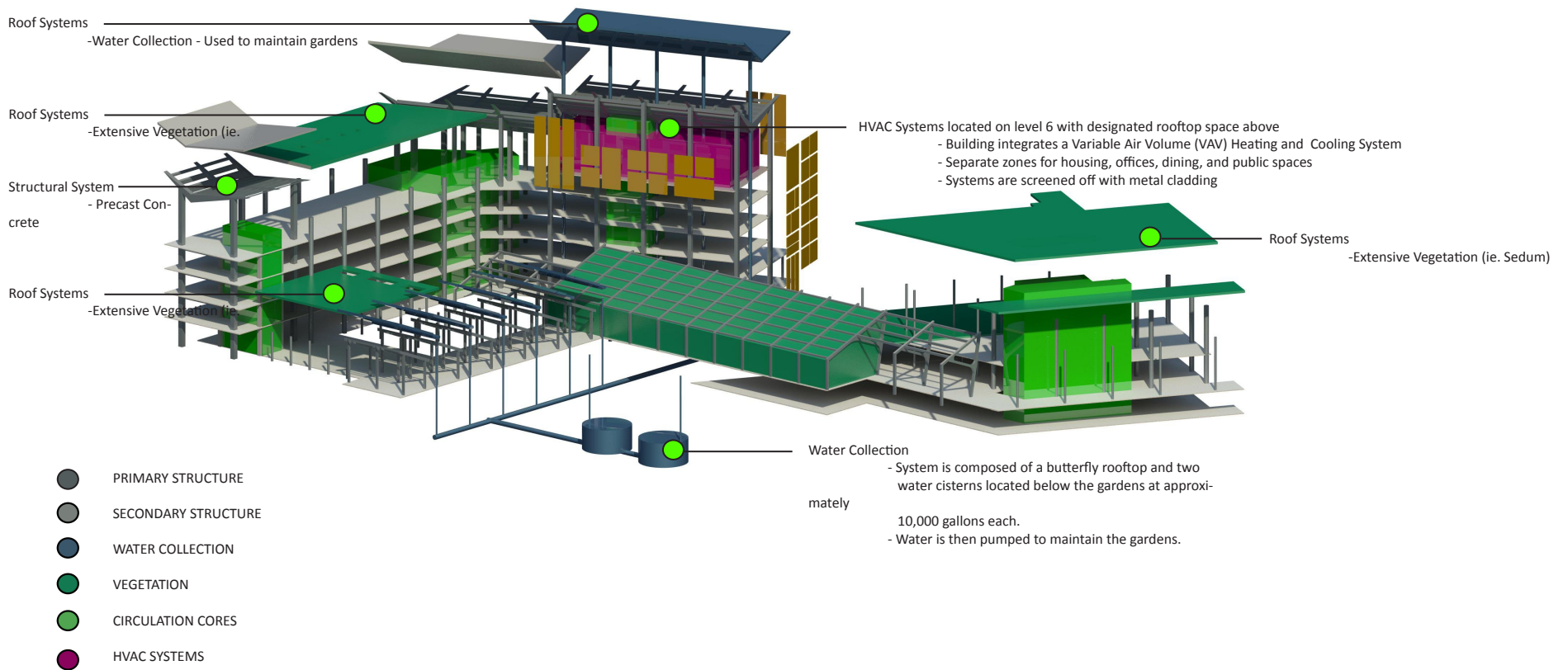
Third Floor

Fourth Floor

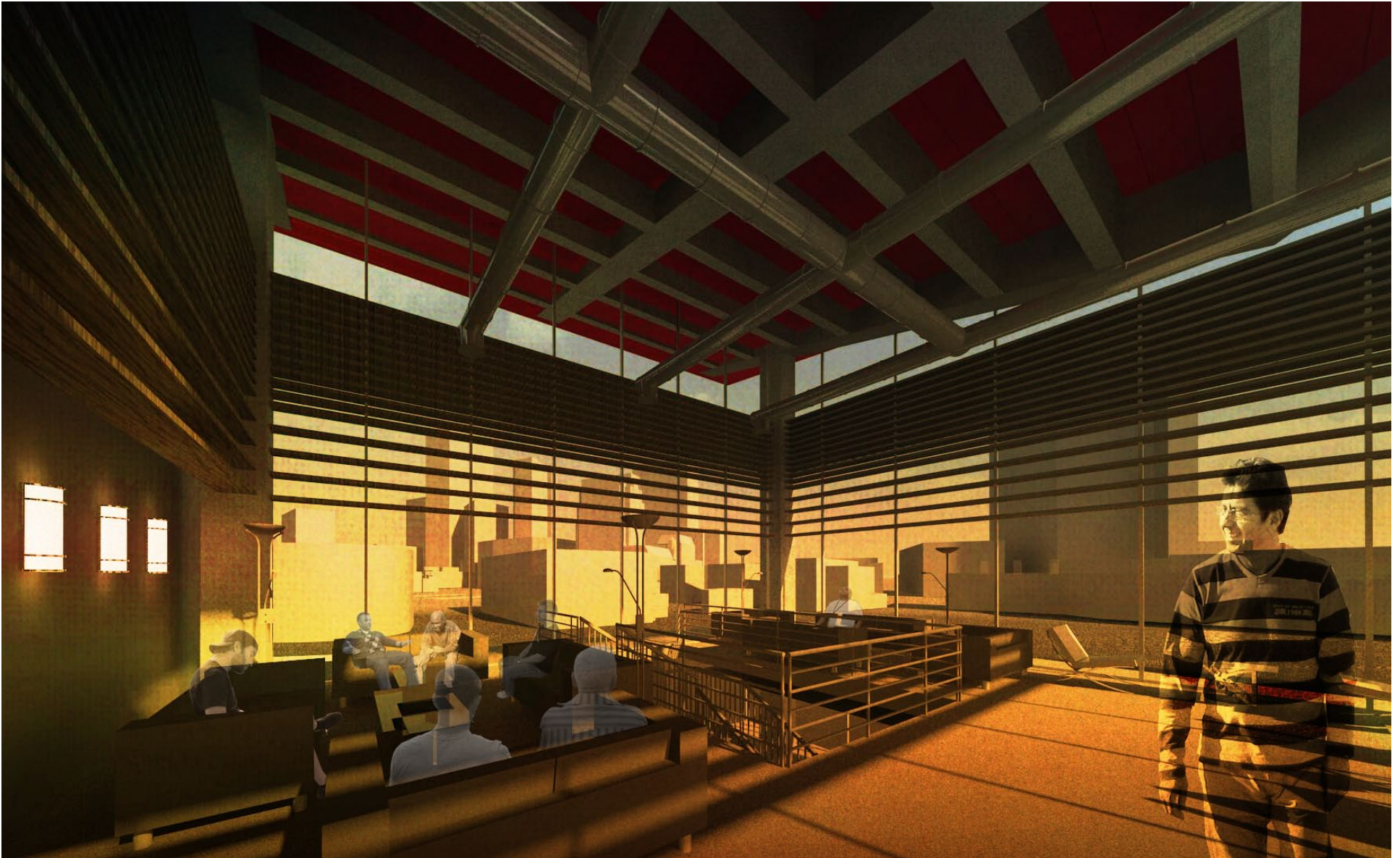
Fifth Floor

Sixth Floor

- 1 Classroom
- 2 Computer/Library Resources
- 3 Study Space
- 4 Atrium
- 5 Housing
Apartment A
Apartment B
- 6 Laundry Room
- 7 Living Community Space



The Final Design.



COMMUNITY LIVING ROOM

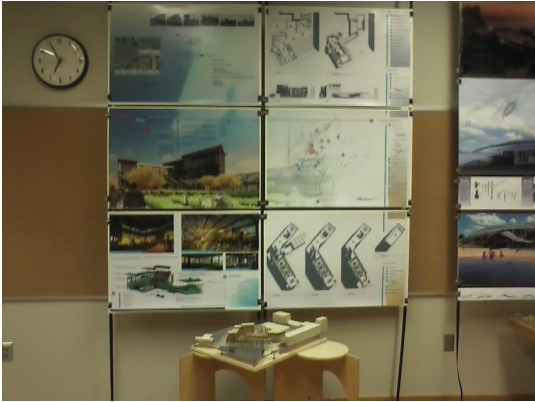


GREENHOUSE LOOKING EAST

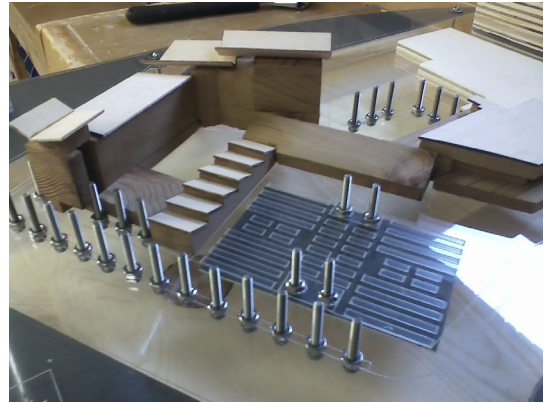
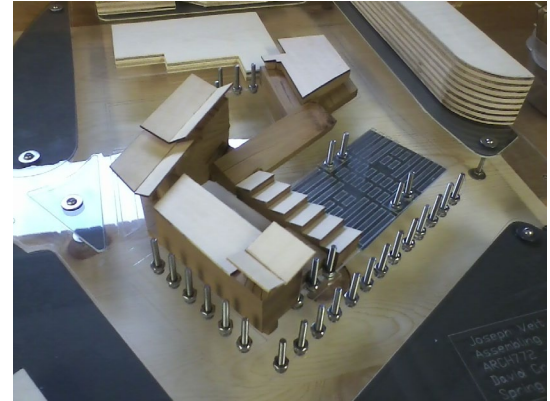
The Final Design.

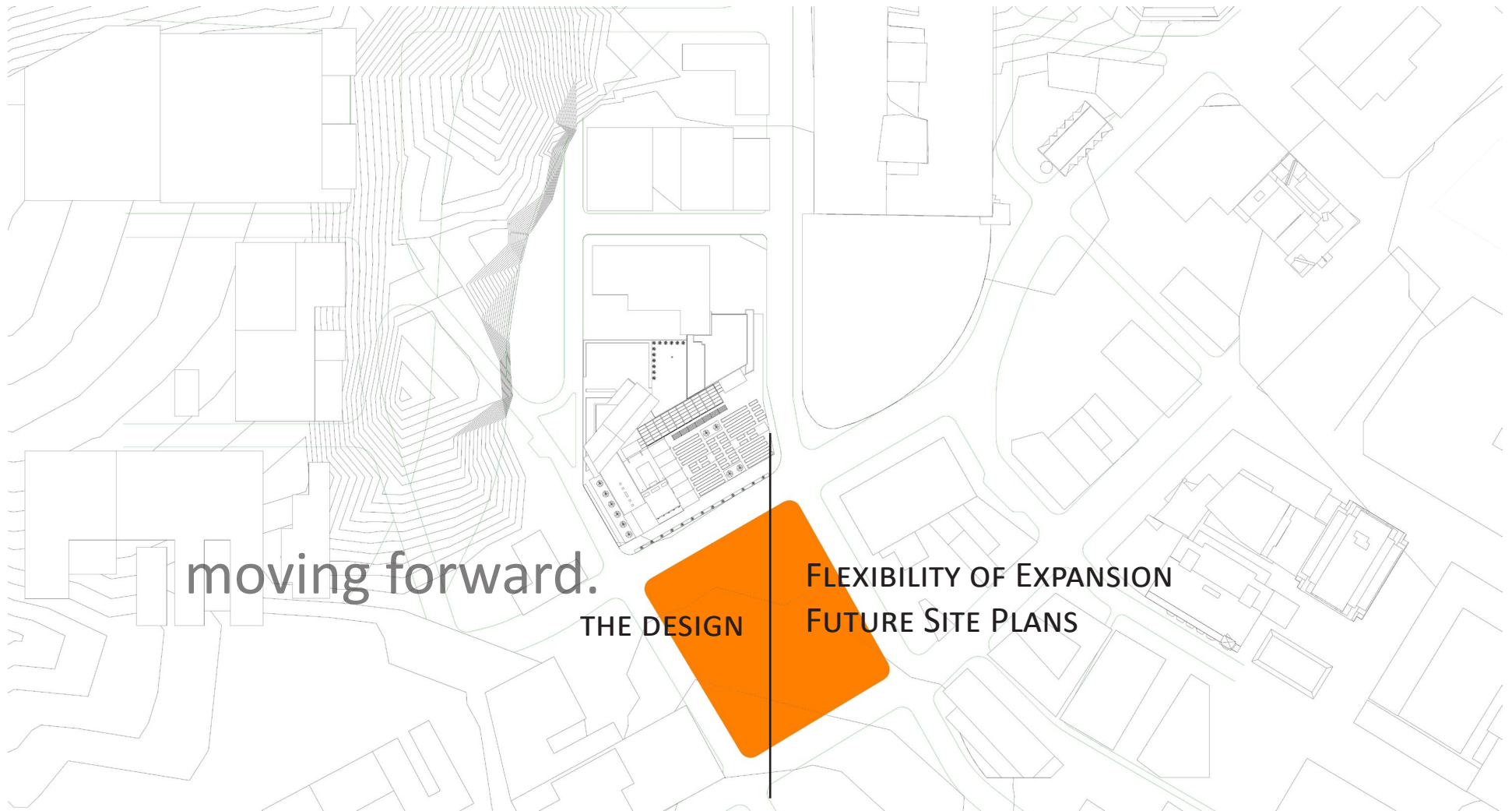


CLIENT RESOURCES



The Presentation





moving forward.

THE DESIGN

FLEXIBILITY OF EXPANSION
FUTURE SITE PLANS

- Improvement to the surrounding resources and their facilities, for example the Salvation Army
- Expansion to the parking lot South of the site proposed for the project adding more resources, and housing.

problem statement

How can a facility aid in the development of a support system that monitors the chronic mentally ill's health, safety and welfare in an effort to re-enter society and create a diversion from incarceration and homelessness through architectural design?

THE SOLUTION

Developed from the case studies series the spatial sequences and categories are developed in a manner that addresses community services, administration services, and client services. The community services focus on a short term case management agenda. It focuses on the initial evaluation and meeting the needs and resources for those that are already working on a transition or those that want to become a part of the center.

Administration services is the part of the center that facilitates, advocates, and referrals to specific resources and creates the connection to the client possible. Client services is the essential part for many to create the successful transition back into society.

The design will capitalize on the existing facilities in close proximity to the location while accommodating the services of the existing facilities lack.

This thesis project examines and proposes a solution to the programmatic needs that facilitate a transition for the homeless and mentally ill back into society. It is done so through the implementation of developmental and therapeutic resources. These are the founding components of the design that enable and monitor the clients health safety and welfare by diverting them from homelessness and cyclical incarceration.

previous studio experience

SECOND YEAR

fall - J. Vorderbruggen

Tea House

Boathouse

spring - M. Christenson

Connections and Materiality Studies

Dance Studio

THIRD YEAR

fall - D. Crutchfield

Probstfield Farm: An Interpretive Learning Center

Fargo Analysis

NDSU Library

Snow Sculpture

spring - R. Ramsay

44 West Congress Parkway

New Lebanon Performance Center

FOURTH YEAR

fall - D. Faulkner

San Francisco High Rise

KKE Competition

spring - M. Srivastava

Itasca Faculty Cabin: Passive House Design Build

FIFTH YEAR

fall - P. Gleye

Downtown Fargo City Center

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Personal Identification



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Phone: 651-398-3412

E-mail: joseph.veit@my.ndsu.edu

Hometown:

White Bear Lake, M.N.

Quote about NDSU:

“The NDSU architecture program has facilitated a wealth of knowledge and prepared me to confidently pursue a design and construction related career.”