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Master Plan - State and County Medical Center: A Narcotic Rehabilitation and Treatment Center

Josepy Ehardt Jr.

MASTER PLAN-STATE AND COUNTY MEDICAL CENTER - EHARDT

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A NARCOTIC REHABILITATION AND TREATMENT CENTER

A BACHELOR THESIS in ARCHITECTURE

DEPARTMENT OF ARCHITECTURE - UNIVERSITY OF NEW MEXICO

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JOSEPH EHARDT JR.

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STATE and COUNTY

MASTER PLAN

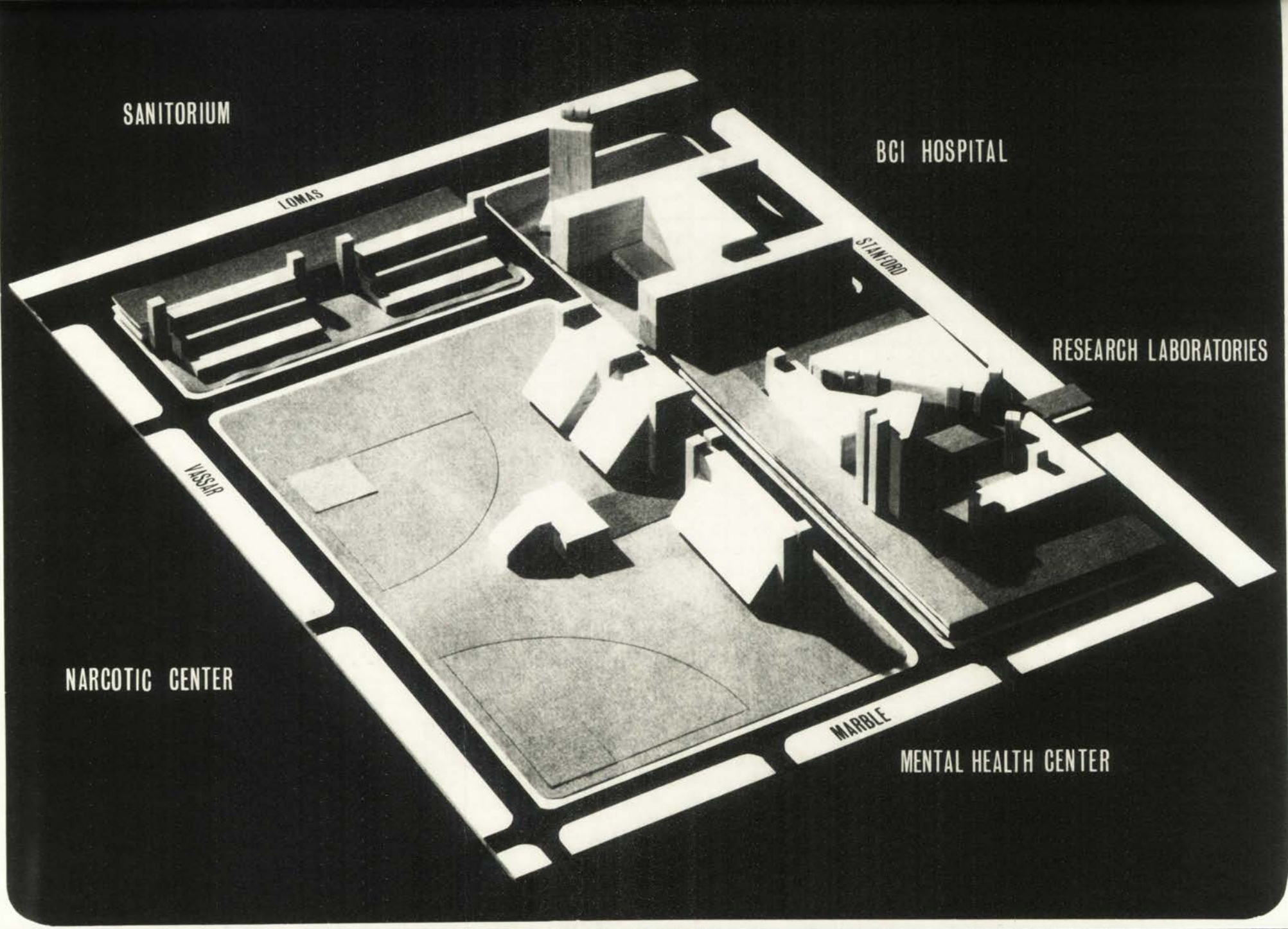
MEDICAL CENTER

The site is located North of Lomas, bounded by Stanford on the West, Vasser on the East, Marble on the North, and Lomas on the South. It consists of 25 acres, 12 of which already have buildings occupying the site. These buildings are the Bernalillo County Indian Hospital, the Indian Sanitorium, the UNM Medical School Library, and another UNM Medical School Building.

Of these facilities, the two Medical School buildings will be moved into permanent facilities across Stanford as part of the UNM Medical School Complex within 5 to 10 years.

This leaves 12 acres of land on which to plan space for (1) a Narcotic Rehabilitation and Treatment Center - 65,000 sq.ft., (2) a Community Mental Health and Retardation Center - 65,000 sq.ft., (these two facilities share outdoor and indoor recreation space) (3) a Pharmacology and Toxicology laboratory - 100,000 sq.ft., (4) a Public Health laboratory - 40,000 sq.ft., and (5) an addition to BCI of 100,000 sq.ft. Parking for 1,000 cars and a pedestrain link to the UNM Medical School are also required as part of the Master Plan.

The plan should be flexible as to allow for expansion of all facilities and space for new ones.


SANITORIUM
LOMAS
BCI HOSPITAL
STANFORD
RESEARCH LABORATORIES
VASSAR
NARCOTIC CENTER
MARBLE
MENTAL HEALTH CENTER

NARCOTIC

REHABILITATION

AND

TREATMENT

CENTER

A NARCOTIC REHABILITATION AND TREATMENT CENTER

This is a program for a narcotic rehabilitation and treatment center for the State of New Mexico. This center will be located in Albuquerque because the largest number of addicts are concentrated there.

The emphasis will be on group or community living. This also includes an effort to involve as much staff as possible as part of this community.

The first stage of rehabilitation is the withdrawal period during which time the addicting drug is slowly withdrawn from the addict. This period may last four to seven days or longer. After this period, treatment becomes purely psychiatric.

Certain time each day is set aside for large group discussions of the problem of every-day living. Small staff meetings after these large ones help the staff evaluate what happened and provide feedback to the next large group meeting. Two or three times a week these large groups are broken down into groups of ten patients for more intensive group work. The rest of the time is spent in work therapy, education or vocational training.

The center should be developed with a non-punitive atmosphere where the individual is under treatment and he is not permitted to leave at

will, but must remain until such time as it can be reasonably assured that he will not immediately return to drug use. This should apply both to voluntary and non-voluntary patients.

After the patient has gone through the resident status of the program, the center controls them when released to the community through intensive supervision and testing for drug use.

The center will have a large out-patient list which will involve patients coming to the center once a week or month for counsel and therapy work.

If such a center is to be successful in the rehabilitation of drug addiction, the community must take an active part in helping "out-patients" readjust to life.

PHYSICAL REQUIREMENTS

I. ADMINISTRATION

- A. Director
- B. Assistant Director
- C. Twelve Doctor Offices
- D. Head Nurse Office
- E. Lobby
- F. Two Seminar Rooms - 20 Patients

II. LIVING QUARTERS - 128 PATIENTS

- A. 4 Patient Units - Toilet and Lounge
- B. 8 Patient Lounge and Outdoor Terrace
- C. One Nurse Per Sixteen Patients

III. ARTS and CRAFTS - 20 PATIENTS

IV. CLASSROOMS - THREE, 20 PATIENTS EACH

V. LIBRARY

VI. CHAPEL - 45 SEATS

VII. AUDITORIUM - 128 SEATS

VIII. GENERAL SHOP - 20 PERSONS

IX. HOME MAKING - 20 PERSONS

X. LOUNGE AND RECREATION - 60 PERSONS

XI. KITCHEN - DINING ROOM - 100 SEATS

DESIGN CONSIDERATIONS

Two and one-half years treatment for volunteers including six months minimum in-patient and the rest out-patient.

Seven years for criminals, six month minimum "in-patient".

Approximately 125 resident patients.

Approximately 18 to 20 people in resident groups.

Emphasis on "community" living.

Staff part of "community".

Large group meetings with patients and staff.

Small staff meetings.

Educational facilities (through high school).

vocational facilities.

Median age, 25 years (men and women).

Design should not reflect institution, but a community.

Treatment of marijuana, drugs, and opiates (heroin).

Patient not necessarily delinquent prior to drug use.

Religious programs.

Small group psychotherapy.

Individual therapy.

Outdoor and indoor recreation.

Administration space.

Dining and food service facilities.

Patient should not feel that he is being watched or overheard by other persons when in individual therapy.

Patient should feel his personal items are safe from inspection and theft.

Patient should be able to extend hospitality to a visitor as in a normal social situation.

Visitors should be able to see patient's surroundings while visiting patient.

Formal therapeutic conversation should not be interrupted by uninvolved persons.

Emergency medical care must be available to patients.

Patients with mental or physical incapacities should be able to move throughout the center with minimal assistance.

A newly admitted patient should be able to find his way with minimal assistance.

All participants in individual or group conversational psychotherapy must be able to observe each other's facial and body movements.

Unauthorized persons must not have access to patients records.

A patient should not be made to feel constricted or trapped.

A patient should be able to find his way out of unfamiliar spaces easily.

A patient should not be allowed to loose his awareness of community events and conditions.

A therapist should easily notice if a patient has left or is not participating in a formal group therapeutic procedure.

Staff members should be able to retreat from the patient environment.

A staff member should be able to engage a patient in a mutual activity to better implement therapeutic conversation.

A patient should not lose the therapeutic benefit of social contact with other patients.

Varying degrees of intellectual and physical complexity of activities.

A restless patient should not disturb sleeping patients.

An in-patient who awakens at night should quickly be able to contact a staff member.

A patient of one sex should not be seen by patients of the other sex while sleeping, dressing, or bathing.

A patient should not be able to block a staff member's access to any part of the center.

A patient should be able to visit with friends and relatives in the company of other patients and visitors.

A patient going outdoors should not be forced to enter the outside community.

A patient from one therapy group should be able to form personal relationships with patients from other therapy groups.

A patient should not be able to find absolute isolation.

A patient should not confront anything in the environment which in itself suggests and enables him to commit suicide.

A patient in his daily routine should not be reminded of emergency restraining devices.

A stranger entering the center should immediately be able to find information sources.

Staff members should be able to converse without being seen or overheard by uninvolved persons.

Testing and recording equipment should be readily available to staff prior or during formal procedure.

An in-coming patient should be examined for physical illness prior to contact with other patients.

New patients often need more privacy than other patients.

A staff member should know what a new patient is doing at all times.

A person waiting to be interviewed or examined must not feel confined or held in an awkward relationship with other persons.

A person that is scheduled for an interview or examination must be immediately available when the staff member is ready for him.

An administrator should be encouraged to observe patients and staff.

A patient with common communicable disease should be separated from other patients.

A staff member should be able to obtain immediate help if attacked by violent patients.

A visitor waiting for a patient should not have to mingle with other patients.

Patients of one sex should not feel segregated from patients of the other sex.

A family physician should be able to continue medical care for his patient while this patient is receiving care.

A patient should be discouraged from entering staff areas without permission.

The surrounding neighborhood should not feel threatened by presence of any part of the center.

The abnormal behavior of a mental patient receiving medical treatment should not disturb normal medical patients.

People in the community should not see or hear patients during periods of abnormal behavior.

A patient should constantly be encouraged to become involved in non-formal patient activities.

The center should be easily accessible by existing public transportation.

A patient should be able to enter or leave the center without drawing attention to the fact that he is a patient.

SOURCES OF INFORMATION

California rehabilitation center, Corona, California

Book: Perspectives on Narcotic Addiction

U.S. Public Health Service Hospital, Lexington, Kentucky

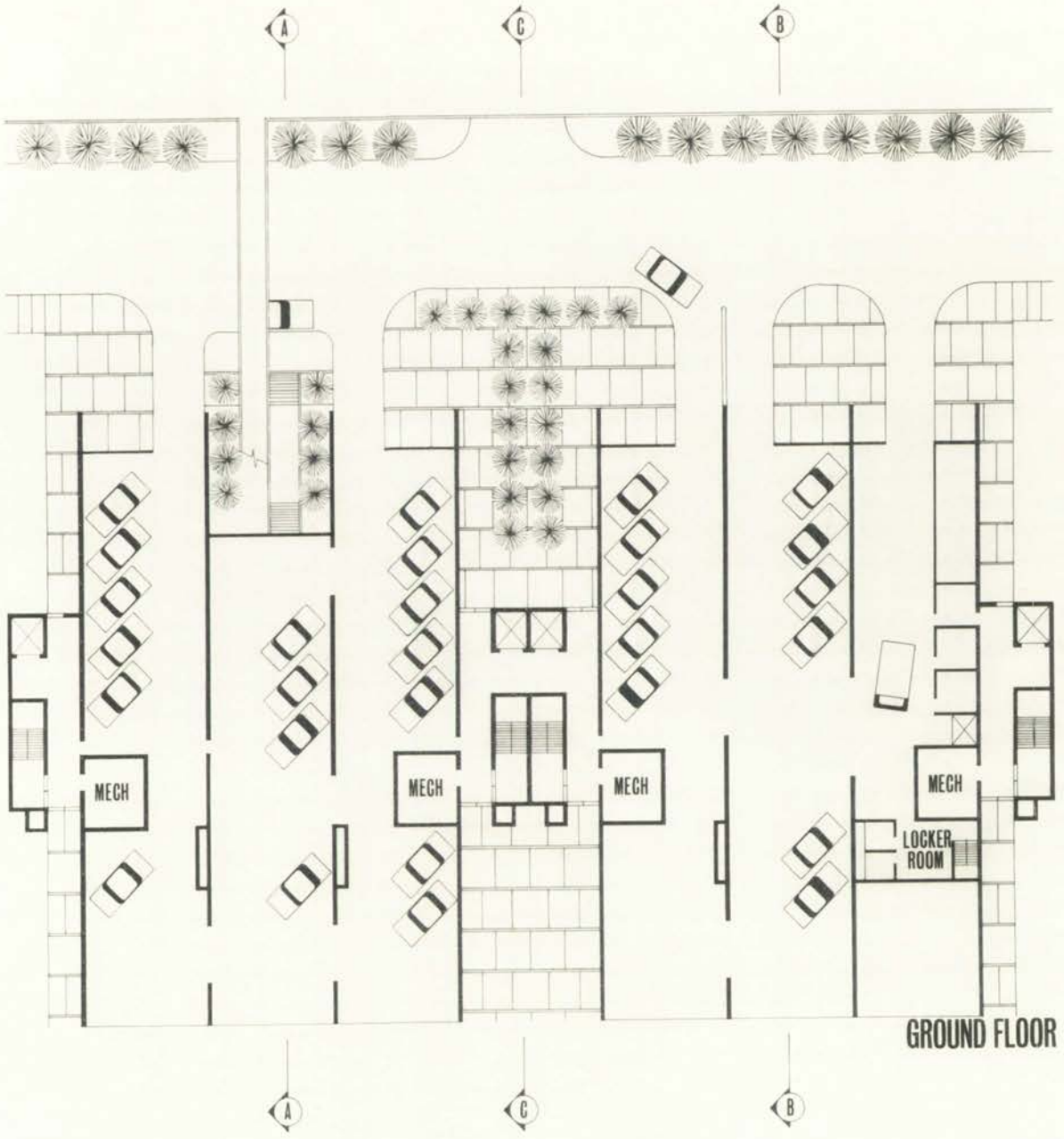
Booklet: Planning of Facilities for Mental Health Services

Booklet: Community Mental Health Service

Life: February 26, 1965 and March 5, 1965

Dr. Warren T. Brown Psychiatrist, Albuquerque, New Mexico

U.N.M. Architects Office - Research Department



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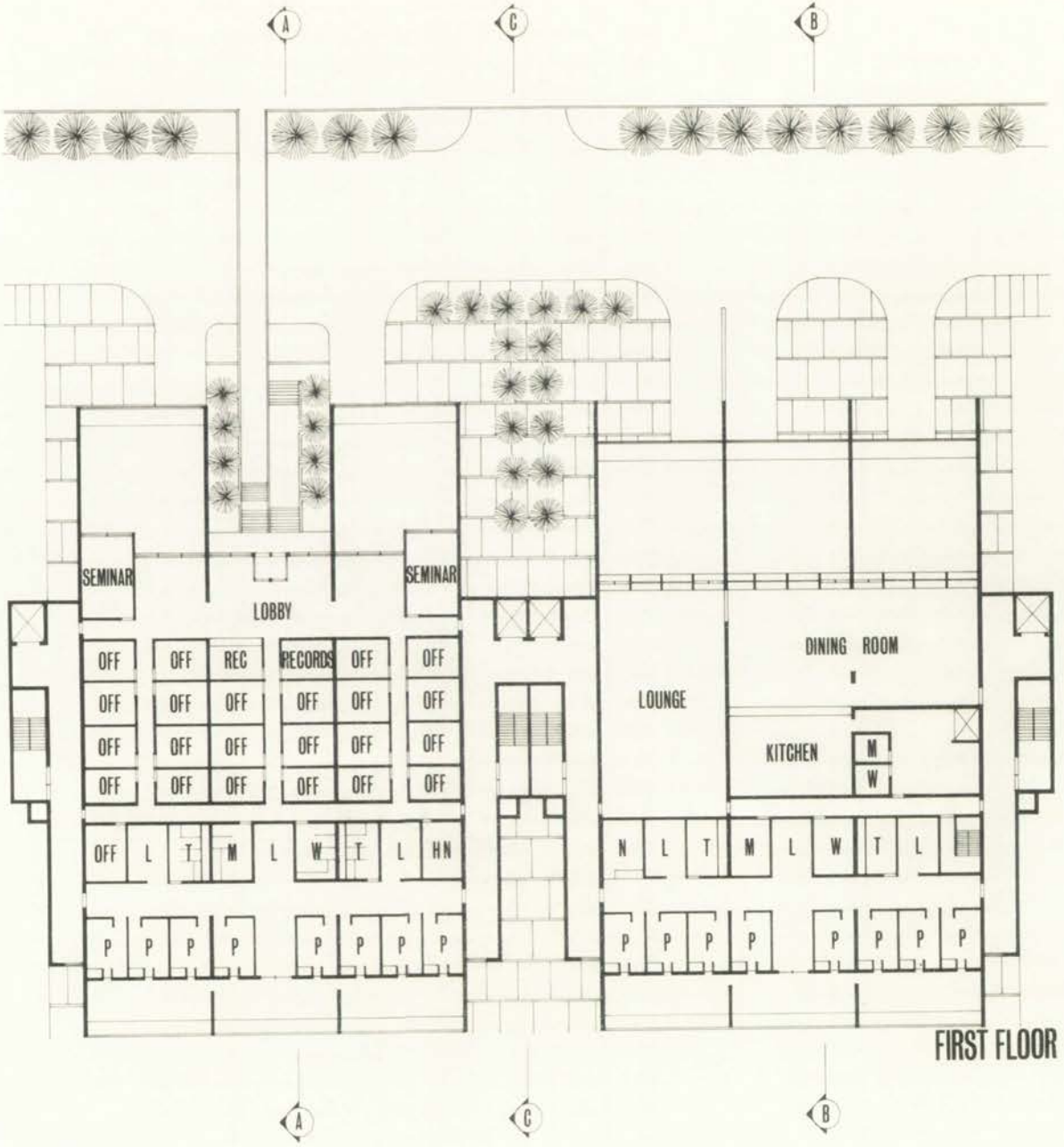
A
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SEMINAR
LOBBY
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RECORDS
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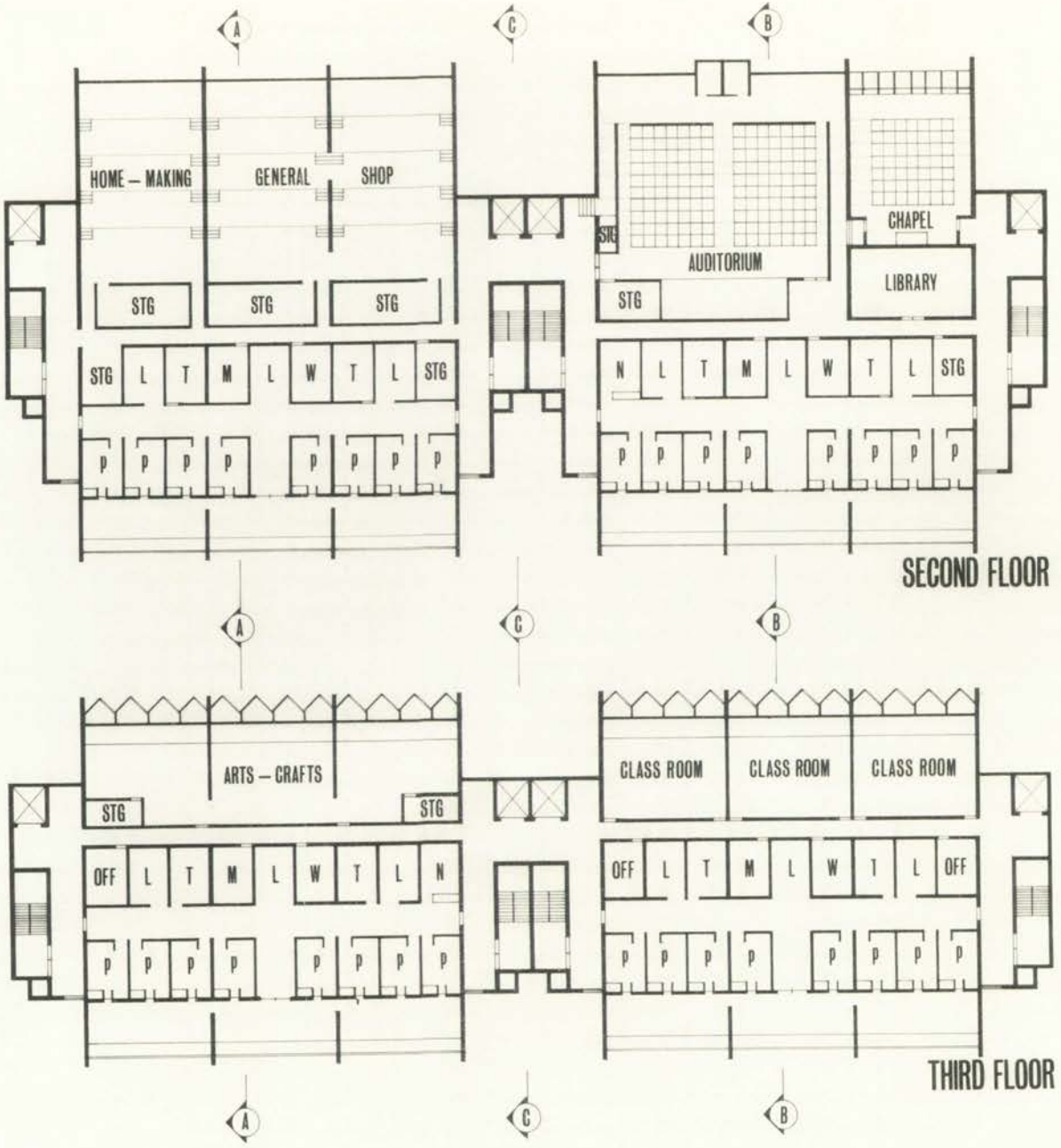
FIRST FLOOR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CHAPEL
LIBRARY
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SECOND FLOOR
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CLASS ROOM
CLASS ROOM
CLASS ROOM
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THIRD FLOOR
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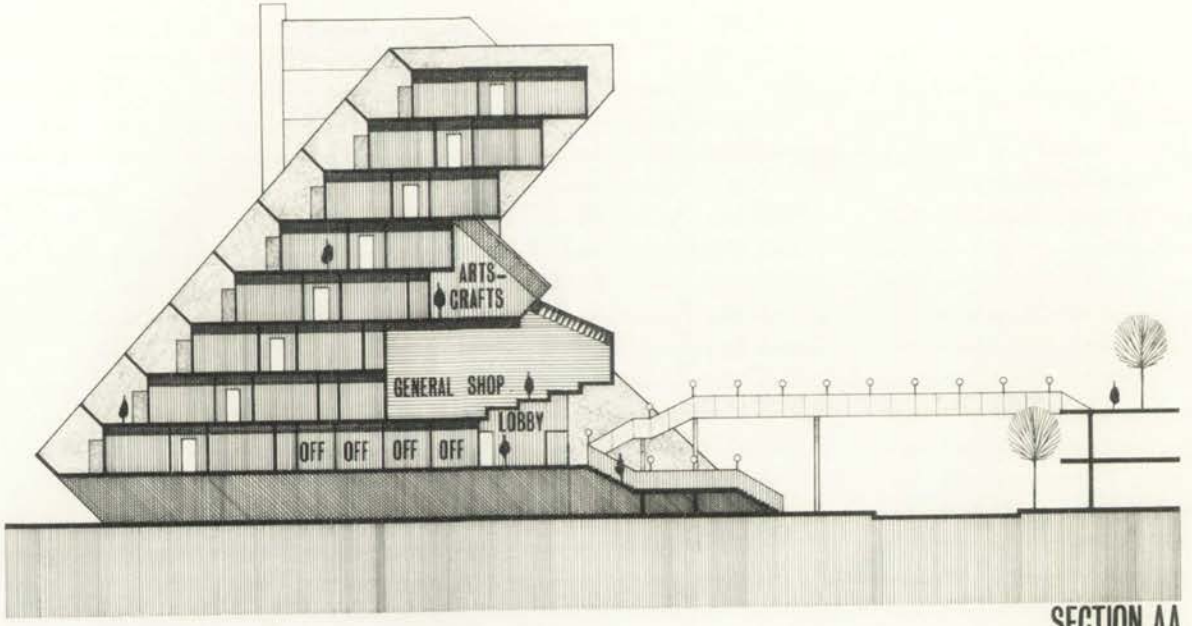

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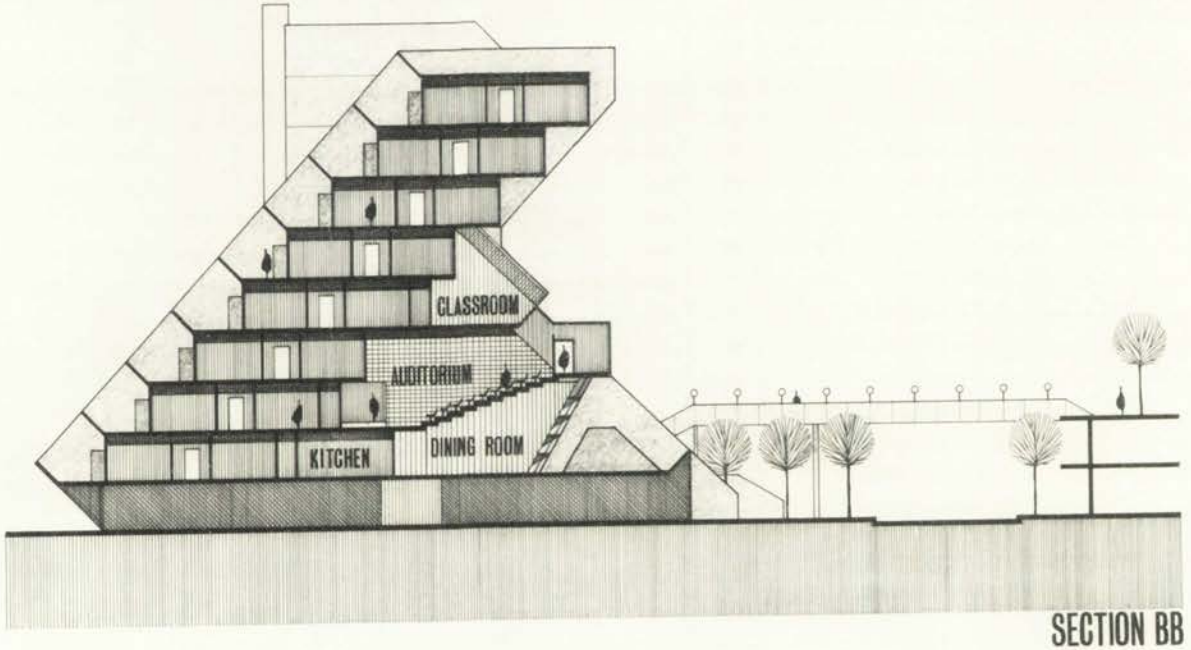

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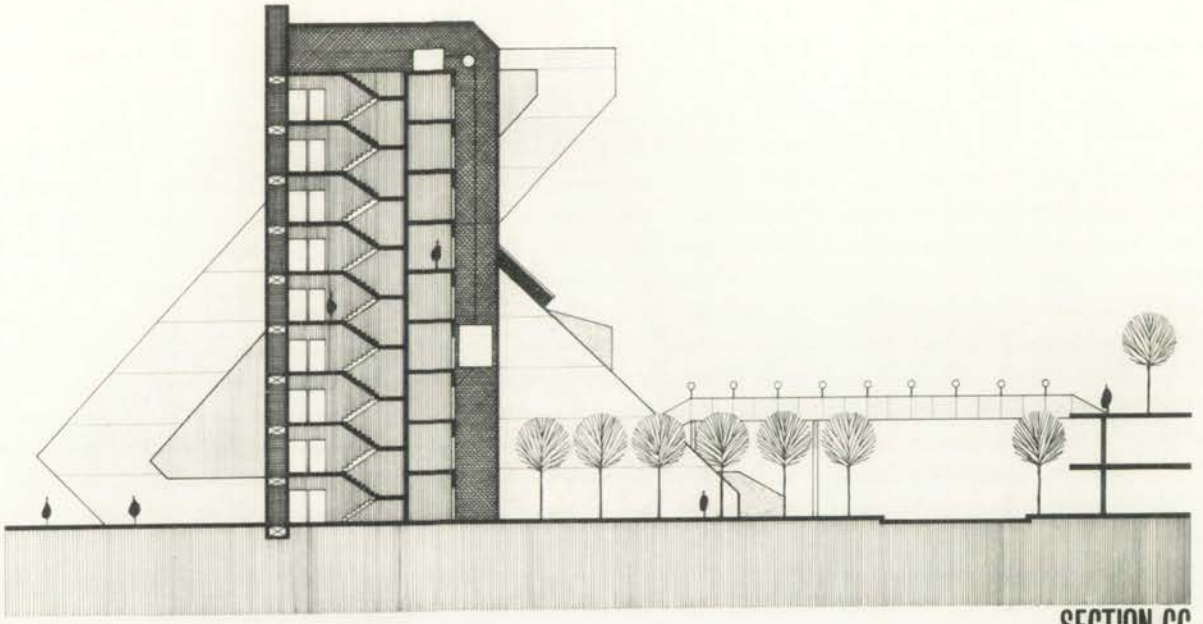

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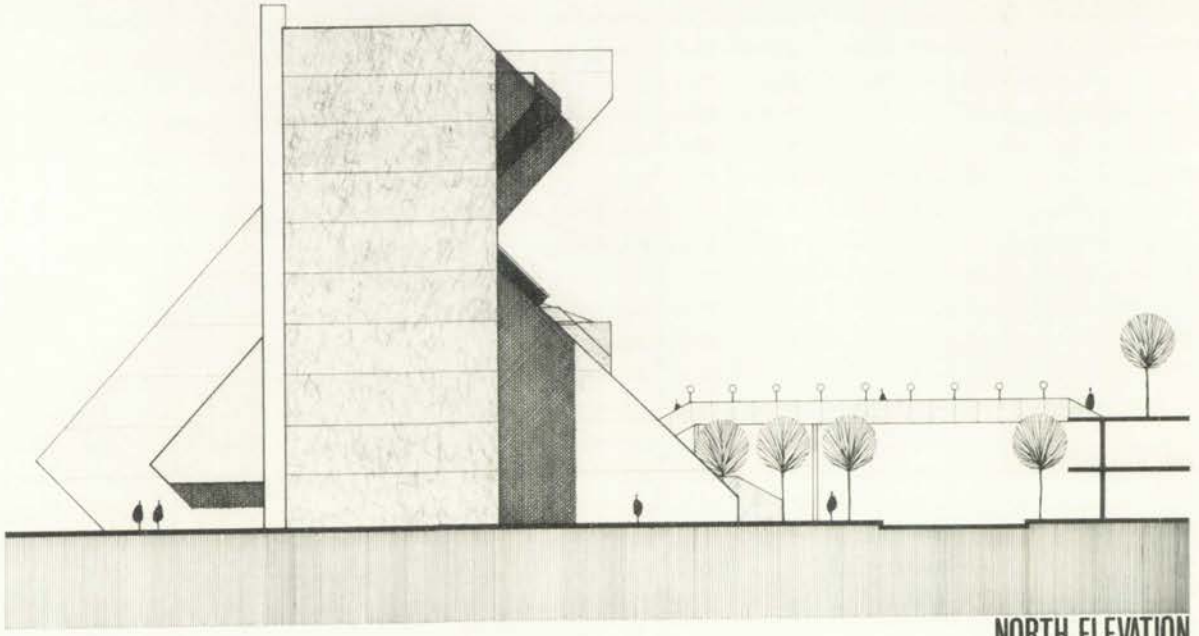

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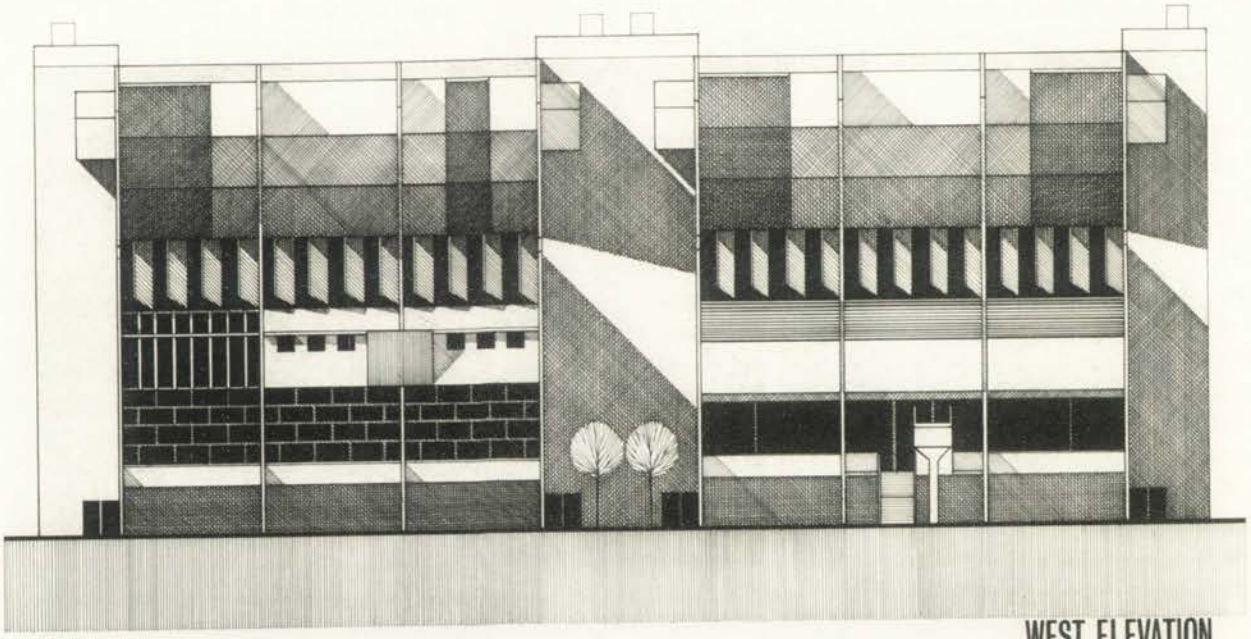

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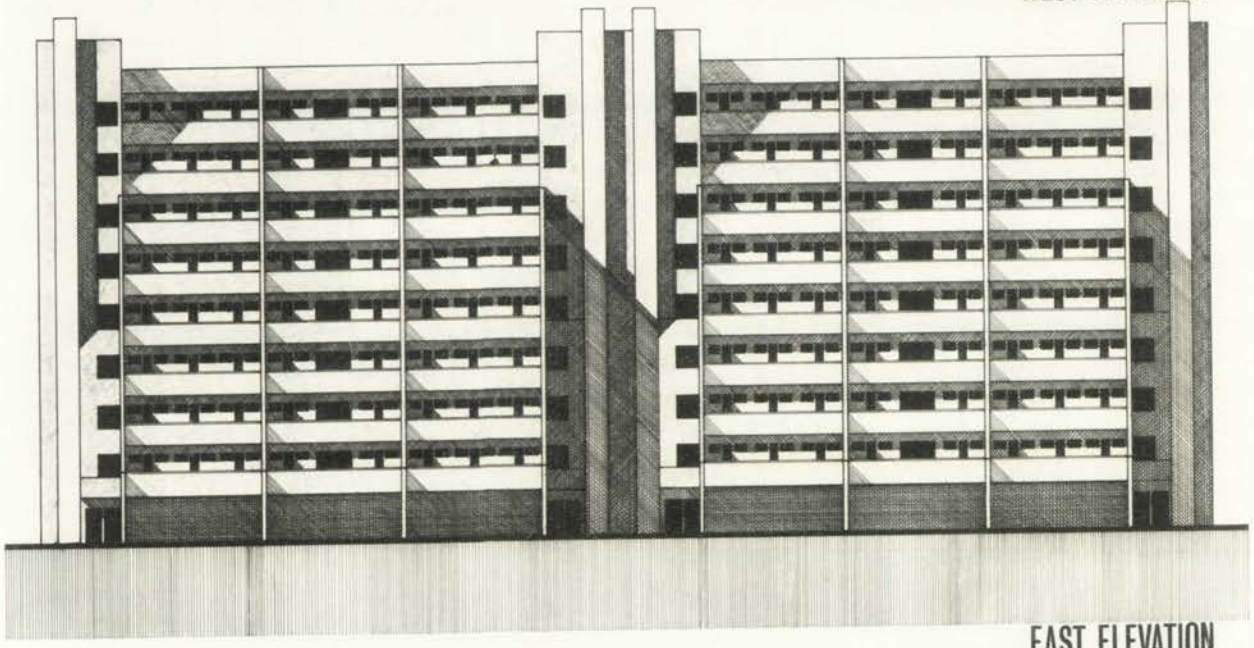
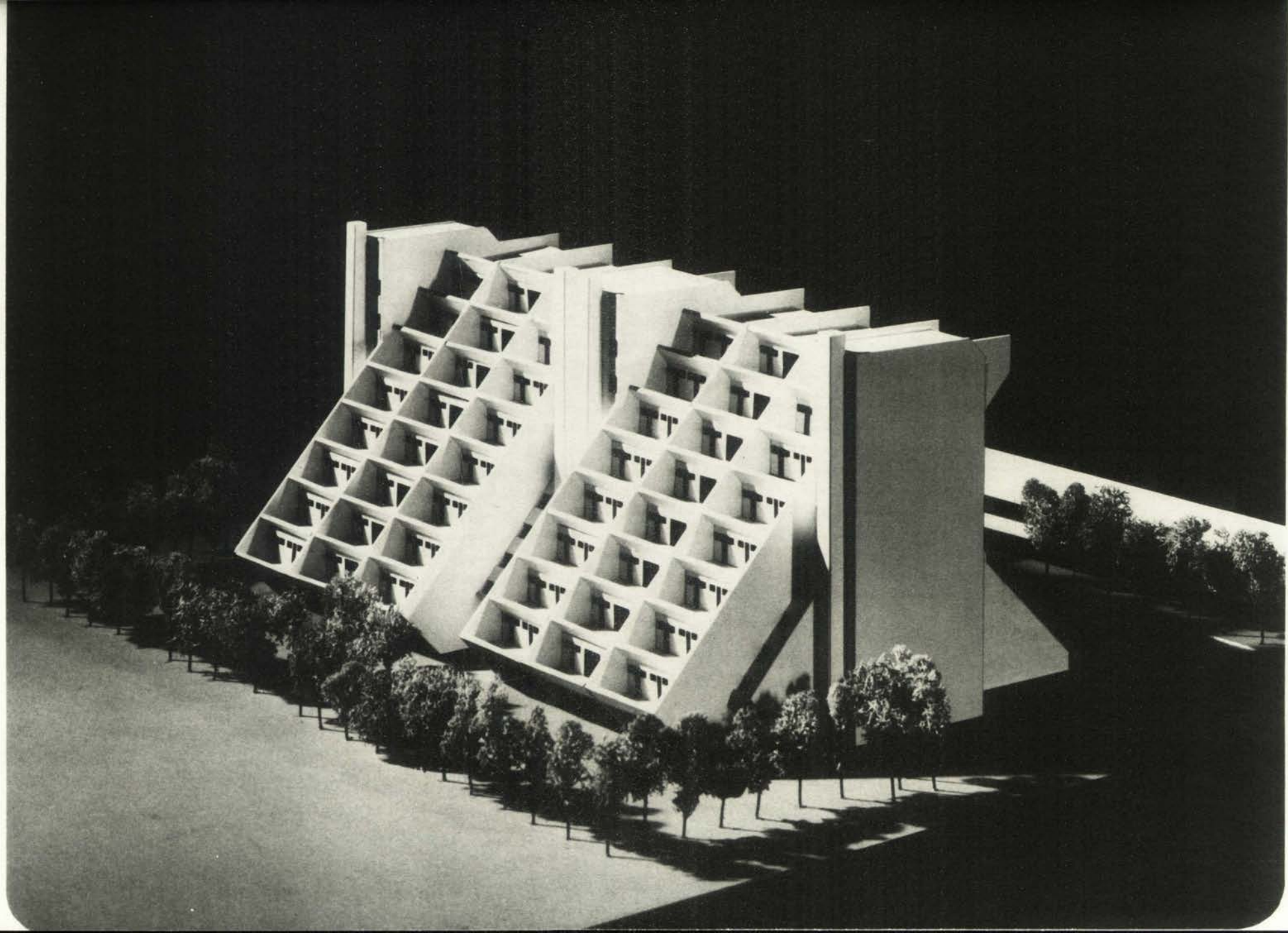
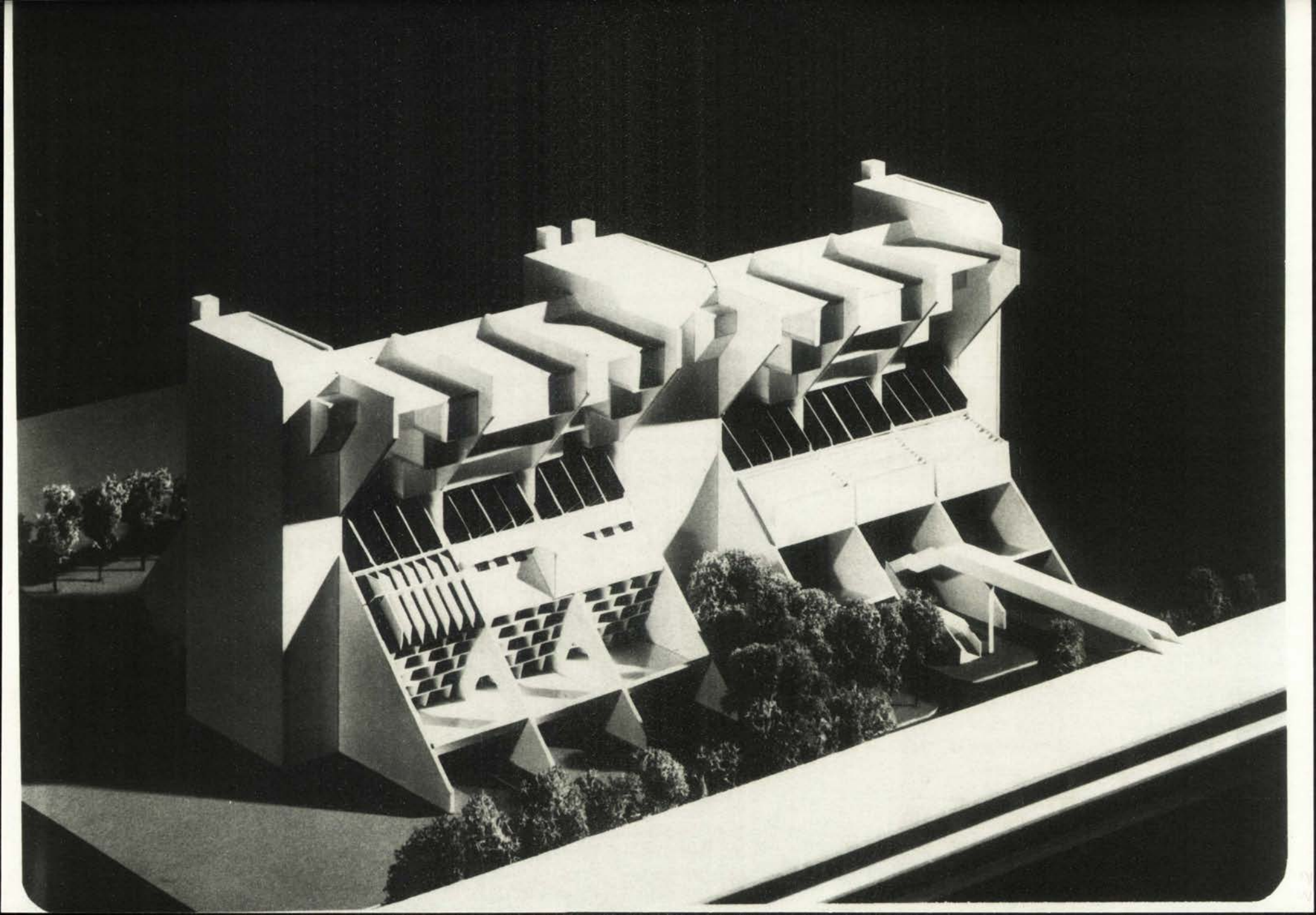
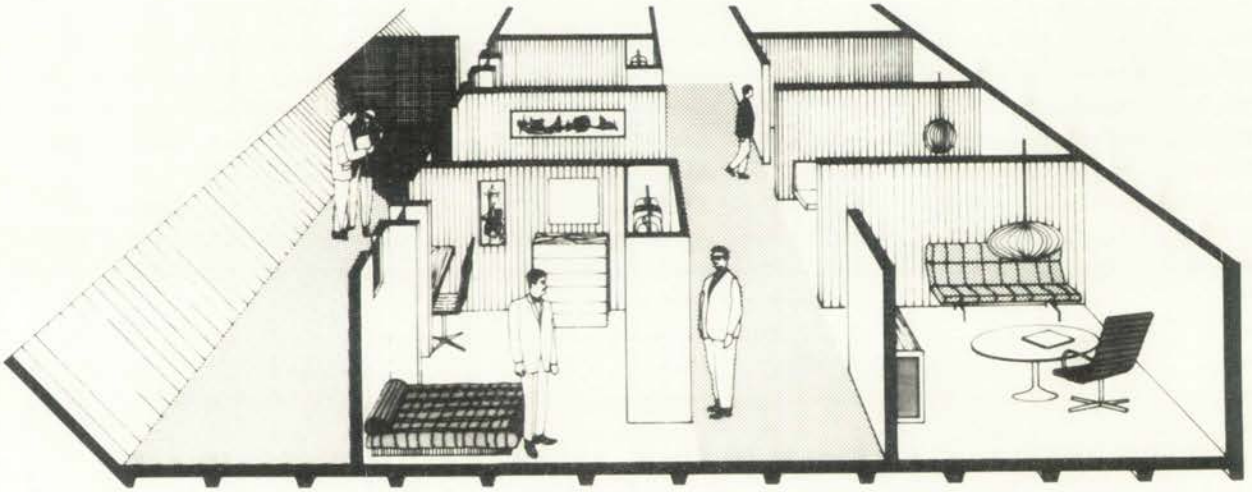


EAST ELEVATION

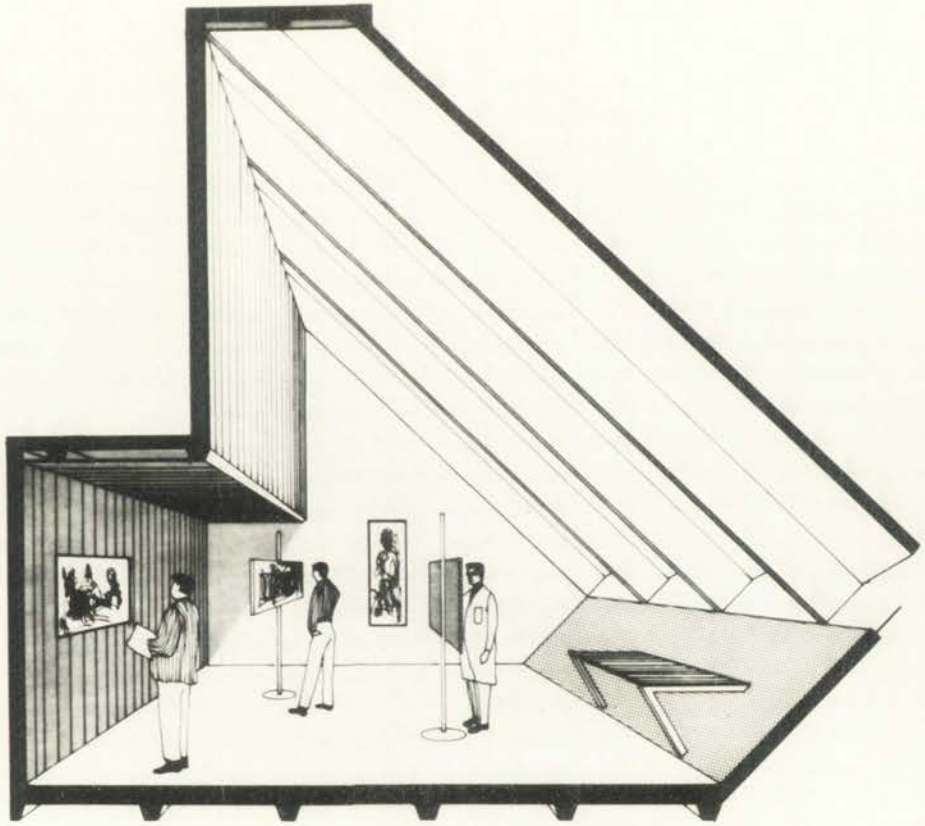






TYPICAL PATIENT WARD

DINING ROOM



ART STUDIO