



Long Island Bridge Closure: Impact and Recommendations
Boston Health Care for the Homeless Program
November 2014

What Happened?

On October 8th 2014 city engineers condemned the 64 year old bridge that connects Long Island to the main land. They ordered an immediate evacuation of Long Island, giving guests and staff only three hours to collect their belongings and depart.

Long Island Background:

Long Island provided beds and shelter to adults 365 days per year, with a capacity of approximately 1,000 guests. Of the 1,000 beds, 700 served as homeless service beds (500 emergency shelter beds and 200 for substance use recovery programs such as Andrew House, Joelyn’s Place, Rebound and Hello House. The remaining 300 beds on the Island were operated by other recovery-oriented programs including Transitions, Safe Harbor and Wyman Re-entry.

Response to the closure:

Utilizing the short three-hour window, the city enacted an emergency response plan that established emergency shelter cots in temporary locations throughout the city.

Emergency shelter locations include:

Location	Cots Available
South End Fitness Center	230 men’s cots
Pine Street Inn	75
Barbara McInnis House	45 women’s cots
New England Center for Homeless Veterans	38
Pilgrim Shelter	30
St. Francis House	25
Woods Mullen	20
Boston Rescue Mission	8
Valentine Street Housing Program	5

Impact: Loss of Stable Shelter

Individuals experiencing homelessness must prioritize daily necessities such as obtaining safe shelter, food and clothing. Health care needs cannot always be prioritized. When safety net facilities are jeopardized, underlying medical conditions may become exacerbated, undertreated or go undiagnosed.

A recent study done at Boston Health Care for the Homeless Program and published in the American Journal of Public Health showed that homeless individuals seeking medical care at BHCHP have a high burden of medical disease (Bharel et al., 2013). For example, of the 6498 patients evaluated, 37% had hypertension, 18% had diabetes, 23% had hepatitis C, and 28% have asthma or chronic bronchitis. The group also had a high level of mental illness with 68% of patients having a mental health diagnosis and 48% having a diagnosis of depression. 60% of patients suffered from an addiction. This constellation of medical and behavioral health illness leads to high use of the health care system and an excess burden of disease. A strong health care support system based on a foundation of necessary social service safety net supports is needed to care for this population.



Medical conditions can be exacerbated in the current emergency shelter conditions.

- Limited bathrooms exist in spaces not designed for shelter: 3 stalls for over 200 guests at the temporary South End Fitness shelter. Inadequate bathroom and hand washing facilities increases risk of infections like norovirus.
- Closely spaced cots and poor air circulation make transmission of respiratory illness, like influenza, and skin infestations more likely.
- As the cold weather sets in, limited space and daytime overcrowding becomes worse.
- Guests left abruptly and are missing the few belongings they had, including important documents and paperwork, medications and sentimental items.

Impact: Loss of Substance Abuse Treatment

Currently, 500 substance abuse beds for individuals that had been part of the Island's recovery programs (Andrew House, Joelyn's Place, Rebound, Transitions, Re-entry, and Safe Harbor) are unaccounted for, leaving these 500 vulnerable and recovering individuals displaced and without treatment. Taken together, the substance abuse treatment beds that were located on Long Island represented 57% of the city's total substance use treatment beds. Prior to the bridge closure, the capacity in the Boston system for substance abuse treatment did not match the need, and since the closure, the system – including detoxification, residential treatment, and halfway houses - has been virtually inaccessible. There has been no reestablishment of substance abuse treatment beds in the city since the bridge's closure on October 8th. This lack of service availability can be felt throughout Boston, particularly in the South End neighborhoods and the already busy intersection of Albany Street and Massachusetts Avenue.

Plans for the Future:

It will cost between 70 and 90 million dollars and take 3 to 5 years to rebuild the bridge to Long Island. Mayor Walsh has a plan to return all of the programs to the island once the bridge is rebuilt.

A temporary steel shelter is being built on Frontage Rd. It is estimated to take 15 weeks to complete. The structure will be used until the bridge is rebuilt and will provide 450 male shelter beds. Woods Mullen will be converted into a 200 bed women's shelter.

Transitions will be rebuilt as a 45 bed facility located at its prior location at 201 River Street in Mattapan. The same building will also house the 25 bed Wyman Re-entry program. This new facility is anticipated to be opened by December 1st 2014.

The city is still working on a plan for reinstating the services provided by Safe Harbor, Andrew House, Joelyn's Place, and Rebound. City officials are also preparing a location to house the remaining individuals affected by the loss of shelter and services on Long Island. One of the sites being considered to house all of these programs is Radius Hospital.

BHCHP Policy Recommendations:

- A rapid solution to the loss of substance use treatment beds, including detoxification beds, residential treatment beds, and halfway house beds. A first step is the immediate appointment of a director to spearhead this effort of increasing capacity for treatment. The City should not wait for the establishment of the planned Office of Recovery Services in 2015 to appoint leadership and rebuild.
- Increase availability of permanent supportive housing in Boston, prioritized for people displaced by the bridge closure



- Increase in mental health counselors to aid in the mental health manifestations and stress management for the guests experiencing the impact of the closures
- Include client and homeless service agency stakeholders in decisions for both short term and long term solutions to the current crisis.
- Support access to data and fund research to undergo a surveillance analysis of the short and long term effects and resource gaps directly related to this closure
- Increase funding to social service agencies to allow enhanced services for displaced persons during period of crisis