State should offer Long Island rehab centers a new home

The Long Island bridge was abruptly closed last year over safety concerns.

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LAST YEAR’S abrupt closure of the Long Island bridge put the work of several Boston nonprofits in jeopardy, and the state should be playing a more active role in helping them — and saving the critical addiction-treatment services they provide. Attorney General Maura Healey has stepped up to the challenge, providing legal help to Bay Cove Human Services and Victory Programs, both of which were housed on the island. Governor Charlie Baker’s administration has helped too, by granting them some flexibility in meeting their state contracts. But the governor could help Bay Cove and Victory Programs solve their most immediate problem by allowing them temporary use of state facilities.
Victory operated a 47-bed rehab center for women on Long Island, while Bay Cove provided detox treatment for about 100 people a week. With the state in the midst of an addiction epidemic — something both Healey and Baker have vowed to tackle — those aren’t services that the state can afford to lose for good. The initial plan to move the services to the former Radius Hospital site fell through amid community opposition. Since then, Boston officials have helped the nonprofits look for new real estate, but more than six months after the bridge’s closure, neither of the two had yet secured a permanent location — though the CEO of Bay Cove said in an interview this week he was hopeful of finding new space soon.

To add insult to injury, the insurance company that covered both nonprofits rejected their business-interruption claims, a ridiculous decision that Healey is helping them fight. The bridge’s closure would seem like an almost textbook example of business interruption over which the agencies clearly had no control. Regardless, legal disputes can drag on for years, and unless the insurance money comes through, it’ll be even harder for the agencies to find replacement facilities in Boston.

That’s where the state could help. The state-owned Shattuck Hospital, for instance, is not fully occupied. And the state controls other institutional properties in Boston and nearby.

Letting either service provider wither away, because of a bridge closure completely outside their control, would be a self-inflicted setback in the state’s fight against addiction. The providers have expertise that the state should want to preserve, and if all it takes is an agreement to rent a state facility, it would be well worth the effort to find one.