

OASIS · AT A GLANCE

When CMH says there are no crisis residential beds

"No beds" is one of the most frightening sentences a family can hear during an active crisis. It is also, more often than families are told, a starting position rather than a final answer.

BY JIM PALASTY · 12 MIN READ · WHAT "NO BEDS" ACTUALLY MEANS, AND WHAT TO DO NEXT

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ESCALATION STEPS WHEN TOLD
THERE ARE NO BEDS

"No beds" is a sentence, not a final answer. Five specific escalation steps exist between that sentence and psychiatric hospitalization.

How it works

THREE STEPS

STEP 1

"No beds" is the first answer

Often true of the specific facilities checked first, rarely the whole truth about every option.



STEP 2

It is rarely the final word

Expanding the search and escalating within CMH and the PIHP often surfaces options not offered up front.



STEP 3

Documentation changes what happens next

Recording every refusal and the specific reason given builds the record that makes escalation work.

Escalation steps, in order

1. Supervisor	Request CMH supervisor involvement immediately
2. Expand search	Ask CMH to search beyond its contracted facility list
3. PIHP	Request direct PIHP involvement in the placement search
4. Michigan P&A	Contact Michigan Protection and Advocacy Service directly
5. Document	Log every refusal with the specific reason given

THE BED THAT EXISTED FORTY MINUTES AWAY

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Brandon's family was told there were no crisis residential beds anywhere in the region during his son's acute crisis. Brandon asked specifically which facilities had been contacted and was told three, all contracted providers within the county. He requested that CMH expand the search countywide, and a bed forty minutes away, outside the original three, became available within hours.

"NO BEDS" MEANT NO BEDS AT THREE SPECIFIC PLACES. NOBODY HAD SAID THAT PLAINLY UNTIL HE ASKED.

What matters, at a glance

MICHIGAN SPECIFIC

Chronic shortage

Michigan has a persistent shortage of crisis residential facilities accepting Medicaid, which shapes every "no beds" answer families hear.

Budget constraints

CMH boards may be reluctant to pay for out-of-area placements even when beds exist further away.

Complex needs get refused first

Facilities can and do decline placements based on specific behaviors or support needs, which disproportionately affects autistic adults with higher support needs.

Escalation works more often than expected

Involving a CMH supervisor or the PIHP directly frequently surfaces options never mentioned in the first phone call.

Every refusal, with the reason given

A written log of who said no, when, and why becomes leverage for the next escalation and any future advocacy.

Psychiatric hospitalization as fallback

Sometimes the only option offered. Know your rights and ask about crisis residential alternatives even after hospitalization begins.

BRING THESE · CHECK AS YOU GO

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| ☐ A written log of every facility contacted and the answer given | ☐ Your CMH supervisor and PIHP regional office contact information |
| ☐ Michigan Protection and Advocacy Service's contact information | ☐ A clear statement of your family member's current safety needs |
| ☐ Documentation ready for whatever placement is eventually offered | |

YOUR MOVE

When you're told there are no crisis residential beds, here is what to do next

- 1 Ask which specific facilities were contacted.
- 2 Request CMH supervisor involvement immediately.
- 3 Ask CMH to expand the search beyond contracted facilities.
- 4 Request direct PIHP involvement in the search.
- 5 Contact Michigan Protection and Advocacy Service.
- 6 Document every refusal with the specific reason given.

"No beds" is the beginning of a search, not the end of one. Ask who was actually called before you accept it as final.

RESOURCES NAMED IN THIS POST

mpas.org · <https://www.mpas.org>

cmham.org · <https://cmham.org>

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ABOUT THE AUTHOR

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