

**Table 16D: Child/Adolescent Chemical Dependency  
(Substance Abuse) Bed Need Determinations  
DRAFT 5/20/13**

*(Proposed for Certificate of Need Review Commencing in 2014)*

It is determined that the counties listed in the table below need additional child/adolescent chemical dependency treatment beds as specified.

<b>Mental Health Planning Region</b>	<b>HSA</b>	<b>Child/Adolescent Chemical Dependency Treatment Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Western Region	I, II, III	9	To be determined	To be determined
It is determined that there is no need for additional child/adolescent chemical dependency treatment beds (inpatient or residential) anywhere else in the state.				
Note: Initial need determinations are residential, unless reallocated at which time the need would be either for residential or inpatient treatment beds.				

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).