

Virginia Opioid Abatement Authority
Timeline for Cooperative Project

Fiscal Agent: Fairfax County
(Insert name of city or county)

Project Name: Regional Substance Use Detox/Residential Treatment Services for Adolescents

#	Objective	REQUIRED												Required based on number of renewal years requested to be funded (listed in the narrative section of the application 5.b)															
		FY24												FY25				FY26				FY27				FY28			
		July	August	September	October	November	December	January	February	March	April	May	June	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	Award Contract - RFP was released 4/4/23	X																											
2	IF PURCHASING BEDS IN EXISTING FACILITY:																												
3	Develop referral and admission business processes	X	X																										
4	Hire, onboard and train staff	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
5	Coordinate with DBHDS for required licensing	X	X																										
6	Registration with MCOs, as needed	X	X	X																									
7	Initiate and provide services				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
8	IF DEVELOPING NEW FACILITY																												
9	Identify and secure facility location		X	X																									
10	Secure any permits needed for facility renovation			X	X																								
11	Begin facility renovations/construction, as needed				X	X																							
12	Develop referral and admission business processes			X	X																								
13	Hire, onboard and train staff			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
14	Coordinate with DBHDS for required licensing						X	X																					
15	Registration with MCOs, Initiate and provide services								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	