Virginia Opioid Abatement Authority

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Timeline for Cooperative Project

Fiscal Agent: Hanover County

(Instant amed City or county)

Project Name: Project Recover Expansion

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REQUIRED													Required based on number of renewal years requested to be funded (listed in the narrative section of the application 5.b)																
	Insert Project Objectives and place an "X" in the appropriate monthlyear. Add additional objectives as needed.	EY24											FY25				FY26				FY27				<u>FY28</u>				
#	Objective	July	August	Septembe	October	Novembe	Decembe	January	February	March	April	May	June	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	Hire and train peer supervisor and 2 certified peer recovery specialists	х	x																										
2	Reducing stigma of substance use disorder by providing stigma reduction trainings, attending roll calls with police and EMS, conducting ride-alongs	x	х	х	x	х	х	x	х	х	x	х	х	х	x	x	х	x	x	x	х	х	х	x	х	x	х	х	x
3	Broaden naloxone distribution to overdose victims and at-risk individuals in the community	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	×
4	Provide metrics on initial contacts, follow-ups, naloxone kits distributed	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X
5	Provide partners with project reports and individuals encountered			Х			Х			Х			Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	X
6	Provide peer supervision and professional development (Peer Supervisor)	Х	Х	Х	Х	X	Х	X	Х	Х	Х	Х	Х	X	Х	X	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х	Х	X
7	Provide immediate access to recovery support services when responding to overdoses	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	×
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