

## Timeline for Cooperative Project

Fiscal Agent: Rockingham County  
(insert name of city or county)

Project Name: Crisis Response Unit

#	Objective	REQUIRED												Required based on number of renewal years requested to be funded (listed in the narrative section of the application 6.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	Increase data tracking for crisis response planning and evaluation.				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
2	Provide funding and training for first responders to participate	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	
3	Provide treatment and recovery support 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	X	X	X	
4	Provide comprehensive wrap-around services to individuals w	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	Support mobile intervention, treatment, and recovery 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	X	X	X	
6	Expand harm prevention outreach efforts with distribution of N	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	
7	Increase distribution of naloxone kits and fentanyl test strips to at-risk individuals.							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
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