Virginia Opioid Abatement Authority Timeline for Cooperative Project

Fiscal Agent:	
<u>-</u>	(Insert name of city or county)

Project Name: Rappahannock Mobile MAT and Co-occuring Crisis Stabilization/Detox project

		REQUIRED FY24												Required based on number of renewal years requested to be funded (listed in the narrative section of the application 5.b)															
Insert F	Project Objectives and place an "X" in the appropriate month/year. Add additional objectives as needed.														<u>FY</u>	<u>′25</u>		<u>FY26</u>				<u>FY27</u>				<u>FY28</u>			
#	Objective	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 Adverti	se for new positions as soon as possible after notificat	Х																											
2 Form p	roject steering committee; Draft program policies	Х																											
3 Adopt p	program policies and procedures by steering committe <mark>e</mark>		Х																										
4 Begin p	processing referrals and providing services		Х																										
5 Hold St	teering Committee meetings monthly; Provide evaluat	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Χ	Χ	Х	X	X	X
6 Quarte	rly collaboration meeting with treatment team and loca	Х			Х			Х			Х			Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Χ	Χ	Х	X	X	X
7 Enroll 5	5 people per mobile unit locality within first two months		Х	Х																									
8 Provide	e access to medication in all participating localities at l	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Χ	Χ	Х	X	X	X
9 Provide	e co-occuring crisis stabilization to include detox to 20	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Χ	Χ	Х	X	X	X
10 Provide	e mobile MAT services to 100 individuals per year	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Χ	Χ	Χ	Х	X	X	X
11 50% of	treated clients will report fewer arrests from intake to 6	months						Х						Х						Х			Χ		Х		X		X
12 90% of	clients will report lower substance use from intake to 6 r	months						Х						Х						Х			Х		Х	_	X		X
13 60% of	clients will have fewer emergency department visits d <mark>ue</mark>	e to substa	nce use than	6 months pri	or to enrollme	ent for each 6	month period	Х						Х						Х			Х		Х		X		X
14																										_			
15																													