

Virginia Opioid Abatement Authority  
**Timeline for Cooperative Project**

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

Project Name: CITAC

#	Objective <small>Insert Project Objectives and place an "X" in the appropriate month/year. Add additional objectives as needed.</small>	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	Expand hours of law enforcement coverage at the CITAC to include...	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	
2	Reduce officer wait time at the CITAC and allow them to return...			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	Expand information and referrals provided to individuals and their families about community-based MH and SUD/OD treatment services.							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
4	Expand harm reduction outreach.							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
5	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	X	
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