

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

**INSTRUCTIONS FOR COMPLETING
THE QUARTERLY PROJECT STATUS REPORT**

General Instructions

The *Quarterly Project Status Report* (QPSR) must be completed for all projects included in the Technological Needs Funding Agreement (TNFA) on a Fiscal Year quarterly basis (e.g., July – September, October – December, January – March, and April – June).

The first *Quarterly Project Status Report* must be submitted no later than thirty (30) days following completion of the first full quarter after the project is added to the TNFA, regardless of project start date.

Examples:	TNFA	First QPSR Due:
Project #1 (Original Exhibit A of TNFA)	TNFA Executed May 1, 2010	October 30, 2010
Project #2 (Added as Exhibit A-1 of TNFA)	Added to TNFA Jan. 15, 2011	July 30, 2011

Contractor shall submit the *Quarterly Project Status Report* to the County’s Project Manager. Electronic submissions of the *Quarterly Project Status Report* bearing an image of the Contractor’s Project Director’s signature are preferred. County’s Project Manager shall assign a DMH Control Number to track the *Quarterly Project Status Report*. All outstanding *Quarterly Project Status Reports* shall be reviewed on a regular basis by the County’s Project Director.

A template for the *Quarterly Project Status Report* is available for download in MS WORD 2003 format from the [CPTT Web site](http://dmh.lacounty.gov/hipaa/edi_homepage.html) at: http://dmh.lacounty.gov/hipaa/edi_homepage.html.

PROJECT INFORMATION	
DMH Control No.	Leave Blank.
Project Name	Enter the Project Name as it appears in the TNFA.
Project ID No.	Enter the Project ID No. as it appears on the project approval notification letter.
Contractor’s Executive Sponsor and Title	Enter the name and job title of the Executive Sponsor of the Project.
Contractor Name	Enter the name of the Contractor as it appears in the TNFA.
Legal Entity No.	Enter the Legal Entity number as it appears in the TNFA.
Project Status	Place an “X” in the appropriate checkbox.
Budget Status	Place an “X” in the appropriate checkbox.
Report for Quarter Ending	Enter the end date of the report quarter as MM/DD/YYYY.
Project Start Date	Enter the date the project started as MM/DD/YYYY.
Project End Date	Enter the date the project ended or leave blank if the project is in progress.

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Contractor's Project Director	Enter the name of the Contractor's Project Director as it appears in the TNFA.
Phone	Enter the phone number of the Contractor's Project Director.
Email	Enter the e-mail address of the Contractor's Project Director.
Project Objectives	Provide a brief statement of the Project Objectives, consistent with Contractor's description of Project Goals and Objectives as stated in Exhibit 3 – Technological Needs Project Proposal Description, Section 1.1.
Consortium Agencies	If the project is part of a consortium, enter the name of all Legal Entities participating in the consortium.

MAJOR TASK/ MILESTONE	
Task/Milestone	On the first <i>Quarterly Project Status Report</i> , enter the first twelve (12) Tasks/Milestones listed on the most recent DMH approved Appendix C: Summary Project Schedule. On subsequent <i>Quarterly Project Status Reports</i> , please do not show Tasks/Milestones that were reported as completed in previous <i>Quarterly Project Status Reports</i> .
Original Start	Enter the Original Start Date for all listed Tasks/Milestones, as indicated on the original project schedule included in the TNFA.
Revised Start	Enter the Revised Start Date for all listed Tasks/Milestones, whether approved or planned. The Revised Start Date is any actual or planned revision to the Original Start Date identified on Appendix C: Summary Project Schedule of the approved Project exhibit of the TNFA. If the Revised Start Date has not been approved by DMH, a Form of Change Notice and revised Appendix C: Summary Project Schedule must be submitted to DMH.
Actual Start	Enter the actual date work began on each listed Task/Milestone for all Tasks/Milestones listed on the most recent DMH approved version of Appendix C: Summary Project Schedule for the project and add any new Actual Start dates for Tasks/Milestones for which work has started since the last <i>Quarterly Project Status Report</i> was submitted.
Original Completion	Enter the Original Completion Date for all listed Tasks/Milestones as indicated on the original project schedule included in the TNFA.
Revised Completion	Enter the Revised Completion Date for the listed Task/Milestone, whether approved or planned. The Revised Completion Date is any actual or planned revision to the Original Start Date identified on Appendix C: Summary Project Schedule of the approved Project exhibit of the TNFA. If the Revised Completion Date has not been approved by DMH, a Form of Change Notice and revised Appendix C: Summary Project Schedule must be submitted to DMH.
Actual Completion	Enter the Actual Completion Date for all listed Tasks/Milestones listed on the most recent DMH approved Appendix C: Summary Project Schedule

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Status	Enter the Status of the Task/Milestone using the following options: <ul style="list-style-type: none"> • Not Started • In Progress • Complete • Cancelled
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TOTAL PROJECT BUDGET INFORMATION (MHSA Funding Only)	
Budgeted Costs:	
a) Personnel	Enter total Personnel costs for the project as shown on Exhibit 4 – Budget Summary of the TNFA or the most recent approved Budget Modification.
b) Hardware	Enter total Hardware costs for the project as shown on Exhibit 4 – Budget Summary of the TNFA or the most recent approved Budget Modification.
c) Software	Enter total Software costs for the project as shown on Exhibit 4 – Budget Summary of the TNFA or the most recent approved Budget Modification
d) Contract Services	Enter total Contract Services costs for the project as shown on Exhibit 4 – Budget Summary of the TNFA or the most recent approved Budget Modification
e) Other Expenses	Enter total Other Expenses costs for the project as shown on Exhibit 4 – Budget Summary of the TNFA or the most recent approved Budget Modification
f) Total Project Costs	Enter total MHSA IT budgeted funds for the project as shown on Exhibit 4 – Budget Summary of the TNFA or the most recent approved Budget Modification
Actual Costs to Date	
a) Personnel	Enter total actual (cumulative) Personnel costs incurred from the Project Start Date through the end of the reporting period, including Personnel costs paid from Start-up funds.
b) Hardware	Enter total actual (cumulative) Hardware costs incurred from the Project Start Date through the end of the reporting period, including Hardware costs paid from Start-up funds.
c) Software	Enter total actual (cumulative) Software costs incurred from the Project Start Date through the end of the reporting period, including Software costs paid from Start-up funds.
d) Contract Services	Enter total actual (cumulative) Contract Services costs incurred from the Project Start Date through the end of the reporting period, including Contract Services costs paid from Start-up funds.
e) Other Expenses	Enter total actual (cumulative) Other Expenses incurred from the Project Start Date through the end of the reporting period, including Other Expenses paid from Start-up funds.
f) Total Project Costs	Enter total MHSA IT funds expended from the Project Start Date through the end of the reporting period, including expenses paid from Start-up funds.

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PROJECT STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES / ISSUES	
Project Status	Provide a general summary of project status as of the end of the most recent quarter completed.
Major Accomplishments During the Reporting Period	List major accomplishments during the most recent quarter completed. If no major accomplishments during the reporting period, note as “None”.
Scheduled Activities For The Next Fiscal Quarter	List any project-related activities scheduled for the next quarter (e.g., training, user acceptance testing, Go-Live, etc). If no activities are scheduled, note as “None”.
Issues	List any issues that may impact the project scope, approach, schedule, and/or budget. If there are no issues to report, note as “None”.

RISK MANAGEMENT	
Risk Report	
a) ID	Enter a sequential number for each risk reported beginning with “1”.
b) Risk	Describe each reported risk in simple terms. A more detailed description of each risk may be provided on an additional comments sheet.
c) Probability	Enter the appropriate alpha code to describe the probability of the occurrence of each reported risk as follows: <ul style="list-style-type: none"> • “H” = High • “M” = Medium • “L” = Low
d) Impact	Enter the appropriate alpha code to describe the likely impact of each reported risk on project success as follows: <ul style="list-style-type: none"> • “H” = High • “M” = Medium • “L” = Low
e) Timeframe	Enter the appropriate alpha code to describe the estimation of how long the reported risk will be relevant to the project as follows: <ul style="list-style-type: none"> • “S” = Short Term (< 3 Months) • “M” = Medium Term (3 to 6 Months) • “L” = Long Term (> 6 Months)
f) Response	Enter the appropriate description of action(s) that will be taken with regard to each reported risk as follows: <ul style="list-style-type: none"> • “Mitigate” = Action(s) will be taken to reduce negative impact of the risk. • “Watch” = Take no direct action(s) and continue to monitor. • “Accept” = Accept risk because it is unlikely to occur or its occurrence is unlikely to significantly impact project success.

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<p>g) Escalated to DMH</p>	<p>Enter the appropriate description of action(s) taken with regard to each reported risk as follows:</p> <ul style="list-style-type: none"> • “Yes” = DMH informed of risk immediately upon recognition of the risk and through means other than the <i>Quarterly Project Status Report</i> because the risk represents a significant threat to project success. • “No – M/L” = DMH was not informed because both the Probability and Impact of the risk are not high. • “No – H” = DMH should have been informed of the risk prior to completion of the current <i>Quarterly Project Status Report</i>, but was not informed timely.
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<p>POST IMPLEMENTATION EVALUATION REPORT</p>	
<p>General Instructions</p>	<p>Complete the Post Implementation Evaluation Report (PIER) <u>only</u> at Project Closure as part of the <i>Quarterly Project Status Report</i> to be submitted to DMH within thirty (30) calendar days following project completion.</p>
<p>Objectives Achieved</p>	<p>Describe the achieved objectives in comparison to the objectives listed in the Project Description Section 1.1 of Exhibit 3 of the TNFA Exhibit A. Include in this section a description of User and Management acceptance of the completed project.</p>
<p>Lessons Learned</p>	<p>Describe lessons learned, best practices used for the project, any notable occurrences, or factors that contributed to project success, problems, or other information which would be helpful during future project efforts. Describe problems that were encountered and how they were overcome.</p>
<p>Corrective Actions</p>	<p>Leave blank unless the project is deemed to be a limited success or failure, or when there are significant differences between project expectations and project results. If significant differences between project expectations and project results are anticipated, summarize alternatives for improving the outcome.</p>
<p>Next Steps</p>	<p>If the project has any planned future phases or enhancements, use this section to describe any planned future phases or enhancements. If the project will be in the Maintenance Phase subsequent to project closure, indicate “Maintenance Phase”. Indicate “None”, if no future actions are planned.</p>

<p>CONTRACTOR APPROVALS</p>	
<p>Prepared By Signature</p>	<p>Preparer must sign the <i>Quarterly Project Status Report</i>.</p>
<p>Date</p>	<p>Enter date of signature by the Preparer.</p>
<p>Phone</p>	<p>Enter the work telephone number of the Preparer.</p>

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Contractor's Project Director Signature	Contractor's Project Director identified in the TNFA must sign the <i>Quarterly Project Status Report</i> .
Date	Enter date of signature by the Contractor's Project Director.
Phone	Enter the work telephone number of the Contractor's Project Director.

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SAMPLE Quarterly Project Status Report
 For an MHSA-Funded IT Project

DMH CONTROL NO. (DMH Use Only)

PROJECT INFORMATION	
Project Name: <i>Clinical Data and Practice Mgmt. System Project</i>	
Project ID No.: <i>CDM00999A</i>	
Contractor Name: <i>XYZ Agency, Inc.</i>	
Legal Entity No.: <i>00999</i>	
Contractor's Executive Sponsor: <i>Mary Doe</i>	
Title: <i>Director of Clinical Operations</i>	
Project Status	Budget Status
<input checked="" type="checkbox"/> On Schedule	<input checked="" type="checkbox"/> Within Approved Budget
<input type="checkbox"/> Ahead of Schedule	<input type="checkbox"/> Over Budget
<input type="checkbox"/> Behind Schedule	
Report for Quarter Ending: <i>12/31/2012</i>	
Project Start Date: <i>04/01/2010</i>	
Project End Date: <i>06/27/2013</i>	
Contractor's Project Director: <i>Dr. John Doe, Ph.D, Executive Director</i>	
Phone: <i>(213) 555-1212</i>	
Email: <i>JDoe@XYZAgency.org</i>	
Project Objectives: <i>Transition to an electronic clinical data and practice management system with EDI functionality to exchange data electronically with DMH.</i>	
Consortium Agencies (If applicable): <i>N/A</i>	

MAJOR TASK/MILESTONE STATUS							
Task / Milestone	Original Start	Revised Start	Actual Start	Original Completion	Revised Completion	Actual Completion	Status
<i>Project Initiation</i>	<i>04/1/2010</i>	<i>04/15/2010</i>	<i>04/15/2010</i>	<i>05/26/2010</i>	<i>06/09/2010</i>	<i>06/02/2010</i>	<i>Complete</i>
<i>Project Planning</i>	<i>05/27/2010</i>		<i>05/20/2010</i>	<i>09/10/2010</i>		<i>09/01/2010</i>	<i>Complete</i>
<i>Project Execution & Control</i>	<i>06/21/2010</i>		<i>06/11/2010</i>	<i>05/10/2011</i>		<i>05/03/2011</i>	<i>Complete</i>
<i>Project Implementation</i>	<i>04/04/2011</i>		<i>03/04/2011</i>	<i>05/27/2011</i>		<i>05/27/2011</i>	<i>Complete</i>
<i>Ongoing Vendor & Project Support</i>	<i>05/31/2011</i>		<i>05/31/2011</i>	<i>05/28/2013</i>			<i>In Progress</i>
<i>Project Closure</i>	<i>05/29/2013</i>			<i>06/27/2013</i>			<i>Not Started</i>

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TOTAL PROJECT BUDGET INFORMATION (MHA Funding Only)		
Category	Budgeted Costs	Actual Costs to Date
Personnel	\$ 15,625	\$15,625
Hardware	\$25,125	\$25,125
Software	\$ 0	\$ 0
Contract Services	\$ 117,348	\$103,212
Other Expenses	\$ 0	\$ 0
Total Project Costs	\$ 158,098	\$ 143,962

PROJECT STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES / ISSUES
<p>PROJECT STATUS</p> <ul style="list-style-type: none"> <i>Clinical Data and Practice Management System has been fully implemented</i> <i>Project activities are limited to vendor support of the ASP system, hardware maintenance, and internet services</i> <i>Project is anticipated to close on-schedule on June 27, 2013 with full expenditure of MHA IT funds</i> <p>MAJOR ACCOMPLISHMENTS DURING THE REPORTING PERIOD</p> <ul style="list-style-type: none"> <i>None</i> <p>SCHEDULED ACTIVITIES FOR THE NEXT FISCAL QUARTER</p> <ul style="list-style-type: none"> <i>None</i> <p>ISSUES</p> <ul style="list-style-type: none"> <i>None</i>

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RISK MANAGEMENT

Risk Report

(Please Provide the Risk Log Along with Mitigation, Contingency Plan for each High Priority Short Term Risk)

ID	Risk (Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets.)	Probability	Impact	Timeframe	Response	Escalated To DMH
1	<i>ASP User Cost Increase</i>	<i>H</i>	<i>L</i>	<i>M</i>	<i>Accept</i>	<i>N-M/L</i>

Explanation Of Entries

- **Probability And Impact Are Based On Three (3) Possible Entries:** High (H), Medium (M), Low (L)
- **Timeframe, Estimation Of How Long The Risk Will Be Relevant:** Short Term (S) <3 months, Medium Term (M) 3 to 6 months, Long Term (L) >6 months
- **Response:** Possible actions are Mitigate, Watch, or Accepted whereby you can either fix the risk through mitigation, watch it to see how it develops, or accept the risk because it is not likely to occur or has minimal impact
- **Escalated to DMH:** Enter the appropriate description of action(s) taken with regard to each reported risk as follows:

 “Yes” = DMH informed of risk immediately upon recognition of the risk and through means other than the *Quarterly Project Status* Report because the risk represents a significant threat to project success.
 “No – M/L” = DMH was not informed because both the Probability and Impact of the risk are not high.
 “No – H” = DMH should have been informed of the risk prior to completion of the current *Quarterly Project Status Report*, but was not informed timely.

List Of Risks That You Might Want To Consider

1. Lack of Clearly-Defined Project Objectives and Business Processes
2. Lack of Clearly Defined Roles and Responsibilities for Stakeholders and Team Members
3. No Project Steering Committee Established
4. Required Funds and Resources are not available in a Timely Manner
5. Lack of Subject Matter Experts with Availability To Share Knowledge in a Timely Manner with The Project Team
6. Lack of Well Defined Requirements or Requirements that are not Finalized
7. Lack of Project Management Methodology and Change Management Process
8. Lack of Knowledge on Technologies Being Used and Stability of Technologies Being Used
9. No Proven Vendor Product (If Package Solution)
10. Excessive Changes after the Completion of the Requirements Phase
11. Lack of User Group Involvement and Buy-In Throughout The Project
12. No Provision for Appropriate Training

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Post Implementation Evaluation Report

Please Include the Following Sections in Your Final Status Report

OBJECTIVES ACHIEVED

Describe the Achieved Objectives in Comparison to the Objectives Listed in the Project Description Section 1.1 of Exhibit 3. Also describe the User and Management Acceptance of the Completed Project.

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LESSONS LEARNED

Describe Lessons Learned, Best Practices used for the project, any Notable Occurrences, or Factors that contributed to the project's success or problems, or other information, which could be helpful during future project efforts. Describe Problems that were Encountered and How they were Overcome.

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CORRECTIVE ACTIONS

Note: This section must be included when the project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results.

If this condition applies, summarize alternatives for improving the outcome.

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NEXT STEPS

Describe if the project has any Future Phases or Enhancements; or will it be in Maintenance Phase.

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Contractor Approvals		
<i>Sandra Sample</i>	1/15/2013	(213) 555-1212
Signature Prepared By	Date	Phone
<i>John Doe, Ph.D., Executive Director</i>	1/17/2013	(213) 555-1212
Signature Contractor's Project Director	Date	Phone

Please submit *Quarterly Project Status Reports* in an electronic format or via fax, including images of "wet" signatures of both the Report Preparer and the Contractor's Project Director.

Email *Quarterly Project Status Reports* to:
CPTT@dmh.lacounty.gov

Or FAX *Quarterly Project Status Reports* to:
DMH CIOB Attn: CPTT
(213) 252-8744