

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

Quarterly Project Status Report
 For an MHS-A-Funded IT Project

DMH CONTROL NO. (DMH Use Only)

PROJECT INFORMATION	
Project Name:	Project ID No.:
Contractor Name:	Legal Entity No.:
Contractor's Executive Sponsor:	Title:
Project Status	Budget Status
<input type="checkbox"/> On Schedule	<input 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:	
Project Start Date:	
Project End Date:	
Contractor's Project Director:	
Phone:	
E-mail:	
Project Objectives:	
Consortium Agencies (If applicable):	

MAJOR TASK/MILESTONE STATUS							
Task / Milestone	Original Start	Revised Start	Actual Start	Original Completion	Revised Completion	Actual Completion	Status

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TOTAL PROJECT BUDGET INFORMATION (MHA Funding Only)		
Category	Budgeted Costs	Actual Costs to Date
Personnel		
Hardware		
Software		
Contract Services		
Other Expenses		
Total Project Costs		

PROJECT STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES / ISSUES
<p>PROJECT STATUS</p> <ul style="list-style-type: none">•
<p>MAJOR ACCOMPLISHMENTS DURING THE REPORTING PERIOD</p> <ul style="list-style-type: none">•
<p>SCHEDULED ACTIVITIES FOR THE NEXT FISCAL QUARTER</p> <ul style="list-style-type: none">•
<p>ISSUES</p> <ul style="list-style-type: none">•

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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

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		
Signature Prepared By	Date	Phone
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