



IT Project Status Report  
For an MHSA-Funded IT Project

Please send the **Signed Original** to the following address:

**California Department of Mental Health  
Information Technology  
Attention: MHSA-IT  
1600 9<sup>th</sup> Street, Room 141  
Sacramento, CA 95814**

Additionally, please E-mail a **Soft Copy** to:  
[DMH.MHSA-IT@dmh.ca.gov](mailto:DMH.MHSA-IT@dmh.ca.gov)

PROJECT INFORMATION		
Project Name:	Consumer Learning Centers	DMH Project ID #: SC-03
Executive Sponsor:	Nancy Pena, Ph.D.	County: Santa Clara
Title:	Director Mental Health Department	
Project Status	Budget Status	Report for Quarter Ending: 07/31/2010
<input type="checkbox"/> Not Started <input type="checkbox"/> On Schedule <input type="checkbox"/> Ahead of Schedule <input checked="" type="checkbox"/> Behind Schedule	<input checked="" type="checkbox"/> Within Approved Budget <input type="checkbox"/> Over Budget	Project Start Date: June 2010 Project End Date: May 2011
MHSA IT Project Contact Person's Name: Sheila Yuter (Primary)		Sue Clements (Secondary)
Telephone Number: 408-885-3885		408-885-7085
E-mail Address: <a href="mailto:Sheila.Yuter@hhs.sccgov.org">Sheila.Yuter@hhs.sccgov.org</a>		<a href="mailto:Sue.Clements@hhs.sccgov.org">Sue.Clements@hhs.sccgov.org</a>
Project Objectives:		
To provide additional support for consumers in MHSA recovery programs and living in the community by setting up supervised computer labs and basic PC skills training in established Wellness Centers across the County.		

MAJOR MILESTONE STATUS						
Project Phase	Deliverables / Milestones	Planned Start	Actual Start	Planned End	Actual End	Status
Initiation / Planning Phase	<ul style="list-style-type: none"> <li>◆ Select Project Manager</li> <li>◆ Identify Stakeholders</li> <li>◆ Document Business Need</li> <li>◆ Document Assumptions and Constraints</li> <li>◆ Develop Charter</li> <li>◆ Develop Project Scope Statement</li> <li>◆ Identify Team Members</li> <li>◆ Obtain Resources</li> <li>◆ Create Activity List</li> <li>◆ Develop Schedule</li> <li>◆ Develop Quality Measures</li> <li>◆ Risk Assessment</li> <li>◆ Develop final Project Management Plan</li> </ul>	June 2010	Jan 2010	Sept 2010		Behind Schedule
Requirements Phase	Document: <ul style="list-style-type: none"> <li>◆ Catalog required software</li> <li>◆ Catalog required hardware</li> <li>◆ Operational requirements</li> <li>◆ Security requirements</li> </ul>	Oct 2010		Feb 2011		Not Started
Design Phase	<ul style="list-style-type: none"> <li>◆ Develop training materials for consumers</li> <li>◆ Design back up and recover plans</li> <li>◆ Architectural and other space design</li> <li>◆ Network infrastructure design</li> <li>◆ Develop training strategy and plan</li> </ul>	Feb 2011		March 2011		Not Started
Implementation Phase	<ul style="list-style-type: none"> <li>◆ Procure and configure Hardware</li> <li>◆ Procure and configure Software</li> <li>◆ Procure and configure facilities materials</li> <li>◆ Train Staff</li> </ul>	March 2011		March 2011		Not Started
Testing Phase	<ul style="list-style-type: none"> <li>◆ Perform on-site testing</li> </ul>	March 2011		March 2011		Not Started
Go Live	<ul style="list-style-type: none"> <li>◆ Open for end-users</li> </ul>	March 2011		March 2011		Not Started

Project Phase	Deliverables / Milestones	Planned Start	Actual Start	Planned End	Actual End	Status
Post-Implementation Phase	<ul style="list-style-type: none"> <li>◆ Confirm work is done to requirements</li> <li>◆ Formal Acceptance of Deliverables</li> <li>◆ Index and archive records / Knowledge Base</li> </ul>	March 2011		April 2011		Not Started
PIER	<ul style="list-style-type: none"> <li>◆ Objectives Achieved</li> <li>◆ Lessons Learned</li> <li>◆ Corrective Action</li> <li>◆ Next Steps</li> </ul>	April 2011		May 2011		Not Started

TOTAL PROJECT BUDGET INFORMATION		
Include All Funding Sources (MHSA And Any Other County Funding)		
Category	Budgeted Costs	Actual Costs to Date
Staff (Salaries & Benefits)	\$172,000	\$18,551
Hardware Purchase	\$205,000	0
Software	\$40,000	0
Administrative Overhead	\$30,000	0
Other Expenses	\$25,000	0
Contract Services	\$100,000	0
<b>Total Project Costs</b>	<b>\$572,000</b>	<b>\$18,551</b>

Performance Measurement Category	Planned to Date	Actual to Date	Estimate to Complete (ETC)
Project Hours	322	243	
Project Cost	\$24,400	\$18,551	\$553,449
Justification (If Actual And Planned Differ By More Than 10%):			

STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES
<p><b>STATUS</b></p> <p>This project is to be lead with a Consumer position. We are determining the right classification for this position and bringing it before the Board of Supervisors for approval of our staffing ordinance. Given this, the project is slightly behind schedule. At this time, project completion date has not been affected. However, there is a risk these dates may need to be extended.</p> <p><b>ACCOMPLISHMENTS</b></p> <ul style="list-style-type: none"> <li>◆ Select Project Manager</li> <li>◆ Identify Stakeholders</li> <li>◆ Document Business Need</li> <li>◆ Identify Team Members and Resource Needs</li> </ul> <p><b>SCHEDULED ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>◆ Document Assumptions and Constraints</li> <li>◆ Develop Charter</li> <li>◆ Develop Preliminary project Scope Statement</li> <li>◆ Obtain Resources</li> <li>◆ Create Activity List</li> <li>◆ Develop Schedule</li> <li>◆ Develop Quality Measures</li> <li>◆ Determine Communication and Change Management Plan</li> <li>◆ Risk Assessment</li> <li>◆ Develop final Project Management Plan</li> <li>◆ Approval of final Project Management Plan</li> </ul>

RISK AND ISSUE MANAGEMENT

**Risk And Issue List Report**

(Please Provide The Risk And Issue Log Along With Mitigation, Contingency Plan For Each Risk And Resolution Plan For Each Issue. )

Risk management planning will be done in the near future. The plan will document the process of deciding how to approach and plan risk management activities. Key elements of the risk management plan are:

1. Risk Identification (identifies and documents all the risks that can affect the project).
2. Risk Analysis
  - Qualitative risk analysis (determine the consequences of identified risks on project objectives).
  - Quantitative risk analysis (assign numeric probabilities to each risk and their impact on project objectives)
3. Risk response planning (decide what actions are needed to reduce threats, including assignment of a risk owner to each risk)
4. Risk monitoring and control (respond to risks as they occur; define the process for updating the plan, create a “watch list”, monitor actions the owner is to take.

Below is the listing of initial risks that have been recognized.

ID	Risk (Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets. )	Probability	Impact	Timeframe	Response	Escalate d To DMH
	System Performance					
	Data Requirements are not clearly defined					
	Inadequate Training					
	Insufficient Resources					
	Product Expectations					

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Post Implementation Evaluation Report

Please Include the Following Sections In Your Final Status Report

OBJECTIVES ACHIEVED
<p>Describe the Achieved Objectives in Comparison to the Objectives Listed in the MHSA IT Funding Request form. Also describe the User and Management Acceptance of the Completed Project.</p> <ul style="list-style-type: none"><li>•</li></ul>

LESSONS LEARNED
<p>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.</p> <ul style="list-style-type: none"><li>•</li></ul>

CORRECTIVE ACTIONS
<p>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.</p> <ul style="list-style-type: none"><li>•</li></ul>

NEXT STEPS
<p>Describe if the project has any Future Phases or Enhancements; or will it be in Maintenance Phase.</p> <ul style="list-style-type: none"><li>•</li></ul>

County Approvals

*Nancy Pena, Ph.D.*      *08/05/10*      *(408) 8855782*  
 Nancy Pena, Ph.D. – Director Mental Health Department      Date      Phone

*Dennis Kotecki*      *08/10/10*      *408-793-6612*  
 Dennis Kotecki – SCVHHS CIO      Date      Phone

Prepared By:

*Sue Clements*      *8/11/10*      *408 8857082*  
 Sue Clements, PMP - MHSA TN Project Manager      Date      Phone

Please send the **Signed Original** to the following address:

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 Information Technology  
 Attention: MHSA-IT  
 1600 9<sup>th</sup> Street, Room 141  
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