

MEMORANDUM OF UNDERSTANDING

BETWEEN

COUNTY OF SISKIYOU AND COUNTY OF SHASTA

At the request of the State Department of Child Support Services (DCSS), this Memorandum of Understanding (MOU) creates a 'shared services' call center collaboration between Shasta County Department of Child Support Services (Shasta County DCSS) and Siskiyou County – Siskiyou Modoc Regional Department of Child Support Services (SMRDCSS). This MOU is created for the purpose of answering the SMRDCSS's customer telephone calls at Shasta County DCSS.

It is the understanding of both parties that this collaboration shall commence on **July 1, 2017**, and extend through **June 30, 2019**. The term of this agreement shall be automatically renewed for one additional year at the end of the initial term, under the same terms and conditions, unless either party gives 60-days' written notice not to renew.

Shasta County DCSS agrees to answer telephone calls from customers for the SMRDCSS. Incoming calls being routed through the state Enterprise Customer Services Solution (ECSS) will be answered by Shasta County DCSS's call center. Shasta County DCSS will provide general information to customers, employers, and title companies regarding general case status information and payments. Shasta County DCSS will update participant data such as addresses, email addresses, and telephone numbers in the California Child Support Automation System (CCSAS) and will forward questions needing county-specific assistance to SMRDCSS.

Shasta County DCSS and SMRDCSS shall remain separate and distinct programs operating within their respective counties. Each entity shall keep and share data regarding processes that work well, those that need improvement, lessons learned, and suggestions for changing the future "shared services" agreements.

The Directors and staff of Shasta County DCSS, SMRDCSS, and DCSS agree to meet once a year to discuss the status of this collaboration, including problems, issues, concerns, standards, and goals.

Notices concerning this MOU, including notices of termination, must be sent by/delivered to:

Terri Morelock, Director
Shasta County DCSS
PO Box 994130
Redding, CA 96099
530-229-8896

Gary W. Sams, Regional Director
Siskiyou Modoc Regional DCSS
PO Box 1047
Yreka, CA 96097
530-841-2965

Indemnification Clause:

Shasta County shall defend, release, hold harmless, and indemnify County of Siskiyou, its elected officials, officers, volunteers and/or employees, from any and all claims for injuries or damages to persons and/or property which arise out of injuries or damages resulting from the negligent acts or omissions of Shasta County, its officers and/or employees. It is further agreed that County of Siskiyou shall defend, release, hold harmless, and indemnify Shasta County, its elected officials, officers, volunteers and/or employees, from any and all claims for injuries and/or damages to persons and/or property which arise out of the negligent acts and/or omissions of County of Siskiyou, its officers and employees. In the event of concurrent negligence of Shasta County, its officers and employees, and County of Siskiyou, its officers and employees, the liability for any and all claims for injuries or damages to persons and/or property shall be apportioned under the California theory of comparative negligence as presently established or as may hereafter be modified.

Termination of Agreement:

Shasta County DCSS and SMRDCSS each have the right to terminate this agreement, without cause or legal excuse, and without incurring any liability to the other party, upon 60-days' written notice to the other party of its intent to terminate this agreement.

IN WITNESS WHEREOF, the parties hereto have executed this MOU between Shasta County DCSS and SMRDCSS, for a 'shared services' call center for the purpose of Shasta County DCSS answering the SMRDCSS's customer telephone calls at Shasta County DCSS on the day and year first written above:

Signatures on Following Page

COUNTY OF SHASTA

Terri Morelock Date 5/8/17
Terri Morelock
Director

APPROVED TO AS FORM:

By A. B. Cox Date 5/4/17
Deputy COUNTY COUNSEL
County of Shasta

Risk Management Approval:

By [Signature] Date 05/08/17

COUNTY OF SISKIYOU

ATTEST:

COLLEEN SETZER, CLERK

COUNTY OF SISKIYOU

By: _____ Date _____
Deputy

Michael N. Kobseff, Chair,
Siskiyou County Board of Supervisors

APPROVED TO AS FORM:

By _____ Date _____
Bradley W. Sullivan, COUNTY COUNSEL
County of Siskiyou

APPROVED TO AS INSURANCE:

_____ Date _____
Ann Merkle, Risk Management

California Department of Child Support Services

Date _____
Alisha Griffin, Director