



**AMENDMENT #1
REQUEST FOR PROPOSALS NO. 20191101 CSELS
CHILD SUPPORT ENFORCEMENT LEGAL SERVICES**

Amendments to the RFP are as follows:

- 1. Section 25.5 of Attachment E is amended to reflect the following:

25.5) Liquidated damages shall not be assessed or imposed under this Section until three (3) months after contract execution. Liquidated damages described in ~~2.3.6.12~~ **2.3.13** shall not exceed 10% of the total charges invoiced for the month damages are assessed.

- 2. Section 2.3.13 is amended to include the following:

2.3.13.8 Failure to meet the requirements in 2.3.6.18.2 may result in liquidated damages as described in Section 2.3.13 of this RFP.

- 3. Questions and Answers attached.

Please acknowledge receipt of Amendment #1 by returning it, along with your proposal package, by December 12, 2019, at 2:00 PM, CT. This acknowledgement should be enclosed in your proposal package. **Failure to submit this acknowledgement may result in rejection of the proposal package.**

Name of Company

Authorized Official's Typed Name/Title

Signature of Authorized Official
(No stamped signature)

Date

Should an amendment to the RFP be issued, it will be posted on the MDHS website (www.mdhs.ms.gov) in a manner that all Respondents will be able to view. Further, Respondents must acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal package, by identifying the amendment number and date in the space provided for this purpose on this form, or by letter. The acknowledgment must be received by MDHS by the time and at the place specified for receipt of proposals. It is the Respondent's sole responsibility to monitor the website for amendments to the RFP.

**QUESTIONS AND ANSWERS
CHILD SUPPORT ENFORCEMENT LEGAL SERVICES
RFP 20191101CSELS**

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
1	10	2.3.1	<p>Section 2.3.1.21 states: Safeguarding information in accordance with the IRS Publication 1075, OCSE Security requirements, and MDHS Security Requirements.</p> <p>Can the State please provide the OSCE and MDHS security requirements that the vendor must comply with?</p> <p><u>ANSWER: Vendors may reach out to OCSE to learn more about federal security requirements. The state will provide security requirements after contract award.</u></p>
2	12	2.3.5	<p>How many state employees need access to the workflow management system and dashboards discussed in this section?</p> <p><u>ANSWER: This number will be determined by the IV-D Director. At this time, that number is not expected to exceed 10 users, but that number may change throughout the life of the contract at no extra cost to MDHS.</u></p>
3	25	2.3.6.19.17	<p>Please provide the number of inbound calls and the average handle time for calls transferred by the IVRS to the incumbent’s customer service center for the most recent past six months.</p> <p><u>ANSWER: See attached Call Volumes Report.</u></p>
4	33	2.3.15.1(b)	<p>Please provide the current addresses and cities for the incumbent’s customer service center and case processing centers? From the list provided on the MDHS website for District Offices, it is not clear which of those offices are the case processing or customer service centers.</p> <p><u>ANSWER: There is a customer service center/case processing center located within the District Office at 128 West Jefferson Street, Yazoo City 39194. The other case processing center is not open to the public. It is located in Jackson in zip code 39211.</u></p>
5	33	2.3.15.1(b)	<p>Please provide the number of FTE broken down by office for each of the 24 District Offices and the customer service and case processing centers.</p> <p><u>ANSWER: Please see attached FTE Report.</u></p>
6	34	2.3.15.1.(b)(i)	<p>Is the IVRS referenced in this section only taking calls related to Child Support, or are there other programs served by the IVRS? If yes, what programs are supported?</p> <p><u>ANSWER: This IVRS would only take child support calls.</u></p>
7	34	2.3.15.1(d)	<p>Are current District Offices equipped with security cameras and video surveillance?</p> <p><u>ANSWER: Yes.</u></p>
8	34	2.3.15.1(b)(i)	<p>Please provide the number of inbound calls that the IVRS currently receives, the number handled by the IVR with automation and no agent, and the number transferred to an agent for the past 12 months.</p> <p><u>ANSWER: See attached Call Volumes Report.</u></p>
9	34	2.3.15.1(b)(i)	<p>To better understand existing functionality, please provide current IVRS scripts and call flows for both Spanish and English language.</p> <p><u>ANSWER: These will be provided during negotiations should MDHS want to pursue a Respondent provided IVRS.</u></p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
10	34	2.3.15.1(b)(i)	<p>Does the current IVR offer automatic-speech recognition? ANSWER: <u>Respondents should provide to MDHS a description of the specifications that would be provided by a Respondent provided IVRS and the pricing for that functionality. Should MDHS decide to negotiate with Respondent to provide an IVRS, the specific IVRS requirements will be determined at that time.</u></p>
11	34	2.3.15.1(b)(i)	<p>Does the current IVR offer text to speech? ANSWER: <u>Respondents should provide to MDHS a description of the specifications that would be provided by a Respondent provided IVRS and the pricing for that functionality. Should MDHS decide to negotiate with Respondent to provide an IVRS, the specific IVRS requirements will be determined at that time.</u></p>
12	34	2.3.15.1(b)(i)	<p>Does the current IVR offer natural language processing? ANSWER: <u>Respondents should provide to MDHS a description of the specifications that would be provided by a Respondent provided IVRS and the pricing for that functionality. Should MDHS decide to negotiate with Respondent to provide an IVRS, the specific IVRS requirements will be determined at that time.</u></p>
13	34	2.3.15.1(b)(i)	<p>Does the current IVR offer natural language processing in multiple languages? ANSWER: <u>Respondents should provide to MDHS a description of the specifications that would be provided by a Respondent provided IVRS and the pricing for that functionality. Should MDHS decide to negotiate with Respondent to provide an IVRS, the specific IVRS requirements will be determined at that time.</u></p>
14	34	2.3.15.1(b)(i)	<p>Does the current IVR offer data-dips and/or Application Program Interfaces (API) to other databases in support of self-service capabilities? If yes, what data dips or APIs are offered? ANSWER: <u>Respondents should provide to MDHS a description of the specifications that would be provided by a Respondent provided IVRS and the pricing for that functionality. Should MDHS decide to negotiate with Respondent to provide an IVRS, the specific IVRS requirements will be determined at that time.</u></p>
15	34	2.3.15.1(b)(i)	<p>Does the current IVR offer voice callback capabilities? ANSWER: <u>Respondents should provide to MDHS a description of the specifications that would be provided by a Respondent provided IVRS and the pricing for that functionality. Should MDHS decide to negotiate with Respondent to provide an IVRS, the specific IVRS requirements will be determined at that time.</u></p>
16	34	2.3.15.1(b)(i)	<p>Does the current IVR announce an estimated wait time to callers? ANSWER: <u>Respondents should provide to MDHS a description of the specifications that would be provided by a Respondent provided IVRS and the pricing for that functionality. Should MDHS decide to negotiate with Respondent to provide an IVRS, the specific IVRS requirements will be determined at that time.</u></p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
17	42	2.3.16 2.3.17	<p>The RFP states TECHNICAL FACTOR – References/Past Performance MANDATORY. Respondent shall provide a listing of three (3) contracts under which services similar in scope, complexity, and discipline were performed or undertaken during the past five (5) years, including the names and addresses of the projects and a description of the scope of the projects.</p> <p>MANDATORY. Respondent shall provide reference information including at least three (3) references for current contracts or those awarded during the past three (3) years. Include the name of the organization, the length of the contract, a brief summary of the work, and the name and telephone number of a responsible contact person.</p> <p>Can respondents use the same reference in response to both requirements if the reference meets the stated criteria?</p> <p>ANSWER: <u>Yes.</u></p>
18	46	4.3	<p>The RFP states, “In the event that a Respondent is either substantially or wholly owned by another corporate entity, the proposal must also include a written guarantee by the parent organization that it will unconditionally guarantee performance by the Respondent of each and every term, covenant, and condition of such contract as may be executed by the parties.” Respondent requests that this requirement be removed if the subsidiary can demonstrate financial solvency. If not, please confirm in what format this written guarantee should take.</p> <p>ANSWER: <u>Requirement is not removed. Respondent should provide written guarantee in letter format (on parent organization letterhead) with a general statement that unconditionally guarantees performance by Respondent. Letter should be signed by parent organization’s authorized signatory.</u></p>
19	46	4.4	<p>It is clear in the RFP that MDHS is not under any obligation to accept contract exceptions. Please confirm that Respondents will not be disqualified for submitting exceptions.</p> <p>ANSWER: <u>If Respondent submits exceptions to any mandatory requirements, the Respondent is subject to disqualification. Otherwise, exceptions will not result in disqualification.</u></p>
20	11, 43, 65	2.3.2; 4.1.6; Attachment E (13)	<p>Will MDHS confirm that each staff member included in Respondent’s 431 FTE must be located in Mississippi to be counted in the mandatory staffing levels? Or may Respondent count remote (out-of-state) staff as part of the 431 FTE requirement?</p> <p>ANSWER: <u>All FTE staff assigned to the resulting contract must be located in MS. This shall include the statewide project manager or director.</u></p>
21	12	2.3.5	<p>What are the minimum requirements for a “workflow/case management system ... capable of centralized casework”?</p> <p>Are there specific statewide tasks that must be accomplished via a workflow/case management system (i.e., all documents, all alerts, all modification requests, all contempt requests)?</p> <p>Is MDHS requiring a workflow/case management software system for defined centralized casework?</p> <p>ANSWER: <u>MDHS would like Respondents to specify how Respondents define centralized casework and explain in detail whether the Respondent has a workflow/case management system to meet that definition.</u></p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
22	12	2.3.5	<p>What are the minimum requirements for a dashboard? Must that include data and analytics drawn from the workflow/case management system? What other information would MDHS require in the dashboard?</p> <p><u>ANSWER: The dashboard shall include data and analytics drawn from the workflow/case management system, and shall include any other data or analytics applicable to the Mississippi project available to the Respondent that MDHS may want to access.</u></p>
23	14	2.3.6.11.2	<p>Will MDHS provide the statewide court costs for each of the previous three years? Please provide filing fees for each court by filing type and number of filings for each court for the same period of time.</p> <p><u>ANSWER: MDHS will only provide an estimate of annual court costs totals. See report of Estimated Annual Court Costs.</u></p>
24	14	2.3.6.11.2	<p>Has MDHS experienced rising court costs over the last five years, and if so, by what percentage? Has MDHS identified the cause(s) of any increases? Given that court costs could escalate significantly with the new Medicaid referrals now being received, would MDHS agree to negotiating price increases if future court costs are higher than the court cost of the last few years?</p> <p><u>ANSWER: See report of Estimated Annual Court Costs. Costs are trending down even with additional Medicaid referrals.</u></p>
25	14	2.3.6.11.2	<p>Will MDHS define current and potential “Court Costs” other than filing fees? Specifically, would vendor be responsible for or held harmless from:</p> <ul style="list-style-type: none"> ▪ Court ordered <i>Guardian Ad Litem</i>; ▪ Attorney fees assessed to MDHS; ▪ Other court ordered fees assessed to MDHS; and/or ▪ Court costs that the various counties create and impose not specifically accessed by state statutes? <p><u>ANSWER: Any fees resulting from the above list will be assumed by the Respondent unless there are extraordinary circumstances that would warrant MDHS paying those fees which would be determined by the IV-D Director.</u></p>
26	14	2.3.6.11.2	<p>Would MDHS consider a structure to protect Respondent against courts who raise prices in response to a private vendor assuming the court costs? We understand that local courts set the final price for filings and are concerned that they may raise prices for the successful vendor responsible for the filing fees.</p> <p><u>ANSWER: MDHS does not anticipate the courts increasing fees on one private entity. Should this occur to a substantial degree, MDHS would assist the Respondent in mitigating these issues with the courts, and other stakeholders if necessary.</u></p>
27	18	2.3.6.14.4	<p>Is the requirement that “the use of certified mail ... shall not be used to serve out-of-state defendants” intended to stop the Respondent from pursuing long arm service through certified mail altogether? Is the requirement intended to require Respondent to use a process server when fulfilling all out-of-state service of process?</p> <p><u>ANSWER: Yes.</u></p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
28	23	2.3.6.18.2	<p>By what method will MDHS “send” information requests, inquiries, and complaints? Will Respondent be required to build a web service to receive, work, and update these requests, inquiries, and complaints? If MDHS requires JIRA access to complete this work, will Respondent be responsible for any licenses? Will MDHS pay the cost of the development of the web service or interface with JIRA?</p> <p><u>ANSWER: MDHS may send requests in any manner it deems appropriate, including, but not limited to, email, JIRA tickets or interface, phone calls, etc. MDHS may require the Respondent to build a web-service to improve efficiency and to automate this process. MDHS may also pass JIRA costs onto the Respondent should the Respondent delay development and implementation of the web-service at MDHS’s request.</u></p>
29	23	2.3.6.18.2	<p>From what sources and in what quantities does the MDHS Central Office receive “information requests, inquiries, and complaints”? If social media is one such source, please provide details for how MDHS counts social media complaints. As an example, does MDHS count any negative Facebook comments as a complaint? How does MDHS become aware of social media complaints?</p> <p><u>ANSWER: Requests are received by the following, to include, but are not limited to: phone calls, emails, mail, fax, social media, etc., from elected officials and their offices, federal OCSE, other agencies, other MDHS programs, MDHS stakeholders and service providers, and customers. MDHS receives approximately 75 per month. Negative social media posts are not automatically considered a complaint. When the MDHS communication team escalates an issue to DCSE, it is then counted as a request, complaint or inquiry.</u></p>
30	23, 31, 32	2.3.6.18.2, 2.3.12, 2.3.13	<p>Will MDHS clarify if sanctions for breaches of 2.3.6.18.2 are subject to liquidated damages described in 2.3.12 (Corrective Action Plan) or 2.3.13 (Not Subject to Corrective Action Plan)? 2.3.6.18.2 seems to suggest they are “not subject to corrective action plan,” but 2.3.13 lists all sections subject to this type of damages, and 2.3.6.18.2 is not listed.</p> <p><u>ANSWER: Sanctions for 2.3.6.18.2 are subject to liquidated damages in Section 2.3.13. See Number 2 of this amendment.</u></p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
31	25	2.3.6.19.17	<p>MDHS has made “total calls answered” as the denominator and “number of complaints received” as the numerator in this calculation. Those two items are not necessarily correlated. But by linking them, MDHS has made Respondent vulnerable to damages by actions outside Respondent’s control. For instance, if through automation or other customer-focused initiatives, call volumes decreased, the threshold for complaints would also decrease. Respondent could see a reduction in complaints, but a larger reduction in call volumes, and thereby be subject to liquidated damages. By this calculation, the Respondent is incentivized to increase call volumes, a scenario not likely to be favored by MDHS. Would MDHS be open to an alternative calculation for assessing its performance in this section? Would MDHS substitute a calculation based on total number of cases in the caseload? Or would MDHS negotiate with vendor to establish a firm number of complaints not to exceed?</p> <p>ANSWER: <u>No. Total calls answered in this context means calls answered by Respondent CSR and Staff. Respondent has complete control over how they handle these calls, the customer service provided, and should strive to eliminate the need for customers to escalate complaints to MDHS.</u></p>
32	25, 23	2.3.6.19.18, 2.3.6.18.2	<p>When calculating “complaints” in 2.3.6.19.18, should Respondent understand that term to be identical to “information requests, inquiries, and complaints received by MDHS Central Office” in 2.3.6.18.2? For instance, if MDHS receives a request for information from a Legislator (2.3.6.18.2), will it count as a “complaint” in 2.3.6.19.18?</p> <p>ANSWER: <u>Yes, all terms should be treated the same for calculating complaints in 2.3.6.18.2.</u></p>
33	26	2.3.6.21.1, 2.3.6.21.2	<p>Since Mississippi recently began accepting automated Medicaid referrals, nearly 40% of all new cases are Medicaid referrals. The automated referrals from Medicaid do not discriminate mandatory referrals from non-mandatory referrals, and overwhelmingly involve incorrect or incomplete case information. The full effect of this process has not yet been fully realized on the caseload. Will MDHS eliminate the referral errors and non-mandatory Medicaid referrals? Or in the alternative, would MDHS be open to alternative minimum performance standards for the PEP and Order Rate?</p> <p>ANSWER: <u>MDHS will work with DOM to improve the interface if possible. No, MDHS is not open to alternative minimum standards.</u></p>
34	27	2.3.6.22.2	<p>Will Respondent or MDHS be responsible for the hourly CLE fee (payable to the CLE Commission) for MDHS attorneys who attend?</p> <p>ANSWER: <u>MDHS</u></p>
35	28	2.3.6.22.3	<p>Since vendors may have different management structures proposed in their solution, will MDHS confirm that this section requires not less than 18 staff members who are in Mississippi and employed full time under the resulting contract to attend at least one of the named conferences?</p> <p>ANSWER: <u>MDHS cannot confirm this number. The number will based on the number of regions and leadership staff, which will not be approved until there is a new contract.</u></p>
36	31, 32	2.3.12, 2.3.13	<p>Will MDHS estimate the totals the current vendor would have paid if they were currently subject to these provisions? In the alternative, will MDHS provide the number of violations for 2.3.13.1 and 2.3.13.2 over the past year?</p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
			<p><u>ANSWER: As this is not a requirement under the existing contract, MDHS is not currently tracking complaints, inquiries, and requests at the level necessary to provide an estimate.</u></p>
37	32	2.3.13.3	<p>Has MDHS developed the monthly report? If so, would MDHS please provide this report? If not, please provide any information on the content of this future report, including sources for the information.</p> <p><u>ANSWER: The monthly report has not been developed. MDHS plans to generate this report from JIRA, and may have to supplement the report if necessary. MDHS plans are subject to change.</u></p>
38	33	2.3.14	<p>Does “claim arise” mean the day the claim was created or the date the error was made that subsequently caused the claim?</p> <p><u>ANSWER: The date the error was made that subsequently caused the claim which could include a Respondent’s error in not correcting an issue brought to its attention on an error that originally arose before the contract.</u></p>
39	33	2.3.14	<p>In the event multiple errors were made, or Respondent had opportunities to remedy an error but did not, does MDHS contemplate a formula for assessing Respondent’s share of responsibility? For instance, if an error was made in 2018 that eventually created a claim in 2022, could Respondent be held liable for any part of that claim if it worked on that case in the intervening years, but did not remedy the error?</p> <p><u>ANSWER: Yes, this is contemplated by MDHS.</u></p>
40	33	2.3.14	<p>Please indicate whether MDHS believes the following scenarios would be subject to Respondent paying the claim:</p> <ul style="list-style-type: none"> ▪ (a) A claim is set up February 15, 2021. It is determined the claim was caused by staff error that took place on November 2, 2020 (during the 90 day “grace period”). ▪ (b) A claim is set up on January 17, 2021. The error that caused the claim was made on July 15, 2020 (prior to the contract contemplated by this RFP). ▪ (c) A claim is set up on April 2, 2023. The error that caused the claim was made on September 1, 2016. However, the client called the Call Center in February 2022, though it was to ask a question unrelated to the error that caused the claim. ▪ (d) A claim is set up on March 2, 2021, when an NCP provides a court order giving custody from October 2020. The NCP called the Call Center in January 2021 and asked about closing the case based on the November order, but the order was not provided, and no actions were taken. <p><u>ANSWER: As stated in the RFP, MDHS will work with the selected Respondent to develop a process for identifying claims subject to this section.</u></p>
41	34	2.3.15.1.b.i	<p>Could MDHS please clarify the scope of the IVRS for which a response/proposal is requested from Respondent? That is, will be proposed IVR be responsible for responding to child support inquiries only, or will the Respondent be responding to inquiries regarding all areas within MDHS, currently serviced by the MDHS-approved provider?</p> <p><u>ANSWER: Child Support only.</u></p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
42	34	2.3.15.1.b.i	<p>Will MDHS provide the amount it currently pays for the IVR? Please include a breakdown of charges per month. Does MDHS pay per call? Per minute? Are there separate maintenance costs not associated with a per minute or per call charge?</p> <p>ANSWER: <u>No, MDHS will not provide existing price and structure. However, Respondent should include this information in their proposal to provide an IVRS should MDHS want to negotiate this service after Contract award.</u></p>
43	34	2.3.15.1.b.i.	<p>Please provide the call volumes for the IVR, specifically, the total number of calls (daily call volume per hour by program, weekly, monthly), average call time, the number of calls passed on to the Customer Service Center to be live answered, etc. Please provide the number of calls that flow out of the IVRS to various programs.</p> <p>ANSWER: <u>See attached Call Volume Report.</u></p>
44	34	2.3.15.1.b.i	<p>Please provide the amount MDHS paid in development and programming for the current IVRS.</p> <p>ANSWER: <u>MDHS will not provide this information.</u></p>
45	34	2.3.15.1.c	<p>Section 1.3.15.1.c states the office should identified by signage that is “clearly identified from any adjacent thoroughfare or traffic artery.” Could the State provide guidance as to minimum size and/or type of signage that would fulfill this requirement?</p> <p>ANSWER: <u>Minimum size may vary dependent on distance and visibility of traffic traveling on the adjacent thoroughfare or traffic artery.</u></p>
46	34	2.3.15.1.c	<p>If Respondent is not permitted (by lease/landlord) to install signs in locations already in use as a Child Support office, will MDHS waive the requirement for “signs...which identify each building...clearly visible from any adjacent thoroughfare or traffic artery?”</p> <p>ANSWER: <u>MDHS may negotiate this after contract award.</u></p>
47	43	4.1.6	<p>We understand the format in 4.1.6 should show the Total Cost as the sum of Annual Costs for Years 1 through 5. Pricing should include all costs of operating, including locations and staff. The second table in 4.1.6 asks for a Legal Services Rate Schedule broken out by Position. It is not clear if these rates should include operating costs (the cost of buildings, rent, office supplies, filing fees, service of process, etc.), or if they should exclude those costs. If these rates are inclusive of all costs, Respondent’s pay scales will be inflated to capture non-payroll costs. If they are exclusive of non-payroll costs, the two tables in 4.1.6 will not sum to the same amount since operations costs will be present in the first and absent in the second.</p> <p>Would MDHS clarify the relationship between the two pricing tables in 4.1.6? Will MDHS score Respondent’s proposal based on one or both tables required in 4.1.6?</p> <p>ANSWER: <u>The cost and rates requested in this section should include any associated costs and expenses to provide the services describe herein. The costs itemized in the “Legal Services Fees” table in Section 4.1.6 should be calculated using the annual rate of positions provided in the “Legal Services Rate Schedule”. MDHS will score Respondents’ pricing provided in “Legal Services Fees” table.</u></p>

Question Number	RFP Page Number	RFP Section Reference Number	Question & Answer
48	64	Attachment E (3)	<p>Please provide additional information on the required devices to conform with this requirement.</p> <p><u>ANSWER: Respondents shall provide detailed description of equipment/devices that Respondent intends to use and provide to Respondents' staff to meet the objectives of the RFP.</u></p>

THIS SPACE LEFT INTENTIONALLY BLANK

Question 3 and 8: Call Volumes Report for the Past 6 Months

Calls transferred by IVRS

Nov-18	59,615
Dec-18	56,352
Jan-19	62,044
Feb-19	54,080
Mar-19	67,079
Apr-19	57,487
May-19	60,568
Jun-19	56,500
Jul-19	61,776
Aug-19	59,395
Sep-19	54,367
Oct-19	55,258

Average Handle Times by CSR's



5:41m
5:06m
5:23m
5:16m
5:38m
5:36m

Question 8

Calls received by the IVR.

Nov-18	358,184
Dec-18	350,343
Jan-19	362,740
Feb-19	336,524
Mar-19	378,576
Apr-19	358,188
May-19	364,686
Jun-19	335,907
Jul-19	369,006
Aug-19	361,387
Sep-19	344,240
Oct-19	372,519

Calls Handled by IVR

292,582
289,204
296,038
277,452
307,414
294,266
300,623
276,183
302,242
298,548
286,869
314,476

Location	District Staff	CPC	CSC	Other	Total
Brookhaven	10				10
Clarksdale	8				8
Cleveland	8				8
Columbia	10				10
Corinth	7				7
Greenville	11				11
Grenada	10				10
Gulfport	20				20
Hattiesburg	12				12
Hernando	12				12
Jackson CPC		54		15	69
Ridgeland	8				8
Kosciusko	6				6
Laurel	9				9
Magee	11				11
McComb	9				9
Meridian	13				13
Natchez	11				11
Oxford	8				8
Pascagoula	14				14
Philadelphia	8				8
Starkville	19				19
Tupelo	13				13
Vicksburg	7				7
Yazoo City DO/CPC/CSC	8	23		55	86
Total	252	77		55	399
Vacant					32
Total Positions					431

Estimated Child Support Chancery & Circuit Cost Over 5 Years

2015	3,721,348.41
2016	3,023,652.47
2017	2,683,945.04
2018	2,530,209.19
2019	2,134,555.38
Total	14,093,710.49