

# DEPARTMENT OF MENTAL HEALTH

## State of Mississippi

239 North Lamar Street  
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Jackson, Mississippi 39201



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Diana S. Mikula - Executive Director

The MS Department of Mental Health, Central Office is requesting written quotes for the following contractual comprehensive Employee Assistance Program (EAP) services for approximately 100 employees. The period of performance is anticipated to begin on July 1, 2017 - June 30, 2018. The scope of services should include, but not be limited, to the following:

1. A maximum of five (5) counseling sessions for an employee or a covered dependent(s) which includes: spouse, unmarried children under the age of 26, step children, or legal dependent under the age of 26 living at home or in school full time. Counseling services should include the following:
  - a. individual
  - b. family
  - c. group therapy/counseling services associated with mental health issues,
  - d. marital conflict,
  - e. physical/sexual abuse, and various types of behavioral issues exhibited by children and adults
2. Please specify in the written quote if the proposed vendor provides psychological testing services as a component of EAP services. If psychological testing services are provided, indicate if there are additional fees outside of those included for the counseling sessions described in item 1.
3. Reports - Preparation and submission of quarterly reports of EAP utilization to the MSDMH Coordinator including the number of EAP calls, types of referral, number of admissions to the counseling services and number of counseling sessions, to include type of session.

It is the intent of the MS Department of Mental Health to select up to 3 vendors to provide the above services. **The deadline for submission of quotes is 5:00 p.m. on Wednesday, May 31, 2017.** The written quote should be included on the letterhead of the proposed vendor and include the following information: statement of price to include hourly rates (if applicable), a description of the services to be provided, beginning and end dates of service, and an acceptable deadline for the quote.

**Please submit written quotes to:**

**Karen McGee**

**MS Department of Mental Health**

**Bureau of Alcohol & Drug Services**

**239 North Lamar St. Suite 1101**

**Jackson, MS 39201**

**Email: [Karen.mcgee@dmh.ms.gov](mailto:Karen.mcgee@dmh.ms.gov)**