

**TO:** ALL COUNTY PERSONNEL

**FROM:** VERDENIA C. BAKER  
COUNTY ADMINISTRATOR

**PREPARED BY:** RISK MANAGEMENT DEPARTMENT

**SUBJECT:** EMPLOYEE ASSISTANCE PROGRAM

**PPM #:** CW-P-045

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**ISSUE DATE**  
May 30, 2025

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**EFFECTIVE DATE**  
May 30, 2025

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**PURPOSE:**

To provide the most effective and efficient services for managing the mental health, alcohol, and other drug problems of the workforce; to identify employees with job performance problems and/or those seeking assistance, to direct employees to quality professional assistance, and to provide continuing support and guidance throughout counseling, treatment, and return to work; to provide management and labor with a resource for intervening in job performance problems; and to function as a benefit to employees and their families, as well as to the organization.

**UPDATES:**

Future updates to this PPM are the responsibility of the Director of Risk Management.

**AUTHORITY:**

- The Board of County Commissioners approved the Employee Assistance Program (EAP) on September 13, 1983.
- Countywide PPM CW-P-053, as may be amended.
- Countywide PPM CW-P-060, as may be amended.

**POLICY:**

Palm Beach County recognizes that personal problems such as substance abuse, emotional, marital or family distress, or other personal concerns can have a negative impact on County employees. The primary objective of the program is to offer to any employee or family member the opportunity to receive confidential, professional assistance to deal with and resolve such problems. The EAP is a practical and constructive mechanism to accomplish this.

Services include problem assessment and referral to appropriate private or community providers, short-term counseling, crisis intervention, and follow-up. There is no cost for EAP services. If

there are costs for treatment or services beyond the scope of the EAP, the employee's health insurance may cover some of the expenses or referrals will be made to resources that are within the employee's financial ability to pay.

Appointments at the EAP office may be scheduled during work hours on County time by authorization of management. EAP services are available Monday through Friday on a flexible schedule, which also allows employees to come in before work, during lunch or after work hours.

EAP records will be maintained in the EAP office and are separate from County personnel files. The records of all employees served by the EAP are maintained in accordance with federal and state laws governing confidentiality.

Participation in the program is voluntary and will not jeopardize an employee's job security, opportunities or promotion.

### **PROCEDURES:**

#### **SELF-REFERRALS:**

An employee or family member may seek assistance directly from the EAP by calling to arrange for an appointment at the EAP office.

Referrals may be made by the Occupational Health Clinic staff and are treated the same as an employee or family member self-referral. No information about this type of referral will be released to management except by the employee's written authorization.

#### **MANAGEMENT REFERRALS:**

Supervisors are responsible for confronting employees when there is a decline in job performance or an unusual incident(s) occurs. The steps to take in a constructive confrontation are as follows:

1. Develop and communicate objective job performance standards so that deteriorating performance can be documented.
2. Talk with the employee about the need to improve job performance that is substandard or unacceptable. Determine whether workplace factors such as inadequate equipment or training are causing or contributing to the problem.
3. Prepare a written memorandum, counseling form, written reprimand, or special review documenting incidents and examples of performance problems. Management is also encouraged to consult with the EAP at this time and prior to meeting with the employee to discuss the performance or incident.
4. Hold a private meeting with the employee to discuss the performance or attendance problems which have been documented. Review and discuss needed improvements and set a time limit for improvement.
5. Inform the employee of the availability of confidential assistance for personal problems.

Encourage use of these resources.

6. Refer employees whose performance remains substandard to the EAP. The employee may accept or reject this offer.
7. If the employee chooses to accept, management may call the EAP and arrange an appointment, giving the employee, in writing, the appointment date, time, address and telephone number of the EAP or management may give the EAP telephone number to the employee with the request that the employee call and schedule an appointment at the EAP within one week and advise the supervisor of the appointment.
8. Management should note the employee's response on the written documentation. Refusal to utilize the services of the EAP is not cause for disciplinary action. If substandard job performance persists, the employee is subject to normal corrective procedures and the Employee Relations section of the Human Resources Department should be consulted.
9. Written documentation should be provided to EAP staff by management after it has been reviewed with the employee and prior to the initial appointment.

After the employee's appointment at the EAP, he/she will be given EAP Form #2100, as demonstrated hereafter, which will be returned to his/her referring manager, indicating the appointment was kept and whether or not the employee is following EAP recommendations.



**PALM BEACH COUNTY RISK MANAGEMENT  
EMPLOYEE ASSISTANCE PROGRAM**

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West Palm Beach, FL 33406

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☐ Mr.  
☐ Ms.  
☐ Mrs.  
☐ Miss  
☐ Chief \_\_\_\_\_ Employee \_\_\_\_\_

Dept. / Div. \_\_\_\_\_

was interviewed on (date) \_\_\_\_\_ (time) \_\_\_\_\_, Left \_\_\_\_\_.

\_\_\_\_\_ Returned to work (Regular) (Limited)

\_\_\_\_\_ Sent Home

\_\_\_\_\_ Is to return here (date) \_\_\_\_\_ (time) \_\_\_\_\_

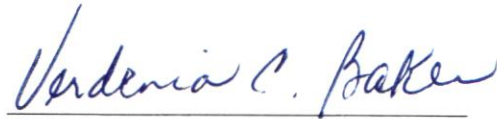
Signed: \_\_\_\_\_

CEAP

Comments:

Employees in need of treatment for mental, alcohol and other drug problems, which require a leave of absence, will be eligible for leave in accordance with CW-P-053, the Americans with Disabilities Act and the Family Medical Leave Act.

Employees will also be referred to the EAP as a result of testing positive for drugs or alcohol in accordance with PPM# CW-P-060.

A handwritten signature in blue ink that reads "Verdenia C. Baker". The signature is fluid and cursive, with the first name being the most prominent.

**VERDENIA C. BAKER**  
**COUNTY ADMINISTRATOR**

**Supersession History:**

1. PPM# CW-P-045, effective 02/11/1991
2. PPM# CW-P-045, effective 03/12/1999
3. PPM# CW-P-045, effective 06/08/2011
4. PPM# CW-P-045, effective 05/27/2016