OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Post Office Box 53277
Oklahoma City, OK 73152
(405) 522-3908

Title 450

Chapter 65

Standards and Criteria for Gambling Treatment Programs

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TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS ..... Page 3
450:65-1-1 Purpose
450:65-1-2 Definitions
450:65-1-3 Meaning of verbs in rules
450:65-1-4 Applicability
450:65-1-5 Annual review of standards and criteria **[REVOKED]**

SUBCHAPTER 3. GAMBLING TREATMENT SERVICES AND DOCUMENTATION ..... Page 9
450:65-3-1 Gambling treatment professional requirements and privileging
450:65-3-2 Treatment services
450:65-3-3 Assessment and diagnostic services
450:65-3-4 Treatment planning
450:65-3-5 Individual, group and family counseling services
450:65-3-6 Case management
450:65-3-7 Discharge planning
450:65-3-8 Continuing care plan
450:65-3-9 Unplanned discharges
450:65-3-10 Consumer records, basic requirement
450:65-3-11 Consumer record system
450:65-3-12 Confidentiality of gambling treatment information

SUBCHAPTER 5. CERTIFIED GAMBLING TREATMENT PROGRAMS…Page 16
450:65-5-1 Level of care
450:65-5-2 Gambling treatment services
450:65-5-3 Admission criteria
450:65-5-4 Discharge criteria
450:65-5-5 Consumer rights
450:65-5-6 Consumer grievance policy
450:65-5-7 ODMHSAS advocate general

SUBCHAPTER 7. ORGANIZATIONAL AND FACILITY MANAGEMENT…Page 18
450:65-7-1 Purpose
450:65-7-2 Hygiene and sanitation
450:65-7-3 Standards for food service
450:65-7-4 Physical facility environment and safety
450:65-7-5 Critical incidents
450:65-7-6 Organizational and facility description
450:65-7-7 Information analysis and planning
450:65-7-8 Performance improvement program
450:65-7-9 Community information, consultation, outreach and street outreach

SUBCHAPTER 1. GENERAL PROVISIONS

450:65-1-1. Purpose

(a) This chapter sets forth the standards and criteria to be used in the certification of Gambling Treatment Programs, and implements 43A O.S. § 3-222 which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify Gambling Treatment Programs.

(b) The rules regarding the certification process, including but not necessarily limited to, application process, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450, Chapter 1.

450:65-1-2. Definitions

The following words or terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Admission" means the acceptance of a consumer by a treatment program.

"Admission criteria" means those criteria which shall be met for admission of a consumer to gambling treatment.

"Assessment" means those procedures by which a gambling treatment program provides an on-going evaluation process with the consumer to collect his or her historical information, and identify strengths, needs, abilities, and preferences in order to determine a plan for recovery.

"Case management" means actions such as planned linkage, advocacy and referral assistance provided in partnership with a consumer to support that consumer in self sufficiency and community tenure and may occur in the consumer's home, in the community, or in the facility.

"Certified Gambling Addiction Treatment" or **"CGAT"** means programs certified by ODMHSAS to provide treatment to individuals diagnosed with a problem gambling disorder.

"Clinical supervision" means an organized process by which knowledgeable and skilled supervisors systematically and routinely provide ongoing and in-depth review of direct service providers' performance which leads to professional growth, clinical skills development and increased self-awareness.

"Community education, consultation and outreach" means services designed to reach the facility's target population, to promote available services, and to give information on problem gambling and other related issues to the general public, the target population or to other agencies serving the target population. These services include presentations to human services agencies, community organizations and individuals, other than individuals in treatment, and staff. These services may take the form of lecture presentations, films or other visual displays, and discussions in which factual information is disseminated. These presentations may be made by staff or trained volunteers.

"Consumer" means an individual, adult or adolescent, who is receiving evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450

Chapters 16, 17, 18, 19, 23, and 65 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer record" means the collection of written information about a consumer's evaluation or treatment that includes the intake data, evaluation, treatment or service plan, description of treatment or services provided, continuing care plan, and discharge information on an individual consumer.

"Continuing care" means providing a specific period of structured therapeutic involvement designed to enhance, facilitate and promote transition from primary treatment services to ongoing recovery.

"Contact" means any encounter with a consumer who is inquiring about or seeking services.

"Contract" means a document adopted by the governing authority of an approved treatment facility and any other organization, facility, or individual, which specifies services, personnel, or space to be provided by the program as well as the monies to be expended in exchange.

"Counseling" means a method of using various commonly accepted clinical approaches provided face-to-face by a treatment professional with consumers in individual, group or family settings to promote positive emotional or behavioral change.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and safety aspects of mental health, problem gambling, and substance abuse related crisis. These unscheduled face-to-face interventions are in response to emergencies to resolve acute emotional and physical dysfunction, secure appropriate placement in the least restrictive setting, provide crisis resolution, and stabilize functioning.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of a treatment facility, or the routine care of a consumer. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff and visitors; medication errors; residential consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to a consumer or a treatment facility; other unexpected occurrences or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communication, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"Department" or **"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Diagnosis" means the determination of a disorder as defined by current DSM criteria.

"Discharge criteria" means general guidelines to inform the judgment of the gambling treatment professional which shall be considered in order for the consumer to be appropriately discharged from a treatment program.

"Discharge planning" means the process, begun at admission, of determining a consumer's continued need for treatment services and of developing a plan to address ongoing consumer post-treatment and recovery needs.

"Discharge summary" means a clinical document in the gambling treatment record summarizing the consumer's progress during treatment, with goals reached, continuing needs, and other pertinent information including documentation of linkage to community services.

"Documentation" means the provision of written, dated, and authenticated evidence to substantiate compliance with CGAT standards, e.g., minutes of meetings, memoranda, schedules, notices, logs, treatment records, policies, procedures, and announcements.

"DSM" means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Education" means the dissemination of relevant information specifically focused on increasing the awareness of the community and the receptivity and sensitivity of the community concerning gambling issues and services. A systematic presentation of selected information to impart knowledge or instructions, to increase understanding of specific issues or programs, and to examine attitudes or behaviors which may stimulate social action or community support of the program and the consumers.

"Educational group" means groups in which information focuses on topics that impact a consumer's recovery from problem and pathological gambling. Topics should be gender and age specific and should include, but not be limited to, information regarding their diagnosis or identified problems on their treatment plan. This service may involve teaching skills in communication, relapse prevention, self-care, and social skills to promote recovery. Paraprofessionals and/or professionals in fields related to the education topic may facilitate educational groups.

"Family" means the parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of consumers.

"Follow-up" means the organized method of systematically determining the status of consumers after they have been discharged to determine post-treatment outcomes and utilization of post-treatment referrals.

"Gambling treatment services" means treatment activities for consumers by a gambling treatment professional that include, but are not limited to, the following:

(A) Assessment and diagnostic impression, ongoing;
(B) Treatment planning and revision, as necessary;
(C) Individual, group and family counseling;
(D) Case management;
(E) Discharge planning.

"Gambling treatment professional" means:

(A) an individual holding a valid NCGC I or II certification;
(B) any clinician licensed in a behavioral health field with documented completion of at least thirty (30) hours of ODMHSAS recognized core problem gambling training requirements and documented completion of twelve (12)

hours of problem gambling specific continuing education every twelve (12) months;

(C) any licensed or certified alcohol and drug counselor with documented completion of at least thirty (30) hours of ODMHSAS recognized core problem gambling training requirements and documented completion of twelve (12) hours of problem gambling specific training; or

(D) any individual under supervision for licensure by an individual who otherwise meets this definition.

"Gambling related disorders/problems" means gambling related issues or problems which impact the normal functioning of an individual.

"Goals" means broad general statements of purpose or intent that indicate the general effect the facility or service is intended to have.

"Governing authority" means the individual or group of people who serve as the treatment facility's board of directors and who are ultimately responsible for the treatment facility's activities and finances.

"Group counseling" means a method of using various commonly accepted treatment approaches provided face-to-face by a treatment professional with two (2) or more consumers that does not consist of solely related individuals, to promote positive emotional or behavioral change. Services rendered in this setting should be guided by the consumer's treatment goals and objectives, and does not include social or daily skill development as described in educational group counseling.

"Individual counseling" means a method of using various evidence based/commonly accepted treatment approaches provided face-to-face by a gambling treatment professional with one consumer to promote positive emotional or behavioral change.

"Intake" means the overall process by which information is collected to determine the needs of the consumer.

"Integrated Client Information System" or **"ICIS"** is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and consumers that provide the ability to monitor the course of consumer services throughout the statewide ODMHSAS network. ICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by ODMHSAS.

"Intervention" means a process or technique intended to facilitate behavior change.

"Levels of care" means the different options for treatment that vary according to the intensity of the services offered. Each treatment option is a level of care.

"Licensed Alcohol/Drug Abuse Counselor" or **"LADC"** means an individual licensed to provide substance abuse counseling pursuant to Title 59 O.S., Chapter 43B, Licensed Alcohol and Drug Counselors Act.

"Licensed mental health professional" or **"LMHP"** means:

(A) a psychiatrist who is a diplomat of the American Board of Psychiatry and Neurology;

(B) a licensed Doctor of Medicine or Doctor of Osteopathy who has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;

(C) a licensed clinical psychologist;

(D) a licensed professional counselor as defined in Section 1906 of Title 59 of the Oklahoma Statutes;

(E) a person licensed as a clinical social worker pursuant to the provisions of Section 1250 et seq. of Title 59 of the Oklahoma Statutes;

(F) a licensed marital and family therapist as defined in Section 1925.2 of Title 59 of the Oklahoma Statutes;

(G) a licensed behavioral practitioner as defined in Section 1931 of Title 59 of the Oklahoma Statutes; or

(H) an advanced practice nurse as defined in Section 567.3a of Title 59 of the Oklahoma Statutes specializing in mental health.

"Linkage" refers to the communication and coordination with consumers and other service providers to assure timely and appropriate referrals between the CGAT program and other providers.

"Mental health services" means a wide range of diagnostic, therapeutic, and rehabilitative services used in the treatment of problem and pathological gambling, and other mental disorders including substance abuse.

"NCGC" means Nationally Certified Gambling Counselor, offered at levels I or II through the National Council on Problem Gambling.

"Neglect" means a failure to provide adequate personal care or maintenance, or access to medical care that results or may result in physical or mental injury to a consumer.

"Objectives" means a specific statement of planned accomplishments or results that are specific, measurable, attainable, realistic, and time-limited.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"OSDH" means the Oklahoma State Department of Health.

"Outpatient services" means an organized, nonresidential treatment service in regularly scheduled sessions intended for individuals not requiring a more intensive level of care or those who require continuing services following more intensive treatment regimens.

"Paraprofessional" means a person who does not have an academic degree related to the scope of treatment or support services being provided but performs prescribed functions under the general supervision of that discipline.

"Pathological gambling diagnosis" means a persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits, as defined by the most recent edition of the DSM.

"Performance improvement" means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others.

"Personnel record" means a chart or file containing the employment history and actions relevant to individual employee activities within an organization and may contain application, evaluation, salary data, job description, citations, credentials and training information.

"Policy" means statements of facility intent, strategy, principle, or rules in the provision of services; a course of action leading to the effective and ethical provision of gambling treatment services.

"Procedures" means the methods by which policies are implemented.

"Problem Gambling" means a persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits as defined by the most recent edition of the DSM.

"Program" means a structured set of treatment activities designed to achieve specific objectives relative to the needs of consumers served by the facility.

"Program effectiveness-outcome" means a written plan and operational methods of determining the effectiveness of services provided that objectively measures facility resources, activities and consumer outcomes.

"Progress notes" mean a complete chronological written description of services provided to a consumer and includes the consumer's response and is written by the individual or clinical team delivering the gambling treatment services.

"Recovery" means an ongoing process of discovery and/or rediscovery that must be self-defined, individualized and may contain some, if not all, of the fundamental components of recovery as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

"Safety Officer" means the individual responsible for ensuring the safety policies and procedures are maintained and enforced within the facility.

"Screening" means the process to determine whether the person seeking assistance needs further assessment for problem or pathological gambling.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a consumer. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms or violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

"Significant others" means those individuals who are, or have been, significantly involved in the life of the consumer.

"Staff privileging" means an organized method for CGAT facilities to authorize an individual permission to provide specific care and treatment services to

consumers within well-defined limits, based on the evaluation of the individual's license, education, certification, training, experience, competence, judgment, and other credentials.

"Treatment planning" means the process by which a gambling treatment professional and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

"Treatment session-outpatient" means each face-to-face contact with a consumer in a therapeutic setting whether individually or in a group.

"Update" means a dated and signed review of a report, plan or document with or without revision.

"Volunteer" means any person providing direct consumer rehabilitative services and who is not on the facility payroll, but fulfills a defined role within the approved treatment facility. This includes, but is not limited to, court ordered community services, practicum students, interns, and ministers; it excludes professionals and entities with which the facility has a written affiliation.

"Walk through" means an exercise in which staff members of a facility walk through the CGAT program's treatment processes as a consumer. The goal is to view the agency processes from the consumer's perspective for the purpose of removing barriers and enhancing treatment.

450:65-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

(1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.

(2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.

(3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

450:65-1-4. Applicability

This chapter is applicable to all CGAT programs which are statutorily required to be certified by the ODMHSAS.

450:65-1-5. Annual review of standards and criteria [REVOKED]

SUBCHAPTER 3. GAMBLING TREATMENT SERVICES AND DOCUMENTATION

450:65-3-1. Gambling treatment professional requirements and privileging

(a) Each CGAT provider shall use clinical privileging to identify gambling treatment professionals.

(b) Each CGAT provider shall have written policies and procedures to evaluate the professional qualifications of treatment professionals providing gambling treatment services.

(c) All gambling treatment services must be provided by gambling treatment professionals as defined in this chapter.

450:65-3-2. Treatment Services

Facilities providing gambling treatment services shall have a group of services herein designated as core services. CGAT programs may have specific additional services herein designated as optional services. Required services include, but are not necessarily limited to:

(1) Screening;
(2) Assessment and diagnostic impression, ongoing;
(3) Treatment planning and revision, as necessary;
(4) Group, individual and family counseling;
(5) Case management;
(6) Education regarding gambling addiction, pathological gambling and related problems; and
(7) Discharge planning.

450:65-3-3. Assessment and diagnostic services

(a) CGAT providers' policies and procedures shall require that an assessment of each consumer's service needs is completed within four (4) sessions of initiation of services.

(b) The following information shall be collected by the CGAT provider and recorded in each consumer's assessment, to be completed prior to implementation of the treatment plan. This shall include, but not be limited to, an assessment of the following areas and needs:

(1) Presenting problems;
(2) Medical health history including past and current medical problems and medication use;
(3) Mental health history, psychiatric medications (name, strength and dosage), and current mental health status;
(4) A financial evaluation and information, including current financial status, gambling debt, and any previous bankruptcy or repayment plans;
(5) Gambling history, including type, amount, frequency and duration of gambling activity, and family history of gambling problems or addiction;
(6) History of substance use, including past treatment, and history of other behavioral addictions and past treatment;
(7) Cultural and religious orientation;
(8) Social/relationship history;
(9) Educational/vocational history;
(10) Legal history;
(11) Recovery environment, including current present living arrangement and support system;
(12) Strengths, needs, abilities, and preferences;
(13) Diagnostic impression(s);
(14) Consumer's expectations in terms of service; and

(15) Recommendations for the type and intensity of treatment, including referrals to another treatment provider if necessary.

(c) The consumer and family member(s), when appropriate, shall be an active participant(s) in the intake and assessment process.

(d) Assessments shall be on-going and performed by staff meeting the requirements for gambling treatment professionals.

(e) Compliance with 450:65-3-1, 450:65-3-2, and 450:65-3-3 may be determined by a review of the following:

(1) Policy and procedures;
(2) Consumer records;
(3) Interviews with staff and consumers;
(4) Other facility documentation.

450:65-3-4. Treatment planning

(a) Treatment planning is the ongoing process by which a clinician and the consumer identify and rank problems, establish agreed-upon goals, and decide on the treatment process and resources to be utilized.

(b) The treatment plan shall include, but not be limited to, the following information:

(1) Presenting problems;
(2) Strengths, needs, abilities, and preferences of the consumer;
(3) Goals for treatment with specific, measurable, attainable, realistic and time-limited objectives;
(4) Type and frequency of services to be provided;
(5) Primary person responsible for providing services;
(6) Description of consumer's involvement in, and response to, the treatment plan, and his or her signature and date; and
(7) Specific date for each planned treatment plan review and update.

(c) The treatment plan shall be based on the consumer's expectations of their recovery.

(d) Treatment plans shall be dated and signed by the primary service provider and the consumer. A list of the treatment team members who participate in providing services shall be included on the treatment plan.

(e) Treatment plans shall be completed by the fifth (5th) session from the date and time of admission.

(f) The treatment plan shall be reviewed and updated according to the time frame required by the treatment plan and for any of the following situations:

(1) Change in primary counselor assignment; or
(2) Change in frequency and types of services provided.

(g) Compliance with 450:65-3-4 may be determined by a review of the following:

(1) Policy and procedures;
(2) Consumer records; and
(3) Interviews with staff and consumers; and
(4) Other facility documentation.

450: 65-3-5. Individual, group and family counseling services

(a) CGAT programs shall offer a range of services to consumers based on their needs regarding emotional, social and behavioral problems. Outpatient counseling services shall be provided and shall include, but not be limited to, the following:

(1) Individual counseling shall consist of a goal-oriented process in which the consumer is counseled by and in the presence of a gambling treatment professional, in accordance with the treatment plan, to relieve symptoms and resolve problems related to gambling disorders or problems.

(2) Group counseling shall consist of activities, directly related to the attainment of objectives as defined in the written treatment plan that the gambling treatment professional provides to a minimum of two consumers, non-related.

(3) Family counseling shall consist of sessions in which the identified gambler and a minimum of one other person in a committed relationship with the identified gambler, is counseled by a gambling treatment professional in accordance with the identified consumer's treatment plan.

(b) Compliance with 450:65-3-5 may be determined by a review of the following:

(1) Consumer records;
(2) Progress notes;
(3) Interviews with staff; and
(4) Other facility documentation.

450:65-3-6. Case management

(a) Case management services providing advocacy, linkage and referral services shall be offered to all gambling treatment consumers and shall minimally include screening to determine and address the following:

(1) job skills and potential;
(2) strengths and resources;
(3) recovery environment;
(4) medical and physical health needs;
(5) mental health needs;
(6) financial needs; and
(7) legal needs.

(b) Compliance with 450:65-3-6 may be determined by a review of the following:

(1) Consumer records;
(2) Progress notes;
(3) Interviews with staff; and
(4) Other facility documentation.

450:65-3-7. Discharge Planning

(a) Discharge planning is the process of determining a consumer's continued need for treatment services and developing a plan to address the ongoing consumer's recovery needs.

(b) The Discharge Summary documents in the treatment record the consumer's identified needs at intake, initial condition and condition of the consumer at discharge, summary of current medications, when appropriate, treatment and services provided, progress during treatment, goals reached, continuing needs, and

other pertinent information including documentation of linkage to aftercare. The Discharge Summary, signed by the staff member completing the summary and dated, is identified as such in the treatment record and shall be entered in each consumer's record within fifteen (15) days of the consumer's discharge.

(c) Compliance with 450:65-3-7 may be determined by a review of the following:

(1) Progress notes
(2) Discharge summaries;
(3) Consumer records;
(4) Interviews with staff and consumers; and
(5) Other facility documentation.

450:65-3-8. Continuing care plan

(a) In discharge planning, the facility shall assist the consumer to obtain services that are needed but not available within the facility and/or in transitioning from one program to another. A written plan of recommendations and specific referrals for implementation of continuing care services shall be prepared for each consumer. Continuing care plans shall be developed with the knowledge and cooperation of the consumer. The continuing care plan may be included in the discharge summary. The consumer's response to the continuing care plan shall be noted in the plan, or a note shall be made that the consumer was not available and why. In the event of the death of a consumer, a summary statement including this information shall be documented in the record.

(b) Compliance with 450:65-3-8 may be determined by a review of the following:

(1) Policy and procedures;
(2) Continuing care plans;
(3) Discharge assessments;
(4) Discharge summaries;
(5) Progress notes;
(6) Consumer records;
(7) Interviews with staff and consumers; and
(8) Other facility documentation.

450:65-3-9. Unplanned discharges

Unplanned discharges may occur within the CGAT program for a variety of reasons. Upon an unplanned discharge, a staff member shall be identified to be responsible for follow-up and the facility should attempt to ensure the following:

(1) Linkage to appropriate care;
(2) Referral for other needed services, when possible; and
(3) Follow-up should be documented in the consumer's record.

450:65-3-10. Consumer records, basic requirement

(a) CGAT consumer records shall be developed and maintained to ensure that all appropriate individuals have access to relevant clinical and other information regarding the consumer. The consumer record shall communicate information in a manner that is organized, clear, complete, current, and legible. All consumer records shall contain the following:

(1) Entries in consumer records shall be legible, signed with first name or initial, last name, and dated by the person making the entry;
(2) The consumer shall be identified by name and unique identifier on each sheet in the consumer record, on both sides of each page if both sides are used;
(3) A signed consent for treatment shall be obtained before any person can be admitted into treatment at a facility, unless the admission was on an involuntary basis;
(4) A signed consent for follow-up shall be obtained before any contact after discharge can be made;
(5) An intake and admission assessment;
(6) Documentation of screening to determine the priority of needs to be addressed through case management services;
(7) Treatment plans;
(8) Progress notes documenting the following:
(A) date, start and stop time for each timed treatment session;
(B) signature and credentials of the staff person providing the service;
(C) specific problem(s), goals and objectives addressed;
(D) interventions used to address problem(s), goals and objectives;
(E) progress made toward goals and objectives, or lack of;
(F) consumer response to the session or intervention;
(G) any new problem(s), goals and objectives identified during the session; and
(H) consumer's name and unique identifier.
(9) A continuing care plan;
(10) Consultation reports;
(11) Psychological or psychometric testing;
(12) Records and reports from other entities; and
(13) A discharge summary.
(b) In the event the consumer is not admitted and no case record is developed, a policy shall specify how screening and assessment information is maintained and stored.
(c) Compliance may be determined by a review of the following:
(1) Consumer records;
(2) Policy and procedures; and
(3) Other facility documentation.

450:65-3-11. Consumer record system

(a) Each CGAT program shall maintain an organized system for the content, confidentiality, storage retention and disposition of consumer case records.
(b) The CGAT program shall have written policy and procedures concerning consumer records which define required documentation within the case record.
(c) Consumer records shall be contained within equipment which shall be maintained under locked and secure measures.
(d) The facility shall maintain identification and filing systems which enable prompt record location and accessibility by treatment professionals.

(e) Consumer records shall be maintained in the facility where the individual is being treated or served. In the case of temporary office space and in-home treatment services, records may be maintained in the main (permanent) office and transported in secured lock boxes or vehicle trunks to and from temporary offices and homes, when necessary. Consumer records may be permanently maintained at the facility's administrative offices; however, a working copy of the consumer record for the purposes of documentation and review of services provided must be maintained at the site in which the consumer is receiving treatment.

(f) Each facility shall have written policies and procedure which:

(1) Limit access to consumer records to persons with a need to know.

(2) Require consumer records be stored under lock and key.

(3) With regard to closed consumer records, require:

(A) Confidential storage under lock and key;

(B) A stated period of retention; and

(C) Records disposition and destruction under confidential conditions.

(g) EXCEPTION: With regard to 450:65-3-11 (f)(3)(B), facilities operated by ODMHSAS shall comply with the provisions of the Records Disposition Schedule for said facility as approved by the Oklahoma Archives and Records Commission [67 O.S. § 305 and OAC 60:1-1-2].

(h) Compliance with 450:65-3-11 may be determined by a review of:

(1) policy and procedures;

(2) treatment records;

(3) performance improvement guidelines;

(4) interviews with staff; and

(5) other facility documentation.

450:65-3-12. Confidentiality of gambling treatment information

(a) The confidentiality of all gambling treatment information and records shall be kept, recorded, released, maintained, and provided to requesting parties in accordance with all applicable state and federal laws.

(b) All facilities shall have policy and procedures protecting the confidential and privileged nature of gambling treatment information in compliance with state and federal law and which contain, at a minimum:

(1) an acknowledgment that all gambling treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential and will not be released without the written consent of the consumer or the consumer's legally authorized representative;

(2) an acknowledgment that the identity of a consumer who has received or is receiving gambling treatment services is both confidential and privileged and will not be released without the written consent of the consumer or the consumer's legally authorized representative;

(3) a procedure to limit access to gambling treatment information to only those persons or agencies actively engaged in the treatment of the consumer and to the minimum amount of information necessary to carry out the purpose for the release;

(4) a procedure by which a consumer, or the consumer's legally authorized representative, may access the consumer's gambling treatment information;

(5) an acknowledgement that certain state and federal law exceptions to disclosure of gambling treatment information without the written consent of the consumer or the consumer's legally authorized representative exist and the facility will release information as required by those laws; and

(6) a procedure by which to notify a consumer of his or her right to confidentiality.

(c) Compliance with 450:65-3-12 may be determined by a review of:

(1) facility policy and procedures;
(2) facility forms;
(3) consumer record reviews;
(4) interviews with staff and consumers; and
(5) any other supporting facility documentation.

SUBCHAPTER 5. CERTIFIED GAMBLING TREATMENT PROGRAMS

450:65-5-1 Level of Care

CGAT programs shall document the provision of gambling treatment services at the outpatient level of care, and have written policies and procedures. Written policies shall define the procedures for the implementation of the mandates in Subchapter 3 of this Chapter.

450:65-5-2. Gambling treatment services

(a) Gambling treatment services shall be organized non-residential services with scheduled treatment sessions that accommodate employed and parenting consumers' schedules, offer treatment services during the day, evening, and weekends.

(b) The program shall be publicly accessible and accommodate office space, individual and group counseling space, secure records storage, protect consumer confidentiality and provide a safe environment. The gambling treatment program shall maintain written programmatic descriptions and policies and procedure that address these provisions.

(c) Hours of operation shall be during regularly scheduled times in which services are accessible to consumers and the general public, including those employed between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

(d) For facilities that do not provide twenty-four (24) hour services, the facility's hours of operation shall be conspicuously displayed on the outside of the building. For facilities in multi-office buildings, the hours shall be posted either on the building directory or the facility's office door.

(e) The facility shall maintain written policy and procedures for handling medical emergencies and an emergency medical number shall be posted for use by staff.

(f) The facility shall have available specialized professional consultation or professional supervision.

(g) The facility shall maintain documentation that gambling treatment professionals are knowledgeable regarding problem and pathological gambling, evidenced based practices, and counseling theory and techniques.
(h) The facility shall maintain documentation that gambling treatment professionals have received training in cultural-specific, age and gender-specific issues, and related counseling techniques.
(i) Staff shall be, at least, eighteen (18) years of age.
(j) The facility shall document in personnel records all education, training and experience stated above prior to providing direct care services.
(k) Compliance with 450:65-5-2 may be determined by a review of the following:
(1) Policy and procedures;
(2) Licenses;
(3) Treatment records;
(4) Interviews with staff and consumers; and
(5) Other supporting facility records.

450:65-5-3. Admission criteria
(a) Admission to a CGAT program shall be determined by the gambling treatment professional in partnership with the consumer based on the problem gambling issues of the consumer.
(b) Compliance with 450:65-5-3 may be determined by a review of the following:
(1) Policy and procedures;
(2) Admission protocols;
(3) Admission assessment instruments;
(4) Consumer records;
(5) Interviews with staff and consumers; and
(6) Other facility documentation.

450:65-5-4. Discharge criteria
(a) Discharge from a CGAT program shall be determined by the following:
(1) Discharge assessment to determine achievement of consumer's treatment goals and consumer's continued need for treatment services;
(2) Reduction in problem gambling behaviors for at least 30 days prior to discharge; and
(3) Completion of a Continuing Care Plan with linkage to community gambling support groups, or other community services.
(b) Compliance may be determined by a review of the following:
(1) Policy and procedures;
(2) Continuing Care Plans;
(3) Discharge assessments;
(4) Discharge summaries;
(5) Progress notes;
(6) Consumer Records;
(7) Interviews with staff and consumers; and
(8) Other facility documentation.

450:65-5-5. Consumer rights

All CGAT programs shall comply with applicable rules in Title 450, Chapter 15, Consumer Rights.

450:65-5-6. Consumer grievance policy

Each treatment facility shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:65-5-7. ODMHSAS advocate general

The ODMHSAS Advocate General, in any investigation regarding consumer rights shall have access to consumers, facility records and facility staff as set forth in Title 450, Chapter 15.

SUBCHAPTER 7. ORGANIZATIONAL AND FACILITY MANAGEMENT

450:65-7-1. Purpose

The purpose of this subchapter is to set forth rules regulating environmental, organizational, and managerial requirements for a certified gambling addiction treatment program.

450:65-7-2. Hygiene and sanitation

CGAT programs shall provide:

(1) Lavatories and toilet facilities in a minimum ratio of one per twenty persons;

(2) Water obtained from an approved public water supply or tested at least quarterly and treated as necessary, thereby maintaining a determination as an approved water supply by the authority having jurisdiction and the Oklahoma State Department of Health or Department of Environmental Quality, as necessary;

(3) House-keeping services so that a hygienic environment is maintained in the facility;

(4) Solid waste disposal through public systems or in a manner approved by the local agency having jurisdiction and the Oklahoma State Department of Health or Department of Environmental Quality, as necessary; and

(5) Sewage discharged into a municipal sewerage system or collected, treated and disposed of in an independent sewerage system.

450:65-7-3. Standards for food service

The following shall be applicable to CGAT which provide an on-premise meal service:

(1) Storage, preparation and serving of food shall be in compliance with the requirements of the Oklahoma State Department of Health, regulations governing public feeding establishments.

(2) Dishwashing may be accomplished by either mechanical dishwashers or by approved manual methods. If mechanical dishwashers are used, the final rinse shall be in clear water of 180 degrees Fahrenheit, or in compliance with the Oklahoma State Department of Health regulations. Manual procedures, if used,

shall follow a written procedure which outlines the steps followed, temperature of cleaning and rinsing solutions, detergents and chemicals used, etc., and shall be specifically approved by the local or Oklahoma State Department of Health.

(3) Equipment used in the preparation and handling of food shall bear the seal of or document compliance with the National Sanitation Foundation (NSF) or equivalent, or with Oklahoma Department of Health standards or other appropriate regulatory body.

(4) Ice used in contact with food or drink shall come from a source approved by the Oklahoma State Department of Health. Transportation, storage, handling, and dispensing shall be in a sanitary manner approved by the Oklahoma State Department.

450:65-7-4. Physical facility environment and safety

(a) All facilities providing any service to persons, groups, or the community shall have written policies and procedures intended to ensure the safety and protection of all persons within the facility's physical environment (property and buildings, leased or owned).

(b) These policies and procedures shall include, but are not limited to:

(1) Meeting all fire and safety regulations, code, or statutory requirements of federal, state, or local government.

(2) All facilities shall have an annual fire and safety inspection from the State fire Marshal or local authorities, and shall maintain a copy of said inspection and attendant correspondence regarding any deficiency.

(3) An emergency preparedness plan to provide effective utilization of resources to best meet the physical needs of consumers, visitors, and staff during any disaster (including, but not limited to: fire, flood, tornado, explosion, prolonged loss of heat, light, water, air conditioning). This plan shall be evaluated annually and revised as needed.

(4) Facilities shall have a designated Safety Officer.

(5) Staff training and orientation regarding the location and use of all fire extinguishers and first aid supplies and equipment.

(6) Emergency evacuation routes and shelter areas shall be prominently posted in all areas.

(7) Fire alarm systems shall have visual signals suitable for the deaf and hearing-impaired.

(8) There shall be emergency power to supply lighting to pre-selected areas of the facility.

(9) The maintenance of facility grounds to provide a safe environment for consumers (specific to age group[s] served), staff and visitors.

(10) Storage of dangerous substances (toxic or flammable substances) in locked, safe areas or cabinets.

(11) There shall be a written plan for the protection and preservation of consumer records in the event of a disaster.

(c) Compliance with 450:65-7-4 may be determined by a review of:

(1) facility policies and procedures;

(2) fire and safety inspection reports and correspondence;

(3) disaster plan;
(4) interviews with staff and consumers; and
(5) any other supporting facility documentation.

450:65-7-5. Critical incidents

(a) The CGAT program shall have written policy and procedures for the reporting of every critical incident. Documentation of critical incidents shall minimally include:

(1) The facility name and signature of the person(s) reporting the incident;
(2) The name(s) of the consumer(s), staff member(s) or property involved;
(3) The time, date and physical location of the incident;
(4) The time and date the incident was reported and the name of the staff person within the facility to whom it was reported;
(5) A description of the incident;
(6) Resolution or action taken, date action was taken, and signature of appropriate staff member(s); and
(7) Severity of each injury, if applicable. Severity shall be indicated as follows:
(A) No off-site medical care required or first aid care administered on-site;
(B) Medical care by a physician or nurse or follow-up attention required; or
(C) Hospitalization or immediate off-site medical attention was required.

(b) Critical incidents shall be reported to ODMHSAS as follows:

(1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS provider Certification within twenty-four (24) hours of the incident being documented.
(2) Critical incidents involving allegations constituting a sentinel event or consumer abuse shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours after the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(c) Compliance with 450:65-7-5 may be determined by a review of:

(1) policy and procedures;
(2) critical incident reports at the facility and those submitted to ODMHSAS;
(3) performance improvement program documents and reports;
(4) staff interviews; and
(5) any other relevant documentation of the facility or ODMHSAS.

450:65-7-6. Organizational and facility description

(a) The facility shall have a written organizational description, which is reviewed annually and incorporates the following guidelines:

(1) Target population to be served;
(2) The overall mission statement of the program which shall address the manner in which the facility welcomes all consumers;
(3) The annual program goals and objectives;
(4) A description of each CGAT offered;
(5) Identification or a description of special populations and mechanisms to address their needs; and

(6) Program admission and exclusionary criteria.

(b) There shall be documentation that items (a) (1)-(6) have been approved by the facility's governing authority.

(c) The facility shall have documentation demonstrating these documents are available and communicated to staff.

(d) The facility shall have documentation demonstrating these documents are available to the general public upon request.

(e) The facility shall have written plans for attaining the program's goals and objectives. These plans should define specific tasks, set target dates and designate staff responsible for carrying out the plans.

(f) Compliance with 450:65-7-6 may be determined by a review of:

(1) policy and procedures;
(2) performance improvement program documents and reports;
(3) staff interviews; and
(4) any other relevant documentation of the facility or ODMHSAS.

450:65-7-7. Information analysis and planning

(a) The facility shall have a defined and written plan for conducting an organizational needs assessment which specifies the methods and data to be collected, to include, but not limited to, information from:

(1) Consumers;
(2) Governing Authority;
(3) Staff;
(4) Stakeholders;
(5) Outcomes management processes; and
(6) Quality record review.

(b) The facility shall have a defined ongoing system to collect data and information on a quarterly basis to manage the organization.

(c) Information collected shall be analyzed to improve consumer services and program performance.

(d) The facility shall prepare an end of year management report, which shall include, but not be limited to:

(1) an analysis of the needs assessment process; and
(2) performance improvement program findings.

(e) The management report shall be communicated and made available to, among others:

(1) the governing authority;
(2) facility staff; and
(3) ODMHSAS, as requested.

(f) Compliance with 450:65-7-7 may be determined by a review of:

(1) policy and procedures;
(2) performance improvement program documents and reports;
(3) staff interviews; and
(4) any other relevant documentation of the facility.

450:65-7-8. Performance improvement program

(a) The facility shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care in which the following is addressed:

(1) Fiscal management of the facility;

(2) Identity of a performance improvement officer; and

(3) Cultural competency.

(b) The facility shall document performance improvement activities. These activities shall include, but not be limited to:

(1) Outcomes management specific to each program;

(2) A quarterly quality record review to evaluate the quality of service delivery as evidenced by the consumer's record;

(3) Staff Privileging;

(4) Review of critical and unusual incidents and consumer grievances and complaints;

(5) Review of policy related to cultural competence; and

(6) Activities to improve access and retention within the treatment program. The activities shall include an annual "walk through" of the intake and admission process. Steps of the "walk through" include, but are not limited to:

(A) Select two staff from the facility, including one member of management, to play the roles of "consumer" and "family member";

(B) Notify all staff prior to doing the "walk-through" exercise;

(C) Complete the intake and admission process as defined by facility policy as a typical consumer and family member would experience;

(D) At each step, ask the staff what changes (other than hiring new staff) would make it better for the consumer and what changes would make it better for the staff. Write all ideas of the staff and participant(s) in the exercise;

(E) Documentation of the annual "walk through" process includes, but is not limited to:

(i) The observations and feelings of participants in this exercise;

(ii) A list of the process barriers and the improvements that could be made to address these barriers;

(iii) Address the needs from both the consumer and staff perspectives; and

(iv) Identification of an area(s) for change and a description for implementing the change(s).

(c) The facility shall monitor the implementation of the performance improvement plan on an annual basis and shall make adjustments as needed.

(d) Performance improvement findings shall be communicated and made available to, among others:

(1) the governing authority,

(2) facility staff,

(3) consumers,

(4) stakeholders, and

(5) ODMHSAS, as requested.

(e) Compliance with 450:65-7-8 may be determined by a review of:
(1) policy and procedures;
(2) performance improvement program documents and reports;
(3) staff interviews; and
(4) any other relevant documentation of the facility.

450:65-7-9. Community information, consultation, outreach and street outreach

(a) Each facility shall, as a regular part of consumer-based planning and services provision, provide the community with information, consultation and outreach services to aid in reaching and attracting their specified target population(s). These outreach efforts shall be conducted by staff members or program approved volunteers.

(b) These services shall be designed to:
(1) Reach and attract the facility's target population;
(2) Provide information on problem and pathological gambling and related issues to the public; and
(3) Provide information to the public regarding the facility's services.

(c) These services include, but are not limited to, presentations or outreach efforts to community groups, organizations, and individuals.

(d) Written documentation of all community information, consultation, and outreach services shall be maintained~~,~~ and shall include the following:
(1) Name of person(s) or organization(s) receiving the services;
(2) Name of person(s) providing the service;
(3) Number of persons attending;
(4) Location at which the services were provided;
(5) Date services were provided; and
(6) Description of the services provided.

(e) Facilities providing street outreach services shall have written policy and procedures describing the processes for systematically reaching a community for the purpose of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter and accept the treatment services system.

(f) Compliance with 450:65-7-9 may be determined by a review of
(1) facility policy and procedures;
(2) documentation of community information, consultation, and outreach services; and
(3) any other supporting facility documentation.