



OKLAHOMA Mental Health & Substance Abuse

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TITLE 450

CHAPTER 65. STANDARDS AND CRITERIA FOR GAMBLING TREATMENT PROGRAMS

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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.

(c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

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.

"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 admission 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.

"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 therapy;
- (D) Case management;
- (E) Discharge planning.

"Gambling treatment professional" means an individual who meets the qualifications and is certified pursuant to OAC 450:75 to offer problem gambling treatment services.

"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.

"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 therapy" 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.

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

"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"** as defined in Title 43A §1-1-3(11).

"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.

"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.

"Peer Recovery Support Specialist" or "PRSS" means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

"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.

"Progress notes" means 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).

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

"Tobacco" means any nicotine delivery product or device that is not approved by the U.S. Food and Drug Administration (FDA) for the purpose of nicotine dependence treatment, including, but not limited to cigarettes, cigars, snuff, chewing tobacco, electronic cigarettes and vaping devices.

"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.

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.
- (d) Failure to comply with 450:65-3-1 will result in the initiation of procedures to deny, suspend and/or revoke certification.

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 therapy;
- (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) CGAT policy and procedure shall require that a screening of each consumer's service needs is completed in a timely manner. An integrated screening shall include a screening of whether the consumer is a risk to self or others, including suicide risk factors,

(c) 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) Behavioral, including substance use, abuse and dependence as well as other addictive disorders;
- (2) Emotional, including issues related to past or current trauma;
- (3) Physical;
- (4) Social and recreational; and
- (5) Vocational.

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

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

(f) 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. Service planning

(a) A service plan shall be completed for each consumer. The service plan is performed with the active participation of the consumer and a support person or advocate, if requested by the consumer. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs,

challenges, and problems. The service plan shall be completed by a LBHP or Licensure Candidate.

(b) The service plan is developed after and based on information obtained in the assessment and includes the evaluation of the assessment information by the clinician and the consumer.

(c) The service plan must have an overall general focus on recovery which, for adults, may include goals like employment, independent living, volunteer work, or training, and for children, may include areas like school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.

(d) Service plan updates should occur at a minimum of every six (6) months during which outpatient services are provided.

(e) Service plans, both comprehensive and update, must include dated signatures of the consumer (if over age 14), the parent/guardian (if the consumer is under age sixteen (16) and allowed by law), and the LBHP or Licensure Candidate. Signatures must be obtained after the service plan is completed.

(f) Compliance with 450:65-3-4 shall be determined by a review of the clinical records, interviews with staff and consumers, and other facility documentation.

450:65-3-4.1. Progress notes

(a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment.

(b) Progress notes must be signed by the service provider and include the service provider's credentials.

(c) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments.

(d) Compliance with 450:65-3-4.1 may be determined by a review of the following:

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

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

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

(1) Individual therapy 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 therapy 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 therapy 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 efforts shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need.

(b) As allowed per Title 43A O.S. Section 3-318, case management services shall be offered to all adults and children who have substance-related disorders, and to their family members, if applicable, to ensure access to needed services.

(c) Case management shall be co-occurring disorder capable.

(d) Case management services shall be planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a consumer to support that consumer in self sufficiency and community tenure. Activities include:

- (1) Completion of strengths based assessment for the purpose of individual plan of care development;
- (2) Development of case management care plan which can be reflected as a part of the comprehensive service plan;
- (3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources;
- (4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc.;
- (5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress;
- (6) Follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and
- (7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist consumer(s) from progression to a higher level of care.

(e) Compliance with 450:65-3-6 shall be determined by on-site observation and a review of the clinical records and written policies and procedures.

450:65-3-7. Discharge Planning [REVOKED]

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. Continuing care plans shall be developed with the knowledge and cooperation of the consumer.

(b) A written plan of recommendations and specific referrals for implementation of continuing care services shall be prepared for each consumer.

(c) 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 [REVOKED]

450:65-3-11. Consumer record system [REVOKED]

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

450:65-3-13. Peer recovery support services

(a) Peer recovery support services are an optional service within certified Gambling Treatment Programs. If provided, the facility shall have written policies specific to peer recovery support services.

(b) Peer recovery support services shall be provided in accordance with OAC 450: 53 and other provisions stipulated in OAC 450 and state statute and shall:

- (1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;
- (2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;
- (3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after a hospitalization or other institutional settings.

- (c) Peer Recovery Support Services shall be provided only by staff certified as a Peer Recovery Support Specialist (PRSS) in accordance with OAC 450:53.
- (d) The facility shall retain records to verify compliance with training and certification requirements of each provider of this service.
- (e) Facilities offering these services shall have provisions in place for direct supervision and other supports for staff providing this service.
- (f) Compliance with this Section shall be determined by a review of the following: clinical records, policy and procedures, and facility personnel records.

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 [REVOKED]

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 [REVOKED]

450:65-7-4.1. Tobacco-free campus [REVOKED]

450:65-7-5. Critical incidents [REVOKED]

450:65-7-6. Organizational and facility description [REVOKED]

450:65-7-7. Information analysis and planning [REVOKED]

450:65-7-8. Performance improvement program [REVOKED]

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

450:65-7-10. Technology [REVOKED]

450:65-7-11. Annually required in-service training for all employees [REVOKED]