

**TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES
CHAPTER 65. STANDARDS AND CRITERIA FOR GAMBLING TREATMENT
PROGRAMS**

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 ~~450:1-9-5.3~~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.

~~**"Community information, 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 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 holding a valid NCGC I or II certification or has documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of ten hours of problem gambling specific continuing education every twelve months; and is either a Licensed Behavioral Health Professional or Licensure Candidate.

"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.

SUBCHAPTER 3. GAMBLING TREATMENT SERVICES AND DOCUMENTATION

450:65-3-4. TreatmentService 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.~~

(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 for the consumer (if over age 14), the parent/guardian (if 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, the consumer's response to the services provided, 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.

450:65-3-6. 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.~~

(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.

450:65-3-8. 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) A written plan of recommendations and specific referrals for implementation of continuing care services shall be prepared for each consumer.

~~(b)~~(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.

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

~~(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 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.~~~~

SUBCHAPTER 7. ORGANIZATIONAL AND FACILITY MANAGEMENT

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

- ~~(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.~~~~